

**Supplement to the
Graduate Student Handbook
for Clinical Students**

Revised: August 2016



Clinical Psychology Program*
Department of Psychological Sciences
University of Missouri - Columbia

*The MU doctoral program in clinical psychology is accredited by:

The Commission on Accreditation of the American Psychological Association. Questions related to the program's accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street, NE, Washington, DC 20002 , Phone: (202) 336-5979 / E-mail: apaaccred@apa.org , Web: www.apa.org/ed/accreditation

The Psychological Clinical Science Accreditation System. Questions related to the program's accredited status should be directed to: Psychological Clinical Science Accreditation System, Richard M. McFall, Executive Director, 1101 East Tenth Street, IU Psychology Building, Bloomington, IN 47405-7007, Phone#: 812-856-257. Web: <http://www.pcsas.org/>

Table of Contents

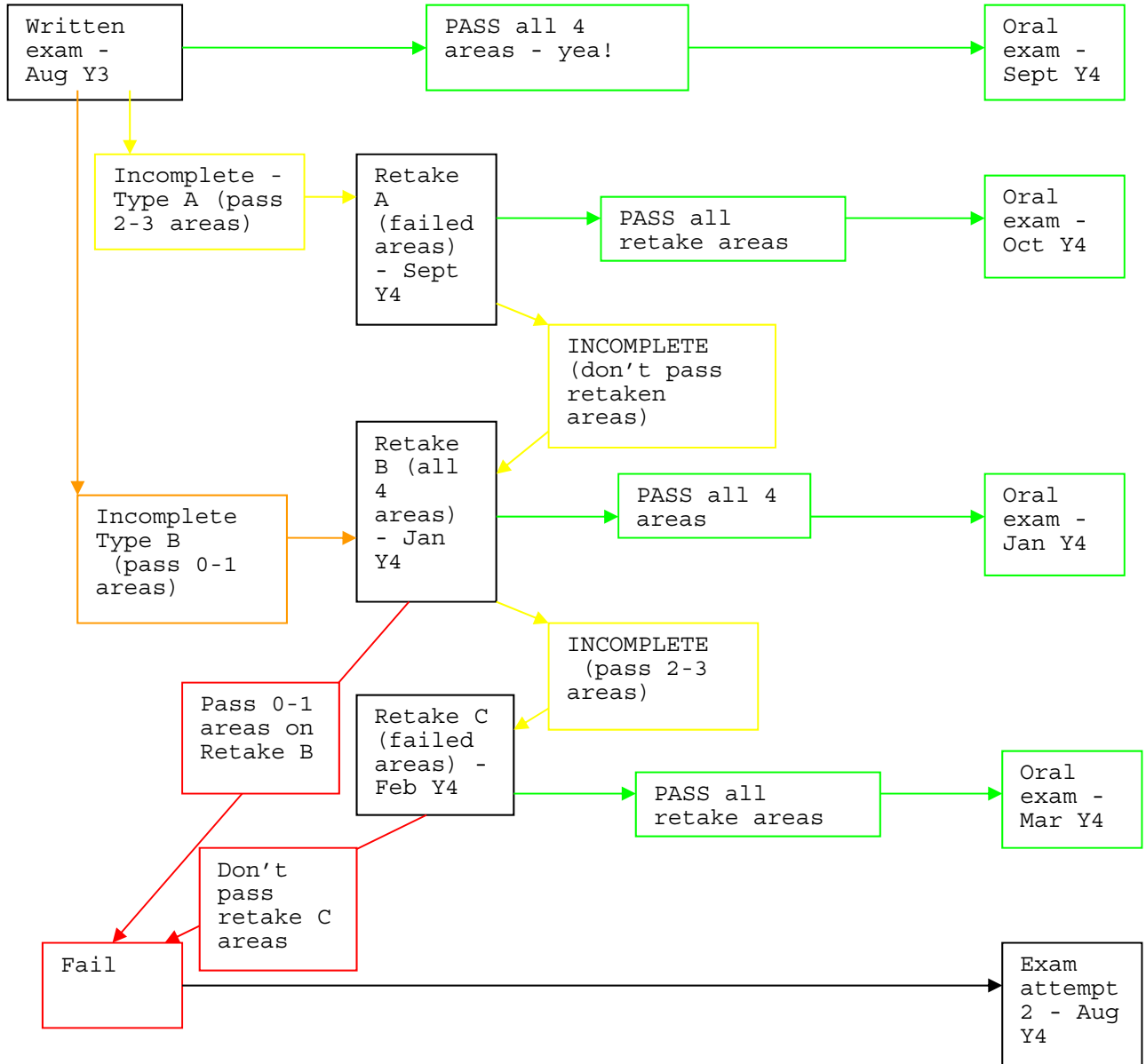
Introduction	1
A Note from the Faculty	1
Clinical Faculty	1
Overview of Handbook	2
Program Accreditation, Philosophy and Goals	3
Accreditation	3
Training Model	3
Program Goals, Objectives, and Competencies	3
Clinical Psychology Curricula	7
Curriculum Overview and Residency	7
Overview	7
Residency	7
Timeline	8
First Year.....	8
Second Year	8
Third Year	8
Fourth and Fifth/Sixth Years	8
Clinical Area Graduate Advisory Committee	8
Why: Rationale for Using a Graduate Advising Committee	8
Who: Committee Make-Up	9
When: Forming and Using the GAC	9
What: Committee Duties	9
Evaluation of Committee Functioning	10
Clinical Program Planner	10
Courses	11
Clinical Psychology Coursework	11
Required Clinical Courses.....	11
Required Department Distribution Courses and Clinical Area Breadth Requirement	12
(Breadth Area Requirements revised by the CTC April 16, 2013).....	12
Clinical Electives.....	12
Adult Clinical Curriculum.....	13
Child Clinical Curriculum	14
Joint Emphasis in Child Clinical and Developmental – MA and PhD	15
Joint Emphasis in Clinical and Quantitative – PhD.....	15
Minors/Certificates in Developmental and Quantitative	16
Course Timeline	17
First Year.....	17
Second Year	17
Third Year	18
Fourth Year	18
History and Systems Policy	19
Policies for Transfer of Courses and Waiving of Clinical Courses	19

Clinical Practicum and other CTC-Endorsed Clinical Experiences	20
General Comments	20
Values.....	20
Timeline	20
Practicum Teams	21
Supervision of Clinical Work.....	21
Documenting supervision.....	21
Preparing for Clinical Work.....	22
Liability Insurance.....	22
Background Checks.....	22
Enrolling in Practicum.....	22
Training in Effective Clinical Work (revised 8/1/2015).....	22
1. Client Contact Hours	23
2. Practice of Effective Treatments	23
3. Evaluation of Treatment Outcomes	23
4. Training in Theories and Methods of Consultation	24
5. Training in Theories and Methods of Supervision	24
6. Training in Diversity	24
Other Requirements	24
Ongoing Case Documentation.....	24
Documentation for Internship Application.....	25
Specialty Practica (Approved by CTC 11/18/97; Revised 3/16/99).....	26
Practicum Evaluation	26
Completion of Practicum	27
Practicum completion requirements and timeline	27
CTC approval of practicum completion	27
Paperwork completion and checkout.....	28
Post-Practicum Enrollment.....	28
Other CTC-Endorsed Clinical Experiences	28
Research.....	30
Research Overview	30
First Year Project.....	30
Thesis Research.....	30
Overview and Project Scope	30
Document	31
Literature Review/Synthesis.....	31
Anticipated Timeline	31
Thesis Committee.....	31
Waiving the Thesis.....	31
Comprehensive Examination.....	32
Overview and Exam Timing.....	32
Exam Coordination.....	32
Exam Preparation	32
Written Exam	33
Oral Exam	34
Overall Exam Outcome.....	35

Dissertation Research	35
Overview and Timing	36
Document	36
Dissertation Committee	36
Funding.....	37
Funding based on Student’s Year-Level Status (and Leaves of Absence)	37
Identification of Support Positions	37
Training Positions.....	37
Non-Training Support Positions.....	39
Tuition Waivers	39
Maximum Workload Restrictions.....	40
Clinical Internship	41
General Comments and Policies – Accreditation Status and Completion of Internship.....	41
Applying For Internship	41
Pre-application Requirements	41
Application Process.....	42
Enrollment and Costs during Internship	43
Completing Internship and Graduating.....	43
Clinical Student Evaluations: Criteria & Procedures	44
Purpose	44
Criteria Used In Evaluations of Academic Progress	44
Evaluation Procedures	44
Evaluation Judgment	45
Positive Evaluations – Students in Good Standing.....	45
Negative Evaluations.....	45
Communication of the Evaluations	46
Miscellaneous Information	47
Leaves of Absence.....	47
Public Professionalism - Websites, Blogs, Email, and Voicemail	47
Resources for Handling Professional and Personal Concerns	48
Clinical Area Student Awards	49
Mark H. Thelen Outstanding Clinical Graduate Student Award.....	49
Lizette Peterson-Homer Graduate Fellowship.....	50
Licensure	51
Professional Organizations.....	51
Appendices.....	52
Appendix A - Clinical Program Planner	53
Appendix B - Clinical Program Planner Update	57

Appendix C – Academic Requirements for Completion of Practicum.....	60
Appendix D - Consultation Assessment Form.....	62
Appendix E - Clinical Psychology Practicum - Student Evaluation	65
Appendix F - Clinical Psychology Practicum - Supervisor Evaluation Form	72
Appendix G - Check-Off List for Completion of Practicum	75
Appendix H - Semester Research Evaluation Form	76
Appendix I - Clerkship Evaluation Form	77
Appendix J - Internship Evaluation Questionnaire-Student.....	79
Appendix K - Internship Evaluation Questionnaire-Supervisor	84
Appendix L - Internship Evaluation Questionnaire-Student-Child Emphasis	88
Appendix M - Internship Evaluation Questionnaire-Supervisor-Child Emphasis	93
Appendix N - Internship Rating Form.....	97
Appendix O - Clinical Student Template for Student Graduate Student Progress System (GSPS) Report (sample from 2011-2012 evaluations)	99
Appendix P – Student Evaluation-Completed by Assistantship Supervisor	104
Appendix Q – Clinical Area Student Evaluation Report Template	105
Appendix R – Outside Clinical Placement Agreement.....	108
Appendix S – Comprehensive Exam Process.....	109

Comprehensive Exam Process



Introduction

A Note from the Faculty

Welcome! As a new graduate student in the University of Missouri's Clinical Psychology Program, your next few years will be filled with lots of learning, hard work, fun (really!), and, hopefully, the sort of inspiration that validates your educational and career choice and makes your busy days and nights worthwhile. As you go through the program, you will have the opportunity to work with some of the best faculty and students our profession has to offer. We hope that you will avail yourself of these opportunities, immersing yourself in the theory, research, and practice of clinical psychology. Likewise, the skills and potential for which you were chosen make you an invaluable asset to the program. We hope that you will share your knowledge, your discoveries, and your enthusiasm with your faculty and student colleagues. We're glad you're here and look forward to several exciting and productive years together.

Clinical Faculty

The Clinical program is coordinated by a Director of Clinical Training (DCT) and a committee comprised of faculty members specializing in this area – the Clinical Training Committee (CTC).

Director of Clinical Training (DCT)

Debora Bell, Ph.D.

Core Clinical Faculty

Debora Bell, Ph.D.

Charles Borduin, Ph.D.

Shawn Christ, Ph.D.

Ian Gizer, Ph.D.

Kristin Hawley, Ph.D.

John Kerns, Ph.D.

Denis McCarthy, Ph.D.

Thomas Piasecki, Ph.D.

Kenneth Sher, Ph.D.

Wendy Slutske, Ph.D.

Timothy Trull, Ph.D.

Other Clinical Faculty

Nan Presser, Ph.D. (Psychological Services Clinic)

Jeremy Skinner, Ph.D. (Psychological Services Clinic)

Meg Klein-Trull, Ph.D. (Psychological Services Clinic)

Erika Waller, Ph.D. (Psychological Services Clinic)

Susan O'Neill, Ph.D. (Psychological Services Clinic)

Adjunct Faculty

Thomas Amolsch, Ph.D.

David Balota, Ph.D.

Niels Beck, Ph.D.

Janet Farmer, Ph.D.

Judith Goodman, Ph.D.

Kristopher Hagglund, Ph.D.

Gerald Heisler, Ph.D.

Christine Lawrence, Ph.D.

Marc Maddox

Anthony Menditto, Ph.D.

Ronda Reitz, Ph.D.

Henry Roediger, Ph.D.

Jill Stinson, Ph.D.

Danny Wedding, Ph.D.

Jeffrey Younggren, Ph.D.

Emeritus Clinical Faculty

Joseph LoPiccolo, Ph.D.

Mark Thelen, Ph.D.

Overview of Handbook

As you go through your graduate training, you will undoubtedly have questions about various requirements, policies, and procedures. This Clinical Program Handbook will be a valuable resource for addressing some of your questions. It contains information specific to students in the Clinical program, such as coursework, clinical practicum, internship, and so forth. As the Clinical Training Committee (CTC) updates and adds policies and procedures to its program, you will be informed of these changes in memos that you should append to this handbook.

Two additional references that are relevant to your training are the Department of Psychological Sciences Graduate Student Handbook, which contains information pertaining to psychology graduate students in all department programs, and the Psychological Services Clinic Handbook, which addresses information relevant to practicum and other work in the clinic. Overlap among these three handbooks is minimal, so you should be familiar with all three.

The Department of Psychological Sciences maintains a website that contains this Clinical Program handbook as well as several other important and interesting bits of information about the department. You can view the web page at <http://psychology.missouri.edu> and follow links to the graduate programs, relevant handbooks, etc.

Program Accreditation, Philosophy and Goals

Accreditation

The MU Ph.D. program in clinical psychology is accredited by the **American Psychological Association (APA)** and by the **Psychological Clinical Science Accreditation System (PCSAS)**, and is a member of the **Academy of Psychological Clinical Science (APCS)**. APA is the “traditional” accrediting body for doctoral programs in professional psychology, whereas PCSAS is a new accrediting body that is specific to clinical science programs.

Training Model

The program follows a clinical science training model, which underscores our commitment to empirical approaches to evaluating the validity and utility of testable hypotheses and to advancing knowledge by this method. Clinical science (as defined by APCS and PCSAS) “is a psychological science directed at the promotion of adaptive functioning; at the assessment, understanding, amelioration, and prevention of human problems in behavior, affect, cognition, or health; and at the application of knowledge in ways consistent with scientific evidence.”

The goals of clinical science training include:

1. To foster the training of students for careers in clinical science research.
2. To advance the full range of clinical science research and theory and their integration with other relevant sciences.
3. To foster the development of and access to resources and opportunities for training, research, funding and careers in clinical science.
4. To foster the broad application of clinical science to human problems in responsible and innovative ways.
5. To foster the timely dissemination of clinical science to policy-making groups, psychologists and other scientists, practitioners and consumers.

Program Goals, Objectives, and Competencies

The program seeks to prepare students for careers in clinical science including research, teaching, and service in universities, medical centers, clinics, hospitals, and similar agencies. In addition to the program’s training emphasis on the development of research skills, students also receive training in basic areas of psychology as well as training in empirically supported approaches to assessment, prevention, and intervention.

More specifically, our program’s goals and objectives, and related competencies, represent our articulation of strong clinical science training. These include:

Goal #1: *Students will acquire and demonstrate breadth of knowledge of psychology and other relevant sciences, and depth of knowledge in clinical psychology.*

Objective1-A. Students will acquire breadth of knowledge in diverse areas of psychological science, including the history of psychology; biological, cognitive and affective, and social aspects of behavior; and human development as a foundation of practice in clinical psychology. As such, students will demonstrate...

- **Competency 1-A.1.** graduate-level understanding of the history of psychology; of the current body of scientific knowledge in the breadth areas of biological, cognitive and affective, and social aspects of behavior, and of human development as a foundation of clinical psychology.

- **Competency 1-A.2.** knowledge in areas of psychological science (outside of clinical) that are relevant to the student's area of research focus.

Objective 1-B. Students will acquire depth of knowledge in the substantive area of Clinical Psychology and in the students' specific areas of focus. Students will demonstrate...

- **Competency 1-B.1.** knowledge in major areas of clinical psychology, including individual differences, psychopathology, assessment and diagnosis, clinical research methods and psychometrics, interventions, and professional issues.
- **Competency 1-B.2.** knowledge in the area of their chosen focus in clinical adult or clinical child psychology, and will demonstrate ability to apply general knowledge of clinical psychology to this specific focus.

Goal #2: To produce graduates who are able to consume, produce, and disseminate knowledge in clinical science research.

Objective 2-A: Students will acquire knowledge in research methods and statistics necessary to conduct and critically evaluate empirical research in areas relevant to clinical psychology. As such, students will demonstrate...

- **Competency 2-A.1.** graduate-level understanding of measurement theory and research methodology, as needed to consume, evaluate, and design research projects to address clinically relevant research questions.
- **Competency 2-A.2.** ability to understand, interpret, and carry out data analytic strategies relevant to clinical research.

Objective 2-B: Students will develop competence in planning, conducting, evaluating, and disseminating empirical research in areas relevant to clinical psychology. Students will demonstrate...

- **Competency 2-B.1.** ability to conduct at least two scientifically-sound research projects: To grasp and select background literature, formulate research questions, design ways to address these questions, analyze and interpret the data, and write research reports.
- **Competency 2-B.2.** ability to present research findings to a professional audience.

Objective 2-C: Students will develop competence in and knowledge of issues of individual differences and cultural diversity as they apply to clinical research and research methodology. Students will demonstrate...

- **Competency 2-C.** sensitivity to individual and cultural differences in research, based on knowledge of diversity factors that have been found to make a difference in clinical phenomena and methodologies that take individual and cultural differences into account

Objective 2-D: Students will develop competence in the ethical conduct of research. Students will demonstrate...

- **Competency 2-D.** principled and applied knowledge on the protection of human subjects and on ethical conduct of all aspects of research (e.g., establishing and maintaining confidentiality, detecting and reporting adverse events, assuring the quality of data collection and entry, and monitoring integrity in data reporting).

Goal #3: To produce graduates who are skilled in integrating scientific theory and evidence into clinical practice and in understanding, evaluating, and intervening with clinical disorders and conditions.

Objective 3A: Students will develop knowledge and competence related to evidence-based psychological assessment and diagnosis. As such, students will demonstrate...

- **Competency 3-A.1.** proficiency in the psychometric bases of assessment, and be able to evaluate the adequacy of assessment instruments for specific uses.
- **Competency 3-A.2.** proficiency in administering well-validated and widely used instruments that assess psychopathology, symptomatology, personality, intellectual functioning, behavioral adjustment, environmental systems, and treatment progress and outcome, and in developing, evaluating, and refining individually tailored assessment instruments for clinical use.

Objective 3B: Students will develop competence in and knowledge and skills related to evidence-based psychosocial interventions. Students will demonstrate...

- **Competency 3-B.1.** ability to understand and critically evaluate empirical literature on psychosocial interventions, including understanding of how and for whom specific treatments work, gaps in existing knowledge, theoretical and empirical advances needed to fill these gaps.
- **Competency 3-B.2.** ability to use theoretical and empirical literature to guide treatment planning, implementation, and evaluation in their own clinical practice.
- **Competency 3-B.3.** entry-level proficiency in general intervention skills (e.g., forming and maintaining helpful therapeutic relationships; attending, reflecting, and clarifying; setting goals; giving directives when appropriate), as well as more specific conceptual and behavioral skills related to empirically supported approaches.

Objective 3C: Students will develop competence in and knowledge of issues of individual and cultural diversity as they apply to clinical assessment, diagnosis, and intervention. Students will demonstrate...

- **Competency 3-C.** awareness of individual differences that may influence assessment, diagnosis, and intervention, including issues of individual and cultural diversity relevant to assessment instruments and settings and potential diagnostic biases, and consideration of these issues in clinical practice as appropriate.

Objective 3D: Students will develop competence in ethical and professional clinical practice. Students will demonstrate...

- **Competency 3-D.** engagement in clinical practice activities that are consistent with ethical standards of the profession, state and federal laws, professional standards, and agency requirements.

Goal #4: *Students will acquire knowledge and skills necessary to form a professional identity as clinical scientists, including integration of science and practice in their training and career goals, and commitment to lifelong learning.*

Objective 4A: Students will demonstrate preparation for a clinical science career that integrates science and practice and that facilitates the production, implementation, and dissemination of effective amelioration and prevention of psychological problems. As such, students will demonstrate...

- **Competency 4-A.** ability to identify career goals and pursue a plan of study that provides clinical science and related experiences in areas relevant to their identified career goals (e.g., clinical research, research in other relevant areas, teaching, professional practice)..

Objective 4B: Students will demonstrate attitudes and behaviors consistent with a commitment to lifelong learning, scholarship, and problem-solving as a professional psychologist by demonstrating...

- **Competency 4-B.1.** critical thinking and evaluation in all aspects of their coursework, research, and clinical practice.

- **Competency 4-B.2.** participation in the scholarly community in the department, on campus, and in the profession via attendance at professional development events (e.g., seminars, grand rounds, workshops, conferences).

Objective 4C: Students will demonstrate appropriate professionally-related behavior in all aspects of training and profession by demonstrating...

- **Competency 4-C.** appropriate interpersonal behavior in professional contexts, including courses, research, clinical work, teaching, and scholarly community, as well as in non-professional contexts in which identity as a representative of the graduate program and department is apparent.

To achieve these training aims, the program's curriculum includes coursework, research activities, and clinical practica that are designed with enough structure to enable students to develop competencies required to function effectively as psychological clinical scientists and enough flexibility to allow students to develop specific areas of expertise. Overall, the curriculum is designed to be sequential, cumulative, and graded in complexity, with more foundational tasks and structured experiences early in training and capstone experiences and independent activity later in training. Because the number of students in the Clinical program is limited to about 30-40, considerable individual attention can be given beyond the specified curriculum, particularly with regard to tailoring the research and applied aspects of the program to meet individual needs and interests. Although extensive training in both basic and applied aspects of clinical psychology is emphasized, the training of clinical scientists with strong interests in conducting research is the major goal.

Clinical Psychology Curricula

Curriculum Overview and Residency

Overview

The clinical program is designed so that, by pursuing a full-time course load throughout, the above requirements for the Ph.D. degree can be completed in five or six calendar years beyond the bachelor's degree. Many students stay on campus longer than four years to allow time for completion of additional training experiences (e.g., statistics minor, developmental certificate, teaching fellowship, federal research fellowships/grants, additional research or clinical assistantships). Students are expected to work on some aspect of their programs during the summer session (e.g., research, class work). These requirements, discussed in detail throughout this manual, include: (a) coursework (department and clinical area course requirements), (b) research (first year project, master's thesis, doctoral dissertation), (c) the comprehensive examination, and (d) a clinical internship.

Required coursework includes both general and clinical area courses. The clinical program curriculum specifies a sequence of courses concentrated in the first three years of study. These include courses in psychopathology, research methods and psychometrics, assessment, psychotherapy, and clinical practicum that all clinical students take in roughly the same order. In addition, all students take other courses from a pool of clinical electives. All students in the department must also complete the departmental distribution curriculum that requires courses in three of six major areas, plus ethics and statistics/quantitative techniques.

During the course of their training, students complete a research thesis for the MA degree and take a comprehensive examination in their major area (in Clinical psychology for students in the Clinical program). The comprehensive examination is offered in August and is taken the August prior to the fourth year. In the fourth through fifth or sixth years of the program, the dissertation and the clinical internship are completed. The one-year full-time clinical internship or its equivalent must be completed at an agency approved for internship training by the program or by the American Psychological Association.

Residency

The Clinical Training Committee expects clinical graduate students to continue their studies in residence until they have defended their dissertation proposal. If a student believes he/she must relocate outside of the Columbia area and, therefore, would not be able to be on the campus on a regular basis, he/she must follow the procedure described below:

The student should consult his/her advisor. If the advisor supports the request, the request would come before the DCT. If the student's advisor does not support the request, the student may withdraw the request or seek another advisor. The DCT may approve the request, refer the request to the CTC for consideration, or decline the request. If the DCT declines the request, the student may take the request to the CTC or withdraw the request. (Approved by CTC 10/19/93).

Because the full CTC participates in training and evaluating the progress of each student, the DCT typically refers all relocation requests to the CTC. In making a decision about the student's request, the CTC will consider the student's progress to date and the plan for continued progress. The CTC will also determine that any request to modify residency is consistent with accreditation standards.

Timeline

The steps for normal advancement in the Clinical program are:

First Year

1. Take beginning level clinical courses, including adult or child psychopathology, assessment, theories and techniques of psychotherapy, and the clinical research seminar.
2. Take distribution/breadth curriculum course(s) and department ethics course.
3. Take beginning level clinical practicum (pre-practicum).
4. Take first two of required three quantitative courses.
5. Begin involvement in ongoing research project(s), typically in advisor's laboratory.
6. Conduct first year project.
7. Begin work on MA thesis.

Second Year

1. Continue with advanced level clinical courses, including psychometrics, ethics/professional issues, diversity/multicultural issues, adult or child psychopathology, and the clinical research seminar.
2. Take distribution/breadth curriculum course(s).
3. Take intermediate level clinical practicum.
4. Complete MA thesis research project.
5. Continue involvement in ongoing research.

Third Year

1. Complete distribution/breadth curriculum requirement.
2. Continue with clinical and related area courses.
3. Take advanced level clinical practicum.
4. Complete Ph.D. comprehensive examination.
5. Continue involvement in ongoing research.

Fourth and Fifth/Sixth Years

1. Complete any remaining course work in program.
2. Complete Ph.D. dissertation and final examination.
3. Complete clinical internship.
4. Continue involvement in ongoing research.

Clinical Area Graduate Advisory Committee

(approved by CTC Sept. 19, 2000)

Why: Rationale for Using a Graduate Advising Committee

Receiving good mentoring can be a great help as you navigate your graduate training. Because of the complexities of graduate student mentoring, one primary mentorship relationship may not be optimally suited to meeting all of the student's advising/mentoring needs in research, clinical work, academic background, and professional development. Thus, an advising committee is a way to draw upon distinct strengths, areas of expertise, and viewpoints of faculty, and to offer the student a more formal opportunity to interact with multiple clinical and department faculty members. Use of an advising committee is not required (i.e. students may choose to seek advice exclusively from their primary mentor) but should be considered as students develop their plans for graduate study and career preparation.

Who: Committee Make-Up

The Graduate Advisory Committee (GAC) is a 2-3 person committee, charged with overseeing and guiding the student's research, clinical, academic, and professional development.

The GAC is headed by the student's primary research mentor, who assumes the major responsibility for meeting with the student on a regular basis and chairing the student's research committees. The primary research mentor is initially the person who the student was admitted to work with, although the student may change his/her primary research mentor as outlined in the Clinical Graduate Student Handbook and other documents. The other one/two members of the committee will be selected by the student and faculty mentor so that the committee represents the educational, research, and career interests and goals of the student. In most cases, at least one of these committee members will be from the clinical faculty. However, in certain cases, faculty from other programs within the department or from other departments may provide expertise that is considered important for a student's professional development. At least two of the committee members shall be from the Psychology Department. Committee make-up will be approved by the DCT.

When: Forming and Using the GAC

The GAC should be formed by the end of the spring semester of the student's Year One in the program. In subsequent years, the student should meet at least annually or as often as needed to achieve planning and mentoring goals.

What: Committee Duties

The GAC is charged with overseeing and guiding the student's research, clinical, academic, and professional development. However, because the goal is to balance optimal student advising with the wish to avoid overwork, formal meetings & duties of the GAC are kept to a minimum.

The initial task of the GAC is to assist the student in developing his/her Clinical Program Planner (see below). Initial stages of planner development shall occur in student-mentor meetings beginning early in the Fall of Year One, but sometime in the Winter of Year One, the student and his/her GAC will meet to discuss and formalize the Planner. The Planner will be signed by the student and GAC and a copy submitted to the DCT for placement in the student's file.

The second formal task of the GAC is to meet annually with the student to review progress toward goals, revise goals and plans as warranted, and address the student's general professional development. Input for this meeting should include the CTC's annual evaluation of the student's performance (incorporating the student's Activity Report, evaluations from clinical practicum supervisors, research mentors, assistantship supervisors), as well as student and GAC evaluations of performance on Planner activities and general functioning in the program. In addition to serving as a forum for evaluative feedback to the student, this meeting will also be used to evaluate the GAC's and program's effectiveness in meeting student needs, planning for the next year, and problem-solving as necessary to improve functioning of the student, the advising/mentoring relationships, or to identify areas where the clinical program may be improved. Note that to provide maximum flexibility, this meeting may involve the entire committee at once, or may involve the student meeting individually with his/her faculty mentor and then checking in separately with each of the other committee members. Although the student should have annual contact with all committee members, the form and extent of that contact may vary depending on student and committee preferences.

The third task of the GAC is to provide the student with multiple faculty members who are familiar with the individual student's goals and plans, and who the student can approach as needed to discuss a variety of advising and professional development issues (e.g., balancing multiple tasks and goals, identifying or

clarifying career options/goals, exploring clinical experience options, brainstorming ways of addressing professional interpersonal issues).

Throughout all of these duties, the faculty mentor will assume primary responsibility, with other committee members serving as back-ups or second opinions.

Evaluation of Committee Functioning

In addition to discussion about the GAC's effectiveness during the annual student meeting, students will be encouraged to provide feedback about the effectiveness of GAC functioning to the DCT.

Clinical Program Planner

(Appendix A)

The Program Planner includes an outline of the student's plan for meeting department and area program requirements in coursework and research, as well as the student's plans for pursuing a program of study that will prepare him/her for a clinical science career. Thus, the Planner will include a brief description of the student's general career goals (e.g., "research in some area of pediatric psychology," "academic position in adult clinical psychology," "developing and evaluating treatment for adolescent substance abuse"; these may be very general and will refine or perhaps change over time), planned/desired research, clinical, teaching, and elective course experiences that are directly related to those goals, and a proposed timeline for pursuing the academic plan. The Planner will be evaluated and updated (Appendix B) annually by the student and his/her GAC, and copies of the Planner and Planner Updates (Appendices A and B) will be placed in the student's file in clinical program office.

Courses

Clinical Psychology Coursework

(Approved by the CTC on May 21, 1993, with minor revisions approved each year thereafter))

All students admitted to the Clinical program are required to complete a curriculum consisting of departmental distribution courses and statistics requirements, general clinical requirements and electives, and adult or child focus area requirements. Required clinical courses must be taken in the order described in the clinical handbook, as course scheduling permits. Variance from this requires approval of the advisor and the DCT (*approved by CTC on 3-25-96*). Note that many clinical courses are offered every other year.

Required Clinical Courses

		<u>When to be taken</u>
9575	Clinical Research Methods	Fall of Year 1
8510 or 8520	Developmental Psychopathology Adult Psychopathology	Fall of Year 1 or 2 (semester varies)**
9510	Studies in Clinical Psychology: Clinical Research Seminar (1-credit seminar with research presentations by faculty, students, and outside presenters and discussion of issues related to clinical science).	Each semester through dissertation proposal
9515	Orientations to Psychotherapy (deals with major conceptions and procedures of psychotherapy)	Spring of Year 1
9520	Psychometrics	Spring of Year 1
9540	Ethical and Professional Issues in Psychology II	Fall of Year 2
ESCP 9000	Multicultural Issues in Counseling	Fall of Year 2 (preferred) or Year 3
9525 Or 9530	Orientations to Clinical Assessment (deals with intelligence and personality testing-adult) Clinical Child Assessment (deals with testing intelligence, perceptual-motor, social and affective development)	Variable (Usually offered Fall every other year) Variable (Usually offered Fall every other year)
9545	Clinical Practicum (1 hour, winter of year 1; 3 hours each semester thereafter)	Spring of Year 1, Year 2, & Year 3*
9920	Advanced History of Psychology (student can waive this requirement if s/he has had an equivalent course prior to beginning of graduate training; see policy on page 11)	variable
Various	Clinical Area Breadth Requirement courses (see below)	variable
Various	Clinical area electives (3 required; see below)	variable

*Additional enrollment of at least 1 hour of 9545 is required for the summer between Years 2 and 3 and for each summer or semester during which a student sees clients at clinic.

**8510 and 8520 offered alternate years. Students pursuing child clinical emphasis should take 8510 in the fall of Year 1 or 2; students pursuing adult clinical emphasis should take 8520 in fall of Year 1 or 2.

Required Department Distribution Courses and Clinical Area Breadth Requirement
(Breadth Area Requirements revised by the CTC April 16, 2013)

All graduate students in the department must meet the **department distribution requirement**, which involves taking three distribution courses from six distribution areas (abnormal, biological, cognition/learning developmental, motivation/personality, social). Please see the Department of Psychological Sciences Graduate Student Handbook for more details.

Note, however, that the **clinical area's breadth requirement** overlaps highly with (but is more restrictive than) the department distribution requirement. Our clinical area's APA accreditation requires that clinical students receive broad and general training across multiple areas of psychology, specifically: **biological, cognitive and affective**, and **social** bases of behavior, as well as **human development across multiple life stages**. Thus, to meet the clinical area breadth requirement, students must take a sequence of distribution courses that the CTC has approved as having sufficient breadth and that cover the four breadth areas (i.e., biological, cognitive/affective, social, developmental). This typically translates to 4 distribution courses beyond the abnormal area (which is required for clinical students). The table below lists CTC-approved courses.

Bottom line – clinical students can essentially ignore the dept distribution requirement because they will meet it automatically once they meet the clinical breadth requirement

A final note – distribution/breadth course categories are roughly consistent with many states' licensing requirements. However, many states require courses in more than three or four of these six areas. Students should consider this issue and their career aspirations when discussing their distribution sequence with their advisors.

CTC-approved distribution courses to meet clinical breadth requirement

Department Distribution Area	Course #	Course Title	Clinical Breadth Area Covered
<i>Biological</i>	<i>8210</i>	<i>Functional Neuroscience</i>	<i>Biol</i>
	<i>9210</i>	<i>Psychopharm. for psychologists</i>	<i>Biol</i>
	<i>9001.5</i>	<i>Advanced Neural Systems</i>	<i>Biol</i>
<i>Cognition/learning</i>	<i>8110</i>	<i>Cognitive psychology</i>	<i>Cog/aff</i>
	<i>9140</i>	<i>Conditioning and Learning</i>	<i>Cog</i>
<i>Motivation/personality</i>	<i>8610</i>	<i>Motivation</i>	<i>Cog/aff; soc</i>
<i>Social</i>	<i>9310</i>	<i>Theories of social psychology</i>	<i>SocSoc</i>
	<i>9350</i>	<i>Social Cognition</i>	<i>SocSoc</i>
<i>Developmental</i>	<i>8410</i>	<i>Theories of development</i>	<i>Devel</i>

Clinical Electives

In addition to the required courses, students must take at least three courses from the list of clinical electives. Courses on this list are clinically relevant, taught within the department (typically by clinical

faculty) and have been reviewed and approved by the CTC. Several of these courses are required for the adult or child track, but may be used as electives for students in the other track. However, except in specific instances noted below, the same course cannot be used as a required course and as a clinical elective. Note that many of these courses are offered on an irregular basis; students should check with the DCT regarding availability of specific courses. New courses may be added as they are developed. Additionally, if department courses not on this list meet the spirit of clinical relevance, students may request CTC review for possible approval as an elective. This must be done in advance of taking the course.

7560 Schizophrenia
8510 Developmental Psychopathology
8520 Adult Psychopathology
9525 Orientations to Clinical Assessment (intelligence and personality testing-adult)
8530 Experimental Psychopathology
9001 Topics: Structured Interviewing
9001 Topics: Addiction Seminar
9001 Topics: Clinical Pediatric Neuropsychology
9001 Topics: Molecular Genetic Methods
9210 Psychopharmacology for Psychologists
9220 Clinical Neuropsychology Seminar
9530 Clinical Child Assessment (intelligence and personality testing-child)
9550 Clinical Interventions with Children
9555 Behavior Therapy
9560 Family and Group Process
9565 Community Psychology
9570 Assessment and Treatment of Sexual Problems
9575 Clinical Research Methods
9580 Seminar in Clinical Psychology (following topics & others as approved by CTC):
 Neuropsychological Assessment
 Health Psychology
 Personality Disorders: Theory and Treatment
 Integrative Psychotherapy
 Addictive Behaviors
 Psychotherapy Process and Outcome Research
9585 Intro to Alcohol Studies
Other courses taught by clinical faculty as approved

Adult Clinical Curriculum

(Approved by the CTC January 27, 1993; updated April, 2013)

In addition to the general clinical area curriculum, the following courses are required for students in the adult clinical track:

- Psychopathology option: 8520 Adult Psychopathology
- Assessment option: 9525 Orientations to Clinical Assessment

In addition to required courses, the following courses are suggested for students interested in the adult area.

9001 Health Psychology
9001 Neuropsychological Assessment
9001 Personality Disorders
9560 Family and Group Process

Possible Additional Courses:

- 9525 The Literature Review
- 8510 Developmental Psychopathology
- 9730 Test Theory and Development
- 9710 Advanced Techniques in Psychological Statistics
- 9720 Latent Variable Models in Statistical Analysis
- 9330 Applied Research Methods

Child Clinical Curriculum

(Approved by the CTC January 24, 1990; updated April, 2013)

In addition to the general clinical area curriculum, the following courses are required for students in the child clinical track:

- Psychopathology option: 8510 Developmental Psychopathology
- Assessment option: 9530 Child Assessment
- 9550 Clinical Interventions with Children (can count as clinical elective)
- 9560 Family and Group Process (can count as clinical elective)

Other clinical courses may also be relevant to child clinical training and can count as clinical electives. Current non-required child clinical courses include:

9001.3 Topics: Clinical Pediatric Neuropsychology

There are currently several courses offered in the developmental training area of the department and outside the department that may be relevant to a child clinical specialization. These courses do not fulfill a requirement, but students may wish to take them in order to gain additional knowledge. Courses currently listed in the graduate catalog are outlined below:

Developmental Training Area Courses Relevant to Clinical Child Curriculum

- 8410 Psychology of Development
- 8420 Cognitive Development
- 8440 Social and Emotional Development
- 9440 Studies in Developmental Psychology

Extra-Departmental Courses Relevant to Clinical Child Curriculum

Communicative Disorders

- 8020 Developmental Language Disorders

Human Development and Family Studies

- 7610 Stress and Families
- 7720 Child and Family Advocacy
- 8210 Theory of Human
- 8012 Family Dynamics and Intervention Development
- 8220 Family Theories
- 8300 Advanced Seminar Multicultural Families
- 8610 Remarriage and Stepfamilies: Development, Dynamics, & Intervention
- 8450 Seminar on Adolescent and Young Adulthood
- 8710 Children, Families and Public Policies

Social Work

- 7360 Working with Minority Youth
- 8200 Family and Child Welfare Policy and Programs
- 8250 Social Work Practice in the Family and Children's Services

Special Education

- 8300 Students with Behavioral Disorder
- 8345 Trends & Issues in Special Education
- 8355 Grant Writing
- 8380 Nature & Needs of Gifted and Talented Students
- 8400 Affective Development of Gifted Students
- 8420 Psychological and Sociological Aspects of Mental Retardation
- 8440 Advanced Behavioral Management Applied Behavioral Analysis
- 8455 Advanced Studies in Behavioral Disorders

Education, School and Counseling Psychology

- 8100 Psychological Assessment in Children & Adolescents I: Cognitive Assessment
- 8120 Psychological Assessment in Children & Adolescents II: Psychoeducational Assessment.
- 8140 Psychological Assessment in Children & Adolescents III: Personality and Social Emotional Assessment
- 8150 Psychological Intervention w/Children & Adolescents I: Counseling
- 8155 Psychological Intervention w/Children & Adolescents II: Behavior Theory
- 8160 Psychological Intervention w/Children & Adolescents III: Educ. Instruction

Joint Emphasis in Child Clinical and Developmental – MA and PhD

For a small number of students who have demonstrated exceptional work quality and strong clinical-developmental interests, the department offers a combined graduate degree in Child Clinical and Developmental Psychology. Students who are in good standing in one area (e.g., clinical or developmental) may apply to this joint program. Typically, application to the joint program occurs at the end of the student's first year of graduate study, but students in one training area can ask to be considered for the joint program later in their training. Because joint emphasis training requires a higher workload and integration across areas, both training areas must approve the student's *joint* enrollment. Joint training will be restricted to especially strong students. Clinical students who are interested in the joint program should discuss their interest with their advisor and the DCT.

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. A supplement to the Graduate Student Handbook which details the requirements for the joint program is distributed to all joint program students and is available from Graduate Student Services, 113 McAlester Hall.

Joint Emphasis in Clinical and Quantitative – PhD

Students with strong interests and demonstrated skills in both Clinical and Quantitative Psychology may pursue a combined graduate degree through this program. Admission to the joint program typically occurs

through formal admission of the student to the Quantitative program following the successful completion of all Clinical Psychology masters requirements. Students must complete all coursework requirements in both Clinical and Quantitative Psychology programs. Additional information regarding the requirements for this program is available from Graduate Student Services, 113 McAlester Hall.

Minors/Certificates in Developmental and Quantitative

Students interested in advanced training in developmental or quantitative psychology without the commitment of a joint emphasis PhD may also consider the available minor (for quantitative psychology) or certificate (for developmental psychology). These programs involve additional coursework and/or research in the minor/certificate area and are noted on the student's transcript. Additional information regarding the requirements for the minors is available from Graduate Student Services, 113 McAlester Hall.

Course Timeline

Please remember that courses must be taken in the sequence/timeline indicated unless approved by the student's advisor and the DCT.

First Year

Fall		Credits
8710	Advanced Psychological Statistics I	4
8730	SAS	1
8910	Ethical & Professional Issues in Psych I Course	1
9575	Clinical Research Methods	3
XXXX Or	Distribution/breadth or	
8510 or	Developmental Psychopathology or	
8520	Adult Psychopathology	3
9510	Clinical Research Seminar	1
8050/8090	Research	<u>1</u>
		14

Spring		Credits
9520	Psychometrics	3
8720	Advanced Psychological Statistics II	4
8730	SAS	1
9515	Orientations to Psychotherapy	3
9545	Clinical Practicum (pre-prac)	1
9510	Clinical Research Seminar	1
8090	Thesis Research	<u>1</u>
		14

Summer		Credits
9545	Clinical Practicum (pre-prac)	1
XXXX	Distribution/breadth course as available (optional)	0-3
8090	Thesis Research (optional)	<u>0-3</u>
		1-4

Second Year

Fall		Credits
9540	Ethical and Professional Issues in Clinical Psychology II	3
9545	Clinical Practicum	3
XXXX or 8510 or 8520	Distribution/breadth or Stats or Developmental Psychopathology or Adult Psychopathology	3
9510	Clinical Research Seminar	1
8090	Thesis Research	<u>1-3</u>
		11-13

Spring		Credits
9545	Clinical Practicum	3
XXXX or 9525 or 9530	Distribution/breadth or Stats or Assessment/Adult or Assessment/Child	3
XXXX	Distribution/breadth or stats or elective	3
9510	Clinical Research Seminar	1
8090	Thesis Research	<u>1-3</u>
		11-13

Summer		Credits
9545	Clinical Practicum	1-3
XXXX	Distribution/breadth course as available (optional)	0-3
8090	Thesis Research (optional)	<u>0-3</u>
		1-4

Third Year

Fall		Credits
9545	Clinical Practicum	3
XXXX	Distribution/breadth or elective	3
XXXX	Distribution/breadth or elective	3
9510	Clinical Research Seminar	1
9090	Research	<u>1-3</u>
		11-13

Spring		Credits
9545	Clinical Practicum	<u>3</u>
XXXX	Distribution/breadth or stats or elective	3
XXXX	Distribution/breadth or elective	3
9510	Clinical Research Seminar	1
9090	Research	1-3
9545	Clinical Practicum	<u>3</u>
		11-13

Summer		Credits
9545	Clinical Practicum (as appropriate)	0-3
XXXX	Distribution/breadth course as available (optional)	0-3
8090	Thesis Research (if needed to complete defense)	<u>0-3</u>
		0-4

Fourth Year

Fall		Credits
XXXX	Distribution/breadth or stats or elective	3
XXXX	Distribution/breadth or elective	3
9510	Clinical Research Seminar	1
9090	Dissertation Research	<u>2-3</u>
		9-10

Spring		Credits
XXXX or	Distribution/breadth or elective or	3
9920	Advanced History of Psychology	
9510	Clinical Research Seminar	1
9090	Dissertation Research	<u>5-6</u>
		9-10

Summer		Credits
9545	Clinical Practicum (as appropriate)	0-3
XXXX	Distribution/breadth course as available (optional)	0-3
8090	Dissertation Research (optional)	<u>0-3</u>
		0-4

History and Systems Policy

(Approved by CTC on 2/10/87)

The following policy is intended to ensure that our students are in compliance with the APA accreditation guidelines concerning instruction in the history and systems of psychology. Also, all students in our program should be alerted to the possibility that their application for taking the state licensing exam may include a request for information about instruction in history and systems.

All clinical students must establish that they have had a history and systems course at the graduate level or equivalent prior to beginning their graduate training at the University of Missouri. If they have not had such a course, they will need to take Psychology 9920, Advanced History of Psychology.

Adherence to this policy will be monitored at the time that the student presents his or her program of study to the Clinical Training Committee.

Policies for Transfer of Courses and Waiving of Clinical Courses

(Approved by the CTC on 12/11/90)

The purpose of this policy is to recognize high quality graduate work done elsewhere, but to place some limit on the amount of this coursework that is waived so that the clinical faculty at the University of Missouri-Columbia will have a significant influence on the student's graduate education. A clinical student who has done graduate clinical coursework elsewhere **may waive up to 2 required clinical courses**. If the student has had qualifying graduate coursework elsewhere, in addition to the 2 required clinical courses that are waived, the student may substitute a different clinical course. The particular course that would be substituted would be approved by the Director of Clinical Training.

In both of the above instances, authorization to waive a course or to substitute a course will follow the same procedures as those laid down by the department (i.e., an evaluation by the person who normally teaches that course and a written statement indicating that the student's expertise and competence in the area warrants a waiver or a course substitution). This policy does not pertain to Practicum, which will be reviewed separately. It also **does not pertain to clinical electives**, where there is flexibility to take a variety of courses. This policy is independent of and apart from any required distribution or statistics courses that are waived by the student.

Clinical Practicum and other CTC-Endorsed Clinical Experiences

General Comments

This section provides an overview of clinical practicum training. With a few exceptions, required practicum training occurs in the Department's Psychological Services Clinic (PSC). The PSC has a separate handbook that outlines policies and procedures relevant to clinical practicum. All students should familiarize themselves with the PSC Handbook prior to beginning clinical work, as it is updated regularly and may include policy changes implemented since this handbook was printed.

Values

Training in a science-based approach to service delivery. As a clinical science program, we are committed to service delivery that is based on the best available science, including both empirically-based knowledge and scientific methods. As such, training focuses on empirically-supported assessments and interventions, and on a scientific approach to all clinical activity. A scientific approach entails using scientific methods to plan, implement, and evaluate assessment and intervention, even in the absence of established - supported assessment or intervention (for more details on a clinical science approach to practice, see *McFall, R. M. (1991). Manifesto for a science of clinical psychology, The Clinical Psychologist, 44, 75-88*). In this context, we are also committed to the broader notion of evidence-based practice in psychology. An evidence-based approach integrates the best available research with clinical expertise (e.g., therapeutic and clinical decision-making skills) in the context of the client's characteristics, culture, and preferences (for more detail, see *APA Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. American Psychologist, 61, 271-285*).

Training to work with a diverse clientele. Consistent with the position adopted by the APA Board of Educational Affairs, and with the APA Ethics Code and the APA Commission on Accreditation, we are committed to a training process that ensures that graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. When graduate students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all clients/patients. For some trainees, integrating personal beliefs or values with professional competence in working with all clients/patients may require additional time and faculty support. Ultimately though, to complete our program successfully, all graduate students must be able to work with any client placed in their care in a beneficial and non-injurious manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular client populations or refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values.

Timeline

The Clinical Practicum is largely observational in nature during the first year and oriented primarily toward assessment and therapy activities during the second and third years. During the second semester and summer of Year One, first-level practicum students enroll in one hour of practicum (referred to as "pre-practicum"). During these semesters, they attend and participate in team meetings and observe initial interviews, assessment, and therapy activities of advanced team members. Pre-practicum students also begin to develop their knowledge of supervision and consultation through readings and group discussion (see sections on Training in Supervision and Consultation). During Years 2 and 3, a minimum of four additional semesters of Clinical Practicum (3 hrs. each) is required. During these semesters, practicum students provide

services to clients in the Psychological Services Clinic under the direct supervision of their assigned faculty supervisor. In very unusual cases, the CTC will consider a request to complete practicum in less time.

Practicum Teams

Each semester, several practicum teams are formed, each comprised of a clinical faculty person as supervisor and a group of students. Practicum supervisory assignments are made primarily on the basis of preferences expressed by students in keeping with requirements of specialized practicum groups (e.g., first semester clinicians group; Dialectical Behavior Therapy Team; Addictions Team; assessment prac; Center for Evidence-Based Youth Mental Health and other child focused group) and the standing policy of shifting supervisors across semesters as possible. The intent of changing supervisors is to maximize exposure of the students to different supervisors and theoretical orientations.

During the fall of Year 2 (i.e., the first semester that students see clients), new student clinicians are all in the same practicum group to facilitate intensive focus on issues relevant to new clinicians. All other practicum groups may include students from all participating year levels. All practicum activities at the Psychological Services Clinic must be supervised by the assigned faculty. The practicum team serves as the group that facilitates the process of helps discussing, planning, and evaluating clinicians' practicum work. Thus, the intent of the team approach is to maximize exposure to clinical activities, even during the first year, and to facilitate a critical, empirically-based approach to clinical work.

It is important to note that although the clinical faculty members have sometimes quite different orientations and approaches to clinical work, there is one point on which they are in clear agreement, viz., the absolute importance of systematic and critical appraisal of clinical procedures in the development of professional competence and the advancement of the profession. Accordingly, in the context of the training program generally and in clinical practicum training specifically, it is the joint responsibility of the faculty supervisor and the student to develop an atmosphere that will facilitate an open and constructive review and appraisal of practicum work and of the students' responsibility in meeting requirements.

Supervision of Clinical Work

Clinical Practicum will be supervised by assigned supervisors. In all but rare instances, students seeing clients in the PSC will be enrolled in 9545 and will be assigned a supervisor. Any clinical student providing any service to Clinic clients while not enrolled in 9545 (allowable instances of this are outlined in the PSC Handbook) must secure approval of the arrangement from the DCT and the Director of the Psychological Services Clinic *prior* to engaging in clinical service and must arrange for appropriate supervision.

In general, the practicum supervisor during the previous semester continues to supervise until the following semester begins. If that supervisor is unavailable he/she will take the responsibility, together with the student, to ensure that supervision is arranged if a client is to be seen between semesters.

Typically, supervision during the academic year involves a combination of weekly practicum team meetings (usually lasting 1.5 to 2 hrs) and weekly individual meetings between student and supervisor (usually lasting 1 hr). The frequency, duration, and format of these meetings may vary a bit as individual supervisory needs vary, but students should generally expect to receive this level of supervision. Between semesters, supervision may occur on an as-needed basis, given the high variability in client contact at this time. During the summer, students and supervisors determine what combination of group and individual meetings best meet supervisory needs.

Documenting supervision

Documentation of supervision is helpful for several reasons: it helps the student and supervisor track how they spend their time each week and it also helps students track supervision hours that they will need to report on internship applications. Thus, students should use the PSC Caseload and Supervision Tracking

Form to track weekly client activity and weekly supervision. Although designed for use in practicum in the Psychological Services Clinic, students can adapt this form for use in any clinical activity that they anticipate counting as “practicum” experience for internship applications. This form and procedures for use are available in the PSC Handbook. Students may also use the MyPsychTrack software to track supervision (see section on Documentation for Internship Application below for details on this software). Although not currently required by the PSC or clinical program, we will likely migrate to this (or a similar) method of documenting supervision in the future.

Preparing for Clinical Work

Liability Insurance

All clinical students must obtain and pay for professional liability insurance during the entire period of time that they are having professional contact with clients in the Psychological Services Clinic. Liability insurance can be obtained from the American Psychological Association at low-cost student rates. The student must first be a member of APA to qualify for the insurance. Since this entire process can take a few months, new clinical students should join APA and begin the application process early in the fall of their first semester. Insurance may be available through other carriers as well; students who wish to use another insurance company are encouraged to check with the DCT.

Students must have documentation of the official insurance policy on file with the Administrative Assistant of the Psychological Services Clinic. This documentation must be on file by the first day of classes of the semester that the student plans to see clients, or the student forfeits the chance to see clients that semester. Students must maintain their insurance for the entire time they see clients in the PSC.

While not required, it is also advisable for students to maintain this insurance for as long as they are active in any clinical work (e.g. through a clerkship or volunteer placement). Although clinical work conducted as part of graduate training is covered by the University, many professionals recommend not relying solely on this coverage.

Background Checks

To maintain compliance with funding agencies and emerging national standards for clinical care, all clinical students must have current background checks during the entire period of time that they are having professional contact with clients in the Psychological Services Clinic. Currently, the PSC requires the Missouri Child Abuse/Neglect screening to be completed annually. Students should obtain the screening form online (<http://www.mshp.dps.mo.gov/MSHPWeb/PatrolDivisions/CRID/documents/SHP-159UPDATED9-2013.pdf>), complete the form (select Service 1: CD Central Registry Child Abuse Search Only – no charge; include agency info for PSC, attention Dr. Debora Bell), and submit to Missouri State Highway Patrol. Because this process can take several weeks, new clinical students should submit the form early in the fall of their first semester so that it is complete by the time they begin pre-practicum. Continuing students should submit the form each summer, to ensure that the PSC is in receipt of the current background check by the beginning of each fall semester.

Enrolling in Practicum

Shortly before the pre-enrollment period, the DCT will assign supervisors for the upcoming semester. Students should enroll for the practicum section to which they are assigned (pre-practicum = 1 credit hour; practicum = 3 credit hours; advanced practicum = 1-3 credits depending on the caseload).

Training in Effective Clinical Work *(revised 8/1/2015)*

An evidence-based approach to practice should guide all clinical activities, with clinicians making routine use of available literature on effective interventions, literature on cultural and individual differences that may

moderate treatment acceptability and effectiveness, data collected as part of providing services to individual clients, and expertise of colleagues provided through supervision and consultation. Consistent with an evidence-based approach to practice, students must complete several required activities while in practicum. These activities are described below (with additional details regarding implementation of several requirements also provided in the PSC Handbook) and listed in checklist form in Appendix C. Students should document completion of each required activity, discuss completion with their current supervisor (e.g. in individual supervision) and have the supervisor initial the item.

1. Client Contact Hours

Students are required to accrue a minimum of 100 client contact hours. The following clinical activities can count toward this: (1) Individual/family therapy [50 minute session = 1 client contact hour]; (2) Co-therapy: serving as a co-therapist in a family, couple, or individual session [50 minute session = 1 client contact hour]; (3) Group therapy as a leader or a co-leader [1 group hour = 1 client contact hour]; (4) Testing: Psychological, diagnostic, psychoeducational testing. Only time student spends with the client will count toward the minimum [i.e., do not count test scoring/interpretation time]; (5) Observation: Any formal, structured observational assessment activity. [Record actual time]; (6) CTC-approved external specialty practica: Up to a maximum of 50 client contact hours.

Note that preparation for internship typically involves substantially more than 100 CCH (e.g., our students have been successful in applying for internships with a range of 300-1000 intervention and assessment hours). **Students who do not anticipate seeking a clinical clerkship or program-approved volunteer clinical experience should plan to accrue more than the required 100 CCH in the PSC.**

2. Practice of Effective Treatments

All students are required to document use of two Empirically Supported Treatments (ESTs) with actual clients in practicum before they may apply for internship. **Students should begin thinking about how to meet this requirement during their first semester of regular practicum and discuss with their supervisors (throughout practicum) whether each particular case meets this requirement.** Consistent with a science-based approach to therapy, students should consider the two client requirement a minimum, and should use ESTs with all clients for whom they are appropriate and available. Even when established ESTs are not available, students should use an evidence-based approach to all of their clinical work (e.g., using available literature to guide treatment, incorporating ongoing assessment of client functioning and other relevant variables to evaluate treatment progress). Additional ways of doing this are outlined in the section below on evaluation of treatment outcomes.

3. Evaluation of Treatment Outcomes

Students will participate in several ways of using data to implement and evaluate the efficacy of clinical interventions. First, material on the empirical bases for treatments will serve as the foundations for all intervention/therapy courses. Treatments covered in these courses and in practicum will be useful for students attempting to identify suitable treatments for their clients. Second, students will participate in routine collection of outcome data for clinic clients. This will be done at two levels: (1) the clinic's established systematic procedure for obtaining outcome data on all clients; and (2) the individual therapist's selection of data collection methods suitable for each of his/her specific cases. Third, students will structure their closing summaries to incorporate quantifiable data concerning the outcomes of treatments with clients. Finally, each student will be required to write a paper based on a case study in practicum that includes consideration of relevant theoretical and empirical literature and quantification of relevant behaviors targeted for change. **It is suggested that this be started in the first year of regular practicum to allow time for client termination, follow-up, or case study preparation.** The case study needs the written approval of the practicum supervisor upon completion.

4. Training in Theories and Methods of Consultation

Students will be required to complete readings and participate in discussion on consultation, to obtain and document a minimum of three consulting experiences (documented using form in Appendix D), and write a brief summary paper during the course of the 2.5-year practicum sequence. **Readings/Discussion:** students will be required to complete and discuss foundational readings in theories and methods of consultation during summer pre-practicum prior to their first semester of regular practicum, and to complete, present, and discuss additional readings during regular practicum. **Consultation experiences:** The student should be the consultant (rather than the consultee) in at least one of the experiences; there should also be at least one experience in which the student is the consultee. For the third experience the student can take either role. Additional consulting experiences obtained in other settings (e.g., clerkship) should also be documented, but may not be counted toward the required three experiences. **It is recommended that students plan on at least one consultation experience each semester.** **Paper:** At the culmination of the regular practicum experience, students will write a brief (1-3 page) paper on Theories and Methods of Consultation. Details regarding consultation requirements are provided in the Psychological Services Clinic Handbook, provided to all students when they begin practicum.

5. Training in Theories and Methods of Supervision

In addition to direct experience in clinical work and consultation, students will receive introductory training in theories and methods of clinical supervision. Regular practicum supervisors will describe their supervisory approach as part of practicum instruction. In addition, students will be required to complete readings and participate in discussion on supervision, and to write a brief summary paper during the course of the 2.5-year practicum sequence. **Readings/Discussion:** students will be required to complete and discuss foundational readings in theories and methods of supervision during summer pre-practicum prior to their first semester of regular practicum, and to complete, present, and discuss additional readings during regular practicum. **Paper:** At the culmination of the regular practicum experience, students will write a brief (1-3 page) paper on Theories and Methods of Consultation. Finally, depending on student and supervisor interest, students may have the opportunity to practice supervision under the direct guidance of the faculty supervisor. Details regarding supervision requirements are provided in the Psychological Services Clinic Handbook, provided to all students when they begin practicum. Additional detail about optional training in supervision is available from the PSC Handbook, practicum supervisors, or the DCT.

6. Training in Diversity

Students should also gain experience in working with diverse clients during practicum. Diversity experiences can include working with clients from racial/ethnic/cultural minorities, sexual orientation minorities, socioeconomic disadvantage, or clients with physical differences/disabilities. Students should complete at least two readings from a list available in the Clinic. In addition, they should document the types of diverse clients with whom they've worked. **It is recommended that students complete the readings during pre-practicum or their first semester of practicum, and that they log experience with diverse clients throughout practicum.**

Other Requirements

Ongoing Case Documentation

The completion of chart documentation in a timely fashion is of utmost importance in the development of professional competence. As a way to monitor this important task, the Clinic's Quality Assurance (QA) Committee evaluates the completeness of charting several times each semester (at unannounced times). Incomplete chart documentation is reported to the Clinic Director and to the student's supervisor, and a prompt remediation of the problem is expected.

Because charting, like other professional competencies, is considered a skill to be learned during practicum training, the CTC has developed a set of criteria for adequate charting at each level of practicum training (*revision approved by CTC 8-7-07*).

Although it is expected that clinicians will get all charting tasks completed in a timely manner, the primary focus will be on the major responsibilities (for example, documentation of and signing on all contracts with clients, treatment plans, closing summaries, getting charge statements in and treatment authorizations done on time, etc.). Some minor items (particularly shredding drafts, attaching materials in the chart, misfiling, and logging appointments on the front of charts) will not be counted as “problems” for purposes of these evaluations. However, repeated problems with doing minor tasks will be considered to be a more significant problem. Details regarding what constitutes major and minor problems are available in the PSC Handbook. Information from file reviews that occur between semesters will go with the upcoming semester (for example, the data from a January file review will be counted for the winter semester).

The table below outlines the number of problems allowable at each level of training.

Expectations for Professional Responsibility by Practicum Level

Semester	Objective	Meets Expectations	Needs Improvement	Unacceptable
Pre-prac	Learn clinic policies and procedures			
1 st	Begin to implement policies and procedures.	8 major	9-12 major	>12 major
2 nd	Routinely implement clinic policies and procedures with few problems	5	6-9	>9
3 rd – 5 th	Routinely implement clinic policies and procedures with very few problems	3	4-6	>6

Because timely and responsible documentation is considered part of standard professional skills, if these expectations are not met in any semester, the student will receive a grade of “I” (for evaluation of *needs improvement*) or “U” (for evaluation of *unacceptable*) for that semester of practicum. In cases of “I” grades, the supervisor, in conjunction with the QA chair and clinic director, will specify specific remediation activities that the student must complete in the subsequent semester in order to resolve the “I.” For cases of “U” grades, the student will not get credit for that semester of practicum (i.e., toward the required minimum semesters). However, the supervisor, in conjunction with the QA chair and the clinic director, will provide feedback to the student about changes needed to maximize success in subsequent semesters, and may require specific remediation activities in order to resolve the problems contributing to the “U” grade. Additional details on case documentation and Quality Assurance reviews are provided in the Psychological Services Clinic Handbook.

Documentation for Internship Application

Throughout their time in the clinical program, students should document their clinical hours in a format that will facilitate completion of the APPIC Application for Psychology Internship (APPI) form. These data are needed when students apply for internship and for our program’s Annual Report to the APA. In particular, students should keep records on the number of assessment, intervention, support, and supervision hours they accrue, as well as the types of clients they see and the services they provide. Information on the current APPI form is available at <http://www.appic.org>. In addition, APPIC has recently made its practicum experiences tracking software, My Psych Track, available free of charge to students from affiliated doctoral institutions (ours is one). Additional information is available from www.mypsychtrack.com and from the DCT.

Specialty Practica (Approved by CTC 11/18/97; Revised 3/16/99)

Students may have the opportunity to do one or more specialty practica at sites other than the Psychological Services Clinic (e.g., Rusk Rehabilitation Center). These sites are typically identified by the student, based on his/her interests. Specialty practica must be supervised by a qualified supervisor who has been approved by the CTC. The specialty practicum should provide enough direct client contact so that a minimum of 50 client-contact hours are accrued over the course of the practicum. These 50 hours can be counted toward the minimum of 100 hours required for completion of practicum (the other 50 must be obtained at the Psychological Services Clinic). However, most students use specialty practicum experiences to supplement the minimum practicum requirement met in the PSC. In order to ensure continuity of care at the Psychological Services Clinic, it is recommended that the specialty practicum occur during the student's last semester of practicum experience. Students wishing to do a specialty practicum must make a formal written request to the CTC prior to the anticipated start date of the practicum. The request should outline the proposed site, duties and experiences, supervisor qualifications, frequency and form of supervision, and schedule (dates and hours per week). If the specialty practicum is approved by the CTC, the student and site are required to complete an Outside Clinical Placement Agreement (Appendix R) and submit it to the DCT. This form documents the terms of the placement (types of experiences, time/duration, supervision, required evaluation of student performance). Students are not allowed to begin the placement until all of these steps have been completed. During the placement, the student should also make sure that completed student evaluation forms are submitted to the DCT.

Practicum Evaluation

At the end of each semester, the faculty supervisor formally evaluates each student's practicum work using a comprehensive Practicum Competencies Evaluation Form (Appendix E). This form is based on specific practicum competencies that are currently being defined as benchmarks in the field of professional psychology doctoral training [see Hatcher, R. L. & Lassiter, K. D. (2007). Initial training in professional psychology: The Practicum Competencies Outline. *Training and Education in Professional Psychology, 1*, 49-63]. When students begin practicum, they should refer to the current Psychological Services Clinic Handbook for details regarding practicum evaluation.

Students' practicum competencies are evaluated in 10 areas: relationships/interpersonal skills, intervention skills, ethical/professional development, use of supervision, assessment skills, emergency and crisis response, application of research, consultation skills, attention to issues of diversity, and metaknowledge/metacompetencies. Based on the student's practicum level and specific opportunities, some areas may be less relevant in individual semesters. However, by the end of practicum, it is expected that the student will have had the opportunity to demonstrate competence in each area. In making evaluations, the supervisor uses his/her direct observations of student performance; information provided to the supervisor by the student, clients, or clinic staff or clinicians; and information provided by the QA chair. Written evaluations are reviewed in the student's presence. Also, students are asked to provide feedback for the practicum supervisors (using the forms in Appendix F). Note that like other teaching evaluation forms, the feedback is anonymous and is not shared with supervisors until they have completed the student evaluation and grading process.

Student performance is rated on a 5-point scale (1 = deficient, 2 = needs improvement, 3 = good, 4 = very good, 5 = excellent), which is then used to assign semester grades. Students should note that a rating of 3 is considered quite acceptable for practicum, as it indicates that the student's performance meets expectations and is on track for his/her level of training. A grade of "S" indicates satisfactory performance (i.e., ratings of 3 or better) in each area of practicum competency. A grade of "U" indicates serious deficiencies or problems in one or more aspects of practicum (i.e., ratings of 1 in one or more area), including cases in which the student showed limited progress in remediating problem areas during the

course of the semester. A grade of “U” is also used when a student’s QA review indicates unacceptable levels of professional responsibility (for details, see Psychological Services Clinic Handbook, Section 2.06.3 on “The Role of QA Reviews in Practicum Evaluations and Grades”). A grade of “I” may be used in cases where the supervisor notes one or two areas that are marginally below expectations (i.e., ratings of 2), or that the QA review indicates needed improvement in professional responsibility. In cases of “I” grades, the supervisor should specify specific remediation activities that the student must complete in the subsequent semester in order to resolve the “I.”

It should be noted that the grade is only a part of the evaluation and feedback process. The written comments by the supervisor are considered very important and they are an opportunity to more explicitly detail the student's strengths and weaknesses. The supervisor and student should review the evaluation together to allow clarification and discussion of the student’s current performance and development, as well as goals for future experiences and development. As the supervisor and student complete the end-of-semester evaluation process, they should also review the student’s progress on practicum requirements.

Completion of Practicum

Practicum completion requirements and timeline

The CTC requires successful completion of at least five semesters (including pre-practicum) and one summer of practicum with “S” grades, and six tasks before a student can be considered for completion of practicum. These tasks require that the student (1) obtain minimum of 100 client contact hours; (2) use two empirically supported treatments with clients; (3) complete a written case study; (4) read two chapters/books/articles on consultation; (5) obtain at least three consultation experiences and discuss consultation readings/experiences with supervisor; (6) read two articles/books on clinical supervision and discuss with supervisor, (7) read two articles/books on diversity (See above for details and Appendix C for "Academic Requirements for Completion of Practicum" form).

The CTC understands that completion of client contact hours may take longer than the standard four semesters. However, the CTC expects that **Academic Requirements #2-#7 will be completed by the end of the fourth semester of regular practicum**. These tasks need to be completed, with an updated "Academic Requirements" form submitted to the DCT, by the end of the student’s fourth semester in regular practicum (so that these tasks may be considered in annual student evaluations). Students are expected to continue to enroll and remain active in practicum each semester until they have completed all practicum requirements including 100 client hours and have been approved by the CTC for practicum completion. An updated “Academic Requirements” form should be submitted to the DCT upon completion of the 100 client contact hours, along with a memo requesting evaluation for completion of practicum. (Revision approved by CTC 9/19/2000).

CTC approval of practicum completion

During annual evaluations, the CTC will evaluate practicum progress for all students who have completed their fourth semester of regular practicum (typically students ending their 3rd year in the program). For this review, students should submit a current “Academic Requirements” form to the DCT. Although the client contact hours may not have been completed, the CTC **Academic Requirements #2-#7 will be completed by this time**. Thus, minimum satisfactory progress requires completion of Academic Requirements #2-#7.

When a student has completed all practicum requirements, including a minimum of 100 client contact hours, and when the student and supervisor have determined that the student has gained sufficient clinical and professional competence to be considered ready for practicum completion, the student may request that the CTC evaluate his/her eligibility for completion of practicum training. In making their evaluation, the CTC will consider grades and written evaluations made by individual supervisors, including (and especially) the

current supervisor. Particular attention will be paid to current level of competence and to the student's efforts and success in addressing past weaknesses. It is important to note that evaluation for practicum completion extends beyond simply verifying that a student has completed CCH and Academic Requirements and has earned a grade of "S" in pre-practicum and four semesters of regular practicum.

Paperwork completion and checkout

All students must be "checked out" of the Clinic at the end of Practicum. In regard to grading, students who are approved for completion of practicum will receive an "I" for that semester. When case summaries are written on all of their clients and the "check off list" (see Appendix G) is signed by the Administrative Assistant of the Psychological Services Clinic, the Director of Clinical Training will then assign the appropriate grade. Students who continue to see clients after they complete Practicum may check out of the Clinic when they are finished seeing clients. The "check off list" can be completed and turned in at that time, and the final grade will then be assigned by the Director of Clinical Training. If a student sees a client after he or she has completed and checked out of Practicum, he or she will have to re-order keys, request new video recording supplies (e.g., videotapes, SD cards, USB drives), provide proof of liability coverage, and then check out again when he/she leaves.

Post-Practicum Enrollment

Any clinical student who has completed "regular" practicum (as approved by the CTC) may continue to see clients through Advanced Practicum. However, the student must receive approval of this action by the Director of the Psychological Services Clinic, must have a faculty supervisor (typically assigned when regular practicum teams are assigned, although the student may suggest other arrangements), must be enrolled in at least one hour of advanced practicum, and must maintain his/her liability insurance coverage. Note that the course and section numbers for advanced practicum are the same as for pre-practicum and regular practicum. The major difference is the number of hours in which the student enrolls and increased flexibility regarding attendance at group supervision meetings (determined by/with the supervisor and clinic director).

Other CTC-Endorsed Clinical Experiences

In addition to clinical practicum experience obtained through the PSC or specialty practicum sites, students may gain additional clinical experience at any of several campus or community placements. Some of these experiences are in the form of paid clinical clerkships (see section on Funding) whereas others are volunteer experiences.

Like all funded training positions, CTC-endorsed clinical experiences (paid or volunteer) involve the following characteristics:

1. The position is in a facility or setting with which the Clinical Training program has a relationship structured in terms of students' training.
2. The position involves guided acquisition and practice of psychological skills and activities.
3. The position entails regular critical review and guidance of the activities by a designated supervisor(s) qualified to do so, wherein such supervision is not nominal but informed and substantive.

To qualify as CTC-endorsed clinical experiences (and ***to be eligible to count as practicum hours on internship applications***), students must complete several steps **prior to the start of the experience**:

1. Discuss the clinical opportunity with their advisor. Such discussion should serve to clarify how the training opportunity fits with the student's training goals.

2. Discuss the potential placement with the DCT ***before making firm commitments to the agency involved***. This discussion will clarify for the student and the DCT possible problems arising from the nature of the work, the students' competencies, available supervision, and workload issues. The goal of such discussions is to identify ways to help students get the experiences that will benefit them, while attempting to minimize problems.
3. Complete an Outside Clinical Placement Agreement (see Appendix R) that describes the placement site, nature of training activities, time required (start/end dates, hours/wk), amount and nature of supervision (e.g., individual, group), name and qualifications of supervisor, and timing and nature of evaluation of student performance (with written feedback at least once per semester). Agreement should be signed by student, placement supervisor, and DCT, and placed in student file.
4. During the placement, the student should also make sure that completed student evaluation forms are submitted to the DCT.

The DCT and other clinical faculty pass information to students about suitable clinical placements as it becomes available. Additionally, the CTC continually seeks to identify promising new training experiences in agencies in the mid-Missouri area. Students are encouraged to notify the DCT if they become aware of suitable positions or if they would like help in pursuing particular experiences.

Over the past few years, the following sites have had (usually unpaid) clinical experiences available or have expressed interest in participating in training clinical psychology students. A list of recent paid clinical clerkships is included in the Funding section.

- Missouri University Psychiatric Center (Contact: Bruce Horwitz)
- Student Health Center (Contact: Lynn Rossy)
- Fulton State Hospital (Contact: Marc Maddox)
- Department of Health Psychology/Rusk Rehabilitation Center (various; Contact: Janet Farmer, Laura Schopp)
- Harry S. Truman Memorial Veteran's Hospital (Contact: Vicki Claymore-Lahammer)
- Assessment and Consultation Clinic (Contact: Andy Knoop)
- Neurology, Inc (Contact: Joel Shenker)
- Wellness Resource Center (Contact: Kim Dude)
- Burrell Behavioral Health (Contact: Emily Crawford)
- Thompson Center for Autism and Developmental Disabilities (Contact: Micah Mazurek, Kathleen Deidrick)
- MU Counseling Center (Contact: Jessica Semler)
- Educational, School, and Counseling Psychology's Prevention Science Practicum (Contacts: Wendy Reinke, Keith Herman)
- Rainbow House (Contact: Andrea Shaw)

Research

Research Overview

Ordinarily, students will be involved in research throughout the duration of their training. This will include first year project, thesis and dissertation research, and other collaborative research with faculty. Students should enroll in either 8090/9090 (for thesis or dissertation) or 8050/9050 (other research at Master's or PhD level) with the specific course and number of credit hours determined through discussion with the advisor. At the beginning of each semester, the student and his or her research instructor should discuss semester research goals for the student. It may be helpful to document these goals on the optional Semester Research Evaluation Form (adopted 5/19/98, see Appendix H). Then, near the end of the semester, the student and research instructor should meet to review and discuss the student's progress toward goal attainment, complete the remainder of the Semester Research Evaluation Form, and return the completed form by the end of the semester to the Graduate Student Services office.

First Year Project

(Approved by the CTC 5/15/2001, revisions 10/17/2007)

During their first year, students will complete a First Year Project. This project is intended to serve two major purposes: (1) to give students early exposure to and success experiences in clinical science research, and (2) to lay the foundation for timely completion of a sound master's thesis. The project may be anything that the student and his/her advisor agree upon; however, the project scope should be such that an identifiable product (e.g., thesis proposal, grant proposal, thesis data collection) is completed within the first year. To facilitate timely completion of the master's degree and insure a thesis project that is reasonable in scope, students and mentors are **strongly encouraged** to use the First Year Project as the thesis. At a minimum, the first year project should not interfere with thesis progress.

Examples of first year projects relevant to the thesis can range from a written literature review of the area in which the student plans to do thesis research (i.e., Thesis Literature Review/Synthesis described below under Thesis Research), the thesis proposal, collection of pilot or actual data for the thesis, or mastery of data collection or analysis procedures that will be relevant to the thesis, to the actual completed and defended thesis project. Because department policy requires that the student successfully propose the thesis prior to data collection (see the Graduate Student Handbook), students using the first year project as the thesis should plan to propose their thesis in their first year.

In rare instances, the student and advisor may pursue a first year project that is not directly tied to the thesis but instead focuses on another area of research or professional development that is relevant to the student's interests. In this case, the student and advisor should still make progress on thesis a high priority as students are still expected to adhere to the thesis timeline outlined below.

First year projects will be presented in the Clinical Research Seminar at the end of the Fall and Spring semesters of the first year.

Thesis Research

(Approved by the CTC on 11/14/94; revised by CTC on 5/15/2001; revised 10/17/2007)

Overview and Project Scope

Ordinarily, students will complete an empirical master's thesis in the MU Department of Psychological Sciences. The only exception to this is if a student has completed an empirical master's thesis as part of a master's degree obtained elsewhere and successfully waives the thesis here (see below for waiver details). To facilitate timely completion of the master's degree and insure a thesis project that is reasonable in scope,

students and mentors are ***strongly encouraged*** to use the First Year Project as the thesis. Other details about master's thesis policy and procedures can be found in the Department of Psychological Sciences Graduate Student Handbook.

Document

The thesis document should be a publication-length manuscript describing an empirical study, with an appendix that summarizes the reviewed literature. This two-part document (i.e., the manuscript and appendix) should allow students to focus on both literature review/synthesis skills and manuscript-writing skills, and to optimally help the student to have a manuscript that is near submission-ready by the time of the thesis defense. The document format should conform to Graduate School guidelines.

Literature Review/Synthesis

An important part of planning a study is reviewing and synthesizing the literature and this is a skill that students will develop during the First Year and Thesis Projects. However, a full literature review is not possible in a publication-length document. To facilitate skill development in this area, students and mentors should focus on the student's review and integration of relevant literature in their regular meetings, and the thesis document should contain an appendix that summarizes the reviewed literature, typically in table format although alternative formats (e.g., annotated bibliography) may be suggested/approved by the mentor.

Anticipated Timeline

Because students are encouraged to use the First Year Project as the thesis, students should form their thesis committee and propose the thesis by midway through their first year. This timing coincides with their initial presentation of the project in clinical seminar. This timing should also help students conform to the Department policy that requires students to propose their thesis prior to any data collection for the project. As the First Year Project is expected to be completed by the end of the first year, students should be able to defend their thesis shortly after their first academic year or early in their second year.

Thesis Committee

The thesis committee is comprised of three faculty members including the following:

1. Inside-Inside: One in-house regular faculty members in the clinical area.
2. Inside-Outside: One in-house regular faculty member from outside the clinical area.
3. Outside: One faculty member whose primary appointment is outside the department.

The CTC has clarified with the Graduate School that adjunct Psychology faculty with primary appointments outside the department (e.g., Psychiatry, Physical Medicine and Rehabilitation) may serve as outside members.

Persons holding courtesy appointments within the Department of Psychological Sciences (i.e. do not have primary appointments elsewhere on campus) can serve as Department of Psychological Science members, but not as outside members. The training area(s) in which the courtesy appointment is made determines whether this member is inside or outside the student's training area. Note that the Graduate School ultimately determines whether a specific faculty member counts as an outside member. Thus it is important to submit any committee selection paperwork (i.e., the M2 and D1) well before the proposal meeting.

Waiving the Thesis

In order to waive a master's thesis with one completed elsewhere, the student must have completed the defense of that thesis at his/her prior institution before the first day of classes at the University of Missouri.

Alternatively, the student may be allowed to carry out a thesis project, including a formal thesis proposal, under the direction of our faculty. In the latter case, the student would get the master's degree at the University of Missouri. This action is in addition to departmental policies concerning thesis work done elsewhere. Students who consider this option should note that current Graduate School policy limits tuition and fee waiver eligibility to 5 years post-MA. Thus, students who waive the thesis requirement here will be eligible for only 5 years of tuition/fee waiver.

Comprehensive Examination

(approved by CTC 12/07/01; revisions approved 8/8/02, 8/8/05, 3/20/07, 10/16/07, 9/14/11)

Overview and Exam Timing

A written comprehensive examination will be prepared by the clinical faculty and administered once annually. All students electing to take the exam in a given year will receive identical questions, but the faculty will draw up a new set of questions for each administration. In accordance with requirements of the Graduate School, students' written exams will be prepared, supervised, and graded by a program committee consisting of the regular clinical faculty, and the oral exam will be supervised and graded by the students' doctoral committee as described below.

Students are required to take the comprehensive examination in the August prior to the start of their 4th year. Thus, they should plan to complete requirements for the Master's degree, including thesis defense, and relevant coursework by their 3rd year and to use the summer after their 3rd year to focus on independent study for the exam. The exam process is described below and illustrated in Appendix S.

Exam Coordination

The comprehensive examination process is headed by the "Written Exam Coordinator," a clinical faculty member designated annually by the DCT. This is the person who oversees design, administration, and grading of the written exam, and is also the person who students can approach with specific questions about the comprehensive exam process.

Exam Preparation

The comprehensive exam is divided into four major areas of content: (1) Statistics, Methodology, and Psychometrics; (2) Assessment and Diagnosis; (3) Psychopathology and Mental Health; and (4) Interventions, Outcomes, and Clinical Issues (including gender, ethnicity, culture). Each year, all regular clinical faculty members participate in development of a suggested reading list and exam questions. The reading list includes what the faculty consider to be essential papers and/or important content areas; this is a good starting point for student reading. Each year, this list will be made available to students by the Coordinator in the fall or early spring semester for the following summer's exam (i.e., approximately 6-9 months prior to the exam date). Students who would like to begin their reading earlier than this can consult prior years' lists, as it is anticipated that reading lists will not change drastically from one year to the next. Students are also encouraged to read broadly and not be limited by faculty recommendations (i.e., it is anticipated that reading recommended papers will not be sufficient preparation by itself). As this implies, examination questions need not be constrained by suggested areas of study. In the process of preparing for the examination, students will not be allowed to seek out further guidance or advice about exam content from faculty. This provision is designed to ensure fairness and equity in the exam process (e.g., one student is not given more assistance than another, etc.). However, students are encouraged to seek advice on exam preparation from student colleagues who have taken the exam in prior years.

Written Exam

Content. The written exam will consist of four 3.5-hour sessions corresponding to each of the four major content areas specified above. Essay questions are generated each year by the entire clinical faculty, with oversight by the Coordinator to ensure that questions are suitable, fair (i.e., sufficiently focused to allow a “passing” answer to be prepared within the allotted time, adequate coverage of both child and adult topics in the pool of questions for a given area, etc), and have minimal overlap. Given the inherently cross-cutting nature of relevant concepts and knowledge across the four content areas, it is anticipated that familiarity with material from multiple areas may be required to adequately respond to questions submitted for any given area.

Schedule. The written portion of the exam will be scheduled to occur in late August, typically the week before the start of the fall semester. The Coordinator will make all arrangements for the examination (e.g., room reservations, communication with students) and oversee actual administration of the exam as well. The exam will take place over a three-day period, typically a Wednesday through Friday, with two exam areas scheduled for the first day (e.g., 8:30-12:00 and 1:00-4:30), a break on the second day, and the remaining two exam areas scheduled for the third day. At each session, students will be presented with a list of 4 essay questions, from which they will pick two to answer during the time allotted. Each student will be provided a room with a computer workstation and printer. No books or notes will be permitted during the examination. At the end of each session, students will print out their answers and turn them into the Coordinator or another designated departmental official.

Grading. Within 1-2 weeks following the exam, the clinical faculty will grade the written exams. Each regular clinical faculty member will grade two sections, with approximately half of the faculty thus grading each question. Faculty will be assigned to grade exam answers based on their interests and expertise, and will receive exam answers with students’ identity masked. Each faculty member will assign a grade for each question on the following scale: 1=Fail, 2=Pass, 3=Pass w/Distinction, allowing fractional ratings (e.g., 1.5) and will submit grades to the Coordinator. The Coordinator will collate grades for review by the full clinical faculty. Clinical faculty will pay particular attention to exam answers for which there is a large spread in grades, and the Coordinator or any faculty member can request that an exam answer be reviewed by the full clinical faculty.

Following review and approval by the clinical faculty, grades for the written exam will be assigned according to the following criteria: 1) Pass with distinction (average grade of 2.5 or higher within each of the four content areas of the written exam), (2) Pass (average grade of 2.0 or higher within each of the four content areas of the written exam), (3) Incomplete - Type A (an average grade of below 2.0 on no more than two areas of the written exam; other areas receive average grades of 2.0 or above), or (4) Incomplete - Type B (an average grade of below 2.0 on more than two areas of the written exam). Note that students will always be given an opportunity to remediate non-passing performance on the written exam (i.e., students who do not pass written exam sections will not fail the exam at this point, but will instead receive Incompletes and will remediate as described below).

Remediation of Incompletes and Failed Exams. Incompletes on the written exam will be resolved prior to an oral exam. Specific remediation requirements depend on the Incomplete grade type (A or B) and Retake type (A, B, or C). An outcome of Fail occurs only after Retake B or Retake C.

Retake A (for students who pass 2-3 written exam sections in Aug): Students who pass 2-3 written exam sections in August will receive an Incomplete – Type A and will be given the option to retake the *failed areas of the written exam*, although not the same questions, early in the Fall semester, typically within two weeks of receiving exam grades. Exam questions and grading for the retake areas will follow the same procedures as outlined for the initial exam, and students are required to pass all retake areas (average grade of 2.0 or

higher within each area) in order to Pass. Students who do not pass all retake areas will continue with their Incomplete grade and will move to Retake B.

Retake B (for students who pass 0-1 written exam sections in Aug OR do not pass all Retake A sections): Students who pass 0-1 written exam sections in August (Incomplete – Type B) OR who do not successfully resolve their Incomplete at Retake A will be given the opportunity to retake *all four sections of the exam* prior to the start of the Spring semester (typically early January), with the same grading procedures and requirements for a Pass. Students who pass 2-3 areas of Retake B will continue their Incomplete grade and will move to Retake C (described below). Students who pass 0-1 areas of Retake B will be considered to Fail the exam and will have the opportunity to take it again the following year at the regularly scheduled date of administration (i.e., August).

Retake C (for students who pass 2-3 sections of Retake B): Students who pass 2-3 sections of Retake B will be given the option to retake the *failed areas of the written exam*, although not the same questions, early in the Spring semester (i.e., February), typically within two weeks of receiving Retake B exam grades. Exam questions and grading for the retake areas will follow the same procedures as outlined for the initial exam, and students are required to pass all retake areas (average grade of 2.0 or higher within each area) in order to Pass. Students who do not pass all exam areas on Retake C will be considered to Fail the exam and will have the opportunity to take it again the following year at the regularly scheduled date of administration (i.e., August).

In the instance of either Incomplete or Fail, students will receive feedback regarding general weaknesses and deficiencies in their exam performance prior to retaking part or all of the exam. The Coordinator will be responsible for obtaining this information from faculty graders and sharing it with students.

Oral Exam

Students who pass the written exam (on initial examination or retake) will proceed to the oral defense. Oral defenses will be conducted by the student's doctoral program committee. These will be scheduled to occur within 4 weeks following completion of the written exam (initial or retake). Students will be responsible for material that is covered by all written exam questions, not only those that they elected to answer in each area. Members of the student's doctoral program committee will be provided with copies of each student's answers to all questions on the written exam, including all retakes, as well as the grades assigned to each question by each clinical faculty member. Students will receive their average grade for each written exam question, as well as written comments provided by faculty for non-passing answers. In preparing for the oral defense, examinees may consult the scholarly literature for information that would be helpful--for instance, articles that could help them buttress or modify their written answers. Students may not, however, as part of their preparation, consult with faculty members who participated in grading the written exam, except as approved by the Coordinator to clarify the content of written feedback. Students may also consult with the Coordinator regarding more general exam preparation. The oral defense should not exceed 2 hours per examinee.

Grading. Following completion of the oral defense, the student will be asked to step out of the room while the committee grades the orals and votes on outcome of the comprehensive examination. Members of the student's doctoral program committee will evaluate the student's orals performance on the same 3-point scale described above. As with grading of the written exam, the committee may elect to discuss grading. Again, however, each member ultimately will assign grades individually. The chair of the doctoral program committee will average the oral exam grades from each committee member to determine the student's oral examination grade. Grades for the oral exam will be assigned according to the following criteria: 1) Pass with distinction (average grade of 2.5 or higher on the oral exam), (2) Pass (average grade of 2.0 or higher on the oral exam), (3) Incomplete (an average grade of below 2.0 determined by the exam committee to reflect very

discrete and limited areas of deficient oral exam performance that could reasonably be remediated in another oral exam period to occur within 1 week), or (4) Fail (an average grade of below 2.0 determined to reflect more general deficiencies in orals performance).

Remediation of Incompletes and Failed Exams. Students who receive an Incomplete on their oral exam will be given feedback on their area of deficit by their committee and will have the opportunity to retake the oral portion of the exam on another day within 1 week of the original orals (or as soon as can be scheduled with the exam committee, but with a delay of no more than 2 weeks after the original orals). Students will be responsible for material that is covered by all written and oral exam questions, not only those that they answered on their written exam or those areas in which they displayed deficit. In preparing for the oral defense retake, examinees may consult the scholarly literature for information that would be helpful--for instance, articles that could help them buttress or modify their written answers. Students may not, however, consult with faculty members, except to receive feedback provided by their doctoral exam committee. The oral defense retake should not exceed 2 hours per examinee.

Overall Exam Outcome

As per graduate school guidelines, successful completion of the comprehensive examination requires that the doctoral program committee vote to pass the student on the entire examination, both written and oral sections, with no more than one dissenting or abstaining vote. Thus, following completion of both written and oral sections of the exam, committee members will be asked to vote using the following criteria as a guide: 1) Pass with distinction (average grade of 2.5 or higher within each of the four content areas of the written exam and on the oral exam), (2) Pass (average grade of 2.0 or higher within each of the four content areas of the written exam and on the oral exam), or (3) Fail (an average grade of below 2.0 on one or more areas of the written exam or on the oral exam). Results of the oral exam, including individual grades and their average, and results of the final vote will be provided to the Coordinator and the DCT. Final feedback, in the form of one of the three outcomes described above, will be shared with the student.

For students who Pass (straight Pass or With Distinction) or Fail, the comprehensive examination is completed and the appropriate paperwork will be filed with the graduate school. Students who fail the exam (either on initial examination or retake) will have the opportunity to take it again the following year at the regularly scheduled date of administration (i.e., August). In either instance, students will receive feedback regarding general weaknesses and deficiencies in their exam performance. The Coordinator will be responsible for obtaining this information from relevant faculty members and sharing it with students. Taking the entire exam a second time would constitute taking a second comprehensive examination which, if failed, automatically prevents candidacy for the doctorate according to rules of the Graduate School.

Dissertation Research

(revised by CTC 10/16/07)

Overview and Timing

All students must complete an empirical doctoral dissertation prior to awarding of the Ph.D. degree. The CTC requires that the student successfully defend the dissertation proposal prior to applying for internship (ordinarily in the fall of the final year on campus). See the Internship section for further information regarding this requirement.

Document

The CTC has endorsed several acceptable alternative models of dissertation proposals and final documents. Note that all formats should follow Graduate School requirements for formatting. Acceptable models for the dissertation proposal include:

- Traditional dissertation proposal, with in-depth literature review and detail throughout the document.
- Grant proposal

Acceptable models for the final dissertation document include:

- Traditional dissertations, with in-depth literature review and detail throughout the document.
- 1 publication-length manuscript with an appendix containing an extended literature review.
- Document that presents multiple (i.e., 2-6) publication-length manuscripts that represent a coherent program of research, with an integrative introduction and discussion. It is acceptable for some or all of the manuscripts to have been submitted or accepted for publication prior to the dissertation defense.

Note that if students include publication-length manuscripts as part of their dissertation, they should be aware of copyright issues. In particular, the University typically asks students to release copyright of the dissertation, but this is not acceptable for manuscripts that will be published in journals. Published journal article copyrights are typically held by the journal. Students can discuss with their mentors how they should submit the dissertation document in order to avoid copyright conflicts.

Dissertation Committee

The dissertation committee is comprised of four faculty members including:

1. Two Inside-Inside members: In-house regular faculty members in the clinical area.
2. One Inside-Outside member: In-house regular faculty member from outside the clinical area.
3. One Outside Member: Faculty member whose primary appointment is outside the department.

See the section on Thesis Research for information regarding use of adjunct and courtesy appointment faculty.

Funding

Financial aid is available to clinical students, provided their progress in the clinical program is satisfactory. Financial aid usually takes the form of partial or full tuition and fee waivers plus a stipend for student employment in a teaching or research assistantship or a clerkship (9 months or 12 months). Although every attempt is made to fund all students in good standing, funding is guaranteed only for students (in good standing) in their first five years of graduate study.

Funding based on Student's Year-Level Status (and Leaves of Absence)

A student's year-level status defines his/her eligibility for many support positions. For example, for department funding, priority is placed on students in their first through fifth years of graduate study at MU. Some clerkships require that students be at or above the third-year level of training. Generally, students entering with no graduate work would be classified at entry as first-year level. However, students with some graduate work or a graduate degree in psychology may be considered for higher year level positions, depending on the nature and extent of that work. Students who would like to be considered for higher-year level positions should let the DCT know.

For the purpose of funding, in the event that a student takes an approved leave of absence from the program of one year or more, the year-level status clock will stop. For example, a student on a one-year leave of absence during what would ordinarily be their third year will be considered a third year student upon return. Note that clock-stopping applies only to internal funding decisions. The Graduate School and APA do not consider leaves of absence when determining a student's year-level status. In order to have a leave of absence approved, a student must discuss the proposed leave with his/her advisor and submit a written request for said leave to the Director of Clinical Training. The clinical faculty will approve or disapprove of the proposed leave at a CTC meeting. If approved, the request will be submitted to the Council of Directors for its approval/disapproval.

Identification of Support Positions

Training Positions

In view of the fact that the CTC's legitimate business has to do with the training of students as clinical psychologists, training is the primary rationale by which support positions (research, teaching, or applied clinical work) are identified, evaluated, and regulated. CTC-endorsed support training positions involve the following characteristics:

1. The position is in a facility or setting with which the Clinical Training program has a continuing relationship structured in terms of students' training.
2. The position involves guided acquisition and practice of psychological skills and activities.
3. The position entails regular critical review and guidance of the activities by a designated supervisor(s) qualified to do so, wherein such supervision is not nominal but informed and substantive.

The CTC will review existing support positions on a regular basis to ensure that the positions meet these characteristics. Additionally, the CTC continually seeks to identify means of developing and maintaining new support training positions in agencies in the mid-Missouri area. Students may be asked to evaluate their specific clerkship experience (see Appendix I).

Training positions will be advertised and filled in different ways depending on the nature of the position. Most positions are 20 hrs/wk.

- a. Research assistantship positions – are typically advertised as soon as grant funding is secured, anywhere from several months to just a few weeks prior to the assistantship start date. Frequently, faculty with RA positions will recruit specific students with relevant interest and experience (e.g., students in their lab), but sometimes faculty will distribute general requests for applicants. Students are encouraged to apply for any RA positions (within or outside the department) for which they and their advisors think they are qualified. Students who accept an RA position should inform the DCT and department Graduate Student Services as soon as the position is accepted.
- b. Clinical clerkships – are typically available to students who have at least some clinical experience (e.g., have begun practicum), although some require a master’s degree. Available clerkships vary widely from year to year, and many fill early (e.g., in January for the following fall) because we are competing with students from Counseling and other training programs. Frequently, formal announcements are not even sent out when these placements are being filled. Thus, students interested in a clerkship are encouraged to contact potential sites directly in December or early January.

Over the past few years, the following sites have had paid clerkships available to students in clinical psychology and related fields:

- Missouri Delinquency Project (Multisystemic Therapy Project; contact: Chuck Borduin)
- Fulton State Hospital (Contact: Marc Maddox)
- Department of Health Psychology (various; Contact: Janet Farmer, Laura Schopp, Stephanie Reid-Arndt)
- Thompson Center for Autism and Developmental Disorders (contact: Janet Farmer, others)

The DCT will pass along information on clerkships as they become available. Students are also encouraged to check with the DCT about the suitability of other community placements they may hear about. Students who accept a clerkship should inform the DCT as soon as possible.

NOTE – Off-campus placements (e.g. Fulton State Hospital, MO Delinquency Project) do not come with tuition/fee waivers or insurance subsidy. Thus, students in these placements will need to also have a 10-hour TA appointment in order to qualify for these benefits. The department is committed to providing these TAs for students with off-campus clinical placements and works with the DCT to

- c. Robert S. Daniel Teaching Fellowships (Teaching of Psychology Practicum; TOPP) – this fellowship funds students in developing and teaching an undergraduate course. This fellowship requires a master’s degree and is typically awarded to students in their third year. Because pre-fellowship activities begin in the Spring semester before the fellowship begins, applications are made almost one year in advance. Interested students should contact Alan Strathman, Director of Graduate Studies. Students who receive this fellowship should immediately notify the DCT of the award.
- d. Teaching assistantships – are available for 10-hour or 20-hour appointments, with 10-hour appointments typically used for students who also have another source of support. Students interested in a TA appointment should notify the DCT and the Director of Graduate Studies early in the Spring semester.
- e. Other training positions – students may also be funded with University fellowships (awarded at admission), department grant-writing fellowships, or external fellowships (e.g., NRSA

Dissertation Research awards, NSF fellowships). Students are encouraged to apply for these and should notify the DCT if they plan to do so.

Non-Training Support Positions

The CTC may also identify other non-training positions that may serve as means of financial support and/or additional experience for clinical students (by virtue of their being in the clinical program) and work out procedures with interested parties wherein the CTC may serve to inform students of these positions, and/or recommend and identify candidates (but not set restrictive guidelines or regulations regarding these non-training positions).

However, the CTC recognizes its legitimate concern with -- indeed, its responsibility to attend to -- potential ethical and professional problems and complexities that may arise from students working in unsupervised positions in applied settings and seeks to develop ways of conveying a thorough appreciation and understanding of these issues to students. One practical consideration is that such positions, because they are not CTC-endorsed training positions, will not count as practicum hours on internship applications. If students wish to have these positions considered as CTC-endorsed training positions, they should follow the procedures outlined for Other CTC-Endorsed Clinical Experiences (earlier in handbook).

As with unpaid clinical placements, clinical students who plan to secure psychological positions or consultantships in applied settings where the positions are not regulated or coordinated by the CTC, as described above, must discuss any such situations with the Director of Clinical Training before making firm commitments to the agency involved. Such discussion should serve to clarify for the student and the Director possible problems arising from the nature of the work, the students' competencies, and supervision.

Similar considerations exist for volunteer experiences that students seek and students are encouraged to discuss these opportunities with their advisor and the DCT.

Tuition Waivers

Students in good standing and with department funding as a teaching or research assistant will receive a waiver of tuition. Effective fall 2002, the Graduate School no longer grants tuition waivers to students funded in non-university placements (e.g., non-university clerkships). The department will make all attempts to cover the cost of in-state tuition for students in department-sanctioned placements, although the student may be asked to take a 10-hr TA placement in order to qualify for a tuition waiver. ***Students should establish in-state residence as soon as possible in order to avoid being charged out-of-state rates.***

Note that this does not apply to tuition costs incurred during or after internship. Students are responsible for tuitions and fees during these years. Students may request waiver of some fees during the off-campus year; the department Graduate Services Office can help identify procedures to request this waiver. Prior to dissertation defense, enrollment during internship will be for 2 hours of research credit during the academic year and 1 hour during the summer of the internship (the Graduate School requires 2 hours of "continuing enrollment" for each semester prior to graduation for students who have completed all requirements besides dissertation). In-state tuition/fees are charged for this level of enrollment. According to the most recent Graduate School policies, enrollment is NOT required after the dissertation defense, although to avoid having the university accidentally graduate the student before internship completion, students should turn in the D4 form but hold the actual dissertation document until right before internship completion (see Internship section for additional details regarding enrollment during internship).

Maximum Workload Restrictions

(Approved by CTC on 12/11/84)

Any clinical student employment, up to 10 hours in addition to the student's standard commitment, must be approved by the student's advisor and the Director of Clinical Training. In order to work more than 10 hours beyond the student's standard work commitment, approval must be obtained from the clinical faculty. Approval must be renewed annually for any employment continuing beyond one year.

Clarifying points:

1. A student's standard commitment may vary depending upon his or her assignment. For example, RAs and TAs are typically expected to work up to 20 hours per week, whereas, students on other stipends may have smaller work obligations.
2. This policy is intended to include any work or employment that is for pay.
3. This policy applies to all clinical students through the first five years of graduate training or longer, if they are supported through a department placement.
4. Students who have twelve-month stipends, RA and TA assignments during the summer months will be expected to comply with this policy during the summer months. This policy does not apply to clinical students during the summer months if the students are not receiving such funding during the summer.
5. All positions and forms of support to which the guidelines currently apply should be specified and students should be informed of same as early as possible each year.

Clinical Internship

General Comments and Policies – Accreditation Status and Completion of Internship

The pre-doctoral clinical internship, a formal requirement of the program, is an essential component of doctoral training in clinical psychology. Accreditation of independent clinical internship programs by the APA is as desirable and necessary as is accreditation of doctoral clinical training programs. Accordingly, students should seek placement in an internship agency accredited by the APA. This internship usually shall consist of one-year (12-months) full-time training or, in rare instances, two calendar years of half-time training.

The best sources of information on internships are (1) the APPIC Online Directory, which includes information and web links for all internships that are members of the Association of Psychology Postdoctoral and Internship Centers (virtually all APA-accredited internships are APPIC members, although some APPIC internships may not be APA accredited), and (b) the list of internships that are member programs of the Academy of Psychological Clinical Science (APCS). The APPIC Online Directory can be accessed at the APPIC website (www.appic.org). The list of APCS internships and their web links can be accessed on the member program page of the APSC website (<http://psych.arizona.edu/apcs/members.php>).

Occasionally a student may wish to seek placement at an internship agency not accredited by the APA because that agency provides specialized training and/or facilities that are of particular interest to the student. In such cases, the student should follow these procedures to seek program approval of that agency's internship program:

1. Prior to submitting an application, it is the responsibility of the student to obtain detailed information about the agency's internship training regarding the major criteria used by APA in accrediting internship programs (stability, size and qualifications of the psychology staff, the variety and type of role models presented by the staff, whether there is a clearly designated individual who is responsible for the integrity and quality of the training program, the range and nature of interaction of trainees with representatives of other professions, degree of supervision, range of activities, history of other trainees in the program).
2. The student shall present to the Director and to his/her Adviser a written statement of the information outlined above along with a statement of the ways in which this agency is of particular relevance to the student's training, including information provided directly by the agency.
3. When sufficient information has been obtained, and after conferring as necessary with other faculty and with the internship agency, the Director will make a summary report to the Clinical Training Committee and a recommendation of either approval or disapproval of this internship agency for that student. In the event of approval by the Clinical Training Committee and subsequent placement at that agency, the Director will maintain liaison with the student and agency as outlined above.

For the final evaluation of completion of degree requirements, the Director of Clinical Training (DCT) is empowered to review and approve a student as having satisfactorily completed the internship, on the basis of mid-year and end-of-year written evaluations of the student from the staff of the internship agency. If the DCT has any questions, the matter of approval can be referred to the CTC.

Applying For Internship

Pre-application Requirements

Clinical students must satisfactorily complete the comprehensive examination and obtain committee approval of their dissertation proposal before they can make any applications to internships. Specifically, the dissertation must be proposed before the DCT will verify internship readiness and before letters of recommendation are sent.

Documentation of completed dissertation proposal should be provided to the DCT and other faculty from whom the student requests letters of recommendation. Students should be aware that there is great variability in the deadlines with some occurring fairly early in the fall semester (*CTC revision, December 6, 1989*).

Application Process

Students should begin preparing for internship applications during their first year of graduate study. Preparation at this stage is minimal, but students should begin using a system to track their clinical hours – you may be surprised at what counts! Students will find the current APPIC Application for Psychology Internship (APPI) (available at <http://www.appic.org>) helpful in deciding what information to track. In addition, APPIC has recently made its practicum experiences tracking software, My Psych Track, available free of charge to students from affiliated doctoral institutions (ours is one). Additional information is available from www.mypsychtrack.com and from the DCT.

During the year prior to internship, students should begin selecting internship programs and completing the application process. Almost all programs participate in the Association of Psychology Postdoctoral and Internship Centers (APPIC) match system, and so students will need to register for the match sometime in the summer or fall prior to their anticipated application date (cost to student is currently \$130 registration fee plus \$20 for unlimited use of the APPIC Directory Online; there is also a per-application fee that affects mostly students who apply to a very large number of programs). Students should also subscribe to the MATCH-NEWS email list to stay current on deadlines and information about the internship match.

Many internship applications are due as early as November 1, so students need to ensure that they have completed all necessary activities (e.g., dissertation proposal, APPIC – Part I completed by student, APPI-Part II completed by DCT, any program-specific application materials). Reference letter writers (including the DCT) should be given several weeks' notice to complete their letters, and the DCT will require proof of successful dissertation proposal before completing the APPI- Part II.

When thinking about internship, it is helpful to remember several points:

1. MATCH is Vital -- pick places that match your interests, experience and training goals.
2. More is not better!
 - a) Applying to more places won't necessarily help your chances. Pick up to 10-12 good matches.
 - b) Accruing more hours won't necessarily help your chances. Demonstrating reasonable breadth and depth can be accomplished in as few as 300-500 Intervention/Assessment hours. Focus on quality and relevance to your professional goals.
3. Research Is Important – You chose this program for its clinical science focus and will probably look for similar things in an internship. Directors of scientist-practitioner and clinical-scientist internships say that they want to see research productivity in the internship applications (e.g., publications, presentations). This tells them something about your goals, productivity, and motivation that should transfer to internship.

The DCT will facilitate the internship application process in several ways, including meeting in early fall with the group of students who plan to apply for internship that year in order to discuss timelines, application requirements and general procedures; meeting with individual students to discuss their internship application process, review all components of the APPI, etc; and arranging a meeting between newly placed interns and more junior students to share experiences and wisdom gained from the internship application process. Students who have questions about internship preparation and application are encouraged to contact the DCT at any time during their graduate training.

Enrollment and Costs during Internship

Because students on internship do not have an assistantship that makes them eligible for tuition waiver, students are responsible for tuition and fees during the internship year. As off-campus students, interns may request waiver of some fees; the department Graduate Services Office can help identify procedures to request this waiver. Enrollment and tuition depends on the student's status with regard to dissertation. Prior to dissertation defense, enrollment during internship will be for 2 hours of research credit during the academic year and 1 hour during the summer of the internship (the Graduate School requires 2 hrs of "continuing enrollment" for each semester prior to graduation for students who have completed all requirements besides dissertation). In-state tuition/fees are charged for this level of enrollment.

According to the most recent Graduate School policies, enrollment (and thus tuition payment) is NOT required after the dissertation defense. However, to avoid having the university accidentally graduate the student before internship completion, students should turn in the D4 (defense) form but hold the actual dissertation document until right before internship completion. When students turn in the D4 form, this will generate communications from the Graduate School asking if they want to apply for graduation and reminding them to submit the dissertation document. Students should not apply for graduation or submit the document until near the end of internship; students can consult with the DCT for timing of document submission and application for graduation. The department Graduate Services Office will also communicate with the Graduate School to inform them of the status of students on internship and when they are eligible for graduation.

Completing Internship and Graduating

Most students are expected to complete the internship during their fifth or sixth year of study. The Ph.D. degree is not awarded until all requirements, including the clinical internship, are successfully completed. Individual internships specify requirements for minimum hours and months to be completed, typically in the range of 2000 hours over 12 months. An intern and supervisor will be asked to complete a Training Evaluation Questionnaire near the end of the internship experience (see Appendices J & K). A more specific form is used for Child Clinical Students (see Appendices L & M). Finally, each intern will be asked to evaluate the internship as a whole when complete (see Appendix N).

The Graduate School requires that students have all graduation requirements, including dissertation defense and internship, completed in order to participate in the commencement ceremony. Dissertation defense is confirmed by submission of all required D-forms and the dissertation document. Internship completion is verified with written notification from the internship program indicating that the student has satisfactorily completed the internship. This typically means that students will not be eligible to "walk" in the May graduation ceremony, but instead must delay until the December ceremony (MU does not hold a ceremony in August). However, students may participate in the Department's May commencement ceremony (but not receive the degree) if the dissertation defense and a majority of the internship experience (typically, a minimum of 9 months of satisfactory work) have been fulfilled by that time. For final evaluation of completion of degree requirements, the Director of Clinical Training (DCT) is empowered to review and approve a student as having satisfactorily completed the internship.

Degree completion and final graduation (vs. simply participating in commencement exercises) requires completion of the full internship, as documented by a letter from the Internship Training Director. Currently, degree completion dates are listed on the transcript as only semester of graduation (i.e., May, August, or December). Students should be aware of university deadlines for filing paperwork required for degree completion/graduation. Many, but not all, post-doctoral positions and state licensing boards will accept a letter from the DCT documenting a specific date of degree completion (i.e., more specific than the semester of graduation reflected on the transcript). Former students who need such documentation are encouraged to contact the DCT.

Clinical Student Evaluations: Criteria & Procedures

Purpose

The criteria and procedures described herein are intended to be helpful to both the clinical students and the clinical faculty. They are designed to give the students an understanding of what the faculty consider important and to provide advance notice of when the evaluation will take place. It is hoped that this document will give the clinical faculty a common set of criteria against which to carry out their deliberations. Also, by having a systematic procedure, the discussion and deliberations should be carried out efficiently.

One last point needs to be emphasized. This process is intended to be something more than a matter of whether a student should be terminated from the clinical program. The clinical faculty will be as attentive to areas in which a student is doing well as they are to areas in which a student is doing poorly. Clinical students and faculty ideally will have a learning oriented cognitive set as contrasted with a survival oriented cognitive set.

Criteria Used In Evaluations of Academic Progress

[All of these criteria may not be relevant to a given student at a given time. However, all clinical students will be involved in various courses, practicum experiences, assistantships, (i.e., clinical, research or teaching), clerkships and internship at some point in their graduate education].

1. Grades in didactic courses.
2. Practicum (grades and written reports by the supervisor(s) may be introduced here).
3. Work and progress on Theses (MA and Ph.D.)
4. Non-thesis research.
5. Professionally related behavior. (This refers to behavior, interpersonal or otherwise, that is directly related to clinical, teaching, research, or other professional activities that a student engages in as part of his/her training. Examples of evaluations that may address professionally-related behavior include performance reports on work in an applied setting, such as at the V.A., on a clerkship, as a research assistant, or on internship; a supervisor's report on clinical, research, or teaching performance; failure to keep appointments with clients or supervisors; behavior with clients, colleagues, or a variety of staff or other professionals; carrying out research without consulting with a member of the faculty).

Evaluation Procedures

The clinical program's evaluation procedures are intended to supplement those described in the Departmental Graduate Student Handbook. Annual evaluations cover the academic year including the subsequent summer (Sept. 1 – Aug 31), and are conducted early in the fall semester. However, when circumstances dictate, a student may be evaluated at any time. Annual student evaluations will involve the following steps:

1. Each summer, the DCT will announce upcoming evaluations and will distribute the Clinical Student Template for Student Graduate Student Progress System (GSPS) Report (see Appendix O). The GSPS is the reporting system used by the Graduate School. The Activity Report generated by this system does not automatically include all of the information used by the CTC in student evaluations, so the CTC has attempted to avoid redundancy in student reporting by creating a template for clinical students to use when entering information into the GSPS. Please be aware that students who do not use this template will have incomplete reports, which will likely have a negative impact on their annual evaluation by the CTC. The student should complete his/her sections of the report by either indicating that the item is not applicable or by describing fully his/her activities and accomplishments

during the year. The activity report is an important opportunity for the student to indicate what they have been doing during the year and so should include all activities relevant to the student's graduate study and professional development. The student should also meet with his/her advisor to go over the activity report, grades, and any other input that might be important to the upcoming evaluation. Students must finish entering their activities into the GSPS by the specified deadline (typically late August) so that the GSPS reports generated for annual evaluations will be up-to-date. ***Students should also submit a current vita, to department Graduate Student Services Office by the due date.***

2. The student will be asked to provide the names of faculty, assistantship supervisors, and others who have supervised his/her work during the year and who can provide evaluative feedback. The DCT will distribute a Student Evaluation Form (see Appendix P) to these individuals and ask them to comment on their supervisee's performance. Evaluations will cover issues such as quantity and quality of work, promptness, response to supervision and feedback, and ease of working with this person. These evaluations will be incorporated into the CTC's evaluation of each student.
3. The CTC will meet to discuss and provide feedback on each student's performance. Comments and feedback will be provided to the student via the Clinical Area Student Evaluation Report (see Appendix Q). Comments will be made in the following areas: coursework, thesis and dissertation work, non-required research, research assistantships, teaching assistantships, practicum, clinical clerkships, and professional development (e.g., attending workshops, presenting papers at professional meetings). The final report will be completed by the student's advisor, reviewed by the DCT and Chair, and then presented to the student. The student will have the opportunity to review the report with his/her advisor, and to discuss progress and professional development issues. After reviewing the report, the student will sign the report to indicate that he/she has read the report and either agrees or disagrees with the report. The student may also comment in writing to the report or request re-evaluation. Completed and signed reports will be placed in the student's file in the Graduate Student Services office. An unsigned copy of the report will also be uploaded to the GSPS.

Evaluation Judgment

Positive Evaluations – Students in Good Standing

Most student evaluations are quite positive in nature, given the strong performance of our graduate students. Evaluations will thus note what requirements have been met and what accomplishments were achieved during the year. In addition, evaluation reports will often indicate areas where the CTC sees opportunities for continued growth for the student. These comments are meant to provide supportive and helpful feedback to students as they progress through the program.

Occasionally, students in good standing will have areas in which their performance is of concern to the CTC. Often, these are areas such as progress on thesis or dissertation completion, completion of other milestones, or professional behavior. In such cases, the evaluation report may contain reminders or warnings about deadlines or CTC expectations. These informal "warnings" regarding lack of progress or potentially problematic behavior do not affect the student's standing in the program (i.e., "good standing" required for funding, etc), but are meant to provide useful feedback to a student who may be at risk for a future negative evaluation.

Negative Evaluations

If the clinical faculty (i.e., all members of the clinical training committee except student members) have serious concerns about the performance of a given student, they may vote to take formal action such as "probation" or "consider termination."

Probation is typically reserved for serious concerns with lack of progress, inadequate performance, or unprofessional behavior. If the clinical faculty votes to place a student on probation, the student will be so informed by his/her advisor and will receive a letter from the DCT outlining the reasons for the probation, the required remediation, and a timeline for remediation. Often, the CTC will require that the student and advisor come up with a specific plan and timeline to be approved by the CTC; this becomes part of the remediation plan. At the end of the probationary period, the CTC will evaluate the student's performance and determine whether the student has successfully remediated the probation. The student will receive the results of this evaluation in a letter that documents the extent to which his/her remediation efforts have been successful and whether any additional action has been taken by the CTC. If the student has successfully remediated, s/he is returned to good standing in the program. If not, the CTC may consider other actions such as termination.

Termination is considered when a student has failed to meet the conditions of probation. When the CTC votes to "consider termination," the student is so informed by his/her advisor and in writing by the DCT. The student may react to the concerns of the CTC through his/her advisor in writing and/or in person at a meeting with the clinical faculty to be held not sooner than six days after the vote to "consider termination" was taken. After this discussion, it is expected that the clinical faculty will determine if the student may continue in the program or is to be terminated. The time of the termination will be specified in the motion to terminate.

Any action taken by the clinical faculty will require a 2/3 vote of those present plus those who wish to submit an absentee vote. It should be remembered that termination would remove a student from the clinical program but not necessarily from the department (see the departmental rules regarding termination).

Additional information regarding negative evaluations and termination and appeals procedures can be found in the department's Graduate Student Handbook and the Graduate School's Graduate Catalog.

Communication of the Evaluations

Students will be advised of their respective evaluations by their advisor using the form in Appendix P. This is intended to be a report of the perceptions and judgments of the faculty concerning the criteria specified above. It is hoped that students will view this as an opportunity to be pleased with their accomplishments and to identify areas in which they might improve.

Miscellaneous Information

Leaves of Absence

Occasionally, a student's personal or medical issues may be severe enough that the student cannot participate effectively in graduate training but wants to remain in the program. In this case, a leave of absence is often a good choice. A student who wants to take a leave of absence should discuss the proposed leave with his/her advisor. Then the student should submit to the DCT a written request for the leave, briefly outlining the reason for the leave (i.e., stating that it is for medical reasons, personal reasons; the reason does not have to be detailed) and the proposed duration. Typically, students request one semester or one year. Only in rare instances are requests for more than one year of leave (e.g., initial requests for a 2-year leave, or requests to extend a 1-year leave) approved by the clinical faculty. The clinical faculty will approve or disapprove of the proposed leave. If approved, the request will be submitted to the Council of Directors for its approval/disapproval.

A student on leave is not required to complete department activities (e.g., annual activity reports) although will be expected to make sure that contact information, annual activity report information (on the Graduate School's online evaluation system), and other information required by the department or program is up to date prior to departure. The student will remain on the student email distribution list and will receive department communications, and may be asked to respond to communications collecting data relevant to accreditation, student funding, etc .

During the leave, the student is not permitted to hold thesis/dissertation proposal or defense meetings, take comprehensive exams, or enroll in courses, although the student may continue to work privately on research or readings and meet informally with his or her advisor.

The student should remain in contact with his/her advisor, the DCT, and the Graduate Studies Office about any changes in contact information, anticipated leave duration, return date, etc. As soon as possible prior to the student's anticipated return date (i.e., February or March for a fall semester return), the student should verify the return date with the DCT and Graduate Studies Office so that funding decisions can be finalized for the subsequent semester. At that time, the student may also request a leave extension of up to one year using the same request procedures as outlined for the initial request.

For the purposes of funding, an approved leave of absence of one year or more will stop the year-level status clock. For example, a student on a one-year leave of absence during what would ordinarily be their third year will be considered the equivalent of a third year student upon return. Leaves will also be considered in annual student evaluations and expected rates of progress. However, it is important to note that the Graduate School and APA do not consider leaves of absence when determining a student's year in the graduate program, and so the student's official year-level status will not change after a leave of absence.

Public Professionalism - Websites, Blogs, Email, and Voicemail

Increasingly, as information becomes more widely available through the internet, lines between public and private information are blurring. Many students have websites, blogs, email signature lines, and voicemail/answering machine messages that are entertaining and reflect their personal preferences and personalities. However, students should consider the potential impact of this information on their professional image. For example, if the student uses his/her telephone or email account for professional purposes, clients, research participants, and potential employers may view the student as less professional than desired. Also, according to information collected by the Council of University Directors of Clinical Psychology, clients, graduate and internship programs, and potential employers may all conduct internet

searches and use the resulting information in decisions about therapy, or job interviews or offers. Legal authorities also view websites for evidence of illegal activities.

Students should also note that if they identify themselves as a graduate student in the program or reveal information relevant to the graduate program in their email signatures, voicemail files, or website/blog information, then this information becomes part of their program-related behavior and may be used in student evaluations. For example, if a student reports doing something unethical or illegal on a web blog, or uses the website to engage in unethical or unprofessional behavior (e.g., disclosing confidential client or research information), then the program may use this information in student evaluation, including decisions regarding probation or termination.

Thus, students are encouraged to consider the use of personal web pages and blogs, email, and other electronic media carefully. They should attend to what content to reveal about themselves in these forums, and whether there is any personal information that they would not want program faculty, employers, or clients to read or view. Anything on the World Wide Web is potentially available to all who seek. Students who use these media should also consider how to protect the security of private information.

Resources for Handling Professional and Personal Concerns

Students sometimes have concerns about themselves or their colleagues with which they would like assistance. For example, students often experience life stress (or graduate school stress!) for which therapy could be helpful, or face dilemmas about their personal or professional choices for which they would like advice. Several specific avenues exist for addressing various concerns, some of which are outlined below. In general, however, students can use any of four primary resources to address their concerns. First, the student's advisor is often a good person to consult with, as the advisor knows the student well and can offer informed opinions. Second, students' colleagues, such as the CTC student reps or other peers, can provide useful information. For example, graduate students (e.g., GASP, the PSC Assistant Director) maintain lists of resources for counseling or therapy services that they share with their student colleagues via regular distribution and on request. Third, students are encouraged to utilize the DCT to address concerns, particularly those that may affect their effectiveness or progress through the program. Finally, the department is developing a new Student Health Resources Committee to serve as an informational and informal support resource for students who are seeking assistance with psychological health issues.

Students are sometimes reluctant to express concerns or admit problems due to embarrassment or fear that they will be judged negatively by peers or faculty. However, the clinical faculty strongly encourage students to address these issues. Everyone has personal or professional issues that arise at some point during their lives, and graduate training is an especially stressful time for many people. These issues can often affect a student's productivity, professional judgment, or ability to take full advantage of their graduate training. Responsible attention to these issues is actually evaluated quite positively when faculty and colleagues are aware of it. At the same time, it is often possible to address such issues in a private manner. Clinical faculty and the DCT respect student privacy, and typically only ask to know as much as is needed to help the student make good decisions about his/her professional training and to evaluate the student's performance in the graduate program.

The MU Students webpage and <https://www.missouri.edu/students/> and the Office of Graduate Studies webpage (<http://gradstudies.missouri.edu/>) both describe several campus resources, including health services, disability services, parent support services, and resource centers for individual and cultural diversity that students may find helpful.

For assistance with finding resources or addressing concerns about diversity, disability, sexual orientation

issues, and women's/men's issues, students are encouraged to contact the **department's faculty mentors** of Minority and International Students; Students with Disabilities; Gay, Lesbian, and Bisexual Students; and Women's/Men's Issues. These faculty mentors are listed each year in the Department Directory. In addition, the department has a **Wellness Resource Committee** that provides information about campus and community resources that support health and well-being, including information about medical and mental health resources, campus groups and offices, and items that may ease students' transition and adjustment to the program, department, and community. The department's **Committee for Diversity and Inclusion** and the clinical area's **Diversity Enhancement Committee** focus on ways to enhance the diversity of our department and clinical program, the experiences of diverse students, and the diversity competencies of students and faculty within the department and program. Students are encouraged to contact members of these committees (listed each year in the Department Directory or available through the DCT) with any questions, concerns, or interests relevant to the committees' work.

For ethical and professional concerns, the department's **Ethical and Professional Issues Committee** (EPIC) facilitates informal problem resolution and provides information for more formal complaints. Students are encouraged to consult with a member of this committee if they have any concerns about ethical or professional issues concerning themselves, faculty, or student colleagues. Areas addressed by the EPIC committee include research issues (e.g., authorship, data tampering), harassment (e.g., sexual, ethnic, religious, disability), and professional misconduct (e.g., in supervisory, therapeutic, or consultative relationships). Consultations with individual members of the committee typically can be totally confidential (except in cases of abuse or harassment) and this committee can provide advice, assistance with informal dispute resolution, or guidance in filing formal grievance procedures. Members of the EPIC committee are listed each year in the Department Directory and the EPIC Handbook, describing policies and procedures, is distributed to department faculty, staff, and graduate students each year. The EPIC Handbook is also available from the Chair's office.

Clinical Area Student Awards

In addition to student awards that may be offered at the department level, the clinical training area offers two awards to recognize student achievement.

Mark H. Thelen Outstanding Clinical Graduate Student Award

This award honors Dr. Mark Thelen, an emeritus professor who devoted much of his career to mentoring clinical graduate students. Dr. Thelen joined the MU Department of Psychological Sciences as an Assistant Professor in 1965 and remained active in mentoring students through his roles as research advisor, clinical supervisor, instructor, and Director of Clinical Training, until his retirement in 1998. During his time at MU, Dr. Thelen supervised almost 100 master's theses and dissertations. Virtually all of his more than 100 publications include student co-authors. Since his retirement, Dr. Thelen has remained active in the profession; he maintains a private practice, has continued to publish with former graduate students, and is a frequent attendee at the Clinical Research Seminar.

The CTC will consider students for this award each fall during annual student evaluations. Up to two awards will be made each year, based on the extent to which the student's graduate school achievements exemplify the goals of psychological clinical science, including demonstrated accomplishments in (adapted from the goals of the Academy of Psychological Clinical Science):

- advancing clinical science research and theory through scholarly research in clinical psychology and its integration with other relevant sciences
- applying clinical science to human problems in responsible and innovative ways

- disseminating clinical science to policy-making groups, psychologists and other scientists, practitioners and consumers

The CTC will consider several factors, including the extent to which student records demonstrate:

1. evidence of research productivity & quality (e.g., research presented, research submitted and/or accepted for publication, grants submitted and/or funded)
2. evidence of integration of clinical science research with other relevant sciences (e.g., neuroscience, developmental psychology)
3. evidence of clinical science-based applied work (e.g., in empirically supported approaches to treatment, psychoeducation, program development)
4. evidence of dissemination of clinical science (e.g., presentations or publications for scholarly audiences, students, practitioners, consumers, policy-makers)
5. evidence of engagement in academic community (e.g., attendance/participation in area, department, and campus seminars/colloquia; attendance at professional conferences)
6. evidence of professional leadership (e.g., in department, on campus, in national organizations; formal or informal mentoring of fellow graduate students or undergraduates)

A student can win this award only once. Awardees will receive a certificate suitable for framing and a monetary award of \$200 to be placed into a department research fund for the awardee's use. Additionally, each awardee's name will be inscribed on a plaque displayed in the Department of Psychological Sciences.

This award is made possible through the generous donations of all clinical faculty each year of the award.

Lizette Peterson-Homer Graduate Fellowship

The Department of Psychological Sciences has established the Lizette Peterson-Homer Graduate Fellowship to honor Dr. Peterson-Homer's devotion to teaching and mentoring. The award will provide financial assistance for graduate student development in these areas: research activities, specialty training at other institutions and travel to professional conferences. In awarding the funds, special consideration will be given to graduate students who are pursuing study in the area of pediatric psychology and especially in child injury-prevention research, an important yet under-funded area to which Lizette Peterson-Homer was deeply committed.

Eligibility & Award Details

All Psychological Sciences graduate students in the child track of the clinical training area (including students in the joint child clinical-developmental area) are eligible to apply. Awardees will receive \$500, placed in a department professional development account. Funds are used to cover the costs of doing research, attending conferences, or traveling to other institutions for specialty training. Expenses to be reimbursed from these funds should be submitted on an Expense Sheet ("pink sheet") to the department fiscal office. The fiscal office can provide details on allowable expenses, timeframe for submitting receipts, etc.

Application Materials

Applicants must submit the following to Debi Bell, Director of Clinical Training, by the deadline indicated on the application form:

- (1) Application Form. The application form requires a brief description of how the applicant proposes to use the award, with emphasis on how the award activities tie into the applicant's program of research, how the award will advance the applicant's training or career goals, and

how the award activities relate to child clinical or pediatric psychology. If the applicant's award activities or program of research are related to child injury prevention, this should be noted. The application also requires the advisor's signature.

- (2) Current vita. In particular, the award review committee will look for evidence of a child-relevant program of research and professional activities and accomplishments.

Other requirements

Awardees are expected to submit to the Director of Clinical Training a brief summary of the activities/outcomes of the award – this summary should be submitted at the end of the award activities (e.g., at the end of conference travel) or appended to the annual activity report. In addition, awardees are expected to include appropriate acknowledgement in any publication or presentation that results from research supported by this award.

Licensure

For information on licensure requirements for the state of Missouri, see:

<http://www.ecodev.state.mo.us/pr/psych> or <http://www.ecodev.state.mo.us/pr/psych/pdf/scop.pdf>

Professional Organizations

Students should join relevant professional organizations based on recommendations from their mentor. Some general organizations to consider include:

- American Psychological Association (<http://www.apa.org>)
- American Psychological Society (<http://www.psychologicalscience.org>)

Appendices

Appendix A - Clinical Program Planner

Clinical Program Planner To be completed by the end of Year 1

Name: _____

Date of Program Entry: _____ Date of Update: _____

Track: (check one): Adult Clinical or
 Child Clinical

Please note that this is a tentative plan of study, as conceived by student and student's Graduate Advisory Committee at the end of the first year of graduate study. It is intended to provide the student with early and ongoing opportunities to discuss and review plans for graduate study with his or her advisor and committee. It is likely that goals and plans will evolve; this can be documented in a revised Program Planner or in the yearly Planner Update. This document is NOT the formal Plan of Study (required by the Graduate School), which is completed when the Doctoral Committee is formed, following successful completion of core curriculum and master's thesis.

I. Graduate Advisory Committee (2-3 members; major advisor from clinical)

Major Advisor:	_____	_____
	Name	dept/area
Member #2:	_____	_____
	Name	dept/area
Member #3 (optional)	_____	_____
	Name	dept/area

II. Long-Range Planning

A. Career Goals Summary – a few sentences about anticipated area(s) of specialization (in research, clinical work, course work, etc.) and general career goals (e.g., academic psychology department, medical center, research career in a non-academic setting). What do you want to do when you grow up?

B. **Intermediate Goals – 5 year plan**

1. Courses (where there is flexibility) – circle proposed courses

- a. **Distribution courses: 1 from 4 of 6 areas (by end of 3rd yr). Circle choices**
- abnormal: 8510 Developmental Psychology
or 8520 Adult Psychopathology
or 8530 Experimental Psychopathology
 - biological: 8210 Functional Neuroscience
or 9210 Psychopharmacology for Psychologists

- cognition/learn: 8110 Cognitive Psychology
 - development: 8410 Psychology of Development
 - motivation/pers: 8610 Motivation
 - or 8430 Conceptual Approaches to Personality
 - social: 8310 Survey of Social Psychology
- b. Stats 3rd course/minor**
- 3rd course 9725 The Literature Review
 - 9710 Multivariate Statistics Psychology
 - (circle one) 9720 Latent Variable Models
 - 9575 Clinical Research Methods
 - 9330 Applied Research Methods
 - minor? (n/a or list proposed courses)

- c. clinical course options**
- 8510 Developmental Psychopathology
 - psychopathology or 8520 Adult Psychopathology
 - or 8530 Experimental Psychopathology
 - assessment 9525 Orientations to Clinical Assessment
 - or 9530 Clinical Child Assessment
- d. clinical electives**
- 9001 Clinical Research Methods
 - 8510 Developmental Psychopathology
 - 8520 Adult Psychopathology
 - 8530 Experimental Psychopathology
 - *note that 9525 Orientations to Clinical Assessment
 - courses can't 9580 Seminars in Clinical Psychology
 - count as both 9580 Neuropsychological Assessment
 - requirements and 9580 Health Psychology
 - electives 9580 Personality Disorders: Theory & Treatment
 - Integrative Psychotherapy
 - Addictive Behaviors
 - Psychotherapy Process & Outcome Research
 - Adv Assessment: Structured Interviewing
 - 9565 Community Psychology
 - 9530 Clinical Child Assessment
 - 9550 Clinical Interventions with Children
 - 9510 Psychopharmacology for Psychologists
 - 9560 Family & Group Process
 - Other (as approved by CTC)

2. Research experiences: (brief description of types, sites, mentors sought)

3. **Practicum/Clinical experiences** (e.g., indiv/family/group experience, specialty prac, outreach & volunteer experiences)

4. **Teaching experiences**

5. **Assistantship Preferences** (that meet goals specified in #2-#4)

6. **Professional Development experiences** (e.g., professional organizations, conference attendance and presentations, editorial/review experience, dept/campus/professional service activities)

C. **Short-term Planning – Goals for the upcoming year**

1. **Courses**

2. **Research experiences (append Research Evaluation Form)**

3. Practicum/Clinical experiences

4. Teaching experiences

5. Assistantship Preferences (that meet goals specified in #2-#4)

6. Professional Development experiences.

D. Student and Graduate Advisory Committee Review

We have reviewed the attached Plan of Study and agree that the career goals are consistent with a Clinical Science training model. We also agree that the tentative intermediate and short-term goals are a reasonable means of meeting program requirements and preparing for the stated career goals. We agree to review and update these goals as needed, and at least annually throughout the student's enrollment in the clinical doctoral program.

Student signature

date

Major advisor signature

date

Graduate Advisory Committee member signature

date

Graduate Advisory Committee member signature

date

Appendix B - Clinical Program Planner Update

Clinical Program Planner Update

(To be completed annually after Year 1)

Name: _____

Date of Program Entry: _____ Date of Update: _____

Track: (check one): Adult Clinical or
 Child Clinical

I. Graduate Advisory Committee (2-3 members; major advisor from clinical)

Major Advisor:	_____	_____
	Name	dept/area
Member #2:	_____	_____
	Name	dept/area
Member #3 (optional)	_____	_____
	Name	dept/area

II. Long-Range Planning

A. Updates to Career Goals – updates since initial Plan of Study or last Update.

B. Progress towards Intermediate & Short Term Goals -- since initial Plan of Study or last Update.

1. Courses

2. Research experiences (append completed Research Evaluation Form)

3. Practicum/Clinical experiences

4. Teaching experiences

5. Assistantship experiences

6. Professional Development experiences

C. Short-term Planning – Goals for the upcoming year

1. Courses

2. Research experiences (append initialed Research Evaluation Form)

3. Practicum/Clinical experiences

4. Teaching experiences

5. Assistantship experiences

6. Professional Development experiences

D. Student and Graduate Advisory Committee Review

We have reviewed the attached Plan of Study Update and agree that the career goals are consistent with a Clinical Science training model. We also agree that the intermediate and short-term goals are a reasonable means of meeting program requirements and preparing for the stated career goals. We agree to review and update these goals as needed, and at least annually throughout the student's enrollment in the clinical doctoral program.

Student signature

date

Major advisor signature

date

Graduate Advisory Committee member signature

date

Graduate Advisory Committee member signature

date

Appendix C – Academic Requirements for Completion of Practicum

Academic Requirements for Completion of Practicum *(updated 8/1/2015)*

Student Name _____

1. _____ Obtained a minimum of 100 client contact hours.
Total client contact hours _____
Supervisor's Initials _____

2. _____ Used two empirically supported treatments with clients (**by semester 4 of Practicum**)
EST #1 _____ Dates _____ Case # _____
EST #2 _____ Dates _____ Case # _____
Supervisor's Initials EST #1 _____ Supervisor's Initials EST #2 _____

3. _____ Completed a written case study that both incorporates relevant theoretical and empirical literature and quantifies behaviors targeted for change. **After it is approved and signed by practicum supervisor, this case study (with identifying client information removed) must be filed in Graduate Student Services, 113 McAlester Hall. (Recommended to begin by Semester 3 of Practicum; due by end of Semester 4)**
Date Filed: _____
Supervisor's Initials _____

4. _____ Completed Consultation Readings, Presentation, Paper.
 - a) Pre-prac foundational readings (summer pre-prac): Supervisor's Initials _____
 - b) Additional reading #1 (spring Y1 prac):
Title of reading: _____
Date presented: _____ Supervisor's initials _____
 - c) Additional reading #2 (spring Y2 prac):
Title of reading: _____
Date presented: _____ Supervisor's initials _____
 - d) Summary Paper.
Date submitted: _____
DCT approval date/initials: _____

5. _____ Obtained at least three consultation experiences; serve as consultant at least once. For each experience, a Consultation Assessment Form (CAF) (see Appendix D) must be completed and turned in to the DCT. (**Recommended Semester 2-4 of Practicum**)
Experience #1 _____ Date _____ Supervisor's Initials _____
Experience #2 _____ Date _____ Supervisor's Initials _____
Experience #3 _____ Date _____ Supervisor's Initials _____

6. _____ Completed Supervision Readings, Presentation, Paper.
- a) Pre-prac foundational readings (summer pre-prac): Supervisor's Initials _____
 - b) Additional reading #1 (spring Y1 prac):
 Title of reading: _____
 Date presented: _____ Supervisor's initials _____
 - c) Additional reading #2 (spring Y2 prac):
 Title of reading: _____
 Date presented: _____ Supervisor's initials _____
 - d) Summary Paper.
 Date submitted: _____
 DCT approval date/initials: _____

7. _____ Read at least two articles/books on diversity (list available in the Psychological Services Clinic). **(Recommended in Pre-Prac or semester 1 of Practicum)**
- Reading #1 _____ Date _____ Supervisor's Initials _____
- Reading #2 _____ Date _____ Supervisor's Initials _____
- List the sorts of diverse clients with whom you have had experience (e.g., racial/ethnic, cultural, sexual orientation, disability, socioeconomic disadvantage) **(by Semester 4 of Practicum)**

Each graduate student should complete this form and submit it to the Director of Clinical Training by the end of the student's second year of practicum. This form, as well as other materials, will be reviewed by the CTC when considering whether or not the student has successfully completed practicum.

Appendix D - Consultation Assessment Form

Consultation Assessment Form

(Revised 3/14)

Consultant (name & affiliation) _____

Date of Consultation: _____

Meeting Location: _____

Date of Rating: _____

Consultee(s) (name(s) & affiliation(s))

Coding Key:

X = included

NA = not applicable

Part I. GENERAL CONSULTATION PROCEDURES

1. Collaboration and Mutual Understanding

- ___ a. Consultant worked with consultee(s) even when using primarily educative role.
- ___ b. Consultant asked for and did not ignore/negate feedback.
- ___ c. Consultee(s) asked to provide information that would help the consultant adequately understand topics or issues of discussion.
- ___ d. Consultee(s) provided information that helped the consultant to adequately understand topics or issues of discussion..

2. Agenda and Goal Setting

- ___ a. Consultant worked with consultee(s) to establish agenda for present meeting.
- ___ b. Agenda items were specific and issue-oriented, rather than vague or overly general topic areas.
- ___ c. Consultant helped consultee(s) to identify and establish short-term and long-term goals, as appropriate to the consultation issue.

3. Consultee Facilitation

- ___ a. Consultant helped consultee(s) to use meeting time effectively (e.g., kept consultee(s) focused on agenda items).
- ___ b. Consultant helped consultee(s) to decide upon specific solutions for addressing client and/or agency/organizational concerns.
- ___ c. Consultant helped consultee(s) to develop action strategies for implementing solutions.
- ___ d. Consultant helped consultee(s) to develop plans for gathering information necessary to conduct process and/or outcome evaluations.

4. Information and Resources

- ___ a. Consultant made consultee(s) aware of resources both inside and outside of their agency/organization that could be utilized to help develop and implement action strategies:
 - ___ Human resources of consultee(s)' agency/organization (e.g., colleagues, clients)
 - ___ Material resources of consultee(s)' agency/organization (e.g., space)
 - ___ Relevant theoretical or empirical literature
 - ___ Treatment or program manuals
 - ___ Educational or training materials (e.g., videos)
 - ___ Other agencies/organizations (e.g., university)
 - ___ Expert outside consultants
 - ___ External funding sources
- ___ b. Consultant helped consultee(s) to identify personal resources that consultee(s) possess that may be used to develop and implement action strategies.
Explain briefly: _____
- ___ c. Consultant shared professional knowledge/expertise with consultee(s) (e.g., knowledge of empirical evidence regarding effectiveness of relevant intervention strategies for addressing client problems).

Part II. SPECIFIC STRATEGIES AND GOALS

Specify the goals of the consultation (e.g., develop a treatment plan for different aspects of a clinical problem) and what strategies were developed to solve each goal (e.g., what interventions were devised to address each aspect of the clinical problem).

_____ Goal/Strategies:

_____ Goal/Strategies:

_____ Goal/Strategies:

Part III. PERSONAL AND PROFESSIONAL CHARACTERISTICS OF CONSULTANT

1. Professionalism & Rapport

- _____ a. Consultant conveyed respect for the backgrounds and skills of other professionals present, both co-consultants and consultees.
- _____ b. Consultant worked with other professionals present (co-consultants and consultees) in a collaborative, respectful manner rather than in a competitive or hierarchical manner.
- _____ c. Consultant and consultee(s) seemed comfortable with each other (i.e., were not overly defensive, cautious, or restrained).

Part IV. OVERALL EVALUATION OF CONSULTATION EXPERIENCE

For these items, please use the following rating scale:

1=very strong, 2=strong, 3=satisfactory, 4 = weak, 5=very weak

- _____ a. Consultant displayed _____ understanding of theories and methods of consultation (e.g., why, when, and how consultation is used) in approach to the consultation experience
- _____ b. Consultee displayed _____ understanding of theories and methods of consultation (e.g., why, when, and how consultation is used) in approach to the consultation experience

For this item, please use the following rating scale:

1=very useful, 2=useful, 3=adequate, 4 = not very useful, 5=not at all useful

- _____ a. This experience was _____ in helping me integrate my readings on theories and methods of consultation.
- _____ b. This experience was _____ in helping me demonstrate my understanding of theories and methods of consultation.

ADDITIONAL COMMENTS AND OBSERVATIONS:

Name/Signature of person completing this form

Date

Supervisor Sign-off: My signature below confirms that I have reviewed this consultation experience with my supervisee and consider him/her to have demonstrated satisfactory understanding of theories and methods of consultation.

Name/Signature of supervisor

Date

Appendix E - Clinical Psychology Practicum - Student Evaluation

Practicum Competencies Evaluation Form (rev. 3/14)

Student: _____ **Dates of Training:** _____ **Fall**
Supervisor: _____ _____ **Winter**
Practicum Training Site: _____ _____ **Summer**
Year 20_____

STUDENTS: PLEASE FILL OUT PAGE 1 AND FORWARD TO SUPERVISOR

Training Experiences	Semester	Cumulative
Individual Supervision	_____ hrs	_____ hrs
Practicum Group Supervision	_____ hrs	_____ hrs
Supervision of Group Therapy	_____ hrs	_____ hrs
Training Seminars (list below)	_____ hrs	_____ hrs
Individual adult therapy cases	_____ hrs	_____ hrs
Individual child therapy cases	_____ hrs	_____ hrs
Family cases	_____ hrs	_____ hrs
Group Therapy (type: _____)	_____ hrs	_____ hrs
Telephone Therapy (e.g., coaching calls)	_____ hrs	_____ hrs
Co-treatment cases	_____ hrs	_____ hrs
Adult diagnostics	_____ hrs	_____ hrs
Child diagnostics	_____ hrs	_____ hrs
Formal test batteries	_____ hrs	_____ hrs
Consultation experiences	_____ hrs	_____ hrs
<u>Other Training Opportunities</u>		

Progress Toward Completion of Practicum Requirements (note dates of completion)

1. Number of client contact hours accrued this semester: _____ (Total # to date: _____)
2. Use of empirically supported treatments with clients (**two by semester 4 of Practicum**)
 EST #1 _____ EST #2 _____
3. Written case study (**Recommended to begin by Semester 3 of Practicum; due by end of Semester 4**)
 Progress: _____
4. Minimum of 2 Consultation readings (**Recommended Semester 1 of Practicum**)
 Reading #1 _____ Reading #2 _____
 Additional readings _____
5. Consultation experiences (serve as consultant at least once) and Consultation Assessment Form completed (**Recommended Semesters 2-4 of Practicum**)
 Experience #1 _____ Experience #2 _____ Experience #3 _____
6. Minimum of 2 readings on clinical supervision (**Recommended by Semester 3 of Practicum**)
 Reading #1 _____ Reading #2 _____
 Additional readings _____
7. Minimum of 2 readings on diversity (**Recommended in Pre-Prac or semester 1 of Practicum**)
 Reading #1 _____ Reading #2 _____
 Additional readings _____
 Types of diverse clients with whom clinician worked (e.g., racial/ethnic, cultural, sexual orientation, disability, socioeconomic disadvantage)

Practicum Competencies Evaluation Form

Student: _____ **Semester:** _____
Supervisor: _____
Practicum Training Site: PSC

Description of this practicum:

Narrative Comments about this student’s performance:

Supervisor Ratings

Supervisors: Compared to other students at a similar level of training, please use the following scale to rate this student’s skill level:

- 1 Deficient:** functions at a level substantially below that expected of students at this year level. Performance is deficient and unsatisfactory. Remedial action is required.
- 2 Needs improvement:** functions at a level somewhat below that expected of students at this year level. Basic training is required and remedial action is highly recommended. Close supervision is required.
- 3 Meets Expectations:** functions at a level which is *at least minimally appropriate* to year of training.
- 4 Exceeds Expectations:** functioning *clearly exceeds minimal expectations* for level of training.
- 5 Markedly Exceeds Expectations:** functioning *markedly exceeds expectations* for level of training.
- NA Not Assessed**

Relationship/Interpersonal Skills					
1	2	3	4	5	NA
Deficient	Needs Improvement	Meets Expectations	Exceeds Expectations	Markedly Exceeds Expectations	Not Applicable
<i>1. With patients/clients/families:</i>					
a. Ability to take a respectful and helpful professional approach					
b. Ability to form a working alliance					
c. Ability to deal with conflict and negotiate differences					
d. Ability to understand and maintain appropriate professional boundaries					
e. Knowledge about the nature and impact of diversity in different clinical situations					
<i>2. With colleagues:</i>					
a. Ability to work collegially with fellow professionals					
b. Ability to work effectively with diverse others in assessment, treatment and consultation					

3. <i>With supervisors:</i>	
a. Ability to work collaboratively with the supervisor	
b. Ability to prepare for supervision	
c. Ability/willingness to accept supervisory input, including direction	
d. Ability to follow through on recommendations	
e. Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision	
4. <i>With support staff :</i>	
a. Ability to be respectful of support staff roles and persons	
5. <i>With teams at clinic:</i>	
a. Ability to participate fully in team's work	
b. Ability to understand and observe team's operating procedures	
6. <i>With community professionals:</i>	
a. Ability to communicate professionally and work collaboratively with community professionals.	
7. <i>The practicum site itself:</i>	
a. Ability to understand and observe agency's operating procedures	
b. Ability to participate in furthering the work and mission of the practicum site	
Overall Relationship/Interpersonal Skills	

Psychological Assessment Skills					
1	2	3	4	5	NA
Deficient	Needs Improvement	Meets Expectations	Exceeds Expectations	Markedly Exceeds Expectations	Not Applicable
1.	Ability to utilize systematic approaches to gathering data to inform clinical decision making				
2.	Knowledge of psychometric issues and assessment methods				
3.	Ability to integrate assessment data from different sources for diagnostic purposes				
4.	Ability to formulate the case including diagnosis, risk assessment, and identification of behavioral targets for change				
5.	Ability to clarify referral questions				
6.	Ability to develop appropriate assessment strategy				
7.	Ability to develop appropriate treatment recommendations and/or follow-up				
8.	Ability to communicate assessment results to patients and other professionals				
Overall Psychological Assessment Skills					

Intervention Skills					
1	2	3	4	5	NA
Deficient	Needs Improvement	Meets Expectations	Exceeds Expectations	Markedly Exceeds Expectations	Not Applicable
1. Ability to manage general issues with the therapeutic relationship (i.e. limit-setting, missed appointments, termination, etc.)					
2. Ability to formulate a therapeutic plan and goals (based on both a case assessment and a conceptual model of intervention)					
3. Ability to develop and implement specific empirically-supported treatment methods (Specific EST(s): _____)					
4. Ability to effectively communicate skills which promote a therapeutic alliance, patient disclosure, and active problem exploration					
5. Demonstrates ability to evaluate treatment efficacy/outcomes on an ongoing basis					
6. Reviews and, when appropriate, modifies the therapeutic plan on the basis of an ongoing case assessment					
7. Recognizes therapeutic complications and instances when personal values, emotions or biases may impair professional objectivity and conduct					
8. Ability to identify when and how collateral interventions, including family involvement, are indicated					
9. Ability to formulate suitable discharge recommendations					
10. Ability to provide clear, well-integrated, timely, and concise progress notes, countersigned by supervisors					
11. Reports are well organized, succinct and provide useful and relevant recommendations to other professionals					
Overall Psychotherapy/Behavior Change Skills					

Understanding and Use of Consultation Skills					
1	2	3	4	5	NA
Deficient	Needs Improvement	Meets Expectations	Exceeds Expectations	Markedly Exceeds Expectations	Not Applicable
1. Student completed consultation readings or experiences that were addressed in supervision this semester (note that even if student did not complete specific reading/consultation activities this semester, supervisor should rate items below)					___ YES (#=___) ___ NO
2. Understanding of the goals, possible approaches, and theories of consultation					
3. Understanding of methods used in consultations					
4. Knowledge of the unique patient care roles of other professionals					
5. Ability to effectively relate to other professionals in accordance with their unique patient care roles					
6. Ability to clarify consultation questions in relation to the particular needs, responsibilities and problems of the consultee					
7. Ability to choose an appropriate means of assessment to answer referral questions					
8. Ability to implement a systematic approach to data collection in a consultative role					
9. Consultative reports are well organized, succinct and provide useful and relevant recommendations to other professionals					
Overall Consultation Skills					

Skills in Application of Research					
1	2	3	4	5	NA
Deficient	Needs Improvement	Meets Expectations	Exceeds Expectations	Markedly Exceeds Expectations	Not Applicable
1. Development of skills in seeking and applying theoretical and research knowledge relevant to practice of psychology in the clinical setting, including accessing and applying scientific knowledge bases					
2. Understanding and application of theoretical and research knowledge related to diagnosis/assessment and intervention, diversity, supervision, ethics, etc.					
Overall Skills in Application of Research					

Emergency and Crisis Response					
1	2	3	4	5	NA
Deficient	Needs Improvement	Meets Expectations	Exceeds Expectations	Markedly Exceeds Expectations	Not Applicable
1. Ability to accurately assess crisis situations including suicidality, violence potential, and the gravely disabled					
2. Develops responsible plans for intervening in crisis situations including, for example, therapy referral, behavioral contracting, and voluntary and involuntary hospitalization					
3. Uses good professional judgment and knowledge of how to access community resources such as child or elder protective services					
Overall Performance in Emergency and Crisis Response					

Attention to Issues of Diversity					
1	2	3	4	5	NA
Deficient	Needs Improvement	Meets Expectations	Exceeds Expectations	Markedly Exceeds Expectations	Not Applicable
1. Student completed diversity readings that were addressed in supervision this semester (note that even if student did not complete specific reading/this semester, supervisor should rate items below)					___ YES (#=___) ___ NO
2. Ability to form effective relationships with patients and staff of different ethnic/cultural backgrounds					
3. Demonstrates an understanding of how gender, ethnic, cultural, and sexual orientation factors may influence psychological assessment and psychotherapy, and constructs interventions which take these factors into account					
4. Demonstrates behavior which is respectful of other staff or patients that have a different background from their own					
Overall Attention to Issues of Diversity					

Understanding and Use of Supervision					
1	2	3	4	5	NA
Deficient	Needs Improvement	Meets Expectations	Exceeds Expectations	Markedly Exceeds Expectations	Not Applicable
1. Student completed supervision readings or experiences that were addressed in supervision this semester (note that even if student did not complete specific reading/supervision activities this semester, supervisor should rate items below)					___ YES (#=___) ___ NO
2. Understanding of the goals, possible approaches, and theories of supervision					
3. Understanding of methods used in supervision					
4. Ensures that all clinical activities are supervised and that no clinical services are delivered without an appropriately privileged supervisor assuming responsibility for the patient					
5. Attends supervisory sessions and appears on time					
6. Fulfills commitments, i.e., carries out assignments, completes written work in a timely fashion, is punctual, etc					
7. Demonstrates professional work habits (e.g., duty hours, personal appearance, etc.)					
8. Ability to maintain working rapport with supervisor					
9. Provides an accurate portrayal of their role in clinical activities to their supervisors					
10. Ability/willingness to accept supervisory input regarding performance					
11. Incorporation of supervisory directives					
12. Awareness of when to seek additional supervision or referral					
13. Protects and maintains confidentiality of case materials					
14. Emotional adjustment and maturity					
12. Displays growth across rotation					
Overall Use of Supervision					

Ethical Issues and Professional Development					
1	2	3	4	5	NA
Deficient	Needs Improvement	Meets Expectations	Exceeds Expectations	Markedly Exceeds Expectations	Not Applicable
1. Observes APA's <i>Ethical Principles of Psychologists and Code of Conduct</i>					
2. Observes all practicum site rules and regulations					
3. Observes all pertinent Missouri laws					
4. Seeks appropriate information and consultation when faced with ethical issues					
5. Timeliness (e.g., notes, reports, meetings and appointments)					
6. Management of fees and payments					
7. Organization and presentation of case material					
8. Protects and maintains confidentiality of case materials					
9. Monitors own professional behavior					
10. Ability to self-identify personal distress, particularly as it relates to clinical work					
11. Provides unimpaired psychological services					
12. Uses resources that support healthy functioning when experiencing personal distress					

13. Meets standards for professional behavior on Quality Assurance Review (<i>Needs Improvement</i> or <i>Unacceptable</i> on QA review automatically results in a rating of 2 or 1, respectively, for Overall Ethical Issues/Professional Development).			
Semester	Meets Expectations	Needs Improvement	Unacceptable
1 st	8 major	9-12 major	>12 major
2 nd	5	6-9	>9
3 rd - 5 th	3	4-6	>6
Overall Ethical Issues and Professional Development			

Metaknowledge/Metacompetencies					
1	2	3	4	5	NA
Deficient	Needs Improvement	Meets Expectations	Exceeds Expectations	Markedly Exceeds Expectations	Not Applicable
1. Knowing the extent and limits of one's own skills; learning habits of self-evaluation of clinical skills					
2. Knowledge of the process for extending current skills into new areas					
3. Commitment to life-long learning and quality improvement					
4. Awareness of one's identity as a psychologist: an aspect and reflection of metaknowledge that is role-specific, knowing what one knows and can do (and should do as a psychologist)					
Overall Attention to Metaknowledge/Metacompetencies					

Additional Comments:

Supervisor Signature _____ Date _____

Student Signature:

_____	I have read and agree with the above statement.
Signature	

Date	
_____	I have read the above statement and have no comment.
Signature	

Date	
_____	I have read the above statement and wish to make a written response.
Signature	

Date	
_____	I have read the above statement and request that the faculty in my area re-review my work in consideration of the written response that I will provide.
Signature	

Date	

III. Comment on general case management such as flexibility and effectiveness in assisting student in development of coherent conceptualization of work and in translating conceptualizations into specific intervention strategies, and elucidating relevance of ethical standards to student's work and assisting student in dealing with ethical problems.

IV. Specify supervisor's efforts that are most beneficial to student's training and suggestions of specific changes to incorporate in practicum supervision.

Clinical Psychology Practicum - Supervisor Evaluation Questionnaire

Supervisor _____ Semester _____ Year _____ Hours Enrolled _____

For each item, circle one of the five descriptive points (4 through 0). Descriptive points 3 and 1 are halfway between the extreme descriptions and middle descriptions. Please evaluate each item separately.

- | | |
|---|---|
| <p>A. Instructor's knowledge of subject matter</p> <ul style="list-style-type: none">4. Exceptional knowledge3.2. Broad and thorough knowledge1.0. Adequate | <p>B. Class discussion</p> <ul style="list-style-type: none">4. Usually highly valuable3.2. Often of some value1.0. Usually a waste of time |
| <p>C. Instructor's interest in the subject</p> <ul style="list-style-type: none">4. Intensely interested3.2. Strongly interested1.0. Interest seems mild | <p>D. Organization of class meetings</p> <ul style="list-style-type: none">4. Exceptionally well-organized3.2. Usually well-organized1.0. Noticeable lack of organization |
| <p>E. Tolerance, receptivity to student opinion</p> <ul style="list-style-type: none">4. Encourages students to think for themselves3.2. Respects students thoughts1.0. Unconcerned about student opinion | <p>F. Sufficiency of time allotted for supervision</p> <ul style="list-style-type: none">4. Quite sufficient3.2. Just adequate1.0. Insufficient |
| <p>G. Efficient use of time in supervision</p> <ul style="list-style-type: none">4. Exceptionally effective3.2. Average1.0. Very inefficient | <p>H. General rating of supervisor</p> <ul style="list-style-type: none">4. One of the best3.2. Good1.0. Poor |

Appendix G - Check-Off List for Completion of Practicum

**Check-Off List for Completion of Practicum
Psychological Services Clinic**

Practicum Student: _____

To be INITIALED BY SUPERVISOR when completed:

- _____ Completed case notes
- _____ Completed closing/transfer summaries

To be INITIALED BY OFFICE STAFF when completed:

- _____ Handed in all encounter forms
- _____ Checked in all videotapes
- _____ Checked in any audiotapes
- _____ Turned in any clinic keys that were checked out
- _____ Returned all testing materials that were checked out
- _____ Returned all books/library materials that were checked out

When completed, turn form in to PSC Administrative Assistant to verify that everything has been completed and inform Clinic Director.

Administrative Assistant signature Date

Appendix H - Semester Research Evaluation Form

**Semester Research Evaluation Form
Clinical Emphasis Area**

Student Name: _____ Semester: _____

Chair/Mentor: _____ Year: _____

____ Master's research credits

____ Other research project(s)

____ Doctoral research credits

Goal #1:

Progress:

Rating (1=unsatisfactory; 3=satisfactory; 5=outstanding)

Goal #2:

Progress:

Rating (1=unsatisfactory; 3=satisfactory; 5=outstanding)

Goal #3:

Progress:

Rating (1=unsatisfactory; 3=satisfactory; 5=outstanding)

Goal #4:

Progress:

Rating (1=unsatisfactory; 3=satisfactory; 5=outstanding)

Strengths:

Areas in need of improvement:

Other comments:

Grade in Research (S or U only): _____

Faculty Member Signature: _____ Date: _____

Graduate Student Signature: _____ Date: _____

Appendix I - Clerkship Evaluation Form

Clerkship Evaluation Form (to be completed by student)

1. Your name: _____ Date: _____

2. Clerkship agency (name, address, phone): _____

3. Types of rotations available and flexibility in choice of rotations.

4. Description of activities, duties, responsibilities.

5. How much did this clerkship contribute to your professional skill development?

6. Average number of hours worked per week _____.

7. Average number of client contact hours per week _____.

8. Amount of contact available with children _____, the elderly _____ and minorities _____. (Specify in approximate percentage)

9. Nature, quality, and amount (i.e., # of hours/week) of direct supervision. Please specify supervisor's name or rotation for each experience.

10. Nature and quality of other training (e.g. workshops, case conferences, etc.).

11. Clinical orientation of the staff.

12. Attitudes toward the clerk (e.g. peer, student).
13. Encouragement to do research (thesis, dissertation, or other).
14. Strong points not covered above.
15. Weak points not covered above.
16. What would improve this clerkship?
17. Salary per month _____.
18. Benefits
19. Other comments.
20. Please make the following ratings:

	Excellent				Poor
Quality of supervision	1	2	3	4	5
Quantity of supervision	1	2	3	4	5
Appropriate level of autonomy/independence	1	2	3	4	5
Learning experience (global)	1	2	3	4	5
Opportunity to learn specific skills	1	2	3	4	5
Specify Skills:					
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

Appendix J - Internship Evaluation Questionnaire-Student

Internship Evaluation Questionnaire to be Completed by Student-General

Clinical Psychology Graduate

Training Program

University of Missouri-Columbia

(Approved by CTC in June, 1989)

Internship site: _____

Name of intern: _____

Name of supervisor: _____

Date: _____

Please return to:
Director of Clinical Training
Department of Psychological Sciences
210 McAlester Hall
University of Missouri
Columbia, Missouri 65211

Internship Evaluation Questionnaire-General

Assessment

A. Rate (circle) the level of skill in each area:

	No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1. Intelligence	1	2	3	4	5	6	7	NA
2. Neuropsychological testing	1	2	3	4	5	6	7	NA
3. Objective personality assessment (e.g. MMPI)	1	2	3	4	5	6	7	NA
4. Projective testing	1	2	3	4	5	6	7	NA
5. Behavioral assessment	1	2	3	4	5	6	7	NA
6. Interviewing skills	1	2	3	4	5	6	7	NA
7. Assessment report writing	1	2	3	4	5	6	7	NA
8. _____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
(other)								

Internship Evaluation Questionnaire-General

Treatment Approaches

B. Rate (circle) the level of skill in each area:

	No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1. Behavior therapy	1	2	3	4	5	6	7	NA
2. Cognitive behavior therapy	1	2	3	4	5	6	7	NA
3. Systems-family therapy	1	2	3	4	5	6	7	NA
4. Group therapy	1	2	3	4	5	6	7	NA
5. Humanistic therapy	1	2	3	4	5	6	7	NA
6. Dynamic therapy	1	2	3	4	5	6	7	NA
7. Community consultation	1	2	3	4	5	6	7	NA
8. Behavioral medicine	1	2	3	4	5	6	7	NA
9. _____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
_____ (other)	1	2	3	4	5	6	7	NA

Internship Evaluation Questionnaire-General

Special Problems and Clinical Populations

C. Rate (circle) the level of skill in each area:

		No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1.	Psychotic disorders	1	2	3	4	5	6	7	NA
2.	Mental retardation	1	2	3	4	5	6	7	NA
3.	Anxiety disorders	1	2	3	4	5	6	7	NA
4.	Social skills deficits	1	2	3	4	5	6	7	NA
5.	Substance abuse disorders	1	2	3	4	5	6	7	NA
6.	Conduct disorders	1	2	3	4	5	6	7	NA
7.	Affective disorders	1	2	3	4	5	6	7	NA
8.	Somatic disorders	1	2	3	4	5	6	7	NA
9.	Relationship problems & marital discord	1	2	3	4	5	6	7	NA
10.	_____	1	2	3	4	5	6	7	NA
	_____	1	2	3	4	5	6	7	NA
	_____	1	2	3	4	5	6	7	NA
	(other)	1	2	3	4	5	6	7	NA

Internship Evaluation Questionnaire-General

D. Based on your internship experience or your experiences in your current job, what do you consider to be the strengths of the training you received at the University of Missouri? Please include comments about course work, practicum, clerkships, research, and teaching experiences. Please make any suggestions that you might have for increasing these strengths.

E. What do you regard as the weaknesses of the Clinical Training Program as regards your preparation for internship or your current job? Please make any suggestions that you might have for dealing with these weaknesses.

Appendix K - Internship Evaluation Questionnaire-Supervisor

Internship Evaluation Questionnaire-Completed by Internship Supervisor-General

Clinical Psychology Graduate

Training Program

University of Missouri-Columbia

(Approved by CTC in June, 1989)

Internship site: _____

Name of intern: _____

Name of supervisor: _____

Date: _____

Please return to:
Director of Clinical Training
Department of Psychological Sciences
210 McAlester Hall
University of Missouri
Columbia, Missouri 65211

Internship Evaluation Questionnaire-General

Assessment

A. Rate (circle) the level of skill in each area:

	No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1. Intelligence	1	2	3	4	5	6	7	NA
2. Neuropsychological testing	1	2	3	4	5	6	7	NA
3. Objective personality assessment (e.g. MMPI)	1	2	3	4	5	6	7	NA
4. Projective testing	1	2	3	4	5	6	7	NA
5. Behavioral assessment	1	2	3	4	5	6	7	NA
6. Interviewing skills	1	2	3	4	5	6	7	NA
7. Assessment report writing	1	2	3	4	5	6	7	NA
8. _____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
(other)								

Internship Evaluation Questionnaire-General

Treatment Approaches

B. Rate (circle) the level of skill in each area:

	No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1. Behavior therapy	1	2	3	4	5	6	7	NA
2. Cognitive behavior therapy	1	2	3	4	5	6	7	NA
3. Systems-family therapy	1	2	3	4	5	6	7	NA
4. Group therapy	1	2	3	4	5	6	7	NA
5. Humanistic therapy	1	2	3	4	5	6	7	NA
6. Dynamic therapy	1	2	3	4	5	6	7	NA
7. Community consultation	1	2	3	4	5	6	7	NA
8. Behavioral medicine	1	2	3	4	5	6	7	NA
9. _____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
_____ (other)	1	2	3	4	5	6	7	NA

Internship Evaluation Questionnaire-General

Special Problems and Clinical Populations

C. Rate (circle) the level of skill in each area:

	No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1. Psychotic disorders	1	2	3	4	5	6	7	NA
2. Mental retardation	1	2	3	4	5	6	7	NA
3. Anxiety disorders	1	2	3	4	5	6	7	NA
4. Social skills deficits	1	2	3	4	5	6	7	NA
5. Substance abuse disorders	1	2	3	4	5	6	7	NA
6. Conduct disorders	1	2	3	4	5	6	7	NA
7. Affective disorders	1	2	3	4	5	6	7	NA
8. Somatic disorders	1	2	3	4	5	6	7	NA
9. Relationship problems & marital discord	1	2	3	4	5	6	7	NA
10. _____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
_____ (other)	1	2	3	4	5	6	7	NA

Appendix L - Internship Evaluation Questionnaire-Student-Child Emphasis

Internship Evaluation Questionnaire-Completed by Student - Child Emphasis

Clinical Psychology Graduate

Training Program

University of Missouri-Columbia

(Approved by CTC in June, 1989)

Internship site: _____

Name of intern: _____

Name of supervisor: _____

Date: _____

Please return to:
Director of Clinical Training
Department of Psychological Sciences
210 McAlester Hall
University of Missouri
Columbia, Missouri 65211

Internship Evaluation Questionnaire-Child Emphasis

Assessment

A. Rate (circle) the level of skill in each area:

	No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1. Intelligence testing	1	2	3	4	5	6	7	NA
2. Neuropsychological testing	1	2	3	4	5	6	7	NA
3. Learning disabilities assessment	1	2	3	4	5	6	7	NA
4. Developmental testing (e.g., infant testing)	1	2	3	4	5	6	7	NA
5. Projective testing	1	2	3	4	5	6	7	NA
6. Behavioral assessment	1	2	3	4	5	6	7	NA
7. Interviewing skills	1	2	3	4	5	6	7	NA
8. _____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
_____ (other)	1	2	3	4	5	6	7	NA

Internship Evaluation Questionnaire-Child Emphasis

Treatment Approaches

B. Rate (circle) the level of skill in each area:

		No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1.	Child Behavior Therapy	1	2	3	4	5	6	7	NA
2.	Cognitive behavior therapy	1	2	3	4	5	6	7	NA
3.	Systems-family therapy	1	2	3	4	5	6	7	NA
4.	Group therapy	1	2	3	4	5	6	7	NA
5.	Play therapy	1	2	3	4	5	6	7	NA
6.	Parent training	1	2	3	4	5	6	7	NA
7.	School consultation	1	2	3	4	5	6	7	NA
8.	Community consultation	1	2	3	4	5	6	7	NA
9.	Pediatric behavioral medicine	1	2	3	4	5	6	7	NA
10.	_____	1	2	3	4	5	6	7	NA
	_____	1	2	3	4	5	6	7	NA
	_____	1	2	3	4	5	6	7	NA
	(other)								

Internship Evaluation Questionnaire-Child Emphasis

Special Problems and Clinical Populations

C. Rate (circle) the level of skill in each area:

	No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1. Psychotic/autism	1	2	3	4	5	6	7	NA
2. Mental retardation	1	2	3	4	5	6	7	NA
3. Fears/phobias (anxiety states)	1	2	3	4	5	6	7	NA
4. Social skills deficits	1	2	3	4	5	6	7	NA
5. Attentional deficits	1	2	3	4	5	6	7	NA
6. Conduct disorders	1	2	3	4	5	6	7	NA
7. Social withdrawal depression	1	2	3	4	5	6	7	NA
8. Somatic disorders (e.g., enuresis, eating disturbances)	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
(other)								

Internship Evaluation Questionnaire-Child Emphasis

D. Rate knowledge of normal child development.

1 2 3 4 5 6 7 (Not applicable)

No knowledge at all

Very knowledgeable

E. Based on your internship experience or your experiences in your current job, what do you consider to be the strengths of the training you received at the University of Missouri? Please include comments about course work, practicum, clerkships, research, and teaching experiences. Please make any suggestions that you might have for increasing these strengths.

F. What do you regard as the weaknesses of the Clinical Training Program as regards your preparation for internship or your current job? Please make any suggestions that you might have for dealing with these weaknesses.

Appendix M - Internship Evaluation Questionnaire-Supervisor-Child Emphasis

Internship Evaluation Questionnaire-Completed by Internship Supervisor - Child Emphasis

Clinical Psychology Graduate

Training Program

University of Missouri-Columbia

(Approved by CTC in June, 1989)

Internship site: _____

Name of intern: _____

Name of supervisor: _____

Date: _____

Please return to:
Director of Clinical Training
Department of Psychological Sciences
210 McAlester Hall
University of Missouri
Columbia, Missouri 65211

Internship Evaluation Questionnaire-Child Emphasis

Assessment

A. Rate (circle) the level of skill in each area:

	No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1. Intelligence testing	1	2	3	4	5	6	7	NA
2. Neuropsychological testing	1	2	3	4	5	6	7	NA
3. Learning disabilities assessment	1	2	3	4	5	6	7	NA
4. Developmental testing (e.g., infant testing)	1	2	3	4	5	6	7	NA
5. Projective testing	1	2	3	4	5	6	7	NA
6. Behavioral assessment	1	2	3	4	5	6	7	NA
7. Interviewing skills	1	2	3	4	5	6	7	NA
8. _____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
(other)								

Internship Evaluation Questionnaire-Child Emphasis

Treatment Approaches

B. Rate (circle) the level of skill in each area:

		No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1.	Child behavior therapy	1	2	3	4	5	6	7	NA
2.	Cognitive behavior therapy	1	2	3	4	5	6	7	NA
3.	Systems-family therapy	1	2	3	4	5	6	7	NA
4.	Group therapy	1	2	3	4	5	6	7	NA
5.	Humanistic therapy	1	2	3	4	5	6	7	NA
6.	Play therapy	1	2	3	4	5	6	7	NA
7.	School consultation	1	2	3	4	5	6	7	NA
8.	Community consultation	1	2	3	4	5	6	7	NA
9.	Pediatric behavioral medicine	1	2	3	4	5	6	7	NA
10.	_____	1	2	3	4	5	6	7	NA
	_____	1	2	3	4	5	6	7	NA
	_____	1	2	3	4	5	6	7	NA
	(other)								

Internship Evaluation Questionnaire-Child Emphasis

Special Problems and Clinical Populations

C. Rate (circle) the level of skill in each area:

	No Knowledge	Textbook knowledge but never practiced	Practice with close supervision	Practice with little supervision	Practice with periodic consultation	Practice independently	Could supervise others	
1. Psychotic/autism	1	2	3	4	5	6	7	NA
2. Mental retardation	1	2	3	4	5	6	7	NA
3. Fears/phobias (anxiety states)	1	2	3	4	5	6	7	NA
4. Social skills deficits	1	2	3	4	5	6	7	NA
5. Attentional deficits	1	2	3	4	5	6	7	NA
6. Conduct disorders	1	2	3	4	5	6	7	NA
7. Social withdrawal depression	1	2	3	4	5	6	7	NA
8. Somatic disorders (e.g., enuresis, eating disturbances)	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
_____	1	2	3	4	5	6	7	NA
(other)								

Appendix N - Internship Rating Form

Internship Rating Form *(to be completed by student)*

1. Your name:
2. Internship agency (name, address, phone):
3. Types of rotations available and flexibility in choice of rotations.
4. Amount of contact available with children _____, the elderly _____, and minorities _____ . (Specify in approximate percentage)
5. Nature, quality, and amount of direct supervision.
6. Nature and quality of other training (e.g. workshops, case conferences, etc.)
7. Clinical orientation of the staff.

Appendix O - Clinical Student Template for Student Graduate Student Progress System (GSPS) Report (sample from 2011-2012 evaluations)

INSTRUCTIONS FOR COMPLETING ONLINE ASSESSMENT FOR 2011-2012 CLINICAL STUDENT EVALS

***note - END dates for activities no longer need to be within the reporting period, so it is fine to put "to present" or an end date that is past Aug, 2012. To be included in your summary report (that CTC will see), the activity just needs to have dates that are included in the Sept, 2011 – Aug, 2012 report period. ***

Test Clinical Student (September, 2007 – August, 2008)

Degrees, Minors:

Psychology Clinical Psychology Doctor of Philosophy (PhD)

Advisers:

Primary Adviser:

Committee Member:

Committee Member:

Co-adviser:

Committee Member:

General Academic Information

Student Number: xxxxxxx

Entry Date: Fall 2005

Anticipated Graduate date: Summer 2008

Contact Information

Primary:

Business:

Home Phone:

Business Phone:

Email

Required Forms and Benchmarks

M-1 Program of Study

M-2 Request for Thesis Committee

M-3 Report of Committee

Last Committee Meeting

D-1 Qualifying Exam/Committee

D-2 Plan of Study

D-3 Comprehensive Exam

D-4 Dissertation Defense

Last Committee Meeting

Date thesis proposal passed:
Date thesis defense passed:
Date comps defense passed:
Date dissertation proposal passed:
Date dissertation defense passed:

****Note that the questions about thesis/comps/diss proposal and defense are somewhat redundant with info you present here about M and D forms and later on research progress. However, due to oddities of the online report, not all of the info shows up easily in every report (depending on what year you did these things). Putting the info here is an easy way for me to access the info whenever I need it. sorry for the redundancy!**

Committee Members

Xxx
Xxx
Xxx
Xxx
xxx

Activity Checklist

****answer these questions each year for the preceding Sept-Aug period****

Attended general Graduate Student Orientation - Yes
Attended Teaching Assistant Orientation - Yes
Attended a Preparing Future Faculty Brown Bag Seminar - No
Visited the Graduate School office in 210 - Yes
Visited MU before attending – Yes
Are you currently a member of a professional or research society? - Yes
This academic year, were you an author of a paper or workshops at a professional meeting? - Yes
This year, were you an author or co-author of an article submitted or published in a professional or scientific journal? -No
This year, were you involved in grant-supported research? - No
This year, were you involved in teaching, such as a TA? - Yes
This year, were you involved in part-time delivery of professional services on or off campus, such as a practicum? – No

Stipend Support

list 9- or 12-month, percent effort (.25 or .50), and type (RA, TA, etc.)
-- e.g., Department of Psychological Sciences \$14000. 12-month RA - .50 (.50=20 hr/wk; .25=10 hrs/wk) (list RA, TA, fellowship, clerkship, etc.)

Research Assistant, NIH R01 grant awarded to xxxxxxx (\$12000) 6/2007 - 4/2008
Research Assistantship - Psych Lab, Department of Psychological Sciences (\$13,500) 6/2007 - 8/2007
Research Assistant, Research Center (\$12,000) 5/2005 - 8/2007
Teaching Assistant; Research Assistant: 2001-2005, Department of Psychological Sciences: University of Missouri - Columbia (\$10,500 - 13,500) 8/2001 - 5/2005

Awards and Honors

most outstanding student (given by mom).
Awarded for general outstandingness.

December 2005

dissertation award (given by department of Psychological Sciences).
Awarded for dissertation research.

November 2005

Clinical Experience

put all department-sanctioned clinical experience here – prac, paid clerkships, unpaid/volunteer clerkships/clinical experiences. Note that clinical experiences must be dept-sanctioned to be included on internship applications. Any course-related or dept funding-related clinical experience is dept-sanctioned. (If you don't know if your experience is sanctioned or not, check with Debi). Use the format below...

McCambridge Center volunteer clerkship (5 hr/wk) (*January 2006 - May 2006*)

- accrued 50 CCH
- worked with women with substance abuse issues on parenting skills, whatever...
- supervisor: Chris Lawrence, Ph.D.

practicum Psychological Services Clinic (*August 2005 - May 2006*)

- regular practicum (1st yr), supervisors: Jeremy Skinner, Nan Presser
- accrued 48 CCH
- completed the following prac requirements:
 - - consultation reading, 1 consultation experience
 - - 1 supervision reading, 2 diversity readings
 - - used 1 EST (CBT for anxiety)

MST, Boone Co. Juvenile Office paid clerkship (20 hrs/wk) (*May 2005 - May 2006*)

- MST therapist
- carried caseload of 30 clients total, accrued 400 CCH
- supervisor: Chuck Borduin, Ph.D.

Conferences Attended(2)

(put conference name, date, and if you got funding to attend)

Biennial Meeting of Society for Research on Adolescents, with support from University of Missouri - Columbia
GPC, \$300

3/2008

Association for Behavioral and Cognitive Therapies, with support from Department of Psychological Sciences-
University of Missouri-Columbia, \$450

11/2007

Coursework

in course name field, list the following (see format below):

course name

category (in caps) – DEPT REQ (e.g., dept ethics course),

STATS REQ,

**DISTRIB – AREA (cog, social, abnormal, devel,
motiv/pers, biol),**

CLIN REQ (general clinical req)

CH CLIN REQ (child clinical req)

CH/DEV REQ (joint child-devel program req)

CLIN ELECTIVE
STATS MINOR
OTHER (say what)
Grade earned

PSYCH 9041: another stats course - STATS MINOR - B Winter 2006
PSYCH 9110: joint program course... - CH/DEV REQ - B Winter 2006
PSYCH 9201: child course - CH CLIN REQ - A Winter 2006
PSYCH 9040: another course - CLINICAL ELECTIVE - A Fall 2005
PSYCH 9004: stats... - STATS REQ - A Fall 2005
PSYCH 9001: some required course - DISTRIB COG - A Fall 2005
PSYCH 9007: clinical practicum - CLINICAL REQ - S Fall 2005

Current Research

here put a brief update on progress. ALSO, cut and paste (and fill in) the info highlighted below.

MA thesis:

proposed [date]

defended [date]

current status (including anticipated timeline)

Comprehensive exam:

proposed/taken [date]

defended [date]

current status (including anticipated timeline)

PhD dissertation:

proposed [date]

defended [date]

current status (including anticipated timeline)

Other research:

brief (1-2 sentence) description of any research not reflected above or in presentations/publications listed in other sections.

Employment (Professional Experience)

here put your primary support position *in the following format*:

TA/RA/clerkship/fellowship/internship name

- supervisor: whoever

- duties included: (1-2 sentence)

- outcomes included: here put if you accrued clinical hours, presentations, publications, etc.

Grants and Fellowships

put project title here, funding source, status (submitted, funded/unfunded, scored/not scored, etc), amount if funded, dates of grant if funded. Include Univ fellowships and internal and external grants/fellowships.

Presentations

me, myself, and I (2005). *stuff I know*. american psychological association. November 2005 *National/International*

Professional Organizations

association for behavioral and cognitive therapies, *member* (August 2005 - May 2006)

Publications

me, myself, I, and friends. "more stuff I know." *american psychologist* Vol. 103 (2006): 777-888

Research Interest

1. really interesting stuff
2. stuff that will make me famous
3. and so on

Service Activities

list any service at dept, univ, community, or professional level, (*include editing journal ms - list journal, hosting applicants, helping with GASP stuff, etc.*)

Progress Report from 2006-08-22 15:11:52:

Prompt: *Describe your progress toward your degree, and discuss any strengths or weaknesses you may have.*
use this space for 3 things:

1. anything that is NOT showing up on the individual reports (e.g., ms in prep, what internship you got, etc)

2. a brief overall comment on your progress during the year (sept 07-Aug 08).

3. any other comments you'd like to share with CTC.

OTHER COMMENTS

Appendix P – Student Evaluation-Completed by Assistantship Supervisor

Student Evaluation-Completed by Assistantship Supervisor

Student Name _____

Supervisor Name _____

Type of Activity _____ Semester of Activity _____

Instructions: As part of the graduate student evaluation process each year, the clinical psychology faculty solicits information from individuals such as you concerning student's work. Please give us an evaluation of this student's work in the above activity. When it is appropriate, please reference the following in your comments, i.e., quantity of work, quality of work, thoroughness, initiative, promptness, response to supervision and feedback, interaction with other staff/professionals, and ease of working with this student. You should know that the student's advisor will present your comments to the student and discuss them with him/her.

Comments:

Signature of Supervisor _____

Please return this by _____ to the Director of Clinical Training, Department of Psychological Sciences, 210 McAlester Hall, University of Missouri, Columbia, Missouri 65211.

Appendix Q – Clinical Area Student Evaluation Report Template

Clinical Area Student Evaluation Report

Student:

Evaluation Period: Sept, 2012- Aug, 2013

Advisor:

Date of CTC Evaluation:

Date of Program Entry:

The CTC has completed its evaluation of your activities during the 2011-2012 academic year (September 1, 2011 to August 31, 2012). Our evaluation is based on an integration of information obtained from multiple sources: you; your mentor; your course instructors; and supervisors of your formal and informal research, clinical, teaching, and other professional activities. We would like to summarize this evaluation and offer comments intended to facilitate your progress in the program and your continued professional development. It is our intention that you and your advisor will discuss this feedback and use it to celebrate your accomplishments, plan for the next steps in your professional development, and address any areas in which improvement is desirable or required.

If the CTC has specific concerns about your performance in the program, these are discussed below with specific CTC expectations, actions, or required remediation steps noted. For concerns that lead to CTC action (e.g., probation) and that require specific corrective action or remediation on your part, you will also receive a separate letter from the DCT outlining the concern, the CTC action, and the required corrective action or remediation. You will have the chance to discuss any such concerns with your advisor, the DCT, or the CTC.

In understanding your evaluation, it is useful to note how the CTC uses specific information:

- **Student's level of training** -- This is the student's year in the program, with adjustments for leaves of absence or other modified workloads/timelines.
- **Satisfactory performance** – This refers to student attainment of minimum acceptable levels of performance in the evaluated activity. For courses, this is a grade of B (or S) or better. For other formally evaluated activities (research, clinical work, assistantships), this includes ratings of “satisfactory” or “meets expectations” or narrative comments that indicate satisfactory performance, as well as the absence of reports of serious concerns about professional or ethical behavior.
- **Professional behavior** – As defined in the Clinical Area Handbook, this includes conduct in all areas related to the student's training, as well as when the student is representing him/herself or is recognized by others as a student in the program.

Evaluation Rating Scale – to be used for each performance domain below, as well as for evaluation of overall performance/progress.

5 = Greatly exceeds expectations – student's rate and quality of performance greatly exceed that required at his/her level of training, and student displays appropriate professional and ethical behavior. Student is well ahead of schedule on degree milestones, has completed required tasks at markedly higher levels of performance than expected at his/her level of training, or is exceptionally productive in professional development activities beyond those minimally required for satisfactory performance.

4 = Exceeds expectations – student's rate and quality of performance exceed that required at his/her level of training, and student displays appropriate professional and ethical behavior. Student is ahead of schedule on degree milestones, has completed required tasks at higher levels of performance than expected at his/her level of training, or is engaging in professional development activities beyond those minimally required for satisfactory performance.

3 = Meets expectations – student has satisfactorily completed tasks required at his/her level of training. Additionally, student displays appropriate professional and ethical behavior.

2 = Slightly below expectations -- Minor delays in required task completion or quality of performance or professional behavior is slightly below that expected for student's level of training. This rating does not typically result in formal disciplinary action or a formal remediation plan. Rather, the rating serves as notification that some improvement is needed for the student to meet expectations and remain in good standing in the program.

1 = Markedly below expectations -- Serious or continued issues with satisfactory and timely completion of tasks required at student's level of training, or serious issues with professional behavior. This rating serves as notification that significant improvement is needed for the student to meet expectations. In addition, this rating will frequently result in formal disciplinary action (e.g., removal from an activity, probation, dismissal from the program) and a formal remediation plan from the CTC.

ANNUAL EVALUATION RATINGS & COMMENTS

Area	Item	Rating (1-5 or n/a)
Coursework	Distribution & stats courses, area requirements	
	General progress & performance	
Comments:		
Research	Milestone Progress	
	Other research/scholarly activity	
Comments:		
Clinical Experience	Practicum, progress toward prac completion	
	Other paid and volunteer experience	
	Progress toward internship readiness	
Comments:		
Teaching/Mentoring	Classroom teaching – guest lectures, instructor, TA	
	Mentoring – undergrad or grad students	
Comments:		
Professional Experience/Service	Service to dept, campus, profession	
	Other professional activities	
Comments:		
Professional Development/Responsibility	Professional/ethical behavior	
	Progress toward functioning as doctoral level psychological clinical scientist	

Comments:		
Support Position (may have also been included in a relevant section above)	Performance in assistantship, fellowship, etc	
Comments:		
Other	Specify: _____	
Comments:		
Overall Progress		
Comments:		

Signatures:

Advisor: _____ Date: _____

Director of Clinical Training: _____ Date: _____

Department Chair: _____ Date: _____

Student:

_____ Date: _____ I have read and agree with the above evaluation.

_____ Date: _____ I have read the above evaluation and have no comment.

_____ Date: _____ I have read the above evaluation and wish to make a written response.

_____ Date: _____ I have read the above evaluation and request that the faculty in my area re-review my work in consideration of the written response that I will provide.

Appendix R – Outside Clinical Placement Agreement

Outside Clinical Placement Agreement MU Clinical Psychology Program

Practicum Site/Agency: _____

Clinical Experience (description description of types of assessment/intervention/other services provided, including empirically supported services; populations served, including ages, types of issues/diagnoses, other population characteristics):

Time Commitment and Duration of Placement (start/end dates, hrs per week, any vacation or break times):

Supervision (amount of weekly individual supervision and who provides; amount of weekly group supervision and who provides; supervisor degree/licensure status. Please provide CV of all supervisors):

Evaluation:

The student will be formally evaluated by the supervisor at least once per semester for the duration of the placement, and at the end of the placement (if this does not coincide with the end of a semester). Mid-placement evaluations are encouraged as an opportunity for formative feedback. Placement may use the clinical area's Practicum Competencies Form or a comparable form preferred by the site.

Student Name (printed)

Signature

Date

Site Supervisor Name (printed)

Signature

Date

Dir of Clinical Training Name (printed)

Signature

Date

Appendix S – Comprehensive Exam Process

