

Clinical Psychology Student Handbook

University of Connecticut

2016-2017

Welcome to the Graduate Program in Clinical Psychology at the University of Connecticut. Your arrival here today marks the beginning of a journey toward the development of specialized competencies as a clinical psychologist. This journey involves not only the acquisition of expert knowledge, but also alterations in your thinking about yourself, your actions, and your place in the world. You will find this trek to be alternatively exhausting and exhilarating; tortuous and thrilling. You will find the faculty and the more advanced students to be ready to provide compassionate and wise assistance as you make this transition to professional interdependence.

This handbook is designed to facilitate your progress through the Program. It is a mixture of official policies, recommendations for making your life easier, and the accumulated wisdom of your peers and faculty mentors. **The manual supplements (but does not replace) other important published material that appears in the current editions of the *Graduate School Catalog, Policies and Rules for Graduate Study in Psychological Sciences, and the Policies and Procedures Manual of the Psychological Services Clinic*.** In this manual, we periodically reference relevant portions of these sources but you should become familiar with them to facilitate your progress through the Program.

The policies and recommendations contained in the above named documents and this manual are considered to be in effect at the time you start the Program. The *2016-2017 Graduate School Catalog* urges you to become familiar with all current degree requirements as well as with revisions of those policies. We urge you to do the same. *One of your first tasks as a graduate student is to become familiar with the contents of this manual.*

Being a Student in This Clinical Psychology Program

The traditional academic advising arrangement in most departments of higher education has its roots in a medieval university structure that was based on an apprentice model. Within this traditional arrangement, students were selected by individual faculty who had total authority to guide (and to evaluate) the educational activities (and products) of their charges. The remnants of this system may be found in the advising committee structure that exists within this and other graduate departments, as described in the *Graduate School Catalog* and the *Policies and Rules for Graduate Study in Psychological Sciences*.

In recent years, and in particular disciplines, individual faculty relinquished some of their autonomy to develop programs of study, or more standardized sequences of activities (e.g., courses, evaluative procedures, etc.). In making these covenants, faculty members agree to follow common collective procedures and expect that their students will do the same. Decisions

about procedures and policies as well as evaluation and dispositions about students rest with Program faculty as a whole. Program directors are faculty peers who are selected to administer policies and to execute specific actions as determined by the faculty and program, department, and university guidelines.

As a result of these decisions, this Program functions as a community; an aggregation of people who agree to abide by certain rules and to comport themselves in specific ways. The community is more than the sum of its individual members; it has a history and an ethos. For example, one strong historical ethic within the Program is that “good mentoring will produce good mentors.” This orientation can be discerned in the atmosphere of respect and cooperation that is evident among faculty and the mutually caring interactions that exist between faculty and students. It is reflected in the careful preparation that faculty bring to their teaching and research activities, efforts to ensure parity of financial support resources for students within class years, the expectation of the faculty that, in future years, you will involve yourself in helping less advanced students, and in numerous other ways.

Being a member of this Program means that your actions (and ours) have potential consequences that extend beyond each individual’s personal decisions. At the bottom line, what you do, and how you do it, has implications for our relationships with other divisions within the Department, members of the local community, psychologists at affiliated institutions (e.g., clerkship sites, internship sites), and other allied health professionals. These groups may represent rapidly changing populations (e.g., undergraduate students that you teach) or constituencies with which we have long-standing relationships (e.g., the professional associations of which we are members). The many manifestations and nuances of being a member of this community will evolve as you progress through the Program. Some more obvious examples will appear in later portions of this manual.

At the beginning, however, you should at all times consider the possible impact of your actions upon those of us with whom you are connected. **At the foundation of our work together, the faculty assumes that you will exercise good judgment regarding your conduct; *good judgment is not something that we should have to teach explicitly*** and would prefer to leave to your individual discretion. We ask that you engage in thoughtful reflection about the consequences of your actions (e.g., mode of dress, extra-curricular activities, social networking choices, professional undertakings, etc.) and consultation with your advisors, as necessary. Thoughtful reflection about your activities is an important goal to aim for, not only in specific professional situations, but also in other contexts where you will be observed and evaluated by members of the public.

The Program as a Scientist-Practitioner Community

As mentioned earlier, the Program represents a small community of faculty and students who have voluntarily relinquished some of their autonomy in order to pursue shared ideals. This community is embedded within larger constituencies, such as the Department, the College of Liberal Arts and Sciences, the University of Connecticut, and surrounding communities. Our learning community has several rich and long-standing traditions, all of which have been aimed

at creating an **intentional** learning climate that will promote the maximal development of your personal and professional talents and potential. Some of our more salient traditions are:

1. Faculty and students embrace the *Ethical Principles of Psychologists* (American Psychological Association, 1992, 2002) in our professional activities. We use the ideals and standards embodied in this document as a means of guiding our interactions and working out differences. All faculty are extremely well versed with the Principles and Standards. A copy of this document is included in your orientation materials. You also can find the older version of the Ethical Principles in the *American Psychologist*, 1992, 47,1597-1611 and the 2003 update in the *American Psychologist*, 2002, 57,1060-1074 or via the APA website: <http://www.apa.org/ethics/>. **You should become familiar with the *Ethical Principles* and use the code to guide your professional endeavors.**
2. Faculty treat one another and students in a dignified, collegial manner that respects our commonalities, our diversities and our uniqueness. We do our best to be fair and impartial in evaluating one another and in our efforts to allocate resources (including financial aid). **We expect that you will honor the diversity you experience while here and that you will refrain from any activities that suggest hostility toward or harassment of others on the basis of sexuality, sexual identity, gender, gender identity, race, ethnicity, religion, culture, political ideology, physical abilities, or psychological infirmity.**
3. Governance of the Program is shared between faculty and students. Although the faculty remain ultimately responsible for all aspects of Program functioning, student input is continually sought about most decisions, except those that involve personnel issues. Each class elects a representative who attends select faculty meetings, provides input about summative class perceptions, disseminates information to classmates, and votes on various issues that affect the Program. The Director of Clinical Training is responsible for implementing policies set by the faculty and student representatives.
4. Faculty attempt to deal with problems that students may manifest, with compassion and fairness. We expect that you will make mistakes and we are inclined to view these as learning experiences, unless we come to believe that other dynamics are at work. We expect you to be honest with us in sharing personal information that affects your professional performance. We expect that you will learn from your mistakes and not repeat them.
5. Faculty consult actively with one another about making professional commitments. Both faculty and students are encouraged to take appropriate risks in developing new professional skills, with the consultation of our peers and experienced mentors. We negotiate our commitments with one another and we continually renegotiate them as we face changing life circumstances. We avoid being avoidant or “hiding out” and we expect that you will do the same.
6. We tend to maintain welcoming contacts with our students long after they have completed the Program. We encourage you to stay in touch with us, to share successes, life obstacles, and your perceptions about the quality of your graduate training. As part of our accreditation process, we are expected to provide certain information about graduates of our program (such

as licensure status, professional accomplishments) and to periodically conduct surveys of former students. We welcome feedback from you so that we can continually evaluate and improve our program.

Program Structure and Your Developmental Tasks

The educational structure and processes of the Program are described in the *Clinical Psychology Application Brochure*. The faculty and student representatives continually review course offerings and evaluative operations and make modifications in order to keep our training abreast of changes within the field. This section provides an overview of required courses and summarizes aspects of program processes that are not contained in the above mentioned brochure.

Certification as a Basis for Curricular Requirements

Professionals commonly are accorded a great deal of autonomy and freedom by the larger society. Professionals, in turn, also tacitly agree to take on particular responsibilities and obligations that are not expected of non-professionals. One major hallmark of being a professional is being able to demonstrate that you possess specialized knowledge and competencies. The acquisition of such expertise is certified through two interlocking processes – accreditation and licensure. **Accreditation** is a voluntary process in which **educational institutions** demonstrate that they meet particular standards that the dominant professional association deems necessary to ensure a high quality of professional training. **Licensure** refers to credentialing by state boards of **individuals** who have met specialized educational requirements.

The Program has been accredited by the American Psychological Association [750 First Street, Washington, DC 20002-4242; 800-374-2721; <http://www.apa.org/ed/accreditation/index.aspx>] continuously since 1951. Being accredited means that our Program possesses a coherent model of professional training, including a clearly identifiable core faculty, clear lines of leadership and accountability, adequate space and resources, a constant influx of students, and a coherent, current, and graduated curriculum. As part of maintaining our accreditation, the faculty and student representatives must provide an annual report to the American Psychological Association and, every seven years, must conduct a thorough program review, which is followed by a site visit by psychologists from other universities. Our annual reports are prepared in August of each year by the Director of Clinical Training, and submitted to the American Psychological Association.

While accreditation deals with the relationship between educational institutions and professional associations, licensure involves a relationship between individual professionals and state regulatory boards. Licenses are granted by each of the 50 states, the District of Columbia, and by all Canadian provinces to individuals who have met stringent educational requirements. A license permits those holding the license to perform certain activities (e.g., practice medicine, law, psychology, etc.) and also reserves use of the term (e.g., physician, psychologist) exclusively to the holders. In Connecticut, licensed psychologists enjoy certain privileges (e.g., privileged communication about client disclosures, the right to have potentially dangerous individuals detained by the police, etc.) and only individuals holding licenses as psychologists

can call themselves “psychologists.” Although there is some consistency across states regarding licensure, there are state-specific requirements. We recommend that you check the licensing requirements of the state or states that you anticipate pursuing licensure. **You can check licensing requirements for each of the 50 states and Canada at the following web address: <http://www.kspope.com/licensing/index.php>.**

Each jurisdiction sets its own unique requirements for licensure, but most share certain minimal requirements. One requirement found in almost all states is that potential examinees graduate from programs that are accredited by the American Psychological Association. Accredited programs agree to cover certain topical areas in their curricula. These areas change over time. It is our obligation to ensure that we offer courses in areas that are required by the accrediting body. ***It is your responsibility to ensure that you avail yourself of what we are obligated to offer.***

The mission of the Program is to train you to use psychological theory and methods of empirical inquiry with sophistication. Upon graduation, we expect that you will:

- (a) possess specialized and expert knowledge about multiple areas of normal and abnormal psychological functioning
- (b) be able to create and implement innovative psychological strategies and procedures that will help to promote human welfare
- (c) be able to evaluate the efficacy of such innovative approaches
- (d) hold self-critical and self-corrective attitudes toward all your scientific and clinical endeavors
- (e) maintain scientific and professional excellence throughout your career.

The Program aims to establish basic competence in academic, research, and clinical pursuits, with your individual interests being critical determinants of your own future professional development. The curriculum is organized to provide a thorough grounding in major methods of empirical inquiry. Scientific method is considered the cornerstone upon which clinical knowledge is advanced and clinical skills are developed. The Program attempts to stimulate interest in research related to complex clinical and social problems and to teach contemporary clinical skills within contexts of relevant theory and empirical data.

The course sequence integrates theory, research, and practical clinical skills beginning in the first semester and permits maximum flexibility for you to pursue specialized areas of interest within the constraints of (a) fulfilling "distribution" requirements set by the American Psychological Association as part of its accreditation process (i.e., coverage in history and systems of psychology, biological bases of behavior, cognitive-affective bases of behavior, social-ethnic-cultural bases of behavior, individual differences, and ethics), (b) providing exposure to multiple aspects of diversity, and (c) ensuring that every student obtains enough clinical experiences to be competitive for internships. Most internship sites require a minimum of 700 clinical hours; a majority of our students accrue around 1,000 hours.

The present curriculum is consistent with the competencies for professional practice outlined by the American Psychological Association. The course sequence permits you to accrue knowledge of and experience with specialized neuropsychological assessments, empirically validated methods of psychotherapy, and supervised experience as supervisors of less advanced students.

Getting Organized and Staying Informed

Prior to beginning your classes, you will receive a detailed orientation to the Program and to the Department. You will learn how to register for your courses, who to see for keys and emotional support, where you can find (arguably) the best pizza, how to teach the basic psychology labs, and a mind-numbing amount of other information, including this manual. Here, we include a few reminders about how to get started in an organized way.

1. Please return your student information sheet to us as soon as you can. It is particularly important that we have your phone number and e-mail contact, as we compile a list of all clinical faculty, staff, and student information for distribution to members of our learning community.
2. Locate your mailbox in the mailroom. You will find that notices, memos, paychecks and other communications will appear there. Check your mail and your email frequently, as this is one of our most efficient ways to communicate with you.
3. Complete New Student Tech Training (<http://techtraining.uconn.edu/>) to activate your NetID and access your UConn Google Apps for Education email account. Your UConn account is the primary method by which you will receive University and Departmental notices. Most faculty communicate regularly with their students via e-mail and many students post to several “in-house” communication networks.
4. Ask questions until you get answers that satisfy and make sense to you. We believe that the only “stupid” questions are the ones that remain unasked.

Your Tasks During the First Year

During your first year, you need to focus on five major tasks.

- First, you need to demonstrate that you possess the personal stability, interpersonal sensitivity and good judgment that are necessary prerequisites for functioning as a professional psychologist. These qualities are inferred from your clinical work in the psychological assessment sequence, your interactions with faculty and staff, and how you appear to get along with your peers.
- Second, you need to begin honing your skills in psychological assessment.
- Third, you should actively engage your major advisor to help guide you through the tasks associated with defining and executing your master’s thesis.
- Fourth, you need to complete the required academic course sequence. An overview of the typical course sequence is provided in Table 1. Table 2 provides information regarding

APA distribution and breadth requirements. Table 3 is a form that we use to keep track of your progress. You will be checking off portions of this form each semester in consultation with your advisor.

It is also important to begin saving information about your education. In particular, you should plan to save course syllabi and reading lists. Also, begin recording your clinical activities, such as what tests you administer and score. Licensing boards often use syllabi and reading lists to determine whether certain courses meet particular requirements. In addition, every internship site will want detailed information about your clinical activities (e.g., how many completed personality batteries administered, how many hours of direct psychotherapeutic contact with adults, children, etc.). In your first year, you will engage in clinical tasks such as clinical observation, assessments, and clinical interviews. You will be asked to register with a program, Time2Track, to track your clinical hours and activities. The tracking program is required and must be purchased each year. This tracking program provides the Training Director with a record of your clinical activities each year and will be used in preparing your internship application.

During your first year, you will complete two courses in statistics, and courses in developmental psychopathology, adult psychopathology, personality theory, and empirically validated methods (a didactic psychotherapy course that combines exposure to relevant theoretical and empirical underpinnings with demonstrations and practical experiences). These didactic courses are complemented by a year-long sequence that provides supervised experience in clinical interviewing, intellectual assessment (first semester), and personality assessment (second semester). As soon as you demonstrate mastery of basic skills, you will administer, score and interpret intellectual and personality tests on varied populations of children and adults in the Psychological Services Clinic (PSC). In addition, you will be assigned to “vertical clinical teams” (called “V-teams”) in which you will observe the psychotherapeutic activities of more advanced students. Finally, in years 1-3, you will be required to attend a weekly Research Seminar in Clinical Psychology (aka Brown Bag) each Wednesday at noon. In your second and third year you will be expected to present your own ideas there once yearly. These presentations need not be the final product of a research plan; instead they are an opportunity for you to present your developing ideas to your peers and receive feedback

Your Tasks During the Second Year

During your second year, you should be attending to five tasks.

- First, you will be taking additional courses that integrate more widely “book learning” with practical experiences.
- A second goal is to complete successfully your master’s research.
- Third, you need to begin preparing to take your comprehensive examination (more about this later).
- A fourth “task” has a more phenomenological focus which centers on beginning to integrate the knowledge that you have absorbed in the classroom with the practical experiences of helping distressed others within psychotherapeutic relationships.
- Finally, you should be making decisions about whether to pursue specialized training offered in the program. We offer two areas of concentration in the division:

Neuropsychology, and Child Clinical Psychology. These are areas of concentration and not specialized tracks. Students interested in the concentrations must complete the general program requirements as well as additional courses and possibly practica experiences. The department also offers three certificate programs: Health Psychology, Quantitative Methods, and Occupational Health Psychology. Many students are able to complete one or more concentrations or certificate programs without adding additional time to their training.

Courses provided during your second year involve Professional Issues in Clinical Psychology (covering relationships between law, ethics, and psychological practices), Methods of Child Psychotherapy (a didactic course that provides exposure and training in various child and family interventions), Research Design (a methodological course designed to help you develop, design, and implement your masters research), and the Psychology of Ethnic Minorities (a course that examines processes of prejudice, discrimination, identity development, and majority privilege).

You also should complete one or two distribution requirements, in non-clinical areas, such as social, cognitive, affective, or biologic bases of behavior. Completion of Foundations of Neuropsychology, for example, is required of all clinical students and meets requirements as an APA distribution requirement in “biological bases of behavior” (see Table 2) and a departmental breadth requirement. It is also a prerequisite for many advanced courses in neuropsychology, including Neuropsychological assessment.

There are many facets to completing your master’s thesis. Some preliminary work, primarily forming a faculty advising committee (your advisor, one other member from the Clinical Program, and one faculty member from another division) ideally should have been completed during your first year. Some advisors will want you to write a brief prospectus, because putting your ideas on paper helps clarify them. Your second year should center on meeting informed consent requirements of the University Institutional Review Board (i.e., the “Human Subjects Committee”) as well as collecting and analyzing data, writing up your findings, and presenting them to your committee and your peers. It is our goal that students complete their thesis by the end of the second year. Some opportunities for advanced students (e.g. clerkship, teaching as an Instructor of Record) are contingent upon completion of the master’s thesis.

Your first experience as a psychotherapist begins via involvement in a year-long psychotherapy practicum in either Adult Psychotherapy or Child and Family Psychotherapy. Both practica draw their clientele from referrals made to the Psychological Services Clinic. Students are expected to continue work with clients through June and July, until the Clinic closes for the month of August. The Clinic operates on a sliding fee schedule and does not impose time limits on therapy services. All students are required to complete the Adult Psychotherapy Practicum but can choose to do so in either their second or third year. **The Child and Family Practicum is optional but strongly recommended.** Many of our students who do not plan to specialize in the treatment of children and families have found the Child Practicum to be one of their most rewarding and enlightening training experiences. Students can take the Child and Family Practicum in either the second or third year. Thus, by the end of the third year, each student will have completed two year-long practica: either a year of child and a year of adult or two years of adult. Students receive

feedback from their faculty supervisors at the end of each semester. The Vertical Team Evaluation form is included in Table 4.

This experience as a professional helper can be stressful. One student described a sense of panic at “the sudden realization that I had to be able to call on all the material I was supposed to have been learning in class to make a difference in the life of another person who needs my help.” It is normal, and even useful, to experience that kind of transient stress as a beginning therapist. It is during this initial year as a therapist that students often choose to enter psychotherapy themselves (more about that later).

Your Tasks During the Third Year

The summer prior to your third year should see you studying for and passing your General Examination (aka comprehensive exam, preliminary exam) that qualifies you officially for doctoral study (i.e., dissertator). Passing some sort of General Examination is a requirement of the Graduate School, but the format of the exam is left to the discretion of individual graduate programs. In the Clinical Program, the examination is a review paper designed to engage students in critical thinking skills and to demonstrate the ability to navigate, integrate and articulate a complex array of theories, empirical research, and professional obligations into a well-written product. A copy of the General Exam requirements is located in Table 5.

As you enter your third year, you should be completing your didactic course work, finishing your master’s thesis (if you have not already done so) and engaging in your second year-long psychotherapy practicum.

In terms of course work, you need to complete a didactic course in History and Systems of Psychology, the Psychology of Ethnic Minorities, and any remaining course requirements. You also will take your second year-long practicum in either Adult or Child and Family Psychotherapy. If you chose to complete Foundations of Neuropsychology and Neuropsychological Assessment during your second year, you also have the option of taking one or more Practica in Neuropsychological Assessment. In this course, you administer and interpret more advanced neuropsychological assessments under the supervision of psychologists who practice in hospitals or rehabilitation facilities for adults and children. These specialized practica can be taken any time after completion of the two didactic neuropsychology courses, including during the summer before your third year. Dr. Deborah Fein coordinates Neuropsychology Practica placements. You may also choose to complete advanced courses in other areas (Child Clinical, Health) in which you may pursue a concentration.

Your Tasks During the Fourth Year

Your fourth year should be devoted primarily to completing your dissertation research and accruing additional clinical experience. Much detailed information about completing and defending your dissertation can be found in the *Graduate School Catalog and Policies and Rules for Graduate Study in Psychological Sciences*, and updated information will be provided to you during your stay here.

During the 4th year you will complete a Clerkship in Clinical Psychology. Clerkships are mini-internships, where you work as psychological assessors and psychotherapists in local agencies for 12-16 hours weekly. Supervision of your clerkship activities is shared by agency-affiliated psychologists and core faculty. Drs. Stephanie Milan and Julie Fenster supervise clerkship placements for the clinical program. They meet with students in the spring of each year to review clerkship opportunities and requirements for the coming year. All students who apply for clerkship must be approved for external placement by the faculty. Following faculty approval, Drs. Milan and Fenster meet with students individually to help tailor clerkship experiences to meet individual training goals. Students must meet with Dr. Milan or Dr. Fenster before they contact clerkship sites about potential placements; they may not set up clerkship placements in advance of this process.

In addition, many students seek the opportunity to develop and teach their own courses. Each year, a variety of undergraduate courses are taught by graduate students as Instructors of Record. Students who are interested in teaching should convey their interest to the Division Head and the Director of Clinical Training, who are responsible for teaching assignments. Most often students are invited to teach Abnormal Psychology. At times other courses may be available (e.g. Psychology of Women, Health Psychology, Introduction to Clinical Psychology). Although every effort will be made to match students with their preferred courses that is not always possible. Graduate students who are course instructors are paired with a faculty mentor who provides support as well as resources for beginning teachers. Teaching a course as Instructor of Record provides 15 hours of student funding.

Students who wish to apply for either of these positions (clerkship or teaching) must have passed their General Examination and must demonstrate satisfactory progress on research objectives (e.g. completion of the master's thesis). On occasion, students may be permitted to apply for selected clerkships in their third year, concurrent with their second year of psychotherapy training. Like all clerkship placements, these must be approved, in advance, by the faculty. Similarly, students may be permitted to teach in their second or third year, but this requires consultation with their advisor and the Director of Clinical Training.

Your Tasks During Your Fifth Year

In your fifth year you may choose to serve as a supervisor on a vertical clinical team. If you are chosen for this position by the faculty, you will enroll in a year-long Practicum in Supervision and Consultation which is melded with a course on the Didactics of Supervision and Consultation. These two courses will introduce you to theories and empirical findings relevant to providing clinical supervision and provide you with supervised practice in supervising less advanced students. All students must complete either the year-long sequence in Clinical Supervision, or a 6 session Seminar in Clinical Supervision, which is offered by the Clinic Director over the course of three years. It is the student's responsibility to insure that one of these options is completed (or in progress) before they can apply to internship.

During the 5th year, students can continue Clerkship and/or teaching. Students are also expected to complete their dissertation and must have their Dissertation Proposal approved prior to applying for internship. Students typically apply for internship in the fall of their 5th year. You

may apply to internship sites all around the country and your choice is important because many of our students end up taking jobs at their sites or at allied facilities. An increasing number of sites will offer to retain you for a second year in a postdoctoral capacity (and at a larger salary). Presently, there are more students than internship sites. Given this “buyer’s market”, an ever larger number of sites will want you to have (at minimum) your dissertation data collected before you begin internship. Some sites will want you to have reasonable assurance that all degree requirements will be complete, so that they can offer you a second year of experience that will count toward your licensure.

The internship application process is arduous and begins by having you examine information about available sites. You should begin determining site placements during the summer before you intend to apply. The Program maintains affiliate membership in the Association of Predoctoral and Postdoctoral Internship Centers (APPIC), a group that sets policies for member organizations. APPIC compiles information about every member internship program and maintains a **portal website: <http://www.appic.org>, from which you can download the most current information about member programs and the application process.**

APPIC has standardized its application format with an online application and matching process. Currently, most of our students opt to complete the internship during their fifth year and do not return to campus following their internship.

Evaluation and Feedback Processes

Being a scientist-practitioner psychologist requires a delicate blend of intellectual acumen, expert knowledge, personal stability, emotional sensitivity, and professional responsibility. Balancing these complementary and, at times, seemingly contradictory, attributes involves receiving and assimilating feedback about your performance and your personal style. It is the obligation of the clinical faculty to provide you with timely feedback about how you are viewed in each of these, and other, domains. **We are committed to facilitating your personal and professional growth within a supportive and interactive environment. Periodic student evaluations and feedback meetings reflect this commitment and we consider them to be an integral component of graduate training.** Feedback sessions are one way to receive the constructive criticism necessary to further your development. It is also a way of acknowledging your achievements! Faculty instructors and practica supervisors offer feedback each semester; your advisor provides an annual summary evaluation (See Table 6). Feedback is provided at the end of each semester for first-year students and for students who have experienced difficulties.

We believe that, to be maximally useful, feedback should be (a) relevant to your professional development, (b) understandable, (c) descriptive, (d) verifiable, (e) constructive, (f) comparative, and (g) continuous throughout your course of study. Two types of feedback exist – **formative feedback** is a continual process that emanates from your interactions with faculty and peers; **summative feedback** is a more formal process that involves receiving a written evaluation and having a chance to discuss it with your academic advisor. Summative feedback is based upon summaries of your academic and clinical work that the faculty as a whole discuss at the conclusion of the Spring semester (and also the Fall semester for first-year students). Material for each meeting, as gathered by the Director of Clinical Training, includes grades, evaluations of all

clinical work, progress on research requirements, and faculty perceptions relating to your acculturation.

Following periods of summative faculty evaluation, you will be scheduled for a feedback meeting with your faculty advisor. **All faculty are obligated to hold such meetings with every advisee. These meetings afford you opportunities to discuss openly adjustment and progress issues**, as well as to problem-solve specific areas of mutual concern. If you are not invited to participate in such a feedback meeting within two weeks of the faculty meeting at which evaluations are completed, (typically at the end of the semester) please request this feedback from your major advisor and, if it is not forthcoming, inform the Director of Clinical Training.

Feedback meetings can also provide opportunities for faculty to receive information from you. The faculty believe that feedback is a bi-directional process. **We want your input, not only about your own performance, but about how well we are meeting our mandate to educate you thoroughly.** We expect that you will have the courage to discuss directly and honestly with us as individuals your evaluations of our efforts. The Division Head and the Director of Clinical Training also hold a Program-wide meeting in the fall of each academic year to solicit feedback and discuss issues related to Program functioning with the entire Program community.

As part of the transition from student to professional, your grades will become increasingly less important. At the beginning of your stay here, your grades reflect the faculty's collective appraisal of how much knowledge you absorbed and how well you integrated and expressed it. The Graduate School mandates that you keep a minimal grade point average to stay eligible for doctoral study. As you progress through the Program, however, your evaluations center increasingly on the perceptions of your supervisors and major advisors.

Prospective employers at internship sites, postdoctoral training programs, and in other venues will judge your suitability in terms of (a) what you have done, as exemplified on your professional vita, (b) your ability to articulate your philosophies and strengths, as called for in personal statements of research interests, personally-focused internship essays, or "teaching portfolios," and (c) letters of recommendation. These letters will focus on issues such as your ability to get along with others, your openness and responsiveness to supervision, your ambition, resilience, warmth, sensitivity, and other personal qualities that relate to the kind of colleague that you would make. In essence, **if we agree to write you a letter of recommendation, it means that we have come to trust you; to trust your word and to trust your actions.**

The faculty and student representatives developed an evaluation form (see Table 4) that bridges the gap between formal evaluations of your academic work and the sort of information that is routinely provided in your letters of recommendation to internship sites and post-graduate employment settings. The form is comprised of rating scale data and descriptive comments that assess your relevant strengths, relative weaknesses, and suggested areas for growth along multiple academic and interpersonal dimensions. As part of our effort to keep the evaluation focused and useful, only those dimensions that have applicability to your particular functioning within a given semester are assessed.

Although these evaluations are intended primarily for your use in successfully becoming acculturated as a clinical psychologist, they will routinely be made part of your personnel records. We do this in order to satisfy our obligation to accurately document your performance. During this feedback process, you are encouraged to discuss the validity of the data and provide additional information that will augment existing perceptions. Our desire is to negotiate any major discrepancies in opinions about your functioning in an informal manner.

You have the option of responding in writing to your summative evaluation. If you wish to appeal any aspect of an evaluation, you should first speak directly to your major advisor. If this discussion fails to resolve existing concerns, you should next talk to the Director of Clinical Training. If any disputed issues remain unresolved following consultation with these individuals, you may then engage the formal grievance mechanism as specified in the *Policies and Rules for Graduate Study in Psychological Sciences* at http://grad.psych.uconn.edu/wp-content/uploads/sites/702/2016/08/GradPoliciesRules_2016-2017_Final.pdf

The American Psychological Association has adopted a series of competency benchmarks to further clarify the skills and knowledge base required for entry into independent practice. Many of these competencies are assessed in our practica courses and they are infused into the goals and competencies that define the program. A copy of the Competency Benchmarks is included in Table 7.

Recognizing and Remediating Personal Difficulties

We understand that you may well experience difficulties during your stay here. Unfortunately, the potential range of problems is as large as life itself, and may include illness, problems with romantic relationships and family members, financial pressures, confusion about career choices, personality conflicts, and others. Such difficulties may lead to the erosion of your professional performance. When you experience stressors that adversely affect you, we hope that you will feel comfortable approaching any faculty member to discuss your concerns. You may want to set some limits on the extent of detail you want this faculty member to share with colleagues, but do not be so restrictive that this person cannot serve effectively as an advocate on your behalf.

Our collective experience suggests that certain types of activities create special difficulties for students. The most blatant difficulties stem from activities that are clearly unethical. We expect that you will know and abide by the ethical standards of our profession. Breaches of ethical standards will be treated seriously by the faculty; they may result in your being placed on probation, having to engage in mandatory remedial activities, or a recommendation to the Graduate School that you be dismissed from the Program.

A second blatant stance involves dishonesty. Professionals operate by making and honoring commitments; they understand their reputations are priceless in keeping their standing in the community. A good reputation is painstakingly built but can be quickly ruined; dishonesty will ruin one's reputation quickly and thoroughly.

Avoidance is a third pattern that creates special problems. People tend to avoid onerous or difficult life tasks. Such avoidance is very expensive psychologically, however, in that what is

being avoided nags continually at the person doing the avoiding. Avoidance also feeds on itself, breeding further avoidance. This difficulty often manifests itself in failure to complete research objectives in a timely way. Its negative effects are magnified if you remain away from campus or avoid having contact with your major advisor. Faculty will encourage your learning and involvement, but it is your responsibility to get your work done in a timely way.

A final area of special concern is when students manifest **patterns** of poor judgment or interpersonal problems. In this scenario, no single problem in and of itself constitutes a blatant violation of ethics or blatant disregard of others, but a student accumulates a history of engaging in troublesome peculiar responses in a wide variety of situations. Individuals who manifest such behavioral patterns usually are unable to recognize their existence, and often do not view them as problems. Lack of recognition about how one generally affects others can create problematic interpersonal relationships with faculty and peers; problems that are not easy to address directly.

During your evaluation, whenever an area of concern is serious in nature (e.g., such as an unfulfilled Program requirement, accumulation of multiple incomplete grades, difficulties dealing with clients, etc.) you will be required to develop an action plan of remediation, in conjunction with your faculty advisor. This plan should clearly outline behavioral goals and specific steps necessary to meet these goals as well as a timeline for implementation. The action plan should be completed within a month after your feedback meeting. Your advisor will place a copy of the plan in your personnel record. **It is your responsibility to keep your advisor informed of how you are progressing with any remedial interventions and to negotiate alterations in the plan.** Any such changes should be mutually agreed upon in writing, as an amendment to the original plan.

Probation and Recommendation for Dismissal

Our philosophy of evaluation assumes that you will be able to recognize and willing to remedy deficiencies. Failure to take feedback seriously and use it to improve may result in more formal sanctions. Ethical violations and/or patterns of unremediated deficiencies may result in a decision by the faculty to provide a formal reprimand or to place you on probation. Students on probation must work out and implement a remedial plan with their advisors, as described above. The Program will attempt to continue providing financial aid for students on probation, but, in difficult economic times, probationary students will have a lower priority for funding.

The most serious sanction involves a recommendation by the faculty to the Graduate School that a student be terminated from the Program. The final decision to terminate is made by the Dean of the Graduate School, after a hearing before the Dean's representative to ensure that the student was accorded due process prior to termination. Major reasons for termination usually would involve failure of a student on probation to demonstrate improvement within mutually agreeable time frames, conviction of a felony, and egregious ethical violations. Fortunately, recommendations to terminate students have occurred very rarely in this Program.

Americans with Disabilities – Rights and Responsibilities

Under the Americans with Disabilities Act, educational institutions are required to make reasonable accommodations to meet the needs of students with documented physical or mental infirmities. This law is complicated and has become a battleground of intense litigation in recent years. Although what follows is not meant to be exhaustive and should not be taken as legal advice, there are certain issues that you should be aware of if you wish to receive help under ADA:

1. You should declare your disability early (and certainly prior to receiving any consequences as a result of poor performance). Such a declaration will help us negotiate accommodations that will enable you to be successful in the Program. Your declaration will be treated with delicacy and in confidence by the faculty.
2. The law protects those who are, notwithstanding a disability, otherwise qualified to perform a particular job, or practice a profession. That is, the law does not provide protection or redress for individuals whose disabilities **directly** prevent them from functioning in a particular profession (e.g., surgery cannot be practiced by an individual with both arms amputated). For individuals with mental disorders, the situation is murkier. We assume that you enter the Program free of serious behavioral problems that will adversely affect your ability to maintain constructive interpersonal relationships or to function in your various capacities as a graduate student. We also assume that, should you experience emotional or behavioral difficulties, you will follow Principle 1.13 of the *Ethical Principles of Psychologists*, by disqualifying yourself from engaging in potentially harmful activities and obtaining appropriate remedial help. Finally, it is possible that some mental disorders (those that loosen personal boundaries unduly or make it impossible for a student to learn from experience) may directly prevent an individual from functioning as a professional psychologist.
3. The University and its constituent units have the obligation to provide reasonable accommodations for your documented disabilities. We will do our best to negotiate “reasonable accommodations” to promote your success in the Program. In the past, we have provided a quiet place of rest for a student with multiple sclerosis, long-term leave for a student with chronic fatigue syndrome, modified furniture and testing procedures for a quadriplegic student, and also have helped other students obtain state Department of Vocational Rehabilitation support for orthopedic devices as well as visual and hearing aids.
4. Discussion of your needs should be an ongoing process as both your situation and our resources are in constant flux.

Personal Psychotherapy

The fact that we provide psychotherapy to others strongly suggests that the faculty believe in the usefulness of this endeavor in terms of alleviating our own stresses, sorting out our reactions to disturbing or troubling life circumstances, and promoting our own personal and professional growth. Being in psychotherapy is not a requirement of the Program, but many students engage in this process sometime during their graduate careers. In some cases, the faculty may

recommend psychotherapy to students whose personal issues are interfering with their professional development. In all circumstances, we view your decision to enter psychotherapy as in no way stigmatizing, but rather, as reflecting positively on you.

It is our policy that no student enter into a psychotherapeutic relationship with a faculty member. All faculty, however, will be pleased to assist you in finding an appropriate psychotherapist from outside the Program. A number of area practitioners have agreed to provide psychotherapy for our students at reduced fees. The Director of Clinical Training has considerable information about area-wide referral options and makes a list of recommended therapists available to all students. The Connecticut Psychological Association [(800) 586-7522; www.comnpsych.org] also maintains a referral list of clinical psychologists who provide reduced-rate services in the locale. Many students also are willing to share information regarding referrals.

Rights and Responsibilities Surrounding Financial Aid

Because study toward the doctorate in the Program is a full-time activity, we make every effort to provide sufficient financial aid to all of our students. Our history has been that we have been able to support students for five years. However, some types of aid, especially aid distributed by the University may have more restrictive credit and time limitations. Information about sources of financial aid can be found in the *Graduate School Catalog* and the *Policies and Rules for Graduate Study in Psychological Sciences*. Here, we describe some of the logistics that relate to the distribution of financial aid and your rights and responsibilities in accepting such support.

Financial aid comes to the Department from a variety of sources, both internal (e.g., graduate school fellowships, Graduate Assistantships from the College of Liberal Arts and Sciences) and external (e.g., work in the Psychological Services Clinic, working in various corporate and school settings, research grants, etc.) to the University. University-based sources, including **Graduate Assistantships, summer fellowship, and Dissertation Fellowships**, are allocated to the Department and divided among the six Divisions according to an agreement worked out eons ago by the Division Heads. Each Division is responsible for setting their own rules for distributing these resources to students.

In the spring of each year the Director of Clinical Training will ask students to indicate their requests for a variety of positions. As much as possible student requests will be honored, but many factors in addition to student preference may dictate decisions regarding financial support. **The basic decision-rule used by the clinical faculty is to distribute aid as equitably as possible within classes, subject to a number of contractual and pragmatic constraints:**

1. Some students will have special financial awards from the Graduate School or other sources which obligate the Program to provide matching resources, or which preclude their involvement in additional TA positions.
2. Certain positions will require specialized expertise or skills. These include psychological assessment and consultation or clinical supervision in the Psychological Services Clinic,

psychotherapy at the Counseling and Mental Health Clinic, or computer or data analytic skills.

3. The existence of an “underground meritocracy,” in that if you do particularly good work for certain faculty members, these individuals will be quite vocal in requesting your continued involvement with them over subsequent semesters. This folkway is most clearly noticeable with regard to faculty who have grant support, which gives them the freedom to hire whom they wish. It also operates less visibly in the requests made by (a) many faculty for specific students to serve as teaching or grading assistants and (b) requests by the front office staff for students who have worked well at specific clerical tasks.
4. We need to balance student requests for particular positions against the needs of the larger community and various mandates that we fill certain positions annually so that we can keep them as sources of funding. For example, the Psychological Sciences Department is required to provide Teaching Assistants each year for the large Introduction to Psychology courses. Each division in the Department must cover a certain number of lab sections for those courses. With the increasing availability of research support, it has become more difficult to meet this obligation, and occasionally requires that students assume TA hours they have not specifically requested. Similarly, we place students every year at the Counseling and Mental Health Service on campus. These 12-hour-per-week placements are made with the approval of psychologists who work at CMHS. If we cannot provide enough people each year for these positions, we risk losing them permanently.
5. The (relatively infrequent) occurrence of “positive serendipity” – sometimes, we get a sudden windfall of support (usually Teaching Assistantships) that must be allocated literally within hours. In this circumstance, the recipient may simply have been in the right place at the right time.

In allocating financial aid, we make every attempt to be equitable, within these constraints. Certain implications stem from these conditions, however, that you should be aware of.

First, financial aid is not an automatic entitlement; most forms of financial aid involve meeting specific job obligations. Even fellowship support is aimed at having you complete portions of your master’s or dissertation research. As a Graduate Assistant, you are an employee of the State of Connecticut and you take on the rights and obligations associated with this employment status. Students are eligible for 10 semesters of departmental financial aid. Students beyond the 10-semester limit are not eligible for departmental funding but are eligible for non-departmental funding (e.g., research grants, paid practicum, non-departmental teaching).

The type of work available varies greatly; some tasks may be applicable directly to your professional growth but many will not be. Available job positions must be aimed at meeting the teaching, administrative, and research needs of the Department and Program. We will make reasonable attempts to match your preferences for assignments and hours to existing positions. In some cases, however, we will recommend that you take a position that we need to fill for the long-term good of the Program or Department. **You are free to refuse this recommendation,**

but your refusal will drop you behind others for the funding priority existing during that particular semester or year.

Second, individual advisors will not seek support on their own for particular students from sources within the University. By agreement, such requests are funneled through the division heads on behalf of the entire Department.

Third, the faculty are supportive of helping facilitate your access to gainful employment from other venues, so long as you and your advisor understand fully both the legal and malpractice implications (which are described below). In past years, we have helped students find teaching jobs at nearby colleges or placed them in counseling positions. Such outside support will not be counted toward the 10-semester maximum imposed by the Department. **Be aware, however, that you may not work more than a total of 20 hours weekly, without obtaining the approval of the clinical faculty and the Graduate School.** This limitation is aimed at facilitating your completion of degree requirements. You also must discuss the conditions of any outside employment with your major advisor, as **engaging in certain clinical assessment and therapeutic activities have malpractice implications for both you and the faculty.**

Need-Based Financial Aid

You may be eligible for need-based financial aid, depending upon your individual economic circumstances. The clinical faculty are not aware of your specific financial needs or your loan history. Therefore, we do not compute your need into what we offer from our allotment (which was described above). There is, however, some important background information that pertains to maintaining your eligibility for need-based loans and awards. You must apply for this aid by submitting a FAFSA and applying for work-study funds each year. The availability of these funds is uncertain at present.

The Graduate School and the Financial Aid Office have created new regulations that affect your eligibility to defray existing loans, borrow additional money, or maintain financial aid status. Although these rules are revised constantly, the Graduate School created a number of new courses, which permit the Graduate School to track more accurately enrollment demands on the entire graduate faculty. They also enable you to maintain your financial aid eligibility during semesters when you are not enrolled for at least 6 hours of other graduate courses. However, the Office of Financial Aid is required to follow federal mandates that may limit eligibility of aid beyond a required number of credits. Students admitted to a doctoral program are allowed 45 credits toward the masters and 90 credits toward the doctorate, for a total of 135 credits. Once these credits are exceeded, you may no longer be eligible for federal financial aid. **These limits, however, will not affect your eligibility for non-federal aid such as departmental assistantships, research assistantships, and university wide fellowships.**

The Graduate School requires that you complete 9 credits of GRAD 5950 (Master's Thesis Research) to obtain your M.S. degree and 15 credits of GRAD 6950 (Doctoral Dissertation Research) to complete your dissertation requirements. You also need to be registered for a minimum of 6 credits of GRAD 6950 to defer paying back existing loans and 9 credits to borrow

additional funds. During your internship year, you can maintain full-time student status (and also defer loans) in several ways, primarily by signing up for GRAD 6950. See the [Graduate School Catalog](#) for more detailed information and requirements.

As noted above, the Clinical Program has an allotment of fellowship funding which we use to supplement other sources of funding for students. While fellowship funding is not need based, the receipt of such funds may affect your eligibility for need-based aid. Therefore, if you apply for any need-based aid, the DCT will request that you provide an estimate of unmet need, which you can obtain from the Financial Aid office, before Fellowship Funds can be allotted.

Issues Pertaining to Clinical Practice and Malpractice

All of your clinical activities as part of your training in the Program are performed under the licenses of your faculty supervisors. In short, this arrangement makes the faculty responsible for, and more importantly, liable for, your actions. Connecticut statutes also prohibit fee-for-service counseling activities without at least a master's-level license. Students in doctoral training programs are exempted from this prohibition, **so long as their clinical activities are documentable as part of their professional training and are adequately supervised by a licensed professional.** This situation has important consequences in two interrelated areas – (a) the need to carry malpractice insurance and (b) dangers of engaging in external professional work without faculty consent.

Malpractice Protection

“Malpractice” is an important concept in tort litigation, in which a plaintiff claims that the activities of a professional caused damage or harm. Further, the alleged damage is not intentional, but, rather, due to negligence on the part of the professional. Determination of negligence typically involves attempts to demonstrate that the activity is below the level of care that is generally acceptable within the professional community. Being supervised is one protection against malpractice. In agreeing to supervise you, **we assume that you will follow carefully feedback and directives provided by the faculty and that your work will be consistent with current standards of professional practice.**

Having said this, it is essential that you carry personal malpractice insurance. **All clinical faculty members carry malpractice insurance and we expect that you will also.** Most agencies, including the Psychological Services Clinic, will require you to carry personal malpractice protection. This insurance typically provides funds to support legal defenses against malpractice charges lodged against you as an individual and also an agreement to pay up to a maximum amount to settle claims. The University provides malpractice insurance for you for the duration of your tenure here. Documentation of that coverage for external agencies is available from the Clinical Training Program Administrative Manager.

Obtaining Consent for and Supervision of External Professional Activities

At the University of Connecticut, employees enjoy some additional protection from legal malpractice liability, so long as they are acting within their official teaching and supervisory responsibilities and their acts are not judged by the Office of the Attorney General to be wanton, reckless, or malicious [Connecticut General Statutes, Section 10-235(a)(7)]. Your clinical activities enjoy similar protection, so long as they are conducted as part of your professional training (i.e., within specific practicum courses). This special immunity stems from state doctrine that employees (and students under supervision) are acting as agents of the state, so the state, rather than you as an individual, gets sued. **This special protection does not extend to professional clinical work that you arrange on your own or engage in without the knowledge or consent of the faculty.** In addition, your malpractice policy will not provide protection if you engage in professional assessment or psychotherapeutic activities without the consent of the faculty. If you are offered an opportunity to engage in such activities, you must:

1. discuss any potential extramural professional activities with your major advisor,
2. work out a detailed supervisory arrangement, assuming your advisor is supportive of the opportunity,
3. submit your plans to the Director of Clinical Training who will bring them to the faculty for discussion, modification, or ratification, and
4. ensure that the written agreement is added to your personnel folder.

Once such an agreement is in place, you remain responsible for notifying your advisor and the above-listed administrators of any changes in the supervisory arrangements or potential malpractice concerns.

Psychology Graduate Student Association (PGSA)

There are two campus groups that specifically advocate for graduate students; the Graduate Student Senate (GSS) on the University level, and the Psychological Sciences Graduate Student Advisory Committee (GSAC) within the Department. The GSAC is a student-interest group that promotes academic and social development of graduate students. Some goals of GSAC include representing student needs to the Department and University, facilitating communication between faculty and students, disseminating information about issues affecting graduate students, and planning a number of social activities throughout the school year. GSAC is composed of representatives from each division of the Psychological Sciences Department and holds meetings that are open for all graduate students to attend and participate in.

Life After Graduate School

For much of your graduate career, the prospect of graduating will seem dimly distant. Suddenly, however, you realize that you are close to meeting all requirements and the end seems

frighteningly near. How quickly you complete the Program is affected by a wide variety of factors, including family responsibilities, health concerns, personal choices about when it is best to complete degree requirements, and how quickly you complete your master's thesis. **The vast majority of our students actually do finish, and in a timely manner.**

Over the past ten years 77 students were enrolled in the Clinical Program. Of these students: 34 (44%) received a doctorate, **averaging 6.1 years to completion**, 3 students (4%) withdrew from the program and 2 students (3%) transferred to other divisions, and 38 students (49%) remain active.

Degree Recipients 2007-2014

As part of our accreditation self-evaluation, we surveyed the 55 students who graduated from the Program between 2007-2014. We obtained responses from 41 of the 55 graduates (74%). Major outcomes are summarized below and compared to the results from our previous survey conducted in 2007.

2014 Survey (n=41) 2007 Survey (n=30)

Scholarly Contributions of Graduates: (% YES)

Book Chapters: 32%; 23%
Refereed (peer reviewed) Articles: 54%; 57%
Conference Presentations: 62%; 50%
Guest Reviewer for Journal: 53%; 33%
Applied for Research Grant: 18%; 39%
Received a Grant or Contract: 11%; 13%

We take special pride in the fact that the Program was judged to be especially thorough in teaching former students about areas that reflect the central themes of our graduate training model. Means were based on scale responses ranging from 1 = "not at all" to 6 = "extremely").

2014 Survey Mean; 2007 Survey Mean

Critical thinking 5.43; 5.44
Ethical, legal, and professional behavior 5.33; 5.48
Developing professional relationships 5.10; 5.15
Exploration of personal values and assumptions 5.33; 5.48
Engaging in self-nurturing/self-care activities 4.98; 5.33
Dealing with diverse populations 4.60; 4.73
Conducting research 5.08; 5.04
Making professional presentations 5.18; 5.04
Consuming research 5.46; 5.22
Conducting clinical assessments 5.48; 5.44
Conducting clinical interventions 5.18; 5.42
Welcome to and introduction about the program 5.49; 5.62
Experience of caring and collegial relationships 5.51; 5.41
Mentoring from your major advisor 5.33; 5.42

Mentoring from other core faculty 5.46; 5.19
Mentoring from adjunct faculty 5.38; 5.26
Mentoring from more advanced students 5.00; 4.47
Format and operation of research team 5.15; 5.04
Format and operation of clinical vertical teams 5.38; 5.19
Scope and format of comprehensive exam 5.18; 5.04
Extent of Financial Support 5.64; 5.20

Survey responses also demonstrate that **our former students remain professionally active**. Substantial majorities remain members of professional organizations (85%), attend professional conferences (73%), keep up with the empirical literature (83%), and **engage in a variety of pro bono activities (50%)**.

Neatly categorizing the professional activities of our former students is difficult for several reasons. Most of our alumnae engage in multiple professional roles (e.g., psychotherapy and assessment, teaching and research, consultation and administration), some more recent graduates are employed in settings that cross public-private sector lines (e.g., private consulting firms that conduct research for governmental human welfare projects), others are beginning postdoctoral positions, and several others are making life transitions. Despite these ambiguities, however, it is clear that our graduates carry out an extensive array of professional endeavors in a wide variety of settings and do so with a high degree of competence.

Graduate Characteristics

Current Employment settings:

Hospitals: 33%
Medical Schools/affiliated hospitals: 15%
Colleges and Universities: 18%
Independent Practice: 18%
Community Mental Health Clinics: 7%
Other: 7% (one each: College Counseling Center and Mental Health Association)

Primary Professional Roles of Graduates:

Provision of Clinical Services: 59%
Teaching: 14%
Clinical Supervision: 10%
Research: 7%
Educational Services: 7%
Administration: 3%

Secondary Professional Roles: 80% endorsed secondary responsibilities

Research: 22%
Clinical Supervision: 17%
Provision of Clinical Services: 17%
Teaching: 13%

Educational Services: 13%
Administration: 13%
Other: 4%

Licensure Status: 67%

We hope that this manual conveys with clarity that we are extremely proud of our current and former students. We keep abreast of their personal and professional activities through a wide variety of informal contacts as well as through more formal surveys. A vast majority of our former graduates (83% of graduates from 2007-2014) report staying in touch with faculty and 39% continue to collaborate with faculty on research and consultation projects. Many of our former students report that the years they spent in the graduate program were among the best of their lives. We hope that you will look back on your graduate training with pride and fondness. We also hope that you will take the time to provide the information we need to make the Program even better.

TABLE 1 CURRICULUM

	Fall				Spring	
			1st Year			
GRAD 5950	Master's Thesis Research	3cr		GRAD 5950	Master's Thesis Research	3cr
PSYC 5104	Foundations of Research in PSYC I	3cr		PSYC 5105	Foundations of Research in PSYC II	3cr
PSYC 5301	Practicum in Interviewing & Cognitive Assessment	3cr		PSYC 5304	Practicum in Personality Assessment	3cr
PSYC 5305	Psychodynamics	3cr		PSYC 5303	Developmental Psychopathology	3cr
PSYC 5302	Adult Psychopathology	3cr		PSYC 5307	Empirically Supported Therapy	3cr
PSYC 6301/6302 [V-Team]	Practicum in Adult/Child Psychotherapy [V-Team] (observe only)	1cr		PSYC 6301/6302 [V-Team]	Practicum in Adult/Child Psychotherapy [V-Team] (observe only)	1cr
PSYC 5399	Clinical Psych Research Group [Research Team]	1cr		PSYC 5399	Clinical Psych Research Group [Research Team]	1cr
PSYC 5300	Clinical Research Seminar [Brownbag]	1cr		PSYC 5300	Clinical Research Seminar [Brownbag]	1cr
			2nd Year			
GRAD 5950	Master's Thesis Research	3cr		GRAD 6950	Doctoral Dissertation Research	3cr
PSYC 5332	Research Design & Test Construction	3cr		PSYC 5322	Methods of Child Psychotherapy or breadth req.	3cr
PSYC 5306	Prof. Issues in Clinical Psych	3cr		PSYC 5141	Neuropsychological Assessment (Requires 5140 as prereq.) or breadth req.	3cr
PSYC 5140	Foundations in Neuropsychology			PSYC 5120	Health Psychology or Dept/APA Breadth Requirement	
PSYC 6301/6302*	Practicum in Adult or Child Psychotherapy [V-Team]	3cr		PSYC 6301/6302*	Practicum in Adult or Child Psychotherapy [V-Team]	3cr
PSYC 5399	Clinical Psych Research Group [Research Team]	1cr		PSYC 5399	Clinical Psych Research Group [Research Team]	1cr
PSYC 5300	Clinical Research Seminar [Brownbag]	1cr		PSYC 5300	Clinical Research Seminar [Brownbag]	1cr
			3rd Year			
GRAD 6950	Doctoral Dissertation Research	3cr		GRAD 6950	Doctoral Dissertation Research	3cr
PSYC 5370	Current Topics in Clinical Psychology: Psychology of Ethnic Minorities	3cr		PSYC 5170	Current Topics in Psychology: History and Systems	1cr
PSYC 6301/6302*	Practicum in Adult or Child Psychotherapy [V-Team]	3cr		PSYC 6301/6302*	Practicum in Adult or Child Psychotherapy [V-Team]	3cr

PSYC 5300	Clinical Research Seminar [Brownbag]	1cr		PSYC 5300	Clinical Research Seminar [Brownbag]	1cr
Breadth	Dept/APA Breadth Requirement			Breadth	Dept/APA Breadth Requirement	
	AND/OR					
PSYC 6141	Practicum in Neuropsych Assessment	3cr		PSYC 6141	Practicum in Neuropsych Assessment	3 cr.
			4th & 5th Year			
GRAD 6950	Doctoral Dissertation Research	3cr		GRAD 6950	Doctoral Dissertation Research	3cr
PSYC 5300	Clinical Research Seminar [Brownbag]	1cr		PSYC 5300	Clinical Research Seminar [Brownbag]	1cr
Breadth	Dept/APA Breadth Requirement	3cr		Breadth	Dept/APA Breadth Requirement	
			PLUS			
PSYC 6300 [^]	Clerkship in Clinical Methodology			PSYC 6300	Clerkship in Clinical Methodology	
			AND/OR			
PSYC 6303 [^]	Didactics of Supervision & Consult.	3cr				
			AND			
PSYC 6304	Practicum in Clinical Supervision	3cr		PSYC 6304	Practicum in Clinical Supervision	3cr
			6th Year			
PSYC 6310 [^]	Internship in Clinical Psychology	0cr		PSYC 6310 [^]	Internship in Clinical Psychology	0cr
GRAD 6930**	Full-time Doctoral Studies	3cr		GRAD 6930**	Full-time Doctoral Studies	3cr

* PSYC 6301/6302: a full year of Psyc 6301 is required. Must take a second year of practicum (6301 or 6302)

** GRAD 6930 is not required during the internship year unless the student needs to maintain full-time status.

[^]Masters will be required for Internship, Graduate Teaching, Clerkship, and Supervision unless Advisor exception is granted.

Table 2 **APA Distribution Requirements**

The American Psychological Association has established guidelines for providing academic breadth as part of its policy of accreditation. These six APA distribution requirements are designed to satisfy minimal state licensing criteria. In general, licensing board members accept graduation from APA accredited programs as evidence of license eligibility. It is, however, your responsibility to justify your specific selection of breadth-related courses to particular licensing boards. **It is important to keep copies of ALL course syllabi in case licensure questions arise.**

The broad APA categories are listed below, along with some representative courses. These courses have been approved as meeting APA and departmental requirements. Other courses may be used to fulfill the requirements but must be approved by the Director of Training.

- I. **History and Systems**
PSYC 5170 (Special Topics: History and Systems of Psychology)

- II. **Biological Bases of Behavior**
PSYC 5140 (Foundations in Neuropsychology)

- III. **Cognitive Bases of Behavior**
PSYC 5140 (Foundations in Neuropsychology)
PSYC 5420 (Cognitive Development)
PSYC 5567 (Cognition)

- IV. **Affective Basis of Behavior**
Combined Material from PSYC 5140 and 5305.
PSYC 5101 (Motivation)
PSYC 5370 (Current Topics in Clinical Psychology: Neural Basis of Cognitive and Affective Processes)

- IV. **Ethnic-Cultural Bases of Behavior**
PSYC 5370 (Current Topics in Clinical Psychology: Psychology of Ethnic Minorities)

- V. **Social Bases of Behavior**
PSYC 5703 (Advanced Social Psych)

- VI. **Individual Differences**
PSYC 5301 (Practicum in Interviewing and Cognitive Assessment)
PSYC 5304 (Practicum in Personality Assessment)
PSYC 5305 (Psychodynamics)
PSYC 5332 (Research Methods & Test Construction)

- VII. **Ethics**
PSYC 5306 (Professional Issues in Clinical Psychology)

Table 3
Checklist for Meeting Program & Department Requirements

Clinical Program Requirements:

Cognitive Assessment (5301) ____ Adult Psychopathology (5302) ____
Personality Assessment (5304) ____ Developmental Psychopathology (5303) ____
Professional Issues in Clinical Psych (5306) ____ Psychodynamics (5305) ____
Empirically Supported Therapy (5307) ____
Research Design and Test Construction (5332) ____
Current Topics in Psychology: History and Systems (5170) ____
Adult Practicum (6301) ____
Adult Practicum (6301) ____ **OR** Child & Family Practicum (6302) ____
Supervision (6303 & 6304) ____ **OR** Clinical Seminar in Supervision* ____
Clerkship (6300) ____
Clinical Internship (6310) ____

GRAD 5950 (9 credits) ____ **AND** GRAD 6950 (15 credits) ____

Clinical Breadth Requirements (Specify course):

Biological Bases _____ Social Bases _____

Cognitive Bases _____

Affective Bases _____

Ethnic-Cultural Bases _____

Departmental Requirements:

PSYC 5104 ____ PSYC 5105 ____

Breadth Requirements: Minimally 3 from Non-Clinical Divisions. The same course can fulfill both the clinical and departmental breadth requirement (e.g., Foundations of Neuropsychology (5140), Advanced Social Psychology (5703), etc.) if it is not taught as a divisional course. Specify courses.

BREADTH 1 _____ BREADTH 2 _____ BREADTH 3 _____

You may take additional courses to learn specialized material that meets your individualized needs (e.g. Quantitative, Child Clinical, Health Psychology).

OTHER 1 _____ OTHER 2 _____

File M.S. Plan of Study (During Semester 2). Specify completion of no more than 15 credit hours plus 9 credits of GRAD 5950 (Master’s Research).

Committee Members: Major Advisor—Clinical _____

Associate Advisor—Clinical _____

Associate Advisor-Non-Clinical _____

Title of M.S. Thesis:

Completion of General Exam (Summer of Third Year).

Completion Date: _____

Approval Dates: _____

Date “Report on the General Examination..” form submitted to Graduate School: _____

File Ph.D. Plan of Study (Obtain permission from Coordinator of Graduate Studies; after completion of General Exam). Specify completion of 20-24 credit hours plus 15 credits of GRAD 6950. **Note: you cannot use courses listed on M.S. Plan.**

Committee Members: Major Advisor—Clinical _____

Associate Advisor—Clinical _____

Associate Advisor-Non-Clinical _____

Title of Dissertation:

Table 4
Vertical Team Evaluation Form

Student Name:

Date:

Faculty Supervisor:

Student Supervisor:

Narrative Feedback is provided in the following areas:

Clinical Experience: Number and type of clients treated

Motivation, Attitude and Preparation for Clinical Work

Receptiveness to Supervision

Formulation of Client/Behavioral Dynamics and Development of Treatment Plans

Implementation of Treatment Plans: Intervention skills and assessment of the efficacy of interventions

Communication of Empathy and Understanding

Professional Skills

Summary and Recommendations

Additional Comments:

Professional Competencies – Vertical Team Evaluation

Description of Skills that are developed during the vertical team sequence. Competence Level expected by the completion of two years of v-team is indicated in the column on the right.

Competence levels observed now should be rated on the following scale:

N=Novice

I=Intermediate

A=Advanced

Novice refers to the student who has just begun to develop clinical skills and confidence and who may struggle to demonstrate specific skills.

Intermediate refers to the student who can demonstrate the skill in question at times, but who does not do so consistently, does not consistently assess his/her own performance of the skill and who does not yet function independently.

Advanced refers to the student who demonstrates a given skill with consistency or who reliably recognizes their failure to demonstrate a specific skill and attempts to address that with independence or with self initiated requests for help.

These competencies are built upon fundamental personality characteristics, intellectual and personal skills (see Baseline Competencies on page four of this document).

1. Relationship/Interpersonal Skills

a) With patients/clients/families:

- | | | |
|---|---|-----|
| i) Ability to take a respectful, professional approach to clients/families. | A | ___ |
| ii) Ability to form a working alliance. | I | ___ |
| iii) Ability to deal with conflict, negotiate differences. | I | ___ |
| iv) Ability to understand and maintain appropriate professional boundaries. | I | ___ |

b) With colleagues:

- | | | |
|---|---|-----|
| i) Ability to work collegially with fellow professionals. | A | ___ |
| ii) Ability to support others and their work and to gain support for one's own work. | I | ___ |
| iii) Ability to provide helpful feedback to peers and receive such feedback non-defensively from peers. | I | ___ |

c) With supervisors, the ability to make effective use of supervision:

- | | | |
|---|---|-----|
| i) Ability to work collaboratively with the supervisor. | A | ___ |
| ii) Ability to prepare for supervision. | A | ___ |
| iii) Ability/willingness to accept supervisory input, including direction; ability to follow through on recommendations; ability to negotiate needs for autonomy from and dependency on | | |

- supervisors. A ___
- iv) Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is necessary A ___
- v) Ability to participate fully in vertical team. A ___
- vi) Ability to understand and observe Clinic procedures. A ___

2. Skills in Application of Research:

- a) Development of skills and habits in seeking and applying theoretical and research knowledge relevant to practice of psychology in the clinical setting, including accessing and applying scientific knowledge bases. I ___

- b) Understanding and application of theoretical and research knowledge related to diagnosis/assessment and intervention, diversity, supervision, ethics etc. I ___

3. Intervention Skills

- a) Ability to formulate and conceptualize cases. I ___
- b) Ability to plan treatments. I ___
- c) Ability to implement intervention skills, covering a wide range of interventions, including psychotherapy, psycho-educational interventions and crisis management. I ___
- d) Knowledge regarding psychotherapy theory, research and practice, including the concept of empirically supported practice methods and relationships A ___
- e) Knowledge regarding specific empirically supported treatment methods and activities. A ___
- f) Ability to apply specific empirically supported treatment method I ___
- g) Assessment of treatment progress and outcome. I ___
- h) Linking concepts of therapeutic process and change to intervention strategies and tactics. I ___

6. Diversity - Individual and Cultural Differences:

- a) Knowledge of self in the context of diversity (one’s own beliefs, values, attitudes, stimulus value, and related strengths/limitations) as one operates in the clinical setting with diverse others I ___
- b) Knowledge about the nature and impact of diversity in different clinical situations (e.g., clinical work with specific populations) I ___
- c) Ability to work effectively with diverse others in treatment. I ___

7. Ethics:

- a) Knowledge of ethical/professional codes, standards and guidelines; knowledge of statutes, rules and regulations relevant to the practice of psychology. I ___

- b) Ability to recognize and analyze ethical and legal issues across the range of professional activities in the clinical setting. I ___
- c) Ability to recognize and understand the ethical dimensions/features of his/her own attitudes and practice in the clinical setting. I ___
- d) Ability to seek appropriate information and consultation when faced with ethical issues. A ___
- e) Ability to practice appropriate professional assertiveness related to ethical issues (e.g., by raising issues when they become apparent to the student). I ___
- f) Evidence commitment to ethical practice. A ___

10. Professional Development:

- a). Practical skills to maintain effective clinical practice
 - 1) Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, notes, reports); arriving promptly at meetings and appointments. A ___
 - 2) Developing an organized, disciplined approach to writing and maintaining notes and records. A ___
 - 3) Negotiating/managing fees and payments. I ___
 - 4) Organizing/presenting case material; preparing professional reports I ___
 - 5) How to self-identify personal distress, particularly as it relates to clinical work. I ___
 - 6) How to seek and use resources that support healthy functioning when experiencing personal distress. I ___
- b) Professional Development Competencies
 - 1) Critical thinking and analysis. I ___
 - 2) Responsibility and accountability relative to one's level of training, and seeking consultation when needed. A ___
 - 3) Time management. I ___
 - 4) Self- awareness, understanding, and reflection. I ___
 - 5) Self-care. I ___
 - 6) Awareness of personal identity (e.g., relative to individual and cultural differences). I ___
 - 7) Awareness of one's own beliefs and values as they relate to and impact professional practice and activity. A ___
 - 8) Willingness to acknowledge and correct errors. A ___

Baseline Competencies: Skills, Attitudes and Knowledge that students should possess prior to their practicum training experience:

1. Personality Characteristics, Intellectual and Personal Skills

- a) Interpersonal skills: ability to listen and be empathic with others; respect for/interest in others' cultures, experiences, values, points of view, goals and desires, fears, etc. These skills include verbal as well as non-verbal domains. An interpersonal skill of special relevance is the ability to be open to feedback.
- b) Cognitive skills: problem-solving ability, critical thinking, organized reasoning, intellectual curiosity and flexibility.
- c) Affective skills: affect tolerance; tolerance/understanding of interpersonal conflict; tolerance of ambiguity and uncertainty.
- d) Personality/Attitudes: desire to help others; openness to new ideas; honesty/integrity/valuing of ethical behavior; personal courage.
- e) Expressive skills: ability to communicate one's ideas, feelings and information in verbal, non-verbal and written forms.
- f) Reflective skills: ability to examine and consider one's own motives, attitudes, behaviors and one's effect on others.
- g) Personal skills: personal organization, personal hygiene, appropriate dress.

2. Knowledge from classroom experience:

- a) Assessment & Clinical Interviewing
- b) Intervention Strategies
- c) Ethical & Legal Considerations
- d) Individual and Cultural Differences (ICD)

Student Acknowledgment: My signature does not reflect agreement nor disagreement with the above feedback but acknowledges my receipt of the feedback from my V-team supervisor.

Student Signature

Date

Faculty Acknowledgment: I acknowledge that I discussed _____ the feedback contained in this form.

Faculty Signature

Date

Table 5

General Examination

Purpose of the General Examination:

The General Examination is a comprehensive examination within the student's major area of concentration. Its purpose is to ensure that the student:

- Has grasped foundational concepts in clinical psychology;
- Is able to integrate and apply knowledge acquired through coursework and reading;
- Has acquired a competent knowledge base of the literature, methods, applications, and emerging issues in a chosen specialized area;
- Can express ideas in a clear and articulate manner.

Format of the General Examination:

The General Examination involves completion of a scholarly, substantive written paper. The paper should be an integrative synthesis of research, with the goal of addressing a specific topic within the student's area of interest. Depending on the topic selected, the paper can be either an evaluative review of research in a particular area or an integration of diverse literature to support or advance an idea.

Topics for the written paper should be drawn from the broad areas of clinical psychology, including: psychopathology, psychotherapy, diagnosis and assessment, behavioral medicine, neuropsychology, cognitive and affective neuroscience, and developmental psychopathology. Students must select topics that can be adequately addressed in a 20-30 page written paper (not including references or tables/figures; 12 point font and double spaced). It is expected that students will pick topics within their area of interest; however, topics should not be overly redundant with the master's thesis or coursework papers. Rather, addressing the topic should push the student to expand their knowledge base within a broader area of growing expertise. Examples of topics are provided on the final page of this handout. Students are encouraged to look at recent issues of *Psychological Bulletin*, *Annual Review of Psychology*, or *Clinical Psychology Review* for examples of the scope, format, and style of the paper.

The body of the paper should describe key concepts in the area, provide critical assessments of the existing research, and discuss important issues that have not yet been addressed or resolved. Although the review of literature does not need to be exhaustive in cases where the topic is broad or has a long history of study, it should provide the reader with an adequate understanding of the historical context and relevance of the topic. In addition, attention should be given to social, cognitive, and biological factors, to the extent that these areas are applicable to the specific topic.

All papers also must address the following four critical areas.

1. Methodological Issues
2. Ethical Issues
3. Cultural Issues
4. Clinical Implications

Students may elect to address these critical areas throughout the body of the paper or as an explicit subtopic (i.e., a designated section of the paper). The way in which these critical areas

are addressed will vary by topic. For example, for a student writing about Early Identification of Autism, methodological issues may be interwoven throughout the narrative of the paper, whereas another critical area (e.g., ethical issues) may need to be addressed in a subsection because it cannot be as readily integrated throughout the text.

Eligibility to take the General Examination:

Students must meet the following milestones before they are eligible to take the General Examination:

1. Completion of all core clinical courses (typically occurs by the end of the second year)
2. No standing incompletes in any classes
3. Successful progress towards completing master's thesis

It is expected that most students will take general exams in the summer after the second year, although exceptions may occur in individual circumstances (i.e., waiting until the following summer). Although students may opt to wait to take the exam, they are not eligible to schedule the dissertation prospectus defense (a requirement for internship application), apply for the doctoral candidate pay grade raise, or apply for travel funds until the exam has been passed. In addition, successful completion of the General Exam will be considered in decisions about clerkship eligibility each year.

The Exam Period:

The exam will be given during each summer session. Students who plan to take the general exam in the next exam period should begin to work with their advisor to pick a topic early in the spring semester. A General Examination Topic Approval form must be approved at a faculty meeting in mid-April (dates will be provided to eligible students early in the Spring semester). A copy of this form is provided in the final page of the handout. The selection of a topic that has appropriate breadth (i.e., not too narrow or broad) is essential for successful completion of the assignment. Thus, students should begin the process of topic selection early in conjunction with faculty mentors.

After the topic is approved at the faculty meeting, a committee of three faculty members (the advisor and two other members selected by the faculty) will be selected as the student's exam committee. Faculty members will typically not be the same as the student's master's or dissertation committee. Students will have the summer months to complete the written paper. All papers will be due by a specific date in late August; this date will be provided to students when the topic is approved. *Barring extenuating circumstances that are approved by the faculty, students who begin the exam period but do not hand in a paper by the stated deadline must wait for the following summer to begin the process again.* In other words, papers will NOT be accepted after the deadline.

The paper is meant to be a reflection of the student's ability to review and integrate relevant research and to organize and express ideas. Consequently, it is expected that students will work independently during the exam period. Faculty will not read copies of the paper (including preliminary drafts or sample passages) prior to the paper deadline, although students can seek out other sources of support (e.g., the Writing Center) and may discuss specific challenges that arise or request suggested readings with faculty on the General Examination committee.

Passing the General Examination:

The written product will be graded by the three faculty members of the General Examination committee for that student. Papers will be scored on the following criteria:

1. *Content*: The selected topic is adequately addressed in the review and/or synthesis of existing research.
2. *Critical Thinking*: The paper provides evidence of the student's ability to think in an evaluative, organized and integrative manner.
3. *Writing*: The paper is written in a clear, organized, and effective manner, is free of grammatical errors, and is written in APA style.

Four Critical Areas: All papers must also address the four critical areas below. For some topics, a certain critical area (e.g., cultural, ethical) may not be readily evident in the literature; however, the potential applicability, relevance, and implications of this area should still be addressed by the student.

4. *Methodological Issues*: The paper adequately addresses critical methodological issues relevant to topic area.
5. *Ethical Issues*: The paper adequately addresses ethical and professional issues relevant to topic area.
6. *Cultural Issues*: The paper adequately addresses cultural issues relevant to topic area.
7. *Clinical Implications*: The paper adequately addresses clinical implications of the topic area.

For each of the seven criteria (1-7 above), students will be scored using the following scale:

- 1 = Major revisions needed
- 2 = Some revisions needed
- 3 = Minor revisions needed
- 4 = Few/No revisions needed

Scores from the three members of the committee will be averaged within each of the seven areas. A score above 2.50 for each topic area is considered passing. In other words, students must pass ALL seven areas to pass the general exam. If the student does not receive a passing grade for a specific criterion, he/she will be given the opportunity to revise the paper to address the specific area (or areas). Students will be provided with feedback about the area in which they did not pass to assist in the revision process. Students will be given the opportunity to do two revisions in the one-year period following the exam deadline. After that time, they will receive a failing grade on the General Examination and will not be able to continue in the program.

Once the student has successfully passed the General Exam, the "Report on the General Examination for the Doctoral Degree" form must be submitted to the Major Advisor, the Clinical Psychology General Exam Faculty Coordinator, and the Graduate School. This form may be found at <http://grad.uconn.edu/current-students/forms/>.

**GENERAL EXAMINATION
TOPIC APPROVAL FORM**

1. Paper Topic:

2. Give a 3-4 sentence description of what the paper will address.

3. Provide 2-3 citations of existing research relevant to this topic. In finding these citations, you should also ensure that no reviews of your topic have been published recently.

4. Give a 3-4 sentence description of how this topic will “stretch” you (i.e., how will it expand your current areas of expertise).

Approved by Faculty: _____ (Faculty advisor signature) on _____

General Exam Committee Members: _____

Final Paper Due Date: _____

Examples of Paper Topics

Students are encouraged to look in review journals (*Psychological Bulletin*, *Annual Review of Psychology*, *Clinical Psychology Review*) for examples of topics. Students should select topics that broaden their knowledge within an area of expertise but are not overly redundant with topics on which they have already written extensively. The topic area should have sufficient depth and breadth that it can be adequately addressed in a 30-40 page paper, but be narrow enough so as to be manageable in terms of reviewing relevant literature. Students are responsible for making sure their topics has not been recently reviewed in major journals, and also should not pick topics that overlap too much with previous topics of students in the program.

The Role of Peers in the Development and Course of Depression in Adolescence

Asperger's Syndrome and High-Functioning Autism: Review of Evidence for Distinct Disorders

How do Psychological Resources Affect Health Outcomes? Three Possible Mechanisms of Influence

The Integration of Familial and Cognitive Factors in the Development of Anxiety in Children

Challenges in the Assessment and Diagnosis of Childhood Bipolar Disorder

The Measurement of Religion and Spirituality in Clinical Research

Therapeutic Alliance: How Do We Measure It and Why Does It Matter?

Behavioral Health Interventions for Individuals with Serious Mental Illness: A Review of Recent Models

Efficacy and Effectiveness of Mother-Infant Dyadic Therapies

A Review of Research on the Effects of Environmental Deprivation on Language Development

Hypnosis and Clinical Pain

The Effects of Community Violence on Adolescence: A Review of Research in the Last Decade

Racial/Ethnic Disparities in Mood Disorders: Prevalence, Causes, and Consequences

Table 6
Clinical Psychology Student Evaluation Form

Name:

Date:

Evaluation Period:

The University of Connecticut Clinical Psychology faculty are committed to facilitating personal and professional growth in students within a supportive and interactive environment. Student evaluations and feedback meetings reflect this commitment and are considered an integral component of graduate training. To be maximally useful, feedback should be (a) relevant, (b) understandable, (c) descriptive, (d) verifiable, (e) limited, (f) comparative, and (g) continuing throughout the course of study. This evaluation form represents a summary of faculty feedback from student evaluation meetings held on a semi-annual basis. Material for each meeting, as gathered by the clinical director, includes grades, evaluations of all clinical work, and progress on research requirements.

Feedback meetings, which all advisors are obligated to hold with every one of their advisees, afford students and faculty the opportunity to discuss openly adjustment and progress issues, as well as problem solve specific areas of concern. These meetings can also serve as an opportunity for faculty to receive feedback from students.

The form is comprised of rating scale data and descriptive comments that assess each student's relevant strengths, weaknesses, and areas of growth along academic and interpersonal dimensions. As part of our effort to keep the evaluation focused and useful, only those dimensions that have applicability to a particular student within a given semester will be assessed.

Whenever an area of concern is serious in nature (e.g. such as an unfulfilled program requirement or accumulation of multiple incomplete grades, etc.) an action plan of remediation must be developed by the student, in conjunction with the faculty advisor. This plan should clearly outline behavioral goals and specific steps necessary to meet these goals as well as a timeline for implementation. The action plan should be completed and placed in the student's personnel file within a month after the feedback meeting.

It is important to emphasize that evaluations are intended primarily for student use, as tools for their successful acculturation as psychologists. In order to satisfy the faculty obligation to accurately document student performance, these evaluations will routinely be made part of the student's personnel files. During the feedback process, students are encouraged to discuss the validity of the data and comments with their advisors and other faculty. Students have the option of responding to their evaluations in writing. Any student wishing to appeal any aspect of this evaluation should first speak directly to the clinical director, then if need be, to the department head. If disputed issues remain unresolved, students may then engage the formal grievance mechanisms as specified in the departmental rules and regulations handbook.

A. Professional Skills and Abilities: (all skills and abilities are judged in comparison to *peers* both past and present, at the same level of training)

1. psychological assessment

Below Expected Level

Expected Level

Descriptive feedback:

2. psychotherapy

Below Expected Level

Expected Level

Descriptive feedback:

3. research skills

Below Expected Level

Expected Level

Descriptive feedback:

4. research progress

Below Expected Level

Expected Level

Descriptive feedback:

B. Communication Skills:

1. speaking

Below Expected Level

Expected Level

Descriptive feedback:

2. **writing**

Below Expected Level

Expected Level

Descriptive feedback:

C. Interpersonal Skills: (with peers, faculty, and clients)

Below Expected Level

Expected Level

Descriptive feedback:

D. Time/Work Management: (goal clarity, organizing and planning, decision making, implementation, and follow-up; timely progress through the Program)

Below Expected Level

Expected Level

Descriptive feedback:

E. Motivation: (need for achievement, energy, risk taking tendency, independence, cooperation, self-confidence). Motivation is judged in comparison to peers as a dimension that varies from *Inappropriate* to *Appropriate*.

Inappropriate

Appropriate

Descriptive feedback:

F. Development of Professional Identity: (knowledge of Program environment, commitment to Program, commitment to profession).

Below expected level

Expected level

Descriptive feedback:

G. Particularly Noteworthy Strengths, Accomplishments, or Achievements:

H. Weaknesses and Obligations: (Here we describe any weaknesses in skills and abilities, motivation, insight, and identity and any obligations – delayed or incomplete work – that we are identifying as priorities for change. **Anything identified requires Action-Planning and remedying.**)

Student Acknowledgment: My signature does not reflect agreement nor disagreement with the above feedback but acknowledges my receipt of the feedback from my advisor or DCT.

Student Signature)

Date

Faculty Acknowledgment: I acknowledge that I discussed _____
the feedback contained in this form.

Faculty Signature

Date

Action-Planning Guide

(This portion is rarely used unless some aspect of a student's performance is in need of serious remediation)

Summarize your perception of the problem that needs remediation or the obligation that remains outstanding.

How, *specifically*, are you going to develop this skill or meet this obligation?

What do you perceive as barriers to development of the necessary skills or completion of the outstanding tasks?

What resources will you use to help develop the necessary skill or to complete the task?

By what dates do you commit to completing each step necessary to remedy the problem?

When is the next meeting you have negotiated with your advisor to report your progress?

(Student Signature)

(Date)

(Faculty Verification)

(Date)

Table 7
Competency Benchmarks in Professional Psychology

PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportsment that reflect the values and attitudes of psychology.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
1A. Integrity - Honesty, personal responsibility and adherence to professional values		
Understands professional values; honest, responsible	Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values	Monitors and independently resolves situations that challenge professional values and integrity
1B. Deportment		
Understands how to conduct oneself in a professional manner	Communication and physical conduct (including attire) is professionally appropriate, across different settings	Conducts self in a professional manner across settings and situations
1C. Accountability		
Accountable and reliable	Accepts responsibility for own actions	Independently accepts personal responsibility across settings and contexts
1D. Concern for the welfare of others		
Demonstrates awareness of the need to uphold and protect the welfare of others	Acts to understand and safeguard the welfare of others	Independently acts to safeguard the welfare of others
1E. Professional Identity		
Demonstrates beginning understanding of self as professional: “thinking like a psychologist”	Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context		
Demonstrates knowledge, awareness, and understanding of one’s own dimensions of diversity and attitudes towards diverse others	Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation
2B. Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings	Applies knowledge of others as cultural beings in assessment, treatment, and consultation	Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others	Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation
2D. Applications based on Individual and Cultural Context		
Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)	Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
3A. Knowledge of ethical, legal and professional standards and guidelines		
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting	Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
3B. Awareness and Application of Ethical Decision Making		
Demonstrates awareness of the importance of applying an ethical decision model to practice	Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	Independently utilizes an ethical decision-making model in professional work
3C. Ethical Conduct		
Displays ethical attitudes and values	Integrates own moral principles/ethical values in professional conduct	Independently integrates ethical and legal standards with all competencies

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.		
4A. Reflective Practice		
Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice	Displays broadened self-awareness; utilizes self- monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity	Demonstrates reflectivity both during and after professional activity; acts upon reflection; uses self as a therapeutic tool
4B. Self-Assessment		
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies	Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)		
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	Self-monitors issues related to self-care and promptly intervenes when disruptions occur
4D. Participation in Supervision Process		
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	Effectively participates in supervision	Independently seeks supervision when needed

I. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
5A. Interpersonal Relationships		
Displays interpersonal skills	Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities
5B. Affective Skills		
Displays affective skills	Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	Manages difficult communication; possesses advanced interpersonal skills
5C. Expressive Skills		
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills	Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of professional language and concepts

II. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
6A. Scientific Mindedness		
Displays critical scientific thinking	Values and applies scientific methods to professional practice	Independently applies scientific methods to practice
6B. Scientific Foundation of Psychology		
Demonstrates understanding of psychology as a science	Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)
6C. Scientific Foundation of Professional Practice		
Understands the scientific foundation of professional practice	Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	Independently applies knowledge and understanding of scientific foundations independently applied to practice
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities		
7A. Scientific Approach to Knowledge Generation		
Participates effectively in scientific endeavors when available	Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	Generates knowledge
7B. Application of Scientific Method to Practice		
No expectation at this level	Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	Applies scientific methods of evaluating practices, interventions, and programs

III. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
8A. Knowledge and Application of Evidence-Based Practice		
Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
9A. Knowledge of Measurement and Psychometrics		
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	Selects assessment measures with attention to issues of reliability and validity	Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context
9B. Knowledge of Assessment Methods		
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
9C. Application of Assessment Methods		
Demonstrates knowledge of measurement across domains of functioning and practice settings	Selects appropriate assessment measures to answer diagnostic question	Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice
9D. Diagnosis		
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity

Assessment continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
9E. Conceptualization and Recommendations		
Demonstrates basic knowledge of formulating diagnosis and case conceptualization	Utilizes systematic approaches of gathering data to inform clinical decision-making	Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
9F. Communication of Assessment Findings		
Demonstrates awareness of models of report writing and progress notes	Writes assessment reports and progress notes and communicates assessment findings verbally to client	Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner

10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.		
10A. Intervention planning		
Displays basic understanding of the relationship between assessment and intervention	Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	Independently plans interventions; case conceptualizations and intervention plans are specific to case and context
10B. Skills		
Displays basic helping skills	Displays clinical skills	Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations
10C. Intervention Implementation		
Demonstrates basic knowledge of intervention strategies	Implements evidence-based interventions	Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate
10D. Progress Evaluation		
Demonstrates basic knowledge of the assessment of intervention progress and outcome	Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
11A. Role of Consultant		
No expectation at this level	Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	Determines situations that require different role functions and shifts roles accordingly to meet referral needs
11B. Addressing Referral Question		
No expectation at this level	Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions	Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question
11C. Communication of Consultation Findings		
No expectation at this level	Identifies literature and knowledge about process of informing consultee of assessment findings	Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
11D. Application of Consultation Methods		
No expectation at this level	Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings	Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases

IV. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
12A. Knowledge		
No expectation at this level	Demonstrates awareness of theories of learning and how they impact teaching	Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences
12B. Skills		
No expectation at this level	Demonstrates knowledge of application of teaching methods	Applies teaching methods in multiple settings

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
13A. Expectations and Roles		
Demonstrates basic knowledge of expectations for supervision	Demonstrates knowledge of, purpose for, and roles in supervision	Understands the ethical, legal, and contextual issues of the supervisor role
13B. Processes and Procedures		
No expectation at this level	Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise
13C. Skills Development		
Displays interpersonal skills of communication and openness to feedback	Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients
13D. Supervisory Practices		
No expectation at this level	Provides helpful supervisory input in peer and group supervision	Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting

V. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions		
No expectation at this level	Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/ professionals	Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts		
Cooperates with others	Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes		
No expectation at this level	Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals	Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals
14D. Respectful and Productive Relationships with Individuals from Other Professions		
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals	Develops and maintains collaborative relationships and respect for other professionals	Develops and maintains collaborative relationships over time despite differences

15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).		
15A. Appraisal of Management and Leadership		
No expectation at this level	Forms autonomous judgment of organization’s management and leadership Examples: <ul style="list-style-type: none"> • Applies theories of effective management and leadership to form an evaluation of organization • Identifies specific behaviors by management and leadership that promote or detract from organizational effectiveness 	Develops and offers constructive criticism and suggestions regarding management and leadership of organization Examples: <ul style="list-style-type: none"> • Identifies strengths and weaknesses of management and leadership or organization • Provides input appropriately; participates in organizational assessment
15B. Management		
No expectation at this level	Demonstrates awareness of roles of management in organizations	Participates in management of direct delivery of professional services; responds appropriately in management hierarchy
15C. Administration		
Complies with regulations	Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures	Demonstrates emerging ability to participate in administration of clinical programs
15D. Leadership		
No expectation at this level	No expectation at this level	Participates in system change and management structure

16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
16A. Empowerment		
Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention	Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision	Intervenes with client to promote action on factors impacting development and functioning
16B. Systems Change		

