

Clinical Psychology Student Handbook  
University of Connecticut  
2020-2021

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 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 handbook 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 handbook, 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 handbook are considered to be in effect at the time you start the Program. With the [Graduate School Catalog](#), we urge you to become familiar with all current degree requirements as well as with revisions of those policies. *One of your first tasks as a graduate student is to review the contents of this handbook.*

### **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 our admissions procedures and 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](#).

Over time, 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 programs 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, not only in professional situations, but also in contexts where you will be observed and evaluated by members of the public.

### **The Program as a Scientist-Practitioner Community**

Our 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 of Psychological Sciences, 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, 2003, 2010, 2017) 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 Ethical Principles of

Psychologists and Code of Conduct. 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). The Program does not discriminate against students on any basis and encourages diversity in ethnicity, race, gender, physical challenge, and sexual and gender identity. **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. The Clinical Program is firmly committed to the integration of science and practice. Our program centers on a commitment to scholarship and empirical inquiry and emphasizes the significant role played by theoretical and empirical knowledge in understanding complex human behavior. The faculty share the belief that scientific methodology represents the essential underpinnings of all activities engaged in by professional practitioners. The integration of science and practice includes the recognition that the “lived experiences” of clients, research participants, researchers, and practitioners, as well as the contextual demands and social conditions of those experiences both inform and are informed by the same scientific principles. We believe the special value of training that integrates science and practice is that our students are able to use their clinical sensitivity and skills in research, clinical, administrative, teaching, and supervisory positions, and also to critically and thoughtfully evaluate their professional efforts through methods of empirical inquiry and self-reflection.
4. 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. The Program Head and the Director of Clinical Training meet regularly with each of the classes. Students complete an annual survey about their training experience and the results of that are discussed in an all program meeting each spring. Those discussions have led to significant modifications in the program. The Director of Clinical Training is responsible for implementing policies set by the faculty in response to changing needs and student feedback.
5. 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.
6. 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.

7. 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 Tasks**

The Clinical Program enrolls 6-10 students each year with 40-50 students in residence annually. Of the seven programs in the Department, the Clinical Program trains the largest number of doctoral students, comprising 30-35% of the department’s graduate students. The Program requires a minimum of 3 years full-time graduate study and a year-long internship (or an equivalent two-year, halftime sequence) prior to awarding the doctoral degree. At least two of the three years of full-time graduate study must occur at the University of Connecticut. Students must attain a grade of B- or above in all required courses and must attain appropriate competency ratings in all clinical placements. Students must complete a research M.S. thesis or its equivalent, a research doctoral dissertation or a three-paper thesis and a written general examination. Students who enter the Program with a master’s that did not require a research thesis will be expected to meet an equivalent research requirement.

The faculty utilize student feedback and 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 continuously accredited since 1951 by the [American Psychological Association](#) [750 First St. NE, Washington, DC 20002-4242; (800) 374- 2721;

<http://www.apa.org/ed/accreditation/>]. Being accredited means that our Program must meet multiple criteria, some of which include having a coherent model of professional training, a coherent and graduated curriculum that provides clear instruction in discipline specific content and the development of profession wide competencies, a clearly identifiable core faculty, clear lines of leadership and accountability, adequate space and resources, respectful interpersonal relationships, and training experiences that recognize human commonalities and diversity. As part of maintaining our accreditation, the faculty and student representatives must provide an annual report to the American Psychological Association and, every 5-10 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. 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.***

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. In accordance with the Higher Education Act, UConn hereby discloses that the curriculum for this program meets the state educational requirements for licensure as a Psychologist for the State of Connecticut. UConn has not determined whether the curriculum for this program meets the educational requirements for licensure as a Psychologist in any other states or territories. We encourage you to investigate the requirements in the states or territories that you may be interested in licensure. **Links to individual state licensing requirements can be found on this Association of State and Provincial Psychology Boards: <https://www.asppb.net/page/BdContactNewPG>.**

### **Program Philosophy and Goals**

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. The 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 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 demonstrate:

- (a) a thorough understanding of the knowledge base in clinical psychology and an appreciation of current issues in the field;
- (b) the ability to generate independent research, evaluate and critique empirical work and contribute to the empirical literature relevant to the content and practice of Psychology
- (c) the ability to use a variety of empirically supported techniques in the areas of assessment and intervention and to assess the efficacy of those efforts
- (d) the ability to create and implement innovative psychological strategies and procedures that will help to promote human welfare, and evaluate the efficacy of those strategies
- (e) a recognition of the interdependence of science and practice and an ability to integrate the two perspectives
- (f) an understanding and appreciation of cultural and individual diversity and the ability to approach clinical work, research and training from a stance of cultural humility;  
and
- (g) the ability to hold self-critical and self-corrective attitudes informed by ethical principles and professional standards toward all of your scientific and clinical endeavors.

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 requirements set by the American Psychological Association as part of its accreditation, (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; many of our students, especially those who complete the neuropsychology concentration, accrue about 1,000 hours.

The present curriculum is consistent with the discipline specific knowledge and profession wide competencies outlined by the American Psychological Association, Committee on Accreditation.

### **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 email, as we distribute a list of contact information to all community members.
2. Locate your mailbox in the Graduate Student Lounge (BOUS 187). You will find that notices, memos, and other communications will appear there. Check your email and mail frequently, as these are our most efficient ways to communicate with you.
3. Complete the New Student Tech Training (<http://techtraining.uconn.edu/>) through University Information Technology Services (UITS) to set up and access university email and the Student Admin System and to find out about technology resources available to University students. For assistance with account set-up or access contact the UITS Help Center

([helpcenter@uconn.edu](mailto:helpcenter@uconn.edu)). UConn uses your university email account to send all official notices and faculty communicate regularly with their students via e-mail, therefore it is extremely important that you set up and access your university account. If you do not wish to use your university email as your primary email account you can set up a forward to another email account.

4. Complete the full-day Psychological Sciences Department Orientation and Graduate Student Meeting prior to the start of classes and the Institute for Teaching and Learning Graduate Assistant Orientation (see <https://cetl.uconn.edu/programs-and-events/new-ta-orientation-programs-and-services/> for date and registration information).
5. 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 four major tasks.

- First, you need to demonstrate that you possess the personal stability, interpersonal sensitivity, time management skills and good judgment that are necessary prerequisites for functioning as a professional psychologist. These qualities are inferred from your clinical work observing in the clinic and in the psychological assessment course, your interactions with faculty and staff, how you appear to get along with your peers and how well you manage the multiple responsibilities that are part of graduate training.
- 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 Appendix A. You will attend vertical team meetings and also register as an observer on a vertical team (V-Team) in the Fall semester, but not in the Spring semester of your first year. Appendix B provides information regarding APA distribution requirements and departmental breadth requirements. Appendix C 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 sometimes 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, [TimetoTrack \(https://time2track.com/\)](https://time2track.com/), to track your clinical hours and activities. The tracking program is required. This tracking program provides the Training Director with a record of your clinical activities each year and will be used as the basis

for determining your readiness for internship and preparing your internship application.

During your first year, you will complete two courses in research design and statistical analysis, and courses in developmental psychopathology, adult psychopathology, personality theory, and empirically supported treatment (a didactic psychotherapy course that combines exposure to empirically supported treatment approaches 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, first year), and personality assessment (second semester, first year). 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). A copy of the Assessment Competency Benchmarks is included in Appendix F. In addition, during the fall semester 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 Brownbag) each Wednesday. In your second and third years, you will be expected to present your own ideas 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. The Graduate School requires that you register for 9 credits of GRAD 5950 (Master’s Thesis Research) to document the research you conduct for your Master’s thesis and at least 15 credits of GRAD 6950 (Doctoral Dissertation Research) to document your dissertation research. It is recommended that you register for 3 credits of GRAD 5950 during each of your first 3 semesters and then 3 credits of GRAD 6950 each semester until you have completed at least the required 15 credits.

Many of the required courses during your first and second years provide the discipline-specific knowledge required by APA accreditation. The affective bases of behavior are covered in PSYC 5305 and PSYC 5141; the biological and cognitive bases of behavior are covered in PSYC 5141; material related to the developmental basis of behavior is covered in PSYC 5301, PSYC 5302, PSYC 5303 and PSYC 5305. Students who have completed a survey course in Social Psychology at the undergraduate level and earned a grade of B or above, or who have attained a score above the 70<sup>th</sup> percentile on the Social Psychology section of the Psychology GRE, may select from a variety of specialized Social Psychology courses to meet the social basis of behavior requirement. These include PSYC 5711, *Social and Behavioral Processes of HIV/AIDS*, PSYC 5750 *Stigma: A Social Psychological Perspective*, and others. Students who do not meet those requirements are required to take PSYC 5703, *Advanced Social Psychology*.

### **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 the empirical literature with practical experiences.
- A second goal is to complete your master’s degree.
- Third, you need to begin preparing to take your General 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. To complete the concentrations, students must complete the general program requirements as well as additional courses and possibly practicum experiences. The Department of Psychological Sciences offers multiple [Certificate Programs](#) including *Health Psychology*; *Quantitative Research Methods*; *Occupational Health Psychology*; *Cognitive Science*; and *Neurobiology of Language*. Certificate programs offered by other departments that are often of interest to our students include *Culture, Health and Human Development and Race, Ethnicity and Politics*. Certificate Programs are formal programs offered by the University; interested students must submit an [application to the Graduate School](#) to be admitted to a Certificate program and related paperwork to the [Registrar's office](#) to complete the program and receive the Certificate. Many students are able to complete one or more concentrations or certificate programs without adding additional time to their training. An updated list of all the certificates offered by the University can be found at <https://gradcatalog.uconn.edu/certificates/>.

Other required courses during the second year include *Professional Issues in Clinical Psychology* (covering relationships between law, ethics, and psychological practices, and an introduction to clinical supervision and consultation) and *Psychology of Ethnic Minorities* (a course that examines processes of prejudice, discrimination, identity development, and majority privilege). *Foundations of Neuropsychology* is required of all clinical students and fulfills APA Requirements in the Biological Basis of Behavior and in Advanced Integrative Areas (see Appendix B) and a Departmental Breadth Requirement. It is also a prerequisite for many advanced courses in neuropsychology, including *Neuropsychological Assessment*. In addition, courses relevant to individualized interests are offered, such as *Methods of Child and Family Therapy* (a didactic course that provides exposure and training in various child and family interventions), and *Health Psychology* (a didactic course on theories and interventions of behavioral health).

You also should complete additional distribution requirements, in non-clinical areas, such as the social basis of behavior. Finally, you should register for the last 3 credits of GRAD 5950 research during the Fall semester of your 2<sup>nd</sup> year and the first 3 credits of GRAD 6950 research during the Spring semester.

## **Research Training**

The Graduate School provides detailed information about the university requirements, procedures, and format for master's theses and dissertations (see links below for detailed information). Students must follow all university procedures and requirements. The information here provides supplementary information about the purpose, program-specific requirements, and timeline for the master's thesis and dissertation document for students in the Clinical Psychology Program.

<https://registrar.uconn.edu/masters-degree-programs/>

<https://registrar.uconn.edu/doctoral-degree-programs/dissertation-information/>

<https://grad.uconn.edu/forms/>

The master's thesis and dissertation are meant to help students develop competence as psychological scientists. The written documents and oral defenses provide evidence that the student has developed competence in three main areas:

1. **The ability to critically evaluate theory and empirical studies related to a specific topic.** Specifically, the student can:
  - Conduct a literature review that is comprehensive and without bias (e.g., engaging fully with findings that both strengthen and weaken hypotheses)
  - Acquire in-depth, advanced knowledge of a specific topic
  - Integrate theory and empirical findings to generate predictions or research hypotheses
2. **The ability to formulate and conduct a research study.** Specifically, the student can:
  - Conceptualize an empirical study that uses measurable evidence to test meaningful specific hypotheses or explore logical research questions
  - Choose a research design that can address the research questions and is feasible given time and resource constraints
  - Conduct analyses that are appropriate to the data and address study hypotheses or research questions
  - Interpret statistical results in relation to study hypotheses or research questions
3. **The ability to communicate scientific information effectively.** Specifically, the student can:
  - Write in a clear and concise manner, using APA style
  - Discuss interpretations and implications of study results in oral and written formats
  - Reach and defend conclusions in oral and written formats

The format and approach to the master's thesis and dissertation will vary based on research areas and labs; however, all students must show appropriate progress towards the above competencies. In addition, the following requirements apply to all students:

- 1) **Empirical work.** At least one project must involve active data collection by the student. This can be accomplished through independent data collection (e.g., with the participant pool, [UConn KIDS](#), online sources such as <https://www.prolific.co>, etc.) or by involvement in ongoing data collection in the advisor's lab. In other words, the master's and dissertation projects cannot *both* utilize strictly secondary data analysis.
- 2) **Novel idea development.** At least one project must include efforts to address novel study questions or hypotheses. While replication studies of previous work are valuable, students must *develop* the study hypotheses or research questions for either the master's or dissertation projects.
- 3) **Independent thinking.** While projects can "piggyback" on large, ongoing studies, the student must be responsible for independently generating hypotheses.

## Master's Timelines

The information below provides guidance and clarification about timelines for the master's thesis. Although these timelines may need to change for an individual because of extenuating circumstances, these should be regarded as general program expectations. The goal should be to complete your master's degree *by end of summer of the second year*; however, there are no formal "consequences" until the 3<sup>rd</sup> year in the program.

These consequences include:

*Program consequences:*

- You cannot start interviewing for clerkship or neuropsychology practicum until your master's degree has been awarded. Practically, 3<sup>rd</sup> year students start interviewing for clerkship in late December (at the earliest) through March/April. This means that if you have not completed your master's by the end of Fall semester of your third year, it will likely impact your clerkship options.
- No student can interview for a 4<sup>th</sup> year Clerkship or be considered for a PSC student supervisor position if their masters is not complete.

*University consequences*

- You cannot be an Instructor of Record (teach an undergraduate course independently) until your master's degree has been awarded. Although this has been a university policy for several years, it has not been consistently enforced. As of 2019-2020 the department is enforcing it. Most students do not teach independently until the 4<sup>th</sup> or 5<sup>th</sup> year.
- The university maximum for completing the masters is 6 years. Students are not allowed to continue at UConn if they exceed this timeline.

There are many facets to completing your master's degree, including forming a master's advising committee (your advisor, one other member from the Clinical Program, and one faculty member from outside of the Clinical Program), obtaining University Institutional Review Board approval and collecting and analyzing your data. These steps will vary dependent upon your specific project. While the program, department and university have certain timeline requirements, you should work with your major advisor to develop an individualized timeline. The **master's thesis** is typically about the length and scope of a journal manuscript. A copy of the Master's Plan of Study is located in Appendix H.

## **Beginning Your Clinical Training**

Your first experience as a psychotherapist begins via involvement in a year-long psychotherapy practicum in either Adult Psychotherapy or Child Psychotherapy. Both practica draw their clients from referrals made to the Psychological Services Clinic (PSC). The PSC provides psychotherapy services, evaluations, assessments, and consultations to the local community as well as the university community. In keeping with the demographic profile of the area, PSC clients include relatively small numbers of minority clients; in 2019-2020, 27% of therapy clients were racial or ethnic minorities and 18% self-identified as sexual minorities. 87% of the Clinic's clients receive services at markedly reduced fees. Students are expected to continue work with clients through June and July; the Clinic closes for the month of August.

Therapy training in the PSC is organized in a vertical team model. Second and third-year practicum students carry caseloads of 3-4 clients and receive intensive supervision following live and videotaped observation of sessions. Fifth year students serve as student supervisors and work under the supervision of faculty members who head the vertical teams. First semester students attend vertical teams as observers and complete initial observations of therapy sessions. The teams intentionally represent a range of empirically supported theoretical perspectives including cognitive behavioral, interpersonal, and family systems approaches. All teams incorporate evidence-based approaches and ongoing assessment of the efficacy of treatment efforts, with the goal of enabling students to select and synthesize the most appropriate approaches for each client. Vertical teams are supervised by seven licensed psychologists: five members of the Clinical Faculty, and two licensed practitioners from the local community who are adjunct faculty members in the Department of Psychological Sciences.

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 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 a rewarding and enlightening training experience. Students can take the Child 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 Appendix D.

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 completing and passing your General Examination that qualifies you officially for doctoral study (i.e., dissertator). Passing some sort of comprehensive 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 Appendix G.

As you enter your third year, you should be completing your didactic course work, finishing your master’s degree (if you have not already done so) and engaging in your second year-long psychotherapy practicum. You should also form a faculty PhD advising committee (your advisor, another member of the Clinical Program, one faculty member from outside of the Clinical Division), and two additional readers, and prepare and submit the PhD Plan of Study form.

In terms of course work, you need to complete any remaining course requirements. You also will take your second year-long practicum in either Adult or Child Psychotherapy. If you complete *Neuropsychological Assessment* during your second year, you also have the option of taking additional courses in Neuropsychology and 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. Dr. Christine Yantz and Dr. Deborah Fein coordinate Neuropsychology Practica placements. You may also choose to complete advanced courses in other areas (Child Clinical, Health) in which you may pursue a Concentration (Child Clinical, Neuropsychology) or Certificate (Health Psychology). There are many certificates offered throughout the Graduate School. Information about them can be found [here](#). You should also register for 3 credits of GRAD 6950 research each semester of your 3<sup>rd</sup> year.

### **Your Tasks During the Fourth Year**

Your fourth year should be devoted primarily to your dissertation research and accruing additional clinical experience through a Clerkship in Clinical Methods. As noted earlier, detailed information about completing and defending your dissertation can be found in the [Graduate School Catalog](#) and [Policies and Rules for Graduate Study in Psychology](#). During the 4<sup>th</sup> year, you should be registering for the final 2 semesters of required GRAD 6950 dissertation research (at least 3 credits each semester).

### **The Dissertation**

All students must complete a dissertation proposal and defend this in an oral presentation to your committee and readers. You must defend and submit your dissertation proposal to the Graduate School before your first internship application is due (typically November 1<sup>st</sup> of your 5<sup>th</sup> year). The dissertation itself can be defended before or during your internship year. However, we strongly recommend, that, at a minimum, you collect all data prior to leaving for internship; it is extremely difficult to collect data while on internship.

There are specific deadlines set by the University for dissertation paperwork to be turned in to be eligible to graduate in that semester. For example, the Graduate School paperwork deadline for an August degree award is typically the 2<sup>nd</sup> week in August. To meet this deadline, a student would usually need to schedule the oral defense by the last week in July to have time to incorporate committee feedback. As of 2019, Clinical Psychology students are allowed to walk in the May Commencement ceremony if they are completing internship and are planning to defend the dissertation in the summer. For many post-doctoral or professional positions, you may not be able to start until your degree has been completed (or there may be a reduction in pay until you have successfully completed all degree requirements). The University maximum for completing the graduate program, including the dissertation, is 8 years.

The dissertation is meant to demonstrate the competencies listed above, specifically the ability to 1) critically evaluate theory and empirical studies to a specific topic, 2) formulate and conduct a

research study, and 3) communicate scientific information effectively. The primary difference between the master's thesis and dissertation is in the scope of the project and expected independence of the student as a researcher. Traditionally, the **dissertation** is 2-3 times longer because it includes more *depth in background*, more *detailed description of study procedures and measures*, and more detailed results (e.g., inclusion of some analyses that yielded null findings, more detail about analytic approaches, etc.). Further, a dissertation may include results from more than one study. The written document typically includes multiple chapters and appendices for other materials (e.g., a copy of all measures, consent forms). Dissertations typically range from 80-150 pages all-inclusive, although there are no page requirements. While the exact nature of the dissertation varies by lab, it is expected that all projects will allow the doctoral committee to evaluate the student's success in meeting the above competencies and their growth as an independent scholar. A copy of the Plan of Study for the Ph.D. is included in Appendix I and information about the Ph.D. Proposal is included in Appendix J.

### **Three Paper Dissertation (TPD) option**

Starting in 2020, students can opt for a “three-paper dissertation” with the approval of their advisor and thesis committee. In this scheme, a student binds together three **journal-length manuscripts** on a cohesive topic (each forming one Dissertation chapter), together with **Introduction and Discussion sections**, and submits this document as the Dissertation. The advantages are that, if they have already submitted their research for publication, it is not necessary to “repackage” the manuscripts for the dissertation; similarly, the chapters can more readily be submitted for publication, without extensive re-writing.

Students should opt into the TPD mechanism at the **time of the dissertation proposal**. During the proposal, students should present the committee with the following documents:

- a. Brief/preliminary version of the dissertation's Introduction chapter
- b. Precis of the three manuscripts that are proposed for inclusion
- c. List of the journals to which each of the papers have been/will be submitted
- d. Timeline: The date of submission for any papers already under review, and information about data collection/data analyses remaining to be done
- e. Notes about contributions of all co-authors to *conception and design, acquisition of data, data analysis, interpretation, and writing*

### **The TPD option entails the following expectations:**

- a. The chapters address a central and cohesive question; they must be thematically coherent.
- b. The three manuscript chapters should be in “journal-ready” form.
- c. None of the three papers should involve data collected or writing prepared for the master's thesis or comprehensive exam.
- d. The student must be first author of each of the three papers.
- e. Because the dissertation is required to be shared, with the student and university holding the copyright, the student must negotiate copyright with journals.
- f. At a minimum, two of the papers must be empirical (e.g., the student cannot submit more than one published review article as part of the dissertation).
- g. As noted above, dissertations are typically more detailed than journal articles. Students are encouraged to include material and information not submitted for publication as

Appendices to the dissertation (e.g., detailed lists of stimuli, additional Tables, etc.).

### **Clinical Experience outside of the PSC**

During the 4<sup>th</sup> year, you will complete a Clerkship in Clinical Methods. Clerkships are mini-internships, where students work as psychological assessors and psychotherapists in local agencies for 16-20 hours weekly. The Program has long standing relationships with a large number of clinical settings in the community. Given the large number of placements in the area and variation in student interests, there are typically more placements available than we can use in a given year. Clerkships also provide an opportunity for students to work with more diverse populations than are available in the training clinic on campus and to gain experience with specific populations and intervention models. Supervision of your clerkship activities is shared by agency- affiliated licensed psychologists and core faculty. Dr. Christine Yantz supervises clerkship placements for the clinical program. Dr. Yantz meets with students in the late fall 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, Dr. Yantz meets with students individually to help tailor clerkship experiences to meet individual training goals. Students must meet with Dr. Yantz before they contact clerkship sites about potential placements; they may not set up clerkship placements in advance of this process. Once students select a clerkship site, they must complete the Clinical Student Clerkship Agreement, which is included in Appendix K. Students completing clinical clerkships must meet all clinical experience requirements of the University and the external facility to be accepted for a clinical clerkship placement. More information about those requirements is included in the Additional Requirements for Clinical Placements section below.

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 Director of Clinical Training, who is 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) are required to have passed their General Exam and completed their Master's Degree.

### **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 Clinical Supervision* which is melded with a course on the *Didactics of Supervision and Consultation*. These two courses will provide in depth coverage of theories and empirical findings relevant to providing clinical supervision and provide you with supervised practice in supervising less

advanced students. All students are required to have supervised experience providing clinical supervision to junior students. Advanced students may serve as student supervisors for the first year assessment sequence, the vertical teams in the Clinic or in their research lab. The Supervision Competency Rating Form is included in Appendix O. These are to be completed by the faculty member who supervises your supervision experience.

During the 5<sup>th</sup> year, students can continue clerkship and/or teaching. Students must defend their dissertation proposal by the fall of their fifth year and before they apply for internship. They typically complete data collection during their fifth year and most defend their dissertation before they leave for internship. Students typically apply for internship in the fall of their 5<sup>th</sup> year. You may apply to internship sites all around the country. Internship 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 by the end of the internship year.

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 has 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. Typically, students complete the internship during their sixth 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! Clinical supervisors offer feedback each semester using the Vertical Team Evaluation Form (Appendix D) and the Clerkship Evaluation Form (Appendix E). Clinical feedback includes narrative descriptions of your skills and progress as well as ratings on a variety of professional competencies. Your advisor provides an annual summary evaluation and documents that on a Clinical Psychology Student Evaluation Form (Appendix C). This 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.

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. As you progress through the Program, however, your evaluations center increasingly on the perceptions of your supervisors and major advisors. That said, you must achieve at least a B- in required coursework for it to count towards program requirements.

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 Clinical Psychology Student Evaluation Form 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 year (semester for first year students) are assessed. In order to remain in good standing in the program, students

must attain a grade of B- in all courses and they must receive practicum or clerkship evaluations at the expected level or above. In addition, students must receive satisfactory ratings on their annual evaluation from the faculty to document acceptable progress in research, coursework and clinical training. If students do not meet minimal requirements, their adviser will develop an action plan for remediation, which is appended to their annual evaluation and reviewed in 6 months. Failure to address noted difficulties or attain the goals outlined in the action plan after one year will result in a recommendation to the Dean of the Graduate School for dismissal from the Program. While it is important that you are aware of the consequences of failing to attain expected standards, in practice this happens very rarely and is almost always resolved through the mechanism of the action plan.

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 educational records, which are retained in a locked file in the office of the Program Administrative Manager. 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 Psychology](#). The University does not have a uniform grievance policy for faculty. Some forms of grievances are addressed through the American Association of University Professors grievance policy as outlined in the [Collective Bargaining Agreement](#). Other forms of grievances are addressed in the [By-Laws of the University](#).

The American Psychological Association has adopted a series of profession wide competencies 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 clerkship placements and they are infused into the goals and competencies that define the program.

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 Program Head and the Director of Clinical Training also ask students to complete an anonymous survey each spring about their experience in the program. They then hold a Program-wide meeting to review feedback and discuss issues related to Program functioning with the entire Program community.

### **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 difficulty 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 occurs when a student manifests **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; these problems are not easy to address.

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 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. Major reasons for termination usually involve failure of a student on probation to demonstrate improvement within mutually agreeable time frames, conviction of a felony, and egregious ethical violations. Students may appeal a termination under the provisions outlined in the [Complaint, Appeal, and Hearing Procedures section](#) of the Graduate School Catalog. 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. Students should contact the Center for Students with Disabilities at <https://csd.uconn.edu/request-accommodations> for additional information. 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. You may also wish to contact the Center for Students with Disabilities, which will assist you in procuring needed educational accommodations.
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] 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 Psychology](#). 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 fellowships, and pre- doctoral fellowships**, are allocated to the Department and divided among the seven Programs according to an agreement worked out years ago by the Program Heads. Each Program 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, as follows:**

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 require specialized expertise or skills. These include psychological assessment and consultation or clinical supervision in the Psychological Services Clinic, psychotherapy at external agencies, 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 many faculty for specific students to serve as teaching or grading assistants.
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 program 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.
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 covered under the [GEU-UAW Collective Bargaining Contract](#), 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 funding priorities 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 Program Heads on behalf of the entire Department.

**Third, the faculty are supportive of helping facilitate your access to gainful employment from other venues, with the explicit approval of your major advisor.** For example, we have helped students find teaching jobs at nearby colleges. 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.

### **Need-Based Financial Aid**

In addition to the Department and University funding described above, you may also be eligible for need-based financial aid, depending upon your individual economic circumstances. Need-based financial aid (Federal loans and Federal Work-Study) is administered and awarded through the University's [Office of Student Financial Aid Services](#). Details of the application and award process, including forms that need to be completed and submitted to be eligible for need-based funding can be found on the Student Financial Aid Services Graduate Student Financial Aid [webpage](#). In the past, Federal Work-Study Funding has allowed for graduate students to earn their Federal Work-Study awards by performing work in their advisor or other faculty's labs, however the status of Federal Work-Study funds is uncertain at present; in recent years, only minimal funds have been available.

In addition to meeting financial need requirements for Federal financial assistance, eligible students must also meet certain course enrollment requirements as well as UConn's satisfactory academic progress (SAP) policy in order to maintain their eligibility for need-based Federal funding. Please see this Office of Student Financial Aid Services [webpage](#) for specific eligibility requirements.

The University is required via federal regulation to establish a satisfactory academic progress (SAP) policy; Students who are found to be in violation of the parameters set forth by the SAP

policy are ineligible to receive most forms of federal, state, and institutional financial aid. UConn's SAP policy can be viewed on the [Office of Student Financial Aid Services webpage](#).

Most forms of Federal financial assistance require students to maintain full-time or half-time enrollment. Requirements for maintaining full- or half-time enrollment can be found in the [Academic Regulations](#) section of the Graduate School Catalog.

The clinical faculty are not aware of your specific financial needs or your loan history; therefore, we do not compute your financial need into what we offer from our non-need based Department/University funding sources (described above). **Ineligibility for Federal, need-based financial assistance does not affect your eligibility for non-federal aid such as departmental assistantships, research assistantships, and university wide fellowships. It should be noted however that certain types of Department and/or University funding that you receive (particularly fellowship funding) may impact your eligibility for need-based financial assistance or the amount of need-based financial assistance you have been awarded.**

### **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, or on-site supervisors at Clinical placements. 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 clinical supervisors and that your work will be consistent with current standards of professional practice.**

Having said this, it is essential that you carry malpractice insurance. **All clinical faculty members who engage in clinical practice or supervision carry malpractice insurance. Students enrolled in the Clinical Psychology Program are required to be covered under a Professional Liability policy that is provided by the University.** 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 activities that are a part of your training

program, for the duration of your tenure here. Documentation of that coverage for external agencies is available from the Clinical Program Administrative Manager.

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 immunity does not apply and your malpractice policy will not provide protection if you engage in professional assessment or psychotherapeutic activities that are not a part of the graduate training program.

### **Additional Requirements for Clinical Placements**

The Clinical Psychology program requires completion of six semesters of clinical experiences in our on-site Psychological Services Clinic plus at least two semesters of clinical experiences (*Clerkship in Clinical Methodology*) at external sites. In order to complete required clinical experiences all students must successfully complete a background screening and health/immunization requirements as described below, prior to the start of the first semester. Clinical Psychology students will also be required to complete the University's Health Insurance Portability and Accountability Act (HIPAA) Training and the Training on the Protection of Minors. (See Clinical Compliance Requirements located in Appendix L.)

As a student in the Clinical Psychology Program you must complete all required clinical experiences. If you are unable to complete all required clinical experiences you will not graduate from the Program.

All external clinical experiences must be completed at a Program approved facility. The Program will assist you in finding such clinical placements. Each facility has its own requirements that must be met before accepting a student for a clinical placement. You are responsible for meeting the facility's requirements. The Program is not responsible for securing clinical placements for students who are unable to meet a clinical facility's placement requirements.

Common clinical facility requirements may include, but are not limited to the following:

1. Successfully completing a background screening. Background screenings may include checking state and federal criminal records and sex offender registries. If your background screening shows that you have a criminal record or are listed as a sex offender, you may not be able to secure a clinical placement.
2. Successfully passing drug screenings. Drug screening may occur at one or more times during the program. If you test positive for drug use, you may not be able to secure a clinical placement or may be removed from a clinical placement. This includes, but is not limited to, prescribed medical marijuana or opiates.

3. Demonstrating that you are current with immunizations (i.e., tuberculosis, measles, varicella & influenza). A record of previous immunizations is not sufficient to fulfill these requirements. If you are unable to demonstrate, through written documentation, that you are current with your immunizations, you may not be able to secure a clinical placement. It has been UConn's experience that clinical facilities will not accept a religious exemption form in lieu of proof of immunization and will deny clinical placements to any student who fails to provide such proof. Evidence of immunity and costs associated with testing are your responsibility. Titers may be done through either your family doctor or the University's student health service. (See Clinical Health Records Packet located in Appendix M.)

If you are not able to meet these requirements, you will most likely not be able to complete the program's clinical experience requirements. The financial costs of meeting these requirements are generally your responsibility. If you have any questions regarding background checks or drug screenings you can contact UConn's Clinical Case Manager ([clinicalcasemanager@uconn.edu](mailto:clinicalcasemanager@uconn.edu)). For all other inquires please contact Debbie Vardon, Training Program Administrative Manager ([debra.vardon@uconn.edu](mailto:debra.vardon@uconn.edu) or 860-486-2057).

Students are required to sign a consent/authorization (Appendix N) that permits the Clinical Program to collect and share information related to these requirements. In addition to these requirements, Veteran's Administration placement sites require that the program provide information related to students' Selective Service status. Students securing placements at VA facilities will be required to complete an additional consent/authorization form related to their Selective Service status.

### **Psychology Graduate Student Association (PGSA)**

There are two campus groups that specifically advocate for graduate students; the [Graduate Student Senate](#) on the University level, and the [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 the 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. The GSAC is composed of student members from each program of the Psychological Sciences Department.

### **Life After Graduate School**

For much of your graduate career, the prospect of graduating will seem dismally 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. Since 2009, 76 students have matriculated through the Program; 73 of those students completed their degrees. Our attrition rate is 4%. The mean time to degree completion is 6.1 years.

In accord with APA Committee on Accreditation requirements implemented in 2017, we survey

our graduates at 2 and 5 years post degree to solicit information about their post graduate professional activities as well as their satisfaction with their training. We have surveyed 45 graduates since 2017 and received information from 38 of them, for a return rate of 84%. The data suggest that our graduates obtain employment in a variety of clinical and research settings:

- 40% of our graduates obtain positions at Medical Schools and Hospitals where they are engaged in a variety of clinical activities, assessment and treatment, supervision and research.
- 14% are employed at universities or colleges where they are engaged in research and teaching.
- 20% of our graduates provide clinical services, administration and supervision in community-based settings
- 26% provide clinical services in private practice settings.

97% of our graduates are licensed psychologists; one graduate is employed as an assistant professor and did not seek licensure. Sixty- three percent of our graduates describe clinical services as their primary responsibility; 24% list research as their primary activity and 13% list research as a secondary activity. These data suggest that students in the program select from a variety of career paths and have training that prepares them for a variety of career trajectories. Many appear to combine clinical work, supervision, teaching and research in a manner consistent with the program's commitment to integrated clinical and research training. Eighty-four percent of our graduates report that they provide consultation to other professionals; 69% report that they provide clinical supervision. Our students report that they remain active in professional organizations (84%) and attend professional conferences (82%). Many also contribute to the empirical literature.

### **Scholarly Contributions of Graduates: at 2 and 5 years post-graduation (% YES)**

Published (peer reviewed) Articles: 63%  
Conference Presentations: 61%  
Received a Research Grant: 25%

Graduates report very high levels of satisfaction with their training across all professional competencies. Graduates were asked to rate the quality of their training and preparation in multiple areas on a scale of 1 (not at all prepared) to 6 (extremely well prepared). They report being especially satisfied with their training in research and clinical practice, including both assessment and intervention, and report high levels of satisfaction in their ability to apply research skills to clinical practice. They also provide high ratings on their ability to be reflective in both professional practice and interpersonal interactions and their commitment to life-long learning. A sample of ratings provided by graduates at 2 years post-graduation is listed below:

Research design 5.3  
Critical reading of research literature 5.65  
Synthesis and integration of research findings 5.75  
Knowledge of psychopathology and diagnosis 5.6  
Knowledge of appropriate psychological assessment tools 5.7

Ability to conceptualize case material for intervention 5.55  
Ability to apply research skills to clinical practice 5.58  
Use of empirically supported intervention tools 5.0  
Assessment of efficacy of intervention efforts 4.85  
Knowledge of ethical and legal standards 5.2  
Ability to recognize and address ethical/legal issues in clinical practice 5.45  
Ability to collaborate with professionals from other disciplines 5.0  
Ability to provide clinical supervision 4.5  
Ability to provide consultation to professionals 4.55  
Ability to consult to community groups 4.4  
Awareness of the role of cultural issues in clinical practice, teaching and research 5.10  
Ability to work responsibly with individuals from diverse backgrounds 5.3  
Awareness of the role of self-reflection in professional practice 5.55  
Ability to use reflective practice in interpersonal situations 5.45  
Ability to sustain lifelong learning and continuing education 5.75

We hope that this handbook 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 graduates report staying in touch with faculty. 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.

## Appendix A

Curriculum							
Fall		1st Year		Spring			
PSYC 5104	Foundations of Research in Psyc I	3cr		PSYC 5105	Foundations of Research in Psyc II	3cr	
PSYC 5301	Practicum in Interviewing	3cr		PSYC 5302	Adult Psychopathology	3cr	
PSYC 5303	Developmental Psychopathology	3cr		PSYC 5304	Pract in Personality Assessment	3cr	
PSYC 5305	Psychodynamics	3cr		PSYC 5307	Empirically Supported Therapy	3cr	
PSYC 5300	Research Seminar in Clinical Psych	1cr		PSYC 5300	Research Seminar in Clinical Psych	1cr	
PSYC 5399	Clinical Psych Research Group	1cr		PSYC 5399	Clinical Psych Research Group	1cr	
PSYC 6301/02 [V-Team]	Practicum-Adult/Child Psychotherapy (observe only)	1cr		PSYC 5800	Research in Psychology	1cr	
GRAD 5950	Master's Thesis Research	3cr		GRAD 5950	Master's Thesis Research	3cr	
Fall		2nd Year		Spring			
PSYC 5140	Found. of Neuropsych (Breadth #1)	3cr		PSYC 5306	Prof. Issues in Clinical Psych	3cr	
PSYC 5332	Research Design & Test Construction	3cr		PSYC 5370	Curr Topics: Ethnic Minority Psych	3cr	
PSYC 6301/02*	Practicum-Adult/Child Psychotherapy	3cr		PSYC 6301/02*	Practicum-Adult/Child Psychotherapy	3cr	
PSYC 5300	Research Seminar in Clinical Psych	1cr		PSYC 5300	Research Seminar in Clinical Psych	1cr	
PSYC 5399	Clinical Psych Research Group	1cr		PSYC 5399	Clinical Psych Research Group	1cr	
GRAD 5950	Master's Thesis Research	3cr		GRAD 6950^	Doctoral Dissertation Research	3cr	
PSYC 5322^^^	Methods of Child/Family Therapy	3cr		PSYC 5141***	Neuropsych Assessment	3cr	
Fall		3rd Year		Spring			
PSYC 5703**	Advanced Social Psych (Breadth #2)	3cr		Breadth	Breadth #3 (if not already taken)	3cr	
PSYC 6301/02*	Practicum-Adult/Child Psychotherapy	3cr		PSYC 5344****	History & Systems of Psychology	1cr	
PSYC 5300	Research Seminar in Clinical Psych	1cr		PSYC 6301/02*	Practicum-Adult/Child Psychotherapy	3cr	
PSYC 5399	Clinical Psych Research Group	1cr		PSYC 5300	Research Seminar in Clinical Psych	1cr	
GRAD 6950^	Doctoral Dissertation Research	3cr		PSYC 5399	Clinical Psych Research Group	1cr	
PSYC 5120^^^	Health Psychology	3cr		GRAD 6950^	Doctoral Dissertation Research	3cr	
AND/OR				AND/OR			
PSYC 6141	Practicum in Neuropsych Assessment	3cr		PSYC 6141	Pract in Neuropsych Assessment	3cr	
Fall		4th & 5th Year		Spring			
PSYC 5399	Clinical Psych Research Group	1cr		PSYC 5399	Clinical Psych Research Group	1cr	
GRAD 6950^	Doctoral Dissertation Research	3cr		GRAD 6950^	Doctoral Dissertation Research	3cr	
PLUS				PLUS			
PSYC 6300^^	Clerkship in Clinical Methodology	3cr		PSYC 6300^^	Clerkship in Clinical Methodology	3cr	
AND/ OR				AND/ OR			
PSYC 6303^^	Didactics of Supervision & Consult. &	3cr		PSYC 6304^^	Practicum in Clinical Supervision	3cr	
PSYC 6304^^	Practicum in Clinical Supervision	3cr					
Fall		6th Year		Spring			
PSYC 6310^^	Internship in Clinical Psychology	0cr		PSYC 6310^^	Internship in Clinical Psychology	0cr	
GRAD 6930^^^	Full-time Directed Studies	3cr		GRAD 6930^^^	Full-time Directed Studies	3cr	

Notes:

- **Courses in bold are required**; others are optional.
- \* PSYC 6301/6302 – The course taken in the Fall will also be taken in the Spring semester (i.e. a full year of either PSYC 6301 or 6302)
- \*\* A different Social Psych course may be substituted for 5703 under certain conditions; see Marianne or handbook for details.
- \*\*\* Foundations of Neuropsychology is a pre-requisite for Neuropsychological Assessment
- \*\*\*\* This course can be scheduled in the Summer
- ^ A total of 15 cr of GRAD 6950 are required. Add'l credits may be taken, if needed for GA eligibility, once all courses are completed.
- ^^ Masters will be required for Internship, Graduate Teaching, Clerkship, and Supervision unless Advisor exception is granted.
- ^^^ PSYC 5322 & 5120 are not required; if not taken, the 3rd breadth course could be taken in place of either of these courses.
- ^^^ GRAD 6930 is not required during the internship year; if the student needs to maintain full-time status they may opt to register.

**Appendix B**  
**Checklist for Meeting Program & Department Requirements**

**Clinical Program Requirements:**

Practicum in Interviewing (5301) \_\_\_\_ Adult Psychopathology (5302) \_\_\_\_  
Developmental Psychopathology (5303) \_\_\_\_  
Practicum in Personality Assessment (5304) \_\_\_\_  
Psychodynamics (5305) \_\_\_\_ Professional Ethics (5306) \_\_\_\_  
Empirically Supported Therapy (5307) \_\_\_\_  
Research Design and Test Construction (5332) \_\_\_\_  
Foundations of Neuropsychology (5341) \_\_\_\_  
Current Topics: Ethnic Minority Psychology (5370) \_\_\_\_  
Current Topics in Psychology: History and Systems (5170) \_\_\_\_  
Adult Practicum (6301) \_\_\_\_  
Adult Practicum (6301) \_\_\_\_ **OR** Child Practicum (6302) \_\_\_\_  
Clerkship (6300) \_\_\_\_  
Clinical Internship (6310) \_\_\_\_

GRAD 5950 (9 credits) \_\_\_\_ **AND** GRAD 6950 (15 credits) \_\_\_\_

**Discipline Specific Knowledge (Specify course):**

Affective Basis of Behavior \_\_\_\_\_ Biological Basis \_\_\_\_\_

Cognitive Basis: \_\_\_\_\_ Developmental Basis: \_\_\_\_\_

Social Basis \_\_\_\_\_ Advanced Integrative Area: \_\_\_\_\_

**Departmental Requirements:**

**Statistics Sequence:**

PSYC 5104 \_\_\_\_ PSYC 5105 \_\_\_\_

**Breadth:** Minimally 3 courses from outside Clinical Psych. The same course can fulfill both APA and departmental breadth requirements (e.g., *Foundations of Neuropsychology* (5140), *Advanced Social Psychology* (5703), etc.) if it is not taught as a clinical division 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 21 course credits plus 9 credits of GRAD 5950. [It is recommended that you save the 3 departmental breadth courses to include on the *PhD* Plan of Study.]

Committee Members:

Major Advisor (Clinical) \_\_\_\_\_  
Associate Advisor (Clinical) \_\_\_\_\_  
Associate Advisor (Non-Clinical) \_\_\_\_\_

Title of M.S. Thesis:  
\_\_\_\_\_

**Complete General Exam** (Summer prior to Third Year) and submit [form](#) to Registrar's Office with a copy to the department Graduate Program Coordinator once passed.

Date Submitted (Completion date): \_\_\_\_\_  
Date Notified of results: \_\_\_\_\_  
Date submitted to Registrar's Office: \_\_\_\_\_

**Submit [Ph.D. Plan of Study](#)** to Registrar's Office with a copy to the department Graduate Program Coordinator (beginning of 3<sup>rd</sup> year). Specify completion of at least 15 course credit hours (30 hours if you did not complete a master's) plus 15 credits of GRAD 6950. **Notes:** (1) Psychological Sciences programs are exempt from the *Language or Related Area* requirement; check the "exempt" box on page 4 of the Plan; (2) you cannot use courses already listed on your M.S. Plan of Study for the PhD Plan.

Committee Members:  
Major Advisor (Clinical) \_\_\_\_\_  
Associate Advisor (Clinical) \_\_\_\_\_  
Associate Advisor (Non-Clinical) \_\_\_\_\_

**Defend your Dissertation Proposal (by 1<sup>st</sup> semester of 5<sup>th</sup> year) and submit paperwork to the Registrar's Office with a copy to the department Graduate Program Coordinator.**

Date of Proposal Defense: \_\_\_\_\_  
Proposal Reviewers/Readers: \_\_\_\_\_ and \_\_\_\_\_  
Date Proposal and IRB paperwork submitted to Registrar's Office: \_\_\_\_\_

**Defend your Dissertation and submit paperwork to the Registrar's Office with a copy to the department Graduate Program Coordinator**

Date of Defense: \_\_\_\_\_  
Defense Examiners: \_\_\_\_\_ and \_\_\_\_\_  
*(two faculty in addition to 3 committee members; these can be the Proposal reviewers/readers but do not have to be)*

Title of Dissertation:  
\_\_\_\_\_  
\_\_\_\_\_

**Submit a Paper for Publication** - Submission Date: \_\_\_\_\_

**Co-Review a Journal Article with Your Advisor** - Date: \_\_\_\_\_

**Present at a Conference** – Conference Date: \_\_\_\_\_

**Appendix C**  
**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**

0 1 2 3 4 5 6  
Not At All Skilled Extremely Skilled

Descriptive feedback:

**2. psychotherapy**

0 1 2 3 4 5 6  
Not At All Skilled Extremely Skilled

Descriptive feedback:

**3. research skills**

0 1 2 3 4 5 6  
Not At All Skilled Extremely Skilled

Descriptive feedback:

**4. research progress**

0 1 2 3 4 5 6  
Below Expectations Above Expectations

Descriptive feedback:

**B. Communication Skills:**

**1. *speaking***

0 1 2 3 4 5 6  
Not At All Skilled Extremely Skilled

Descriptive feedback:

**2. *writing***

0 1 2 3 4 5 6  
Not At All Skilled Extremely Skilled

Descriptive feedback:

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

0 1 2 3 4 5 6  
Not At All Skilled Extremely Skilled

Descriptive feedback:

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

0 1 2 3 4 5 6  
Not At All Skilled Extremely Skilled

Descriptive feedback:



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



**Appendix D  
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.** Students are expected to achieve a rating of (4) Intermediate on all skills at the conclusion of the first year of vertical team and of (7) Ready for Clerkship at the conclusion of the second year of vertical team.

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

1	2	3	4	5	6	7
Novice			Intermediate			Ready for Clerkship

**Novice** refers to the student who has just begun to develop clinical skills and confidence and who may struggle to demonstrate specific skills. Students at this level require consistent direct observation of their work to help them develop self-reflective skills.

**Intermediate** refers to the student who can demonstrate the skill in question at times, but who may not do so consistently, and who is sometimes able to reflect accurately on their work but may not consistently assess his/her own performance of the skill. Students at this level require close supervision and frequent observation of their work. They are not yet ready to function independently.

**Ready for Clerkship** 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 independently or with self-initiated requests for help. Students at this level are able to function without frequent direct observation of their clinical work and can report accurately on their work to supervisors.

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	
ii) Ability to form a working alliance.	
iii) Ability to deal with conflict, negotiate differences.	
iv) Ability to understand and maintain appropriate professional boundaries.	

#### **b) With colleagues:**

i) Ability to work collegially with fellow professionals.	
ii) Ability to support others and their work and to gain support for one's own work.	

iii) Ability to provide helpful feedback to peers and receive such feedback non-defensively from peers.	
---	--

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

i) Ability to work collaboratively with the supervisor.	
ii) Ability to prepare for supervision.	
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.	
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.	
v) Ability to participate fully in vertical team.	
vi) Ability to understand and observe Clinic procedures.	

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

**3. Intervention Skills**

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

**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	
b) Knowledge about the nature and impact of diversity in different	

clinical situations (e.g., clinical work with specific populations)	
c) Ability to work effectively with diverse others in treatment.	

**7. Ethics:**

a) Knowledge of ethical/professional codes, standards and guidelines; knowledge of statutes, rules and regulations relevant to the practice of psychology.	
b) Ability to recognize and analyze ethical and legal issues across the range of professional activities in the clinical setting.	
c) Ability to recognize and understand the ethical dimensions/features of his/her own attitudes and practice in the clinical setting.	
d) Ability to seek appropriate information and consultation when faced with ethical issues.	
e) Ability to practice appropriate professional assertiveness related to ethical issues (e.g., by raising issues when they become apparent to the student).	
f) Evidence commitment to ethical practice.	

**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.	
2) Developing an organized, disciplined approach to writing and maintaining notes and records.	
3) Negotiating/managing fees and payments.	
4) Organizing/presenting case material; preparing professional reports	I __
5) How to self-identify personal distress, particularly as it relates to clinical work.	
6) How to seek and use resources that support healthy functioning when experiencing personal distress.	

b) Professional Development Competencies

1) Critical thinking and analysis.	
2) Responsibility and accountability relative to one's level of training, and seeking consultation when needed.	
3) Time management.	
4) Self- awareness, understanding, and reflection.	
5) Self-care.	
6) Awareness of personal identity (e.g., relative to individual and cultural differences).	
7) Awareness of one's own beliefs and values as they relate to and impact professional practice and activity.	
8) Willingness to acknowledge and correct errors.	

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

**1. Personality Characteristics, Intellectual and Personal Skills**

a) <u>Interpersonal skills</u> : 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) <u>Cognitive skills</u> : problem-solving ability, critical thinking, organized reasoning, intellectual curiosity and flexibility.	
c) <u>Affective skills</u> : affect tolerance; tolerance/understanding of interpersonal conflict; tolerance of ambiguity and uncertainty.	
d) <u>Personality/Attitudes</u> : desire to help others; openness to new ideas; honesty/integrity/valuing of ethical behavior; personal courage.	
e) <u>Expressive skills</u> : ability to communicate one's ideas, feelings and information in verbal, non-verbal and written forms.	
f) <u>Reflective skills</u> : ability to examine and consider one's own motives, attitudes, behaviors and one's effect on others.	
g) <u>Personal skills</u> : 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

Appendix E

University of Connecticut  
Clinical Psychology Training Program  
Clerkship Evaluation Form

Date of Review: \_\_\_\_\_

Student Name: \_\_\_\_\_

Yr in UConn Program: \_\_\_\_\_

Clerkship Site: \_\_\_\_\_

Clerkship Supervisor: \_\_\_\_\_

Brief description of the **supervision format** (frequency of contact, supervision format & materials utilized)

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

Date of Live Observation: \_\_\_\_\_

Format of Observation: \_\_\_\_\_

---

Please comment on the clerk's performance, including strengths and weaknesses and specific areas which need improvement and additional supervision for each of the following areas listed below:  
*Your evaluation standards should reflect abilities expected of pre-internship clinical students.*

1. **Grasp of theoretical issues** (knowledge of a variety of theoretical viewpoints; knowledge of social systems and group dynamics; integration of research into psychological practice):

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

\_\_\_ Needs Improvement    \_\_\_ Average    \_\_\_ Above Average    \_\_\_ Superior

2. **Clinical interactions** (establishing rapport, conducting intake interviews; setting reasonable therapeutic goals; conducting crisis intervention; termination skills):

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

\_\_\_ Needs Improvement    \_\_\_ Average    \_\_\_ Above Average    \_\_\_ Superior

3. **Demonstrates intervention skills and interpretation of clinical data:**(demonstrates diagnostic skills, utilizes intervention techniques effectively; assess impact of intervention efforts, uses community resources appropriately; makes appropriate referrals):

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

\_\_\_ Needs Improvement    \_\_\_ Average    \_\_\_ Above Average    \_\_\_ Superior

4. **Utilizes psychological tests and interprets test data** (selecting instruments for a variety of clients and situations; willingness to explore and master a variety of test instruments; ability to appropriately interpret data and conceptualize appropriate recommendations):

---

---

---

---

\_\_\_ Needs Improvement    \_\_\_ Average    \_\_\_ Above Average    \_\_\_ Superior  
\_\_\_ Not enough information available

5. **Ability to present material in written form** (writing skills, organization of data; ability to convey information in readable form to other professionals and clients; maintenance of case records):

---

---

---

---

\_\_\_ Needs Improvement    \_\_\_ Average    \_\_\_ Above Average    \_\_\_ Superior

6. **Ability to present material verbally** (case presentation; seminar preparation, presentation of cases in meetings):

---

---

---

---

\_\_\_ Needs Improvement    \_\_\_ Average    \_\_\_ Above Average    \_\_\_ Superior

7. **Quality of interaction with other professionals** (Coordination with other professionals on case related material; consultation with organization or agencies; utilizing feedback of other professionals):

---

---

---

---

\_\_\_ Needs Improvement    \_\_\_ Average    \_\_\_ Above Average    \_\_\_ Superior

8. **Sensitivity to ethical/professional issues** (knowledge of ethical guidelines, understands and respects confidential nature of clinical interaction, demonstrates competence, responsibility to clients/multicultural sensitivity):

---

---

---

---

\_\_\_ **Needs Improvement**    \_\_\_ **Average**    \_\_\_ **Above Average**    \_\_\_ **Superior**

9. **Ability to benefit from supervision** (utilize feedback; consider new ideas; divergent viewpoints, receptive to supervision):

---

---

---

---

\_\_\_ **Needs Improvement**    \_\_\_ **Average**    \_\_\_ **Above Average**    \_\_\_ **Superior**

10. **OVERALL COMPETENCE** (rating scale 1-10, with 1 the highest possible rating: quality and volume of work; professional role; predictions of success as a psychologist):

---

---

---

---

10    9    8    7    6    5    4    3    2    1

**Needs much  
Improvement**

**Average**

**Truly  
Outstanding**

## COMPETENCY BENCHMARKS - CLERKSHIP

### 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
<b>1A. Integrity</b> - 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
<b>1B. Deportment</b>		
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
<b>1C. Accountability</b>		
Accountable and reliable	Accepts responsibility for own actions	Independently accepts personal responsibility across settings and contexts
<b>1D. Concern for the welfare of others</b>		
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
<b>1E. Professional Identity</b>		
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
<b>2A. Self as Shaped by Individual and Cultural Diversity</b> (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 ) <b>and Context</b>		
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
<b>2B. Others as Shaped by Individual and Cultural Diversity and Context</b>		
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
<b>2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context</b>		
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
<b>2D. Applications based on Individual and Cultural Context</b>		
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
<b>3A. Knowledge of ethical, legal and professional standards and guidelines</b>		
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
<b>3B. Awareness and Application of Ethical Decision Making</b>		
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
<b>3C. Ethical Conduct</b>		
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.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<b>4A. Reflective Practice</b>		
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

<b>4B. Self-Assessment</b>		
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
<b>4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)</b>		
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
<b>4D. Participation in Supervision Process</b>		
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	Effectively participates in supervision	Independently seeks supervision when needed

## RELATIONAL

5. **Relationships:** Relate effectively and meaningfully with individuals, groups, and/or communities.

<b>READINESS FOR PRACTICUM</b>	<b>READINESS FOR INTERNSHIP</b>	<b>READINESS FOR ENTRY TO PRACTICE</b>
<b>5A. Interpersonal Relationships</b>		
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
<b>5B. Affective Skills</b>		
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

<b>5C. Expressive Skills</b>		
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

## APPLICATION

6. **Evidence-Based Practice:** Integration of research and clinical expertise in the context of patient factors.

<b>READINESS FOR PRACTICUM</b>	<b>READINESS FOR INTERNSHIP</b>	<b>READINESS FOR ENTRY TO PRACTICE</b>
<b>6A. Knowledge and Application of Evidence-Based Practice</b>		
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

7. **Assessment:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

<b>READINESS FOR PRACTICUM</b>	<b>READINESS FOR INTERNSHIP</b>	<b>READINESS FOR ENTRY TO PRACTICE</b>
<b>7A. Knowledge of Measurement and Psychometrics</b>		
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
<b>7B. Knowledge of Assessment Methods</b>		
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

<b>7C. Application of Assessment Methods</b>		
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
<b>7D. Diagnosis</b>		
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
<b>7E. Conceptualization and Recommendations</b>		
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
<b>7F. Communication of Assessment Findings</b>		
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

8. **Intervention:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

<b>READINESS FOR PRACTICUM</b>	<b>READINESS FOR INTERNSHIP</b>	<b>READINESS FOR ENTRY TO PRACTICE</b>
<b>8A. Intervention planning</b>		
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
<b>8B. Skills</b>		
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

<b>8C. Intervention Implementation</b>		
Demonstrates basic knowledge of intervention strategies	Implements evidence-based interventions	Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate
<b>8D. Progress Evaluation</b>		
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

9. **Consultation:** The ability to provide expert guidance or professional assistance in response to a client’s needs or goals.

<b>READINESS FOR PRACTICUM</b>	<b>READINESS FOR INTERNSHIP</b>	<b>READINESS FOR ENTRY TO PRACTICE</b>
<b>9A. Role of Consultant</b>		
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
<b>9B. Addressing Referral Question</b>		
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
<b>9C. Communication of Consultation Findings</b>		
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
<b>9D. Application of Consultation Methods</b>		
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

## SYSTEMS

10. **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
<b>10A. Knowledge of the Shared and Distinctive Contributions of Other Professions</b>		
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
<b>10B. Functioning in Multidisciplinary and Interdisciplinary Contexts</b>		
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
<b>10C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes</b>		
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
<b>10D. Respectful and Productive Relationships with Individuals from Other Professions</b>		
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

**Supervisor Acknowledgment:** I acknowledge that I discussed the feedback contained in this form with the student on \_\_\_\_\_.  
(date)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Appendix F Competency Benchmarks – Assessment

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups and/or organizations			
NOVICE	READINESS FOR CLERKSHIP/PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<b>A. Knowledge of Measurement and Psychometrics</b>			
Demonstrates limited knowledge of scientific and theoretical basis of test construction.	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
<b>B. Knowledge of Assessment Methods</b>			
Demonstrates limited or inconsistent knowledge and skill in test administration and scoring.	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
<b>C. Application of Assessment Methods</b>			
No expectation at this level	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
<b>D. Diagnosis</b>			
Demonstrates limited knowledge of the range of normal and abnormal behavior	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
Demonstrates limited ability to formulate diagnosis or case conceptualization	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
<b>F. Communication of Assessment Findings</b>			
No expectation at this level	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

## **Appendix G**

### **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 complete 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 students 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 reflect 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 Registrar's Office with a copy to the department Graduate Program Coordinator.

**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: \_\_\_\_\_ on \_\_\_\_\_  
(Faculty advisor signature) (date)

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**













**LANGUAGE(S) OR RELATED AREA(S) OF KNOWLEDGE**

At least one foreign language or one related area is required

Foreign Language(s): Consult the current Graduate Catalog for methods by which a foreign language requirement can be fulfilled. List language(s) below.

If your field of study requires no foreign language or related area indicate exempt:

LANGUAGE	HOW TO BE FULFILLED		
_____	EXAM <input type="checkbox"/>	NATIVE SPEAKER <input type="checkbox"/>	COURSEWORK <input type="checkbox"/>
_____	EXAM <input type="checkbox"/>	NATIVE SPEAKER <input type="checkbox"/>	COURSEWORK <input type="checkbox"/>
_____	EXAM <input type="checkbox"/>	NATIVE SPEAKER <input type="checkbox"/>	COURSEWORK <input type="checkbox"/>

**RELATED AREA(S)**

A related area must comprise a coherent unit of at least six credit hours of advanced work outside the field of study (or area of concentration, if appropriate) and usually outside the department in which the major work of the degree is offered. Ordinarily, the work must be taken at the University of Connecticut. No credits will be accepted in transfer for a related area unless approved in advance by the advisory committee. Note that related areas are not part of course content.

SPECIFY RELATED AREA	College	Course No.	Course Title	Credits	Year
1.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

	College	Course No.	Course Title	Credits	Year
2.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL:**  
(original signatures required)

MAJOR ADVISOR \_\_\_\_\_  
ASSOCIATE ADVISOR \_\_\_\_\_  
ASSOCIATE ADVISOR \_\_\_\_\_  
ASSOCIATE ADVISOR \_\_\_\_\_  
ASSOCIATE ADVISOR \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE \_\_\_\_\_ THE GRADUATE SCHOOL \_\_\_\_\_



**ADVISOR'S NAME (PRINTED)**  
Minimum of three required

**ORIGINAL SIGNATURE REQUIRED**

MAJOR ADVISOR \_\_\_\_\_

ASSOCIATE ADVISOR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REVIEWED AND APPROVED BY THE DEPARTMENT OR PROGRAM**

Dissertation proposal review option  
(check one)

Read by two reviewers  
 Student presentation to advisory committee and two reviewers  
 Review committee

Department or program head or review committee chairperson \_\_\_\_\_  
(signature)

Date \_\_\_\_\_

Approved by the Office of the Registrar \_\_\_\_\_  
(signature)

Date \_\_\_\_\_

## INSTRUCTIONS FOR THE DISSERTATION PROPOSAL FOR THE DOCTORAL DEGREE

The Dissertation Proposal should be written, reviewed, and fully approved before preparation of the dissertation is well underway. Any delay in timely review and approval of the Proposal may result in wasted effort on a dissertation. At the latest, your Proposal should be ready for review at least six months before your expected date of degree completion. Once the Proposal is approved by the members of your advisory committee, submit your Proposal to the Head of your Department or Program [or to the Chairperson of the Review Committee if appropriate].

Your Proposal must be fully approved at least three months prior to the date of your Oral Defense.

Your Plan of Study must be fully approved at the time your Dissertation Proposal is submitted for final review.

### REQUIRED ARE:

1. The completed and signed Dissertation Proposal Approval form (with a copy attached of current IRB approval for human subjects and/or IACUC approval for animal subjects to be used in the research).
  2. An accurate title.
  3. A concise statement which includes (a) the purpose, importance, and novelty of the study, (b) methods and techniques to be used, (c) availability and location of research facilities, and (d) a statement concerning the use of any human or animal subjects that are involved in the research.
  4. A selected bibliography.
- The Proposal is to be as brief as possible without sacrificing completeness, and should follow the guidelines set forth by the program or by your academic advisor. Please limit appendices and other attachments to those that are essential. Proposals of unnecessary length are discouraged since reviewers lack the time to read them.
  - When your Dissertation Proposal is ready for approval by your advisory committee, complete your portion of the Dissertation Proposal Approval form, attach the required IRB/IACUC approval letter, if applicable, and attach one copy of your proposal text. Each member of your advisory committee signs approval (original signatures required) where indicated.
  - Submit the Dissertation Proposal to the Head of your Department or Program (or to the Chairperson of the Review Committee if appropriate) for review and original signature of approval
  - Submit the completed Dissertation Proposal documentation to The Graduate School for approval. Once The Graduate School grants approval, the Dissertation Proposal Approval form will be scanned and e-mailed to the student, major advisor and department administrator.

Appendix K

Clinical Student Clerkship Agreement  
University of Connecticut Psychological Sciences Department

**Student Information**

Name: \_\_\_\_\_ Degree Program: Psychological Sciences - Clinical Psychology PhD

Faculty Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Clinical Experience Site Information**

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Site Supervisor (Fall):	Site Supervisor (Spring or Add'l, if applicable):
Name: _____	Name: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

---

Dates of Clinical Experience (mm/dd/yyyy): \_\_\_\_\_ to \_\_\_\_\_

**Planned Schedule:**

**Days/Hours** (fill in hours, i.e. 9:00am – 5:00pm for each day below):

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

**Total Expected Hours for Placement Experience:** \_\_\_\_\_

**LEARNING ACTIVITIES:** Describe **what** you expect to learn during this **Clerkship** (e.g., supervised experience in psychotherapy, psychological assessment, neuropsychological assessment, case consultation, expand or develop knowledge in a specific area, improve specific skills/competencies, etc):

**EVALUATION:** Written evaluations shall be completed by the site supervisor two times during the experience.  
**Evaluations must be based in part on direct observation of the student's work.**

**REQUIRED SIGNATURES:**

**Clerkship Student:**

I agree to abide by all policies and procedures of UConn and the Clinical Experience Site.

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

**Clinical Experience Site Supervisor(s):** I agree to supervise the activities of this **Clerkship** student, provide ongoing feedback to the student and their faculty supervisor as requested, and complete evaluations as indicated above.

Fall Supervisor:

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

License #: \_\_\_\_\_

Spring Supervisor (*if different*) or Additional Supervisor:

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

License #: \_\_\_\_\_

Appendix L

**Training Program Clinical Compliance Requirements**

University / Clinical Training Program Requirements	Timeframe
Minor Protection Training	complete 1 time prior to matriculation; must upload Completion Certificate
HIPAA Privacy Training module	complete 1 time prior to matriculation; must upload Completion Certificate
HIPAA Security Training module	complete 1 time prior to matriculation; must upload Completion Certificate
Authorization / Consent for Review and Disclosure Form	complete 1 time prior to matriculation (may need to be signed again if external placements has additional compliance requirements not covered or University requirements change)
Health Insurance Verification Form	complete and submit annually
Health Insurance - copies of front & back of ID cards	complete and submit annually
Criminal Background Check ( <i>covers past 7 years; must include past 7 years' residential history</i> )	valid for University for 4 years (complete in summers prior to matriculation and 5th year); external placement sites may require additional checks
<i>International Criminal Background Check (** if required)</i>	<i>required if you have lived outside of the US for 90 consecutive days or more, at any time in the past 7 years</i>
Physical Exam [ <i>color deficiency not required</i> ]	prior to matriculation and every 2 years during program; must use University form
Hepatitis B Titer / Immunity	one time prior to matriculation; must use University form
Varicella Titer / Immunity	one time prior to matriculation; must use University form
Measles Titer / Immunity	one time prior to matriculation; must use University form
Mumps Titer / Immunity	one time prior to matriculation; must use University form
Rubella Titer / Immunity	one time prior to matriculation; must use University form
Tetanus Immunization (within 10 years) [ <i>Tdap required</i> ]	evidence of Tdap within past 10 years; must be updated if expires during program; must use University form
Tuberculosis Screening (annual)	annually; must use University form
Influenza Vaccine [ <i>annually between Oct 1 - Nov 30</i> ]	annually
Clinical Placement Information Form	each external placement; each year
Clinical Placement Agreement Form	each external placement; each year

Name \_\_\_\_\_ DOB \_\_\_\_\_ PeopleSoft # \_\_\_\_\_ Program \_\_\_\_\_

**UNIVERSITY OF CONNECTICUT – CLINICAL STUDENT HEALTH RECORDS PACKET**

Healthcare professionals have an obligation to ensure patient safety—and that begins by ensuring your own personal safety. This packet represents the pre-clinical health requirements for your the **Clinical Psychology** program. **You should complete these requirements as soon as possible** due to the amount of time involved in scheduling appointments, obtaining titers, and completing other requirements. The costs of meeting these requirements are your responsibility and may not be covered by your health insurance. If you have questions about individual program requirements, please reach out to your program's Clinical Compliance Coordinator, **Debbie Vardon (debra.vardon@uconn.edu)**.

You may have your physical, titers, and immunizations/screenings performed at UConn Student Health and Wellness at the Hilda Williams Building or by your primary healthcare provider. You may also receive any required immunizations, PPD tests, Tdap, and flu shots at most pharmacies or travel clinics.

**You will not be permitted to participate in clinical training experiences if your health records are incomplete.**

**Important Notes on Required Documentation**

- To be approved, all documents must be clearly legible and include:
  - ✓ Student name
  - ✓ Healthcare provider name
  - ✓ Date performed
  - ✓ For lab results, reports should include both **qualitative** AND **quantitative** results
- Equivocal or negative titers will require repeat immunization dosing and repeat titers per the CDC Advisory Committee on Immunization Practices (ACIP) guidelines and UConn protocols.

**Checklist of Clinical Health Requirements to be completed:****PART 1 – Immunization History (page 2-3)**

- Hepatitis B – Minimum: 3-dose vaccine series & positive Hepatitis B quantitative surface antibody (HBsAb) titer
- Varicella – Minimum: 2 doses of vaccine (or documentation of disease) & positive Varicella quantitative IgG titer
- MMR – Minimum: 2 doses of vaccine & positive quantitative IgG titers for measles, mumps, and rubella
- Current Tetanus vaccine (**Tdap is required for Psychological Sciences Students**)

**PART 2 – Physical Examination (page 4)**

- Physical Examination Form – Note: Color Vision Testing  IS  IS NOT required for your program

**PART 3 – Annual Tuberculosis Screening (page 5)**

- Skin Test [2-Step PPD (4-visit)] **or**  Blood Test (QuantiFERON Gold/T-Spot Blood) **or**  Chest X-Ray/Annual Symptom Screening Questionnaire

**Submitting Your Documents**

Submit all documents listed below to Complio at <http://adb.uconn.edu> (register/ log in with your UConn NetID and password). To be compliant, you must upload documents AND associate them with the appropriate compliance categories in Complio so they can be reviewed and approved. **Submit requirements and steps as they are completed—do not wait until you have completed all requirements to submit your documentation!** Submissions generally take 2-3 business days for approval, so please plan accordingly for program deadlines.

- Physical Exam Form (page 4) uploaded
- Hepatitis B Form (page 2) and Titer Lab Work if applicable uploaded
- Varicella Form (page 2) and Titer Lab Work if applicable uploaded
- MMR Form (page 3) and Titer Lab Work if applicable uploaded
- Tetanus Vaccine Form (page 3) uploaded
- Tuberculosis Form (page 5) uploaded

**Note for Incoming Students:** You must submit all UConn-required health documents separately to Student Health & Wellness via <https://myhealth.uconn.edu>. These requirements are separate from clinical requirements, which must be submitted via Complio.

**PART 1: Immunization History – To be completed and signed by healthcare provider if used as the primary submission of immunization history information.**

**Note: All items are required.**

**Hepatitis B** – A minimum of three doses of vaccine and positive quantitative surface antibody (HBsAb) titer is required. If titer is negative, repeat doses are required, followed by repeat titer. **\*\*Note: Lab work is required in addition to immunization history, and must show both quantitative and qualitative (positive/negative) results.\*\***

<b>Hepatitis B Primary Immunization Series</b>		
Dose #1 Date: ____/____/____	Dose #2 Date: ____/____/____	Dose #3 Date: ____/____/____

<b>Hepatitis B Primary (HBsAb) Titer</b>		
Titer Date: ____/____/____	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative/Equivocal	<input type="checkbox"/> Titer Lab work Attached

<b>Hepatitis B Repeat Immunization</b> <i>(required only if primary titer is negative)</i>		
Repeat Dose #1 Date: ____/____/____	Repeat Dose #2 Date: ____/____/____	Repeat Dose #3 Date: ____/____/____

<b>Hepatitis B Repeat HBsAb Titer</b> <i>(required only if primary titer is negative)</i>		
Repeat Titer Date: ____/____/____	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative/Equivocal	<input type="checkbox"/> Titer Lab work Attached

**Varicella** – A minimum of two doses of vaccine or documented history of disease and positive quantitative IgG titer is required. If primary titer is negative, booster (or repeat two-dose series) required followed by repeat titer. **\*\*Note: Lab work is required in addition to immunization history, and must show both quantitative and qualitative (positive/negative) results.\*\***

<b>Varicella Primary Immunization Series</b>	
Dose #1 Date: ____/____/____	Dose #2 Date: ____/____/____

<b>Varicella Primary IgG Titer</b>		
Titer Date: ____/____/____	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative/Equivocal	<input type="checkbox"/> Titer Lab work Attached

<b>Varicella Repeat Immunization</b> <i>(required only if primary titer is negative)</i>	
Repeat Dose #1 Date: ____/____/____	Repeat Dose #2 Date: ____/____/____

<b>Varicella Repeat IgG Titer</b> <i>(required only if primary titer is negative)</i>		
Repeat Titer Date: ____/____/____	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative/Equivocal	<input type="checkbox"/> Titer Lab work Attached

**PART 1: Immunization History continued**

**Measles, Mumps & Rubella (MMR)** – A minimum of two doses of vaccine and positive quantitative IgG titer for all three diseases. If one or more titers are negative, booster (or repeat two-dose series) required followed by repeat titer(s). **\*\*Note: Lab work is required in addition to immunization history, and must show both quantitative and qualitative (positive/negative) results.\*\***

<b>MMR Primary Immunization Series</b>			
Dose #1 Date:	____/____/____	Dose #2 Date:	____/____/____

<b>MMR Primary IgG Titers</b>			
Measles	Titer Date: ____/____/____	Result:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative/Equivocal <input type="checkbox"/> Titer Lab work attached
Mumps	Titer Date: ____/____/____	Result:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative/Equivocal <input type="checkbox"/> Titer Lab work attached
Rubella	Titer Date: ____/____/____	Result:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative/Equivocal <input type="checkbox"/> Titer Lab work attached

<b>MMR Repeat Immunization</b> <i>(required only if primary titer is negative)</i>			
Repeat Dose #1 Date:	____/____/____	Repeat Dose #2 Date:	____/____/____

<b>MMR Repeat IgG Titers</b> <i>(required only if primary titer is negative)</i>			
Measles	Titer Date: ____/____/____	Result:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative/Equivocal <input type="checkbox"/> Titer Lab work attached
Mumps	Titer Date: ____/____/____	Result:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative/Equivocal <input type="checkbox"/> Titer Lab work attached
Rubella	Titer Date: ____/____/____	Result:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative/Equivocal <input type="checkbox"/> Titer Lab work attached

**Tetanus** – Current Tdap (Tetanus, Diphtheria, and Acellular Pertussis) or Td (Tetanus & Diphtheria) immunization administered within the last 10 years. When only Td is required, show proof of initial Tdap. (Please check individual program requirements for Td vs Tdap.)

<b>Current Tetanus Booster</b>		
<input type="checkbox"/> Tdap	<input type="checkbox"/> Td	Date: ____/____/____

**Healthcare Provider Attestation**

The information presented on this form is true and accurate to the best of my knowledge.

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone:** \_\_\_\_\_

**Provider Name (printed):** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Provider Type:**  MD  DO  APRN  PA

Name \_\_\_\_\_ DOB \_\_\_\_\_ PeopleSoft # \_\_\_\_\_ Program \_\_\_\_\_

**PART 2: Physical Examination – To be completed by healthcare provider**

**Note: All items are required except where indicated as optional.**

**VITAL SIGNS**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

**CHECK NORMAL/ABNORMAL FOR EACH AREA**

	Normal	Abnormal	Description of Abnormal Findings
Appearance			
Nutrition			
Skin			
Head/Neck			
Glands			
Eyes			
Ears			
Nose			
Mouth/Teeth/Throat			
Chest			
Lungs			
Heart			
Abdomen			
Back			
Musculo-Skeletal			
Testes (Optional)			
Genitalia/Pelvic (Optional)			
Neurological			
Emotional/Psychological			

**COLOR VISION screening is required** unless otherwise indicated on your instruction page.

Color Vision (6-plate minimum)	
<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient

**Healthcare Provider Attestation of Student Fitness for Participation in Clinical Experiences**

*I have reviewed this student's health history and conducted a physical examination. The information presented on this form is true and accurate to the best of my knowledge. It is my opinion that this student is in satisfactory physical condition to participate fully in clinical experiences required by the program of study. I have noted any limitations below.*

Limitations: \_\_\_\_\_  
 \_\_\_\_\_

The information presented on this form is true and accurate to the best of my knowledge.

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_ **Phone:** \_\_\_\_\_

**Provider Name (printed):** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Provider Type:**  MD  DO  APRN  PA

**PART 3: Annual Tuberculosis Requirements – To be completed by healthcare provider**

On an annual basis, you are required to provide proof that you are free of tuberculosis through one of the following:

- 1) TB skin test: either a) a regular (2-visit) Mantoux PPD or b) a two-step (4-visit) Mantoux PPD performed 7-21 days apart per CDC protocols (Please check individual program requirements for the type of PPD test accepted)
- 2) Blood Test: (recommended for BCG-vaccinated individuals.)
- 3) Chest X-Ray: An annual symptom screening questionnaire if a chest x-ray has been previously required.

**If you are unsure which screening method is appropriate for your program, please contact your program's Clinical Compliance Coordinator.**

**Option 1A: Mantoux PPD**

Date Administered: ____/____/____	Signature: _____
Date Read: ____/____/____	
Result in mm induration: _____	Signature: _____
PPD Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	

**Option 1B: Two-Step Mantoux PPD (Required for Nursing, AHS, SLHS, Clinical Psychology)**

PPD Step #1	
Date Administered: ____/____/____	Signature: _____
Date Read: ____/____/____	
Result in mm induration: _____	Signature: _____
Step #1 PPD Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
PPD Step #2	
Date Administered: ____/____/____	Signature: _____
Date Read: ____/____/____	
Result in mm induration: _____	Signature: _____
Step #2 PPD Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	

**Option 2: Blood Test**

Date: ____/____/____	<input type="checkbox"/> QuantiFERON Gold	<input type="checkbox"/> T-Spot	<input type="checkbox"/> Lab Work Attached
Result: <input type="checkbox"/> Positive (requires chest X-Ray)	Signature: _____		
<input type="checkbox"/> Negative			

**Option 3: Chest X-Ray (Required if past or current positive PPD or positive blood test.)**

Date of X-Ray: ____/____/____	X-Ray Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<input type="checkbox"/> Radiology Report Attached <input type="checkbox"/> Annual TB Screening Questionnaire Attached	

**Healthcare Provider Attestation**

The information presented on this form is true and accurate to the best of my knowledge.

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone:** \_\_\_\_\_

**Provider Name (printed):** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Provider Type:**    MD    DO    APRN    PA



**Student Clinical Placement or Other Experiential Learning Experience  
Authorization/Consent for Review and Disclosure**

I understand that my health records, background screenings information (which may include, but is not limited to: checking criminal history, sex offender registrations, debarments, and/or healthcare sanctions registries), academic and discipline records, documentation regarding training, and other individually identifiable records about me held by the University of Connecticut are protected under the Family Educational Rights and Privacy Act (FERPA) and/or other relevant Federal and State laws, and may not be disclosed without my permission, except in limited circumstances as permitted or required by law.

By signing this form, I authorize the University of Connecticut to review and/or disclose the information identified below.

For the purpose of securing or maintaining a clinical site placement, I specifically authorize the University of Connecticut to review and/or disclose the following information:

- Immunization reports, titers, or documentation of disease incidence for: measles (rubeola), mumps, rubella, varicella, tetanus, diphtheria, pertussis, hepatitis B, polio, and influenza;
- Meningococcal vaccine;
- Physical examination;
- Tuberculosis tests, including blood analysis, skin tests, or chest x-rays;
- Background screening information;
- Drug screening information;
- Fingerprinting information;
- Training information (e.g. documented completion of training re: HIPAA, OSHA, etc.);
- BLS/CPR certification information;
- Licensing information (if applicable);
- Health insurance information;
- Information regarding my standing at the University of Connecticut;
- Academic and student discipline records;
- Other (Specify): \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

I am signing this authorization/consent form voluntarily. This authorization will remain in effect for the duration of my enrollment in my degree program with the University of Connecticut, unless I submit a written request to terminate this release. I further understand that failing to sign this authorization may prevent me from securing or maintaining the clinical placements necessary for me to obtain the clinical education credits required to successfully complete the degree program in which I am enrolled.

I understand that I have a right to revoke my authorization/consent in writing at any time, except to the extent that the University of Connecticut has acted in reliance upon this authorization. I understand that my revocation would apply prospectively from the date the University of Connecticut receives my revocation, and cannot be applied retroactively. I further understand that revoking this authorizing may prevent me from securing or maintaining the clinical placements necessary for me to obtain the clinical education credits required to successfully complete the degree program in which I am enrolled.

Student Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

## Appendix O

### Supervision Competency Rating Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of Supervision experience: \_\_\_\_\_

Supervisor: \_\_\_\_\_

<b>1. Supervision:</b> 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
<b>13A. Expectations and Roles</b>		
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
<b>13B. Processes and Procedures</b>		
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
<b>13C. Skills Development</b>		
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
<b>13D. Supervisory Practices</b>		
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