

College of Arts and Sciences
Department of Psychology

University of Wyoming

Clinical Psychology Doctoral Program

Student/Faculty Handbook

2016-2017 Edition

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Preface

Welcome to the graduate program in clinical psychology at the University of Wyoming! This document summarizes the important procedures and regulations that will govern your activities as you proceed toward your degree. The material contained herein is not intended to substitute for, or otherwise modify, the regulations that are contained in the current **UW Psychology Department Graduate Program Handbook** or in other official University documents. Rather, this document supplements and extends more general University and Departmental-level requirements as they might apply specifically to the graduate program in clinical psychology.

This **Handbook** will be updated periodically. Relevant policy memoranda that appear between publications will be incorporated into subsequent editions. If you judge a section of this **Handbook** to be unclear, or if you identify additional topics that you believe warrant inclusion in the next edition, please so indicate to any member of the clinical faculty.

I. The Clinical Training Program

A. Overview

The University of Wyoming's Clinical Psychology Doctoral (Ph.D.) program is fully accredited by the American Psychological Association. The five-year program consists of four academic years and a 12-month pre-doctoral internship. The program is sequential, cumulative, graded in complexity and is designed to prepare students for further organized training. Following the Boulder Model/scientist-practitioner approach, we emphasize training students as psychological scientists who critically evaluate research literature and approach therapy and assessment from a scientifically valid framework. We provide a generalist training program with faculty interests ranging from the study of adult mood, anxiety, eating, substance use, and trauma-related disorders, health and serious mental disorders in older adults, and disruptive behavioral disorders in childhood and across the lifespan.

B. Philosophy of Training

The University of Wyoming Clinical Psychology Doctoral Program prepares students for a variety of professional roles including assessment, intervention, research, consultation, supervision, teaching and administration. In our goal to train clinical psychologists as **scientist-practitioners**, our training model endorses an integrated approach to both science and practice in which "*psychologists embody a research orientation in their practice and a practice relevance in their research*" (Belar & Perry, 1992). Scientist-practitioners strongly value scientific methodologies, particularly their utility in garnering reliable knowledge about clinical phenomena, and they utilize scientific methods in the conduct of professional practice. Therefore, we place emphasis on empirical studies of psychopathology, psychometrically sound assessment procedures, and empirically supported intervention techniques.

Our program emerges from the accumulated broad knowledge base that constitutes psychological science. This knowledge base provides information regarding human thinking, feeling, behavior, and diversity that can be used in conceptualizing and treating clinical issues. From a broad standpoint, we seek to develop skills in critical thinking and writing and in the ability to integrate diverse information from theory, research, and clinical practice. Our

aim is to foster a spirit of inquiry which will result in the development of hypothesis driven thinking, research and practice and in a career-long commitment to keep up-to-date in the latest research developments within the field.

The Clinical Program is organized around four training goals listed below. Appendix 1 presents the specific competencies associated with our training goals.

Goal 1: To produce graduates who have *broad* knowledge of psychology as a scientific discipline.

Goal 2: To produce graduates who have *specialized* knowledge in science-based clinical psychology.

Goal 3: To produce graduates who have the ability to conduct, disseminate, and evaluate knowledge directed toward understanding and improving human functioning

Goal 4: To produce graduates who have knowledge of and adhere to the ethical and professional standards of psychology.

C. Administrative Structure of the Clinical Program

The policy-making body of the clinical program is the **Clinical Committee**. This committee derives its authority by delegation from the faculty of the Department of Psychology. The Clinical Committee is comprised of all members of the clinical faculty and one student member elected by the clinical student body. On a case by case basis, adjunct faculty members may be invited to become nonvoting members of the Clinical Committee. Voting members of the Clinical Committee are the clinical faculty and the student representative. The chairperson of the committee is the Director of Clinical Training.

There is one standing subcommittee of the Clinical Committee, which is chaired by a clinical faculty member. Student members of the subcommittee are elected by the clinical student body.

The **Transfer/Waiver Committee** is comprised of two faculty members. It considers requests for acceptance of courses taken in another graduate program to meet our requirements and considers acceptance of a thesis completed in another Master's program. It also considers requests for prior supervised experience to meet a clerkship requirement.

As needed, additional ad hoc subcommittees may be appointed by the Director of Clinical Training. In general, membership in these ad hoc subcommittees shall consist of both faculty and students. However, in special circumstances, the subcommittees can be comprised exclusively of faculty or of clinical students.

In meetings of the Clinical Committee, or its various subcommittees, each member shall be entitled to one vote except as otherwise specified. In the case of a tie vote, the chairperson of the committee will be entitled to a second vote to break the tie. On the Clinical Committee, a quorum (2/3 of the clinical faculty) is necessary for a vote to be taken. If any member wishes to delay a vote until absent members are present, then he or she may request a delay. Likewise, if a member knows in advance that an issue is going to be decided at a meeting at which he or she cannot attend, that member may ask for no vote to be taken.

Absent members may submit a proxy vote, in writing, to the committee chairpersons in advance of a scheduled meeting. It shall be the duty of the chairperson of each committee or subcommittee, or his or her designee, to inform members of meetings.

D. APA Accreditation

The clinical psychology program at the University of Wyoming has been fully accredited by the American Psychological Association since **December 8, 1972**. Most recently, in May of 2016, we were reawarded full accreditation for 7 years. Our next re-accreditation site visit will occur in 2022.

II. Program Requirements

A. Timetable

The Clinical Program is designed as a five year curriculum of study and supervised experiences including one year of predoctoral internship. While there is individual variability in students' timetables because of specific needs and interests, there are limits that you should take into consideration in completing the program. For example, assuming that adequate funds are available, students are eligible for departmental funding (state funded graduate assistantships) for their first four years on campus if they are making adequate progress in the program. Adequate progress is defined as completing all coursework, practica, and clerkships in a satisfactory manner and completion of the master's degree by the end of the third year. After the fourth year, students are responsible for securing their own funding through other campus graduate assistantships (e.g., AWARE program, Wellness Center, WYSAC), research assistantships, employment, or personal resources. Current accreditation guidelines set an upper boundary of no more than seven years for completion of the doctoral degree. The clinical program strives to help students meet this expectation through a variety of mechanisms.

The general graduate student regulations specified on the University's Graduate Student Resources website (http://www.uwyo.edu/registrar/students/graduate_student_forms.html) differ somewhat from our more stringent guidelines. Specifically, the University's Graduate Student website specifies a time limit of six years for completion of the Masters Program of Study, including thesis. These regulations also require that the doctoral degree be completed within four years after the successful completion of the comprehensive examination. Our interpretation of these timetables is that while they may represent upper limits of satisfactory degree completion, they are unacceptable for our purposes. Students should strive for degree completion in no less than three years (if entering with a master's degree) or no more than seven years (if entering with a baccalaureate degree). In addition, the clinical program requires the degree be completed within ten years after initial enrollment. A degree completion timeline is described in the **UW Psychology Department Graduate Program Handbook**. For students entering with a master's degree, in general, you should operate as if you are in year 3 of the suggested timetable.

Graduate Student Continuous Enrollment Policy

Once admitted, all degree seeking graduate students must maintain continuous enrollment. Graduate students must maintain at least one hour of continuous enrollment (excluding summer session) and in the semester or session they expect to receive their degree, unless a formal leave of absence is approved.

B. Advisor

The advisor is one of the most important resources in students' graduate careers. He or she serves as a professional role model, as a guide to graduate study, and a critic/advocate for a student's professional development. We use a mentor model with regard to advisors at UW. That is, each student is admitted to the program under the supervision of a particular faculty member. Assignments are made based on mutual research and training interests. Students may switch advisors should that become advisable. Generally, changes in advisor are rare and usually occur when a student's interests change in such a way that he or she would benefit from another advisor. In these cases, the student should consult with the Director of Clinical Training and Department Chair to work out the arrangements of the change and to formally request the change through the Office of Registrar (see http://www.uwyo.edu/registrar/students/graduate_student_forms.html). Although clinical students are typically advised by clinical faculty, clinical students can elect to have their research directed by an experimental faculty member. If that is the case, then a clinical faculty member on the committee will serve as the faculty advisor for clinical program matters.

C. Curriculum

The UW Clinical Program strives to integrate science and professional practice in all aspects of the curriculum. In addition to the acquisition of broadly based clinical skills, our students are expected to gain mastery of the major domains of relevant psychological inquiry including the research design and statistical methods. Throughout, the curriculum includes efforts to sensitize students to the influence of culture and context on both scientific inquiry and professional practice. This includes a focus on diversity in human behavior and adaptation as a function of gender, ethnicity, socio-economic background and other socio-demographic characteristics. The required courses are consistent with the Guidelines and Principles for Accreditation of Programs in Professional Psychology published by the American Psychological Association. Students who complete this curriculum are expected to meet predoctoral requirements for licensing as clinical psychologists.

A summary of our curriculum as well as a typical sequence is provided in Appendices 5 and 6.

1. Statistics and Research Design

PSYC 5060 Statistical Methods in Psychology

General statistical analyses and their application to psychology. Analysis of variance, regression and correlation methods are studied from a data analytic perspective, emphasizing the conceptual understanding of where and when these techniques should be used and the interpretation of their results. Available computer programs will be utilized.

PSYC 5300 Applied Multivariate Analysis

The application of multivariate statistical methods in behavioral science research. Topics include multivariate regression, canonical correlation, discriminate analysis, factor analysis and multidimensional scaling. A wide range of computer assistance is incorporated.

PSYC 5520 Introduction to Research

Introduction to problems and issues in research methodology. Ongoing research directed by various faculty are used as paradigms for conceptualization of research problems. Students critically evaluate projects presented and begin planning for research leading to theses and dissertations.

2. Requirements in core psychological science

PSYC 5120 Neuropsychology of Human Behavior

Brain mechanisms involved in the expression and control of human behavior will be studied. Findings from classical neuropsychological studies and more recent clinical research investigations will be used in deriving explanations for the structural and physiological basis of normal and abnormal psychological processes.

PSYC 5180 Advanced Developmental Psychology

This course will provide students with an overview of the science of psychological development, examining seminal and current theories, research questions, methods, and empirical findings. We will focus on typical psychological development from the prenatal period through adolescence with some attention to adulthood and old age.

PSYC 5230 Advanced Cognitive Psychology

This course will provide the graduate student with an understanding of theoretical and experimental approaches to the study of human cognitive processing. There is an emphasis on critical evaluation of current research in the area.

PSYC 5650 Theories of Social Psychology

Graduate level course designed to give the student a thorough understanding of the theories and methodologies of contemporary social psychology.

3. Cultural and Individual Diversity

The program endorses the perspective that cultural and individual diversity training is critical to the development of competent, responsible social scientists. Course content related to culture and diversity is encountered in various courses, supervised training experiences, and research activities. Toward the end of their training, students participate in a clinical seminar on culture and diversity in which they prepare a diversity portfolio that summarizes all of their training experiences in this regard.

PSYC 5550 Diversity Issues in Psychology Seminar

Designed to enhance student's theoretical, empirical, and practical understanding of issues related to diverse populations. Readings, discussions, and lectures address issues including cultural competence, acculturation and identity and diagnosis. Emphasis is placed on psychotherapy issues in the context of working with members of a particular group.

4. History and Systems of Psychology

PSYC 5760 History & Systems

Acquaints students with the enduring themes and issues that have appeared in different forms throughout the history of psychology. A major focus is on understanding the origins, strengths, weaknesses, and current status of prominent theoretical perspectives in psychology.

5. Clinical Core Requirements

a. Professional Issues and Ethics

PSYC 5530 Professional and Ethical Issues

Designed to acquaint advanced doctoral students with the issues pertinent to professional and career development. Emphasis is placed on professional standards and ethics, as well as with the science-practitioner model for the practice of clinical psychology. Emphasis is on integrating science and practice.

b. Assessment

PSYC 5400/ 5410 Clinical Assessment I & II

A two semester course and practicum in psychological assessment at the doctoral level. Extensive examination is made regarding the standardization, relevant application, and significant limitations of cognitive and personality assessment techniques. A thorough grounding is provided in the administration, scoring, interpretation, and communication of the results of psychological evaluation both in writing and in consultation with referral sources. In addition, students are familiarized with the contemporary science of individual differences and its implications for personality assessment.

PSYC 5425 Diagnostic Interviewing

Students review research on diagnostic interviews, practice basic interviewing skills and learn to administer the Structured Clinical Interview for DSM-5 (SCID-I) using training tapes, class discussion and role-play exercises. As time permits, other interviews used to assess personality disorders and specific diagnostic categories will be reviewed.

c. Psychopathology

PSYC 5500/ 5510 Psychopathology I & II

A two-semester sequence of courses designed to provide in-depth knowledge of the etiology, classification, clinical description and course of psychopathology from a developmental, life span perspective (infancy to old age). Psychological science and a biopsychosocial approach are emphasized, as well as issues involved in diagnostic systems.

d. Psychotherapy

PSYC 5380 Theories and Techniques of Psychotherapy

An introduction to the theory and practice of psychotherapy from a scientist-practitioner perspective. Major current psychotherapies are reviewed in terms of theoretical assumptions and related techniques.

PSYC 5470 Empirically Supported Psychotherapies

Students become familiar with the efficacy and effectiveness of important state-of-the-art treatments with a focus on treatments of mood and anxiety disorders. Course goals include gaining a critical understanding of the issues involved in identifying psychological treatments that work.

e. Supervision

PSYC 5340 Introduction to Clinical Supervision

Provides an introduction to the supervision of psychotherapy for advanced doctoral students by having them observe a therapy case in the Psychology Clinic with assigned first year doctoral students and then give instruction as to therapeutic techniques used by the therapist and to client dynamics.

PSYC 5630 Clinical Supervision Practicum

Students enroll in PSYC 5630 concurrently with PSYC 5340.

D. Transfer Credit and Course Substitution Procedures

Departmental policy regarding transfer credits and program requirement waivers is included in the **UW Psychology Department Graduate Program Handbook**. Courses acceptable for transfer include courses in statistics and research design, history and systems, breadth requirements such as biological, cognitive, developmental or social psychology and electives. Courses in assessment, psychopathology, and psychotherapy as well as practicum and clerkships may not be transferable.

Students completing graduate course work prior to entering the doctoral program at the University of Wyoming may be eligible to transfer credits into this doctoral program. However, courses, clinical training experiences, and a thesis completed for a graduate program elsewhere are not automatically accepted for credit in this program. In consultation with appropriate faculty as designated below, the Transfer/Waiver Committee will decide which transfers and waivers will be accepted. Students wishing to obtain transfer credits or waivers should initiate the following process within the first year on campus.

A. Students entering the program with a master's degree, which included completion of a research-based thesis, may be allowed to transfer from their master's program a maximum of 21 course credit hours into their University of Wyoming Doctoral Degree Program of Study. Only courses completed with a grade of "B" or higher will be considered for transfer/waiver..

Step 1: Submit a letter to the Director of Clinical or Experimental Training listing all the requests for transfers and/or waivers that you are seeking.

Step 2: Submit a copy of your thesis to your faculty advisor. If your advisor agrees that your thesis is a research-based project that may qualify for a waiver of the thesis requirement in our program, then proceed to Step 3.

Step 3: Submit your thesis to the Transfer/Waiver Committee for consideration. If your thesis is accepted as having fulfilled our thesis requirement, then you may proceed to Step 4. If your thesis is not accepted, then you will be considered a Master's candidate and transfers and waivers will follow "B" below.

Step 4: If you wish to have a course that was taken as part of your prior graduate program accepted for transfer credit into UW's program, you need to provide substantiating documentation to justify the request. Such documentation will include transcripts, course catalog listings, course syllabi, and any other relevant information you can provide. Present your documentation to the professor currently teaching the course for which you would like transfer credit. That professor will take your request into consideration and will provide the Transfer/Waiver Committee with an opinion as to the acceptability of the request and will forward the documentation to the Committee.

Step 5: All transfer/waiver requests must be approved by the Department Chair.

B. Students entering the graduate program with graduate courses taken at another university but who do not have a master's degree or whose thesis is not accepted as fulfilling our thesis requirement will be allowed to transfer up to 9 semester hours into their University of Wyoming Master's Degree Program of Study. The procedure for securing transfer credit and waivers is detailed in "A" above.

E. Obtaining a Master's Degree in Psychology

Course requirements for the Master's degree are presented in the section above entitled "Master of Science." Successful completion of the master's degree requires appointment of a Masters Advisory committee, completion of a Master's Program of Study, and completion of the thesis requirement.

Masters Advisory Committee

A committee is constructed by the student's major professor in consultation with the student and the Department Chair. The proposed committee list should be sent to Melanie Stinson by the student's major professor and then submitted by the Department Chair to the College of Arts and Sciences for final approval. The master's graduate committee consists of at least one member from the same department as the chair (the major professor) and a UW Faculty member from outside the major department. For clinical students, one of the members must be a member of the clinical faculty (the chairperson need not be a clinical faculty member). Master's degree committees require a minimum of three members. This committee is responsible for advising the candidate concerning course work for the degree program and thesis research. The master's committee is also responsible for conducting the final examination of the candidate.

Students often select committee members based on similar interests. However, students may be advised to choose committee members who could expand the student's knowledge or provide an alternative perspective.

Program of Study

A master's degree program of study should be filed as soon as the master's committee is approved. This document, filed with the Office of Registrar, is a plan and can be amended

should changes in coursework be necessary. A minimum of 30 hours is required (including 4 hours of 5960 Thesis Research) for the master's degree. We also require the thesis option for the MS degree. A copy of the Program of Study form is provided at the Graduate Student Forms and Guidelines webpage at (http://www.uwyo.edu/registrar/students/graduate_student_forms.html). The master's advisory committee must be assigned before the Program of Study will be approved by the Office of Registrar.

Master of Science In addition to the general requirements specified in the *UW Graduate Student Academic Handbook*, the following are required: (1) successful completion and oral defense of a thesis; (2) PSYC 5060 Statistical Methods in Psychology; PSYC 5300 Applied Multivariate Analysis; PSYC 5520 Introduction to Research; and (3) at least nine credit hours in 5000-level courses exclusive of those listed above and exclusive of research and thesis research credit. A minimum of 30 semester credit hours is required.

Thesis Requirement

The thesis project usually emerges from ongoing discussions with the major professor. The project formulation must meet with the approval of the individual's Master's Advisory committee. This approval is gained after the major professor determines that the proposal is ready for the committee. At a time convenient to all members, a formal master's thesis proposal defense meeting is held. The results of this meeting are recorded on the Departmental Milestone Report Form and submitted to Melanie Stinson for filing.

When a student meets with his or her graduate committee to propose or defend a thesis or dissertation, the major professor and the committee determine the procedure for the meeting. A typical format is as follows: The student is initially asked to leave the room for a few minutes so that the committee can discuss preliminary matters such as procedure. The student returns and may or may not be asked to make a brief oral presentation on the work under consideration. The committee then questions the student on the proposal, thesis, or dissertation. Towards the end of the meeting, the student is again asked to leave the room so that the committee can discuss their evaluation of the proposal or defense. Finally, the student rejoins the committee and learns the outcome of the meeting.

After the committee chairperson approves the completed thesis, it is provided to the other committee members for their consideration. The Anticipated Graduation Date Form (available at http://www.uwyo.edu/registrar/students/graduate_student_forms.html) must be submitted to the Office of Registrar during the semester that you intend to graduate. An oral examination is then conducted by the committee. This examination is directed toward the adequacy of the thesis but may also include segments evaluating the individual's knowledge and proficiency as a nascent psychologist. The student shall have a draft of the thesis available in the departmental office during the week prior to the final examination.

The committee's decision is recorded on the Departmental Milestone Report Form and the Office of Registrar's Report on Final Examination Form (available at http://www.uwyo.edu/registrar/students/graduate_student_forms.html). Committee members also complete the Graduate Student Assessment form. It is your responsibility to provide these forms at the meeting.

F. Attaining Doctoral Candidacy

Doctoral Advisory Committee

Upon completion of the Master's degree, the student should arrange for the formation of his or her doctoral advisory committee. This committee is responsible for conducting the preliminary examination and serves as the supervising body for the dissertation. The Advisory Committee is comprised of a minimum of five persons, including at least three Psychology faculty members. The committee must include a chairperson and a faculty person from outside the department. The committee for clinical students shall consist of at least two clinical faculty members, (one must be tenure-track). The committee for an experimental student shall include at least two experimental faculty members (one must be tenure-track).

Following appointment of the Graduate Committee by the Office of Registrar, the student, in consultation with the committee chairperson, prepares a program of course work and research leading to the doctoral degree. After approval of this Program of Study (for form, see http://www.uwyo.edu/registrar/students/graduate_student_forms.html) by the Advisory Committee, the form is submitted to the Office of Registrar for approval. Upon approval, a student is formally admitted to candidacy for the doctoral degree. In completing this form, care should be taken that all remaining coursework, including remaining clerkships and the internship, are listed.

The student should be aware that the Advisory Committee plays a significant role in the student's graduate education. It is this committee that determines the student's program of study, conducts the preliminary or comprehensive examination, and is responsible for the dissertation. Although the clinical program is fairly well prescribed, it is within the province of the Advisory Committee to determine whether the student's academic program adequately prepares him or her for the role of a doctoral-level psychologist. It is within the jurisdiction of the committee to impose other requirements upon students.

Doctoral Program of Study

The Doctoral Program of Study form should be filed as soon as the master's degree requirements have been met. This document, filed with the Office of Registrar, is a plan and can be amended if necessary should changes in coursework be necessary. An example of the Program of Study form is provided in the Graduate Student Academic Handbook. The doctoral advisory committee must be assigned before the Doctoral Program of Study will be approved by the Office of Registrar. Also note that the Program of Study must be on file with the Office of Registrar before the preliminary examination can be scheduled.

Preliminary Examination

To be eligible to take the qualifying examination, a student must have completed the Master's degree, arranged for a chair for the Doctoral Advisory Committee, had the committee appointed through the Office of Registrar, and filed a Doctoral Program of Study with the Office of Registrar. For course credit while working on the preliminary examination, students register for the appropriate research course (PSYC 5800-5860).

The preliminary qualifying examination is designed and conducted by the Doctoral Advisory Committee. Its purpose is to demonstrate that a candidate possesses the necessary scholarly capacities to continue work in pursuit of the doctorate and the ability to function as

a psychologist. Following is a description of the department's expectations for the preliminary examination:

The preliminary qualifying examination is used to determine whether students are qualified, according to their committee, to proceed to doctoral candidacy. Qualification requires that student's exhibit sufficient depth and breadth of scholarly knowledge of relevant literatures, and that they demonstrate profession-appropriate abilities to critically write and converse about their own work and that of others.

A student's doctoral advisory graduate committee makes the decision how to best assess candidacy for the PhD degree. Departmental guidelines regarding the various formats for the examination are presented in the Psychology Department Graduate Handbook. Examples of previous exam questions are kept in a notebook in the mailroom near the Graduate Student mailboxes.

Outcomes expected from all of the different types of qualifying exams described above are a demonstration by the student of his/her ability to critically evaluate and conceptualize the information from a large body of literature through concisely writing and orally defending the assigned paper(s).

Students should plan to complete the preliminary examination by Spring semester of the third year. Timely completion of the preliminary examination facilitates completion of the dissertation proposal in the fall of the fourth year and eligibility for internship application.

Once the written portion of the qualifying examination is completed, the student arranges an oral defense with all Doctoral Advisory Committee members present. Forms completed at this meeting include the Departmental Milestone Report Form and the Report on Preliminary Examination Form (for form, see http://www.uwyo.edu/registrar/students/graduate_student_forms.html). Committee members also complete the Graduate Student Assessment form. The student is responsible for bringing these forms to the meeting.

G. Completing the Doctoral Dissertation

The Doctoral Advisory Committee, appointed previously by the Office of Registrar, serves as the candidate's dissertation committee. Throughout the course of the dissertation, and to avoid potential difficulties, it is wise for a student to consult regularly with the chairperson of his or her committee as well as with other members. In order to remain active and in good standing in the program, the student must be continuously registered from the time the committee is formed until the dissertation is completed and accepted.

The dissertation is regarded as the student's major research work while in graduate school. As such, it is expected that, in the dissertation project, the student will demonstrate the capacity for original scholarly work and ability to conduct research within his or her chosen field. Although the department does not require that the dissertation of clinical students be in the clinical area, there are potential employers or licensing boards, which may negatively weigh a non-clinical dissertation when evaluating credentials.

Once a proposal has been approved by the major professor and circulated to the committee members, a formal proposal defense is scheduled. The results of this meeting are recorded

on the Departmental Milestone Report Form and submitted to the Department Administrator for filing.

Following completion of the dissertation, the Advisory Committee conducts a final examination. This examination must be at least partly oral, and a portion of it may be open to the public. The student shall notify the public by posting the date of the examination in the departmental office one week prior to the examination, and the student shall have a draft of the dissertation available in the office during the week prior to the examination. The examination will involve the defense of the dissertation and be of such a nature as to require a thorough acquaintance with the field of study. A majority vote of the Advisory Committee is necessary for passing the final examination.

The committee's decision is recorded on the Departmental Milestone Report Form and the Office of Registrar's Report of Final Examination Form (for form, see http://www.uwyo.edu/registrar/students/graduate_student_forms.html). Committee members also complete the Graduate Student Assessment form. It is your responsibility to provide these forms at the meeting. The Office of Registrar requires that you be enrolled during the semester that you are graduating

H. Continuous Enrollment

Once admitted, all degree seeking graduate students must maintain continuous enrollment. Master's and doctoral students should maintain at least one hour of continuous enrollment (excluding summer session) and in the semester they expect to receive the degree, unless a formal leave of absence is approved in the Office of Registrar. If you stay on track with regard to course requirements and degree milestones, this will never be a problem.

I. Effects of Change in Clinical Curriculum upon Student's Program

Throughout the history of the clinical program, various changes have been made. It is anticipated that, in future years, other changes will occur. These changes have come about as a result of such factors as changes in APA accreditation criteria and internal evaluations of the program.

In the case of any change that occurs during a candidate's residency, he or she has the option of: (1) meeting the requirements stipulated when he or she was admitted to the program, if this is possible in terms of courses offered by the Department; or, (2) meeting the requirements of the new program established.

Because of the options available to a student, he or she should retain, for reference, copies of the *Clinical Psychology Doctoral Program Student/Faculty Handbook* in effect at the time of admission.

III. Supervised Clinical Experiences

A. Overview

The professional training component of the program has three basic levels: practicum, clerkship, and internship. Students participate on clinic practicum teams during the first through fourth years in the program. The Faculty Director of the Psychology Clinic

coordinates student assignments to the various clinical teams. Clerkships are coordinated by the Clerkship Coordinator. Students typically complete clerkships after the second and third years in the program. The predoctoral clinical internship is the highest level of training.

B. Psychology Clinic Practica

The Psychology Clinic provides services to UW and the Laramie community. Facilities include a reception area, student director office, student workroom, individual and group therapy rooms, and assessment rooms. Capabilities exist for direct observation and video recording. To facilitate the operation of the Psychology Clinic, a member of the clinical faculty is chosen by the clinical faculty to be the Faculty Director of the Psychology Clinic, and an advanced clinical student, chosen by the clinical faculty, is appointed to be the Student Director of the Psychology Clinic. The Faculty Director is the representative of the clinical faculty and is responsible for ensuring that the policies of the Clinic, as set forth by the clinical faculty, are carried out. The Student Director reports to the Faculty Director and is responsible, under supervision, for the everyday operation of the Clinic.

Clinical training begins during the first year with an introduction to the clinic, observing a therapy team, clinical assessment courses, an introductory psychotherapy course and the completion of one integrated psychological assessment under faculty supervision during the spring semester. In the second year, students provide psychotherapy to clients as members of a supervision team and conduct two or more integrated psychological assessments under faculty supervision. The third year practicum includes a focus on implementing empirically supported treatments and therapy with a broader range of clients and additional assessment experience as needed. In the fourth year, students obtain some experience in supervision as a part of the supervision practicum. The supervision teams include a faculty supervisor and students in their first, second, third and fourth years of training. Practicum performance is evaluated by faculty supervisors using the Clinical Graduate Student Evaluation form (Appendix 3).

Anxiety and Trauma Team (Joshua Clapp, PhD)

The Anxiety and Trauma Team provides instruction in the diagnosis and treatment of anxiety-related psychopathology with a focus on trauma- and stressor-related disorders. Supervision is grounded in a cognitive-behavioral framework and utilizes a case-conceptualization approach to assessment and intervention (Ledley, Marx, & Heimberg, 2005; Persons, 1989). Team members receive applied training in differential diagnosis using both unstructured and semi-structured clinical interviews. Relevant self-report instruments and personality measures (e.g., MMPI-2) are incorporated 1.) to support/refute case conceptualizations, 2.) to establish competence generating integrative assessment reports, and 3.) to provide benchmarks for determining response to intervention. Case conceptualizations developed during assessment inform the selection and implementation of treatment. Manualized interventions are utilized as appropriate although cases may incorporate a variety of empirically-supported techniques. Component interventions commonly utilized on this team include psychoeducation, exposure, cognitive restructuring, behavioral activation, motivational interviewing, mindfulness-based techniques, assertiveness training, and relaxation/breathing retraining.

The Anxiety and Trauma Team provides both group and individual supervision. Group supervision convenes weekly. Clinicians are expected to present to meetings with relevant

paperwork as well as questions regarding assessment, case formulation, treatment planning, and/or process concerns. Group supervision is collaborative and designed to illicit substantive feedback from both the primary supervisor and other team members. Session video is utilized heavily during meetings. Time is reserved at the end of each meeting for clinical didactics. Didactic materials are largely determined by student interests although standard readings involve case formulation, trauma-focused interventions, suicide assessment, MMPI-2 scoring-interpretation, and evaluating resistance. Individual supervision is provided on a rotating basis with all active clinicians. Individual meetings typically involve review of a complete treatment session and are intended to provide in-depth instruction/feedback

The vertical structure this team provides opportunities for advanced students (i.e., 4th year or higher) to assist in the supervision of more junior clinicians. Supervision provided by advanced clinicians will be overseen by the primary faculty supervisor. First year clinical students attend team meetings and take an active role in group supervision/discussion. First year students also are encouraged to assist with clinical exercises (e.g., exposure sessions, client role plays) and to observe assessment/treatment conducted by advanced clinicians.

Eating Behavior Team (Kyle De Young, Ph.D.)

My team conducts individual psychotherapy with adults and adolescents presenting with eating, sleeping, and/or substance use problems. We will accept other types of psychopathology when census issues demand. We collaborate with clients' friends, family, and loved ones where appropriate but do not conduct family or couples therapy. A strong emphasis is placed on initial and ongoing assessment, case conceptualization, and the implementation of empirically supported treatments. We will conduct assessment and treatment outside of the clinic (i.e., in ecologically valid settings) when doing so presents a clearly identifiable advantage to staying in the clinic and when such activity is undertaken in as circumscribed fashion as possible. An additional emphasis on this team is to conduct time-limited treatment in the Motivational Interviewing spirit. Because we conduct treatment with our clients, not on our clients, they must be willing collaborators for us to succeed.

As a team we will typically meet for a two hour block once per week. During this time, we will engage in didactics, discuss cases, and attempt to schedule one case. When a case is scheduled, we will engage in live supervision with real-time feedback to the therapist in the room. We will attempt to rotate this activity across team members as much as possible given clients' scheduling flexibility. I will also provide this type of supervision outside of our two hour meeting time on a rotating basis with other team members being encouraged to join when their schedules allow. Such occasions will be immediately followed by individual supervision. Over time, team members can begin live observing and providing real-time feedback to one another with my approval. This activity is considered peer supervision.

Behavioral Treatment of Depression Team (Carolyn Pepper, PhD)

This team focuses primarily on behavioral models of the treatment of depression, including behavioral activation, cognitive behavioral strategies, Cognitive Behavioral Analysis System of Psychotherapy (CBASP), exposure therapy, and mindfulness-based cognitive therapies. Some students have encountered these treatments in the Therapies and Techniques or Empirically Supported Treatments courses. If they have not yet had the appropriate class, reading assignments are sometimes used. My team also sees couples cases and the Jacobson and Margolin Marital Therapy book is used as a text for those cases. We use a vertical team structure. A fourth year student may have the opportunity to provide supervision

to a beginning 2nd year student (consisting of helping with empathy and rapport building as well as case conceptualization and treatment planning, all approved by me before implementation). First year students primarily observe, but may have the opportunity to participate in role-play exercises with clients. Students are closely supervised using videotapes. Group supervision focuses on helping students to develop a case conceptualization. From that conceptualization, a treatment plan should be clear. Student practice presenting cases and are encouraged to work together to develop treatment tasks consistent with the overall conceptualization. Clips from tapes are sometimes used in group supervision to demonstrate points of strength or to discuss alternative strategies when part of a session is less successful. In addition to using the intake battery of assessment measures, standard assessment measures include monitoring symptom levels using the Beck Depression Inventory, tracking cognitions using Daily Thought Records, and using the Dyadic Adjustment Scale to assess couples' satisfaction. Parts or all of the Structured Clinical Interview for DSM-IV (SCID) are also used to clarify diagnostic questions. Specific skills learned include cognitive restructuring, exposure-based techniques, mindfulness exercises, challenging avoidance in behavioral activation, and communication training in couples therapy. Supervision takes place primarily in a group format, but individual sessions are sometimes scheduled to provide more intensive supervision of beginning therapists or to provide additional help to students who are having difficulty. In group supervision sessions, I provide feedback on videotapes and we discuss cases with respect to conceptualization, treatment planning, and therapeutic alliance issues.

Couples Therapy and Geropsychology Team (Christine McKibben, PhD)

The couple's therapy practicum provides students with an opportunity to assess and provide psychological services to couples through the University of Wyoming Department of Psychology Clinic. Students are provided with didactic instruction and the clinical application in different models of couple's therapy, with a primary focus on cognitive-behavioral couple's therapy. This practicum emphasizes the cognitive, behavioral, and affective components of individual functioning as well as functioning of the couple within the context of each couple's environment. Students will gain initial proficiency in cognitive-behavioral couple's therapy through didactic instruction, clinical and research publications, and role-plays of clinical intervention. Following the didactic portion of training, students will begin working with couples seeking therapy through the University of Wyoming Psychology Clinic. Live supervision is provided through a one-way mirror and use of an ear bud and for communication from the supervisor to the therapist during the course of therapy. Appropriate breaks for the couple are also provided to allow for mini-case conferencing between the therapist and the supervisor or other observing members of the treatment team. Older adults are another population of emphasis on our team. Our older adult training model emphasizes an integrative model of evaluation, case formulation, and evidence-based psychotherapy for older adults and their family members. We train team members to become familiar with the neurophysiology and treatment of cognitive disorders such as Alzheimer's disease and other forms of Dementia as well as issues such as elder abuse. Team members have the opportunity to participate in screening and clinical assessment of behavioral health and cognition, as well as in the provision of home or clinic based individual psychotherapy. Participants may also participate in facilitating caregiver training.

Learning and Behavioral Assessment/Treatment Team Cynthia Hartung, Ph. D and Tara Clapp, M.S./CAS)

This clinical team primarily focuses on psychoeducational assessments (cognitive, academic, and behavioral) and evidenced-based treatments to individuals with externalizing behavior disorders across the lifespan (including ADHD, ODD, and CD). Evidence-based treatment approaches are used and the specific interventions (e.g., group therapy, parent and teacher training/consultation, time management and study skills) are dictated by individual client needs.

Formal assessment of presenting issues is expected. This may entail, but is not limited to, the administration of standardized measures of cognitive and achievement abilities, behavioral rating scales, and clinical interviewing to facilitate diagnosis and conceptualization. Students are expected to use empirically supported treatments to the extent that they are available for a particular case and the professional literature to inform treatment. Students assigned to this team are assumed to have already taken Clinical Assessment I and have mastery in the concepts of assessment including report writing. As such, clinical assessment reports are to be written at the completion of each psychoeducational assessment. Updates to assessment measures and procedures will be discussed and integrated into clinical assessments and reports.

Weekly, two-hour didactic group supervision meetings are held throughout the semester. Students are expected to conceptualize cases and come to supervision with a) an intended strategy for the upcoming session and b) issues or problems that they would like to discuss. Students with clinical assessment cases will be required to bring and present all assessment data in table format to team upon completion of their assessment. In addition to discussing relevant treatment considerations as a group, therapy videotapes are also reviewed and discussed. In addition to group supervision, individual student-faculty supervisor meetings are encouraged as needed (e.g., as difficult issues arise or when a student needs additional help). When possible, advanced students (i.e., 4th year students) may assist with the clinical supervision of novice therapists. In these instances, the faculty supervisor consults with the advanced student to answer questions and inform supervision efforts. In addition to presenting their joint conceptualization together during group supervision, the advanced and beginning student therapists meet separately with the faculty supervisor to discuss cases as needed.

Trauma and Bereavement Clinical Team (Matt Gray, PhD)

This clinical team primarily focuses on posttraumatic sequelae including, but not limited to, Posttraumatic Stress Disorder. The modal approach to treatment is informed by cognitive-behavioral theory and generally takes the form of exposure-based intervention. Evidence-based treatment approaches are utilized and the specific interventions used (e.g., cognitive restructuring, behavioral activation, motivational enhancement) are dictated by individual client needs. Individuals presenting with end-of-life or bereavement-related concerns are also routed to this team. In addition to the above mentioned techniques, treatment of these cases is typically informed by humanistic and existential influences as well.

Formal assessment of presenting issues is expected at the outset of therapy. This invariably entails the completion of standard measures of psychopathology and may entail structured clinical interviewing to facilitate diagnosis and conceptualization. Students are expected to utilize empirically supported treatments to the extent that they are available for a particular case and expected to utilize the professional literature to inform treatment.

Weekly, two-hour group supervision meetings are held throughout the semester. Students are expected to conceptualize cases and come to supervision with a) an intended strategy for the upcoming session and b) issues or problems that they would like help with. In addition to discussing relevant treatment considerations as a group, therapy videotapes are also reviewed and discussed. In addition to group supervision, individual student-faculty supervisor meetings are encouraged as needed (e.g., as difficult issues arise or when a student needs additional help). When possible, advanced students (i.e., 4th year students) may assist with the clinical supervision of novice therapists. In these instances, the faculty supervisor consults with the advanced student to answer questions and inform supervision efforts. In addition to presenting their joint conceptualization together during group supervision, the advanced and beginning student therapists meet separately with the faculty supervisor to discuss cases as needed.

Finally, our team provides the opportunity to provide empirically-based psychotherapy services to rural victims of sexual assault, physical assault, crime and domestic violence through the Wyoming Trauma Telehealth Treatment Clinic (WTTTC). Housed in the Psychology Clinic, services are provided to distal sites using secure, encrypted videoconferencing technology. At present, the WTTTC provides assessment and therapy services to domestic violence and rape crisis centers in 3 distal communities in Wyoming – Cheyenne, Gillette, and Rawlins. These centers are non-profit organizations that provide prevention and awareness education to the public regarding domestic violence and sexual assault issues.

C. Summer Clinical Clerkships

Students work full-time (40 hours/wk for 10 weeks) in a variety of settings, during their second and third summers. A Clerkship Handbook is made available in the fall of each year. This Handbook provides an overview of clerkship enrollment procedures, assignment policies, possible clerkship opportunities, and copies of the clerkship supervisor and student evaluation forms.

The goal of the first summer clerkship (End of Year 2) is to obtain a foundation in assessment and/or therapy in a closely supervised setting while gaining experience in the provision of psychological services to people with significant psychopathology. Assuming a solid foundation in assessment and therapeutic skills, the goal of the second summer clerkship (End of Year 3) is to broaden the student's experience in the provision of psychological services through varied patient populations, theoretical models, and therapeutic modalities.

Settings may include outpatient mental health centers, inpatient hospitals, VA medical centers, residential programs, and private practice settings.

Clients served include children, adolescents, adults, elderly adults, and incarcerated individuals.

Experiences in these settings can include assessment; individual, group and family psychotherapy; intake evaluations; case management; and skills training.

Specialty experiences such as forensic evaluations, substance abuse training, and parent training are sometimes available.

Locations of placements typically occur in Wyoming, but on occasion can occur outside the state although these are typically arranged by the student. Relocation is usually necessary each summer.

The summer clerkships are regarded as an integral part of the student's training. Coordination between agencies and the program is maintained by a faculty member charged with this responsibility. Prior to placement, this faculty member discusses with the placement agencies and students the goals and experiences desired. In the summer, he or she travels to these agencies to consult with agency supervisors and students regarding the student's activities and progress. At the end of the clerkship, the on-site supervisor completes a Clerkship Evaluation form that summarizes the student's progress in achieving program training goals. A copy of the form is included in the Clerkship Handbook.

Summer clerkships are funded by the host agencies and salaries vary. Tuition for each clerkship is the fee for 3 credit hours of Psychology 5790. This cost is borne by the student and is not covered by assistantship waivers. During the clerkship, the student is an employee of the host clerkship agency and is subject to all personnel policies and regulations of that agency. If during the clerkship a trainee does not perform satisfactorily, he or she may be removed from the clerkship by either the agency or by the clinical faculty member assigned to supervise clerkships.

Clerkship assignments are made by the Clerkship Coordinator. In making clerkship assignments, effort is made to attain the best fit between the student's skills, proficiency, and personal characteristics and the needs and characteristics of the host agency. Another consideration for placement is a student's previous experience. An effort is made not to duplicate such experience. Students who have not completed their Master's degree by time for their second clerkship may not be allowed to do a departmental clerkship that summer.

In order to receive credit for the clerkship, the student must submit to the faculty member having responsibility for clerkship supervision a written evaluation of the clerkship experience. This evaluation is required so that faculty might have knowledge of the quality of the clerkship in order to assist students who might be there in future years. Failure to provide this evaluation within one month after completion of the clerkship will result in an "unsatisfactory" grade for the clerkship.

D. Documentation of Clinical Training Hours

For all clinical training experiences, students should carefully document every relevant aspect of their training hours in order to facilitate the internship application process and later licensure applications. The Association of Psychology Internship and Postdoctoral Centers (APPIC) has developed a standard application form providing detailed documentation of clinical training experiences. Because these documentation forms may change from year to year, students are encouraged to check the APPIC web site (<http://www.appic.org>) to ensure that they are maintaining records at the proper level of detail required for internship applications. An electronic spreadsheet that can aid in the detailed documentation of clinical training experiences is available from the DCT upon request.

E. Predoctoral Internship

The internship requirement consists of an accredited internship in clinical psychology. It is necessary that students successfully complete the preliminary examination and have a completed dissertation proposal accepted by their doctoral committee **before** being eligible to apply for internship. Typically, these must be completed by October 15th of the year you are planning on applying for internship. No letters of eligibility or recommendation for the

internship will be provided by the Director of Clinical Training or clinical faculty members until both milestones are successfully completed.

The internship constitutes an integral component of the student's preparation for professional work, and careful thought should be given to its selection. The choice of an overly specialized or inappropriately focused program, even if APA accredited, can result in dissatisfactions and even career limitations at some later time. Increasingly, licensing authorities are reviewing the content of internships for determining competency to practice with particular populations and problems. Also, ethical issues can arise when a practitioner represents himself or herself as competent in an area in which no training has been received.

Current thinking in the field reflects the view that the internship should be seen as an extension of the goals and training philosophy of the scientist-practitioner model and emphasizes the need for thorough preparation in several broad areas of clinical competency. We favor internships which provide experience and intensive supervision in interviewing, assessment, psychotherapy, and treatment planning with a variety of patient populations, both in inpatient and outpatient settings. The opportunity for rotation though selected specialization is also highly desirable. Such comprehensive programs of high quality are likely to be highly selective in their choice of interns. However, since our students in the past have been very successful in competing for desirable placements, we urge every student to seek the very best internship experience obtainable.

Preliminary investigation of internship programs, evaluation of strengths and weaknesses of programs, and the eventual ranking of programs should be done in close consultation with the Director of Clinical Training. The process can begin early in the student's training sequence and typically culminates in applications during the fall of the fourth year.

The Clinical Program is a member of APPIC (Association of Psychology Postdoctoral and Internship Centers). The APPIC web site is a valuable resource for students applying to internship and includes a directory of available internship placements. It is necessary for applicants to register with APPIC to be included in the national matching program. Standardized APPIC applications can be downloaded from that site as well. It is recommended that students become familiar with the content of the applications early in their training so that detailed records of clinical activity can be kept – thus enhancing accuracy and decreasing potential panic as internship application deadlines approach. The APPIC application form includes an eligibility section for the Director of Clinical Training to complete. A separate letter based on the Director's overall assessment of the student's performance and standing in the program, that may include summaries of evaluations and comments by other faculty and supervisors with whom the student has worked in academic, research, practicum, and assistantship capacities, may be requested.

Prior to leaving for the internship, trainees must register for the course entitled "Internship in Clinical Psychology" (Psychology 5740) through the Outreach School. Three hours of 5740 are required: (a) one hour of 5740 in the fall semester; (b) one hour of 5740 for the Spring semester; and (c) one hour of 5740 for the Summer session. It is the student's responsibility to register for 5740 at the appropriate time. Failure to do so will prevent credit from being awarded for the course and will prevent conferring of the degree.

The clinical program fully adheres to the APPIC procedures and requirements pertaining to predoctoral clinical internship application and acceptance. You will be versed in those

policies and procedures early in the academic year immediately preceding your internship year. **The clinical program faculty requires that the internship agencies to which you apply be accredited by the American Psychological Association (APA).** If you wish to apply to an internship that is not APA accredited, you must receive approval from the Clinical Committee before submitting the application. You will also need to provide a written justification to the Clinical Committee who will then consider your request, which are granted only in rare circumstances. Further, the faculty requires the dissertation proposal to be accepted prior to applying for internship. The Director of Clinical Training will assess your internship readiness, and meet as a group with the prospective interns for the purpose of discussing the internship application process and communicating guidelines. You will be counseled by the Director of Clinical Training, as well as by the other clinical faculty members, insofar as identifying potential internship facilities which might be a good match for you, and assisting you with specific items on the internship application form. **You are not permitted to apply for predoctoral clinical internship until the clinical faculty has judged you to be internship ready.** Readiness is determined by faculty review of your cumulative training record. The clinical faculty fully understands that the internship interviews will require that you be away from campus, and your schedules (e.g., clinic duty, assistantship hours) will be adjusted accordingly.

Your predoctoral clinical internship agency will provide the Director of Clinical Training with periodic evaluations (e.g., quarterly) of your progress. These evaluations, in turn, are made available to the clinical faculty members. Academic credit for the one-year predoctoral internship is 2 semester hours (1 credit hour in the Fall, Spring, Summer Semesters). **However, we will not award credit until the director of training at the internship site has informed us that you have fully completed all requirements.**

IV. Evaluation of Student Progress

A. Student Evaluation

As developing Psychologists, we expect all students to be informed and abide by the *APA Ethical Code of Conduct which is appended to the Graduate Study Handbook. In accordance with University policy, the professor is responsible for the grades assigned in classes. In cases where a student disagrees with a grade assigned by a professor, students will follow the appeal procedure established by the University. Generally, this procedure provides the student an opportunity to proceed to the next step if satisfaction is not found at a previous step in the process. This route is: Professor, Department Chair, Dean, Appeal Board.

In addition to other types of evaluations made by other bodies (e.g., thesis and dissertation committees), students will be evaluated at least once each year by clinical faculty so long as they are enrolled at the University. Additional evaluations will be made as circumstances demand. Other members of the Psychology Department and adjunct faculty may be invited to attend evaluation sessions at the discretion of the Director of Clinical Training. Their attendance will be limited to being present for the discussion of only those students whom they are teaching or for whom they chair committees. A written statement from such faculty members will be acceptable in place of attendance at the meeting. The Chair of the department may be invited to attend any portion of the evaluation procedure.

Continuation in the program is contingent upon the student's receiving satisfactory evaluations. Factors considered in evaluation will be: (1) class performance; (2) aptitude for clinical practice as displayed in practicum components of classes; (3) performance in stipend positions such as assistantships and fellowships; (4) progress in research requirements; (5) adherence to expected completion dates for the thesis and the preliminary examination; and, (6) adherence to professional standards and ethical principles. With regard to class performance, students are expected to perform at an "A" or "B" level in graduate coursework. If a student receives a "C", there will be an automatic review by the clinical faculty of the student's standing in the program which may result in remediation or probation.

In the first year, evaluations will be made near the end of the fall and spring semesters. In the second year and all following, a student will be evaluated near the end of spring semester. In addition, faculty may meet at mid-term each semester to identify and discuss any concerns about students. After the first year, if that faculty member assigned to supervise clerkships reports a deficient performance on the clerkship, as evidenced by an unsatisfactory report from the agency or by being unable to complete the assigned clerkship, he or she shall request that the Director of Clinical Training assemble the clinical faculty for purposes of evaluating the trainee's status in the program.

Evaluations will be conducted in the following manner: (1) students complete an annual evaluation form (Appendix 4) and submit it to the Director of Clinical Training; (2) faculty members will complete an evaluation form (Appendix 5), before the group evaluation session, for each student with whom they have contact. This form will be used to evaluate students in classes, research, and stipend positions; (3) the clinical faculty and invited others, as specified above, will meet to discuss each student's progress in the program. As a result of the group discussion, the student's overall performance in the program will be evaluated; (4) the student will receive the evaluation forms completed by each faculty member as well as a letter completed by the Director of Clinical Training reflecting overall performance, and a copy of each will be placed in the student's file. Trainees will be encouraged to discuss any matters of concern with the faculty involved. If desired, the student may, as his or her addendum to the evaluation, provide a written statement disagreeing with statements made in the evaluation.

Clinical Training Program Probation. The clinical faculty may place students on probation if the student's performance is regarded as marginal, based on any of the six evaluative factors listed above as well as any other relevant factors. In this case, he or she will be notified by the Director of Clinical Training that conditions of proposed probationary status will be discussed at the next appropriate Clinical Committee meeting. The student has the options of: (1) attendance at this meeting; and, (2) optional attendance of the student representative to the Clinical Committee at this meeting. Whether or not the student chooses to be present at this meeting, the Director of Clinical Training will subsequently give the student oral and written notice of probationary status, if that is the result of the meeting; the reasons for the action; and remedial action necessary to revoke the probationary status. Generally, as a condition of probation, clinical faculty (1) will not write letters of recommendation for the student, (2) may recommend withdrawal, withholding, or reduction in assistantship support during the probationary period, (3) may restrict the number and nature of classes a student may take, and (4) may restrict their participation in professional/program activities. Upon meeting the conditions of the probationary period, the student will receive a letter in writing indicating that he or she is now considered a student in good standing.

Dismissal from the Program. Students may be dismissed from the program for major ethical or professional standards violations, academic dishonesty, or failure to meet the conditions of a probationary period. In any case in which a student's performance or action is deemed unsatisfactory and warranting removal from the program, he or she shall be informed of this decision through a written statement by the Director of Clinical Training. This action may be appealed by the student to the Clinical Committee prior to actual implementation. In this appeal, the student may elect: (1) to have the student member of the Clinical Committee present as a voting member, (2) to have the student member present but not as a voting member, or (3) not to have the student member present. The appeal is initiated by a written communication addressed to the Director of Clinical Training. This letter must be received by the Director no later than 17 days after the student was notified of his or her dismissal. If the student's appeal is rejected by the Clinical Committee, the appeal may be pursued through the established appeal committee of the college and university.

Nothing in the above statement of policy shall preclude other forms of evaluation established by the Department of Psychology, the College of Arts & Sciences, and the Office of Registrar.

B. Proficiency in Clinical Skills

Upon graduation, it is expected that students be proficient in the various skills expected of a clinical psychologist. Grades and course work are only one indication of a student's proficiency. In a student's career on campus and in practice it is necessary that students demonstrate competency to perform as clinicians at a level appropriate to their level of professional training. If, in the opinion of clinical faculty, a student is deficient in a particular area of clinical work, additional course work or practicum experience will be required. These courses or practica will be in addition to the course work and requirements in the regular program. Thus, if in the judgment of a trainee's supervisor(s) in clinical practicum, regardless of the grade assigned, a student has not attained a minimal level of competence or has personal issues which interfere with performance, the student may be (1) required to take additional hours in clinical practicum, (2) Required to take remedial action with regard to personal issues; or (3) released from the program. Following completion of remediation, the student's progress in the program will be reevaluated.

V. General Departmental Policies and Procedures

Please consult the **UW Psychology Department Graduate Program Handbook** for specific policies and procedures related to Graduate Assistantships, Leaves of Absence, Commencement Exercises, Teaching Opportunities, Financial Aid and Scholarships, Travel Support, and administrative concerns such as offices, keys, photocopy accounts, and building security.

Personal and academic complaints of one form or another are not uncommon in university life, and it is the department's intention to facilitate the procedures necessary to lodge and resolve sources of discontent which may surface at times in the future. A copy of the Clinical Program Grievance Policy is contained in Appendix 4.

VI. Role of Graduate Students

Graduate students have an important role in the program. The Department, in general, and the Clinical Program, in particular, values students as informed consumers of training and as future colleagues. Students have a voice in governing the Clinical program through their elected representative to the Clinical committee and in governing the Department through their representative to the Department meeting.

Similarly, students are expected to have an active and visible presence in the department. If you don't use your department office and only come to campus for classes and meetings, you may miss important opportunities for informal discussions with faculty and other students. There is much to be said for hallway discussions regarding courses and research. Consistent with the department effort to involve students, there is strong encouragement to attend departmental colloquia.

You are encouraged to participate in the Clinical Graduate Student Association which is run by clinical graduate students in the Department of Psychology at UW. It sponsors activities of interest to students in the program and serves as an effective liaison between students and the program on matters of concern to graduate students.

VII. Support Services Available to Graduate Students

There are a variety of support services available for graduate students (see <http://www.uwyo.edu/uwgrad/enrolled-students/>). In addition, many students working toward a doctoral degree in clinical psychology seek psychological services at some point during their graduate school career. The clinical faculty have put together a list of clinicians who have indicated an interest in working with graduate students and a willingness to work at a reduced fee. The specifics of any given therapist's fee and availability must be established via direct contact. The faculty are not necessarily endorsing any particular therapist, but students should know that everyone on the list is a respected member of the professional community. Care has been taken to not include people on the list that provide supervision to students through clerkships. This list is available from the DCT. Alternatively, students may obtain services from the UW Counseling Center.

Appendix 1. Clinical Program Goals, Objectives, and Competencies

Goal #1: To produce graduates who have <i>broad</i> knowledge of psychology as a scientific discipline
OBJECTIVE 1.1 Students will be exposed to knowledge about and develop competence in broad and general areas of psychology.
<p>Competency 1.1.1 Students will demonstrate an in-depth understanding and knowledge of the biological, cognitive, social, developmental, affective and individual difference bases of behavior.</p> <p>Competency 1.1.2 Students will demonstrate an in-depth understanding and knowledge of the history of Psychology.</p> <p>Competency 1.1.3 Students will demonstrate knowledge of and ability to critically integrate broad and diverse psychological literatures.</p>

Goal #2: To produce graduates who have <i>specialized</i> knowledge in science-based clinical psychology
OBJECTIVE 2.1: Students will be exposed to knowledge about and develop competence in personality functioning and psychopathology.
<p>Competency 2.1.1- Students will demonstrate an in-depth understanding and knowledge of contemporary theory and scientific research on personality functioning and individual differences.</p> <p>Competency 2.1.2- Students will demonstrate an in-depth understanding and knowledge of theory and research regarding the etiology and course of major psychiatric disorders for both children and adults, and begin to develop their diagnostic and case formulation skills.</p>
OBJECTIVE 2.2: Students will be exposed to knowledge about and develop competence in empirically supported clinical assessment.
<p>Competency 2.2.1- Students will demonstrate an in-depth knowledge of and skills in clinical interviewing and diagnosis.</p> <p>Competency 2.2.2- Students will demonstrate an in-depth knowledge of and skills in the administration and interpretation of major tests of intelligence and academic achievement..</p> <p>Competency 2.2.3- Students will demonstrate an in-depth knowledge of and skills in personality assessment.</p>
OBJECTIVE 2.3: Students will be exposed to knowledge about and develop competence in case conceptualization and empirically-supported clinical interventions.
<p>Competency 2.3.1- Students will demonstrate an in-depth knowledge of and skills in the ability to perform evaluations of the efficacy of interventions from a scientist-practitioner perspective.</p> <p>Competency 2.3.2- Students will demonstrate an in-depth knowledge of and skills in the theory and practice of psychotherapy from a scientist-practitioner perspective.</p> <p>Competency 2.3.3- Students will acquire knowledge about research and theory underlying intervention approaches for particular clinical disorders, and skill in formulating cases and intervening from these perspectives.</p>
OBJECTIVE 2.4: Students will be exposed to knowledge about and develop competence in theories and practice in supervision.

Competency 2.4.1-Students will demonstrate an in-depth knowledge of and skills in the ability to provide clinical supervision of clinical assessment and therapy cases with less advanced clinical students.

Goal #3: To produce graduates who have the ability to conduct, disseminate, and evaluate knowledge directed toward understanding and improving human functioning

OBJECTIVE 3.1: Students will demonstrate knowledge about and develop competence in the science and methodology of psychology.

Competency 3.1.1-Students will demonstrate an in-depth knowledge of and skills in the ability to identify and discuss methodological issues in--as well demonstrating a comprehensive framework for--understanding, evaluating, and conducting psychological research.

Competency 3.1.2-Students will demonstrate an in-depth knowledge of and skills in the ability to summarize and describe psychological data using numerical and graphical methods, assess underlying assumptions of univariate statistics and select appropriate analytic procedures, calculate basic descriptive and inferential statistics, recognize common deficiencies in statistical interpretation and communication, and incorporate best-practice recommendations for presenting and interpreting data.

Competency 3.1.3-Students will demonstrate an in-depth knowledge of and skills in the ability to recognize technical aspects of multivariate analyses, utilize common statistical programs to estimate, interpret, and draw substantive conclusions from a range of multivariate procedures, and critique the selection and implementation of multivariate techniques in published research.

Competency 3.1.4-Students will demonstrate an in-depth knowledge of and skills in the ability to plan, conduct, and report original psychological research.

Goal #4: To produce graduates who have knowledge of and adhere to the ethical and professional standards of psychology

OBJECTIVE 4.1: Students will demonstrate an understanding of current ethical standards and their application in complex research and clinical situations.

Competency 4.1.1-Students will demonstrate an in-depth knowledge of the philosophical foundations of training, subsequent training opportunities, licensure, research and clinical career issues, as well as the ability to both understand prominent ethical issues encountered by clinical psychologists in a variety of vocational contexts and to demonstrate sound ethical decision-making in clinical contexts.

Competency 4.1.2-Students will demonstrate an ability to understand complex ethical issues in conducting research with human participants.

OBJECTIVE 4.2: Students will develop knowledge about responsible professional behavior and demonstrate it across clinical, research, and teaching settings.

Competency 4.2.1- Students will demonstrate professional behavior across settings (e.g., clinical, research, teaching) in all facets of their graduate activity (e.g., meeting professional obligations in a timely manner, appropriate record keeping, establishing appropriate relationships with clients, peers, staff, and faculty).

OBJECTIVE 4.3: To produce graduates who have the requisite knowledge, sensitivity, and skills in regard to the role of human diversity in the practice of clinical psychology.

Competency 4.3.1- Students will demonstrate an in-depth knowledge of individual differences associated with race, ethnicity, gender, sexual orientation, age and disability and issues in the assessment and treatment of and practice of research with people from diverse backgrounds.

OBJECTIVE 4.4: Students will develop an awareness and appreciation that the ethical

practice of psychology involves life-long learning as shown by ongoing efforts to stay abreast of the constantly evolving scientific and professional foundation of clinical psychology.

Competency 4.4.1-Students will demonstrate an in-depth knowledge of the importance of professional life-long learning and will demonstrate such knowledge by engaging in activities, such as attending state and national conferences, etc., that indicate a commitment to life-long learning.

Appendix 2. Annual Student Progress Report Form

****PLEASE RETURN THIS FORM TO ME NO LATER THAN April 27!!!****

TO: All Clinical Students
 FROM:
 DATE:
 RE:

This form is a follow up to the one that you completed last August. I need this information for the annual student evaluations that the Faculty will be completing in May. Please take a few moments to complete this form. **You can insert the information in the text file using Word but I need a hard copy with signatures for your folder.**

NAME _____

Program of Study

Did you file your Masters Program of Study this year?

If yes, when? _____

Did you file your PhD Program of Study this year?

If yes, when? _____

Preliminary Examinations

Did you receive your preliminary questions this year?

If yes, when? _____

Did you pass the preliminary examination requirement this year?

If yes, when? _____

Thesis/Dissertation activities

Did you propose your thesis this year?

If yes, When? _____

Did you defend your thesis this year?

If yes, When? _____

Did you propose your dissertation this year?

If yes, When? _____

Did you defend your dissertation this year?

If yes, When? _____

Awards/Honors/Recognition

Did you receive any awards/honors/recognitions during the past year?

If yes, please describe.

Funding Source for 2013-2014

Were you supported by a graduate assistantship last year? Yes No
 If yes, what was the source and its responsibilities? Who was your faculty supervisor?

Were you supported by some other employment/source last year? Yes No
 If yes, what was the source and its responsibilities?

Practicum Experience/Clinical Training

a) Practicum supervisor: Fall 2013 _____ Spring 2014 _____

b) Did you provide clinical services elsewhere last year (part-time job)? Yes No
 If yes, name of site: _____ clinical supervisor _____ dates _____

Please describe your primary duties on this placement and estimate the proportion of time (in a typical week) that was spent on these duties.

Teaching activities

Were you involved in undergraduate teaching (including TAs)? Yes No
 Instructor: which classes?
 TA: which classes?

Author/co-author of articles in professional and/or scientific journals

Please provide full bibliographic information for any journal article or chapter accepted for publication since the last update.

Author/co-author of papers or workshops at professional meetings

Please provide full bibliographic information for any oral presentation, poster, or workshop accepted since the last update.

Research activities

Did you participate as a member of a research team this past year? Yes No
 If yes, whose team?

Were you involved in research supervision? Yes No
 If yes: How many were undergrad students?
 How many were grad students?

Membership in professional or research societies (including as a student affiliate)

- Please list any professional or research societies to which you belong. (e.g., APA, APS, ACBT, SRCD, Wyoming Psychological Association)

Service activities (in your role as a member of the Clinical Program/Dept of Psychology)

Were you involved in any clinical training program committees? Yes No
 Clinical Graduate Student Association Yes No
 University/college/department committees? Yes No
 Community service organizations Yes No
 If yes to **any** of the above, please list.

IS THERE ANYTHING THAT THE CLINICAL FACULTY SHOULD KNOW REGARDING YOUR PROGRESS IN THE PROGRAM?

PLANS FOR 2014-2015

Indicate any academic milestones that you plan to achieve during the upcoming year (Summer 2014, Fall 2014, Spring 2015) and provide a brief description of your planned research, clinical, teaching, and service activities for the same period.

Milestones to be achieved:

Research activities:

Clinical activities:

Teaching activities:

Service Activities:

Other Plans:

Signatures

(Student)

Date: _____

(Major Professor)

Date: _____

****PLEASE RETURN THIS FORM TO ME NO LATER THAN April 27th!!!****

Appendix 3. Clinical Graduate Student Evaluation Form.

Clinical Graduate Student Evaluation Form

Name of Student: _____ Name of Evaluator: _____

Evaluation Period: _____ Date: _____
(semester and year)

Rate student compared to other graduate students at a similar level of training

Academic Performance in Graduate Seminar Course Title: _____

	Below Expectations	Meeting Expectations	Above Expectation
Verbal classroom performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written classroom performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Strengths? Areas needing improvement?):

Performance in Stipend Position Type (Research or Teaching): _____

	Below Expectation	Meeting Expectations	Above Expectations
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Strengths? Areas needing improvement?):

Rate student compared to other graduate students at a similar level of training

Research Skills

Knowledge/Conceptualization of Theory/Area Content

Below
Expectations

Meeting
Expectations

Above
Expectations

Design Skills

Statistical Skills

Writing Skills

Comments (Strengths? Areas needing improvement?):

Clinical Skills

Empathy

Below
Expectations

Meeting
Expectations

Above
Expectations

Assessment

Case Conceptualization

Therapeutic Interventions

Receptivity to Supervision

Comments (Strengths? Areas needing improvement?):

Professional Development**Responsibility** Below
Expectations Meeting
Expectations Above
Expectations**Motivation and Initiative****Interpersonal Skills****Adherence to Standards of Professional Conduct****Comments (Strengths? Areas needing improvement?):****General Comments (Only if you are student's mentor):**

Appendix 4. UW Psychology Department Grievance Policy

Graduate Student Grievance Procedures

I. In the event that a graduate student has a grievance regarding a departmental policy, department personnel, or department decision, that student should take the following steps:

- 1) The student should first bring the matter to his or her major professor. Depending on the nature of the grievance, the major professor may decide to bring the matter to the attention of the relevant graduate program director (Clinical or Experimental) or the Department Chair, members of the student's masters or doctoral advisory committee, the faculty of a particular program (e.g., clinical or experimental doctoral program), or the full departmental faculty.
- 2) If the student is dissatisfied with the actions of his or her major professor, the student may seek out the director of the relevant graduate training program (Clinical or Experimental) to present his or her concerns. If the major professor is also the director of the student's graduate training program, then the student should seek out the department chair.
- 3) If the student is dissatisfied with the actions of the graduate training program director, the student may seek out the department chair to present his or her concerns.
- 4) Finally, if still dissatisfied, the student may consult with the Associate Dean for the College of Arts and Sciences responsible for student appeals. If the grievance alleges prejudice toward the student, capricious evaluation, or capricious treatment, the matter may be referred to the Arts and Sciences Student Appeals Committee for action. The procedures of this committee can be found in Unireg 230, Revision 4, and Unireg 716 (Change of Recorded Grades).

II. Grievances regarding retention in graduate programs, employment as graduate assistants, and charges of academic dishonesty or scientific misconduct (not related to course grades) should be aired through department/program channels initially. If still dissatisfied such grievances should be taken to the Graduate Student Appeals Board (GSAB) (Unireg 580 p.6). Appeals emanating from thesis or dissertation research will also be heard by the GSAB. However, appeals of course grades or charges of academic dishonesty associated with a course are not handled by the GSAB. These appeals are handled by the procedures of the college in which the course is offered.

III. Unireg 5 details procedures for receiving, investigating, and responding to all reports of discrimination or harassment. Students may elect to take their complaints to the Department Chair or directly to the Employment Practices-Affirmative Action Office.

IV. If a student has a complaint about his/her clerkship, the on-site or placement supervisor should be seen first. If the problem is not resolved there, the Clerkship Coordinator should be informed of the concern and of the efforts made to resolve the problem on-site. A meeting may be scheduled between the placement supervisor and/or administration, the Clerkship Coordinator, and the student in an effort to resolve the problem.

Appendix 5: Clinical Program Summary

Assessment

- 5400 Clinical Assessment I (F, 1yr)
- 5410 Clinical Assessment II (S, 2yr)
- 5425 Diagnostic Interviewing (F, 1yr)

Psychopathology

- 5500 Psychopathology I (S, 1-2yr, alt)
- 5510 Psychopathology II (S, 1-2yr, alt)

Psychotherapy

- 5380 Theories & Techniques (F, 1yr)
of Psychotherapy
- 5470 Empirically Supported (S,2yr)
Psychotherapy

Professional and Ethical Issues

- 5550 Diversity Issues (F,)
- 5760 Prof. and Ethical Issues (F, 2yr)

Statistics and Research Design

- 5060 Statistical Methods (F, 1yr)
- 5300 Applied Multivariate (S, 1yr)
- 5520 Research Design (S, 1yr)

Core Requirements

- 5120 Neuropsychology (F, alt)
- 5180 Advanced Developmental Psychology (F, alt)
- 5230 Advanced Cognitive Psychology (F, alt)
- 5650 Theories of Social Psychology (S, alt)
- 5760 History and Systems of Psychology (F, alt)

Clinical Practica/Supervision

- 5450 Clinical Practicum (F-S, 2yr)
- 5460 Advanced Clinical Practicum (F-S, 3yr)
- 5340 Intro to Clin. Supervision (F, 4yr)
- 5630 Clinical Supervision Pract. 1 (F, 4yr)

*enroll in 5340/5630 concurrently

Summer Clinical Clerkships/Internship

- 5790 Summer Clerkship (2yr)
- 5790 Summer Clerkship (3yr)
- 5740 Internship Clin. Psych (5yr)

*take 1 credit in both fall, spring & summer

Research Hours

- 5960 Thesis Research (at least 4 credits)
- 5830 Research in Clin Psych
- 5980 Dissertation Research (at least 4 credits)

Milestones

- Master Thesis Proposal (1yr)
- Master Thesis Defense(2-3yr)
- Preliminary Examination Proposal (3yr)
- Preliminary Examination Defense (3yr)
- Dissertation Proposal (4yr)
- Dissertation Defense (4-5 yr)

Alternating Courses:

Psychopathology I & II
Diversity
Professional Issues/Ethics
History & Systems

Two year Rotation

Cognitive
Neuropsych
Social
Developmental

Non-Alternating

Clinical Assessment I & II
Diagnostic Interviewing
EST
Theories and Techniques
Practicum
Advanced Practicum
Intro to Supervision
Supervision Pract.

- 5640 Clinical Supervision Pract 2 (S, 4yr)

Appendix 6: Clinical Program at a Glance--Typical Sequence

<u>Year</u>	<u>Semester</u>	<u>Courses</u>	<u>Clinical Experiences</u>	<u>Research Experiences</u>
1st	Fall	5060 (Statistical Methods) 5400 (Clinical Assessment I) 5425 (Diagnostic Interviewing)		
	Spring	5300 (Applied Multivariate) 5500 (Psychopathology I) 5380 (Theories & Tech. Psychotherapy)		5520 (Research Design)
2nd	Fall	5510 (Psychopathology II) 5760 (Prof. & Ethical Issues) 5230 (Cognitive)	5450 (Clinical Practicum)	5960 (Thesis Research) Propose Thesis (2nd Yr)
	Spring	5410 (Clinical Assessment II) 5470 (Emp. Supported Psychotherapy)	5450 (Clinical Practicum)	5960 (Thesis Research) Defend Thesis (2-3rd Yr)
	Summer	5790 (Summer Clinical 10 week Clerkship)		
3rd	Fall	5550 (Diversity Issues) 5120 (Neuropsychology) 5180 (Developmental)	5460 (Adv. Clinical Practicum)	5830 (Research Clin. Psych) Prelim. Proposal (3rd Yr)
	Spring	5650 (Social) 5760 (History & Systems)	5460 (Adv. Clinical Practicum)	5830 (Research Clin. Psych) Prelim. Defense (3-4th Yr)
	Summer	5790 (Summer Clinical 10 week Clerkship)		
4th (3-4 yr) Psych)	Fall		5340 (Intro. Clin. Supervision) 5630 (Clin. Supervision Pract. 1)	5830 (Research Clin. Psych) Dissertation Proposal
	Spring		5640 (Clin. Supervision Pract. 2)	5830 (Research Clin. Dissertation Defense (4-5yr)
5th			5740 (Clinical Internship)	