College of Arts and Sciences

Department of Psychology

**University of Wyoming**

**Clinical Psychology Doctoral Program**

**Student/Faculty Handbook**

*Revised 10/2022*

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**Preface**

Welcome to the doctoral 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 doctoral program in clinical psychology.

This **Handbook** will be updated periodically. Relevant policy memoranda that appear between publications will be incorporated into subsequent revisions. 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 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 in Clinical Psychology with faculty interests ranging from the study of adult anxiety, eating, substance use, trauma-related disorders, health and serious mental disorders in older adults, self-injurious behaviors, autism, assessment and personality, and attention and learning problems.

**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 move between research and clinical roles while maintaining a unified perspective, considering clinical problems as a scientist, and conduct clinical research that is valuable to society. 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 information from theory, research, and clinical practice. Our aim is to foster a spirit of inquiry that 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 two training aims listed below. Appendix 1 presents the specific competencies associated with our training aims.

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

Goal 2: To produce graduates who demonstrate *profession-wide competencies* in Clinical 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.

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 they may request a delay. Likewise, if a member knows in advance that an issue is going to be decided at a meeting at which they 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 their designee, to inform members of meetings.

**D. APA Accreditation**

The clinical psychology doctoral 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 re-awarded full accreditation for 7 years. Our next re-accreditation site visit was scheduled to occur in 2022, but was postponed due to the COVID-19 pandemic until spring 2024.

**II. Program Requirements**

**A. Timetable**

The Clinical Psychology Doctoral 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. Students in their first four years are prioritized for departmental funding (e.g., state funded graduate assistantships), if they are making adequate progress in the program and adequate funds are available. 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., Wyoming Institute for Disabilities, STOP Violence, WYSAC), research assistantships, teaching, employment, or personal resources.

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 Master’s Program of Study, including thesis completion and defense. 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 of the PhD in no less than three years (if entering with a Master’s degree with an accepted thesis) or no more than seven years (if entering with a baccalaureate degree), consistent with APA recommendations. In addition, the University of Wyoming requires the degree be completed within eight years after the date of their first graduate class (including transferred courses). 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. They serve 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 based on mutual research and training interests. Students may switch advisors. Generally, changes in advisor are rare and usually occur when a student’s interests change in such a way that they 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, they can elect to have their research directed by an experimental faculty member. In such cases, a clinical faculty member on the student’s thesis or dissertation 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 research design and statistical methods. They also gain a professional identity within the discipline of psychology through core courses in affective, biological, cognitive, developmental, and social psychology. 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 sex, gender identity, sexual orientation, race, and ethnicity, socio-economic background, age, disability status, and other socio-demographic characteristics. The required courses are consistent with the Guidelines and Principles for Accreditation of Programs in Professional Psychology published 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.

**Domain Specific Knowledge courses**

In order to ensure that students have Discipline Specific Knowledge across basic content areas and advance integrative knowledge of scientific psychology, students are expected to complete the following coursework:

**1. History and Systems of Psychology**

PSYC 55380 Theories and Techniques of Psychotherapy

Acquaints students with a variety of systems and orientations of psychotherapy. A major focus is on understanding the origins, strengths, weaknesses, and current status of prominent theoretical perspectives in psychotherapy. Content on history will also be covered in other psychology courses.

**2. Basic Content Areas in Scientific Psychology**

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 5230 Advanced Cognitive 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.

**3. Advanced Integrative Knowledge in Scientific Psychology**

PSYC 5650 Theories of Social and Affective Psychology

Graduate level course designed to give the student a thorough understanding of the theories and methodologies of contemporary social and affective psychology. The course will cove basic and advanced social psychology, affective psychology, and the integration of both fields.

PSYC 5780 Advanced Cognitive Development

Provides a comprehensive account of current views of basic and advance cognitive psychology, developmental psychology, and their integration. Emphasis is given to alternative theoretical explanations for findings from empirical research.

**4. Research Methods and Statistical Analysis**

PSYC 5060 Statistical Methods in Psychology

Provides instruction in univariate and basic multivariate statistical analyses and their application to psychology. Material is intended to develop conceptual and applied knowledge of basic quantitative theory; statistical distributions; probability; estimation; null hypothesis testing; means-based analysis; effect size; and statistical power. Instruction will emphasize application of best-practice recommendations for reporting and interpreting statistical analyses.

PSYC 5300 Applied Multivariate Analysis

Provides instruction in the application of multivariate statistical methods to behavioral science research. Coursework will provide a balance between the mathematical underpinnings of general linear models and the functional application these techniques. The intent is to provide students with both a technical and conceptual appreciation for regression and multivariate analysis, promoting the skillful application of these techniques as well as the ability to identify and address complications commonly encountered in applied settings.

PSYC 5520 Advanced Research Methods

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.

**Profession-Wide Competencies**

**5. Ethical and Legal Standards**

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.

**6. Individual and Cultural 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 5540 Diversity Issues in Psychology

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.

**7. Assessment and Psychometrics**

PSYC 5400/5410 Cognitive & Achievement Assessment & Assessment: Theory & Personality

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-5) 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.

**8. 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 Evidence-based Treatments

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.

**9. Supervision and Consultation**

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 Center with assigned first year doctoral students and then give instruction as to therapeutic techniques used by the therapist and to client dynamics. Models of consultation are also reviewed.

PSYC 5630 Clinical Supervision Practicum

Students enroll in PSYC 5630 concurrently with PSYC 5340.

**10. 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. 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**. 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. Courses acceptable for transfer include courses in statistics and research design, basic content areas in scientific psychology, and electives. Courses in assessment, psychopathology, and psychotherapy as well as practicum and clerkships may not be transferable. In consultation with appropriate faculty as designated below, the Director of Clinical Training 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 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 Director of Clinical Training 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 Director of Clinical Training. The DCT will submit 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 Director of Clinical Training with an opinion as to the acceptability of the request and will forward the documentation to the DCT.

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. If additional courses are deemed equivalent, those course requirement can be waived. 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 in consultation with the advisor and the Department Chair. The student must complete the Graduate Student Committee Assignment form (available <http://www.uwyo.edu/registrar/students/graduate_student_forms.html>), obtaining signatures from each proposed member. The proposed committee form should be sent to the Director of Clinical Training by the student’s major professor and then submitted 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 tenured 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 is a listing of the minimum requirements for classes to be taken prior to completing the master’s degree. The 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.

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.

**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 Advanced Research Methods; 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 the Psychology Department main office for filing.

After the committee chairperson approves the completed thesis, the student schedules a defense meeting with the entire 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 written document is typically provided to the committee two weeks prior to the meeting.

For proposal and defense meetings, 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 the committee 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. The committee members then sign the required forms.

The committee’s decision for proposal meetings is recorded on the Departmental Milestone Report Form. For defenses, 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 at each defense. It is the student’s responsibility to provide these forms at the meeting. Electronic versions of the forms are available.

**F. Attaining Doctoral Candidacy**

**Doctoral Advisory Committee**

Upon completion of the Master's degree, the student should arrange for the formation of their 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 tenured 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).

Following appointment of the Graduate Committee by the Office of Registrar, the student, in consultation with the committee chairperson, prepares a program of study outlining planned 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 (Comprehensive Examination, “Comps”)**

To be eligible to take the preliminary 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 students 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 in a proposal meeting. Typically, the committee approves two written questions to be answered by the student in review papers. Examples of previous exam questions are kept in a notebook in the mailroom near the Graduate Student mailboxes. Students have six months to complete the papers. Departmental guidelines regarding the examination can be found in the Psychology Department Graduate Handbook.

Outcomes expected from the qualifying exams described above are a demonstration by the student of their ability to critically evaluate and conceptualize the information from a large body of literature through concisely writing and orally defending the assigned papers.

Students should plan to complete the preliminary examination during 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. Electronic versions of forms are available. For more information, see the Psychology Graduate Student Handbook.

**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. 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 the student will demonstrate the capacity for original scholarly work and ability to conduct research within their chosen field in the dissertation project. Although the department does not require that the dissertation of clinical students be in the clinical area, there are potential employers or licensing boards that 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 Psychology Department main office for filing.

Following completion of the dissertation, the Advisory Committee conducts a final examination in the form of an oral defense. The examination will involve the defense of the written 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 the student’s responsibility to provide these forms at the meeting. The Office of Registrar requires that students be enrolled during the semester that they 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, staffing changes, and internal evaluations of the program.

In the case of any change that occurs during candidates’ residencies, they have the option of: (1) meeting the requirements stipulated when they were 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 students, they 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 Center 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 Center 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 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 Associate Director is responsible for the everyday operation of the clinic.

Clinical training begins during the first year with an introduction to the clinic, observing a therapy team, supervision from an advanced student, clinical assessment courses, an introductory psychotherapy course and the completion of one integrated psychological assessment or one therapy case 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, typically on the Learning and Behavioral Assessment and Treatment team. 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.

**Depression and Anxiety Team (Carolyn Pepper, PhD)**

This team focuses primarily on behavioral models of the treatment of depression, anxiety, and other behavioral problems that may not fit neatly into other team structures. Treatment approaches include behavioral activation, cognitive behavioral therapy, exposure therapy, and mindfulness-based cognitive therapies. 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. Students practice presenting cases and are encouraged to work together to develop treatment tasks consistent with the overall conceptualization. Video clips 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. 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 also scheduled. 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 Center-based individual psychotherapy. Participants may also participate in facilitating caregiver training.

**Eating, Substance, and Sleep Disorders 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. Students on this team will learn to provide Cognitive Behavior Therapy – Enhanced for eating disorders (Fairburn, 2008), Brief Behavioral Treatment for Insomnia (Troxel, Germain, & Buysse (2012), and be immersed in motivational interviewing (Miller & Rollnick, 2013). In special circumstances, students may also learn and deliver Family-Based Treatment for anorexia nervosa (Lack & Le Grange, 2013). In all cases, students will learn the behavioral and biological underpinnings of abnormal eating, sleep, and substance use. We will conduct assessment and treatment outside of the (i.e., in ecologically valid settings) when doing so presents a clearly identifiable advantage to staying in the Center 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 meet for a 4.5-hour block once per week. During this time, we will engage in didactics, discuss cases, and engage in live supervision with real-time feedback to the therapist in the room. Over time, team members will increasingly contribute to providing live supervision to their peers and engage in debriefing with therapists immediately after their sessions.

**Learning and Behavioral Assessment and Treatment Team**

**Cynthia Hartung, Ph.D., Tara Clapp, M.S./CAS, and Christina McDonnell, Ph.D.**

This clinical team primarily focuses on psychoeducational assessments (cognitive, academic, and behavioral) and evidenced-based treatments for individuals with specific learning disorders (i.e., reading disorder) and/or externalizing behavioral 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.

**Lifespan Autism, Neurodiversity, and Developmental Assessment and Treatment Team**

**Christina McDonnell, PhD**

The purpose of this team is to provide supervised clinical experience with both clinical/diagnostic assessments and intervention. Assessment experience will primarily involve assessing children, adolescents, and adults for autism, as well as co-occurring mental health, attention, or learning concerns. Treatment experience will prioritize evidence-based cognitive behavioral approaches for (1) youth neurodevelopmental diagnoses (e.g., social support, daily living skills for autistic people, skills training relating to executive functioning and/or ADHD), (2) youth internalizing concerns (e.g., trauma, depression, and anxiety, as well as support for externalizing concerns as needed), and (3) support for autistic adults (or adults with other neurodevelopmental diagnoses). In all cases, the training focus is on evidence-based assessment and intervention, with particular emphasis on neurodiversity and disability. Additional training goals may include (1) experience with group therapy services, (2) consultation (e.g., with other community agencies and providers), and (3) exposure to clinical research, depending on availability/need. Exact caseloads may vary based on waitlist needs, availability of cases, scheduling, and/or other logistic factors.

**Trauma Team (Wyoming Trauma Telehealth Treatment Clinic for sexual abuse): (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.** **Clinical Clerkships**

Students in the clinical doctoral program are required to complete one clerkship experience, with an option of completing a second clerkship. Clerkships are typically completed in the summer, when students work full-time (40 hours/week for 10 weeks) in a variety of settings, during their second or 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 goals of the summer clerkship are to a) broaden the student’s experience in the provision of psychological services through varied patient populations, theoretical models, and therapeutic modalities, b) improve competencies in assessment and/or therapy in a closely supervised setting and c) gain experience in the provision of psychological services to people with significant psychopathology. .

**Settings** may include outpatient mental health centers, inpatient hospitals, VA medical centers, residential programs, and private practice settings.   
**Clients** served include children, adolescents, adults, older 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 long-term care assessment and intervention 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. Please see the Clerkship Handbook for more information on the process of developing a new clerkship. Relocation is usually necessary for summer clerkships.  
  
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, they meet with 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 1 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 trainees do not perform satisfactorily, they 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 the time of 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.

In some cases, clerkships can be fulfilled during the regular academic year as a Distributed Clerkship. GA placements at the University Counseling Center, the AWARE (Alcohol Wellness Alternatives, Research, & Education) program, or other placements that will accrue at least 400 hours of supervised clinical experience can be proposed to the Clerkship Coordinator as possible summer clerkship equivalents.

**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. We recommend using Time2Track to keep track of hours.

**E. Predoctoral Internship**

The internship requirement consists of an accredited internship in clinical psychology. It is necessary that students successfully complete the comprehensive 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 that 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 internshipprograms, evaluation of strengths and weaknesses of programs, and the eventual ranking of programs should be done in close consultation with your advisor and 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, is also required.

Prior to leaving for the internship, trainees must register for the course entitled "Internship in Clinical Psychology" (Psychology 5740). 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 for students who will complete their internship prior to the August graduation date. Students whose internships end after the August graduation date should enroll in (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 following Fall session. In these cases, students will officially graduate in December (these students should work with the Director of Clinical Training to document the completion of degree requirements for postdoc or job positions that begin prior to the formal graduate date). 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. Students are responsible for paying tuition for these credits. If your internship is out of state, this will be at out-of-state tuition rates. Students who completed their master’s degrees in our program can register for the alumni tuition rate, which is considerably cheaper.

The clinical doctoral 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 need to provide a written justification to the Clinical Committee who will then consider your request, which are granted only in rare circumstances.

The faculty requires the dissertation proposal to be accepted prior to applying for internship. Your dissertation should be proposed no later than October 15. The Director of Clinical Training will meet with the prospective interns as a group 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 your mentor and other clinical faculty members, in identifying potential internship sites that 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 3 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, Graduate Student 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,they 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 2) and submit it to the Director of Clinical Training; (2) faculty members will complete an evaluation form (Appendix 3), 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 lettercompleted 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 an 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, the student 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 they are 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, they 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.** **Competency in Clinical Skills**

Upon graduation, it is expected that students be competent in the various skills expected of a clinical psychologist. Grades and course work are only one indication of a student's competency. 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, building access, 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 Doctoral 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.

Students are expected to abide by UW’s Student Code of Conduct (<http://www.uwyo.edu/dos/conduct/index.html>).

**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 2. Annual Student Progress Report Form**

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**APPENDIX 3: Annual Student Evaluation Form**

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| **UNIVERSITY OF WYOMING – CLINICAL PSYCHOLOGY TRAINING PROGRAM**  **CLINICAL TRAINEE EVALUATION FORM** | | |
| **Student Name:** | **Evaluation period: (semester/year)** | **Date:** |
| **Name of Evaluator:** | **Milestones completed in this period:** | |
| |  | | --- | | **GUIDE TO EVALUTION**   * Numerical performance evaluation keys provided with each item; each level assumes achievement of the previous level * Expectations for each level provided with item * Narrative examples of performance and goals for upcoming year provided in “Qualitative Feedback and Recommendations” sections | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SCIENCE/RESEARCH** | | **PERFORMANCE**  **(Circle one)** | | | | | | |
| 1. | General: Critical thinking, scientific foundation of psychology, data analysis, scientific writing | 1 | 2 | 3 | 4 | | 5 | |
|  | **KEY: 1 = Insufficient, 2 = grasps concepts, accumulating knowledge, basic data and writing skills, 3 = some independent idea generation, independent analysis/interpretation, 4 = independent idea generation, writing with minimal revision, 5 = strong writing skills, research productivity independent, mentoring is consultative.**  **EXPECTATION: First semester expected at 2, First years expected at 2, 2nd years expected at 3, 3rd years and beyond expected at 4** | | | | | | | |
| 2. | Research Milestones | 1 | 2 | 3 | 4 | | 5 | |
|  | **KEY: 1 = Acceptable thesis progress, 2 = thesis proposed, 3 = thesis defended, 4 = comps proposed, 5 = comps defended, dissertation proposed or on track for proposal by October**  **EXPECTATION: 1st semester expected at 1, 1st years expected at 2, 2nd years expected at 3, 3rd years expected at 4, final year before internship expected at 5** | | | | | | | |
| 3. | Research Productivity: Conference activities (symposia, poster presentations) | 1 | 2 | 3 | 4 | | 5 | |
|  | **KEY: 1 = planning to attend a conference, 2 = conference attended, 3 = co-authored poster or talk, 4 = first author poster, 5 = oral presentation (as presenter) or symposium chaired**  **EXPECTATION: 1st semester expected at 1, 1st years expected at 2, 2nd years and beyond expected at 3 or above** | | | | | | | |
| 4. | Research Productivity: Publications | 1 | 2 | 3 | 4 | | 5 | |
|  | **KEY: 1 = no publication activity, 2 = collaborative work on publication preparation, 3 = first author manuscript preparation (e.g., thesis, comps paper) OR collaborative co-author work submitted, 4 = first author manuscript submission OR acceptance of a collaborate co-authored publication; 5 = first author manuscript accepted**  **EXPECTATION: 1st semester expected at 1, 1st years expected at 2, 2nd years and beyond expected at 3 or above** | | | | | | | |
| 5. | Research Professionalism: Responsible, reliable, and ethical in the conduct of research. Knowledgeable about ethical/legal standards and guidelines, and engages in ethical decision-making. Sensitive to and responsive to issues of diversity. Also includes preparation for and responsiveness to feedback from research mentor. | 1 | 2 | 3 | 4 | | 5 | |
|  | **KEY: 1 = Insufficient (e.g. ethical violations, other documented egregious unprofessional behavior),**  **2 = No egregious violations but some deficits in responsibility or accountability,**  **3 = No deficits in professional behavior, responsible, reliable and accountable;**  **4 = demonstrates good ethical decision making, seeks consultation, clearly adopts professional values of psychology,**  **5 = Nuanced and/or sophisticated independent ethical decision making, cultural/contextual considerations, displays professionalism across multiple contexts**  **EXPECTATION: 1st semester expected at 3, 1st years expected at 3, 2nd years and above expected at 4** | | | | | | | |
| 6. | Additional research experiences (journal or grant review, grantsmanship) | | | | | N | | Y |
| **Qualitative Feedback: Include commendations and recommendations (basis for ratings):** | | | | | | | | |

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| **CLINICAL: Clinical supervision was based in part on direct observation in the form of (check all that apply)**  **Live observation Video streaming Video recording Audio recording** | | **PERFORMANCE**  **(Circle one)** | | | | | | | |
| 1. | Assessment (measurement, psychometrics, administration, interpretation, diagnosis) | 1 | | | 2 | | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient, 2 = Basic knowledge of assessment, 3 = adequate administration of tests, learns new test administration when appropriate, report writing adequate, 4 = some independence of battery selection, interpretation and diagnosis, 5 = sophisticated integration of interview and assessment results**  **EXPECTATION: 1st semester Not Applicable, 1st years expected at 2, 2nd years expected at 3, 3rd years and beyond expected at 4** | | | | | | | | |
| 2. | Intervention (therapeutic alliance, case conceptualization, intervention planning and outcome tracking, quality of intervention implementation, breadth of intervention techniques) | | 1 | | | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient; 2 = Knowledge of intervention techniques and therapeutic alliance; 3 = demonstration of basic therapy skills (achieve therapeutic alliance, able to administer therapeutic techniques with guidance, constructs treatment plan with assistance); 4 = case conceptualization with minimal assistance, demonstration of independent thinking, demonstration of at least one treatment technique/manualized treatment; 5 = sophisticated and/or nuanced therapy technique, capacity for working with difficult cases, makes appropriate independent decisions, demonstration of breadth of intervention techniques**  **EXPECTATION: 1st semester Not Applicable, 1st years expected at 2, 2nd years expected at 3, 3rd years and beyond expected at 4** | | | | | | | | |
| 3. | Clinical Professionalism: Responsible, reliable, and ethical in the conduct of clinical services. Conscientious about administrative tasks. Professional in appearance, language, and conduct. Sensitive to and responsive to issues of diversity, including awareness of self as shaped by individual differences (including culture) and contextual factors and awareness of others as shaped by individual differences (including culture) and contextual factors. Knowledgeable about ethical/legal standards and guidelines, and engages in ethical decision-making. Also includes preparation for and responsiveness to supervisory feedback. | | | 1 | | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient (e.g. ethical violations, other documented egregious unprofessional behavior), 2 = No egregious violations but some deficits in responsibility or accountability; 3 = No deficits in professional behavior, responsible, reliable and accountable; 4 = demonstrates good ethical decision making, seeks consultation, clearly adopts professional values of psychology; 5 = Nuanced and/or sophisticated independent ethical decision making, cultural/contextual considerations, displays professionalism across multiple contexts**  **EXPECTATION: 1st semester and 1st years expected at 3, 2nd years and above expected at 4** | | | | | | | | |
| **Qualitative Feedback: Include commendations and recommendations (basis for ratings):** | | | | | | | | | |

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| **COURSEWORK: Course title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **PERFORMANCE**  **(Circle one)** | | | | | | |
| 1. | Verbal classroom performance | 1 | | 2 | | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient participation, 2 = Some participation, displays knowledge of material, 3 = Adequate participation with good questions and comments, 4 = Regular participation with some integration of material, 5 = Frequent contributions to discussions with sophisticated integration of material**  **EXPECTATION: 1st semester expected at 2; 1st years expected at 2, 2nd years expected at 3, 3rd year and beyond expected at 4** | | | | | | | |
| 2. | Written classroom performance | | 1 | | 2 | 3 | 4 | 5 |
|  | **KEY: KEY: 1 = Insufficient written performance, 2 = Writing conveys basic knowledge of material, 3 = Adequate writing displaying good knowledge of material, 4 = Clear writing with some integration of material, 5 = Outstanding writing displaying sophisticated integration of material**  **EXPECTATION: 1st semester expected at 2; 1st years expected at 2, 2nd years expected at 3, 3rd year and beyond expected at 4** | | | | | | | |
| **Qualitative Feedback: Include commendations and recommendations (basis for ratings):** | | | | | | | | |

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| **PERFORMANCE IN STIPEND POSITION: List stipend position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **PERFORMANCE**  **(Circle one)** | | | | | | | |
| 1. | Reliability | 1 | | | 2 | | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient: regularly failing to perform expected duties, 2 = Fulfilled most tasks, 3 = Adequate performance, completed all assigned tasks, 4 = Good performance, worked with appropriate independence, trustworthy, 5 = Outstanding performance, can be trusted to complete difficult tasks independently**  **EXPECTATION: 1st semester expected at 2; 1st years expected at 2, 2nd years expected at 3, 3rd year and beyond expected at 4** | | | | | | | | |
| 2. | Initiative | | 1 | | | 2 | 3 | 4 | 5 |
|  | **KEY: KEY: 1 = Insufficient performance, 2 = Fulfilled most tasks, required some prompting, 3 = Adequate completion of assigned tasks, 4 = Good performance, worked with appropriate independence, 5 = Outstanding performance, anticipated problems and solved them without prompting**  **EXPECTATION: 1st semester expected at 2; 1st years expected at 2, 2nd years expected at 3, 3rd year and beyond expected at 4** | | | | | | | | |
| 3. | Quality of work: | | | 1 | | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient performance, 2 = Fulfilled most tasks, 3 = Adequate performance, completed all assigned tasks to an adequate level, 4 = Good performance, exceeding expectations in quality or quantity of work, 5 = Outstanding performance, exceeding expectations in quality and quantity of work**  **EXPECTATION: 1st semester expected at 2; 1st years expected at 2, 2nd years expected at 3, 3rd year and beyond expected at 4** | | | | | | | | |
| **Qualitative Feedback: Include commendations and recommendations (basis for ratings):** | | | | | | | | | |

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| **GENERAL PROFESSIONALISM & INTERPERSONAL** | | **PERFORMANCE**  **(Circle one)** | | | | | | |
| 1. | Adherence to professional values, professional identity, accountability and reliability, sensitive to and responsive to issues of diversity, self-awareness and reflective practice, self-care, departmental citizenship (e.g. attendance at colloquia, etc.) | 1 | | 2 | | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient (e.g. ethical violations, other documented egregious unprofessional behavior),**  **2 = No egregious violations but some deficits in self-care, self-awareness, responsibility, accountability or appearance;**  **3 = No deficits in professional behavior, knowledge of cultural and ethical principles, responsible in appearance, reliable and accountable;**  **4 = Demonstrates good ethical decision making, seeks consultation, clearly adopts professional values of psychology,**  **5 = Nuanced and/or sophisticated independent ethical decision making, cultural/contextual considerations, high self-awareness, displays professionalism across multiple domains**  **EXPECTATION: 1st semester expected at 3; 1st years expected at 3, 2nd years and above expected at 4** | | | | | | | |
| 2. | Quality of professional relationships and general interpersonal skills (with clients, peers, faculty and staff), expressive skills (communication in verbal, non-verbal and written format), affective skills (acknowledgment and expression of appropriate affect, affect regulation). | | 1 | | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Problems with multiple individuals across domains (e.g. staff, faculty, peers), 2 = Sporadic or occasional relational difficulties with single individuals; not systemic, 3 = forms and maintains productive and respectful relations with others across domains, 4 = flexibly shifts relational roles based on context, 5 = adept at managing difficult interpersonal communication/advanced interpersonal skills**  **EXPECTATION: All students expected at 3.** | | | | | | | |
| **Qualitative Feedback: Include commendations and recommendations (basis for ratings):** | | | | | | | | |

**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. It 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 Class Schedule**

**Even years admitted Odd years admitted**

**Year 1 Fall Cr Year 1 Fall Cr**

5380 Theories/Tech Psychother (F, 1yr) 3 5380 Theories/Tech Psychother (F, 1yr)3

5400 Clinical Assessment I (F, 1yr) 3 5400 Clinical Assessment I (F, 1yr) 3

5060 Statistical Methods (F, 1yr) 3 5060 Statistical Methods (F, 1yr) 3

5425 Diagnostic Interviewing (F, 1yr) 1 5425 Diagnostic Interviewing (F, 1yr) 1

**Year 1 Spring Year 1 Spring**

5520 Research Design (S, 1yr) 3 5520 Research Design (S, 1yr) 3

5300 Applied Multivariate (S, 1yr) 3 5300 Applied Multivariate (S, 1yr) 3

5410 Clin Assessment II (S, 1-2yr, alt) 3 5500 Psychopathology I (S, 1-2yr, alt) 3

5450 Clinical Practicum (S 1yr F-S, 2yr) 1 5450 Clinical Practicum (S 1yr F-S, 2yr)1

**Year 2 Fall Year 2 Fall**

5510 Psychopathology II (F, 2 yr) 3 5510 Psychopathology II (S, 2 yr) 3

5470 Emp Based Treatments (F, 2yr) 3 5470 Emp Based Treatments (S, 2yr) 3

5450 Clinical Practicum (S 1yr F-S, 2yr) 1 5450 Clinical Practicum (S 1yr F-S, 2yr 1

5960 Thesis Research (need 4 credits) 2 5960 Thesis Research (need 4 credits) 2

**Year 2 Spring Year 2 Spring**

5550 Diversity Issues (S, 2-3yr, alt) 3 5760 Prof. & Ethical Issues (S, 2-3yr, alt) 3

5500 Psychopathology I (S, 1-2yr, alt) 3 5410 Clinical Assess II (S, 1-2yr alt) 3

5450 Clinical Practicum (S 1yr F-S, 2yr) 1 5450 Clinical Practicum (S 1yr F-S, 2yr)1

5960 Thesis Research (need 4 credits) 2 5960 Thesis Research (need 4 credits) 2

**Year 3 Fall Year 3 Fall**

5760 Prof. & Ethical Issues (F, 2-3yr, alt 3 5650 Social & Affect Psych (F, 3-4yr alt)3

5230 Adv. Cog Develop (F, 3-4yr,alt) 3 5765 Teaching Seminar (optional) 2

5460 Adv Clin Practicum (F-S, 3yr) 1 5460 Adv Clin Practicum (F-S, 3yr) 2

5765 Teaching Seminar (optional) 2 Research 1

**Year 3 Spring Year 3 Spring**

5760 Prof. & Ethical Issues (F, 2-3yr, alt)3 5120 Neuropsychology (S, 3-4yr, alt) 3

5765 Teaching Pract (optional) 1 5550 Diversity Issues (F, 2-3yr, alt) 3

5460 Adv Clin Practicum (F-S, 3yr) 2 5460 Adv Clin Practicum (F-S, 3yr) 2

Research 3 5765 Teaching Prac (optional) 1

**Year 4 Fall Year 4 Fall**

5340 Intro to Clin. Supervision (F, 4yr) 1 5340 Intro to Clin. Supervision (F, 4yr) 1

5630 ClinSupervision Pract. 1 (F, 4yr) 2 5630 Clin Supervision Pract. 1 (F,4yr) 2

5650 Social & Affect Psych (F, 3-4yr alt) 3 5230 Adv. Cog Develop (F, 3-4yr,alt) 3

5460 Adv Clin Practicum (F-S, 3yr) 2 5460 Adv Clin Practicum (F-S, 3yr) 2

Research 1 Research 1

**Year 4 Spring Year 4 Spring**

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

5120 Neuropsychology (S, 3-4yr, alt) 3 5460 Adv Clin Practicum (F-S, 4yr) 2

5460 Adv Clin Practicum (F-S, 4yr) 2 Research 5

Research 2