Clinical Psychology PhD Program
Department of Psychiatry & Behavioral Sciences

Handbook for Graduate Students

2018-2019 Edition

Jason J. Washburn, Ph.D., ABPP
Director of Graduate Studies

Olivia Harner, Ph.D.
Associate Director

Students indicate their understanding and acceptance of the contents of this Handbook when accepting an offer of admission to the Program.
TABLE OF CONTENTS

Section I: Setting for Clinical Psychology PhD Program.......................................................... 4
   Department of Psychiatry and Behavioral Sciences ............................................................ 4
   The Feinberg School of Medicine and the Graduate School .................................................. 4

Section II: Program Structure and Policies ................................................................................. 5
   Administrative Structure ........................................................................................................ 5
   Program Faculty ..................................................................................................................... 6
   Graduate Faculty Status ........................................................................................................ 6
   Administrative Staff ............................................................................................................... 6
   Financial Support .................................................................................................................. 7
   Travel Grants .......................................................................................................................... 7
   Instructional Policies ............................................................................................................ 8
   Student Rights ...................................................................................................................... 9
   Confidentiality Policies ......................................................................................................... 10
   Holistic Review of Applicants to the Program ........................................................................ 10
   Student Evaluation, Feedback, and Advisement ................................................................. 12
   Student Remediation, Probation and Dismissal .................................................................... 13
   Termination from the Program/Terminal Master’s Degree ................................................... 15
   Grievance Procedures .......................................................................................................... 16
   Psychotherapy for Students ................................................................................................. 18
   Professionalism and Etiquette ............................................................................................... 19
   Social Media Policy ............................................................................................................... 20
   Emergency Contact Information & Missing Student Policy ................................................... 23
   Maintaining Records: Graduate Student Tracking System .................................................. 23
   Employment Policy .............................................................................................................. 24
   Academic Integrity ................................................................................................................ 24
   University Policies and Guidelines ....................................................................................... 25

Section III: Degree Requirements ............................................................................................... 26
   Teaching Experience ............................................................................................................. 26

Section IV: Course of Study ....................................................................................................... 28

Section V: Progress in the PhD Program in Clinical Psychology ............................................ 32
   Orientation ............................................................................................................................ 32
   Curriculum ............................................................................................................................ 32
   Course Waivers/Substitutions .............................................................................................. 39
   Independent Study (ClinPsy 499) ......................................................................................... 39
   Processes and Procedures for Doctoral Candidacy & Graduation ...................................... 41

Section VI: Clinical Training .................................................................................................... 46
   Addressing Conflict between Professional Competence and Trainee Beliefs ...................... 46
   Clinical Practica ................................................................................................................... 47
   Practica Evaluations for Clinical Competency ..................................................................... 56
   Practicum Site Evaluations ................................................................................................ 57
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical Review</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>Clinical Qualifying Examination</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>Doctoral Internship</td>
<td>62</td>
</tr>
<tr>
<td>Section VII: Research Training</td>
<td>Psychiatry Grand Rounds</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>Friday Digest</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>Research Qualifying Paper (RQP)</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>Master's Degree in Clinical Psychology</td>
<td>67</td>
</tr>
<tr>
<td>Section VIII: Candidacy and Dissertation</td>
<td>Dissertation Proposal (Prospectus) Instructions</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>Stages of the Dissertation</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>Oral Defense of the Dissertation</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>The Dissertation</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>Graduation</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>Transcripts</td>
<td>80</td>
</tr>
<tr>
<td>Section IX: Competency-Based Evaluation Forms</td>
<td></td>
<td>81</td>
</tr>
</tbody>
</table>
Section I: Setting for Clinical Psychology PhD Program

Department of Psychiatry and Behavioral Sciences

The PhD Program in Clinical Psychology is one of only a few programs in the United States based in an academic medical center. The program takes advantage of its placement within the Department of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine by offering a true balance of research and clinical training. This unique setting provides opportunities for translational research and practice that span molecular to social models of disease, and epidemiologic to clinical and neuroimaging methodologies.

The Feinberg School of Medicine and the Graduate School

The Clinical Psychology PhD Program is supported by both Feinberg School of Medicine (FSM) and The Graduate School (TGS) at Northwestern University. Northwestern University was founded in 1851, followed by the Feinberg School of Medicine in 1859, as a private educational institution dedicated to serve the Northwest Territory of the United States (i.e., Ohio, Indiana, Illinois, Michigan, Wisconsin and parts of Minnesota). Northwestern University and the Feinberg School of Medicine have both become nationally and internationally recognized for the quality of their educational programs. Northwestern University is accredited by the North Central Association of Colleges and Schools and is consistently ranked by U.S. News & World Report as among the best in the country (12th among Tier 1 National universities; 19th medical school). The Department of Psychiatry and Behavioral Sciences is ranked in the top third for NIH research funding in the nation. Approximately 20,000 students are enrolled in the University's 12 schools and colleges, including over 2,800 students enrolled in PhD programs. The primary mission of Northwestern University and the Feinberg School of Medicine is to educate and train the next generation of researchers, clinicians, and teachers. Students in the Clinical Psychology PhD Program are expected to know and abide by the regulations and standards set forth by the Graduate School, as outlined on the Graduate School’s website (http://www.tgs.northwestern.edu).
Section II: Program Structure and Policies

Administrative Structure

The academic, research, and clinical training of all PhD students is the responsibility of the PhD Program in Clinical Psychology, which is located under the Division of Psychology in the Department of Psychiatry and Behavioral Sciences at Northwestern University Feinberg School of Medicine. The PhD Program in Clinical Psychology (the Program) is headed by the Director of Education and Clinical Training (DCT) and the Associate Director of the program, with guidance from the Chief of the Division of Psychology and the Chair of the Department of Psychiatry. The DCT maintains an advisory body, the Education and Clinical Training Committee (ETC), which meets monthly during the academic year. The ETC evaluates and makes ongoing changes to the Program’s overarching philosophy, objectives and competencies, curriculum, research and clinical training, admissions, as well as evaluations of briefings of departmental, university, regional, and national events affecting the Program. The ETC evaluates student progress annually and is the body to which students may appeal a decision by the DCT or one of the Program’s committees. The ETC is composed of core and associated faculty members in the PhD program. There are also two student representatives included in the ETC.

The DCT and ETC are also supported by the Clinical Training Committee (CTC). The CTC is a standing committee with a dedicated chair, under the strategic guidance and oversight of the DCT and the ETC. The CTC provides oversight for student clinical training by serving as a liaison to the practicum sites, managing the Clinical Mentors Program, and coordinating the Clinical Qualifying Examination process (further details provided below). The CTC is comprised of 15 to 20 faculty members representing the 4 clinical emphases of the program: adult, child, neuropsychology, and behavioral medicine. The CTC meets at least twice a year along with the DCT to review student progress in clinical domains and to review its own operations. The Chair of the CTC attends ETC meetings as necessary to provide communication and continuity in the education and clinical training structure of the Program.

Additional ad hoc committees are appointed at the discretion of the DCT, with consultation from the ETC, to address concerns, make recommendations, or design programmatic improvements to the PhD program.
Program Faculty

Both core, affiliated, and other faculty members of the Program come from diverse training backgrounds that complement students’ primary research and clinical emphases. For a complete and current list of faculty, review the Program’s website: http://psychiatry.northwestern.edu/education/clinical-psychology-program/faculty.html.

Graduate Faculty Status

Several of the milestones in the Program require committees composed of faculty members who have Graduate Faculty Status. Graduate Faculty Status is automatic for faculty members who hold tenure or are tenure eligible. Because most faculty members in academic medical centers are neither tenured nor tenure eligible, some core and nearly all affiliated/other faculty members in the Program must be actively nominated for Graduate Faculty Status, which are limited to 4-year terms. Students can search for faculty with Graduate Faculty Status by using the faculty lookup function for Committee Chairs in CAESAR (see Master’s Thesis, Prospectus, or Final Exam pages).

Administrative Staff

In addition to the administrative, clerical, and technical support available within the Department of Psychiatry and Behavioral Sciences, the Program has an Administrative Assistant that devotes at least 75% time to the Program (the remaining 25% is devoted to the Division of Psychology’s Internship Program). For administrative questions related to policies and procedures specifically with the Graduate School, students can contact their student representative in Student Services (http://www.tgs.northwestern.edu/academics/academic-student-services/who-to-contact.html).
Financial Support

Beginning in September 2018, all students in the Clinical Psychology PhD Program in the Department of Psychiatry and Behavioral Sciences will receive a Research Assistant Scholarship or equivalent award that provides 100% tuition remission (or the equivalent), fully subsidized University health insurance, and a monthly stipend (at least $2,643 monthly for 12 months or $31,716 annually).

As part of the acceptance of this financial support, students are required to contribute 20-30 hours a week in an identified research lab(s), and apply for at least one external funding opportunity (e.g., NIH F31, NSF). Students from underrepresented minority groups may be eligible for additional internal scholarships, depending on availability.

Additional information on University-wide policies on financial support for graduate students can be found on the TGS website: http://www.tgs.northwestern.edu/about/policies/financial-aid-policies.html#regulations

Travel Grants

All students in the Program qualify for a limited number of travel grants to present research via posters or symposia/talks at regional, national, or international academic conferences. Travel awards cover the following conference-specific expenses:

- Conference registration fees
- Transportation to/from meeting
- Economical lodging and food
- Ground transportation while attending the conference

Students are eligible to apply for travel grants from the Department of Psychiatry and Behavioral Sciences and from TGS. Travel grants provided by the Department of Psychiatry and Behavioral Sciences are at least $200 per year application, with additional amounts provided when funds are available. Trainees are eligible to receive the travel awards as long as they are registered in the program. A single award may be used for multiple conferences and students may apply for multiple awards, if funds are available. The number of Departmental grants available per year varies depending on the availability of funding, and is awarded by the DCT after receipt of the student’s travel award application (see Google Drive, “APPLICATION_FOR_TRAINEE_TRAVEL_FUNDS.docx”), on a first-come,
first-serve basis. Because travel grants are funded through philanthropic donations, there is no guarantee that Departmental travel awards will be available for every student. Consequently, applications for Departmental travel awards should be submitted to the department immediately after notification that the presentation has been accepted.

Students that have obtained a Departmental travel grant award (or an equivalent award from their Primary Research Mentor) are also eligible to receive an additional travel grant award from TGS for up to $800. The TGS travel grant award is limited to two times during the student’s residency at Northwestern, and therefore students should choose wisely about when to apply for a TGS award. Students can only apply for a TGS travel grant after they have already received a grant from the Department or from their Primary Research Mentor. Detailed instructions for submitting TGS travel grant applications can be found here: [http://www.tgs.northwestern.edu/funding/fellowships-and-grants/internal-grants/conference-travel-grant/](http://www.tgs.northwestern.edu/funding/fellowships-and-grants/internal-grants/conference-travel-grant/)

**Instructional Policies**

Together with the Graduate School, the Program emphasizes requirements of scholarship that are expected of all graduate-level programs at Northwestern and that are consistent with top-ranked clinical psychology graduate programs in the United States and Canada. Formal courses, seminars, and clinical practica are planned and organized to suit the needs and interests of each PhD student while maintaining the Program’s commitment to the education of academic clinical psychologists. Courses are organized to provide a core curriculum in the science of psychology, with emphases on sophisticated clinical practice and research. Faculty members are expected to comply with the responsibilities outlined in Northwestern University’s Faculty Handbook ([http://www.northwestern.edu/provost/faculty-resources/faculty-handbook.html](http://www.northwestern.edu/provost/faculty-resources/faculty-handbook.html)).

The Program has moved towards a competency-based educational model. Within this model, students are expected to obtain a high level of competence across research, clinical, and professional domains, with specific objectives identified within each domain, and specific knowledge, skill, and attitude competencies identified within each objective. Within courses, instructors are expected to clearly outline the specific competencies that derive from the goals and objectives of the course. Students are expected to work towards mastery of these course specific competencies, as evidenced through course
assignments (e.g., quizzes, reports, papers, exams, observations, performance-based evaluations). Based on existing rubrics for each assignment in the course, instructors grade each assignment to determine if the student’s performance meets minimal competency, generally defined as 87% or greater. Assignment grades that fall below 87% on any metric are considered below basic competence and instructors will provide students with additional instruction or assistance to bring their knowledge or skill to a minimally acceptable level of competence.

For research and clinical training, competence is assessed developmentally over time, with mentors or supervisors rating students using standard rating forms (see Appendix) that compare the student's performance to expected competencies for their level of training and education.

If a student is unable to bring their performance up to par for any specific competency (or in broader domains), or if a pattern of performance at this level is identified, individual remediation plans are developed with specific and actionable milestones identified (See the “Student Remediation, Probation and Dismissal” section of the Handbook).

**Student Rights**

Consistent with Northwestern’s Policy Statement on Student Rights and Responsibilities (Northwestern University Student Handbook, [http://www.northwestern.edu/student-conduct/about-us/student-handbook](http://www.northwestern.edu/student-conduct/about-us/student-handbook)), the Clinical Psychology PhD Program recognizes and abides to the rights and responsibilities of students. Our goal is to create an environment imbued with courtesy and respect. The Program also recognizes and values cultural and individual diversity, and upholds the rights of individuals to be free of prejudice or discrimination with respect to program access and completion that are irrelevant to success in graduate training or the profession of psychology.

Additional information on University-wide policies on student’s rights can be found on the Northwestern University Student Handbook: [http://www.northwestern.edu/student-conduct/about-us/student-handbook/](http://www.northwestern.edu/student-conduct/about-us/student-handbook/) and on the University’s equal opportunity website: [http://www.northwestern.edu/hr/equalopp-access/equal-employment-opportunity/index.html](http://www.northwestern.edu/hr/equalopp-access/equal-employment-opportunity/index.html)
Confidentiality Policies

It is expected that all faculty, students, and staff will keep discussions of student selection strictly confidential. Only chairs of such meetings will disclose the recommendations and conclusions of discussions; comments of individual participants will not be identified. It is assumed that all evaluations will be conducted in a thoughtful and professional manner. Any violation of this policy can be cause for disciplinary action, including termination as a member of the Program’s faculty. Graduate students have access to their Program files upon request. Such files contain records of their academic, research, and clinical progress in the program. Students may not review any letters of recommendation that accompanied their initial applications if, as applicants, they waived their right of review.

Holistic Review of Applicants to the Program

It is expected that all faculty and the Program administration use a holistic approach (https://www.aamc.org/initiatives/holisticreview/about/) to evaluate applicants to the Program. Holistic review employs broad-based criteria, emphasizing the Program’s mission and aims, and avoiding cut-offs and an over-reliance on standardized test scores. Use of the holistic review approach is also designed to specifically promote student diversity (https://members.aamc.org/eweb/upload/Roadmap%20to%20Diversity%20Integrating%20Holistic%20Review.pdf).

To achieve a holistic review, criteria are balanced across experience, attributes, and academic metrics, considering how specific individuals may contribute to the Program and the broader field of clinical psychology. Background, opportunity, and evidence of compensatory factors are used to contextualize both strengths in the application, as well as weaknesses, particularly for underrepresented and underprivileged groups.

To assist in the holistic review, the PhD program uses an admissions rubric which provides structure for balancing the criteria used to evaluate applicants. The rubric uses a limited ordinal rating system for scoring each item, either 0/1 or 0/1/2 depending on the item. The limited rating system helps to avoid overinflating or underinflating any given item, while also making certain that each item and each category is balanced in the evaluation process.
The following general categories and specific criterion items are used as a guide to evaluate applicants:

1. **Academic Preparation.** Evaluators consider if applicants had a psychology major, performance on specific courses related to psychology, their overall undergraduate GPA, if applicants have a Master’s degree, performance on the GRE (verbal, quantitative, analytic writing), any awards or grants received, any leadership positions held, and the overall quality of the application forms (e.g., completed, followed instructions).

2. **Research Preparation.** Evaluators consider if applicants have research experience, the relevance of that research experience to clinical psychology broadly, the duration, type and depth of research experience, and research productivity (presentations, publications).

3. **Clinical Preparation.** Evaluators consider if applicants have been exposed to clinical populations in some capacity. If the applicants are applying for a clinical neuropsychology major area of study, the evaluators also consider the degree of neuropsychological experience of the applicants.

4. **Alignment with Program and Lab.** Evaluators consider the degree to which applicants endorse integrating research and clinical practice into their careers, the context in which they intend to work (e.g., academic healthcare systems), experience and interest in areas of research related to specific labs, and the degree of stated alignment with the mission of the PhD program and specific labs within the program.

5. **Personal Statement.** Evaluators consider the depth of the content, writing quality, voice, maturity, and articulation and realism of goals on the applicants’ personal statements.

6. **Letters of Recommendations.** Evaluators consider each letter of recommendation with regard to the strength of endorsement and specificity of competencies, aptitudes, and experiences.

7. **Interview.** If an applicant is interviewed, the applicant is evaluated on the applicant’s quality of their articulated goals, broad communication skills, non-verbal behavior, poise, maturity, and ability to articulate responses to adversity.

For University-wide policies on recruitment and admissions, please reference the following websites:

1. [http://www.tgs.northwestern.edu/admission/](http://www.tgs.northwestern.edu/admission/)
2. [http://www.northwestern.edu/diversity/](http://www.northwestern.edu/diversity/)
3. [http://www.tgs.northwestern.edu/diversity/](http://www.tgs.northwestern.edu/diversity/)
Student Evaluation, Feedback, and Advisement

Students receive evaluations and feedback in multiple ways. In their coursework, students are evaluated by and provided feedback from instructors through assignments and examinations. Instructors also provide feedback informally through classroom discussions and individually, as needed. Any specific assignment or examination that does not meet a minimum or basic level of competency (i.e., 87%) will need to be improved by the student so that it meets the basic level of competency indicated for that specific assignment or examination, and ultimately for that course. If a student is unable to bring their competency to a basic level through the instructor, the instructor will notify the PhD program administration and an Individual Remediation Plan will be developed (see the section “Student Remediation, Probation and Dismissal” in this Handbook).

Primary and secondary research mentors, whom are composed of faculty within a student’s lab(s), also provide evaluation, feedback, and advisement through weekly or biweekly group meetings, as well as individual meetings with students. Primary research mentors also provide annual formal evaluations using the Research Mentor Competency Evaluation Form (see Appendix for Form), which are completed at the end of the academic year. The DCT also acts as a secondary advisor to all students.

Students are matched with a primary Clinical Mentor through the CTC’s Clinical Mentors Program. A clinical mentor is assigned to each trainee at the start of her or his first practicum (prior to their second year) to shepherd them through their course of clinical training. The selection is made in a way that maximizes the match of student and mentor in terms of clinical emphasis and training needs. Once assigned, a clinical mentor works with the student for the remaining duration of their time in the Program’s pre-internship placement. All mentors are faculty central to the operations of clinical training aspect of the Program by virtue of their participation in the CTC. Clinical mentors engage in the following activities:

- Meet with students on a regular (at least quarterly) basis to determine clinical training needs and progress. Training needs and progress are measured against basic competencies expected to be developed during the student’s participation in the graduate program as well as student individual training goals.
- Discuss with practicum site supervisors on a regular (and at least semi-annual) basis students’ clinical training needs and progress.
Serve as the first line of involvement should any issues arise with students and/or training sites.

- Report on an ongoing basis to the CTC Chair any concerns that cannot easily be resolved and/or warrant attention by the DCT.
- Meet at least twice a year along with the DCT to review students’ clinical progress and inform mid-year and annual student reviews.

Clinical supervisors and practicum site coordinators also provide evaluation and feedback regularly to students through scheduled meetings with practicum students. Clinical supervisors and practicum site coordinators also provide mid-year and annual formal evaluations using the Clinical Supervisor Competency Evaluation Form (Therapy and Assessment versions).

Comprehensive reviews of all students are conducted annually in July or August with the full faculty of the ETC, as well as semi-annually with the CTC (January and June). The DCT aggregates all evaluations provided throughout the year and provide formal feedback of students’ educational, research and clinical progress via individual meetings annually in January. Additional meetings are also scheduled in August and September, when necessary, to address any concerns that were raised during the comprehensive reviews in July or August.

Additional information on University-wide policies on student progress for graduate students can be found on the TGS website: [http://www.tgs.northwestern.edu/about/policies/satisfactory-academic-progress.html](http://www.tgs.northwestern.edu/about/policies/satisfactory-academic-progress.html)

**Student Remediation, Probation and Dismissal**

Based on the aforementioned evaluation processes, if a concern is raised with a student, the DCT has the option of developing an informal or program-level remediation plan. The informal or program-level remediation plan is developed in collaboration with the DCT, the student, and any necessary faculty. The remediation plan details the specific identified concerns of the student, targets of remediation, and a detailed plan for remediation, including behavioral indices of improvement. Ideally, the student and DCT agree to the informal or program-level remediation plan; however, if necessary, the DCT can implement an informal or program-level remediation plan without the student’s agreement. If the
student is able to complete the informal or program-level remediation plan successfully, as agreed upon by the student and the DCT, the informal remediation plan will be removed from the student’s file, and no additional action will be taken. A digital copy will be kept in the DCT’s personal files for purposes of accreditation or administrative review. If the student does not successfully complete the remediation plan within the agreed-upon timeframe specified in the remediation plan, the DCT has the option to establish a formal remediation plan that would include involvement of TGS and other faculty as needed for increased accountability and oversight. Should these procedures ultimately fail in behavioral improvement, escalating the concerns either through a Faculty Challenge or Probation procedures through TGS is the next step.

A student’s inability to thrive in the Program at a professional and/or productive level may be due to medical or mental health issues of a personal nature. A student is never under any obligation to disclose these personal issues to the Program, its faculty, or TGS. The Program holds all students to the same expectation of PhD-level trainees, regardless of personal matters. If these matters interfere with a student’s ability to function properly in advancement in the Program, the student will be encouraged to seek assistance and/or the treatment necessary for her or him to maintain the minimum standard of performance set forth by the Program. Reasonable accommodations will also be provided at the discretion of the DCT and/or the ETC. At any time during the student’s tenure in the Program, she or he is eligible to request a Leave of Absence as outlined by TGS policy (http://www.tgs.northwestern.edu/about/policies/leaves-of-absence.html). Initiating a Leave of Absence is entirely at the student’s discretion and will not be at the behest of the Program. Should a student decide to take a Leave of Absence, the DCT and other faculty if necessary, will develop a plan for reintegrating the student back into the Program after the leave is over.

Probationary status is reserved for students with difficulties sufficiently serious to raise the possibility of eventual dismissal. Probation can occur for clinical and nonclinical reasons, such as failure to meet academic deadlines, research incompetence, and ethical and professional shortcomings. The normal or expected developmental difficulties associated with becoming a clinical psychologist, either in practice or research, do not ordinarily warrant probationary status. The problems that may warrant probation and even dismissal include but are not limited to failure to correct identified deficits in meeting administrative requirements (attendance, charting), failure to respond to supervision, and other
difficulties interfering with either clinical functioning that puts patient well-being in jeopardy, or research functioning that jeopardizes the responsible and ethical conduct of research.

The DCT will work with any student placed on probation to develop a remedial plan. The site training director, clinical supervisors, and/or research mentor will collaborate in this process as appropriate. During the ensuing 6 months, the student will meet with the appropriate supervisors, DCT, and/or mentor to discuss progress on the plan. At the end of 6 months from the development of the remedial plan, the student on probation will receive substantive, written feedback on the extent to which the corrective actions in the remedial plan have or have not been successful in addressing the issue or concern of a grievance.

Although probationary status shall usually be resolved favorably by the end of practicum or the academic year, it can, if necessary, be extended into future practica or academic years until remediated. No student on probation can attain candidacy.

Whatever the source of the recommendation to dismiss, the ETC will make the decision after soliciting and hearing an array of evidence and faculty opinion on all relevant aspects of the student’s performance. No proxy votes will be permitted. Balloting will not be secret; however, the details of the voting other than the outcome will remain confidential information. In all cases the ETC’s decision to dismiss a student may be appealed to the Chair of the Department of Psychiatry and Behavioral Sciences. See the section on grievance procedures for more information.

Termination from the Program/Terminal Master’s Degree

The Program offers a Master of Science degree on the way to obtaining the PhD (see below for details). If a student is terminated from the program after obtaining the Master of Science degree, the student will maintain this degree. Beginning June 2017, a separate degree program for the Master of Arts (MA) in Clinical Psychology will be offered apart from the PhD program. Students in the PhD program are not eligible for the MA degree. Students in the MA Arts program are eligible to apply for the PhD Program in Clinical Psychology. Because the coursework for the MA program is shared with the PhD program, course credit will be provided from the MA program for the PhD program; however, these students must
still complete the Research Qualifying Paper (RQP) and they also remain eligible for the Master of Science degree on the way to the PhD.

**Grievance Procedures**

Grievance procedures can be initiated in the following four types of situations:

1. A student may seek redress for actions taken by any member of the faculty or staff of the Clinical Psychology PhD Program, the Division of Psychology, or the Department of Psychiatry and Behavioral Sciences
2. A student may challenge actions or decisions taken by the Direct of Education and Clinical Training (DCT)
3. The DCT or a member of the faculty may initiate action against a student
4. A qualified student with a disability may initiate a complaint if the student believes any University employee has discriminated against him or her because of a disability

These situations are described below in detail:

1. **Redress for Action**
   
   A student may seek redress for actions taken by any member of the faculty or staff of the Clinical Psychology PhD Program, Division of Psychology, or Department of Psychiatry and Behavioral Sciences by formally presenting a concern to the DCT. The DCT will review the area of concern, gather information, and render a decision and recommendation. If the student wishes to appeal the decision and recommendation of the DCT, he or she may request that a Review Panel be convened, as described below.

2. **Student Challenge**

   If a student wishes to formally challenge any action taken by the DCT, the student must, within five (5) workdays of receipt of the DCT’s decision, inform the DCT, in writing, of such a challenge. When a challenge is made, the student must provide the DCT with information supporting the student’s position or concern. Within three (3) workdays of receipt of this notification, the DCT will implement Review Panel procedures as described below.
3. Faculty Challenge

If a faculty member has a specific student concern that is not resolved informally through consultation and intervention by the DCT, or an informal remediation plan, the faculty member may seek resolution of the conflict by written request to the DCT for a review of the student’s behavior. Within three (3) working days of receipt of the faculty member’s challenge, the DCT will consult with the ETC and a Review Panel will be convened, as discussed below.

4. Discrimination due to a Disability

If a student believes any University employee has discriminated against him or her because of a disability, he or she has the right to seek a review of such concerns. For this type of grievance, the Program will use Northwestern University’s Informal Complaint and Formal Grievance Procedures for qualified students with a disability (i.e., a student who has provided documentation of disability and is registered with the Office of Services for Students with Disabilities). The Grievance Procedure for this type of grievance can be found on the “Grievance Procedure” webpage of Northwestern’s Office of Services for Students with Disabilities (http://www.northwestern.edu/accessiblenu/).

Review Panel and Process

When needed, a Review Panel will be convened to address the following:

1. An appeal of a decision and recommendation in response to a Redress for Action
2. A Student Challenge
3. A Faculty Challenge

The Review Panel will consist of three (3) core faculty members of the Clinical Psychology PhD Program who are selected by the DCT. If the review panel is convened to challenge an action taken by the DCT, the Chief of the Division of Psychology will select the three core faculty members of the Clinical Psychology PhD Program for the Review Panel. Faculty members who are party to the dispute will recuse themselves from deliberations and will not receive any communications associated with ongoing deliberations.

Within five (5) workdays of convening the Review Panel, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) workdays of the completion of the
review, the Review Panel will submit a written report to the DCT, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

The student has the right to hear the challenge and all relevant material that is presented to the Review Panel. The student has the right to dispute or explain the challenge and/or any relevant material presented to the Review Panel.

As the Review Panel represents the ETC, the vote and recommendations of this panel will stand as the final decision of the ETC. The Review Panel will prepare a summary letter regarding its decision that will be provided to the student and to the DCT. Within three (3) workdays of receipt of the recommendation, the DCT will either accept or reject the Review Panel’s recommendations. If the DCT rejects the panel’s recommendations, due to an incomplete or inadequate evaluation of the dispute, the DCT may refer the matter back to the Review Panel for further deliberation and revised recommendations. If referred back to the Review Panel, the panel will report back to the DCT within five (5) workdays of the receipt of the DCT’s request of further deliberation with a final decision and recommendations. After the final decision of the Panel is rendered, the DCT will inform the student and, if necessary, the Graduate School of the decisions made. If the student disputes the final decision, the student has the right to contact the chair of the Department of Psychiatry and Behavioral Sciences to make a final appeal.

All information and records (including electronic records) pertaining to a formal complaint or grievance against the program and/or individuals in the program will be maintained by the DCT in perpetuity. These records may be reviewed by the student, the DCT, the ETC, the administration of the Department of Psychiatry and Behavioral Sciences, the administration of the Feinberg School of Medicine, or official representatives of the American Psychological Association’s Commission on Accreditation.

Additional information on University-wide policies on due process for students can be found on the Northwestern University Student Handbook: http://www.northwestern.edu/student-conduct/about-us/student-handbook/

**Psychotherapy for Students**
During her or his enrollment in graduate school, a student may wish to enter psychotherapy. The Program encourages this practice either for the student’s personal growth or to enhance his or her understanding of the psychotherapeutic process. The director of education and clinical training maintains a list of contributed service faculty members who have agreed to see Clinical Psychology PhD students at reduced fees (see *Psychotherapy Services Brochure.pdf*). The Program maintains strict standards as to which faculty members a student may see for individual psychotherapy. This is to ensure that psychotherapeutic and teaching/supervisory relationships between students and faculty do not overlap or otherwise involve potentially incompatible roles.

Students may also elect to obtain a referral to a psychotherapist through Northwestern’s Counseling and Psychological Services (CAPS) or through their personal insurance. CAPS offers a range of services to support undergraduate and graduate students (see: [http://www.northwestern.edu/counseling](http://www.northwestern.edu/counseling)). CAPS provides short-term psychotherapy for adjustment-related and mild-to-moderate mood/affective concerns. If the clinical need is beyond their scope of service, they will refer out to a community clinician or agency. Interested students should contact the CAPS directly and arrange for an initial interview to make the referral. Student copayments for the CAPS service are relatively inexpensive. Please note, however, that if you take advantage of services at CAPS, you will no longer be eligible for training opportunities at CAPS, such as their internship program.

**Professionalism and Etiquette**

In our academic medical setting, students will invariably find themselves in multiple settings interacting with a variety of clinicians, scientists, and staff, or learning in lectures, seminars, small groups and classroom settings. In these situations, students not only act for themselves but are also representatives of the Program. As such, general the following guidelines on conduct and etiquette are recommended:

- **Appropriate dress** – wear clothes that are appropriate for the setting (e.g., clinic, lab, class, etc.), but strive to look professional. Avoid extreme styles as well as torn, ragged or sloppy attire.

- **Arrive on time** – when possible avoid being late to class, supervision, and other meetings. It respects everyone’s time and encourages productivity. Being punctual gets noticed!
• **Address faculty and staff appropriately** – initiate interactions with their preferred title (e.g., Dr.) until directed otherwise. Different cultures with regard to title may exist depending on the setting. When in the presence of patients always address physicians/psychologists as “Doctor.”

• **Be prepared** – for class, meetings and supervision this includes completing assigned readings, having data/results finalized in slides or other format for mentors to review, and charts/notes for clinical supervision.

• **Cell phone** – mute or turn off, particularly for class, but also during lab meetings and clinical supervision. If expecting an urgent call/text, have it on silent and excuse yourself from the room to take it (do not text throughout).

• **Laptops/tablets** – if using to take notes, do not use to browse the Internet or text/instant message; stay focused on the present meeting.

• **Be respectful in your interactions** – especially during heated exchanges, avoid inflammatory statements, generalizations, accusatory language or belittling. Maintain a professional demeanor and remove yourself should the situation escalate or fail to resolve.

• **Avoid small chat or side discussions** – especially during lectures, presentations, or meetings.

Consistent with PWC, reviews regarding behavioral and professionalism are conducted on an annual basis. See Appendix for Behavioral and Professionalism Concern Documentation.

### Social Media Policy

**Introduction**

Applicants to the program, as well as current students, are personally responsible for the content they publish on blogs, wikis, social networks, forum boards, or any other form of user-generated media. It is important to remember that all content contributed on online platforms becomes immediately searchable and is immediately shared. This content may leave the contributing individual’s control forever and may be traced back to the individual even after long periods of time have passed.

For both applicants and current students, information posted on social networking sites may be considered and evaluated as to how it reflects your professionalism. Professionalism is considered a core competency of psychology and the Program. It consists of (a) Professional Values and Attitudes, (b) Individual and Cultural Diversity, (c) Ethical Legal Standards and Policy, and (d) Reflective Practice, Self-Assessment, and Self-Care.
This policy defines public information as anything that can be collected by a basic Internet search using an engine such as Google; this includes search results for social media sites like Facebook, MySpace, Twitter, and LinkedIn, among others. It does not provide the Program with permission to perform an in-depth investigation of an individual’s Internet history. You will never be asked to disclose your password as a condition of either interviewing or enrollment.

The faculty of the Program is committed to protecting future clients from harm by ensuring that all students are competent in the practice of clinical psychology. Therefore, public information obtained via the Internet may be used by faculty to evaluate applicants and current students on behavior that might be indicative of competence problems, poor professionalism, or poor interpersonal judgment. This evaluation may result in adverse actions. This practice is consistent with the role played by training programs as gatekeepers to the profession. Examples of troubling behavior include acts of discrimination such as racism or sexism, illegal behavior, or behavior that suggests a lack of professional judgment relevant to the professional practice of counseling.

*Reasonable Right to Privacy*

Principle E of the Ethical Code for Psychologists (2002) states in part that: Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups.

Consistent with this, faculty members are respectful of individuals’ reasonable right to privacy, even on a medium as inherently public as the Internet. It is the responsibility of applicants and current students, however, to decide what information about themselves they want shared with the general public. Program faculty will therefore not circumvent established privacy settings in an attempt to “dig” for information that individuals are making a reasonable attempt to keep private.
Evaluation Criteria

An applicant will never be evaluated based on their race, sex, religion, or any other protected class listed in United States antidiscrimination laws.

When problematic behavior is identified, it shall be reviewed and discussed using the following criteria (adapted in part from Lamb, Cochran, & Jackson, 1991; Fouad et al., 2009): What are the actual behaviors that are of concern, and how are those behaviors related to the goals of the Program? How and in what settings have these behaviors been manifested? How serious is this behavior on the continuum of ethical and professional behavior? What is the explanation for the behavior?

While each case is different and requires individual assessment, the following factors may indicate that the problem is more serious: The individual does not acknowledge, understand or address the problematic behavior when it is identified; the problematic behavior is not merely a reflection of a skill deficit that can be rectified by training; the behavior has the potential for ethical or legal ramifications if not addressed; the behavior negatively affects the public image of the Northwestern University and/or the Program.

Evaluation Process

Evaluation will occur at the program level and adhere to the evaluation criteria listed in the following subsection. A single faculty member will never be responsible for evaluating or reaching a decision on an applicant or student by themselves. The process will occur first in a group discussion with the DCT to assess the extent and severity of the information brought forward, and so that individual faculty member might both share their evaluations and perceptions. If further review is required, the situation will be formally presented before the Education and Training Committee for further consideration. Final determination of action will then be settled upon by the Education and Training Committee.

If/when information has been obtained, it will be reviewed for any implications it has for the professional practice of psychology, potential challenges to the training as a psychologist, as well as any signs that it might reflect interpersonal challenges to developing the deportment and competence necessary for becoming a psychologist.
Applicants as well as current students will be contacted so as to provide an explanation for the obtained information. The DCT shall promptly offer to discuss the information with the individual. The purpose of this discussion is to permit the student to contextualize and explain the information uncovered. From this determination, options will be developed; these options include but are not limited to denial of an interview or of entry to the program, remedial training, or other interventions to address professionalism.

Emergency Contact Information & Missing Student Policy

It is the student’s responsibility to maintain current contact information, including for emergencies, with the Program. Ideally emergency contacts would include a local individual (e.g., spouse, roommate, or friend) as well as family member (e.g., parent, grandparent, etc.). Information should include at a minimum:

- Student address/phone number/alternate phone/email/alternate email
- Emergency name/relationship to student/address/phone number/alternate phone/email

This information is kept confidential within the Program, and not disclosed to any other party, including faculty without prior consent.

If the DCT is unable to locate a student after reasonable attempts, including use of the emergency contact, and there is concern that the student is missing, University Police will be notified, consistent with Northwestern University’s Missing Student Policy: http://www.northwestern.edu/up/safety/missing-student-policy.html

Maintaining Records: Graduate Student Tracking System

The Graduate Student Tracking System (GSTS) is a web-based academic monitoring system as well as a central record repository for all information and documentation related to your residency in the PhD program in Clinical Psychology at Northwestern University Feinberg School of Medicine. The GSTS replaced our paper-based file system in the Summer Quarter of 2015. Students and PhD Program Administration are responsible for managing the GSTS, as specified in the GSTS Instructions, found in the Google Drive. Students are expected to keep the information in the GSTS current, and to review the GSTS for accuracy every quarter. Students can access the GSTS here: https://gsts.northwestern.edu/site/login
Employment Policy

Students are not permitted to accept any clinical positions, paid or unpaid, in addition to their program sanctioned practica, without prior approval from the Program’s Director of Graduate Studies (DGS). Students may be employed in a non-clinical position(s) without prior approval, assuming the position(s) does not interfere with performance in the Program.

Academic Integrity

As a training program committed to intellectual pursuits, the PhD Program upholds standards of academic and personal integrity. The expectation is students are open and honest in their dealings with, and in representing themselves and their work, to others across all settings.

Plagiarism

Deliberate plagiarism, or copying and representing others work as your own without proper credit, is not tolerated. More challenging are situations where unintentional, or accidental, plagiarism occurs in the context of developing research papers, grant applications, or writing assignments. This usually is the result of failing to cite sources completely and correctly, or inappropriately quoting, paraphrasing or summarizing. Certain situations put individuals at increased risk for accidental plagiarism, such as time pressures (e.g., procrastination, overscheduled, poor time management), a demand for perfection, and/or skill deficits (e.g., unfamiliarity with material). It the responsibility of the student to be informed on proper techniques for quoting and paraphrasing material, as well as what constitutes original work versus “boilerplate” language. University courses, such as Taking Responsibility for Responsible Conduct of Research provide opportunities for students to become informed on these issues.

The program strongly adheres to the policies and procedures for academic honesty as outlined by TGS (http://www.tgs.northwestern.edu/about/policies/academic-integrity.html). In brief, allegations of dishonesty are required to be reported by faculty to TGS, which then initiates a formal process that includes a case review, hearing, and possible sanctions depending on the outcome (see TGS website for more details). Allegations of academic dishonesty on grant applications and scientific papers is potentially considered research misconduct and will be investigated by the Office for Research Integrity.
University Policies and Guidelines

Students are expected to be aware of and comply with all relevant University polices and guidelines, as shown on the Northwestern website: http://policies.northwestern.edu/all-policies/university.html
Section III: Degree Requirements

Students must successfully complete the following minimum requirements to obtain a PhD in Clinical Psychology from the PhD Program at Northwestern University’s Feinberg School of Medicine:

1. 30 credits of graduate course work (equivalent to 120 quarter hours) at Northwestern University
2. Grades of at least a B for all courses
3. Completion of all required coursework
4. Successful completion of an approved teaching experience
5. Successful completion of the Research Qualifying Paper
6. Successful completion of the Clinical Qualifying Exam
7. Successful proposal and defense of the doctoral dissertation
8. Successful completion of 3 years of approved clinical practica
9. Successful completion of a full-time, 1-year APA-accredited clinical internship

Students should consult The Graduate School (TGS) webpage, “Doctor of Philosophy Degree Requirements” (http://www.tgs.northwestern.edu/academics/academic-services/phd/index.html) for information and requirements concerning degree granting, course registration, grading, official leaves, and residency.

In accord with TGS policy, all PhD students will be informed of their standing in the program in a written communication from the program director of graduate study at the end of each academic year. If progress is not satisfactory, students will be made aware of the problem and provided with both an opportunity to respond and, if appropriate, explicit instructions regarding how to remediate.

Teaching Experience

Teaching is an essential element of the education and training experience of PhD students at Northwestern University. For this reason, The Graduate School requires that all PhD students serve in some instructional capacity for at least one academic quarter during their graduate education. As such, students in the Clinical Psychology PhD Program are required to complete one (1) academic quarter as a teaching assistant for instructors teaching courses to first year students in the Program. First year students in the doctoral program were selected as the target population because there is not an
undergraduate population in the Feinberg School of Medicine, and it is not feasible for all students to teach in other graduate or medical programs on the Chicago campus.

The DCT will match advanced students, typically in their 4th year of residency, to instructors who have indicated an interest in having a Teaching Assistant (TA). The instructor and the matched doctoral student will work together to create the specific teaching experience; however, the following elements are expected of the teaching experience:

a. The doctoral student will give at least one lecture lasting at least 1.5 hours.

b. The doctoral student will direct an ancillary class for one-hour per week, such as a practical lab (e.g., statistics, research methods, assessment) or journal club.

The doctoral student will be required to work with the professor for no more than five hours during the quarter to prepare for the course, to prepare for or discuss the ancillary class, and to assist the instructor with other course-related duties.

TA’s will not participate in evaluation or assessment of first year doctoral students because of the potential for conflicts of interest.

Other teaching experiences, such as teaching medical, MPH, or other graduate students, as well as teaching courses in the School for Continuing Studies or outside of Northwestern will generally qualify for meeting the Teaching Experience requirement. Such experiences must be approved by the DCT in order to qualify for meeting the Teaching Experience requirement.
Section IV: Course of Study

The PhD Program in Clinical Psychology provides students preparation for research and practice in Health Service Psychology. Health Service Psychology is defined as “the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders (APA SoA, 2016).

In addition to providing general education and training in Health Service Psychology, we provide opportunities for graduate-level preparation in defined areas within Health Service Psychology. Specifically, educational and training opportunities are organized into research and clinical emphases. Per APA’s (2012) Taxonomy for Education and Training in Professional Psychology Health Service Specialties, some of these emphases meet criteria for a Major Area of Study (e.g., , and are noted as such below in parentheses.

Research Training is organized into the following Research Emphases:

- Behavioral Medicine
- Neuropsychology & Behavioral Neuroscience
- Policy
- Psychopathology & Treatment

Clinical Training is organized into the following Clinical Emphases:

- Adult Clinical Psychology
- Behavioral Medicine/Health Psychology (Major Area of Study)
- Clinical Child & Adolescent Psychology (Major Area of Study)
- Clinical Neuropsychology (Major Area of Study)

What follows is a typical sequence of courses for our graduate students, subject to change in individual instances. Note that by design, program completion at a minimum occurs in 5 years; however, 6 years may be required in some labs or elected by some students who wish to devote additional time to research and/or clinical training. Regardless of the length of the program, the program is intensive. Students
should anticipate dedicating between 60-80+ hours a week for the duration of their residency towards all Program activities, including coursework, completing milestones, research work and obligations, clinical practica, and general involvement in the department (e.g., Grand Rounds, Friday Digest, committee meetings, special lectures, etc…).

A typical sequence of activities over the course of residency includes:

**First Year**
1. Register for twelve (12) credits of courses, including:
   a. Two (2) credits of Foundational Courses
   b. Two (2) credits of Bases of Behavior Courses
   c. The 3-credit Assessment Sequence
   d. The 3-credit Statistical Sequence
   e. Advanced Research Design
   f. Introduction to Psychotherapy
2. Begin research apprenticeship in the primary mentor’s lab
   a. Identify possible co-author and/or primary author publications
3. Begin the Research Qualifying Paper

**Second Year**
1. Register for nine (9) to Twelve (12) credits of courses, including:
   a. Two (2) credit of Foundational Courses
   b. One (1) Bases of Behavior Course
   c. Cognitive Behavior Therapy & CBT Seminar
   d. Grant Writing Seminar (option for year 3 available)
   e. Five (5) to Eight (8) credits of Elective of Track-Specific Courses
2. Continue apprenticeship in the primary mentor’s lab
   a. Begin working on co-author and/or primary author publications
3. Continue or complete the Research Qualifying Paper
4. Clinical Practica
5. Begin developing NRSA/Dissertation Research Award
Third Year
1. Register for nine (9) to Twelve (12) credits of Elective courses, Emphasis-Specific courses, remaining required courses, or Research
2. Continue apprenticeship in the primary mentor’s lab
   a. Continue working on co-author and/or primary author publications
3. Complete the Research Qualifying Paper, if not already completed
4. Complete the Clinical Qualifying Exam
5. Begin developing Aims for Dissertation and/or submit NRSA/Dissertation Research Award
6. Clinical Practica

Fourth Year
1. Register for Continuous Registration (TGS512) or Advanced Study (TGS500)
2. Continue apprenticeship in the primary mentor’s lab
   a. Continue working on co-author and/or primary author publications
3. Advanced Clinical Practica
4. Dissertation Research
5. Apply for clinical internship at APA-Accredited site (optional)

Fifth Year
1. Clinical internship at APA-Accredited site
   a. Register for CLIN_PSY550-0: APA Internship
2. Complete Dissertation Research, if not already completed
3. Application for Postdoctoral Training
   OR
1. Register for Continuous Registration (TGS512) or Advanced Study (TGS500)
2. Continue apprenticeship in the primary mentor’s lab
   a. Continue working on co-author and/or primary author publications
3. Advanced Clinical Practica (optional)
4. Dissertation Research, ideally completed by end of the year
5. Apply for clinical internship at APA-Accredited site
Sixth Year (if applicable)

1. Clinical internship at APA-Accredited site
   a. Register for CLIN_PSY550-0: APA Internship

2. Complete Dissertation Research, if not already completed

3. Application for Postdoctoral Training

It is the expectation of the Program that all students will graduate within 6 years of residency. Exceptions to this expectation are students who obtained training or dissertation funding (e.g., F31, T32) that extend into their advanced years, prolonging their time in the program. For these students, an extended residency of 7 or even 8 years is acceptable if the time is used productively for gaining additional research training and for scientific productivity.
Section V: Progress in the PhD Program in Clinical Psychology

Orientation

To acquaint incoming students with current students, faculty, and personnel, a full-day orientation program, conducted by the DCT, is held shortly before the start of the fall quarter. Copies of the Orientation presentation are available on the Program’s Google Drive.

Curriculum

Mission

The mission of the PhD Program in Clinical Psychology is to graduate clinical psychologists who are highly competent, ethical, and productive in the science and practice of clinical psychology, particularly within academic healthcare systems and similar settings.

Aims

This mission of the PhD Program in Clinical Psychology is accomplished through the following aims:

1. Provide core knowledge and methods in psychological science, including in:
   a. The origins and development of major ideas in the discipline of psychology.
   b. The basic psychology-specific content areas of scientific psychology, specifically the affective, biological, cognitive, developmental, and social aspects of behavior.
   c. Psychological research methods, statistical analysis, and psychometrics
2. Develop competencies in the integration of different areas of psychological science, including advanced (graduate-level) scientific knowledge that integrates two or more of the multiple basic psychology-specific content areas identified in aim #1
3. Develop competencies in the integration of science and practice
4. Develop research competencies
   a. Demonstrate the substantially independent ability to formulate research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
   b. Conduct research or other scholarly activities.
   c. Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local, regional, or national level.
5. Develop competencies in ethical and legal standards
   a. Be knowledgeable of and act in accordance with:
      i. The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
      ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
iii. Relevant professional standards and guidelines.

b. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.

c. Conduct self in an ethical manner in all professional activities.

6. Develop competencies in individual and cultural diversity

a. Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

b. Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

c. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

d. Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

7. Develop professional values and attitudes

a. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

b. Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.

d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

8. Develop competencies in communication and interpersonal skills

a. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

b. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

c. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

9. Develop competencies in psychological assessment
a. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

b. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective.

c. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

10. Develop competencies in psychological intervention

a. Establish and maintain effective relationships with the recipients of psychological services.

b. Develop evidence-based intervention plans specific to the service delivery goals.

c. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

d. Demonstrate the ability to apply the relevant research literature to clinical decision making.

e. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

f. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

11. Develop competencies in supervision

a. Demonstrate knowledge of supervision models and practices.

12. Develop competencies in consultation and interprofessional/interdisciplinary skills

a. Demonstrate knowledge and respect for the roles and perspectives of other professions.

13. Develop competencies to prepare students for careers within an academic health care system, VA medical center, and/or children’s hospital

a. Identify and pursue coursework and/or research/clinical training within at least one emphasis or major area of study, including Behavioral Medicine, Clinical Child and Adolescent Psychology, Clinical Neuropsychology, Policy, and Psychopathology & Treatment

Design

The curriculum is designed to provide the core structure around which further concentration through track-specific electives may be fashioned. All students are strongly encouraged to fulfill their course requirements with courses taught through the Program. Courses from other departments within The Graduate School at Northwestern may be acceptable as substitutes with the consent of the DCT.
Students are welcome and encouraged to take graduate-level courses throughout Northwestern’s Evanston and Chicago campuses. Independent study courses will not be accepted in lieu of required courses, unless the student has prior graduate coursework in content area of the required courses.

Curriculum Outline
The program requires a minimum of 30 credits, including up to six practica credits. Clinical and research emphases have additional educational and training requirements specific to each emphasis. These required and emphasis-specific courses should be completed by the end of the student’s third year of residency.

Courses
The following courses are routinely made available to students. Additional courses, including Special Topics, may also be made available to students.

Courses are categorized as Discipline-Specific Knowledge Category 1, Discipline-Specific Knowledge Category 2, Profession-Wide Competencies, and Elective and Emphasis-Specific.

Required Courses for Discipline-Specific Knowledge Category 1:

- History and Systems of Psychology (1 credit)*
- Basic Content Areas in Scientific Psychology:
  - Behavioral Neuroscience (1 credit)
  - Advanced Social Psychology (1 credit)
  - Life-Span Developmental Psychology (1 credit)

Required Courses for Discipline-Specific Knowledge Category 1:

- Cognitive Psychology (1 credit; Advanced Integrative course with affective and biological content)
- Research Methods I, II, II (aka, Statistics; 3 credits)
- Advanced Research Design (1 credit)
- Grant Writing Seminar (1 credit, pass/fail)
Required Courses for Profession-Wide Competencies:

- Scientific and Professional Ethics in Psychology (1 credit)
- Diversity in Psychological Science and Practice (1 credit)
- Psychological Assessment I, II, III (3 credits)
- Psychopathology (1 credit)
- Psychopathology Lab (0.5 credit)
- Introduction to Psychotherapy (1 credit)
- Cognitive Behavioral Therapy (1 credit)

Elective and Emphasis-Specific Courses (all 1 credit, unless indicated):

- Acceptance and Commitment Therapy (Psychopathology & Treatment)
- Advanced Psychotherapy (Psychopathology & Treatment)
- Behavioral Neuroanatomy (Neuropsychology & Behavioral Neuroscience)
- Behavioral Neurology (Neuropsychology & Behavioral Neuroscience)
- Child and Adolescent Psychotherapy (Clinical Child & Adolescent)
- Child Psychological Assessment (Clinical Child & Adolescent)
- Child Psychopathology (Clinical Child & Adolescent)
- Cognitive and Behavioral Treatments for Depression (Psychopathology & Treatment; 0.5 credit)
- Cognitive Models of Psychopathology and Psychotherapy (Psychopathology & Treatment)
- Dialectical Behavior Therapy (Psychopathology & Treatment)
- Family Therapy (Clinical Child & Adolescent)
- Forensic Neuropsychology & Psychology (Neuropsychology & Behavioral Neuroscience)
- Health Psychology (Behavioral Medicine)
- Introduction to Clinical Neuropsychology (Neuropsychology & Behavioral Neuroscience)
- Marital and Sex Therapy (Psychopathology & Treatment)
- Mental Health Policy (Policy)
- Motivation and Self-Control in Health Behavior (Behavioral Medicine)
- Neuropsychological Assessment (Neuropsychology & Behavioral Neuroscience)
- Positive Psychology in Clinical Practice (Psychopathology & Treatment, Behavioral Medicine)
- Principles of Neuroimaging (Neuropsychology & Behavioral Neuroscience)
• Primary Care Psychology (*Behavioral Medicine*)
• Psychodynamic Traditions (*Psychopathology & Treatment*)
• Psychopharmacology (*Psychopathology & Treatment*)
• Seminar Series (0.25 credits):
  o Cognitive Psychology
  o Diversity
  o Social Psychology

*Pursuant with the July 2017 Implementing Regulations for the Standards of Accreditation for Health Service Psychology, the requirement for Discipline-Specific Knowledge (DSK) in History and Systems in Psychology is “the only portion of the DSK that may be accomplished entirely prior to matriculation into the doctoral program and/or through undergraduate-level work after matriculation into the doctoral program” (C-7 D). Students who completed an evaluated educational experience that sufficiently addressed DSK in History and Systems of Psychology prior to matriculation, at the graduate or undergraduate level, are exempt from taking the program’s required History and Systems of Psychology course. To qualify for this exemption, students must provide a copy of the syllabus and evidence of a grade of B or higher to the DGS for review and approval. Once approved by the DGS via email, students must upload the syllabus and evidence of the grade into GSTS under the “General” category, with the following note: “Evaluative Educational Experience in History and Systems approved by DGS as meeting SoA requirements”.

**Course Registration and Tuition**

Students register for courses through CAESAR ([http://www.northwestern.edu/caesar/](http://www.northwestern.edu/caesar/)), following all deadlines established by TGS (e.g., initial registration, adding/changing/dropping courses). Current deadlines can be obtained through the Northwestern Calendar:

[http://www.registrar.northwestern.edu/calendars/](http://www.registrar.northwestern.edu/calendars/)

Under the TGS tuition model, tuition is charged by quarter, not by the number of courses for which students are registered. Students are charged the full tuition rate for the first eight (8) quarters of registration. For the ninth (9) quarter and beyond, student remain in residence as full time students at the advanced tuition rate by registering for TGS 500 Advanced Doctoral Study, which is approximately
one-fourth of the full tuition rate. Current tuition rate information can be found on TGS’s website (http://www.tgs.northwestern.edu/financial-aid/fello-schola-grants/tuition-rates/index.html).

Students in their first three years of the Program must register for at least 3 credit hours per quarter, and should attempt to register for 4 credit hours, when possible. Students should consider using practicum credits and research credits (which can be from 1-3 credits per quarter) to maintain 4 credit hours per quarter.

Students who are no longer taking courses (e.g., students in the 4th year or beyond) register for either Advanced Doctoral Study (TGS500) or Continuous Registration (TGS512). If an advanced student is on a training grant (e.g., NRSA/F-31, NSF, T-32, foundation funding) or receiving any type of stipend from TGS, he or she must register for Advanced Doctoral Study (TGS500) for all quarters (Fall/Winter/Spring/Summer) that they are receiving funding. Students who are no longer taking courses and are not funded through a training grant or stipend from TGS must register for Continuous Registration (TGS512) for Fall/Winter/Spring quarters until they graduate. If a student remains in the program without completing their dissertation by the beginning of their 10th year in the program, that student will register for Advanced Continuous Registration (TGS513).

The year-long subsidy for Northwestern student health insurance, which is funded by the Program, is provided only when a student registers either at the full rate or the advanced rate of tuition. The Program only provides this subsidy for the first three years of residency, regardless of registration. No health insurance subsidy is provided when a student is registered for Continuous Registration (TGS512). Please note that students who register for TGS 512 Continuous Registration for the summer term will maintain their subsidized insurance through August 31st of that year. Students registered for TGS512 are eligible to self-pay the full premium for the health insurance plan through Northwestern University.

Students registered for TGS512 do not pay the activity fee and therefore are not eligible for the UPass (despite our best efforts).

---

1 A stipend is a salary or fellowship that is paid to a student, typically from a grant and typically on a monthly basis. Students who are hired as part-time or temporary employees (usually on an hourly basis), either by a grant or through other means, are not considered to be receiving a stipend.
Students should consult with their TGS Student Representative if they need additional help with registration problems, adding/dropping, overloading courses, etc... (http://www.tgs.northwestern.edu/academics/academic-services/).

Course Waivers/Substitutions

In accordance with the policy of The Graduate School, course credit is not provided for courses taken at other institutions prior to admission to the Clinical Psychology PhD Program. As such, waivers are not provided. Under certain circumstances, the DCT in consultation with the ETC will allow a student to substitute a course if he or she has had suitable previous experience or course work. In such a situation, the substitute course must be of similar and preferably more advanced content to the substituted course. A maximum of nine (9) courses may be substituted.

Circumstances for granting a course substitution

A student may choose to petition for a course substitution if he or she can demonstrate thorough background and knowledge in the area of study that the course in question encompasses, most typically through a prior graduate course.

Procedure

Substitutions are obtained by petitioning the DCT using The Petition for Course Waiver/Substitution form (available on the Program’s shared Google Drive). The student should carefully outline the rationale underlying the request and provide course syllabi and other supporting materials (e.g., textbooks used, papers written, reading lists) when possible to facilitate a decision by the committee. The form must be signed by the student’s faculty adviser and the instructor teaching the course, and then presented to the DCT. If the student’s faculty adviser and the course instructor disagree, the ETC will resolve the matter. The petition should be submitted before the beginning of the required course.

Independent Study (ClinPsy 499)

To allow in-depth research in a specific area of study, a student may register for Independent Study. As is true of all other Program courses, 499 courses require a minimum of two hours per week of contact
with the faculty preceptor, an explicit syllabus, and a final product, such as a paper, exam, or annotated bibliography, that can serve as the basis of an evaluation of the student’s work.

Procedure
Before the quarterly registration period, the student must complete a 499 Independent Study Permission form (available on the Program’s shared Google Drive folder). The student provides a proposed bibliography and mode of study, rationale for need of a 499 course as opposed to a regular course offering, a focus of goals for the course, and a statement of how the student’s performance will be evaluated (paper, exam, etc.). The form is signed by the student’s faculty adviser and the proposed instructor of the course, and then submitted to the DCT for approval. The form must be submitted at least one week prior to registration.

Restrictions
First-year students are rarely granted permission for a 499 course and may take it only on a graded basis. Advanced students may register for no more than two 499 courses.
Processes and Procedures for Doctoral Candidacy & Graduation

Doctoral Candidacy

Advancement to Doctoral Candidacy first requires the student to have completed all required courses and emphasis-specific elective coursework. Next, the PhD Qualifying Exam must be completed by the end of the third (3rd) year of residency. Please refer to the TGS website regarding specific deadlines for the PhD Qualifying Exam (http://www.tgs.northwestern.edu/academics/academic-services/phd/timeline/index.html)

To pass the PhD Qualifying Exam, students must complete all necessary requirements of the Clinical Qualifying Exam (CQE) and the Research Qualifying Paper (RQP). See below for details about the CQE and RQP. After completion of the RQP and/or the CQE, the student must upload the completed and signed CQE and RQP Competency Evaluations forms directly to the GSTS, with original copies being provided to the Program’s Administrative Assistant in Abbott 1205 (forms are available on the Program’s Google Drive). After both forms are correctly completed and submitted, the PhD Qualifying Exam will be approved by the Program in CAESAR.

Students must also upload electronic copies of the final and approved RQP manuscript and CQE’s Evidence-Based Case Study to the GSTS.

Prospectus or Dissertation Proposal

The PhD Prospectus must be completed by the end of the fourth (4th) year in the program. Please refer to the TGS website regarding deadlines for the PhD Prospectus:
http://www.tgs.northwestern.edu/academics/academic-services/phd/timeline/index.html.

Once students have a PhD Prospectus defense date, they must submit the PhD Prospectus form in CAESAR, providing the following information: Scheduled Date of Prospectus; Committee Members, indicating graduate faculty status (at least 2 with graduate faculty status; please use the Graduate Faculty lookup function in the PhD Prospectus form in CAESAR); and select Advisor’s name. If a faculty member does not appear using the lookup function, just type in the name and check the box. Students should print out the PhD Prospectus form in CAESAR and provide this form to faculty for signatures after successful defense of the PhD Prospectus.
In addition to the *PhD Prospectus* form in CAESAR, the Committee must also complete the [Dissertation Prospectus Competency Evaluation Form](#). Students must provide the Committee with a digital or print version of the *Dissertation Prospectus Competency Evaluation Form* after the Committee is formed so that all members understand and are knowledgeable of the expected competencies. At the time of the prospectus defense, the student must provide one printed copy of the *Dissertation Prospectus Competency Evaluation Form* to the committee for completion after the delivery of the oral defense, and before feedback to the student. The Committee members will evaluate the student using consensus agreement. Deviations from consensus must be noted on the form. If lack of consensus results in competencies rated as below the threshold (see below) for any specific item, the Committee Chair will make a final determination. Any committee member(s) that disagrees with the Chair’s final determination have the ability to file a grievance with the PhD Program (see [Grievance Procedures](#)). The threshold for passing the PhD Prospectus is defined as 100% of competencies rated as 3 (agree) or 4 (strongly agree).

After successful completion of the PhD Prospectus defense, students must upload the printed and signed form and the *Dissertation Prospectus Competency Evaluation Form* into GSTS and submit the original forms directly to the Division’s Administrative Assistant in Abbott 1205. The PhD Prospectus will be approved by the Program in CAESAR once documentation of the successful PhD Prospectus defense is received.

Students must also upload an electronic copy of the final and committee-approved PhD Prospectus document to the GSTS.

**PhD Final Exam (Oral Dissertation Defense)**

Students will only be allowed to sit for the Final Exam of the PhD (oral dissertation defense) if all members of the dissertation committee agree that the written dissertation is in near-final condition. Near-final condition is defined as requiring no more than minor edits, changes, and/or corrections that involve either no final approval from the dissertation committee, or only oversight/approval by the chair of the dissertation committee. Any minor edits, changes, and/or corrections to a written dissertation after a successful oral defense must be made by the doctoral candidate within 7 days of the oral defense. If a substantive change(s) to a written dissertation is required, it must be approved by the dissertation committee before the doctoral candidate can sit for the oral defense. A substantive change is defined as
any change greater than minor edits, changes, or corrections (e.g., re-organization of sentences/paragraphs, confusing or unclear writing, additional analyses, clarification of interpretations, new paragraphs, sections, or points/thoughts, etc…), which requires review by committee members. If a substantive change(s) to the dissertation is not completed and reviewed in time for the oral defense, the oral defense must be rescheduled to a later date.

Although dissertation committees will work diligently to provide timely feedback to students, students should be advised that dissertation committees are under no obligation to respond to time pressures experienced by the student (e.g., deadlines for start dates of postdoctoral fellowships). As such, the PhD Final Exam should ideally be completed several months before completion of the clinical internship, and ideally before beginning the clinical internship. Refer to the TGS website regarding deadlines for the PhD Final Exam (http://www.tgs.northwestern.edu/academics/academic-services/phd/timeline/index.html).

All PhD students are required to announce to the Department of Psychiatry and Behavioral Sciences the date of the oral defense for their PhD Final Exam (dissertation) at least two weeks in advance. Announcements are to be made by sending the title of the dissertation, the name of the student who is defending, the names of the chair and committee members, indicate if the chair is any different from the dissertation director (nearly everyone will have the same person for chair and dissertation director; ask the Director of Education and Clinical Training if unsure), and the date, time, and location of the defense to the Division’s Administrative Assistant (clinpsych@northwestern.edu), who will distribute the announcement to the members of the department.

Once a student has a PhD Final Exam (oral dissertation defense) defense date, he or she must submit the TGS Final Exam form in CAESAR (under TGS Forms). The student must select “Clinical Psychology:PhD” for the degree, and provide the following information: Scheduled Date of Final Exam; Dissertation Title; Committee Members (NOTE: Chair is referred to as the Dissertation Director in CAESAR), indicating graduate faculty status (at least 2 with graduate faculty status; please use Graduate Faculty lookup function in TGS Final Exam form); and Select/enter Advisor name. The student must print out the completed TGS Final Exam form from CAESAR for the dissertation committee to provide signatures after successful defense of the PhD Final Exam.
In addition to the *TGS Final Exam* form in CAESAR, the Committee must also complete the *Dissertation Final Exam Competency Evaluation Form*. Students must provide the Committee with a digital or print version of the *Dissertation Final Exam Evaluation Form* after the successful defense of the PhD Prospectus so that all members understand and are knowledgeable of the expected competencies. At the time of the prospectus defense, the student must provide one printed copy of the *Dissertation Final Exam Evaluation Form* to the committee for completion after the delivery of the final exam, and before feedback to the student. The Committee members will evaluate the student using consensus agreement. Deviations from consensus must be noted on the form. If lack of consensus results in competencies rated as below the threshold (see below) for any specific item, the Committee Chair will make a final determination. Any committee member(s) that disagrees with the Chair’s final determination has the ability to file a grievance with the PhD Program (see *Grievance Procedures*). The threshold for passing the PhD Prospectus is defined as 100% of competencies rated as 3 (agree) or 4 (strongly agree).

After successful completion of the PhD Final Exam defense, the student must scan and upload the printed and signed *TGS Final Exam* form and the *Dissertation Final Exam Evaluation Form* to GSTS and submit the original signed forms to the Division’s Administrative Assistant in Abbott 1205. Please note that the *TGS Final Exam* form will only be approved by the Program in CAESAR after all documentation of the successful PhD Final Exam defense is received, and all other degree requirements are completed, including the clinical internship (see the next section and *Section VIII: Candidacy and Dissertation* for more details).

*Graduating with your PhD in Clinical Psychology*

Students must complete all degree requirements in order to graduate with their PhD in Clinical Psychology, including completion of the PhD Final Exam and the fulltime clinical internship. In preparation for graduation, students must submit the *Application for Degree* form in CAESAR (under TGS Forms) by the date dictated by TGS, entering the quarter for which the student anticipates receiving the PhD (Review TGS deadlines to determine by what date to submitted the application: [http://www.tgs.northwestern.edu/academics/academic-services/calendar/](http://www.tgs.northwestern.edu/academics/academic-services/calendar/)). The *Application for Degree* can be submitted up to two quarters in advance of graduation, even before all degree requirements are completed; however, if all degree requirements are not met by the date indicated in the *Application for Degree*, the student will have to contact TGS Student Services to change the date.
Because approval of the *TGS Final Exam* indicates to TGS that the student has completed all degree requirements, the *TGS Final Exam* form cannot be approved earlier than completion of all degree requirements, including the full completion of the clinical internship. For more details on the requirements and processes involved in graduating with your PhD in Clinical Psychology, please carefully review Section VIII: Candidacy and Dissertation.
Section VI: Clinical Training

Supervised clinical experience is a central and essential component of the Program. Clinical training in the greater Chicago metropolitan region provides students with a truly unique opportunity to gain experience in the clinical evaluation and treatment of a broad range of patient populations including diverse racial and ethnic groups, varied socioeconomic backgrounds, multiple disease states, particularly rare form of certain illness, and especially those that have been identified nationally as underserved, such as older adults, the seriously mentally ill, children, and families. Clinical training takes place in three main contexts: courses (Years 1-3), practica (Years 2-4/5), and doctoral internship (Year 5 or 6).

By the time a student enters a doctoral internship, he or she will have completed approximately 1,500 hours of supervised clinical practica and will have made significant progress toward developing clinical proficiency in diagnostic interviewing, psychological/neuropsychological testing, psychotherapy and other psychological interventions.

The Program requires students to pass a Clinical Qualifying Examination in the third-year as one component of attaining doctoral candidacy.

Addressing Conflict between Professional Competence and Trainee Beliefs

The PhD Program in Clinical Psychology at Northwestern University’s Feinberg School of Medicine is strongly committed to the training of individuals in the research and practice of professional clinical psychology. As such, it takes appropriate steps to ensure that PhD-level graduates are prepared to serve a diverse public, which is particularly relevant given the Program’s training setting in one of the largest and most diverse metropolitan cities in the United States. The Program demonstrates its commitment to ensure psychology trainees obtain acceptable levels of knowledge, skills, and awareness to work effectively with diverse individuals primarily through didactic coursework, varied clinical practica, and other opportunities. These competencies in professional practice are regularly evaluated at appropriate training intervals.
It is recognized that some trainees possess worldviews, values, or religious beliefs that conflict with serving specific subgroups within the public. For example, they may experience strong negative reactions toward clients/patients who are of a particular sexual orientation, religious tradition, age, or disability status. Based on APA’s diversity training statement, it is the Program’s policy that when such conflicts arise, they present an opportunity for the trainee, with the support of the Program, to develop and foster core competencies in working with diverse populations. The Program will respect the right of trainees to maintain their personal belief systems, while simultaneously assisting them in acquiring such professional competencies. Personal introspection and the exploration of personal beliefs, attitudes, and values are key processes in the identification and development of skills to serve a broad spectrum of patients. It is important to recognize that as a provider of clinical services to the public, trainees will eventually work with individuals whose group membership, demographic characteristics, or worldviews and beliefs will conflict with their own. Working effectively and professionally with such individuals is a skill highly valued by the Program.

Certain situations may arise where the Program or clinical training sites may elect to consider client/patient reassignment to allow trainees time to work on developing their competence to work with individuals that challenge their beliefs. The overriding consideration in such cases must always be the welfare of the client/patient. The Program also recognizes that tensions arising from sincerely held beliefs or values require support and time to understand and integrate with standards for professional conduct. Trainees should have no reasonable expectation of being exempted from having any particular category of potential clients/patients assigned to them for the duration of their training while enrolled in the Program.

Clinical Practica

Training Sites
All practicum sites must be approved by the DCT before a student may receive training.

Definition of a Clinical Practicum
A clinical practicum (and the hours counted within an internship) must be:

1. Program sanctioned
   a. All practicum placements must be approved and supervised by the doctoral program
b. Practicum placements must be approved before the practicum experience begins; clinical experience cannot be retrospectively approved as a practicum

c. Any clinical experience that has not been approved by the doctoral program for practicum is considered work or other non-practicum clinical experience

2. Clinical

a. A practicum experience must involve clinical contact and clinical activities (e.g., assessment/evaluation and/or treatment)

b. Consultation experience (e.g., consultation and liaison service) that involves direct client contact, either with a patient or someone involved in their treatment (e.g., parent, adult child, teacher) is an acceptable practicum experience

3. Supervised

a. All practicum experience must involve case level supervision

   i. Group experience must involve a discussion/case conceptualization of specific group members, in addition to group process

   ii. Assessments must be reviewed individually, not as a mean of scores

b. At least one-hour per week of direct, individual clinical supervision from a clinical psychologist licensed in the state in which state services are conducted is required.

Practicum Requirements

Students are required to complete a minimum of three (3) full-year practica before applying for admission to a doctoral internship program. The practica are taken during the second, third, and fourth years.

Each practicum involves a year-long, 15-20+ hour per week time commitment, which includes direct clinical service to patients and supervision (primarily individual, with some group), direct observation (live or electronic) at least once every evaluation period by a supervisor, and clinical seminars and case conferences provided by the clinical site.

Some variation exists among practicum sites in the training year calendar. A student who enrolls in a practicum beginning in or running through the summer is expected to complete the full year at that site.

All students seeing patients must be registered at Northwestern University, so that liability coverage is maintained. An exception to this rule is summer quarter, when this requirement is waived for students
who were registered the previous spring and who intend to register the following fall, or when students are no longer taking courses.

Practicum training begins in the summer quarter of the first year of the program (typically July 1). For simplicity, we will refer to these students as being in their second year.

Depending on their clinical emphasis, second year students are placed at the following sites:

- **Northwestern Memorial Hospital’s Stone Mental Health Center**: Students at this practicum site engage in diagnostic evaluations and psychological testing. Limited experiences for individual and group psychotherapy may be possible, but should not be expected. This testing practicum provides clinical services to a diverse patient population with severe and persistent mental illnesses (e.g., schizophrenia, bipolar disorder, personality disorders, and various comorbid disorders). Students receive at least 1 hour of supervision per week from a licensed clinical psychologist on our faculty.

- **Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children’s) Diagnostic and Pediatric Neuropsychological Testing practicum**: Students at this practicum site conduct diagnostic psychiatric interviews and neuropsychological evaluations at Lurie Children’s outpatient clinic. Approximately halfway through the year, students are also introduced to individual therapy. Training is intensive at 16 hours per week for 12 months, with approximately 3 hours per week devoted to live/direct clinical supervision provided by licensed clinical psychologists on Lurie Children’s faculty. Students also participate in weekly didactics on neuropsychological test administration and neurodevelopment. Patients seen for neuropsychological testing typically exhibit complex medical problems that have impacted the central nervous system, such as leukemia, epilepsy, brain tumors, and immune dysfunction. In the diagnostic clinic, students work with a diverse, underserved patient population. Common psychiatric difficulties include ADHD, oppositional defiant disorder, disturbance in mood, and anxiety.

- **Neurobehavior and Memory Health Clinic of the Cognitive Neurology and Alzheimer’s Disease Center at Northwestern University**: Students at this practicum site learn how to administer full outpatient neuropsychological evaluations. The clinic serves older adults who are referred for a wide range of neurodegenerative and aging disorders, including Alzheimer’s disease, frontotemporal
dementia, cerebrovascular dementia, aphasia, memory disorders, mild cognitive impairment and other cognitive changes related to aging. Training involves 3-4 patients a week with 12-16 hours of face-to-face patient care. Evaluations consist of an interview and a full battery of neuropsychological tests decided upon by the student in consultation with the supervisor measuring premorbid intellectual functioning, attention and concentration, visuospatial skills, speech and language abilities, learning and memory, and executive abilities. Another 4 hours a week is required for scoring the battery and writing a complete neuropsychological report. Students receive approximately 2-3 hours of individualized supervision with licensed clinical neuropsychologists on Northwestern¹s faculty and a fellow, and attend the Clinic¹s weekly patient management rounds.

- **NMG Outpatient Neuropsychology Service in the Department of Psychiatry and Behavioral Sciences:** This clinic offers training opportunities to clinical psychology doctoral students and post-doctoral fellows interested in adult neuropsychology. Trainees gain skills in the neuropsychological assessment of referred adult inpatients and outpatients with a broad range of neuropathological conditions, including: psychiatric disorders, traumatic brain injury and post-concussive syndromes, seizure disorders, brain tumors, autoimmune disorders, cerebrovascular disorders, transplant patients and metabolic disorders among others. Trainees receive supervised experience in test selection, administration and interpretation, report writing, and communication of neuropsychological findings to referring providers as well as patients and family members.

- **Illinois Masonic Medical Center.** Students at this practicum site have the opportunity to work with an ethnically and racially diverse population of children, adolescents and adults in an outpatient setting. Therapeutic modalities include: individual, family, couples and group psychotherapy. In addition to the outpatient clinic, intensive training opportunities are offered through the following programs: Emergency Department, Adolescent Intensive Outpatient Program, School-Based Health Services. The practicum is for a one year, 1000 hour (20 hours per week) commitment, beginning July 1 of each year. Each trainee receives a minimum of 2 hours of clinical supervision each week by a licensed clinical psychologist, including one hour individual and one hour group supervision. Training is further augmented by 1.5 hours per week of didactic/case presentations.

**Third and Fourth year students** are placed at the following sites, consistent with their clinical emphasis.
- **Lurie Children’s Child & Adolescent Psychiatry Outpatient Services Department:** Students at this practicum site provide diagnostic evaluations as well as individual, family, and group psychotherapy. Students achieve competence in the areas of cognitive and developmental assessment, behavioral analysis and treatment, short-term therapy, cognitive-behavior therapy, parent training, family therapy, consultation with school and agency personnel, and consultation within a medical setting. Training is intensive at 20 hours per week for a period of 12 months, with approximately 10 hours a week devoted to supervised clinical activities and approximately 3 hours per week devoted to live/direct clinical supervision provided by licensed clinical psychologists on our faculty. Psychological services are provided to children and their families from a diverse, underserved patient population presenting with psychiatric difficulties including disturbances in mood, attention, cognition, behavior, and interpersonal relations. Training objectives include: 1) an orientation to clinical work guided by scientific inquiry and the application of scientific principles to the practice of clinical psychology, 2) broad-based training in child, adolescent, and family psychology across a range of clinical settings, 3) exposure to a variety of clinical orientations and approaches to treatment, 4) sensitivity to issues of cultural and individual diversity, 5) knowledge of professional ethics and awareness of ethical and legal guidelines governing the delivery of psychological services to children and their families, and 6) experience with multi-disciplinary collaboration.

- **Inpatient Neuropsychological Consultation Service at Northwestern Memorial Hospital:** Students at this practicum site provide full, as well as brief, neuropsychological and psychological assessments and treatment recommendations for acute medical inpatients with a wide range of neurologic and psychiatric disorders. Students receive intensive training in evaluating various dementias, decision-making capacity, psychiatric disorders, seizure disorders, substance abuse, stroke, delirium, brain tumors, acute TBI, ADD, aphasia, MR rule out and LD. Training involves 16 hours a week of face-to-face assessments, during which students assess 2-4 patients, including a bedside interview and assessment, scoring the battery and writing the neuropsychological report. Students receive approximately 30 minutes of individualized supervision per patient evaluation (1-2 hours per week) with a licensed neuropsychologist on Northwestern’s faculty.
Northwestern Behavioral Medicine Advanced Clinical Practicum: This practicum is housed within both Northwestern Memorial Hospital and the Northwestern Medical Group and provides students with broad exposure to clinical health psychology in both inpatient and outpatient medical settings. Supervised by licensed clinical health psychologists, students are exposed to the wide range of roles a health psychologist occupies in a medical setting. Students each year rotate in 6 month intervals on 2 specialties at a time, acquiring approximately 10hrs per week per specialty. Major rotations include: Psychosocial Oncology, Gastrointestinal Behavioral Medicine, Tobacco Use and Cessation, and Behavioral Sleep Medicine.

School of the Art Institute of Chicago (SAIC): Students at this practicum site provide mental health services to undergraduate and graduate students within the Institute’s Counseling Services Department. The practicum corresponds to the SAIC academic calendar, beginning at the end of August and lasting until the end of May. Training includes 16 hours per week of training, with at least two hours devoted to individual supervision with licensed clinical psychologists. Trainees conduct intake interviews, determine diagnoses and treatment needs, and typically carry a caseload of approximately eight individual clients. They provide brief (16-session maximum) individual psychotherapy to current SAIC students with problems ranging from academic and relational distress to severe Axis I symptoms and disorders. Trainees also attend a weekly didactic seminar and case conference led by a licensed clinical psychologist.

Jessie Brown VA Medical Center: Students at this practicum site engage in psychotherapeutic treatment and psychodiagnostic experiences, with some flexibility for individualization given the specific training needs, preparation and experience of the student. Training is intensive at 20 hours per week for 12 months, where students participate in two six-month rotations insuring a breadth of experience as well as exposure to several professional role models. The students select their two rotations from a variety of choices: Inpatient Psychiatry, Outpatient Mental Health, Outpatient Addictions Treatment, Health Psychology, Day Hospital, and Neuropsychology. Veterans of the Armed Services, of course, comprise the population; some women, but mostly men, ranging from young adult to elderly, some who have made remarkable sacrifices, and all of whom have served in our nation's defense. Supervisors work from a variety of theoretical perspectives and viewpoints, including psychodynamic, family systems, contemporary eclectic/integrative, and cognitive-behavioral. Students also partake in a 3-hour,
once weekly seminar that addresses a variety of diagnostic, therapy, ethical, and professional issues. Also, on a monthly basis, students present diagnostic or treatment data to peers and supervisors.

- **Hines VA Medical Center:** Hines VA Hospital, in suburban Chicago, is one of the largest and most diversified medical and surgical hospitals in the Department of Veterans Affairs system. Hines is one of the flagship hospitals in the VA health care system, and is located on a 147 acre campus 12 miles west of downtown Chicago. Hines VA Hospital offers extended eleven- and twelve-month practica in one of five clinical areas. The practicum at Hines VA Hospital begins in early July and ends in late May or late June. Practicum students are expected to complete 700+ hours within this time frame. Furthermore, students are expected to work at least 16 hours per week, with a typical workday beginning at 8:00 a.m. and ending at 4:30 p.m. Students will work on one rotation for the entire year, although exposure to different supervisors is included in some rotations. Available rotations include:
  - Neuropsychological Assessment
  - Substance Abuse Residential Rehabilitation Treatment Program
  - TBI/Polytrauma Outpatient Clinic
  - Trauma Services Program
  - Primary Care/Behavioral Health Integration
  - Community-Based Outpatient Clinic Psychotherapy Rotation
  - Spinal Cord Injury Program
  - Psychosocial Rehabilitation and Recovery Center Rotation

- **Rehabilitation Institute of Chicago:** The Rehabilitation Institute of Chicago is a freestanding rehabilitation hospital with numerous clinics and hospital partnerships in the Chicago area offering inpatient and outpatient services to persons with a variety of physical disabilities and chronic illnesses. The Institute is known nationally for its expertise in this area, having been voted the best rehabilitation hospital in the country for over 15 years by the U. S. News and World Report. One practicum student is assigned to rehabilitation therapy and another is assigned to clinical neuropsychology. The practicum requires a commitment of 16-20 hrs. per week for 10-12 months, starting in July or September of each year.
• **Illinois Masonic Medical Center** (described above)

• **University of Chicago.** Practica at the University of Chicago provide training in assessment and intervention for patients presenting to a large academic medical center for evaluation and/or treatment. All of these practica require at least a 12-month commitment with 2-3 days on site. Training involves individual supervision with licensed clinical psychologist, group supervision, case conferences, and didactics. Numerous opportunities for practica are available for students at the University of Chicago, including:
  o Adult Neuropsychology
  o Cognitive-Behavior Therapy for Mood and Anxiety Disorders
  o Eating Disorders
  o Child and Adolescent and Pediatric Health psychology
  o Adult Health Psychology
  o Pediatric Neuropsychology
  o Substance Abuse
  o Severe and Persistent Mental Illness

• **University of Illinois at Chicago.** Numerous practica are available at the University of Illinois at Chicago, including the Disruptive Behavior Disorders Clinic, the Pediatric Mood Disorders clinic, the Cranial Facial clinic, the Adult Mood Disorders clinic, and the Clinical Neuropsychology Clinic.

• **Shriners Hospital for Children.** *Shriners Hospitals for Children®* (SHC) is an international health care system of 22 hospitals dedicated to improving the lives of children by providing pediatric specialty care, innovative research, and outstanding teaching programs. The Chicago hospital provides one-of-a-kind specialized care for children with orthopedic problems, craniofacial anomalies, and spinal cord injuries, regardless of the patients’ ability to pay. Practicum students at the Chicago Pediatric/ Rehabilitation Psychology Practicum will gain experience providing consultation and liaison services to children and their families in outpatient medical clinics (e.g., spina bifida, spinal cord injury, cleft lip and palate, rheumatology) as well as inpatient services (rehabilitation, pediatric intensive care). Students also obtain therapy experience with children.
both in inpatient and outpatient settings. Pending students’ prior experience and interests, students may additionally conduct neuropsychological evaluations. All students participate in medical rounds, goal conferences, case conferences, and team meetings as well as didactics, such as grand rounds. Students receive weekly supervision as well as observation of their clinical skills and performance. They are expected to read current literature regarding psychological and medical issues impacting the patients and their families. Opportunities to present at hospital-wide lectures and conduct research including abstract and manuscript preparation are also available. The student must have a Master’s Degree in Clinical Psychology prior to the start date of the practicum. The 2016-17 practicum has availability for up to three students committing to 20 hours (2.5 days)/ week.

- **Depression and Anxiety Specialty Clinic (DASC):** DASC is a community-based private clinic operated by Rodney Benson, PhD, a member of the other faculty in the PhD program. Dr. Benson established DASC with the explicit purpose of providing training and services based in cognitive behavioral therapy. Students with a desire for intensive training in cognitive behavioral therapy with adults with mood and anxiety disorders seek out DASC for their training. Training is typically 15-20 hours a week for 12 months, and includes intensive didactics around cognitive behavioral therapy. Students receive at least 60 minutes of individualized supervision per week by Dr. Benson or another licensed clinical psychologist at DASC.

- **Metropolitan Correctional Complex, Bureau of Prisons (MCC):** The MCC is one of 116 facilities in the Federal Bureau of Prisons (BOP), which is responsible for the care and custody of over 210,000 federal offenders. MCC Chicago is a 26-story administrative facility that houses male and female offenders of all security levels who are facing federal charges in the Northern District of Illinois. Practicum students are offered a number of unique training opportunities. Depending upon the training area of emphasis, students may conduct intake assessments, provide brief therapy, monitor mentally ill inmates, provide group therapy, or conduct psychological testing. They may have the opportunity to develop and implement a treatment group, shadow forensic evaluators in interviews with examinees, and observe expert testimony in federal court (often provided by our examiners via videoconference with distant courts). The department has a wide range of psychological tests, including WAIS-IV, WMS-III, MMPI-2, MCMI-III, Rorschach, TAT, malingering tests (e.g., M-FAST, SIMS, SIRS, VIP), forensic assessment tools (e.g.,
ECST-R, MacCAT-CA, CAST*MR), and many others. Training is intensive, requiring a 12-month commitment of 16-20 hours a week. Students receive a minimum of one hour of weekly individual supervision and one hour of weekly group supervision, case conferences, and didactic training.

**Student Assignments**

Practicum assignments are made by the DCT in consultation with the student, and when necessary, the student’s primary clinical mentor. These are generally made during the beginning of the winter quarter for the following year. A Practicum Preparation meeting is provided to the students by the DCT in late November or early December to provide information on available practica and procedures for applying.

**Practicum Requirements in Specific Clinical Emphases**

Specific emphases may require practica within their respective areas. These requirements will be communicated to students by the DCT and primary mentor.

**Psychological Testing Requirements**

All students are required to complete at least six supervised and integrated psychological test batteries before applying to a doctoral internship. Many practica provide opportunities for students to do testing on site; students are thus encouraged to fulfill this assessment requirement by integrating it into their practicum assignment. Students should aim for obtaining approximately 100 hours of direct assessment experience by the time they apply for internship.

**Practica Evaluations for Clinical Competency**

All students in a clinical practica/externships must have completed and signed *Clinical Supervisor Competency Evaluation (Assessment & Intervention)* forms at the mid-year (6 month) and final-year (12 month) timepoints. Please note that at each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated (live or video). Students are responsible for providing and collecting the forms (see Appendix or Google Drive for forms) from their supervisors. Completed forms should be uploaded directly to the GSTS. Students should and review the evaluation forms with their Primary Clinical Mentors.
Practicum Site Evaluations

All students who complete a practicum must complete the Practicum Site Evaluation Form and upload the form to GSTS. The form should also be shared and discussed with the student’s primary clinical mentor.

Clinical Review

The DCT along with consultation from the ETC, and the CTC when needed, examines each student’s clinical development during each of the required full-time practica. The goal of these clinical reviews is to provide students with a comprehensive and constructive evaluation of emerging strengths and to define areas on which continuing clinical experience and supervision should concentrate. Clinical reviews occur as part of the mid-year and annual student reviews. Written feedback from the practicum supervisors, which have already been shared with the student by the practicum supervisors, and reviewed by the student’s Primary Clinical Mentor, are reviewed during the mid-year and annual student reviews. When warranted, additional clinical reviews may be held at any time during the year. Student evaluation forms and practicum site evaluation forms are available on the PhD program’s shared Google Drive folder.

Clinical Qualifying Examination

*Purpose:* The purpose of the Clinical Qualifying Examination (CQE) is to demonstrate competence in basic clinical psychological practice that is sufficient, in combination with a similar demonstration in psychological research, to attain doctoral candidacy. Competence at this level is evaluated primarily in terms of an adequate knowledge base for clinical work, sufficient clinical skill set, as well as thoughtfulness or reasonableness in exercising clinical judgment.

*Timeline:* Successful passage of the CQE must take place before the beginning of the student’s fourth year in the Program; in practice, it is expected that students will sit for this exam between the fall quarter and the end of spring quarter of the third year of residency in the Program. Students are not eligible to apply for internship until they have attained candidacy in The Graduate School (TGS). Therefore, in addition to satisfying the nine quarter residency requirement of TGS, students may not apply for
internship until they have successfully passed the CQE as well as the Research Qualifying Paper (RQP). Students will also not be eligible to apply for internship unless they have successfully defended their dissertation proposal (prospectus) before September 30th of that year.

**Procedure:** The procedure for the CQE is as follows:

1. The student selects a committee of two or three Northwestern faculty members who are licensed clinical psychologists and designates one of the members to serve as chair. The chair of the committee must be a member of the Clinical Training Committee. The student’s primary mentor (i.e., the student’s likely dissertation chair) is prohibited from chairing a CQE. Any faculty member who served as a clinical supervisor concerning the case presented in the CQE is prohibited from serving on the committee.

2. The student selects a case to present for the CQE. The student is encouraged to work with her or his CQE chair, Primary Clinical Mentor, and clinical supervisor(s) to select a case. The student is required to obtain approval to use the selected case for her or his CQE from the clinician that provided direct clinical supervision for the selected case. Approval should be documented in an email from the clinical supervisor to the CQE chair, for example, “I approve of the use of the case I supervised of an older female with major depressive disorder receiving CBT for depression for this student’s CQE”.

3. With the approval of the CQE chair, the student selects a case to present.

4. After selecting a case to present, the student identifies a Written Practice Sample, secures the Taped Practice Sample, completes the Evidence-Based Case Study, and submits all of these CQE components to the committee.

5. After review of the Evidence-Based Case Study, Taped Practice Sample, and Written Practice Sample, the committee assigns a rating of pass or fail to each of these three submitted components. A date for the oral examination is set only if after all three of these components of the CQE are rated at passing.

6. After the oral examination, the committee assigns a rating of pass or fail for the oral examination component, using the CQE Competency Evaluation Form as a guide.

7. Students who fail any component of the CQE must be provided within 48 hours of the decision with a written statement of the grounds for failing by the committee. The student and the committee will consult with the DCT to determine a plan to address concerns identified on any of the failed components. After concerns are address, the student will be provided with a second
opportunity to take the CQE. No third attempt will be provided, in which case the student will not be able to progress to doctoral candidacy, likely resulting in termination from the Program.

8. After successfully completing both the CQE and the RQP, the student will generate the appropriate qualifying examination forms from the Graduate School (TGS).

Structure of the CQE: The CQE is based on board examinations developed by the American Board of Professional Psychology. The CQE includes the following components:

1. Practice Samples
   a. **Taped Practice Sample.** For students in the Adult Clinical, Clinical Child and Adolescent, and Behavioral Medicine clinical emphases, the Practice Sample includes one (1) video (videotape, DVD, digital format) of the student’s actual clinical work lasting for at least 50 minutes. Audiotaping will only be accepted if videotaping is not possible at the student’s practicum sites. Good audio video quality is essential, and poor quality tapes will not be accepted. If audiotaping is also not acceptable, the student must obtain permission from the DCT to use verbatim transcripts of a session (intervention and consultation only). The tape practice sample should be de-identified according to the practicum site’s policies and procedures, and all patients taped should receive appropriate informed consent processes consistent with the practicum sites’ policies and procedures. These taped practice samples should be made no more than 18 months prior to the CQE oral defense. Tape practice sample should reflect the student’s competencies in typical rather than exemplary situations. The student may select to provide taped practice samples reflecting one of the following competencies, consistent with their Clinical Emphasis:
      i. **Intervention,** consisting of an unrehearsed psychological intervention, usually as part of ongoing psychotherapy with the case.
      ii. **Consultation,** consisting of an unrehearsed consultation(s) in any context.
         Consultations samples may consist of numerous brief consultations combined into a 50-minute tape.
      iii. **Neuropsychological Evaluation,** a taped practice sample cannot include administration of standardized tests due to nationally accepted policies prohibiting third party observers – including recordings – of neuropsychological examination (see AACN Policy Statement on the Presence of Third Party Observers in
Neuropsychological Assessments). When possible, Neuropsychology Emphasis students should provide an unrehearsed pre-assessment clinical interview, provision of feedback, or similar clinical interaction with a patient for their taped practice sample. If this is not possible due to the structure of the clinical practicum (e.g., practicum students do not conduct the interview or provide feedback independently), the CQE committee can approve the use of pre-existing evidence of clinical competence in neuropsychological test administration obtained during a practicum in lieu of a taped practice sample. For example, the CQE committee can choose to review administration competency rating forms for specific tests, or general competency forms completed by an appropriately trained observer (e.g., neuropsychological technician).

b. **Written Practice Sample.** The Written Practice Sample should reflect the student’s clinical competencies in a written format. The Written Practice Sample can include any existing clinical document created as part of the student’s routine clinical work. The Written Practice Sample should not be created specifically for the CQE. The Written Practice Sample may come from the same patient used in the Taped Practice Sample. Examples of a Written Practice Sample include a diagnostic interview, a psychological or neuropsychological testing report (complete with test data), a series of psychotherapy process notes, or a treatment or termination summary. Other less conventional work products may be proposed, but must be acceptable to the CQE Committee. The Written Practice Sample must be appropriately de-identified according to HIPAA’s de-identification standard (45 C.F.R. §164.514[a][b]) to protect and preserve a patient’s right to privacy.

2. **Evidence-Based Case Study.** The Evidence-Based Case study consists of a 15-20 page double-spaced manuscript that reviews relevant scientific literature pertaining to the case chosen for the practice sample(s). The student can choose the foci of the evidence-based case study based on the specifics of the case and the student’s interests. Ideally a combination of the following will be focused on for the evidence-based case study: diagnostic, assessment/evaluation, etiology and mechanisms, or intervention/consultation. Students should use this existing literature to critically examine the case, with an emphasis on how their clinical work is consistent with the literature from an Evidence-Based Practice Process approach. Students should be both self-critical of their clinical
work in light of the evidence, as well as critical of the extant evidence in light of the specific characteristics, needs, and preferences of their case. The Evidence-Based Case Study must also evaluate data on the specific patient. For psychotherapy or other psychological interventions, students must report longitudinal data on the patient’s progress over the course of treatment to document clinical outcome.

3. **Oral Examination.** The oral exam will last approximately 2 hours in duration. The following Oral Examination Schedule will be followed by the student and the student’s committee to standardize the oral examination process:
   
a. Student presentation of the case(s) reviewing the critical components of the case (15 minute max)
   
b. Examination of the Taped and Written Practice Sample, covering the following competency domains (60 minutes):
      i. Scientific basis of clinical approach
      ii. Case conceptualization
      iii. Intervention and/or evaluation
      iv. Interpersonal interaction
      v. Consideration, respect, and adjustment for individual and cultural diversity
   
c. For Neuropsychology Emphasis students only: Fact-Finding Examination which requires the student to evaluate a neuropsychological case de novo to determine how the student “collects, organizes, evaluates, weighs, and integrates information, conceptualizes the case, constructs differential diagnoses, and prepares recommendations for managing the problem,” consistent with the Board Certification Exam in Clinical Neuropsychology: [https://www.theaacn.org/userdocuments/aacn_studyguide.pdf](https://www.theaacn.org/userdocuments/aacn_studyguide.pdf)
   
d. Examination of ethics and legal foundation of clinical practice (30 minute max)
      i. Student review of ethical vignette (5 minute max)
      ii. Student response to ethical vignette (5 minute max)
      iii. Discussion of student response and ethical and legal concerns pertaining to the Taped and Written Practice Sample by committee (20 minute max)
   
e. Discussion of examination by committee (student not present; 10 minute max)
   
f. Feedback to student by committee, and wrap-up of examination (5 minutes)
Evaluation of the CQE:

Student performance on the CQE will be evaluated according to the following criteria:

a. Quality of case presentation
b. Quality of Written Practice Sample
c. Competence in integration of science and practice, within an evidence-based practice process that equally respects evidence and the specific patient.
d. Competence in intervention and/or evaluation knowledge skills
e. Competence in case conceptualization knowledge and skills
f. Quality of interpersonal interaction
g. Competency in considering, respecting, and adjusting for individual and cultural diversity.
h. Competency in ethics and legal knowledge and application

Evaluation of the aforementioned criteria will be completed via the CQE Competency Evaluation Form. The student will be evaluated as “pass” or “fail” by the student’s committee. Note that all of the aforementioned criteria must be evaluated by the CQE committee as meeting minimum competency for a “pass”.

Doctoral Internship

The culmination of clinical training is the successful completion of a yearlong APA-approved doctoral internship in clinical psychology, which is typically taken during the fifth or sixth year in the program.

Prerequisites

Before applying for an internship, a student must have been admitted to candidacy for the doctoral degree. Candidacy requires completion of all course work, research, and residency requirements, as well as approval of both the RQP and the CQE, as described previously. Students are required to have their dissertation proposal (prospectus) successfully defended before September 30th of the year they wish to apply for internship.

Internship Requirements

The doctoral internship requires a minimum of 1,750 hours of supervised clinical experience, which is approximately equivalent to one year of full-time work.
Students in the Program must obtain their internship only in a program that has been accredited by the American Psychological Association (APA). A list of these approved sites is published every year in the December issue of the *American Psychologist*; the most recent list is available on the APA Website at [www.apa.org](http://www.apa.org). No credit will be given for training received from an internship site that has applied for, but not yet received APA accreditation. It is also required that students in the program accept only paid internship positions, a policy that is consistent with APA’s determination that unpaid internships are exploitative.

*Registration during Internship*

Students on internship must register every quarter for ClinPsy 550, APA-Accredited Internship (Full-Time, 1-year). This course provides all of the benefits associated with TGS512 while also indicating on the transcript that the student is completing a fulltime, one-year APA-accredited internship in clinical psychology. Please note that the dates of the internship are unlikely to perfectly match with the start and end of Northwestern’s quarters. In general, if internship starts in July, register for ClinPsy 550 beginning in the Summer quarter and remaining registered through Spring quarter. If internship starts in August or September, register for ClinPsy 550 in Fall through Summer. If internship extends beyond one year, for whatever reason, please contact the Director of Education and Clinical Training to determine the appropriate registration.

*Application and Acceptance Procedures*

The DCT works closely with students to maximize their ability to successfully match by identifying appropriate internship programs. Applications to internship programs are made during the fall quarter of every year, with due dates at most facilities between November 1st and December 15th.

Students are expected to comply with the standards and procedures of the Association of Psychology Postdoctoral and Internship Centers (APPIC) concerning internship admissions. A copy of the APPIC guidelines is available in the Division of Psychology office and on the APPIC Website at [www.appic.org](http://www.appic.org).

*Evaluation of Clinical Performance*
The Program receives information from internship sites concerning the performance and progress of our graduate students. Documentation from the internship that indicates successful completion of the program is essential before the doctoral degree may be granted.

Contact Information
Students are required to advise the Program administration of their mailing address, phone number, email and dates of the internship period before leaving for an internship. Notification of any subsequent changes should likewise be provided in a timely manner.
Section VII: Research Training

The Program provides a sequence of activities toward developing proficiency in scientific inquiry. The culmination of the student’s research training is the doctoral dissertation.

Psychiatry Grand Rounds

The Department of Psychiatry and Behavioral Sciences at Northwestern University sponsors a weekly Grand Rounds seminar during the academic year Wednesdays 11:00am to 12:30pm. This provides an excellent opportunity for graduate students to observe research or scholarly presentations in company of other members from our large and diverse department. Presentations are given by prominent local and visiting speakers from across the country, and students often have an opportunity to meet with these speakers at a trainee lunch held after the presentation. Psychiatry Grand Rounds is an important opportunity for shared professional experience, and students are expected to attend regularly; first year students are required to attend Grand Rounds.

Friday Digest

Friday Digest is a monthly “brown bag” series designed to provide a relaxed and collegial environment (enhanced by a complimentary lunch) to support the dissemination and development of research ideas and products in the Department of Psychiatry and Behavioral Sciences. Presenters are typically senior trainees or junior faculty (although senior faculty members are also invited) from labs within the Department presenting on research works in progress. Additionally, the Digest series has also been a venue for advanced clinical psychology graduate students to present their current research, whether as practice for conference talks or defense of their Master’s Thesis/Dissertation Prospectus. First year students are expected to attend, while other years are strongly encouraged to attend.

Research Qualifying Paper (RQP)

The research qualifying paper consists of planning, analyzing, and writing a complete empirical project. Students work closely with their primary mentor on all aspects of the design and implementation of the
study. Students are expected to be active participants in the conceptualization and data analysis stages of the project and to assume leadership roles in some of these activities. The final report is written by the student in consultation with the primary mentor and/or other mentors. The RQP, along with the CQE, constitutes the Program’s candidacy qualifying examination.

Content
The content of the project may include any topic that is broadly relevant to the field of clinical psychology. It could be exploratory with a few subjects, a pilot test of new methods, a reanalysis of archival data, or, if a student is prepared, a full-scale study. There is considerable leeway in the nature and magnitude of the project, but it must be empirical, based on data, containing quantitative analysis, and conforming to APA guidelines for research practice and report writing. The RQP should be of sufficient quality to be published in a peer-reviewed journal. The report itself is approximately 15-25 pages, about the length of an APA journal article. When human subjects are employed, the student must submit a protocol to the Institutional Review Board (IRB). If Northwestern Memorial Hospital (NMH) or VA Chicago Health Care System patients are involved, the proposals are also submitted to the NMH Research Committee. The majority of these projects involve the use of data collected by the student’s primary mentor or other archival data.

The deadline for the final RQP is September 30th of the student’s third year in the program. In practice, many second-year projects are completed at the end of the second year.

Review
After the primary mentor receives the final report, it is reviewed for overall acceptability and the mentor completes the RQP Competency Evaluation Form (see Appendix for Form). No formal revisions are needed if the adviser agrees that the project meets the minimum requirements. If revisions are required, the primary mentor will note on the RQP Competency Evaluation Form that the student has not passed the RQP and will listed the required revision on the Form. The student must then make the necessary revisions and submit the paper again for review by the primary mentor.

Waiving the RQP
Occasionally, a student comes into the program having completed a master’s thesis or published an article that could be considered comparable to the RQP. Prior work products, be it a previous master’s
thesis or another research product, will not be accepted in lieu of the RQP requirement, even if the thesis or research product was completed at Northwestern University.

**Master’s Degree in Clinical Psychology**

Students enrolled in the Clinical Psychology PhD Program may obtain a Master of Science Degree in Clinical Psychology as part of their doctoral studies. To obtain the Master’s Degree, a student must meet the following requirements:

1. **Eligibility**: The student must be enrolled in the PhD Program in Clinical Psychology at FSM to be eligible for the Master of Science Degree in Clinical Psychology.

2. **Curriculum**: The student must complete at least 21 courses or academic units with a grade of “B” or higher.

3. **Final Comprehensive Examination**: The student must successfully defend a Master’s Thesis through an oral examination with her or his Master’s Thesis committee. The Master’s Thesis is a revision of the Research Qualifying Paper. The defense of the Master’s Thesis will be completed after an oral presentation of the paper/master’s thesis to the doctoral student’s examining committee and approval of the defense by the examining committee. The defense of the Master’s thesis can occur along with or after the defense of the RQP. The examining committee will be composed of the doctoral student’s primary mentor (referred to as “advisor” by TGS) and an additional member of Northwestern’s Graduate Faculty. Please note that the TGS website states: “The advisor and at least two of the committee members must be members of the Northwestern University Graduate Faculty.” This does not mean that the committee must be three members; the advisor can be one of the two committee members. Following successful completion of the oral defense of the Master’s Thesis, the examining committee will complete the [Master’s Thesis Documentation form](#) (see Appendix) and the student is responsible for uploading a PDF of this form to GSTS and providing the original copy to the Program’s Administrative Assistant.

4. **Submission of Application for Degree and a Master's Degree Completion forms**. Once a student has a Master’s thesis defense date scheduled, the student can submit an *Application for Degree*...
form via CAESAR (under TGS Forms), entering the quarter for which they anticipate receiving
the degree and selecting “Clinical Psychology:MS”. Students must be mindful of the TGS
deadlines to determine which quarter to select in CAESAR (see:
http://www.tgs.northwestern.edu/academics/academic-services/calendar/). Please note that the
Application for Degree form in CAESAR can be completed up to two quarters before you
defend; however, it is recommended that you wait until the defense date is as firm as possible
before you submit the Application for Degree form so as to avoid going beyond the two quarter
limit. Before the oral defense of the Master’s thesis, the student should complete the Master’s
Degree Completion form in CAESAR, selecting “Clinical Psychology:MS” for the degree and
providing the following information: Thesis Title; Examination Date; Committee Members
(indicating graduate faculty status, as appropriate); and Advisor’s Name. If a faculty member
does not appear using the lookup function, please contact the Director of Graduate Studies
immediately.

After successful completion of the Master’s thesis oral defense, the committee members should
sign the Master’s Thesis Documentation Form (available on the Google Drive). The student is
responsible for making a PDF of this form and uploading it directly into GSTS; the original
should be provided to the PhD Program Administrative Assistant in Abbott 1205. After this form
is correctly completed and uploaded, the Master’s Degree Completion form in CAESAR will be
approved by the Program. Please note that the Master’s thesis must be defended no later than the
end of the fourth (4th) year in the PhD program. Please also note that the RQP defense deadline
is earlier than the Master’s thesis defense deadline (please refer to the TGS website regarding
deadlines for the PhD Qualifying Exam: http://www.tgs.northwestern.edu/academics/academic-
services/phd/timeline/index.html).
Section VIII: Candidacy and Dissertation

The dissertation is the synthesis of the student’s academic, research, and clinical preparation. The design of the dissertation should reflect the student’s knowledge and understanding of the science of psychology; furthermore, the dissertation should deal with issues that are of concern and importance to the profession. Per TGS policy, a dissertation proposal must be formally accepted by the end of the fourth year of residency.

The Program adheres to TGS rules and schedule for admission to candidacy (http://www.tgs.northwestern.edu/academics/academic-services/phd/candidacy/index.html). In addition to coursework and residency requirements, the Program’s candidacy qualifying examination consists of two components previously described: the Research Qualifying Paper (RQP) and the Clinical Qualifying Examination (CQE).

Course Registration during Candidacy

Students must register for Continuous Registration (TGS512) or Advanced Study (TGS500) beginning in the fourth year of enrollment and maintain their registration until they graduate with their PhD. Failure to register for TGS512 or TGS500 will result in dismissal from Northwestern University. Please note that only students who are funded by an RAS, F31, T32 or other foundation or federal grants funding register for TGS500. If a student is not funded by these grant mechanisms, students register for TGS512 while in their fourth year and beyond. If a student is on internship during candidacy, they will register for ClinPsy 550, APA-Accredited Internship (Full-Time, 1-year).

Dissertation Proposal (Prospectus) Instructions

Students will prepare, present, and defend a dissertation research proposal. For training purposes, the proposal should take the form of either:

1. A NRSA grant application (http://grants.nih.gov/training/nrsa.htm)

Several training factors may influence which route the student may take, but ultimately it is a collaborative decision made by both the student, their research mentor and committee members, with final approval from the DCT. These guidelines are purposely flexible to accommodate the diversity in training and experience our students encounter in the Program. This encourages active participation in the formation of the proposal from involved parties.

Submission of the NRSA is not required by the time of the dissertation proposal defense; however, the major components of the NRSA (e.g., Research Proposal, Human Subjects, Training Plan) must be fully completed by the time of the dissertation proposal defense. Further, it is not necessary to include a Biosketch, letters of support, or to have IRB approval at the time of the dissertation proposal. In addition to the AERA/NRSA application, the dissertation committee is free to require students to complete additional appendices, ancillary chapters, or other supporting information or documents. A dissertation proposal defense is always required, regardless of submission or funding outcome.

When arranging and preparing for the dissertation proposal defense, students should be mindful of committee members’ other commitments by providing adequate time for proper review of the draft proposal. Doctoral candidates will only be able to sit for the oral defense of their dissertation if all members of the dissertation committee agree that the written dissertation is in near-final condition. Near-final condition is defined as requiring no more than minor edits, changes, and/or corrections that involve either no final approval from the dissertation committee, or only oversight/approval by the chair of the dissertation committee. Any minor edits, changes, and/or corrections to a written dissertation after a successful oral defense must be made by the doctoral candidate within 7 days of the oral defense. If a substantive change(s) to a written dissertation is required, it must be approved by the dissertation committee before the doctoral candidate can sit for the oral defense. A substantive change is defined as any change greater than minor edits, changes, or corrections (e.g., re-organization of sentences/paragraphs, confusing or unclear writing, additional analyses, clarification of interpretations, new paragraphs, sections, or points/thoughts, etc…), which requires review by committee members. If a substantive change(s) to the dissertation is not completed and reviewed in time for the oral defense, the oral defense must be rescheduled to a later date.
Upon completion of the proposal defense, the dissertation committee will fill out the Dissertation Prospectus Competency Evaluation Form, indicating whether or not the student has passed and can continue with the proposed dissertation project. See Appendix for Dissertation Prospectus Competency Evaluation Form.

**Stages of the Dissertation**

*Standardized Guidelines*

Each student should be thoroughly familiar with two texts on dissertation guidelines:


*Replacement of Committee Members*

When a Dissertation Committee member cannot fulfill service through dissertation completion, he or she may be replaced with another faculty member who meets Dissertation Committee requirements.

*Disputes in the Dissertation Committee*

In rare cases, a dispute may arise within the Dissertation Committee that significantly obstructs the progress of the project. The student then may use a grievance procedure to rectify the dispute, as defined previously “Grievance Procedures” section. In addition to the appeals listed in the Grievance Procedures section of this handbook, the student also has access to the dean of the Graduate School for a final appeal associated with a dissertation.

*Data Collection and Analysis*

Students are required to conduct all data analyses themselves. Statistical consultants may provide advice but may not analyze data for a student.

*Oral Defense of the Dissertation*
The student must submit a final draft of the dissertation to each Dissertation Committee member usually one month before the oral defense.

**Defense Committee**

The final examination committee must include no fewer than three members, two of whom, including the chair, must be members of the Graduate faculty. The committee chair should hold an appointment in the Department of Psychiatry and Behavioral Sciences. With the approval of The Graduate School, a faculty member who leaves the University may serve as one of the three faculty members for one year following departure. To obtain approval, the student must request continuation of the faculty member, and the faculty member must agree in writing.

**Proceedings of the Oral Defense**

According to TGS guidelines, the oral defense is an event open to the public. Students are responsible for coordinating with the Program Assistant to advertise for the defense two weeks prior to the defense date. This generally consists of creating a flier that will be distributed via email and other means (e.g., social media). Typically, the oral defense is a one- to two-hour examination of the student’s mastery of the research topic, implications and ramification of the findings for the relevant field, and recognition of the student’s strengths and limitations. The emphasis will be on the student’s abilities to present and defend the study results in light of existing research. Questioning usually begins with the members of the Dissertation Committee, followed by questions from interested attending faculty.

Oral defense of the dissertation will have an open and closed session. The chair of the student’s committee is responsible for determining the exact structure of the open session (e.g., a formal presentation, questions and answers, and discussion are common elements of an open session). Non-committee participants in the defense are encouraged to participate in the open session by posing questions or engaging in discussion with the student and/or committee members. The chair of the dissertation committee shall manage the participation of non-committee participants, and shall maintain full control over the open session. The closed session of the dissertation defense will consist of only the student and the student’s dissertation committee; non-committee defense participants shall not be allowed to participate in or observe the closed session of the defense.

**Outcome**

When the examination is completed, the student will temporarily leave the premises while only the Dissertation Committee remains to contemplate its final vote. There are four possible outcomes:

1. Approve without qualification: Final Approval
2. Approve with recommendations of specific revisions: Final Approval
3. Approval pending specific revisions: Final Approval Deferred
4. Reject with specific recommendations for revisions

The Dissertation Committee chair will specify the vote and any recommendations in oral and written form to the student. If “Final Approval Deferred” is recommended, the student may present the amended version to the Dissertation Committee members individually or as a group. In this case, a second oral defense is not required. If “Reject with specific recommendations for revisions” is recommended, the student will be expected to repeat the oral defense.

The Dissertation Committee will use the Dissertation Final Exam Competency Evaluation Form (see Appendix) to assist in determining if the student passed the defense.

The Dissertation

The dissertation-level student is encouraged to choose a topic for investigation that has special interest and appeal for themselves, has relevance within clinical psychology, and is of appropriate scope and sophistication for the doctoral degree. The student has a responsibility to choose a Dissertation Committee of faculty members who meet the standards of the Program and the Graduate School. In addition, the student has a responsibility to choose individuals who are well-versed in the content area under investigation and/or relevant methodological procedures and statistical design.

The dissertation-level student is ultimately responsible for the entire dissertation product: its conception, hypotheses, place in the relevant literature, design of methodology, selection of measurements, recruiting and testing of subjects, selection and execution of statistical procedures, and data analysis and interpretation. From time to time, the nature of a dissertation demands that a student engage another student or additional personnel to administer tests or in other ways assist in data collection and/or scoring, e.g., in a double-blind design.
From time to time, the uniqueness of the data collected demands that a student, with prior approval of his or her Dissertation Committee, seek consultation from a methodologist/statistician regarding procedures that might not be part of the student’s statistical armamentarium nor of any of the committee members. In many cases, the student confers with statistical experts regarding the best program available to analyze the data for the hypotheses under study. However, the final choice of program is up to the student.

Under no circumstances should the student during the course of the dissertation relinquish raw, scored, or converted data to a methodologist/statistician/programmer for that person to execute analyses and/or interpret statistical analyses.

In the majority of cases, the Dissertation Committee selected by the student should act as sole board of advisers and as the primary source of expertise about the subject matter, methodology, and statistical analyses of the study. In that capacity, the committee has the responsibility of insuring that the student is properly prepared to undertake the dissertation topic proposed, including all its phases, and can execute the test of that topic in its entirety.

**Content**

The substantive content of the dissertation is determined solely by the candidate and their Dissertation Committee, as approved by that committee. Consequently, the following comments are intended to reflect the Program’s collegial spirit and philosophy about the quality of the dissertation, viewed in the light of the research literature available in the behavioral sciences.

The Program encourages the student to produce a dissertation that, when properly edited, could be submitted for publication(s) in a relevant, refereed journal and/or for presentation at professional and scientific meetings. If a student and the Dissertation Committee chair are considering submitting the dissertation for publication as co-authors, the APA Ethics Office offers these guidelines for faculty participation:

- Only second authorship is acceptable for the Dissertation Committee chair (herein called the supervisor);
• Second authorship may be considered obligatory if the supervisor designates the primary variable, makes major interpretive contributions, or provides the data base;
• Second authorship is optional if the supervisor designates the general area of concern, is substantially involved in the procedures, or substantially contributes to the write-up of the published report;
• Second authorship is not acceptable if the supervisor only provides encouragement, physical facilities, financial support, critiques, or editorial support;
• In all instances, agreements should be reviewed before the writing for publication is undertaken and also at the time of submission; if disagreements arise, they should be resolved by a third party, using these guidelines.

Results
The Program encourages the student to distinguish between results that meet the accepted statistical significance levels and those that suggest trends at non-significant levels. If results do not reach the appropriate confidence levels, the interpretation of results should remain within the bounds of logic permitted by the research models employed. The Program does not equate a quality dissertation with the presence of statistically significant findings.

Use of Research Methods
The Program respects diversity of relevant research models and statistical treatments – including correlation data, small sample in-depth analysis, and exploratory research-as well as the more traditional large-group comparisons. The important feature is that the interpretation of results remains within the boundaries permitted by the research model employed.

Quantitative Analysis
The Program anticipates that the dissertation will contain quantitative analyses. Qualitative dissertations should use appropriate and current qualitative analytics.

Commendations
The Program, upon nomination by a Dissertation Committee will commend candidates whose dissertations are judged as exceptional contributions to the field of study. Students who receive
commendations are publicly recognized as George Yacorzynski Scholars, named in honor of the founder of the Division of Psychology.

Style

The final dissertation document must be letter-perfect. In every detail, the dissertation must conform to both The Graduate School requirements as set forth in its pamphlet on dissertations and to the APA Publication Manual (6th ed.). In addition to the requisites, the Program requires that figures, graphs, tables, and all other presentations of statistical data conform to APA standards with the following exception: A common error is the use of notations in the dissertation text indicating “Insert table here.” Although this may be required for APA publications, it is inappropriate in the dissertation and will not be accepted by the Graduate School. Citations occurring in the text must also follow APA style. Additionally, the Program requests that the reference section be compiled according to APA style. If students have questions regarding acceptable letter quality styles of type, appropriate presentation of charts and illustrations supplementary to the text, or any special issues pertaining to the dissertation, they can bring sample pages to the office of the office of the Graduate School to confer with a student monitor before preparing the final dissertation copy.

If a student has further questions regarding the final examination or submission of the dissertation, he or she should communicate with the Graduate School.

Model Outline for the Dissertation

The candidate’s Dissertation Committee holds final authority as to the presentation of the study, as limited by the stylistic requirements of the Graduate School and the APA. The following outline is only a model, subject to variation for individual needs, as determined by a student’s Dissertation Committee.

Title Page
Copyright Statement
Abstract
Acknowledgements
Table of Contents
List of Tables
List of Figures
List of Illustrations

Chapter I. Statement of the Problem
- Significance and Purpose of the Study
- Review of Relevant Literature
- Statement of Hypotheses

Chapter II: Methods
- Subjects
- Measures
- Procedures
- Rationale for Statistical Analyses

Chapter III: Discussion
- Results as Related to Hypotheses
- Nonhypothesized Findings
- Limitations of Study
- Recommendations and Conclusions

Reference

Appendices (if needed)

Autobiographical Statement (Vita)

**Bundled/Integrated Dissertation Option**

Students and their committee may consider the option of a “bundled” or “integrated” dissertation format. The bundled/integrative dissertation format includes the following components:

1. Three empirical manuscripts
2. An Introduction section that integrates all three empirical manuscripts
3. A Discussion section that summarizes and integrates findings across all three manuscripts, as well as discusses broad implications.

The bundled/integrated format has the advantage of encouraging students to produce a program of research rather than a single document. This format also maximizes the student’s research productivity as part of the dissertation process, rather than as an additional step after the dissertation is defended.
The following guidelines should be considered by the student and committee when the bundled/integrated option is selected:

- The three manuscripts must be conceptually related to each other, ideally demonstrating a programmatic line of research.
- The three manuscripts must be empirical studies.
- The three manuscripts must be based on work begun, performed and completed while a student is in residency in a clinical psychology graduate program at Northwestern University.
- There must be Introduction and Discussion sections that integrate all three manuscripts together in a meaningful way as part of the final dissertation. The Introduction (which includes an integrative review of the literature as well as a brief overview of each of the three manuscripts that will be included in the dissertation) must be included as part of the proposal document. The Discussion must summarize and integrate the findings of the three studies and discuss broad implications of the work for further research.
- No more than one of the 3 manuscripts may be accepted for publication or published prior to the dissertation proposal meeting. Manuscripts can be submitted for peer review before the oral defense but only with the prior review and approval of all dissertation committee members.
- Non-significant results that emerge from the analyses must still be in “ready to be submitted” format.
- The student must be the first author (i.e., the major contributor) on all manuscripts.
- One of the papers may be a meta-analysis or a systematic review. Book chapters, conference presentations, encyclopedia entries, and book reviews cannot be included as one of the papers for the dissertation.
- The student’s Master’s thesis/RQP or any publications from the student’s Master’s thesis/RQP cannot be included as one of the papers for the dissertation.

Graduation

Graduation occurs at 4 times throughout the academic year, corresponding with the end of each quarter. To graduate with your PhD from Northwestern University in a given quarter, you must complete all of the degree requirements for the PhD Program in Clinical Psychology before to the TGS deadlines.
Please note that the deadlines for submitting all degree requirements are updated every year and are posted on TGS’s academic calendar: (http://www.tgs.northwestern.edu/about/news-events/calendar.html). For more information on the TGS degree completion process, please see: http://www.tgs.northwestern.edu/academics/academic-services/phd/degree-completion/index.html.

Initiation and completion of the graduation process is the student’s responsibility, although assistance is available from TGS’ student services (http://www.tgs.northwestern.edu/academics/academic-student-services/) and from the DCT.

Per APA policy, all program requirements, including the clinical internship, must be satisfactorily completed prior to awarding the PhD. Please note that internship completion dates are typically after the graduation dates provided by TGS. For example, many internships end on June 30th, whereas TGS holds the Spring quarter graduation typically in mid-June. In this situation, a student finishing her or his internship on June 30th will only be eligible for graduation in the Summer quarter (end of August), not in the June quarter, even if all other degree requirements are completed by the June deadlines. As indicated elsewhere in this Handbook, the TGS Final Exam form will not be approved by the Program in CAESAR until all degree requirements are completed, including the final day of the clinical internship.

**Hooding Ceremony**

Participation in the hooding ceremony is limited to students who complete all degree requirements by TGS’s Spring graduation deadline, with some exceptions. Students with clinical internships ending at the end of June or August can petition to participate in the Spring Hooding Ceremony if they submit the dissertation, final exam form, and all pending grade changes by May 31st of that year. Students with internships ending at the end of June or August who wish to participate in the June Hooding Ceremony must do the following:

1. Request that the student’s current internship DCT send an email to the PhD Program’s DCT confirming that the student is on-track to complete the internship by the expected end of the internship.
2. Send an email to the Director of Student Services (Currently Kate Veraldi, k-veraldi@northwestern.edu) confirming that they will finish all degree requirements – except the internship – by May 31.
3. After approval from the TGS Director of Student Services, please also send an email to the TGS Events & Outreach Manager (currently Tricia Banach, patricia.banach@northwestern.edu) sometime in early May to inform her that you are a summer graduate who plans to complete degree requirements prior to May 31 and wants to participate in the hooding ceremony. The Event Coordinator will then send you the *Hooding Ceremony Intent to Participate* form.

4. Request the PhD Program’s DCT send an email to Kate Veraldi supporting the request to participate in the June Hooding Ceremony and confirming that the student is on-track to complete the internship by the expected end of the internship.

Students who complete the dissertation, final exam form, and/or any pending grade changes on or after June 1 are invited to participate in the following year’s Hooding Ceremony.

*Graduate School Certificate of Completion*

The Graduate School provides Certificates of Completion for students that have completed *all* of the degree requirements (including the internship), but haven’t formally graduated. These Certificates of Completion indicate the date that all degree requirements were met as well as the upcoming graduation date, and can be useful for postdoctoral/employment positions, as well as licensure. Most programs, employers, and state licensing boards will begin counting postdoctoral hours starting with the day that all degree requirements were met, rather than the actual day of graduation. Students can request Certificates of Completion from their student representative in TGS Student Services ([http://www.tgs.northwestern.edu/academics/academic-student-services/](http://www.tgs.northwestern.edu/academics/academic-student-services/)).

*Transcripts*

The official record of the student’s graduate work at Northwestern University is the transcript. Thus, a student should examine their unofficial transcript on CAESAR, check it for accuracy, and contact the Registrar’s office if there are any concerns. It is the student’s responsibility to determine that the official Northwestern University transcript accurately reflects his or her Graduate School studies.
Section IX: Competency-Based Evaluation Forms
Research Mentor
Competency Evaluation Form

Student Name: _________________________     Date: _______________
Rater: _________________________  Additional Rater: _________________________

Please rate the student on the following competencies using the following scale:
1 = Development lags expectations, remedial action required
2 = Development lags expectations, address within supervision
3 = Developing as expected towards basic competency
4 = Achieved basic competency
5 = Achieved advanced competency
NA = Not Applicable or Unable to Judge

### Basic Research and Lab Skills

<table>
<thead>
<tr>
<th>Competency</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aware of need for evidence to support assertions</td>
<td>1 2 3 4 5 NA</td>
</tr>
<tr>
<td>2. Questions assumptions of knowledge</td>
<td>1 2 3 4 5 NA</td>
</tr>
<tr>
<td>3. Reviews and appropriately evaluates the methodology and scientific basis of studies relevant to research in the lab</td>
<td>1 2 3 4 5 NA</td>
</tr>
<tr>
<td>4. Presents own work for the scrutiny of others</td>
<td>1 2 3 4 5 NA</td>
</tr>
<tr>
<td>5. Formulates appropriate research questions and hypotheses</td>
<td>1 2 3 4 5 NA</td>
</tr>
<tr>
<td>6. Identifies errors or areas for improvement when proofreading papers or grants that are being prepared for submission</td>
<td>1 2 3 4 5 NA</td>
</tr>
<tr>
<td>7. Identifies methodological strengths and weaknesses for articles under review</td>
<td>1 2 3 4 5 NA</td>
</tr>
</tbody>
</table>

Comments:

### Scientific Foundation of Psychology

<table>
<thead>
<tr>
<th>Competency</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledgeable of the bases of human behavior (biological, social, affective, and/or cognitive), as evidenced through lab discussions and/or work products in the lab (e.g., literature reviews, manuscripts, grant applications)</td>
<td>1 2 3 4 5 NA</td>
</tr>
<tr>
<td>2. Conducts a comprehensive and critical literature review that identified, applied, and communicated the best evidence for a specific topic or lab project</td>
<td>1 2 3 4 5 NA</td>
</tr>
</tbody>
</table>

Comments:

### Ethics

<table>
<thead>
<tr>
<th>Competency</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aware of the importance and role of ethics in the research activities conducted in the lab</td>
<td>1 2 3 4 5 NA</td>
</tr>
<tr>
<td>2. Aware of the legal and professional standards and guidelines associated with the research activities conducted in the lab</td>
<td>1 2 3 4 5 NA</td>
</tr>
<tr>
<td>3. Asked questions or raised concerns related to ethical, legal, and/or professional standards or guidelines in your lab</td>
<td>1 2 3 4 5 NA</td>
</tr>
<tr>
<td>4. Works on products (e.g., consent forms, applications) for and/or interacted with Northwestern’s Institutional Review Board.</td>
<td>1 2 3 4 5 NA</td>
</tr>
</tbody>
</table>
5. The student’s research in your lab complied with all ethical, legal, and/or professional standards or guidelines

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

6. Seeks consultation regarding complex ethical and legal dilemmas to research conducted in the lab

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

Comments:

### Research Activity

1. Participates in research in your lab consistent with the scientific method

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

2. Performs the following activities in your lab:

   a. Literature reviews and/or tables of the literature

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

   b. Development of research questions and hypotheses

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

   c. Data collection, management, variable preparation, and/or cleaning

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

   d. Data analyses

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

   e. Interpretation of results from data analyses

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

   f. Preparation of publications and presentations for dissemination

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

   g. Grant preparation

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

3. Presents at a national or international professional meeting

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

4. Publishes an empirical article in a peer-reviewed journal

   | 1 | 2 | 3 | 4 | NA | |
---|---|---|---|---|----|---|

Comments:

### Professionalism & Diversity

1. Consistently reliable and accountable for behavior (e.g., arrives on time, prepared, meets deadlines promptly, handles absences appropriately)

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

2. Behavior is consistent with the professional values and codes of conduct of psychology.

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

3. Identifies and ethically addresses potential conflicts between personal belief systems, APA ethics code and legal issues in practice

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

4. Professional in communications, physical conduct, and attire

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

5. Integrates into the lab and actively engages in lab activities

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

6. Demonstrates self-care, including attention to personal health and well-being, to assure effective professional functioning

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

7. Develops and maintains effective and meaningful interpersonal relationships with other graduate students, lab staff, and mentors

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

8. Demonstrates appropriate and effective affective and self-regulatory skills (e.g., affect tolerance, tolerance of interpersonal differences, tolerance of ambiguity and uncertainty, effective negotiation of interpersonal differences, active problem solving, and appropriate disclosers regarding problematic interpersonal situations)

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

9. Demonstrates appropriate and effective expressive skills (e.g., clear and articulate verbal and non-verbal expression of feelings and information).

   | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

10. Monitors and applies knowledge of the role of culture and awareness of self and others in research activities

    | 1 | 2 | 3 | 4 | 5 | NA |
---|---|---|---|---|---|----|

Comments:

Overall Comments on Progress:
Behavior & Professionalism Review

Student Name:

Date of Review:

*Based on a review and discussion of all available evidence, the Faculty is confident that the aforementioned student:*

**Ethical Behavior**
- ☑ Is knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct
- ☑ Is knowledgeable of and acts in accordance with the relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
- ☑ Is knowledgeable of and acts in accordance with the relevant professional standards and guidelines.
- ☑ Will or has recognized ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.
- ☑ Conduct self in an ethical manner in all professional activities.

Comments (required if any box unchecked):

**Individual and Cultural Diversity**
- ☑ Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- ☑ Is knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- ☑ Integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
- ☑ Demonstrates the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

Comments (required if any box unchecked):

**Professional Values, Attitudes, and Behaviors**
- ☑ Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- ☑ Engages in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
Active seeks and demonstrates openness and responsiveness to feedback and supervision.

Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Comments (required if any box unchecked):

Communications and interpersonal skills

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Comments (required if any box unchecked):
Clinical Supervisor
Competency Evaluation Form
Assessment Version

Student Name: _________________________     Date: _______________  □ Mid-Year □ Final

Name of Practicum: _________________________ Year in Program: 2nd 3rd 4th 5th

Rater: _________________________  Additional Rater: _________________________

Please indicate the sources of evaluation on which your evaluation is based for this time-period: (check all that apply)

☐ Direct observation  ☐ Discussions in supervision  ☐ Video tape review
☐ Feedback from others  ☐ Participation in meetings  ☐ Audio tape review
☐ Review of records  ☐ Other, specify:

Please rate your student on the following competencies using the following scale:

1 = Development lags expectations; remedial action required
2 = Development lags expectations; can be addressed within supervision
3 = Developing as expected for current placement; working towards basic competency
4 = Achieved minimum competency (advanced practicum-level)
5 = Surpassed minimum competency (internship-level)
NA = Not Applicable or Unable to Judge

Please Note: Competency ratings of “3” and “2” are expected in the first (1st) and second (2nd) practica and do not necessarily reflect deficits or deficiencies; instead, these ratings typically reflect appropriately developing competencies. Achievement of advanced and basic competencies (ratings of “4” or “5”) should be evaluated from an absolute or objective perspective, not relative to the student’s experience or training year. Competencies marked as (A) are Advanced Skills that may not be achieved until the internship year, even at the basic competency achievement level (“4”). Nearly all other competencies are expected to be achieved at the basic competency level by the end of the student’s third (3rd) practicum.

Please provide comments!
### Scientific Foundation

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Investigates or discusses the empirical literature related to diagnostic and assessment methods</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Understands the empirical support for the assessments implemented</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>Actively incorporates elements of the Evidence-Based Practice Model into clinical decision making (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>Provides a coherent and acceptable rationale for using assessment methods based on an Evidence-Based Practice Model (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments:

### Standardized Assessment

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Understands the basic concepts of standardized assessment (e.g., reliability, validity, standardized administration, norms)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Aware of the benefits of standardized assessment over informal clinical assessment (i.e., clinical judgment)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>Aware of need to base diagnosis and assessment on multiple sources of information</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments:

### Test Selection and Administration

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Selects measures for a specific evaluation with the consultation of the supervisor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates knowledge of reliability and validity when selecting assessment methods</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>Accurately gathers information on the presenting problem and relevant historical data</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>Masters basic administration and scoring procedures for tests/measures commonly used at the practicum setting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>Makes useful behavioral observations and can present them in a coherent and meaningful description.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6.</td>
<td>Manages basic behavioral or motivational challenges during assessment sessions, fostering a positive task orientation in patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7.</td>
<td>Fluent and comfortable with the clinical assessment process, to a point that allows a focus on the patient rather than on the assessment procedures (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrates awareness of the need to select specific assessment measures that are appropriate to the patient and presenting problem (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
**Test Selection and Administration continued…**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Refined administration skills, especially with challenging patients who present with problematic behavior or suboptimal task orientation (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>Independently selects assessment measures for a specific battery, requiring little input from supervisor (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11.</td>
<td>Selection of assessment tools reflects a flexible approach that allows an efficient and effective focus on the specific patient and presenting problems (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**

---

**Interpretation of Results**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Basic mastery of interpretation of assessment results, including integrating interpretations from more than one assessment approach or measure to generate impressions and recommendations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Interprets data with an understanding of the strengths and limitations of the assessment measures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates awareness and competent use of culturally sensitive instruments and norms (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Generates independent clinical insights from interpretation of data (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**

---

**Report Writing & Feedback**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Basic competency at writing evaluation reports, presenting relevant history, impressions, and recommendations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Basic skills for presenting evaluation results, participating in feedback discussions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Personalizes recommendations and responsive to questions about recommendations when presented verbally to patient/parents (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Conclusions and recommendations logically flow from results (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Produces written reports with enhanced sophistication, emphasizing communication efficiency and readability/style (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Refined skills for discussing evaluation results, as indicated by ability to lead feedback sessions (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Reports reflect strengths, weaknesses, and limitations of data (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**
**Diagnostic Skills**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Understands basic diagnostic nomenclature and can assign DSM diagnoses</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Distinguishes developmentally normative behavior from clinically significant symptoms</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Uses concepts of differential diagnosis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Accurately diagnoses many common problems or conditions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Has a thorough knowledge of psychiatric classification (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Accurately diagnoses complex, multiple, and/or unusual disorders (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Independently develops an accurate diagnostic formulation that informs evaluation recommendations or treatment planning (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Case Formulation**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Able to discuss cases or present reports with diagnostic formulation and case conceptualization</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Prepares basic reports which articulate theoretical material</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Independently prepares written case conceptualizations incorporating theory and case (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Independently integrates multiple sources of information (e.g., interview, history, self-report) into consistently accurate case conceptualizations and diagnostic formulations (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Supervision, Consultation, and Collaboration**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Consistently prepared for and actively engaged in the supervision process</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Aware of the purpose of clinical supervision and the roles of the supervisor and supervisee</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates effective interpersonal communication with the supervisor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Open to feedback during supervision, including willingness to admit errors and lack of “defensive” explanations for behavior (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Seeks supervision to improve performance, presenting work for feedback, and integrating feedback into performance (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Engages in reflection on supervision process, identifying areas of strength and those needing improvement (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Readily identifies ethical dilemmas or questions in clinical cases, and applies an ethical decision-making model to resolve them (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
### Supervision, Consultation, and Collaboration continued…

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Effectively delivers consultation on clinical cases to colleagues and other professionals (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>Effectively interacts with other health professionals on clinical cases (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>Collaborates effectively on cases with other health professionals (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**

### Professionalism

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Consistently reliable and accountalbe for behavior (e.g., arrives on time, prepared for clinical activities, meets deadlines promptly, handles absences appropriately)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Behavior is consistent with the professional values, ethics, and codes of conduct of psychology.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Identifies and ethically addresses potential conflicts between personal belief systems, APA ethics code, and legal issues in practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Professional in communications, physical conduct, and attire</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates concern for the welfare of others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates self-care, including attention to personal health and well-being, to assure effective professional functioning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Developed and maintains effective and meaningful interpersonal relationships with other trainees, supervisors, and other staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrates appropriate and effective affective and self-regulatory skills (e.g., affect tolerance, tolerance of interpersonal differences, tolerance of ambiguity and uncertainty, effective negotiation of interpersonal differences, active problem solving, and appropriate disclosers regarding problematic interpersonal situations)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>Demonstrates appropriate and effective expressive skills (e.g., clear and articulate verbal and non-verbal expression of feelings and information).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**

### Diversity

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstrates respect for cultures, languages, and other individual differences</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Consults experts regarding individual differences when appropriate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Identifies and applies different approaches to assessment, intervention, consultation and other areas of psychological practice when culturally appropriate (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**
### Site-Specific Competencies

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Overall Comments:**
Clinical Supervisor
Competency Evaluation Form
Intervention Version

Student Name: _________________________ Date: _______________ □ Mid-Year □ Final

Name of Practicum: _________________________ Year in Program: 2nd 3rd 4th 5th

Rater: _________________________ Additional Rater: _________________________

Please indicate the sources of evaluation on which your evaluation is based for this time-period: (check all that apply)

☐ Direct observation ☐ Discussions in supervision ☐ Video tape review

☐ Feedback from others ☐ Participation in meetings ☐ Audio tape review

☐ Review of records ☐ Other, specify:

Please rate the student’s competencies using the following scale:

1 = Development lags expectations; remedial action required
2 = Development lags expectations; can be addressed within supervision
3 = Developing as expected for current placement; working towards basic competency
4 = Achieved minimum competency (advanced practicum-level)
5 = Surpassed minimum competency (internship-level)
NA = Not Applicable or Unable to Judge

Note: Competency ratings of “3” and “2” are expected in the first (1st) and second (2nd) practica and do not necessarily reflect deficits or deficiencies; instead, these ratings typically reflect appropriately developing competencies. Achievement of advanced and basic competencies (ratings of “4” or “5”) should be evaluated from an absolute or objective perspective, not relative to the student’s experience or training year. Competencies marked as (A) are Advanced Skills that may not be achieved until the internship year, even at the basic competency achievement level (“4”). Nearly all other competencies are expected to be achieved at the basic competency level by the end of the student’s third (3rd) practicum.

Please provide comments!
### Scientific Foundation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>NA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Investigates or discusses the empirical literature related to diagnosis, assessment, testing, and/or clinical interventions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Understands the empirical support for the theoretical orientation, specific interventions, and/or assessment interventions implemented.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Actively incorporates elements of the Evidence-Based Practice Model into clinical decision making (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>Provides a coherent and acceptable rationale for using and/or adapting interventions or assessments based on an Evidence-Based Practice Model (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**

### Diagnostic Skills

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>NA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Understands basic diagnostic nomenclature and can assign DSM diagnoses</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Distinguishes developmentally normative behavior from clinically significant symptoms</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Uses concepts of differential diagnosis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Accurately diagnoses many common problems or conditions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Has a thorough knowledge of psychiatric classification (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Accurately diagnoses complex, multiple, and/or unusual disorders (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Independently develops an accurate diagnostic formulation that informs evaluation recommendations or treatment planning (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**

### Case Formulation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>NA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Able to discuss cases or present reports on diagnostic formulation and case conceptualization</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Prepares basic reports which articulate theoretical material</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Independently prepares written case conceptualizations incorporating theory and case (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Independently integrates multiple sources of information (e.g., interview, history, self-report) into consistently accurate case conceptualizations and diagnostic formulations (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**
### Treatment Planning

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Produces and updates a treatment plan that logically relates to the current case formulation or conceptualization</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>2</td>
<td>Identifies when it is necessary to consult with supervisor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>3</td>
<td>Assesses and documents treatment progress and outcomes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>Alters treatment plan based on outcomes of treatment evaluation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>5</td>
<td>Independently selects an intervention plan based on a well-articulated case formulation (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>6</td>
<td>Case formulation and treatment planning incorporate factors from the patient’s larger life context, including individual and cultural diversity (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Comments:**

### Foundational Therapeutic Skills

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Demonstrates basic attending skills with patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>2</td>
<td>Develops rapport and a therapeutic relationship with most patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>3</td>
<td>Develops rapport and a therapeutic relationship with a wide variety of patients (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>Basic clinical skills are fully integrated and require little attention or effort to implement (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>5</td>
<td>Terminates treatment successfully (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>6</td>
<td>Assesses treatment effectiveness &amp; efficiency using outcome data (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>7</td>
<td>Critically evaluates own performance as a clinician (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Comments:**

### Model-Specific Therapeutic Skills

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Articulates awareness of the theoretical basis for interventions used</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>2</td>
<td>Successfully implements general strategies from at least one treatment model with empirical support</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>3</td>
<td>Implements specific interventions from at least one treatment model with empirical support</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>Independently articulates a theory of change consistent with a theoretical model (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>5</td>
<td>Independently and effectively implements a range of intervention strategies that are best matched to the patient, presenting problem, and practice setting (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>6</td>
<td>Recognizes the limitations of a theoretical model and manages those circumstances therapeutically (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>7</td>
<td>Demonstrates the ability to select interventions that are likely to be most effective for a specific problem and/or population in a specific practice setting (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Comments:**
### Supervision, Consultation, and Collaboration

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>Consistently prepared for and actively engaged in the supervision process</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12.</td>
<td>Aware of the purpose of clinical supervision and the roles of the supervisor and supervisee</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13.</td>
<td>Demonstrates effective interpersonal communication with the supervisor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14.</td>
<td>Open to feedback during supervision, including willingness to admit errors and lack of “defensive” explanations for behavior (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15.</td>
<td>Seeks supervision to improve performance, presenting work for feedback, and integrating feedback into performance (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16.</td>
<td>Engages in reflection on supervision process, identifying areas of strength and those needing improvement (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17.</td>
<td>Readily identifies ethical dilemmas or questions in clinical cases, and applies an ethical decision-making model to resolve them (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18.</td>
<td>Effectively delivers consultation on clinical cases to colleagues and other professionals (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19.</td>
<td>Effectively interacts with other health professionals on clinical cases (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20.</td>
<td>Collaborates effectively on cases with other health professionals (A)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**

### Professionalism

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Consistently reliable and accountable for behavior (e.g., arrives on time, prepared for clinical activities, meets deadlines promptly, handles absences appropriately)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11.</td>
<td>Behavior is consistent with the professional values, ethics, and codes of conduct of psychology.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12.</td>
<td>Identifies and ethically addresses potential conflicts between personal belief systems, APA ethics code, and legal issues in practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13.</td>
<td>Professional in communications, physical conduct, and attire</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14.</td>
<td>Demonstrates concern for the welfare of others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15.</td>
<td>Demonstrates self-care, including attention to personal health and well-being, to assure effective professional functioning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16.</td>
<td>Developed and maintains effective and meaningful interpersonal relationships with other trainees, supervisors, and other staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17.</td>
<td>Demonstrates appropriate and effective affective and self-regulatory skills (e.g., affect tolerance, tolerance of interpersonal differences, tolerance of ambiguity and uncertainty, effective negotiation of interpersonal differences, active problem solving, and appropriate disclosers regarding problematic interpersonal situations)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18.</td>
<td>Demonstrates appropriate and effective expressive skills (e.g., clear and articulate verbal and non-verbal expression of feelings and information).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**
### Diversity

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Demonstrates respect for cultures, languages, and other individual differences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Consults experts regarding individual differences when appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Identifies and applies different approaches to assessment, intervention, consultation and other areas of psychological practice when culturally appropriate (A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### Site-Specific Competencies

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overall Comments:
Clinical Qualifying Exam
Competency Evaluation Evaluation Form

Student Name: _________________________ Date of Defense: ______________

CQE Title: __________________________________________________________

Please rate the student’s competencies on the Work Product, Scientific Paper, and Oral Defense using the following scale:

1 = Development lags expectations, remedial action required
2 = Development lags expectations, address within supervision
3 = Developing as expected towards basic competency
4 = Achieved basic competency
5 = Achieved advanced competency

### Scientific Foundation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Demonstrates knowledge of the scientific foundations of human behavior (biological, social, affective, and/or cognitive) in the clinical conceptualization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Applies an Evidence-Based Practice Model to the clinical decision making in the case presented</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Literature review is broad and comprehensive, demonstrating knowledge of the scientific foundations of human behavior related to the topic under study</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Presents a balanced perspective of the literature, reviewing and critiquing the evidence supporting and refuting a diagnosis or treatment decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>References recent empirical literature to support decisions regarding diagnosis, assessment, testing, and/or intervention.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### Psychological Assessment (If Applicable)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Selection of assessment tools reflects a flexible approach that allows a focus on the patient and the presenting problems, rather than on the test procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates awareness and competent use of culturally sensitive instruments and norms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Limitations of assessment data clearly reflected in assessment report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Generated correct clinical insights from interpretation of data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Produced a sophisticated written report that emphasized communication efficiency and readability/style</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Refined skills for discussing evaluation results</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Personalized recommendations and responsive to questions about recommendations when presented</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
### Diagnostic

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Used appropriate diagnostic nomenclature and DSM diagnoses</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Distinguished developmentally normative behavior from clinically significant symptoms</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Used concepts of differential diagnosis</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Diagnosis is accurate</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Demonstrates a comprehensive and in-depth understanding of the patient’s diagnosis(es)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Demonstrates knowledge of the range of available interventions for the patient’s diagnoses or problem(s)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### Psychological Intervention (If Applicable)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Incorporates elements of the Evidence-Based Practice model (e.g., Ask, Acquire, Appraise, Apply, Analyze &amp; Adjust) when discussing clinical decision making for assessment and treatment</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Initial intervention plans flow directly from a case formulation that includes a theoretically-consistent theory of change</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Changes in the case formulation coincide with appropriate changes in the treatment plan</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Demonstrates fundamental clinical skills (e.g., development of a therapeutic alliance, empathic listening, problem framing) at an advanced trainee level</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Integrates evaluation of treatment progress into treatment</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Describes instances in which there is a lack of progress and the actions taken in response to the lack of progress</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Identifies and acknowledges limitations of interventions for certain patients</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Modifies intervention to fits patient’s characteristics, preferences, and circumstances</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Discusses limitations and/or adaptations to psychological interventions based on factors related to individual and cultural diversity.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### Professionalism & Diversity

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Behavior is consistent with the professional values and codes of conduct of psychology.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Identified and ethically addressed potential conflicts between personal belief systems, APA ethics code and legal issues in practice</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Professional in communications, physical conduct, and attire</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Demonstrates appropriate and effective affective and self-regulatory skills during oral exam</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Demonstrates appropriate and effective expressive skills (e.g., clear and articulate verbal and non-verbal expression of feelings and information).</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Evidences knowledge of the role of culture and awareness of self and others in clinical case</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

**Overall Comments:**
Does the student’s performance meet minimal acceptable competencies\(^2\) on the following components:

- Work Product: □ Yes □ No
- Scientific Paper: □ Yes □ No
- Oral Defense: □ Yes □ No

Has the student passed the CQE? □ Yes □ No

If “No,” describe the revisions necessary for the student to pass the CQE:

A minimum of two faculty members must serve on the committee. The Chair must be a member of the Clinical Training Committee (CTC).

Committee Members and Signatures:

<table>
<thead>
<tr>
<th>CTC Member?</th>
<th>Approve?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td>□</td>
</tr>
<tr>
<td>Printed Name</td>
<td>Signature</td>
</tr>
<tr>
<td>Co-Chair:</td>
<td>□</td>
</tr>
<tr>
<td>Printed Name</td>
<td>Signature</td>
</tr>
<tr>
<td>Member:</td>
<td>□</td>
</tr>
<tr>
<td>Printed Name</td>
<td>Signature</td>
</tr>
<tr>
<td>Member:</td>
<td>□</td>
</tr>
<tr>
<td>Printed Name</td>
<td>Signature</td>
</tr>
</tbody>
</table>

\(^2\) Definition of Minimal Acceptable Competencies = 90\% of all competencies on pages 1-2 are rated as a level of 4 or 5, and no competencies are rated at a level of 1 or 2
# Research Qualifying Paper (RQP)

## Competency Evaluation Form

<table>
<thead>
<tr>
<th>Student Name: ______________________</th>
<th>Date: ______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Mentor: ____________________</td>
<td>Additional Mentor: (optional)</td>
</tr>
<tr>
<td>RQP Title: _________________________</td>
<td>______________________</td>
</tr>
</tbody>
</table>

Please rate the RQP on the following competencies using the following scale:

1 = Strongly Disagree  
2 = Disagree  
3 = Agree  
4 = Strongly Agree

### Research methodology and analysis

| 1. The study is empirical and uses measurable evidence to test specific hypotheses or explore logical or adequately reasoned research questions. | 1 2 3 4 |
| 2. The study has clearly formulated the goals, aims, and/or hypotheses of the study | 1 2 3 4 |
| 3. The design of the study was appropriate to test the hypotheses or answer the research questions | 1 2 3 4 |
| 4. The analyses used to test the hypotheses or answer the research questions were appropriate to test the hypotheses or answer the research questions | 1 2 3 4 |
| 5. Interpretations of the results were correct and were appropriately used to answer hypotheses or research questions. | 1 2 3 4 |

Comments:

### Scientific Foundation of RQP

| 6. Literature review is broad and comprehensive | 1 2 3 4 |
| 7. The RQP integrates the latest research on the scientific foundations of human behavior (biological, social, affective, and/or cognitive) into the research question and/or hypotheses. | 1 2 3 4 |
| 8. Writing is clear, concise, and scientific | 1 2 3 4 |

Comments:

### Ethics

| 9. All of the relevant ethical, legal, and/or professional standards or guidelines were appropriately identified and addressed | 1 2 3 4 |
10. Ethical implications in the design and implementation of the research study were identified, addressed, and discussed  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

11. The student sought consultation regarding complex ethical and legal dilemmas related to the RQP  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

12. All applicable ethical principles and standards were addressed in the RQP  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

Comments:

---

Overall Comments:

Has the student passed the RQP? □ Yes □ No

If “No,” describe the revisions necessary for the student to pass the RQP:

Signature of Primary Mentor: ___________________________  

Signature

---

3 “Passed” is defined as 100% of competencies rated as 3 (agree) or 4 (strongly agree).
Master’s Thesis Documentation

Final Title of Thesis Project:

Master’s Thesis Oral Defense Date:
Has the student passed the Oral Defense? □ Yes □ No

A minimum of two faculty members must serve on the committee. At least two members of this committee, including the chair, must be members of the Northwestern University Graduate Faculty.

Committee Members and Signatures:

Chair: ___________________________ ___________________________ □ □
Printed Name Signature

Co-Chair: ___________________________ ___________________________ □ □
Printed Name Signature

Member: ___________________________ ___________________________ □ □
Printed Name Signature

Member: ___________________________ ___________________________ □ □
Printed Name Signature
Dissertation Prospectus
Competency Evaluation Form

Student Name: ______________________________ Date: ______________

Prospectus Title: __________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Please rate the Prospectus on the following competencies using the following scale:
1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree

<table>
<thead>
<tr>
<th>Theory</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aware of the relevant theories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Accurately identifies and articulates the degree of research support for relevant theories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Integrates relevant theory and empirical findings to generate predictions or research hypotheses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Scientific Foundation of Prospectus

<table>
<thead>
<tr>
<th>Scientific Foundation of Prospectus</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Literature review is broad and comprehensive, with appropriate citation of relevant works</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Literature review is balanced and without bias, including findings that both strengthen and weaken hypotheses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Demonstrates in-depth and sophisticated knowledge of the topic and areas related to the topic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Scientific Writing and Speaking

<table>
<thead>
<tr>
<th>Scientific Writing and Speaking</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Writing is clear, concise, and scientific</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Attributes ideas to appropriate sources, and uses references effectively to make specific points or arguments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Demonstrates ability to make a scientific argument in written form</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Research methodology and analysis

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11. The study proposes an empirical approach to knowledge generation and proposes to use measurable evidence to test specific hypotheses or explore logical or adequately reasoned research questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. The study has clearly formulated the goals, aims, and/or hypotheses of the study</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. The design of the study is appropriate to test the hypotheses or answer the research questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. The analyses proposed are appropriate to the data that will be collected and are best for addressing the hypotheses or answering the research questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. The analyses proposed will generate results that are interpretable for the hypotheses or research questions posed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Scientific Thinking

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16. The prospectus combines and integrates theories and/or empirical findings to generate new integrative ideas and directions; goes well beyond simply listing and reviewing studies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. Provides an in-depth and accurate critique of existing literature, including an understanding of ambiguities and limitations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. Identifies what is actually demonstrated in the literature review, not simply what the authors of specific studies may have claimed was demonstrated</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. Prospectus formulates testable hypotheses</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Ethics & Individual/Cultural Diversity

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20. All of the relevant ethical, legal, and/or professional standards or guidelines were appropriately anticipated, identified, addressed, and discussed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. Ethical implications in the proposed design of the research study were anticipated, identified, addressed, and discussed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. The student sought consultation regarding complex ethical and legal dilemmas related to the prospectus</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>
### 23. All applicable ethical principles and standards were addressed in the prospectus

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

### 24. The prospectus demonstrated awareness, knowledge, and skill in considering issues of individual and cultural-diversity when designing the prospectus

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

Comments:

### Professionalism, Communication, and Interpersonal Skills

<table>
<thead>
<tr>
<th>25. Behavior during oral exam was consistent with the professional values and codes of conduct of psychology</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>26. Student was professional in communications, physical conduct, and attire during oral exam</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>27. Student demonstrated appropriate and effective affective and self-regulatory skills during oral exam</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>28. Student demonstrated appropriate and effective communication skills during oral exam (e.g., clear and articulate verbal and non-verbal conveyance of information; effectively responds to questions/criticisms/concerns)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>29. Student maintained strong, effective, consistent, and appropriate interpersonal relationships with committee members during the preparation of the prospectus</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

Comments:

### Overall Comments:

Chair Signature: ___________________________ Pass? □ Yes □ No

Co-Chair Signature: ___________________________ Pass? □ Yes □ No

Committee Member Signature: ___________________________ Pass? □ Yes □ No

Committee Member Signature: ___________________________ Pass? □ Yes □ No

Committee Member Signature: ___________________________ Pass? □ Yes □ No
“Passed” is defined as 100% of competencies rated as 3 (agree) or 4 (strongly agree).
Dissertation Final Exam
Competency Evaluation Evaluation Form

Student Name: ______________________________ Date: ________________

Dissertation Title: ____________________________________________________________________________
_____________________________________________________________________________________________

Please rate the Final Exam on the following competencies using the following scale:
1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree

<table>
<thead>
<tr>
<th>Theory</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dissertation document and final exam includes relevant theories</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Dissertation document and final exam accurately identifies and articulates the degree of research support for relevant theories</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Dissertation document and final exam integrates relevant theory and empirical findings to generate predictions or research hypotheses</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Please rate the Final Exam on the following competencies using the following scale:
1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree

<table>
<thead>
<tr>
<th>Scientific Foundation of Final Exam</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Literature review is broad and comprehensive, with appropriate citation of relevant works</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Literature review is balanced and without bias, including findings that both strengthen and weaken hypotheses</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Dissertation document and final exam demonstrates in-depth and sophisticated knowledge of the topic and areas related to the topic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scientific Writing and Speaking</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Writing is clear, concise, and scientific</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Dissertation document and final exam attributes ideas to appropriate sources, and uses references effectively to make specific points or arguments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>9. Through the dissertation document, the student demonstrates the ability to disseminate information in written form</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Through the final exam, the student demonstrates the ability to disseminate information in oral form</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Research methodology and analysis**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11. The study is empirical and used measurable evidence to test specific hypotheses or explore logical or adequately reasoned research questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. The dissertation document and final exam has clearly formulated goals, aims, and/or hypotheses</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. The research design was appropriate to test the hypotheses or answer the research questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. The analyses conducted are appropriate to the collected data and are best for addressing the hypotheses or answering the research questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. The analyses generated results that are interpretable for the hypotheses or research questions posed</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scientific Thinking**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Dissertation document and final exam combines and integrates theories and/or empirical findings to generate new integrative ideas and directions; goes well beyond simply listing and reviewing studies.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Dissertation document and final exam provides an in-depth and accurate critique of existing literature, including an understanding of ambiguities and limitations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Dissertation document and final exam identifies what is actually demonstrated in the literature review, not simply what the authors of specific studies may have claimed was demonstrated</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Dissertation document and final exam includes testable hypotheses</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Ethics & Individual/Cultural Diversity

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20. All of the relevant ethical, legal, and/or professional standards or guidelines were appropriately identified and addressed in the final exam and/or dissertation document</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21. Ethical implications in the design and implementation of the research study were identified, addressed, and discussed in final exam and/or dissertation document</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>22. The student sought consultation regarding complex ethical and legal dilemmas related to the final exam and dissertation document</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>23. All applicable ethical principles and standards were addressed in the final exam and dissertation document</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>24. Aware, knowledgeable, and skillful in considering issues of individual and cultural-diversity in the dissertation document and during the final exam</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Comments:

## Professionalism, Communication, and Interpersonal Skills

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Behavior during final exam was consistent with the professional values and codes of conduct of psychology</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>26. Student was professional in communications, physical conduct, and attire during final exam</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>27. Student demonstrated appropriate and effective affective and self-regulatory skills during final exam</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>28. Student demonstrated appropriate and effective communication skills during final exam (e.g., clear and articulate verbal and non-verbal conveyance of information; effectively responds to questions/criticisms/concerns)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. Student maintained strong, effective, consistent, and appropriate interpersonal relationships with committee members during the preparation of the final exam and dissertation document</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Comments:

Overall Comments:

Chair Signature: ____________________________________________  Pass?  □ Yes  □ No
Co-Chair Signature: _______________________________ Pass?\(^1\) ☐ Yes ☐ No

Committee Member Signature: _______________________________ Pass?\(^1\) ☐ Yes ☐ No

Committee Member Signature: _______________________________ Pass?\(^1\) ☐ Yes ☐ No

Committee Member Signature: _______________________________ Pass?\(^1\) ☐ Yes ☐ No

\(^1\) “Passed” is defined as 100% of competencies rated as 3 (agree) or 4 (strongly agree).
Psychology Trainee Evaluation of Supervision Competencies

Student's Name: Click here to enter text.

Supervisor's Name:  Click here to enter text.
Capacity:  ☐ Individual Supervisor  ☐ Rotation Supervisor  ☐ Training Director

Name of Site: Click here to enter text.

Name of Rotation (if applicable): Click here to enter text.

Date:  Click here to enter a date.

Period being rated:  ☐ 3 months  ☐ 6 months  ☐ 9 months  ☐ 12 months  ☐ 24 months

Your position:  ☒ Extern

### COMPETENCY RATING DESCRIPTIONS

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Poor</td>
<td>Behavior Never Displayed/Observed</td>
</tr>
<tr>
<td>2</td>
<td>Fair</td>
<td>Behavior Rarely Displayed</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
<td>Behavior Frequently Displayed</td>
</tr>
<tr>
<td>4</td>
<td>Very Good</td>
<td>Behavior Typically Displayed</td>
</tr>
<tr>
<td>5</td>
<td>Excellent</td>
<td>Behavior (Almost) Always Displayed</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

adapted from:

© Vas, Dave, & Kass (2015)

**Domain A: SUPERVISOR COMPETENCE**

*Rating Descriptions (Please rate ALL goals and objectives)*

1: Poor (Never Displayed) 2: Fair (Rarely Displayed) 3: Good (Frequently Displayed) 4: Very Good (Typically Displayed) 5: Excellent (Almost Always Displayed) NA: Not applicable
A1. Goal: Assurance of competence in provision of services

<table>
<thead>
<tr>
<th>Choose</th>
<th>Provides competent supervision of services to ensure welfare of patients.</th>
</tr>
</thead>
</table>

**Specific Objectives:**

<table>
<thead>
<tr>
<th>Choose</th>
<th>Ensures that patients receive competent services and protects others from harm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose</td>
<td>Possesses and demonstrates up-to-date knowledge and skill about the areas being supervised.</td>
</tr>
<tr>
<td>Choose</td>
<td>Takes reasonable steps to ensure competence when less familiar with the areas being supervised.</td>
</tr>
<tr>
<td>Choose</td>
<td>Sets appropriate boundaries and seeks consultation when supervisory issues are outside domain of supervisory competence.</td>
</tr>
<tr>
<td>Choose</td>
<td>Refers trainee to other resources (e.g., consultation, research, etc.) when appropriate</td>
</tr>
<tr>
<td>Choose</td>
<td>Demonstrates knowledge about the context of supervision (e.g., expectations of the system within the trainee works, departmental/institutional policies, etc.)</td>
</tr>
<tr>
<td>Choose</td>
<td>Demonstrates knowledge about relevant events that may impact patient care (e.g., billing and administrative procedures, etc.) in the organizational context.</td>
</tr>
<tr>
<td>Choose</td>
<td>Consistently enforces appropriate standards for billing procedures, documentation, and administrative protocols, and encourages trainee to become fluent in this domain.</td>
</tr>
<tr>
<td>Choose</td>
<td>Demonstrates flexibility in teaching modalities, case conceptualization, and treatment plan suggestions</td>
</tr>
<tr>
<td>Choose</td>
<td>Demonstrates scientific thinking and appropriate translation of scientific findings to practice.</td>
</tr>
<tr>
<td>Choose</td>
<td>Collaborates with all faculty/staff involved in the training process at the site.</td>
</tr>
<tr>
<td>Choose</td>
<td>Communicates with trainee’s graduate program as necessary, especially when performance problems need to be addressed.</td>
</tr>
<tr>
<td>Choose</td>
<td>Strives for diversity competence across populations and settings</td>
</tr>
<tr>
<td>Choose</td>
<td>Demonstrates knowledge about diversity issues that are specifically relevant to the setting and environment within which the trainee works.</td>
</tr>
<tr>
<td>Choose</td>
<td>Possesses relevant knowledge, skills, and values/attitudes to provide culturally sensitive care and supervision.</td>
</tr>
<tr>
<td>Choose</td>
<td>Provides evaluative feedback routinely to enhance development of trainee competence.</td>
</tr>
<tr>
<td>Choose</td>
<td>Demonstrates and models transparency in the process of communication and encourages similar behavior in supervisee.</td>
</tr>
<tr>
<td>Choose</td>
<td>Strives to be competent in the use of technology in clinical care (including distance supervision).</td>
</tr>
<tr>
<td>Choose</td>
<td>Demonstrates awareness of the policies and procedures in place for ethical practice of telepsychology, social media, and electronic communication.</td>
</tr>
</tbody>
</table>

**Rating Descriptions (Please rate ALL goals and objectives)**

1: Poor (Never Displayed)  2: Fair (Rarely Displayed)  3: Good (Frequently Displayed)  4: Very Good (Typically Displayed)  5: Excellent (Almost Always Displayed)  NA: Not applicable
Choose | Possesses relevant knowledge about legal issues specific to technology, supervision, and practice
--- | ---
Choose | Models ethical practice, decision-making, and professionalism by facilitating thoughtful discussion regarding relevant issues (e.g., social networking).

**A2. Goal:** Competence in the provision of supervision

Choose | Demonstrates competence in the provision of supervision.

**Specific Objectives:**

| Choose | Seeks to attain and maintain competence in the practice of supervision through consultation, education, and training.
--- | ---
| Choose | Demonstrates requisite knowledge of models, theories, modalities, and research on clinical supervision and relevant skills.
| Choose | Demonstrates commitment to knowing and utilizing available psychological science related to supervision.
| Choose | Manages supervisory relationship appropriately while enhancing trainee’s skills.
| Choose | Demonstrates familiarity with and uses a developmental approach to supervision.
| Choose | Formally and/or informally assesses the learning needs and developmental level of the supervisee on an ongoing basis.
| Choose | Continually adjusts teaching model to skill level in accordance with the developmental model of supervision.
| Choose | Provides input consistent with developmental needs of supervisee (e.g., less specific feedback over time, increased encouragement of higher-level case conceptualization, promotion of autonomous thinking appropriate to level of training, etc.)

**Domain B: DIVERSITY**

**Goal:** Diversity Competence

Choose | Strives to develop diversity competence as an element of supervision competence, and infuses diversity into all aspects of clinical practice and research.

**Specific Objectives:**

| Choose | Demonstrates awareness and knowledge of diversity in all of its forms.
| Choose | Develops and maintains self-awareness regarding his/her diversity competence, which includes attitudes, knowledge, and skills.
| Choose | Demonstrates efforts to be introspective, revise and update knowledge, and advance diversity skills.
| Choose | Models openness to self-exploration, understanding one’s own biases, and willingness to pursue education or consultation as necessary.
| Choose | Recognizes the value of and pursues ongoing training in diversity competence as part of professional development and life-long learning.
| Choose | Attempts to be knowledgeable about the effects of bias and prejudice, and as necessary, models advocacy behaviors to promote change.

**Rating Descriptions (Please rate ALL goals and objectives)**

1: Poor (Never Displayed) 2: Fair (Rarely Displayed) 3: Good (Frequently Displayed) 4: Very Good (Typically Displayed) 5: Excellent (Almost Always Displayed) NA: Not applicable
Rating Descriptions (Please rate ALL goals and objectives)

1: Poor (Never Displayed)  
2: Fair (Rarely Displayed)  
3: Good (Frequently Displayed)  
4: Very Good (Typically Displayed)  
5: Excellent (Almost Always Displayed)  
NA: Not applicable

Choose Serves as a role model regarding diversity knowledge, skills, and attitudes
Choose Strives to be familiar with the literature concerning diversity competence in supervision
Choose Encourages sensitivity to diversity in all its forms.
Choose Establishes a respectful supervisory relationship to facilitate diversity competence
Choose Creates a safe environment within which to address diversity issues in clinical care, supervision, and organizational context.
Choose Manages individual difference variables that may impact the supervisory relationship.
Choose Assists with and encourages the development of a cogent case formulation that includes individual difference variables.
Choose Assists trainee in navigating tension between personal and professional values in providing competent patient care.

Domain C: SUPERVISORY RELATIONSHIP
Goal: Development and maintenance of positive supervisory relationship
Choose Creates a supervisory relationship that facilitates effective clinical supervision.

Specific Objectives:
Choose Values, creates, and maintains a collaborative relationship that promotes the supervisee’s competence.
Choose Specifies responsibilities and expectations of both parties in the supervisory relationship.
Choose Identifies expected program competencies and performance standards.
Choose Collaboratively develops individualized goals for supervision in the form of a clearly specified supervisory contract.
Choose Collaboratively assesses progress towards goals on an ongoing basis.
Choose Regularly reviews progress of trainee and the effectiveness of the supervisory relationship and addresses relevant issues as necessary.
Choose Demonstrates sensitivity to multiple potential roles with supervisee and exhibits ability to perform and balance multiple roles.
Choose Promotes growth and self-assessment in the trainee.
Choose Encourages and uses evaluative feedback from the trainee on an ongoing basis.
Choose Demonstrates respect for trainees, patients and colleagues.
Choose Promotes autonomy appropriate to supervisee’s level of training.

Domain D: PROFESSIONALISM
Goal: Comportment reflecting the fundamental values of professional psychology
Choose Prioritizes needs and welfare of patients and trainees, and exhibits integrity, professional behavior, accountability, and concern for the welfare of others.

Specific Objectives:
Choose Models professionalism through his/her own behavior and interactions with others.
Choose Teaches knowledge, skills, and attitudes associated with professionalism.
Choose Provides ongoing feedback and evaluation of trainee progress towards meeting professional expectations appropriate for level of education and training.
Choose Is available as needed for consultation.
Choose Provides own work samples to illustrate specific issues.
Choose Sets and keeps regularly scheduled meeting times.
Choose Provides for a covering supervisor during absences.

**Domain E: ASSESSMENT, EVALUATION, AND FEEDBACK**

Goal: Assessment, evaluation, and feedback

Choose Provides appropriate and timely assessment, evaluation, and feedback.

**Specific Objectives:**

Choose Promotes openness and transparency in assessment and feedback by relating this information to competency development.
Choose Describes how supervision is to be conducted and follows model described.
Choose Utilizes multiple methods of evaluation (e.g., live observation, chart review, tapes) to monitor performance.
Choose Provides direct, clear, timely, and behaviorally anchored feedback.
Choose Is mindful of the impact of feedback on the supervisory relationship.
Choose Incorporates trainee self-assessment into the evaluation process.
Choose Highlights trainee strengths and impact on performance.
Choose Seeks feedback from trainee about supervision and incorporates this information appropriately.
Choose Provides effective formative and summative feedback.
Choose Demonstrates knowledge of evaluation, process, and outcomes.
Choose Observes both positive and negative trainee behaviors.
Choose Balances between being supportive and challenging.
Choose Written material (e.g., notes, reports) is reviewed and returned with appropriate feedback in a timely manner.
Choose Supervisor submits all materials in accordance with departmental deadlines and policies.

**Domain F: TRAINEE REMEDIATION AND MANAGING PROFESSIONAL COMPETENCE PROBLEMS**

Goal: Management of Professional Competence Problems

Choose Addresses problems with competence and provides remediation as necessary.

**Specific Objectives:**

Choose Understands and adheres to the supervisory contract and procedures related to performance evaluations.

**Rating Descriptions (Please rate ALL goals and objectives)**

1: Poor (Never Displayed) 2: Fair (Rarely Displayed) 3: Good (Frequently Displayed) 4: Very Good (Typically Displayed) 5: Excellent (Almost Always Displayed) NA: Not applicable
<table>
<thead>
<tr>
<th>Choose</th>
<th>Identifies current or potential performance problems promptly and directly communicates them to the supervisee.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose</td>
<td>Addresses problems in a timely manner to allow opportunities for change.</td>
</tr>
<tr>
<td>Choose</td>
<td>Develops and implements an appropriate remediation plan for performance problems.</td>
</tr>
<tr>
<td>Choose</td>
<td>Communicates with supervisee’s graduate program as necessary.</td>
</tr>
<tr>
<td>Choose</td>
<td>Takes ethically appropriate action in response to supervisee’s performance problems.</td>
</tr>
</tbody>
</table>

**Domain G: ETHICS, LEGAL, AND REGULATORY CONSIDERATIONS**

**Goal: Ethical and Appropriate Conduct**

| Choose | Values and models ethical behavior and adheres to relevant legal and regulatory parameters.             |

**Specific Objectives:**

| Choose | Demonstrates knowledge of ethics and legal issues specific to supervision.                             |
| Choose | Demonstrates knowledge of and upholds professional ethical standards, and encourages this practice among supervisees. |
| Choose | Models ethical practice and decision-making and conducts self in accord with APA and other guidelines and laws/regulations. |
| Choose | Upholds primary ethical and legal obligation to protect the welfare of the patient.                    |
| Choose | Provides information about expectations for and parameters of supervision in a clearly specified contractual agreement. |
| Choose | Maintains accurate and timely documentation of trainee performance related to expectations for competency and professional development. |
| Choose | Manages responsibility as “gatekeeper” to the profession by assessing suitability to enter and remain in the field. |

**Rating Descriptions (Please rate ALL goals and objectives)**

1: Poor (Never Displayed)  
2: Fair (Rarely Displayed)  
3: Good (Frequently Displayed)  
4: Very Good (Typically Displayed)  
5: Excellent (Almost Always Displayed)  
NA: Not applicable
ACQUISITION OF PROFESSION WIDE COMPETENCIES

Now, consider your work with this supervisor and reflect on your training experience. Please provide a numerical rating for each competency using the following scale (note that the scale is different from the rest of the document):

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>2</td>
<td>Disagree</td>
</tr>
<tr>
<td>3</td>
<td>Neutral</td>
</tr>
<tr>
<td>4</td>
<td>Agree</td>
</tr>
<tr>
<td>5</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>NA</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Profession-Wide Competencies</th>
<th>Degree of Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>My training experience with this supervisor addressed the development of my competency in <strong>Science, Research, &amp; Evaluation</strong>.</td>
<td>Choose</td>
</tr>
<tr>
<td>My training experience with this supervisor addressed the development of my competency in <strong>Ethical and Legal Standards</strong>.</td>
<td>Choose</td>
</tr>
<tr>
<td>My training experience with this supervisor addressed the development of my competency in <strong>Cultural and Individual Diversity</strong>.</td>
<td>Choose</td>
</tr>
<tr>
<td>My training experience with this supervisor addressed the development of my competency in <strong>Professional Values, Attitudes, and Behaviors</strong>.</td>
<td>Choose</td>
</tr>
<tr>
<td>My training experience with this supervisor addressed the development of my competency in <strong>Communication and Interpersonal Skills</strong>.</td>
<td>Choose</td>
</tr>
<tr>
<td>My training experience with this supervisor addressed the development of my competency in <strong>Psychological Assessment and Diagnosis</strong>.</td>
<td>Choose</td>
</tr>
<tr>
<td>My training experience with this supervisor addressed the development of my competency in <strong>Psychotherapeutic Intervention</strong>.</td>
<td>Choose</td>
</tr>
<tr>
<td>My training experience with this supervisor addressed the development of my competency in <strong>Supervision, Education, and Training</strong>.</td>
<td>Choose</td>
</tr>
<tr>
<td>My training experience with this supervisor addressed the development of my competency in <strong>Consultation and Inter-Professional Collaboration</strong>.</td>
<td>Choose</td>
</tr>
</tbody>
</table>

Rating Descriptions (Please rate ALL goals and objectives)

1: Strongly Disagree
2: Disagree
3: Neutral
4: Agree
5: Strongly Agree
NA: Not applicable
SUMMARY OF SUPERVISOR STRENGTHS: Click here to enter text.

AREAS FOR IMPROVEMENT/ADJUSTMENT, INCLUDING RECOMMENDATIONS: Click here to enter text.

Rating Descriptions (Please rate ALL goals and objectives)

1: Poor (Never Displayed)  2: Fair (Rarely Displayed)  3: Good (Frequently Displayed)  
4: Very Good (Typically Displayed)  5: Excellent (Almost Always Displayed)  NA: Not applicable