



INSTITUTE FOR THE
PSYCHOLOGICAL SCIENCES

Doctor of Psychology (PsyD) Program Training Handbook

2023-2024

TABLE OF CONTENTS

Doctor of Psychology (PsyD) Program Training Handbook	5
Forward	5
IPS Vision	5
IPS Mission	5
PROGRAM AND TRAINING OVERVIEW	6
I. PsyD Program Overview	6
I.A. PsyD Program Competencies	7
I.B. APA-Required Competencies	7
I.B.1. Ethical and Legal Standards (p. 16)	8
I.B.2. Individual and Cultural Diversity (p. 17)	8
I.B.3. Professional Values and Attitudes (Professionalism) (pp. 17-18)	9
I.B.4. Communication and Interpersonal Skills (p. 18)	9
I.B.5. Assessment (p. 18-19)	10
I.B.6. Intervention (p. 19)	10
I.B.7. Supervision (pp. 19-20)	11
I.B.8. Consultation and Interprofessional/Interdisciplinary Skills (pp. 20)	11
I.B.9. Research (through the integration of science and practice) (p. 16)	11
II. Organizational Structure	12
II.A. IPS Faculty Roles	12
II.B. Supervisor Roles	13
CLINICAL TRAINING	13
III. Expectations & Competencies	13
III.A. Professional Conduct	14
III.A.1. Professionalism Ratings	15
III.A.2. Punctuality, Responsibility, Ethics and Professionalism	15
III.A.3. Care of Clients	15
III.A.4. Activities relating to Mental Health outside IPS	16
III.A.5. Social media use	17
III.A.6. Complete all administrative requirements	18
III.A.7. Supervision	18
III.A.8. Communication	18
III.A.9. Appropriate Professional Titles & Signature Lines	19
IV. Clinical Training Sequence	19
IV.1 Students Out of Sequence	20
IV.A. Clinical Predoctoral Practicum Placements	20
IV.A.1 Clinical Hours Requirements	20

IV.A.2. Introductory Clinical Experience (IPS Center)	22
IV.A.2.a. IPS Center Repeat Policy	22
IV.A.3. Intermediate Clinical Experience	23
IV.A.4. Advanced Clinical Experience	23
IV.A.5. Additional Practicum & Summer Placements	23
IV.B. Specific Clinical Training Guidelines	24
IV.B.1. Gaining and Recording Clinical Hours	24
IV.B.2. Application Process for Intermediate and Advanced Clinical Placement	26
IV.B.3. Conditions to apply during Practicum Placement (IPS Center or External Site)	32
IV.B.4. Conduct at Practicum Sites	34
IV.B.4.a. Navigating changes & difficulties during the course of a placement	34
C. Clinical Training Documentation	34
IV.C.1. Documentation Due Dates	35
IV.C.2. Tk20 Documentation Submission	37
IV.C.3. Licensure Application Support:	38
D. Pre-doctoral Clinical Internship/Residency	38
IV.D.1. Preparation For Pre-Doctoral Internship:	38
IV.D.2. Official Request for Approval to Apply for Internship Training:	40
IV.D.3. Applying to an Internship Site:	40
IV.D.4. Specific Requirements to begin Pre-Doctoral Internship training:	43
IV.D.5. Pre-doctoral Internship Evaluation:	43
E. Introduction to Supervision	43
IV.E.1. Supervision Hours Requirement.	43
IV.E.2. Overview of Supervision.	44
IV.E.3. Styles of Supervision.	44
IV.E.4. Context for Supervision.	44
IV.E.5. Dual Relationships with Supervisors:	45
IV.E.6. Telesupervision Policy:	45
V. Academic Clinical Experience	46
V.A. Clinical Skills Ratings	46
V.B. Comprehensive Examination Process***	46
V.C. Graduation Requirements	49
VI. Remediation	50
VI.A. Remediation Policy	50
VI.A.1. Remediation Status & Internship Eligibility	51
VI.B. Remediation Tiers	51
VI.B.1. Tier 1: Verbal Notification (VN)	51
VI.B.2. Tier 2: Personal Performance Improvement Plan (PPIP)	52
VI.B.3. Tier 3: Formal Performance Improvement Plan (FPIP)	52
VI.B.4. Tier 4: Corrective Action Plan (CAP)	53

VI.B.5. Tier 5: Clinically-at-Risk (CR)	53
VI.C. "At-Risk"	54
VI.D. Dismissal from the Program	54
V. References	55
VI. Appendices	56
Appendix A: Waiver of Liability	57
Appendix B: Student Ethical Agreement	58
Appendix C: Evaluation of Students' Clinical Skills	59
Appendix D: Student Evaluation of Practicum Site	62
Appendix E: IPS Center Evaluation of Extern	64
Appendix E: Clinical Site Evaluation of Extern	67
Appendix E: Clinical Site Evaluation of Intern	70
Appendix F: Student Evaluation of Site Supervisor(s)	73
Appendix G: External Practicum Agreement	75
Appendix G: IPS Center Practicum Agreement	83
Appendix H: Articles about Pre-Doctoral Internship	90
Appendix I: Request for Clearance to Apply for Pre-Doctoral Internship	92
Appendix J: Affidavit of Handbook Review	95
Appendix K: PsyD Program Clearance for Comprehensive Exam: Clinical Competencies	96
Appendix M: PsyD Program Comprehensive Exam Scoring Summary Form Component; PsyD-II: Case Presentation (Oral)	97
Appendix N: PsyD Student Professional Associations and Activities	99
Appendix O: PsyD Supervisor Information Form	100
Appendix P: Remediation Form: Personal Performance Improvement Plan Template	101
Appendix Q: Remediation Form: Tiers 3-5 Template	102
Appendix R: Faculty Rating of Students' Professionalism	103
Appendix S: Student Proposal to go Out-of-sequence and Affidavit of Responsibility	106
Appendix T: Pre-Doctoral Internship Application Process	108
Appendix U: Psy.D. Curriculum - 2022-2023 Required Progressive Sequence	112

Doctor of Psychology (PsyD) Program Training Handbook

Forward

IPS Vision

The Institute for the Psychological Sciences will be an international center for scholarship and professional training dedicated to the development of a psychology grounded in an integral Catholic-Christian view of the human person. Maintaining the highest academic standards, it will educate new generations of psychologists as well as professionals in psychology-related fields and open new areas of research for psychological theories that explore the relationship of psychology and the Catholic-Christian understanding of the human person.

IPS Mission

The Institute for the Psychological Sciences is an institution of higher education offering Master's and Doctoral degrees. It is affiliated with the Legionaries of Christ. The Institute is dedicated to the renewal of the Catholic Christian intellectual tradition and the integration of the theoretical and empirical bases of psychology and a Catholic view of the human person. The Institute seeks to provide students an effective academic and educational environment that supports the integration of the psychological sciences and a Catholic understanding of the person through teaching and learning both knowledge and necessary clinical skills. It assists students intellectually and professionally as they prepare themselves to respond to their vocation as mental health or helping professionals. The Institute's mission also involves dialogue about its integrative approach with practitioners and scholars, nationally and internationally.

PROGRAM AND TRAINING OVERVIEW

This handbook provides an overview of the clinical skills, procedures, practicum, and internship requirements and opportunities available to students in the Doctor of Psychology (PsyD) Degree Program at the Institute for the Psychological Sciences (IPS or the Institute). This document is adjunct to other program and institutional publications such as the *PsyD Catalog* and *Divine Mercy University Student Handbook*. **All students are responsible for reading and becoming familiar with the requirements of the PsyD program outlined in this handbook.** This document is subject to ongoing review and revisions and students will receive updates as issued. Students are bound by the most recent policies and procedures of the IPS and DMU. It is important for students to read and consider the handbook as a whole rather than isolate certain passages: information of relevance to a certain issue may be given in different sections of the handbook. Students must familiarize themselves with the entire handbook and refer back to it throughout their time in the PsyD program.

I. PsyD Program Overview

The PsyD Program is designed to provide students with a coordinated, progressive and logical sequence of clinical training to facilitate their development as emerging professionals. The training program is aimed at fostering specific clinical competencies. A number of these competencies are achieved in the context of formal coursework. Many others are developed through carefully supervised clinical experiences. The clinical training sequence is a planned course of study incorporating didactic and supervised experiential training. In order to ensure that students are adequately formed in their clinical and professionalism skills, in addition to clinical coursework, students are required to complete a minimum of 1,500 hours of clinical practicum/externship as well as a 2000 hour pre-doctoral internship. The initial year of practicum training occurs in the IPS Center for the Psychological Services (IPS Center) and additional training occurs in off-site externship clinical settings. At the IPS Center, supervision is provided by on-site supervisors, who provide regular feedback to the student regarding their progress.

Admission to, and progression through, the clinical practicum/externship is in part contingent upon satisfactory academic progress and successful completion of all program requirements, including each practica/externship training placement as outlined in the Catalog section: Demonstration of Competencies Related to Psy.D. Program Goals and Objectives, and in later sections of this handbook.

Practicum course training is facilitated by supervision provided at training sites, combined with seminars instructed by IPS faculty. While site supervisors retain primary legal responsibility for the student's supervision and caseload, the practicum seminar courses extend this training and facilitate extensive exploration of integration issues.

Clinical and academic training culminates in the final year of the program, where students complete a 2000 hour pre-doctoral internship. Internship training is typically a full-time on site placement where students receive supervision, training, and didactics relevant to their clinical work and professional development.

The doctoral program is based on a *practitioner-scholar model*. As such, a substantial amount of students' time will be spent applying/refining psychological knowledge and skills in clinical contexts. The PsyD Program is designed to produce competent practitioners of clinical psychology who are poised to continually enhance their practice with ongoing developments in the field.

A key distinction in the program at IPS is the fact that all instruction occurs within the Catholic Christian worldview. The IPS's Christian commitment brings with it additional implications for clinical training. First, the religious context is viewed as a '*value-added*' component of clinical training. Students do not receive a weakened or compromised professional training because of the religious component of the program. Second, students are expected to go beyond the field's minimal ethical standards and function in a manner consistent with Christian ethical principles. Finally, students are required to become proficient in integrating a Catholic Christian perspective in all of their professional work.

I.A. PsyD Program Competencies

Graduation with a degree in clinical psychology requires more than adequate grades and scholarly ability. Students must reach adequate levels of competency in psychological assessment and psychotherapy, and possess the ability to exercise good clinical judgment, ethical reasoning, respect for diversity, and professionalism. It is the solemn responsibility of IPS to serve as a gatekeeper for the profession and to ensure that students are suitable.

The Psy.D. competencies measure student attainment of the program's goals and objectives required to earn the Psy.D. degree. Each Psy.D. student is required to achieve, progress, and retain these competencies to graduate from the program. Further, each student is expected to demonstrate continuous and progressive proficiency in the wide variety of competencies as they respond to increasingly complex situations with a greater degree of independence across all levels of their education and training.

The progressive achievement of these competencies are assessed throughout all years of the program. A wide variety of methodologies for assessing student competencies are utilized including: clinical rating scales in clinical courses, evaluation of course related assignments, evaluations from practicum placements and internship supervisors, the PsyD comprehensive exam, and ratings made through the dissertation process.

For more information, see the PsyD Program Catalog.

I.B. APA-Required Competencies

The information in the following table is taken directly from APA's [Committee on Accreditation Implementing Regulations \(IR\), Section C: IRs Related to the Standards of Accreditation Part 8: Profession-Wide Competencies](#) included below.

C-8 D Profession-Wide Competencies (Commission on Accreditation, October 2015; draft revised for public comment, November 2016; revised July 2017)

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). (p. 15)

I.B.1. Ethical and Legal Standards (p. 16)

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees at all levels are expected to demonstrate competency in each of the following areas:

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

I.B.2. Individual and Cultural Diversity (p. 17)

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

Trainees at all levels are expected to 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;
- 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;
- 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.

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Trainees are expected to:

Doctoral students:

- 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.

Interns:

- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

I.B.3. Professional Values and Attitudes (Professionalism) (pp. 17-18)

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Doctoral students and Interns are expected to:

- 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.
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

I.B.4. Communication and Interpersonal Skills (p. 18)

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies.

Doctoral students and interns are expected to:

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

I.B.5. Assessment (p. 18-19)

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

Doctoral students and Interns are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- 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.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- 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.

I.B.6. Intervention (p. 19)

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, an organization, a community, a population or other systems.

Doctoral students and Interns are expected to demonstrate the ability to:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,

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

I.B.7. Supervision (pp. 19-20)

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.

Trainees are expected to:

Doctoral students:

- Demonstrate knowledge of supervision models and practices.

Interns:

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

I.B.8. Consultation and Interprofessional/Interdisciplinary Skills (pp. 20)

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.

Trainees are expected to:

Doctoral students and Interns:

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

Doctoral students:

- Demonstrates knowledge of consultation models and practices.

Interns:

- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

I.B.9. Research (through the integration of science and practice) (p. 16)

Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices.

Trainees are expected to:

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of

sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.

- Conduct research or other scholarly activities.
- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

(American Psychological Association, 2020, January 15, pp. 15-20).

II. Organizational Structure

II.A. IPS Faculty Roles

The **Dean of the Institute for Psychological Sciences (IPS Dean)** and **Director of the PsyD Program (PsyD Director)** is responsible for the effectiveness of the academic program and its programs goals and objectives, and student learning outcomes. These include oversight for the academic, budget, faculty, policies and procedures, and academic appeals.

The **Assistant Director of the PsyD Program** assists the PsyD Director in the oversight of the program focusing on its curriculum, policies and procedures, and APA requirements as well as student support for students progress through the program.

The **Director of Clinical Training (DCT)** has responsibility and authority for the continued development, implementation, and oversight of the clinical training sequence in the PsyD Program as delegated by the Director of the PsyD Program. The DCT maintains information about students' clinical skill development, reflected through practicum evaluations and other coursework measures of development of clinical skills. The DCT is the primary liaison with practicum and internship agencies. Other duties include approving students' practicum arrangements; serving as a consultant to students and faculty on practicum and internship matters; maintaining practicum and internship information resources; developing and disseminating all policies and procedures that apply to practicum placements and internships; and interpreting/applying those policies to specific cases.

The **Assistant Director of Clinical Training (DCT)** works hand in hand with the Director of Clinical Training in the continued development, implementation, and oversight of the clinical training sequence in the PsyD Program as delegated by the Director of the PsyD Program.

The **Director of the IPS Center for Psychological Services (IPS Center)** is responsible for and oversees the operation and development of the IPS Center (Training Clinic) in collaboration with the Training Director of the IPS Center.

The **Training Director of the IPS Center** has responsibility and authority for the continued development, implementation, and oversight of the clinical training sequence in the IPS Center as delegated by the Director of the PsyD Program and in collaboration with the Director of the IPS Center. The Training Director coordinates the supervision of all practicum students functioning in the Center and serves as a liaison with the **Clinical Faculty and Training Supervisors** for the purposes of identifying appropriate cases for coursework and maintaining quality supervision.

The **Assistant Director of the IPS Center** is responsible for assisting the Director of the IPS Center with the operation and development of the IPS Center and the Training Director of the IPS Center with the implementation, management, and development of the training program

Clinical Faculty is the term used for a member of the IPS faculty who provides consultation and oversight at the Institute level as the instructor of a clinical practicum class. Ordinarily, the faculty member is not privy to identifying information about clients seen by students at their practicum sites. Consequently, the site supervisor retains primary responsibility for student supervision. The clinical faculty promotes and monitors student skill development throughout the year and conveys information about this to the DCT.

II.B. Supervisor Roles

The **Site Supervisor** provides overall supervision at the practicum site and may delegate other site personnel to work with the student. The site supervisor will typically be a licensed clinical psychologist, and may at times be a faculty member of IPS (in such cases, students should clarify at the beginning of a clinical experience the role of the supervisor/faculty).

However, there may be situations where supervision by another mental health professional occurs. Such arrangements are acceptable providing the following conditions are met:

1. The student does not perform services that are outside of the mental health professional's scope of practice (e.g., a psychiatrist or social worker supervising psychological testing would not be appropriate).
2. The student is obtaining supervised clinical experience in an area contained within the scope of practice for clinical psychology.
3. The supervisor must be a licensed mental health professional or a clinical psychologist under the supervision of a licensed clinical psychologist (e.g. a post-doctoral resident).
4. The student receives approval from the DCT office.

CLINICAL TRAINING

III. Expectations & Competencies

When undergoing clinical training it is important for students to recognize that they are setting out to join a profession which is demanding, personally as well as professionally. To be a clinical psychologist requires knowledge and technique, and the attainment of clinical competencies described in this handbook. Yet good clinical practice also requires - even presupposes - a high degree of self awareness, self regulation and the capacity to relate effectively with others in a wide range of challenging situations. Important virtues and attributes underlying success in clinical training might include humility, openness to learning, resilience, grit, tact, flexibility, articulacy, organizational skills, compassion, a capacity to

think broadly and insightfully outside of one's own perspective and a high degree of personal maturity and integrity.

Thus, to prepare to work as a clinical psychologist is a complex process - in which formal clinical training plays a vital role, though so does the character, approach, and attitudes of the trainee. Not everyone is suitable to be a clinical psychologist or for the apprenticeship type role necessitated by formal clinical training: acceptance into the PsyD program does not guarantee success.

It is the responsibility of students to work constructively with clinical faculty and supervisors so that each student may maximize the possibilities for their development. It is also the responsibility of students to seek to work on themselves to cultivate and develop the required virtues and attributes which underlie the process of training and indeed subsequent good clinical practice. This may at times prove uncomfortable, learning new skills and knowledge and confronting substantial personal challenges. There is the potential for difficulty and distress; but also personal and professional growth and development.

Clinical training involves realizing clear goals and competencies - and the context and setting for them is qualitatively a relational and human one. Assessment will occur in a progressive fashion with clear expectations and standards being set and more being expected of students as they pass through the training program. The DCT, will then write the clinical reference which assesses a student's level of competency in their Internship application. Students should attend carefully to the expectations outlined in this section.

The foundation for all progress in training is an ability first of all to understand and accept the limitations, demands, and responsibilities of the endeavor. It is in such a spirit that the Clinical Training Handbook should be read - with the desire to engage respectfully and enthusiastically in a complex process of growth and development in which the requirements and information set out in this handbook play a crucial part.

III.A. Professional Conduct

Throughout their clinical experiences, students are expected to conduct themselves in a professional manner which reflects well on the Institute's commitment to treat all people with dignity and respect. Students must learn to embrace new learning and change in their clinical experience, while simultaneously taking high levels of academic credits - and do so while maintaining their equilibrium and good judgment. Working under stress, and learning to regulate that in healthy ways, should become the new norm.

It is common for beginning students to feel uneasy about assuming real world clinical responsibilities. Students are not expected to start their practicum experience already proficient in professional competencies. They should, however, take their clinical responsibilities seriously, operating under appropriate supervision in a teachable, self-aware manner. Students will be assessed not only on their clinical work but how they conduct themselves in clinical settings, manage application and

administrative procedures and maintain relationships with clinical staff and faculty across multiple sites and contexts.

III.A.1. Professionalism Ratings

Professionalism is a required competency for each student in the program and is formally evaluated each semester by supervisors and measured in courses throughout the program (See Appendix E & Appendix R). Professionalism ratings below '3 - Functional Proficiency' may adversely affect academic standing and progress through the program.

III.A.2. Punctuality, Responsibility, Ethics and Professionalism

As a psychologist there is a high degree of responsibility inherent to the profession, therefore it is expected that students function on an appropriate professional level at all times. It is necessary for students to comply with direction from supervisors and clinic staff in an open and honest manner. A high degree of collegiality is necessary to work with fellow trainees and clinical staff in an optimal and respectful fashion. Students are expected to develop good organizational, timeliness, self assessment, self regulation, and self care strategies. Personal therapy and developing support networks may often be helpful features. Students should be open with their supervisors and training staff where they are having problems implementing adequate professional standards of behavior and seek help to develop a plan to realize appropriate remedies.

III.A.3. Care of Clients

Of special concern is the maintenance of ethical behavior: nowhere is this more important than in care of clients. Clients should not be discussed casually or at inappropriate times. Confidential records should be handled with great care and the privacy of clients always carefully protected. Adherence to the principles and ethical standards of the American Psychological Association (APA) is necessary. This document may be obtained from the APA website at: www.apa.org.

The general guiding principle is that students practice in a competent manner that does "no harm" to clients. **By embarking on a doctoral degree program in clinical psychology, one accepts the restrictions this places on individual freedoms in the service of client care.** When accepting a client into one's caseload, the student is making a commitment to that individual which goes beyond mere contractual obligations. Due to the nature of therapeutic relationships, the intimate details of lives that are often shared, and the inherent vulnerability and difference in power within the relationship, it is incumbent upon the student-therapist to consider the client's welfare in many contexts. These considerations and appropriate steps are consistent with those taken by professionals in the field at all levels of training and practice. This means that students must:

- a. request additional supervision if needed
- b. be self-aware and open about their own limitations
- c. expeditiously inform the site supervisor of significant problems with cases or client emergencies
- d. seek adjunctive training as needed beyond that which may be provided in the formal structure of the program. This may take the form of additional reading, consultation, or attendance at training seminars.

The following examples of the type of situations that a student might confront are offered for consideration; however, note that many unique circumstances may arise in particular cases [the student should always consult the supervisor when the correct action is uncertain]:

- The student-therapist is responsible for ensuring continuity of care with their clients. This will require careful planning (including adequate notice periods) of vacations or other trips during which the student will be unavailable to the client. There may be circumstances that it may not be possible to take a break when preferred from clinical training and client care (e.g. during a university term at a counseling center or with high risk clients). Trainees need site supervisor approval prior to scheduling or taking any form of leave.
- Many clients may choose to seek therapy from students of the IPS because of the Institute's unique mission. This may present challenges in the ethical context of *dual relationships* because of common social or religious activities attended simultaneously with the student's public identity as a 'clinical psychology student'. It is the student's obligation to ensure that no client is placed in an awkward or inappropriate position by social interactions which may occur out of the context of therapy. This may involve absenting themselves from activities or contexts in their life outside of the school.
- It is a challenge to understand what it means to have a public identity as a clinical psychology student. It might be tempting to talk openly about one's general experiences of therapy and impressions of clinical work in a social context to friends or in a small community or online (see section on Social Media Use). Yet, rarely does one fully understand the circumstances of those being addressed and the potential sensitivities there may be around mental health. Comments may be taken with authority when not intended or they may be misunderstood or even communicated directly back to clients. If for instance a student light heartedly spoke disparagingly of therapy at a social gathering, there is a risk of harm to people who hear this who are considering or already in therapy with another provider at the IPS Center or elsewhere. The reputations of students - and the clinics and schools they are associated with - and the well being of the public may be harmed. It is necessary to recognize the responsibility of a public identity and exercise considerable care, and often simply avoid discussing one's professional activities in social contexts.

III.A.4. Activities relating to Mental Health outside IPS

Students should not undertake clinical work or work connected to mental health - such as outreach projects, consultation, supervision, psychotherapy, assessment, clinical presentations, teaching in the area of psychology - outside of an agreed externship or internship or direct and explicit supervision by an IPS faculty member. Within an externship or internship, students should see clients only on the premises of the agency [or an agency-approved site] and only during regularly established agency client hours.

Despite the inconvenience this may cause, it is unethical and often even illegal for a student to engage in clinical activities outside of a recognized supervised externship or the scheduled hours of operations at a clinic, while in graduate school. Any students who hold an independent mental health license must inform the DCT Office at the outset of their time in the program or at the time of licensure (if this occurs after enrollment in the program) if they wish to undertake any independent clinical work while in the program. In keeping with APA Ethic code, students should not represent their status/enrollment in the

PsyD program as a qualification or evidence of expertise as part of their work under the separate mental health license (e.g. in a biography on a practice website, to their patients/clients, etc). Moreover, students must notify all practicum/internship supervisors and training directors of their independent mental health license and discuss the appropriate limits of their roles. Students are strongly encouraged to consult with their licensing board and professional liability insurance providers (both for their separate license and for their work as a doctoral student) for additional guidance and clarification. Similar considerations and potential limitations to training may occur for those paneled with insurance providers under their separate independent mental health license.

All students should abide by IPS policy concerning publications, postings, interviews and presentations in a public or semi-public setting in relation to the mental health field or Divine Mercy University, gaining permission from the Program Director prior to engaging in any such activity (See DMU Catalog).

It is important in developing a long term career trajectory and successful internship application, to build up a full and impressive CV through appropriate professional activities and networking. Opportunities for this are often offered outside Divine Mercy University. Examples might include taking part in external clinical research projects, giving academic presentations at conferences, writing for psychology journals or publications, engaging in additional clinical 'Continuing Education' training at outside organizations, and becoming active in professional associations.

In such circumstances, students should consult the Program Director well in advance of committing to any such activity. It may be that supervision, permission or oversight by a faculty member can facilitate the activity - but no student should assume that permission will be forthcoming. Students should exercise caution and if in doubt consult the DCT office as to the correct procedures.

III.A.5. Social media use

Students are required to exercise particular prudence with regard to online presence and social media use in two respects:

1. The policy above on public or semi-public comment connected to mental health applies to online presence.
2. In light of their public role as a student psychologist, students are required to consider the APA Ethics Code in connection with personal internet use and social media. It is necessary to pay special attention to the principles of beneficence, non-maleficence, and integrity and the sections on privacy, confidentiality, multiple relationships, and therapy.

It is important to be conscious that anything posted online is potentially public and may be seen by clients or those who may know them. Facebook, Twitter, Instagram, YouTube, Tiktok, Yelp (and other ratings websites), Reddit, dating websites, and chat rooms are particularly problematic. Even if precautions are taken to restrict access, students should be aware that others may repost or report their personal information, images and other material. It should also be acknowledged that it is not routinely possible to confirm or know the identity of other users of online platforms.

Some self disclosure online is almost inevitable, though there are some precautions it is necessary to take. These include but are not limited to:

1. Students should consult with their supervisors to set firm boundaries with their clients in Informed Consent proceedings concerning social media use. It is common to make a mutual commitment routinely not to access personal information or engage in processes of online ratings about mental health services. It is good practice to discuss strategies to address any inadvertent boundary violations which might occur.
2. Students are advised to minimize needless identifiable online presence, and/or restrict access to personal information whenever possible. They should routinely consider when thinking of posting material, how this content might be used or misunderstood by clients and conceivably how it might distort and interfere with therapy.
3. Students should never 'friend' or accept being 'friended' by a client online.
4. Students should exercise caution regarding self disclosure to other online users unless sure of their identity
5. If students are unsure how to proceed or become aware of an online multiple relationship or boundary violation they should consult their supervisor in the first instance and take matters to their academic advisor or DCT if unsure how to proceed.

III.A.6. Complete all administrative requirements

As professionals in training, students are responsible for organizing, completing, and submitting their administrative tasks in a timely and cooperative manner. Included in administrative professionalism is prompt communication about areas of confusion, difficulty, or causes for delay.

Examples of administrative duties are not limited to but include:

- a. Completing client records in a timely and professional manner
- b. Submitting all required practicum documentation, as outlined below, along with any additional documentation
- c. Maintaining personal copies of practicum documentation (Appendices, signed record of training hours, etc - only documents which do not contain identifiable client information)
- d. Being available for required work hours.
- e. Feedback from students regarding agencies and supervisory experiences is necessary and encouraged at all times. This information is vital to the IPS's efforts at building and maintaining the highest quality of clinical training. It is important that students be honest and open in their feedback. In addition, the IPS encourages open and frank discussion between its students and their supervisors.

III.A.7. Supervision

Students operate clinically under the license of their supervisor. They should act with respect given the trust being shown in them. Students are required to prepare for supervision, bringing questions and material connected to their recent sessions or issues. They are required to be open concerning their progress and development - particularly when they are encountering difficulties. Students should also be open with their supervisor about their experience of the client and all details which may be relevant. They must inform the supervisor (and Clinic Director or on duty supervisor) immediately of any risk

management issues. Students must implement what the supervisor requests of them in an honest way. Should problems develop in the student- supervisor relationship which are not easily resolved using good communication skills, students should consult the DCT office. See the Supervision section below for further details.

III.A.8. Communication

As part of their academic and clinical work, students are responsible for communicating with a wide variety of professionals, including supervisors, faculty members, potential training sites, and staff members. In all such communication, students are expected to engage in a respectful, timely, and responsible manner. Included in professional communication is gracious awareness and at times acknowledgement of other's time and efforts on behalf of the student. This awareness should also take the form of reviewing relevant materials and consulting other resources (e.g. Orientation slides, personal notes, asking peers, etc.) to find answers to questions as a first step.

A significant amount of communication occurs over email. In light of this, it is incumbent on students to familiarize themselves with appropriate email etiquette at the professional level.

III.A.9 Appropriate Professional Titles & Signature Lines

Students have the ethical and professional obligation to describe their academic and clinical roles accurately and appropriately. This includes when speaking with others as well as in email signature lines.

Doctoral Student - 1st year on until completion of dissertation proposal AND comprehensive exams
PsyD Candidate - After successful completion of dissertation proposal AND comprehensive exams

Clinical Psychology Extern - Typically 2nd-4th year when in practicum training
Clinical Psychology Intern - Typically in 5th year when on internship training

Students should also be mindful to use appropriate professional titles when interacting with professors, staff, and training partners at practicum and internship sites, unless given other direction. For example, Dr. Jones, Dean Smith, Mr. Gonzales, Mrs. Robbins, etc.

IV. Clinical Training Sequence

The dedicated Clinical Training sequence involves a four-year program. It involves a planned, sequential and developmental progression building prescribed competencies. The primary mechanism is direct supervised experience of clinical work in clinical settings both internal and external to IPS. This is complemented by the acquisition of necessary skill and knowledge gained through the academic PsyD curriculum. The sequence introduces increased breadth as well as depth with on-going opportunities to gain supervised practice in a variety of areas of clinical practice.

Students generally begin their dedicated clinical training in their second year. It begins with a year-long training experience at the IPS Center for Psychological Services (i.e., PsyD-2) supervised generally by IPS clinical faculty. Students then go on in their third and fourth year of the PsyD program to obtain agreements with local outside agencies as additional practicum training. In order to be well prepared for

the rigors of internship training as well as to increase eligibility during internship applications, the predominant focus of practicum training should be on the provision of therapy with adjunctive training opportunities focusing on clinical assessment. Put another way, the program requires that students complete a minimum of two practicum placements focused on training in individual, group, or couples therapy. In light of this focus, students are required to seek approval from the DCT prior to accepting a year long practicum placement that offers only assessment training.

In addition to these practicum experiences, students are required to be enrolled in clinical practicum classes every time they take up an externship placement as part of the IPS curriculum. The practicum sequence parallels the practicum sequence such that the activities, structure, focus, and expectations regarding student participation in the practicum courses evolve as students progress in their training. These classes provide clinical consultation and discussion on relevant topics with a licensed clinical psychologist given from the perspective of the training models taught through the Institute. Topics covered in the practicum courses include: case conceptualization; professional development; knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities; ethical considerations and decision making; self-care; navigating professional issues at training sites; and the integration of a Catholic-Christian view of the person. If students are in clinical training between the Summer and Fall semesters, they will be given the opportunity for regular consultation with the DCT office to support their training needs.

Typically, in the fifth year of the PsyD program, clinical training culminates in the pre-doctoral internship. This final year of clinical training is a 2000 hour, full-time experience for which students apply upon completion of necessary program requirements. Internship applications are accepted at internship sites nationally and internationally (i.e., Canada). The process is a competitive one, and students are expected to be enrolled in a full-time clinical internship at a fully established and accredited site as prescribed below.

Progression through, the clinical practicum/externship is contingent upon satisfactory academic progress and successful completion of all program requirements, including training placements. Students should make sure to grasp two factors:

1. The completion of appropriate documentation for the DCT office, as detailed throughout this handbook is of vital importance to progress through the PsyD program. Without it, there is not the proof required to support the contention that clinical training has actually taken place - without which, graduation and, subsequently, licensure becomes highly problematic.
2. Early in clinical training, students must explore and begin to formulate long term career goals. These should guide the student in assembling evidence showing focus, motivation and the development of clinical skills in ways explicitly relevant to the kind of clinical sites where they wish to apply for internship. ***Students are strongly advised to consult their academic advisors, supervisors, and/or the DCT throughout their training on finding appropriate ways to facilitate a successful internship application and subsequent career path.***

Further details on documentation and preparing for internship are in the respective sections below.

IV.1 Students Out of Sequence

Requests for Exceptions to be made

As going “off-sequence” could be detrimental to a student successfully completing the PsyD program, students must complete an “Out-of-sequence Request Form” (see Appendix S), and agree to all conditions as stated. Students should refer to the policies in the PsyD Catalog under “PsyD Enrollment Status” and “PsyD Curriculum”.

See Appendix U for an overview of the PsyD Program Curriculum’s required, progressive course sequence.

IV.A. Clinical Predoctoral Practicum Placements

IV.A.1 Clinical Hours Requirements

The *pre-internship clinical experience*, ‘Practicum’ or ‘Externship’ requires a minimum of 1,500 total hours of supervised experience, which are typically obtained over three years of practicum/externship training. This requirement should equip students for advanced clinical training during internship, facilitate a competitive internship application, and meet the licensure requirements for pre-internship hours in most jurisdictions. However it is incumbent upon individual students to check that their training hours meet particular requirements of the state, territory or country where they intend to practice. The total hours requirements are broken up accordingly:

1. A minimum of 1500 hours of supervised professional experience is required of each student before they begin an Internship placement. Practicum start and end dates (and breaks for holidays etc) vary but if a student were to work for at least 40 weeks for each of their Practicum placements and attend 8 hours a week for the Introductory Practicum and 16 hours a week for the Intermediate and Advanced placements - $((8 \times 40) + (16 \times 40) + (16 \times 40) = 1600)$ this should be easily achieved.
 - a. If you consistently exceed 16 hours a week of practicum hours, you must consult with the DCT.
2. A minimum of 765 hours (a little more than half of the 1500) must be obtained from service-related activities, such as: psychotherapy, clinical interviews, psychological assessment, therapy note and report-writing, case presentations, and consultations. Of this figure at least **475 hours shall involve direct or ‘face to face’ patient/client contact.**
3. The remaining minimum of 735 hours (the remaining half of the 1500 approximately) must be obtained from supervision and other support hours such as reading clinical manuals and research to inform treatment, practicing assessment protocols, skills training, clinic meetings and administrative activities. Of this figure **a minimum of 150 hours shall involve direct individual supervision.**

Several factors are important to note. First, these figures are *minimums* for graduation - it is likely that many students will exceed them and this is recommended. Second, the PsyD program policy requires that students receive one hour of supervision for every four hours of client contact, each week; and at least one hour of individual supervision for every assessment battery. Students should note - and their supervisors are required to commit to this practice (See Appendix G) - that as client numbers rise so does the provision of supervision. Third, supervision must be provided by a doctoral level psychologist appropriately credentialed for the jurisdiction in which the program is located. Supervision can be

provided by doctoral interns or post-doctoral fellows in psychology, under the supervision of a psychologist appropriately credentialed for the jurisdiction.

A more detailed breakdown of types of hours - what distinguishes direct client contact, other service related activities and support hours - is given in the Gaining and Recording Clinical Hours Section below. Different types of supervision and consultation are also distinguished there. For the sake of clarity and convenience, the minimum requirements for the acquisition of hours are summarized in the table below:

Table: Minimum Hours Necessary to Fulfill Pre-Internship Supervised Experience Requirements

Program Year	Minimum Direct service-related client face-to-face (interviews, treatment, assessment)	Minimum of Other service-related (report-writing, case presentations, consultations)	Minimum Individual Supervision	Minimum of Other (support) estimates	Minimum Total
2nd year	75	50	20*	105	250
3rd year	200	120	65	240	625
4th year	200	120	65	240	625
Total	475	290	150*	585	1,500

**These supervision hours represent minimum requirements - weekly supervision throughout the year in the IPS Center during the Introductory Practicum ensures these levels are significantly higher. In all cases, individual supervision should always be 1 hour of supervision for every four hours of face to face direct service. Group supervision can be supplemented for a second hour of individual supervision at a rate 1 hour of group supervision for every two hours of face to face direct service. Put another way, students must always receive at least 1 hour of individual supervision per week.*

These requirements are based upon the American Psychological Association *Model Licensure Act* (2010), the Association of State and Provincial Psychology Boards (ASPPB) *Guidelines on Practicum Experience for Licensure* (2009) and the Virginia Administrative Code (18VAC125-20-65. Supervised Experience).

IV.A.2. Introductory Clinical Experience (IPS Center)

The requirement of 250 hours minimum of supervised professional experience for the Introductory Clinical Practicum which occurs in the second year of the program entails a year long placement of an average of 8 hours per week in the IPS Center for the Psychological Sciences. Students are encouraged to exceed the minimum required hours of experience whenever possible.

In addition to direct service hours, students will be expected to participate in didactics, meetings, projects, group work and in-service training as deemed appropriate and scheduled by the Center Training Director. These might consider such areas as the legal and ethical issues of practice, the practical issues of practice, case management or record keeping, as well as the administrative structure and functioning of clinical settings. There are no 'set days' of the week for this placement; students are expected to be available throughout the working week at the discretion of the Center Training Director.

IV.A.2.a. IPS Center Repeat Policy

Per the PsyD Program requirements, a student must receive 'satisfactory' ratings (at least of '3') on their Appendix E: Clinical Site Evaluation of Extern for successful completion of practicum training at the IPS Center. If a student receives a rating below a 3 on their Fall competency evaluation, their eligibility to apply for and accept externship training placements will be determined by the DCT, Training Director of IPS Center, and their individual supervisor. Along with this determination a remediation plan following the policies outlined for remediation in the PsyD Training Handbook will be developed.

A student may be determined to be provisionally eligible to participate in the local externship application process. In such cases, the student 's clinical competencies will be reevaluated approximately 2 weeks prior to formal acceptance of an externship offer (no earlier than mid-February). At the time of this reevaluation the student must receive satisfactory ratings on all domains in order to accept an externship training offer.

If a student is determined to be ineligible for external training and/or a student receives a rating below a 3 on their Spring or Summer competency evaluations, that student will be required to continue in the IPS Center in a pre-agreed capacity to remediate identified areas that are below satisfactory rating. In such cases, a plan will be developed to give the student the opportunity to remediate and demonstrate competency in the areas rated below a 3 so that they are able to achieve a passing grade for their training year at the IPS Center in accordance with the PsyD program's remediation policies.

IV.A.3. Intermediate Clinical Experience

The requirement of 625 hours of supervised professional experience for the Intermediate Clinical Practicum which occurs in the third year of the program entails a year-long placement of an average of 16 hours per week experience in off-site externship clinical settings. Students are expected to identify and secure placement at an externship site approved by the Director of Clinical Training. Details of this nature of this process are given below in the Specific Guidelines section.

IV.A.4. Advanced Clinical Experience

The requirement of 625 direct client contact hours of the advanced clinical externship is typically initiated in the Fall of the 4th academic year, and continues until the beginning of Internship training. The same conditions apply as given above for Intermediate Clinical Experience.

IV.A.5. Additional Practicum & Summer Placements

It has become more common for some students to seek out additional externships over the summer, at sites which offer short term placements to conduct assessments. This is in no way expected; though some students with no assessment experience or limited face to face hours may choose to broaden their experience and strengthen their CV.

If students intend to apply for a summer placement, it is necessary to receive approval from the DCT, who will work with the student to ensure this fits in with academic commitments and compliments their training progression. There is no formal application process such as exists for full academic year placements. Opportunities over the summer may be advertised via the Full Year DC Consortium list, via

email, or word of mouth. Students must upload an Appendix G and other documentation as directed (See documentation section for more information).

Students may undertake a third year of externship for one of three reasons: students are out of sequence and must complete remaining coursework before Internship, students need to remediate prior to Internship, students wish to gain additional clinical hours or experience before applying for Internship.

In cases where a student's clinical skills and experience are judged to be in need of improvement prior to the pre-doctoral internship, a student may be formally required to do an additional practicum during the program in order to augment his or her clinical abilities. In all cases, the decision and its consequences, based on the recommendations of the PsyD Program Director, student's academic advisor most familiar with the student's progress, the DCT (and in some cases, the student's direct supervisor), will effectively place the student under formal Remediation (see Remediation section below).

If taking an additional externship year outside of the normal training sequence, it is necessary to abide by all regulations and documentation relating to externship placements as detailed in this handbook. Please note all students on externship placements of any kind, over summer or during the full academic year, must register for and attend a Practicum class, in the year and required sequence. This applies even if the full sequence of pre-internship practicum placements (Introductory, Intermediate, Advanced) has already been completed. It also applies to students, out of sequence taking an additional externship year, who are on full year placements at an externship site who for whatever reason have their externship extended beyond the end of the spring semester. These students need to register for the Summer Term Practicum class.

IV.B. Specific Clinical Training Guidelines

IV.B.1. Gaining and Recording Clinical Hours

This section is in the process of being revised to capture procedures for Tevera. The revised version will be published once approved.

Students must work and account for every hour they spend on clinical placements. It is necessary, if they are to meet the hours requirement given above, that they work their full required hours - a minimum of 8 hours/16 hours a week depending on whether they are in their Introductory or Intermediate/Advanced Practicum. Should a student feel that they do not have enough work to do (they don't have many clients or projects despite requests for more) they are expected to use the time in 'Preparation' or 'Didactic' hours to serve and facilitate their clinical work (reading of clinical manuals or watching therapy videos or practice assessment procedures etc to prepare for and facilitate their placement). As part of their broader professional development, it is important for students to make this transition to developing self directed skill/knowledge acquisition pertinent to their clinical work. Clinical psychologists try to gain an in-depth understanding of multiple clinical subjects and this has no 'completion date': they update, research and develop constantly as a career long occupation to facilitate their clinical work.

Hours should be recorded on the '**Official PsyD Clinical Hours Tracking Form**', an Excel spreadsheet which will first be distributed to students during the Introductory Practicum and is available thereafter from the DCT office. Please ensure you are using the most current version: updates will be posted by

email. The purpose of the form is to provide necessary evidence that the hours occurred. Crucially it also gives students the level of detail needed to describe their clinical experience on the APPIC application form for Internship *and* on state licensing board application forms, should licensure be pursued. The procedure for Hours Tracking is as follows:

- a. **Annual Hours Tracking Forms:** One ‘Official PsyD Clinical Hours Tracking Form’ should be completed for each pre-internship clinical placement each year (the clinical year runs from August 15th each year until August 15th the following year). Thus if a student has a full year externship and also does a second separate summer assessment externship, each practicum placement has its own separate hours tracking form. If a student’s full year placement begins before August 15th for the following academic year, it is suggested that the student records these hours on the spreadsheet for the new academic year. There are sections for the Fall/Spring/Summer semesters and a tab for each month.

It is necessary for students to fill in the hours collected week by week for each month. The hours automatically fill in on a ‘Total Hours’ tab which provides a running summary of all hours completed at specific sites that year. Once the Total Hours tab for a specific semester has been printed and signed by the Supervisor (see point b below) further hours cannot be added for that semester. They must be added to the tab for the following semester (eg hours accrued in December after submission of a signed Total Hours sheet for the Fall should be added to the Spring tab)

The form requires that the hours acquired (8 or 16 hours minimum) be divided up according to type of work done (face to face therapy/supervision etc) and demographics of client populations seen etc. Please do not alter the excel spreadsheet, open it in non-Excel programs or alter the formulas in the spreadsheet as this may break its functions.

- b. **Supervisor Signature & Upload:** Each student should print off the ‘Total Hours’ tab and ask their supervisor to sign off on hours accumulated with them. This signed form should be uploaded in TK20 at the end of the Fall and Spring semesters and again in the summer when a student’s last practicum placement of the year ends or by August 10th at the latest. It is good practice also to upload a full copy of the Excel spreadsheet periodically, in case reference to a detailed account of the hours is needed at a later date. Uploading a full Excel sheet is for personal reference only; only the sheet signed by the supervisor is evidence of hours completed. As stated earlier in the handbook, students are strongly recommended to keep their own copies of all signed hours.
- c. **Multiple supervisors:** If a student has a supervisor for assessment and another for therapy at the same time at the same site, or the supervisor changes half way through the term, there are two options depending on the circumstances
 - It is acceptable to have only one overall supervisor or a Training Director sign off for all the hours if they are able to attest that the hours took place.

- Alternatively, two or more supervisors can sign the same hard copy of the form, indicating the type of hours they are each signing off on and the semester in which this work took place (boxes are provided for this on the form).
- d. **Need for accurate updated reporting:** only signed Total Hours pdfs posted at the end of each semester and the end of summer count as hours accrued. If there is no proof that hours were carried out they cannot be counted towards final totals for purposes of graduation requirements, internship applications, or licensure. Students with inadequate numbers of hours will be denied clearance to apply for internship. If there are queries about filling in the spreadsheet or this process please consult the DCT Office.
- e. **Official Clinical Hours Categories:** The categories listed on the ‘**Official PsyD Clinical Hours Tracking Form**’ have been carefully selected to reflect what is required for the APPIC internship process and to reflect what many states include on licensure application forms. Each hour accrued must be placed in a category. The hours categories descriptions listed below are included on the first sheet of the tracking form. Face to face does *not* include incidental contact with clients/patients outside of the specified therapy session. Telemental health and telesupervision have been included.

Please note, ‘observing’ another clinician providing clinical services is considered ‘Didactic’ when the student is not engaging or intervening in any way. If the student is also providing clinical interventions, these hours are considered ‘co-therapy’ or ‘co-led’ and can be recorded under the appropriate service hour category. Students should consult with their supervisor, who signs off on their hours, to clarify any confusion about how to record co-led or observational hours.

SERVICE HOURS: Time spent in providing clinical services

- Individual therapy (onsite): Providing/co-leading individual tx, all ages (if observing → record in Didactic)
- Individual therapy (telehealth): For use in 2020
- Group therapy: Providing/co-leading group tx, all types, all ages (observing only → Didactic)
- Group therapy (telehealth): For use in 2020.
- Family therapy: Providing/co-leading family tx, all types, all ages (observing only → Didactic)
- Family therapy (telehealth): For use in 2020.
- Couples therapy: Providing/co-leading couples therapy (observing only → Didactic)
- Couples therapy (telehealth): For use in 2020.
- Intake: Conducting intake/clin interview, all ages (for therapy cases only)
- Intake (telehealth): For use in 2020.
- Assessment/feedback: Clin interview (for assessment cases), collateral interviews, testing, feedback
- Assessment/feedback (telehealth): For use in 2020.
- Organizational: Providing organizational consultation or outreach (delivery of end product e.g. presentation)
- Organizational (telehealth): For use in 2020.

SERVICE-RELATED HOURS: Time spent in activities directly related to clinical services

- Note writing: Clinical writing (notes, treatment plan, discharge summary)
- Test scoring/interpret: Scoring and interpretation of psychological tests/measures
- Report writing: Psychological report writing
- Phone/case management: Case management activities (e.g., scheduling, finding referrals)
- Case presentation: Formal case presentation (by you) in seminars, didactic trainings, conferences (non-academic, not Prac or Clinical Classes)
- Consultation: Receiving case consultation from licensed professional (non-psychologist) (not in class or Prac)

SUPERVISION HOURS: Time spent receiving supervision from licensed psychologists

- Individual supervision (onsite): Receiving individual supervision from a licensed psychologist
- Individual supervision (telesupervision): For use in 2020.
- Group supervision: Receiving dyad/group supervision from a licensed psychologist
- Group supervision (telesupervision): For use in 2020.
- Intern/Post-doc supervision: Receiving individual supervision from an intern or post-doc supervised by a licensed psychologist
- Intern/Post-doc supervision (telesupervision): For use in 2020.

IV.B.2. Application Process for Intermediate and Advanced Clinical Placement

Towards the end of the Fall semester of the second and third years (and all years prior to the final pre-Internship year) students are expected to begin to prepare applications for a practicum placement or 'externship' which is external to IPS. In the DC metro area available practicum placement sites are principally to be found in the 'Greater Washington Clinical Psychology Programs Council (GWCPPC) Externship Guidelines'. George Mason University maintains a list of available sites, which all agree to abide by certain rules with regard to applications and maintaining high standards. Details are to be found at <https://psychpracticum.gmu.edu/council-guidelines/>

Students are required to abide by the following regulations:

- a. Number of Applications:** students should apply to a minimum of 8 sites exclusively from the GWCPPC though students are encouraged to apply to more than this - it is good to apply to a range of sites and maximize opportunities. Please note it is necessary to:
 - i. Keep explicit records (e-mails, application forms, covering letters, applications for references for that site) to show that you have made these applications. These may be requested by the DCT on demand.
 - ii. Post a list of proposed sites - and any subsequent amendments - in your TK20 file.
- b. Students should apply only to sites they are free to attend & which provide the hours & supervision required:** it is each student's responsibility to check that the sites they are applying to are suitable.
 - i. Although GWCPPC sites subscribe to a set of agreed standards, these may not be identical to the requirements outlined above for the Practicum. It is the responsibility of each student to check that sites where they are applying are prepared to provide the hours they need. Appendix G has a complete list of requirements.
 - ii. The majority of sites have mandatory training days (e.g., Wednesdays at Psychiatric Institute of Washington or Thursdays at American University Counseling Center). It is the responsibility of each student to apply only to those sites which offer training on days that do not conflict with the classes scheduled during the semester of their externship, including the required 700 and 800 level practicum courses (see below).

<u>Externship (Year)</u>	<u>Days of Scheduled Courses</u>	<u>Available Training Days</u>
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Intermediate PSY 700-level (3rd year)	Tuesday & Thursday	Monday, Wednesday, &/or Fridays
Advanced PSY 800-level (4th year)	Monday & Wednesday	Tuesday, Thursday, &/or Friday

Currently the courses that are offered in the typical course sequence at IPS for 3rd years are scheduled on Tuesday & Thursdays. This includes the 700 practicum courses. The courses that are offered in the typical course sequence for 4th year are scheduled on Monday and Wednesday. This includes the 800 practicum courses. **Students will not be allowed to take an externship whose mandatory training days conflict with their course schedule.**

Please note that for students who have approved plans for taking courses out of sequence it is necessary to plan applications carefully and check with the Registrar or Program Director concerning their intended course load and clinical training for the following academic year.

- c. **Sites outside the GWCPPC list:** There are some sites with which IPS has a relationship which are not included in the GWCPPC list. Some sites also randomly send out updates to the DC-area DCTs; and these updates may not be reflected on the GMU website. Updates regarding externship opportunities will be emailed to students by the DCT office. If students locate a site which is not in the GWCPPC list, written approval from the DCT Office is required prior to contacting the site or submitting an application. Permission is only given in exceptional circumstances.
- d. **Balanced and Pragmatic Applications.** Students are required to make balanced and strategically astute applications to externship sites. Two principles are important here. First it is necessary to optimize training experience by ensuring high quality experience is gained with a variety of different supervisors, client populations, and sites. This variety assists clinical development and provides options for internship. Second, the externship application process is highly competitive in this area. It is important to ensure that students secure an externship site - without this they cannot progress in the PsyD program. Students must take into account a number of factors:
 - i. Their clinical interests, long term career goals and the new areas of experience students wish to develop through externship training. It is good practice to consult with your academic advisor, the DCT office, and/or your supervisors about your plans.
 - ii. The value of consulting with students in the years above about their experiences and determining if the training at these sites fit with training goals.
 - iii. Applying to sites where there is a higher probability of acceptance
 - 1. Sites who have a high number of places to award (e.g. Childrens' Hospital, Family Services at Catholic Charities, etc.)
 - 2. Sites which have taken students from DMU before (talk to students in the year above)

3. Sites for which a student can put together a strong application given prior clinical experience, dissertation/research interests or academic strengths

Students should use these criteria to produce a balanced application – including a few ‘reach’ sites and many more sites where the chances of getting in may be higher. Although it is good to seek to develop new skills and remedy gaps in experience, sites should be avoided which would seem clearly unsuitable – for instance neuropsychology training sites if a student has no interest in biological sciences and failed cognitive assessment class.

It is not permissible effectively to restrict applications according to only one criteria – only one theoretical orientation, convenient geographical area, one type of site or population or one religious affiliation. Similarly it is not permitted, outside of exceptional circumstances, for a student to continue at a site at which they have already had an externship.

While it is appropriate for students to express preferences and seek out the best training, the realities of a highly competitive application process in the DC metro area and the need to secure broadly based experience, mean that some students may have to accept training which is not ideal and which may be stretching or difficult for them. Other possible difficulties include, that accepting a less than ideal training placement may involve several hours travel time or moving accommodation closer to the area of the clinic. Students must work within the regulations given here to secure training - otherwise they cannot progress in the PsyD program.

The Psy.D. program is responsible for providing students with a broad and general training, including theoretical orientations, secular and non-secular practicum experiences, and a diversity of client types (i.e., child, individual, marital, group), so that students are adequately and appropriately prepared as clinical psychologists. **Students’ practicum training sites must be approved by the program prior to the student committing to a practicum site.** If a site does not meet the program's training requirements, academic credit may not be awarded and graduation requirements may not be met, resulting in the student having to have additional practicum experiences to meet the broad and general requirements.

- e. **Consultation:** During the entire process of practicum site selection, students should regularly consult with the DCT and other resources [e.g., faculty, supervisors] as necessary about their progress and preferences. This is especially important if a requirement in this Handbook appears unclear.
- f. **Timeline for Application Process:** Students should demonstrate good organizational skills, diplomacy and professionalism in managing this process. It is often complicated by exams, travel, student and faculty obligations towards the end of the Fall term, the Christmas break, and preparations for the Spring term - this makes it all the more important for students to be on top of their preparations.
 - i. **DECEMBER**
 1. Re-read this Program Training Handbook, including Appendix G, the contract students and most Practicum sites will sign, detailing the nature of the training placement

2. Read and explore the website maintained by the George Mason University (GMU) DCT which contains descriptions of the great majority of externships and the regulations on applications: <http://psychpracticum.gmu.edu/externships/>. This website is updated in the early Spring, but students should begin familiarizing themselves with the sites listed as early as possible (much of the information remains the same year to year)
3. Prepare CVs and cover letters. Consult supervisors/academic advisors and/or the DCT office to review these materials.
4. Contact potential referees. Students should be prepared to provide referees with information if requested on the student's notable clinical achievements, interesting cases, learned techniques, their CV, interests and the kind of sites where they will apply.
 - a. If requesting a letter of reference from an IPS faculty member, students are required to include the following information as part of their initial request:
 - i. A copy of their updated CV.
 - ii. The courses taken from the faculty member and the grade earned in each course.
 - iii. If the faculty member is your dissertation chair or committee member, where you are in the process.
 - iv. If you have been the faculty member's Teaching Assistant, which semesters and for which classes.
 - v. The year you were at the IPS Center.
 - vi. If the faculty member was your supervisor, how long and what years, what kinds of clients, how many assessments, etc.
 - vii. Any leadership roles you have had at IPS and how long you were in them.
 - viii. Highlights from your CV including notable Presentations in Research Symposium, Awards, Scholarships, etc. that you have received during your time at IPS.
 - ix. Please state if there is a particular strength, experience, or skill that you have demonstrated or required in connection to the faculty member. Please provide details of this while maintaining any relevant confidentiality requirement, if applicable.
 - x. Your goals in the field of psychology.
 - xi. A list of sites, to whom the letter should be addressed including the person's full title, site name and address, and email.
 - xii. The deadline for the letters.
5. Recognize that supervisors and faculty are under no obligation to review a particular application or provide references - indeed they may judge that they are not the best person to do so. Be professional, flexible, courteous and appreciative at all times.

6. Note if a site requires transcripts: be **proactive** in requesting them from the Registrar. Please note the timelines indicated by the Registrar's Office. They may not be able to rush requests. Be professional and considerate.
7. It is a competitive process; it is vital for students to fully engage in the process. While the program places students in their introductory practicum, students are responsible for making timely applications to Intermediate and Advanced Practicum sites so that they will acquire a placement during the normal cycle. In the event a student fails to secure a placement, the student may be without a practicum for that year and be required to extend the time in the program by at least one year.

ii. JANUARY

1. Finalize CV and cover letters
2. Finalize site selection. **Each student is required to upload their list as well as an updated copy of their CV to Tevera ON OR BEFORE January 10th**, Any amendments to the list should also be uploaded in subsequent weeks with details of any changes.
3. Follow up with referees providing them with the details of all sites (be accurate with contact details!) where references are to be sent. As a guideline students should give their referees **a minimum of 14 business days** notice to create and send letters of recommendation
4. In mid to late January, complete and submit applications according to the indicated due dates of particular sites. Most are due in February (though it is important to check!) but it is best to apply 2 to 4 weeks in advance if possible. Some sites can cease to consider applications if they feel they have already found their new externs: do not leave it to the last minute. Send in the application **in the exact manner indicated**. If the application is required by email, do not mail a copy, and vice versa.
5. If clarification is needed about the nature of the application process or particular character of any specific site, the student should **ask the DCT first**. Only if further clarification is required, should students contact the site -- and then, be extremely professional and courteous in communications
6. Begin to prepare for interviews by reviewing anticipated questions. Consult with supervisors and faculty and practice with other students. In Practicum classes and/or in a separate meeting during January there will be discussion of (1) interviewing for an externship site placement and (2) understanding the application/offers procedures.

iii. FEBRUARY

1. If a site believes that there may be a match with a student, invitations will be sent out requesting that they attend for an interview.
2. Act professionally and courteously in all dealings with sites:

- a. Do not be late to the interview (if through emergency circumstances there is a delay, contact the site to explain and apologize and also do so upon arrival). Put another way, be sure to be early for all interviews.
 - b. Be appropriately dressed in business attire.
 - c. Be prepared having read about and researched the site and the kind of work which goes on there. Students should be able to talk about themselves both as clinicians and people in a relaxed manner. It is necessary to discuss clinical interests and experiences, to state why this is a good fit; and have relevant questions to ask (not already answered in the site's publicity materials).
3. If students have had a difficult experience or problems with a site, they should let the DCT know *immediately*. Be transparent - many difficulties can be resolved if addressed in a prompt and explicit manner.
 4. Write or e-mail a brief letter of thanks after attending an interview unless otherwise directed by the site in their instructions online or elsewhere.
 5. It is possible that students may be offered an externship by one or more sites directly after or even at the interview. It is important for students to state that the offer is very much appreciated but the DCT requires all students to consult with them before a response can be given. (See GWCPPC Guidelines for more information).

iv. **MARCH**

1. Reread the GWCPPC Guidelines. Because IPS is part of the GWCPPC, students must abide by the rules agreed to by all universities and sites in the GWCPPC guidelines. These can change every year - study them carefully. In brief, all offers should be responded to on 'Universal Acceptance Day' (commonly termed 'Call Day') which takes place generally in early to mid March.
2. Call Day can be a stressful day. Check the latest Call Day procedures on the GWCPPC Guidelines website prior to the day itself to ensure they are thoroughly understood. Once an offer has been accepted, it is necessary to fulfill this commitment short of extraordinary circumstances and with DCT permission.
3. Remember that all sites in the GWCPPC list have valuable experience to offer and that few students get all that they want during most application rounds. The DCT is available on Call Day to advise students as required.
4. As soon as Call Day is over you must contact the DCT Office formally at dct.ips@divinemercury.edu with details of what has occurred.
 - a. If you have accepted an offer send an email with the details (name, address, contact details for the Training Director at the site, proposed start/end date if known)
 - b. If you have not been placed, it may still be possible to find a site, particularly if you act quickly. Call the DCT or make an appointment immediately to develop a strategy and work on your application skills.
5. If a student fails to match with a site on Call Day, it is the student's responsibility to immediately identify alternative practicum sites and petition the program for

permission to apply to the sites to avoid lapses in practicum training. If the student is unable to identify, have it approved, and be accepted by the alternative site, the student may not have a practicum and be required to extend the time in the program by at least one year.

v. **APRIL**

1. Reread Appendix G in the Training Handbook. Students will need to sign a copy of this and ask the Training Director at the Externship Site to sign it. The student then obtains the DCT's signature prior to uploading the form onto their Tevera account as soon as is possible but always prior to the commencement of the placement. Students should inquire concerning any other contracts an external site wishes to propose at this stage (See Conditions of Practicum section and Due Dates for documents below).

IV.B.3. Conditions to apply during Practicum Placement (IPS Center or External Site)

a. **The Practicum Agreement (Appendix G)**

The Practicum Agreement is the contract signed by the student concerned, the Training Director at the external practicum site, and the DCT. This agreement states the specific and required training experiences as well as the objectives, activities, and responsibilities of each of the three parties. As with all practicum documentation it is the responsibility of the student to ensure that it is signed by them, the Training Director at their Practicum site, the DCT, and that a copy is uploaded onto the student's Tevera account *the semester before they are scheduled to begin*. This should occur on or before May 1st. **Students in their final pre-internship year:** should notice in particular the proposed start/end dates for their last externship placement which are recorded on Appendix G: if dates extend beyond the end of the Spring semester, they need to consult the DCT office ASAP.

When a practicum site has its own internal contract or agreement used as a matter of course for its training program, a student must submit this to the DCT office as soon as possible. The placement is not final until Appendix G, which forms the contract between DMU/IPS and the externship site, is completed. If the external site wishes to change terms in the contract please inform the DCT office as soon as possible with relevant details. The contract may need to be vetted by lawyers and the terms negotiated. If Appendix G or the external site's own contract is not signed and uploaded as required students may be withdrawn from the site and be unable to proceed.

- b. **Termination of Clinical Responsibilities Should Coincide with End of the Practicum:** With their supervisors' guidance and approval, students must manage their caseload and other clinical responsibilities, including a plan to terminate all client work by the end of the placement. Students must not abandon their clients or prematurely terminate therapy relationships but must instead ensure that an adequate transition to an alternative service provider occurs.

- c. **Compensation:** In some cases, students may be compensated for the work they perform while on practicum. In such cases, compensation should be in the form of a salary or stipend. A “percentage of fees” arrangement may **not** be used as the basis for compensation.
- d. **Property Rights** No client-related material should be taken from IPS, the IPS Center, externship or internship sites. No property or intellectual property including assessment materials or handbooks or teaching or didactic materials should be taken away from IPS, the IPS Center or externship sites unless permission is given in advance by the relevant authorities.
 - i. If a student wishes to develop a de-identified assessment report or a case summary, they must do so under supervision and receive their supervisor’s explicit permission to maintain a copy of this work. Supervisors are required to verify that the written work is thoroughly de-identified and appropriate for future use. Students are encouraged to maintain sample reports for the purpose of future practicum and internship applications.
- e. **Professional Liability Insurance:** The practice of psychology carries with it inherent liabilities, which the student acknowledges (see Appendix A). **All PsyD students are required to carry and continue to maintain professional liability insurance to recommended standards.** Students should ensure that the policy covers in class activities, such as role plays, etc. Students should note that professional liability insurance policy will generally only provide protection for the student while he or she is enrolled in the PsyD program and involved in required activities for clinical training. The policy does not cover the student while engaging in non-school related activities. Failure to comply with this requirement may result in removal from the site. Information on obtaining liability insurance is available from the DCT upon request.

IV.B.4. Conduct at Practicum Sites

The student has an ethical responsibility to fulfill contractual commitments unless relieved of them explicitly by the DCT and the practicum site. Students are expected to comply with the regulations at external sites and the IPS Center in a cooperative, respectful, and collegial manner and to attend meetings as requested. Training should be a priority - above and beyond personal convenience. See professionalism section above, Appendix G, and the Supervision Contract for more information about expectations and requirements.

IV.B.4.a. Navigating changes & difficulties during the course of a placement

Should difficulties occur and their resolution not be immediately and obviously possible with a student’s supervisor or training director, students are advised to consult the DCT. The DCT office can help the student consider whether their complaint has grounds and how best to find a way forward, which is respectful of legitimate training needs, student development, and the site’s role as a sponsoring training clinic and independent agency.

If a student is unwilling or unable to complete a practicum or seeks changes in the terms of the contract/agreement with the site, he or she must immediately notify the DCT. This must be done prior to any declarations to or discussions with the site. The student will not contract with a new practicum placement without the approval of the DCT.

It should be noted that unexpected transitions and terminations of placements often interfere with the progressive and cumulative nature of clinical training. Consequently, switching practice sites will generally *not* be approved unless serious reasons dictate the need for such changes. Often premature endings of a practicum means that no further clinical training will take place that year and a student may have to delay their progress through the PsyD program.

It is important to note that if students change supervisor or practicum site they will also need to fill in all attendant documentation to describe the change, such as Appendix G and Appendix O.

C. Clinical Training Documentation

Throughout the clinical training at IPS/DMU, students are required to submit and retain various key documents. Complete and timely submission of documentation is a requirement to progress through the program and apply for internship (see Appendix I).

Each student is given an account on a computer system termed Tk20 early in their career at IPS and given instruction to help them navigate the system. In order to assist the process of collection of documents, we have developed a tracking and retention system in Tk20 called “binders.”

Students will have access to Tk20 throughout their time at IPS. However direct access to Tk20 cannot be guaranteed post graduation. Students may need the information stored on TK20 to facilitate licensure and other professional applications. **It is advised that all students keep their own copies of the documents they submit to their Tk20 account - in particular their signed clinical hours.** The official file will remain accessible to the DCT office at IPS but the retrieval of information may incur significant delays and students are asked to minimize demands upon administrative staff post graduation.

It is the responsibility of each student to assemble the documentation required for clinical training and complete their Tk20 binders on time. This includes material dependent on the action of other people - for instance supervisors upload their evaluations (Appendix E), contracts with externship sites require the Training Director to sign and return the form to students to upload (Appendix G) or clearance for internship application requires signatures from multiple faculty members. As the documentation is being done to enable a particular student’s graduation, it is in the interests of that student, and their responsibility, to use their professional skills to ensure the process occurs.

Students are strongly advised to act early in arranging to meet deadlines and develop excellent planning, organizational, and communication skills. Students should note that faculty, training directors, and supervisors are often quite busy or may be out of the office, and a given student’s requirements may not be their first priority. Tact and planning on the part of the student are essential. If serious problems arise, after significant, sustained and careful application by students to secure the documents, the DCT should be consulted.

At the end of each semester audits will be taken by the DCT office of each account. Students who have failed to gain required uploads and forms in the way requested will be subject to remediation.

IV.C.1. Documentation Due Dates

The following chart lists due dates by academic semester. Please note that this chart is not comprehensive but serves as a quick reference guide. It should be read in the context of information given throughout this handbook. Some forms depend on events, instead of or as well as having a scheduled submission date - for instance Appendix O if supervisors should change. Students who are out of sequence should take particular care in using it.

First Year (no clinical placement)		
Fall Semester	Spring Semester	Summer Semester
<ul style="list-style-type: none"> • DUE Aug. 22: Appendix A: Waiver of Liability • DUE Aug. 22: Appendix B: Student Ethical Agreement • DUE Aug. 22: Appendix N: Professional Activities • DUE Aug. 22: Proof of Insurance • DUE Sept. 15: Appendix J: Affidavit Handbook Review 	<ul style="list-style-type: none"> • Due May 1: Appendix G: Signed Site Agreement for next years' IPS Center placement 	<ul style="list-style-type: none"> • none
Second Year:		
Fall Semester (PSY 601)	Spring Semester (PSY 602)	Summer Semester (PSY 603)
<ul style="list-style-type: none"> • DUE Aug. 22: Appendix A: Waiver of Liability • DUE Aug. 22: Appendix B: Student Ethical Agreement • DUE Aug. 22: Appendix J: Affidavit Handbook Review • DUE Aug. 22: Appendix N: Professional Activities • DUE Aug. 22: Proof of Insurance • DUE Aug. 22: Appendix O: PsyD Supervisor Information Form • DUE Dec. 1: Appendix D: Student Evaluation of Site • DUE Dec. 1: Appendix E: Site Evaluation of Student • DUE Dec. 1: Appendix: F: Student Evaluation of Supervisor • DUE Dec. 1: Official Signed Record of Clinical Hours 	<ul style="list-style-type: none"> • DUE Jan. 10: Upload list of externship sites to which you are applying • DUE May 1: Appendix D: Student Evaluation of Site • DUE May 1: Appendix E: Site Evaluation of Student • DUE May 1: Appendix: F: Student Evaluation of Supervisor • DUE May 1: Official Signed Record of Clinical Hours • Due May 1: Appendix G: Signed Site Agreement for next years' placement 	<p><i>The following applies to those continuing their Spring externship throughout summer and/or those in a summer-only externship:</i></p> <ul style="list-style-type: none"> • DUE June 10: Appendix G: Signed site agreement for summer-only placements • DUE Aug. 15: Appendix D: Student Evaluation of Site • DUE Aug. 15: Appendix E: Site Evaluation of Student • DUE Aug. 15: Appendix: F: Student Evaluation of Supervisor • DUE Aug. 15: Official Signed Record of Clinical Hours
Third Year:		
Fall Semester (PSY 701)	Spring Semester (PSY 702)	Summer Semester (PSY 703)
<ul style="list-style-type: none"> • DUE Aug. 22: Appendix A: Waiver of Liability 	<ul style="list-style-type: none"> • DUE Jan. 10: Upload list of externship sites to which 	<p><i>The following applies to those continuing their Spring externship</i></p>

<ul style="list-style-type: none"> • DUE Aug. 22: Appendix B: Student Ethical Agreement • DUE Aug. 22: Appendix J: Affidavit Handbook Review • DUE Aug. 22: Appendix N: Professional Activities • DUE Aug. 22: Proof of Insurance • DUE Aug. 22: Appendix O: PsyD Supervisor Information Form • DUE Dec. 1: Appendix D: Student Evaluation of Site • DUE Dec. 1: Appendix E: Site Evaluation of Student • DUE Dec. 1: Appendix: F: Student Evaluation of Supervisor • DUE Dec. 1: Official Signed Record of Clinical Hours 	<p>you are applying</p> <ul style="list-style-type: none"> • DUE April 30: Dissertation Proposal needs to have been defended by this date in order to apply for internship in the Fall semester • DUE May 1: Appendix D: Student Evaluation of Site • DUE May 1: Appendix E: Site Evaluation of Student • DUE May 1: Appendix: F: Student Evaluation of Supervisor • DUE May 1: Official Signed Record of Clinical Hours • Due May 1: Appendix G: Signed Site Agreement for next years' placement 	<p><i>throughout summer and/or those in a summer-only externship:</i></p> <ul style="list-style-type: none"> • DUE June10: Appendix G: Signed site agreement for summer-only placements • DUE Aug. 15: Appendix D: Student Evaluation of Site • DUE Aug. 15: Appendix E: Site Evaluation of Student • DUE Aug. 15: Appendix: F: Student Evaluation of Supervisor • DUE Aug. 15: Official Signed Record of Clinical Hours • <i>* APPIC Portal Opens July 15</i>
Fourth Year:		
Fall Semester (PSY 801)	Spring Semester (PSY 802)	Summer Semester (PSY 803)
<ul style="list-style-type: none"> • DUE Aug. 22: Appendix A: Waiver of Liability • DUE Aug. 22: Appendix B: Student Ethical Agreement • DUE Aug. 22: Appendix J: Affidavit Handbook Review • DUE Aug. 22: Appendix N: Professional Activities • DUE Aug. 22: Proof of Insurance • DUE Aug. 22: Appendix O: PsyD Supervisor Information Form • DUE Sept. 15: Appendix I: Clearance to apply for Internship • DUE Sept. 15: Upload list of Internship sites to which you are applying • DUE Dec. 1: Appendix D: Student Evaluation of Site • DUE Dec. 1: Appendix E: Site Evaluation of Student • DUE Dec. 1: Appendix: F: Student Evaluation of Supervisor • DUE Dec. 1: Official Signed Record of Clinical Hours 	<ul style="list-style-type: none"> • DUE May 1: Appendix D: Student Evaluation of Site • DUE May 1: Appendix E: Site Evaluation of Student • DUE May 1: Appendix: F: Student Evaluation of Supervisor • DUE May 1: Official Signed Record of Clinical Hours • DUE May 1: Internship Match Letter and/or Agreement 	<p><i>The following applies to those continuing their Spring externship throughout summer and/or those in a summer-only externship:</i></p> <ul style="list-style-type: none"> • DUE June 10: Appendix G: Signed site agreement for summer-only placements • DUE Aug. 15: Appendix D: Student Evaluation of Site • DUE Aug. 15: Appendix E: Site Evaluation of Student • DUE Aug. 15: Appendix: F: Student Evaluation of Supervisor • DUE Aug. 15: Official Signed Record of Clinical Hours
Internship Year (5th Year):		
Fall Semester (PSY 890)	Spring Semester (PSY 890)	Summer Semester (PSY 890)

<ul style="list-style-type: none"> ● DUE Aug. 22: Appendix A: Waiver of Liability ● DUE Aug. 22: Appendix B: Student Ethical Agreement ● DUE Aug. 22: Appendix J: Affidavit Handbook Review ● DUE Aug. 22: Appendix N: Professional Activities ● DUE Aug. 22: Proof of Insurance ● DUE Aug. 22: Appendix O: PsyD Supervisor Information Form ● DUE Dec. 1: Appendix D: Student Evaluation of Site ● DUE Dec. 1: Appendix E: Site Evaluation of Student ● DUE Dec. 1: Appendix: F: Student Evaluation of Supervisor ● DUE Dec. 1: Official Signed Record of Clinical Hours 	<ul style="list-style-type: none"> ● DUE May 1: Appendix D: Student Evaluation of Site ● DUE May 1: Appendix E: Site Evaluation of Student ● DUE May 1: Appendix: F: Student Evaluation of Supervisor ● DUE May 1: Official Signed Record of Clinical Hours 	<p><i>The following applies to those continuing their internship throughout summer:</i></p> <ul style="list-style-type: none"> ● DUE Aug. 15: Appendix D: Student Evaluation of Site ● DUE Aug. 15: Appendix E: Site Evaluation of Student ● DUE Aug. 15: Appendix: F: Student Evaluation of Supervisor ● DUE Aug. 15: Official Signed Record of Clinical Hours
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IV.C.2. Tk20 Documentation Submission

This section is in the process of being revised to capture procedures for Tevera. The revised version will be published once approved.

All of the documents listed above will be submitted through Tk20. This will serve as the repository for all of the clinical documentation submitted during your time at DMU and will enable students and the DCT office to easily access records and uploads. Training will be given - and materials will be made available - through the DCT office to help students navigate through Tk20.

PSY 1000 TK20 “Course Binder”: The following will be collected through what is called a “course binder” attached to the course PSY 1000. Everyone will be enrolled in this course in Tk20 (not in Canvas). The course binder will span the whole academic year: August 10th of the current year - August 10th of the following year, and submissions will be made throughout the year.

- Appendix A: Waiver of Liability
- Appendix B: Student Ethical Agreement
- Appendix I: Request for Clearance to Apply to Pre-Doctoral Internship
- Appendix J: Affidavit Handbook Review
- Appendix N: Professional Activities
- Proof of Insurance
- Appendix O: PsyD Supervisor Information Form
- Official Signed Hours Records (Fall, Spring & Summer)
- Appendix G for summer-only placements
- Appendix G for the following years' placement

Tk20 Field Experience Binder: The following will be collected through what is called a “field experience binder” attached to your practicum course (601/602/603/701/702/703/801/802/801/890). Everyone *must be enrolled in one of the courses listed above in order to submit required documentation*. You will have one field experience binder each semester - Fall, Spring and Summer - and will be required to submit the following at the end of the semester:

- Appendix D: Student Evaluation of Site
- Appendix E: Site Evaluation of Student*
- Appendix: F: Student Evaluation of Supervisor

*Each student’s supervisor will complete Appendix E in Tk20, and it is the student’s responsibility to check that it has been submitted and follow-up if necessary.

IV.C.3. Licensure Application Support:

Many states require the DCT or Program Director to attest to clinical hours attained by the student while at IPS. For this reason, students are reminded to save copies of all documentation submitted, especially records of clinical hours. **At least one month processing time is required for IPS to process these requests.**

The [Google Form \(https://forms.gle/j7rB9sGyTYCRFfEW8\)](https://forms.gle/j7rB9sGyTYCRFfEW8) must be completed to start the process, with the required licensure forms attached. Graduates are required to complete their portion of the licensure forms. This typically includes:

1. University and practicum details
2. Contact information
3. Report of clinical hours

Submission of all hours records used to complete the forms, and a detailed explanation of the categorization of hours required on the form, will greatly aid in the verification process. Please be aware that we are not able to complete the verification if you do not have copies of your documentation/hours, or if blank forms are submitted.

D. Pre-doctoral Clinical Internship/Residency

As noted in the Academic Catalog, students are expected to be enrolled in an full-time clinical internship completed in one year at an approved internship site. Hours to be accrued during internship include at least 500 hours of face-to-face client contact and a total of 2,000 hours (including direct service hours and support hours).

IV.D.1. Preparation For Pre-Doctoral Internship:

It is highly recommended that students begin preparing for internship at the time they begin the PsyD program. The following recommendations may provide some assistance in this process.

- a. **Identify desired career path or paths.** Doing so will enable a student to identify potential externships and internship sites that facilitate their long term professional goals.
- b. **Research state (or international) licensure requirements:** Obtain information regarding the state licensing requirements and laws in the geographical areas the student would consider practicing following graduation to insure the internship is suitable.
- c. **Keep thorough records:** keep all coursework including all syllabi, copies of clinical hours and documentation concerning practicum experiences, and related work experiences.
- d. **Check the APPIC Directory (www.appic.org).** Becoming familiar with the online APPIC Application for Psychology Internships Portal is helpful in order to use the specified categories for documenting clinical work experiences. Reviewing the requirements for a variety of sites which are of interest to the student can guide current clinical work experiences.
- e. **Develop evidence to show ‘a match’ with internship sites:** Students should note early in their training that the APPIC application process will be easier, and their application stronger, if they develop career goals and act to build evidence they are a good ‘match’ for the kind of internship sites students are interested in. Students should accumulate skills and experiences, focused on their desired internships. For popular internship sites it is rarely enough to do the minimum. The relevance of examples often depends on the kind of site students seek. However, broadly useful activities might include the completion of dissertation prior to internship; winning student awards or engaging in professional associations; publishing or presenting internally at the university or, with relevant permission from Program Directors, in external publications or conferences; and completing a summer externship. Students should consult with their academic advisor, the DCT office, and supervisors on an ongoing basis to help build an appropriate CV - and abide by all regulations governing student conduct in any professional fields outside the university (See Expectations of Students above).
- f. **APPIC Website & Resources:** gain access to full details of the internship application and match process process and sign up for Email Lists (i.e., listserve) early in the clinical practicum training sequence to stay apprised of changes.
- g. **Ensure six conditions are met prior to Fall of internship application:**
 - i. Be in good standing in the PsyD program, with no outstanding remediation plans which raise serious concerns to the Program Directors and/or DCT about candidate’s suitability and readiness for internship training. See “Remediation” section of this handbook for clarification about remediation and internship application procedures.
 - ii. Successfully and fully complete their dissertation proposal, that is have their proposal approved, by April 30th of the year the student intends to apply for internship.

Exceptions regarding this deadline are based on compelling reasons and must be approved by the Director of the PsyD Program prior to the April 30th deadline.
 - iii. Make a reasonable case that the student can estimate that by October 1st they will have achieved at least 310 face-to-face client contact hours, 191 other direct service related hours, 99 supervision hours and 387 other support hours. So a total of 987 total clinical hours (see above for definition). The remaining 513 hours required to meet the minimum total of 1500 as detailed above will be completed during the final year prior to the internship start date

- iv. Demonstrate feasibility of completing all required coursework and the Clinical Skills Competency Probes
- v. Successfully and fully complete written and oral Comprehensive Exams by September 15th.
- vi. Demonstrate adequate emotional maturity, stability and professional conduct in the opinion of supervisors, DCT, and program directors.

IV.D.2. Official Request for Approval to Apply for Internship Training:

Students need approval to apply to pre-doctoral internship training sites. Approval is obtained by completion and submission of a fully signed **Request for Clearance to Apply for Pre-doctoral Internship** (see Appendix I), which must be endorsed by the student's Dissertation Chair, PsyD Program Co-Director, and the Director of Clinical Training. After endorsement by the required parties, this form must be emailed to the DCT office and uploaded to Teverano later than September 15 of the Fall semester in which the student wishes to apply for internship training. In addition to Appendix I, students must submit copies of signed documentation detailing all of their clinical hours accrued across the program, and an up-to-date Curriculum Vitae.

Internship applications, including registering for the match, should not be formally initiated prior to an official response from the DCT, who will respond within two weeks of receiving the completed Request for Clearance to Apply for Pre-doctoral Internship (Appendix I). ***It is very important to begin preparing for clearance for internship as early as possible in the 3rd year given the detailed requirements of Appendix I***

IV.D.3. Applying to an Internship Site:

Within the Psy.D. program, seeking internship training is considered a student driven process for several reasons. Primarily, the student is pursuing their own professional goals and interests and as such is in the best position to develop and implement the decisions and steps appropriate to these goals. Secondly, the Association of Psychology Postdoctoral and Internship Centers, which oversees the application and training process, shares this approach. With this said, the DCT office has overall governance of the process - it approves who can and cannot apply and it regulates to some degree the types of sites to which a student can apply (see below). Along with a student's academic advisors it also seeks to be available to support students through advice and assistance throughout the process.

The primary resource for navigating the internship application process is found in the APPIC website (www.appic.org). Internship sites require students to submit the APPIC Internship Application Form called the [APPIC Application for Psychology Internships \(API\)](#) through the Portal on the APPIC website (www.appic.org). APPIC houses a directory of potential internship sites (<https://membership.appic.org/directory/search>), which is typically updated annually in August for the following internship training year. Students should directly review each site's information to determine its specific application procedures. Obtaining an internship is a highly competitive activity.

All students are required to apply only to APA accredited internships - these sites guarantee high standards, 'complete' an APA accredited PsyD degree such as is offered at IPS, and avoid possible

problems with subsequent licensure. If a student does not match at an APA Accredited site in the first phase of the match, a student is expected to apply to 12 APA accredited sites in the second phase of the match. A student can seek approval from the DCT to apply to additional APPIC sites in the second phase of the APPIC Match, should these sites still be available.

On a case-by-case basis, students may petition the Dean to pursue a part-time clinical internship. In such cases where the internship is extended beyond one year, the placement must be completed within 24 months of the beginning date of the placement.

The following requirements, recommendations, and resources provide some assistance in this process.

- a. **APPIC Match website.** Students use a national service to apply for internship. The system is known as the APPIC Match. It forms a central means to win a place and governs the process. Detailed information about the matching process is available at the APPIC web site (www.appic.org) and as procedures are complex and change every year, it is important that all students study the process in depth using up to date information. All application materials and references are exchanged through APPIC which organizes two rounds to 'match' sites and suitable candidates. The deadlines for applications to sites vary but tend to begin in late October and the whole process of interviewing and 'matching' lasts into the late spring for any students involved in the second round. ***All IPS students must read and abide by all guidelines and regulations given by APPIC in their applications.***
- b. **Students should apply to a minimum of 12 APA accredited internship sites.** Their initial choice of these sites must be emailed to the DCT office and uploaded to their Tevera account by September 15th (additions and changes may be made if needed and pending approval). Students should use the provided excel sheet to submit their initial site list. In selecting sites priority should be placed on gaining a match with an internship site. The Internship application process is highly competitive - and failing to win a site in the first round of the APPIC match will severely decrease choice of site. Students should be guided by their career goals, training experience, and preferences but not restrict their applications so as to make placement unlikely. Similar conditions apply as was discussed with Externship sites as to compiling a 'balanced application' (p. 27).
 1. The application may include some popular 'reach sites' (prestigious names, popular areas of the country such as the North East and California, high numbers of applicants and/or few slots on offer); it should always include some 'safety' sites (in the South or MidWest, with relatively low numbers of applicants and/or multiple places on offer).
 2. Students should not overly restrict their applications. They should not have more than half of sites in only one area of the country (e.g., DC metro area) or only one kind of site (e.g. Eating Disorder focused internships, college counseling centers, or Christian clinics).
 3. It is necessary to apply to a majority of sites which have relevance to existing experience on externship (students should not have a majority of applications to University Counseling Centers if they have no prior experience in this kind of work.)
 4. Students should consult with existing IPS students on internship and consider applying to recommended sites with a history of taking students from IPS - recent history is available from the DCT office

5. Internship sites that are 'Accredited on Contingency' or are not APA accredited cannot be applied to during Phase 1.

Students are not required to put sites on their list they really don't want to go to! However they are required to be realistic and prioritize being placed at an APA accredited site. Most students do not get everything they want in an internship; most have to move to an area of the country they do not know and they may not be able to follow all of their interests. The likelihood of compromise is true for all students from all programs nationally. There will be time to pursue multiple areas of practice after graduation. All APA accredited sites offer a high level of training which promises to establish students as professional psychologists. Adjustment and adaptation are necessary qualities to gain an internship.

- c. **On application materials, students should identify the school as the Institute for the Psychological Sciences, Divine Mercy University.** If asked to provide contact information about the DCT office, the student should use the DCT email (dct.ips@divinemercury.edu), *not* the Director of Clinical Training's individual email.
- d. Importance of application materials. Students should take great care to ensure that their curriculum vitae, their completed APPIC application forms and essays, and written correspondence are of very high quality. This usually takes a number of months to prepare adequate drafts suitable to a number of different sites. It is best done in consultation with psychologists familiar with the student and their work. The DCT, academic advisors, and supervisors **MUST** be consulted and are available to assist students. There are a number of useful resources available to assist students in preparing for internships (see attached list of suggested articles in Appendix H).
- e. **References.** Letters of recommendation from professors or supervisors who will provide positive, detailed and strongly supportive endorsements. **Make this request prior to October 1st, since application deadlines from various internship sites can be as early as November 1st.** Similar conditions apply as was discussed with Externship sites as to what information should be included in a request for a letter of recommendation (p. 29).
- f. As part of the APPIC Application for Psychology Internships (AAPI), the Director of Clinical Training is required to verify the student's readiness for internship training and provide a letter of support for the student. Students should request this letter from the DCT office following approval to apply to internship. Allow at least 10 business days from the date of request for the letters of request to be prepared and submitted.
- g. Students should inform the DCT Office by email using dct.ips@divinemercury.edu address when they have received an invitation to interview at an internship site to which they have applied. This will allow the DCT Office to answer questions and provide support to students including providing guidance on interview techniques prior to scheduled interview.

IV.D.4. Specific Requirements to begin Pre-Doctoral Internship training:

*(Please note that the requirements to **begin** the pre-doctoral internship training are more stringent than the requirements to **apply** for a pre-doctoral internship.)*

- a. At least four conditions must be met to begin a pre-doctoral internship.
 - i. Students must have successfully completed their PsyD Comprehensive Examinations.
 - ii. Students must have successfully completed at least 475 face-to-face client contact hours and at least 1500 total clinical hours.
 - iii. Students must have completed all coursework in the PsyD curriculum (excluding the Dissertation defense)
 - iv. Students must have had their dissertation proposal approved
- b. Any student not meeting these requirements prior to the beginning of the predoctoral internship will not be permitted to begin the pre-doctoral internship even if one has been secured until all requirements are successfully completed. See the Pre-Doctoral Internship Application Process that includes timelines guidelines.

IV.D.5. Pre-doctoral Internship Evaluation:

Evaluation of the student, the site supervisor, and the internship site are completed on a regular basis throughout the internship year. All evaluations are sent to the DCT at the IPS. All evaluations and documentation are due as detailed in Documentation section above:

- a. During the internship year, the student will be evaluated by the site supervisor biannually using the Clinical Site Evaluation of Extern/Intern form (Appendix E) or the site's own evaluation.
- b. The student will evaluate the site supervisor tri-annually using the Student Evaluation of Site Supervisor(s) form (Appendix F).
- c. The student will evaluate the internship site on a trii-annual basis using the Clinical Practice Site Evaluation form (Appendix D).

At the end of the internship training year, students are required to submit Appendix D and Appendix F, as well as request his or her internship site to send an official Letter of Completion to the DCT at the IPS confirming the student's successful completion of the internship placement.

E. Introduction to Supervision

This section is to be read to complement the IPS Center training and the IPS Center or External Site Supervisor Contract.

IV.E.1. Supervision Hours Requirement.

Please note that IPS requires that the supervision ratio to clinical service is one hour of individual supervision to every four hours of direct service provided at each training site. It is the student's responsibility to ensure that they are receiving this ratio of supervision at their current site. Please track this ratio throughout the semester, in order to problem solve if necessary. This is critical for licensure requirements; if this requirement is not met, the DCT office may not be able to attest that students have met all licensure requirements. Students must contact the DCT office if this ratio is not met.

IV.E.2. Overview of Supervision.

Supervision is the process through which students receive their most personal and intensive professional training. Supervision is a unique type of tutorial relationship in which a person with less experience submits his/her work for scrutiny and feedback by a person with more experience.

The supervisory session typically focuses upon a work sample presented (e.g., videotape of a therapy session or written protocol) along with the variety of issues that may arise in the context of the work. The focus of the supervision will vary with the training level and needs of the student. Generally, through the supervisory process, students are assisted in:

1. Providing appropriate and timely care to clients
2. Gaining and incorporating knowledge relevant to the practice of assessment and therapy,
3. Developing specific assessment and therapy skills, and
4. Developing a coherent model for integrating the Catholic understanding of the human person in clinical practice.
5. Developing and incorporating knowledge of the self as clinician, including considerations of transference and countertransference, diversity, and professional identity, in the service of the client and the development of appropriate and ethical clinical skills.

IV.E.3. Styles of Supervision.

It is important to note that although all faculty at IPS share the same general goals, they vary widely in their personal styles and approaches. In any case, faculty and supervisors will endeavor to promote an atmosphere of openness, and it is expected and essential that the student will be receptive to the feedback and guidance provided. This may at times touch upon issues for which a student has some sensitivity. Therefore, it is important to be clear that the supervision process is distinct from personal therapy, and should never be construed as such, by either supervisor or supervisee. Should either party perceive that the issues discussed lend themselves to a more therapeutic encounter, this should be raised immediately and appropriate referral and consultation sought. It is not uncommon for trainees to seek personal therapy during their training, and the IPS faculty is supportive of such efforts. The distinction between supervision and therapy should not preclude discussion of issues related to personal professional style, diversity, feelings about a client, or supervisee's reactions being discussed in supervision.

IV.E.4. Context for Supervision.

Supervision will occur within both individual and group contexts. Individual supervision enables the supervisor to provide consistent, on-going and uninterrupted attention to the work of the individual supervisee. It is here that it is more likely for a student to address their individual responses to a client and process feelings and reactions.

Group supervision is based upon the premise that participants can learn a great deal from witnessing others' case presentations, viewing differing styles of interaction, and hearing the insights of other

supervisees. In addition, making presentations before small group supervision will enhance the student's skill in organizing case materials and functioning in professional settings. It is equally acceptable that the same supervisor provide both individual and group supervision or that each is provided by different supervisors. *If one of the supervisory hours is not provided by a licensed, doctoral level psychologist, the licensed, doctoral level psychologist must be the primary supervisor while the other supervisor acts in a secondary capacity.* In all circumstances, the primary supervisor must have responsibility for the care provided by the student within the agency.

IV.E.5. Dual Relationships with Supervisors:

It is unethical for students to receive supervision from persons when such supervision creates a conflictual dual relationship. This includes receiving supervision from one's own therapist, spouse, close relative, or friend. It is also unethical to engage in dual relationships of a sexual or romantic nature with a supervisor, as the APA Ethical Guidelines state.

IV.E.6. Telesupervision Policy:

Telesupervision is defined as "supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee" (APA Implementing Regulation C-13D).

In keeping with APA standards and to support the critical process of supervision in the care of patients and training of students, IPS student's primary mode of supervision should be in-person physically. Aside from extreme circumstances*, IPS Center students should not receive any telesupervision. During intermediate and advanced practicum training as well as internship training, in person supervision should continue to be the primary mode of supervision. Telesupervision at these levels of training should not occur more than 50% of the time. If telesupervision is utilized, both the student and supervisor are responsible for ensuring that the meeting is conducted in a HIPAA compliant manner and is not interfering with the student's learning. Additionally, the site and supervisor must provide the student with access to a licensed clinician who can provide oversight and/or intervene in the case of a clinical crisis.

*The APA Commission on Accreditation (CoA) provided the following guidance to accredited doctoral programs during and following the COVID-19 pandemic: "The CoA supports programs in their efforts to determine the best ways for students and trainees to successfully develop knowledge and competencies in accord with modified program requirements. Telesupervision, telepractice and distance education delivery are not prohibited, and CoA recognizes that continuing use of these methods during the present time may be necessary. If in-person coursework or clinical practice experiences are disrupted, flexibility in the use of these distance practices as part of a program's plan to minimize COVID-19 exposure is appropriate. Requirements for the use of these three distance education methods, when implemented as part of a regular educational delivery method, are described in the CoA Implementing Regulations for the Standards of Accreditation (SoA). The CoA has extended its definition of temporary changes as short-term program modifications implemented to minimize COVID-19 exposure through December 31, 2022. The CoA will evaluate on an on-going basis whether flexibility in the expanded use of distance practices and other COVID-19 related program changes may be appropriate beyond December 31, 2022

and will provide updates to programs about such developments.”
(<https://www.accreditation.apa.org/covid-19>).”

V. Academic Clinical Experience

V.A. Clinical Skills Ratings

At the end of each of the clinical courses taken by a student, the instructor rates the student using Clinical Rating Scales (see Appendix C for a sample) which cover the following four areas: specific clinical skills, responsiveness and use of supervision, ethical reasoning and judgment, and the ability of the student to integrate a Catholic Christian perspective into their work. Each course in which such evaluation takes place is considered a clinical competency. In order to pass the clinical competency for a given course, the student must have a score of ‘3 - Functional Proficiency’ (on a 5-point scale) in all areas assessed. In addition, in the case where a student receives a rating score below 3 for any of the areas assessed, the student will be required to complete remediation in order for the competency to be considered “passed.” PsyD students must pass all Clinical Skills Competencies

Basic Clinical Skills Competency Areas and Courses of Assessment:

PSY 516 Basic Interviewing and Clinical Skills

PSY 608 Cognitive / Behavioral Assessment Skills

PSY 613 Personality Assessment Skills

PSY 609 Adult Psychotherapy Skills

PSY 610 Child Psychotherapy Skills

PSY 611 Marital Psychotherapy Skills

Advanced Clinical Skills Competency Areas and Courses of Assessment:

PSY 724 Advanced Adult Psychotherapy Skills

PSY 735 Advanced Adolescent and Family Therapy Skills

PSY 836 Advanced Personality Assessment Skills

V.B. Comprehensive Examination Process***

This section is in the process of being revised. The revised version will be published once approved.

In addition to the evaluation of student learning by means of the usual evaluation and grading conducted by each instructor during courses, student achievement of clinical and professional skill proficiency is also documented through the successful completion of the PsyD Comprehensive Examination Process.

The comprehensive examinations are offered in the spring semester. The comprehensive exams, including any required remediation or retakes, must be passed in their entirety in order to apply for internship. Comprehensive exams may only be attempted twice.

The PsyD Comprehensive Process includes two components:

- Component PsyD-I: Demonstrated viability of developing clinical skills proficiency as assessed by Clinical Skills Competency Probes. The PsyD-I component must be on schedule for completion prior to application for internship, i.e., the student has taken all required clinical classes available up to that point in their curriculum, and are scheduled to complete the remainder prior to the internship (see Appendix K). For this component, students must complete Appendix K, affirming that they have successfully attained the required proficiency level of clinical skills.
- Component PsyD-II: Successful completion of a formal Case Presentation, in both a written and oral format. The PsyD-II component must be completed before a student can apply for pre-doctoral internship, and must submit their Request for Clearance to Apply for Pre-doctoral Internship (see Appendix I) to the DCT by September 15th.

Component PsyD-I: Clinical Skills Competency Probes: At the end of each of the clinical courses taken by a student, the instructor makes ratings of the student on Clinical Rating Scales (see Appendix C for a sample) which cover the following four areas: specific clinical skills, responsiveness and use of supervision, ethical reasoning and judgment, and the ability of the student to integrate a Catholic Christian perspective into their work. Each course in which such evaluation takes place is considered a clinical probe. In order to pass the clinical probe for a given course, the student must have an average score of 3 (on a 5-point scale) across the areas assessed. In addition, in the case where a student receives a rating score below 3 for any of the four areas assessed, the student may be required to complete remediation in order for the probe to be considered “passed.”

PsyD students must pass both the Basic and Advanced Clinical Skills Competencies.

Basic Clinical Skills Competency Areas and Courses of Assessment:

<u>Course</u>	<u>Clinical Skills Competencies</u>
PSY 516	Basic Interviewing and Clinical Skills
PSY 608	Cognitive / Behavioral Assessment Skills
PSY 613	Personality Assessment Skills
PSY 609	Adult Psychotherapy Skills
PSY 610	Child Psychotherapy Skills
PSY 611	Marital Psychotherapy Skills

Advanced Clinical Skills Competency Areas and Courses in of Assessment:

<u>Course</u>	<u>Clinical Skills Competencies</u>
PSY 724	Advanced Adult Psychotherapy Skills
PSY 735	Advanced Adolescent and Family Therapy Skills
PSY 836	Advanced Personality Assessment Skills

Component PsyD-II: Case Presentation: This component of the PsyD comprehensive exam process has three purposes:

1. To assess the student’s competency in the essential psychological skills of gathering, summarizing, and utilizing information for purposes of diagnosis, treatment planning, and the delivery of therapeutic interventions in a manner which is proficient, ethical, and respectful of diversity;

2. To assess the quality of integrative reasoning used by the student in analyzing, assessing, and summarizing the clinically relevant subject matter of a clinical case;
3. To assess the student's mastery of skills associated with the time honored role of the psychologist as educator through the oral case presentation

In service of these ends, the student will respond to a sample case provided by the PsyD program, for the written part of the exam, and make a formal case presentation before a panel of 2 faculty members, for the oral part of the exam. The following Program Goals and objectives are tied to the Comprehensive Exam process:

Program Goal 1: Foundations in Psychological Sciences and Research

Objective c. Application of the psychological sciences and outcomes research

Program Goal 2: Integrity in Practice

Objective a. Knowledge of diversity & integration of multicultural competence in all areas of professional practice

Objective b. Ethical decision making and judgment

Program Goal 3: Assessment and Diagnosis

Objective b. Intake evaluation

Objective c. Knowledge, administration, scoring, and interpretation of psychological tests

Objective d. Integration of multi-source test data and clinical interview information into a comprehensive report

Objective e. Diagnosis and treatment planning

Program Goal 4: Therapeutic Interventions

Objective a. Case conceptualization

Objective b. Treatment planning

Objective d. Psychotherapy skills

Program Goal 5: Professional Roles

Objective b. Educator

Program Goal 6: Clinical Practice from a Catholic Integrative Perspective

Objective a. Knowledge of the human person from the Catholic perspective

Objective b. Catholic integration in clinical practice

The written portion of the comprehensive examination covers: Case Conceptualization, Diagnoses, Treatment Recommendations, Integration of a Catholic-Christian View of the Person, Law & Ethics, Diversity, Psychological Assessment, and Statistics & Research Methods. Students submit their comprehensive exam by DMU ID number through Canvas.

The oral portion of the comprehensive examination centers on a sample case provided to the students. Students will be required to create a case conceptualization including preliminary diagnosis and treatment plan using any one psychological theory taught at IPS. This information will then be presented in a 20 minute oral presentation, to be given without powerpoint. It may not be read verbatim. Students may have notes and written materials to aid their oral presentation. After the formal presentation is concluded, faculty may ask questions for up to twenty minutes.

The written portion of the Comprehensive exams are graded “blind” by a minimum of two faculty members. The student must successfully pass both the written and oral portion of the Comprehensive Exams to satisfy the PsyD-II component.

V.C. Graduation Requirements

In order to qualify for graduation, the following must be successfully completed within seven academic years from the date of admission to the Psy.D. Program: 122 credit hours of coursework; a minimum of 1,500 hours of clinical practicum (externship), comprehensive exams, a doctoral dissertation, and a pre-doctoral internship. It is the responsibility of each student to successfully fulfill all of their degree requirements.

In addition to the academic and clinical requirements, it is necessary for students to be cleared of all library obligations and to present a satisfactory clearance of financial accounts prior to graduation. Students who have not made satisfactory financial arrangements will not have access to any student services, including transcripts, diploma verifications, transfer credits, or enrollment in courses or for another program.

The Institute confers degrees upon the recommendation of the faculty and by the authority of the Board of Directors, three times a year: August, December, and May. Students whose degrees are conferred in August or December are encouraged to participate in the following annual May Commencement. Degree conferral and Commencement dates are posted in the Academic Calendar. The Graduation Fee covers all aspects of the degree completion process and will be applied to all student accounts of degree candidates, regardless of participation in the Commencement ceremony.

Students who are eligible for graduation (degree candidates) must submit an Application to Graduate form to the Registrar at the time of registration for their final semester to obtain a final degree audit and receive the approval of their respective program director. Materials related to the Commencement exercises, including orders of invitations and regalia, will be distributed approximately 90 days prior to the degree conferral date.

Participation in the Commencement ceremony is allowed only if all coursework and degree requirements have been completed prior to the event. However, because of the unique schedule of some predoctoral-internship experiences, students who have completed all other degree requirements prior to the Commencement, except for outstanding pre-doctoral internship hours (which can be reasonably completed by the end of summer according to the individual sites' schedules), may be eligible to walk at the Commencement with the approval of the Director of the PsyD Program and Registrar. This special

participation does not signify or ensure degree conferral. Once all degree requirements have been completed with the successful conclusion of the pre-doctoral internship, degree conferral will occur in August. (See Official Catalog for further details).

VI. Remediation

VI.A. Remediation Policy

In keeping with APA Standards of Accreditation for Health Service Psychology and as stated in the Psy.D. Program Catalog,

“Graduation with a degree in clinical psychology requires more than adequate grades and scholarly ability. Students must reach adequate levels of competency in psychological assessment and psychotherapy, and possess the ability to exercise good clinical judgment, ethical reasoning, respect for diversity, and professionalism. It is the solemn responsibility of IPS to serve as a gatekeeper for entrance into the profession. Students who are unable to meet clinical competencies are subject to remediation policies, which may include being dismissed from the program.” (“Competencies”)

In line with this competency requirement, the following remediation process outlines standard corrective measures intended to assist students who have not met sequential program requirements pertaining to developing, maintaining, and progressing in their academic, professional, and clinical competencies. The remediation process is focused on assisting the student in meeting the program requirements in a timely manner for continued progression through the program. At each level/tier of remediation, the student is notified of any identified problems and/or deficiencies as well as the requirements for the student to resolve the concern(s).

A student who fails to meet the minimum clinical, course, and/or program standards is required to complete a remediation process. The remediation process may be triggered automatically by ratings below ‘3 - Functional Proficiency’ on regularly scheduled evaluations. Alternatively the process may be initiated outside of such reports, in response to problems as they arise in the course of academic, professional, or clinical functioning. The remediation process may also be initiated in response to a lapse in professionalism as judged by the professional competencies in which the student will have been expected to be proficient. Please note, academic concerns may be incorporated into the remediation process when perceived to be relevant or they may have separate processes that work in parallel with remediation procedures.

While the remediation tiers are meant to be followed stepwise, exceptions can occur in which a tier (or more) may be skipped if the issue at hand is deemed clinically severe enough by the instructor(s)/supervisor(s) and/or DCT, and the Director(s) of the PsyD Program.

Students should be aware that external training sites may have their own remediation processes. In such cases, the site and the PsyD’s program’s remediation processes may operate collaboratively or independently depending on the nature of the concerns and/or level of training. With that said, the IPS program remediation process will ultimately govern the student’s status and progress in the program, while external sites decide a student’s status in their training program.

The remediation process is overseen by the Director of Clinical Training office often in collaboration with course instructor(s), clinical training supervisor(s), and IPS program officials, including the student's academic advisor. Records of remediation steps are kept by the DCT office, may become a part of the student's record, and may be reported to outside parties as described below.

VI.A.1. Remediation Status & Internship Eligibility

The Association of Psychology Postdoctoral and Internship Centers (APPIC) oversees the psychology internship application and training process. As such, APPIC has outlined specific requirements for doctoral programs to verify that a student is eligible and ready for the rigors of internship level training and clinical practice. Included in APPIC's Doctoral Program Associate policies is the following requirement:

"In general, a student is deemed "ready" for internship only if they currently meet the doctoral program's internship readiness/eligibility criteria (e.g., comprehensive examinations, dissertation progress, specific competencies) and are not currently on probation or completing a performance improvement plan (e.g., learning, developmental, remediation plan, etc.) for standards or competencies that are relevant to internship training." ([See APPIC DPA Polices 4a-4c](#))

In keeping with this policy, a student must be in good academic and clinical training standing in order to be eligible to apply for internship. A student who has not successfully and fully completed remediation for tiers 3-5 is *ineligible* to apply for internship and/or participate in the national match process. Please see policies outlined under each remediation tier for more specific information regarding disclosure of past and current remediative status in the DCT verification letter that is required in the internship application packet.

VI.A.2. Remediation Status & Doctoral Degree Conferral Eligibility

This section is in the process of being revised. The revised version will be published once approved.

VI.B. Remediation Tiers

The tiers described below outline the remediation process.

VI.B.1. Tier 1: Verbal Notification (VN)

A Verbal Notification is the first phase of helpful correction. A VN is given by the immediate instructor(s)/supervisor(s) of the student when an academic, clinical, or professionalism issue is seen as in need of more corrective attention than deemed usual. Students are expected to respond to a verbal notification by correcting the area(s) of concern in a timely manner and maintain expected performance.

If a student receives multiple verbal notifications regarding the same or similar behavior and/or does not correct areas of concern, they may be subject to higher tiers of remediation.

Verbal notifications are reported to the DCT, who keeps an official record of all remediative steps and the student's progress. VNs are not recorded in the student's file nor are they disclosed to outside programs (e.g. training sites, on internship applications, licensing boards, etc.).

VI.B.2. Tier 2: Personal Performance Improvement Plan (PPIP)

A Personal Performance Improvement Plan is the second phase of correction. The development of PPIP is initiated by the instructor(s)/supervisor(s) alongside the DCT, usually in response to an unresolved Verbal Notification, poor academic performance, or a rating below a '3 - Functional Proficiency' on any clinical, course, and/or program competency ratings/requirements.

A PPIP will usually be drawn up collaboratively between the DCT, the instructor(s)/supervisor(s) who identified the issue, and the student. The PPIP requires that the student provide a written reflection on the area(s) of concern, accurately identify factors that contributed to poor performance, and develop a written plan to improve their performance in the short and long term. The student will receive feedback on this plan from the instructor(s)/supervisor(s) as part of the corrective process. The student is then required to follow this plan in order to achieve expected functioning within one evaluation period (typically occurring at the end of each semester) and to maintain this level of functioning for one additional evaluation period. For concerns related to evaluated competencies, the student must achieve at least a rating of '3 - Functional Proficiency' in the domain(s) of concern within one evaluation period and maintain this level of competency for one additional evaluation period.

A record of this phase is kept by the DCT and is documented in the student's file. Remediation at this tier is not officially reported in the student's internship application or to external parties.

VI.B.3. Tier 3: Formal Performance Improvement Plan (FPIP)

A Formal Performance Improvement Plan is the third phase of correction. A FPIP is issued directly from the DCT, usually in response to an unresolved PPIP or significant academic concerns. The FPIP is developed by the DCT office and includes a summary of the problematic issue(s) at hand, the corrective steps to be taken, including achieving satisfactory clinical and academic performance, and the time frame for completion. The typical timeframe for completion of a FPIP is one evaluation period (typically occurring at the end of each semester) to achieve expected functioning and two additional evaluation periods to maintain this level of functioning. For concerns related to evaluated competencies, the student must achieve at least a rating of '3 - Functional Proficiency' in the domain(s) of concern within one evaluation period and maintain this level of competency for two consecutive evaluation periods in the domain(s) of concern.

Please note, confirmed/determined academic integrity issues automatically result in a minimum of Tier 3 remediation. If at any time in the program another confirmed issue of academic integrity arises, the student is automatically placed under review for dismissal from the program by the committee even if remediation for the initial academic integrity issue is resolved

A record of this phase is kept by the DCT and is documented in the student's file. If the areas of concern are present at an external practicum training site or immediately prior to the student beginning an external practicum, the DCT office may collaborate with site supervisor(s) to support the remediation process and the student's long-term success.

In keeping with APPIC policies, remediation at this tier is officially reported in the student's internship application if this level of remediation is active at the time of application. Put another way, if a student

has fully and successfully completed a FPIP prior to applying to internship training sites, the resolved FPIP will not be reported on their application. If a FPIP is not resolved at the time of the internship match, the student must withdraw from the match process in keeping with APPIC policies.

VI.B.4. Tier 4: Corrective Action Plan (CAP)

A Corrective Action Plan is the fourth phase of correction. A CAP is issued directly from the DCT, usually in response to an unresolved FPIP or serious academic concerns. A CAP is developed by the DCT office and includes a summary of the problematic issue(s) at hand, the corrective steps to be taken, including achieving satisfactory clinical and academic performance, and the time frame for completion. The typical timeframe for completion of a CAP is one evaluation period (typically occurring at the end of each semester) to achieve expected functioning and three additional evaluation periods to maintain this level of functioning on all clinical, course, and/or program competencies and academic requirements. On a CAP, the student has one evaluation period to reach '3 - Functional Proficiency' and three consecutive evaluation periods of maintaining ratings of at least '3 - Functional Proficiency'. Moreover, a student on a CAP is required to successfully complete a full year of training at the '3 - Functional Proficiency' level for all ratings across all evaluation periods prior to being eligible for more advanced training.

A record of this phase is kept by the DCT and is documented in the student's file. If the areas of concern are present at an external practicum training site or immediately prior to the student beginning an external practicum, the DCT office will collaborate with site supervisor(s) to support the remediation process and the student's long-term success. A student at this level of remediation may not participate in the internship match process in keeping with APPIC policies. Additionally, a record of this remediation process may be reported as part of the student's practicum and internship applications regardless of status (e.g. complete, in progress, etc). The DCT office may also be required to report the remediative steps to additional external parties (e.g. licensing boards, post-doctoral training sites, as part of the DCT's response to any information requests, etc.).

VI.B.5. Tier 5: Clinically-at-Risk (CR)

As the fifth and final phase of correction, the Clinically-at-Risk tier indicates grave concerns about the student's current academic/clinical performance and ability to complete program requirements. Notification of CR status is issued jointly from the DCT and Director(s) of the PsyD Program, usually in response to an unresolved CAP or major academic concerns.

A programmatic response and plan to address concerns at this level of remediation is developed collaboratively between the DCT, the Director(s) of the PsyD Program, student's academic advisor, and if applicable the instructor(s)/supervisor(s) who reported the issue. Remediation at the CR tier consists of a written summary of the problematic issue(s) at hand, the corrective steps to be taken, and the time frame for completion. A student at this level of remediation may not be eligible to engage in more advanced clinical training (e.g., advanced practica, pre-doctoral internships, etc) until specific remediative steps have been fully and successfully completed. A student who is deemed clinically at risk is then required to successfully complete at least a full year of training at the '3 - Functional Proficiency' level for all ratings across all evaluation periods prior to being eligible for more advanced training. This timeframe may be extended based on the nature of the area of concern(s). Failure to fully and

successfully complete all the steps within the plan in the specified time frame may lead to the dismissal of the student from the PsyD program.

A record of this phase is kept by the DCT and in the student's file, is disclosed to current and potential training supervisor(s), and is officially reported on the student's internship application regardless of remediation status at the time of application. In keeping with APPIC policies, a student at this level of remediation is not eligible to participate in the internship match process. The DCT office may also be required to report the remediative steps to additional external parties (e.g. licensing boards, post-doctoral training sites, as part of the DCT's response to any information requests, etc.).

VI.C. "At-Risk"

A student who fails to successfully complete a remediation plan, has multiple remediation plans, and/or in the matters of serious gravity (e.g., severe ethical violations), will be deemed "at risk."

A student determined to be "at-risk" may be dismissed from the program in accordance with the PsyD program's academic policies (See VI.D. Dismissal from the Program for more information) and *PsyD Catalog*.

VI.D. Dismissal from the Program

A Student who fails to successfully complete a Remediation: Clinically-At-Risk Plan, who is not making adequate progress in the doctoral program, or who engages in conduct that poses an extreme risk will be evaluated by the Student Professional Development Committee (SPDC) for a comprehensive academic and clinical review of relevant documentation provided by those involved in their training throughout the program. As part of this process the student will be invited to provide documentation on their behalf. Recommendations from the SPDC committee will be strongly considered in the determination of a program dismissal. However ultimately the decision of whether the student should continue in the program rests with the IPS Dean.

V. References

American Psychological Association. (n.d.). Section C: IRs Related to the Standards of Accreditation. *Implementing Regulations*.
https://irp-cdn.multiscreensite.com/a14f9462/files/uploaded/Section%20C_1.15.2020%20update.pdf

VI. Appendices

Note: All forms must be submitted electronically. Paper forms will not be accepted.

This section is in the process of being revised to capture procedures for Tevera. The revised version will be published once approved.

Appendix A: Waiver of Liability



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Doctoral Program in Clinical Psychology Waiver of Liability

(To be signed by student and given to the DCT for student's permanent file)

Students are advised that malpractice in psychotherapy may result in liability. Therefore, students are required to have and maintain appropriate liability protection in full force throughout the duration of their enrollment in the PsyD program. Students must provide documentation that includes a valid certificate of insurance updated each academic year to the PsyD program, and at any time upon request.

The PsyD Program, Institute for the Psychological Sciences, and Divine Mercy University assumes no responsibility to defend, hold harmless or indemnify any student sued for malpractice whether or not the lawsuit is successful.

Student Signature

Student Printed Name

Date

Appendix B: Student Ethical Agreement



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Doctoral Program in Clinical Psychology Student Ethical Agreement

(To be signed by student and given to the DCT for student's permanent file)

Please read and sign below

1. I hereby attest that I have read and understand the American Psychological Association Ethical Principles of Psychologists and Code of Conduct* and will practice in accordance with these standards, as well as the standards of the Institute for the Psychological Sciences. Any breach of these ethics or any unethical behavior on my part may result in my removal from the Practicum site or Internship site; a failing grade; and documentation of such behavior will become part of my permanent record.
2. I agree to adhere to the administrative policies, rules, standards, practices and program requirements of the internship and clinical placement site.
3. I understand that it is my responsibility to keep the Director of the PsyD program, the Director of Clinical Training, and all supervisor(s) informed regarding my externship and internship placements.
4. I understand that I will not be issued a passing grade on my practicum course (PSY 601, PSY 602, PSY 701, PSY 702, PSY 703, PSY 801, PSY 802) unless I demonstrate a satisfactory proficiency in skill, knowledge, and competence; complete course requirements; and complete requirements of the PsyD program at the given level of my training.

Student Signature

Student Printed Name

Date

****A copy of the Ethical Principles of Psychologists and Code of Conduct is on long-term reserve in the IPS Library. The IPS Code of Conduct can be found in the IPS Program Catalog.***

Appendix C: Evaluation of Students' Clinical Skills



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Doctoral Program in Clinical Psychology Evaluation of Students' Clinical Skills

COMPLETED IN TK20 (SAMPLE SCREENSHOT BELOW)

PSY 516 CLINICAL RATING SCALE

General Information | Custom Form | **Preview**

This evaluation is intended to help the faculty and IPS assess the student's progress and readiness to pursue further graduate study in clinical psychology. This form is intended as a guide only, feel free to include additional comments that you think would help the student's development as a professional psychologist.

PROGRAM GOAL 2: INTEGRITY IN PRACTICE

OBJECTIVE A: KNOWLEDGE OF DIVERSITY AND INTEGRATION OF MULTICULTURAL COMPETENCE IN ALL AREAS OF PRACTICE.

Goal 2: Objective A:*

	Inadequate proficiency	Marginal proficiency	Functional proficiency	Advanced proficiency	Mastery	Score
1. Considers cultural, ethnic, or religious identity. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>

Rubric
Score:

PROGRAM GOAL 2: INTEGRITY IN PRACTICE

OBJECTIVE B: ETHICAL DECISION MAKING AND JUDGMENT

Goal 2: Objective B:*

	Inadequate proficiency	Marginal proficiency	Functional proficiency	Advanced proficiency	Mastery	Score
1. Sound knowledge of legal and ethical principles. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
2. Ability to reason through legal and ethical dilemmas. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
3. Adherence to legal and ethical practices in clinical work. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>

Rubric
Score:

**PROGRAM GOAL 2: INTEGRITY IN PRACTICE
OBJECTIVE G: RESPONSIVENESS TO SUPERVISION**

Goal 2: Objective G:*

	Inadequate proficiency	Marginal proficiency	Functional proficiency	Advanced proficiency	Master	Score
1. Initiative in identifying and learning new skills. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
2. Open to new ideas and techniques/non-defensiveness. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
3. Utilizes constructive criticism/applies feedback well. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>

Rubric Score:

CORRECTIVE INSTRUCTION FOR PROGRAM GOAL 2

Are ANY of the "rubric mean"s for Objectives A, B or G under Program Goal 2 below 3? Please indicate "yes" or "no". If "yes", the student is in need of corrective instruction.

Program Goal 4, Objectives A, B or G below 3?*

Yes
 No

**PROGRAM GOAL 3: ASSESSMENT AND DIAGNOSIS
OBJECTIVE A: INTAKE EVALUATION**

Goal 3: Objective A:*

	Inadequate proficiency	Marginal proficiency	Functional proficiency	Advanced proficiency	Mastery	Score
1. Ability to gather relevant information. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>

Rubric Score:

CLINICAL REMEDIATION FOR PROGRAM GOAL 3

Is the "rubric mean" for Objective B under Program Goal 3 below 3? Please indicate "yes" or "no". If "yes", the student is in need of clinical remediation.

Program Goal 3, Objective B below 3?*

Yes
 No

**PROGRAM GOAL 4: THERAPEUTIC INTERVENTION
OBJECTIVE C: BUILDING AND MAINTAINING THE THERAPEUTIC RELATIONSHIP**

Goal 4: Objective C:*

	Inadequate proficiency	Marginal proficiency	Functional proficiency	Advanced proficiency	Mastery	Score
1. Treats patient with dignity and respect. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
2. Initiation and termination of interaction. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
3. Builds and maintains empathy. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
4. Appropriate use of support/engagement skills. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>

**PROGRAM GOAL 4: THERAPEUTIC INTERVENTION
OBJECTIVE D: PSYCHOTHERAPY SKILLS**

Goal 4: Objective D:*

	Inadequate proficiency	Marginal proficiency	Functional proficiency	Advanced proficiency	Mastery	Score
1. Non-verbal attending skills. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
2. Maintenance of appropriate boundaries. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
3. Appropriate insight into own behaviors/feelings. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
4. Does not use self-disclosure inappropriately. <input type="checkbox"/> NA	<input type="radio"/> 1 Clinical remediation or corrective training required.	<input type="radio"/> 2 Clinical remediation or corrective training required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>

* Please do not print screenshots, they are for illustrative purposes only.

* Students may access their evaluation results in Tk20 once the form has been completed by the instructor.

Appendix D: Student Evaluation of Practicum Site



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Doctoral Program in Clinical Psychology Student Evaluation of Practicum Site

COMPLETED IN TK20 (SAMPLE SCREENSHOT BELOW)

FIELD EXPERIENCE FORM: APP D STUDENT EVALUATION OF SITE

General Information | Custom Form | **Preview**

INSTRUCTIONS

Students, please complete the following evaluation of your practicum site. Please ignore the above title and description. This is for internal use only. Once finished, press the green "add" button to add to your Field Experience Binder.

SITE EVALUATION

Please rate your satisfaction with the practice site in the following areas:

Training Experiences:*

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied or dissatisfied	Somewhat satisfied	Very satisfied	Score
1. Amount of clients <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
2. Types of clients <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
3. Provision of necessary testing supplies <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
4. Availability of testing supplies / ease of access <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
5. Availability of space (Therapy rooms, Testing tables) <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
6. Training facilities (video, audio, observation) <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
						Rubric Score: <input type="text"/>

Administrative Support/Milieu:*

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied or dissatisfied	Somewhat satisfied	Very satisfied	Score
7. Thorough orientation to facility and procedures (within first two weeks) <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
8. Introduction to other staff <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
9. Consistent relay of messages <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
10. Assistance in obtaining needed materials <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
11. Consistency in scheduling appointments for clients <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
12. Consistently available office space <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
					Rubric Score:	

* Please do not print screenshots, they are for illustrative purposes only.

* Students may access a copy of their feedback in Tk20, once the form has been submitted.

Appendix E: IPS Center Evaluation of Extern



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Doctoral Program in Clinical Psychology IPS Center Evaluation of Extern

COMPLETED IN TK20 (SAMPLE SCREENSHOT BELOW)

FIELD EXPERIENCE FORM: APP E IPS SITE EVALUATION OF IPS CENTER EXTERN

General Information | Custom Form | **Preview**

INSTRUCTIONS

Dear Supervisors, Please complete the following evaluation for the student/s you supervise. One form must be filled out for each student. Complete the evaluation by pressing the green "save and close" button at the end of the survey. You will then be taken back to the binder homepage and will need to press the green "submit" button in the top right corner.

The evaluation takes 15-20 minutes to complete, and can be saved mid-way through by pressing "save". You can return to evaluation using the same email link. The link you received is student-specific.

All starred items must be answered. If the survey does not submit properly, please check that all required questions are complete. If you have any questions or technical difficulties, please contact bsheptock@divinemercy.edu.

PERIOD & METHODS OF EVALUATION

Time Period of Evaluation:*

Please select all that apply, in regards to methods of evaluation of the extern/intern.*

- Review of written work/reports
- Review of raw test data
- Discussion of clinical interaction
- Comments from other staff
- Live supervision/shadowing
- Direct observation/co-facilitation
- Seminars/staffings
- Audio/videotape

- Case presentation/discussion
- Other

Supervision setting (check all that apply):*

- Group
- Individual
- Other

If "other", please specify:

Learning Opportunities (check all that apply):*

- Intake
- Assessment
- Treatment Planning
- Case Presentation
- Seminar Series/Grand Rounds
- Multidisciplinary Teams
- Other

If "other", please specify:

RATING SCALE

In the following sections, use the following rating scale to reflect the student's performance in the area identified.

5 Mastery: Definite area of strength, skill level comparable either: (interns) to autonomous level of functioning at post-doctoral level practice; or, (externs) to autonomous level of functioning at pre-doctoral level practice.

4 Advanced Proficiency: An area of superior competency, but supervision may be needed to strengthen competence with more complex cases.

3 Functional Proficiency: An area of developing competency, routine, on-going supervision required for advancement in skill area.

2 Marginal Proficiency: An area of weakness, marginal competency displayed, requires more structured supervision to achieve minimum standards of functional proficiency. **This rating will flag students for remediation.**

1 Inadequate Proficiency: A major area of weakness, little or no competency displayed, alternative placement, training or additional coursework needed. **This rating will flag students for remediation.**

SECTION 1: INDEPENDENT AND PROFESSIONAL FUNCTIONING

Section 1:*

	Inadequate Proficiency	Marginal Proficiency	Functional Proficiency	Advanced Proficiency	Mastery	Score
1. RESPONSIBILITY: Ability to follow through and complete assigned tasks; ability to work independently and assume responsibility for actions. <input type="checkbox"/> NA	<input type="radio"/> 1 Remediation/corrective instruction required.	<input type="radio"/> 2 Remediation/corrective instruction required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
2. INITIATIVE: Shows keen interest, initiative, and willingness to be involved; participates in staff meetings and/or organizational events. <input type="checkbox"/> NA	<input type="radio"/> 1 Remediation/corrective instruction required.	<input type="radio"/> 2 Remediation/corrective instruction required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score

<p>3. TIME MANAGEMENT: Punctuality- client services and agency meeting and seminars; attendance ; meeting deadlines as required (e.g., case notes, closing files, returning phone calls). <input type="checkbox"/> NA</p>	<input type="radio"/> 1 Remediation/corrective instruction required.	<input type="radio"/> 2 Remediation/corrective instruction required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
<p>4. RECORDS: Ability to maintain complete records and all pertinent client information, notes are clear and concise, filing is in compliance with HIPAA. <input type="checkbox"/> NA</p>	<input type="radio"/> 1 Remediation/corrective instruction required.	<input type="radio"/> 2 Remediation/corrective instruction required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
<p>5. PROFESSIONAL CONDUCT: Compliance with agency guidelines, staff. Willingness to follow directions and guidance from Training Director, agency administrative staff, etc. <input type="checkbox"/> NA</p>	<input type="radio"/> 1 Remediation/corrective instruction required.	<input type="radio"/> 2 Remediation/corrective instruction required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
<p>6. COLLEGIALITY: Works well with clients and clinical staff (including proper attire, conduct, speech); cooperates with other staff and co-workers. <input type="checkbox"/> NA</p>	<input type="radio"/> 1 Remediation/corrective instruction required.	<input type="radio"/> 2 Remediation/corrective instruction required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
<p>7. PROBLEM SOLVING: Ability to conceptualize, analyze, synthesize, and evaluate information obtained, utilizes critical thinking skills to resolve dilemmas. <input type="checkbox"/> NA</p>	<input type="radio"/> 1 Remediation/corrective instruction required.	<input type="radio"/> 2 Remediation/corrective instruction required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
<p>8. SELF-AWARENESS: Ability to critically evaluate own strengths and weaknesses in clinical practice and the larger organizational scheme. <input type="checkbox"/> NA</p>	<input type="radio"/> 1 Remediation/corrective instruction required.	<input type="radio"/> 2 Remediation/corrective instruction required.	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
						Rubric Score: <input type="text"/>

* Please do not print screenshots, they are for illustrative purposes only.

Appendix E: Clinical Site Evaluation of Extern



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Doctoral Program in Clinical Psychology Clinical Site Evaluation of Extern

COMPLETED IN TK20 (SAMPLE SCREENSHOT BELOW)

FIELD EXPERIENCE FORM: APP E IPS SITE EVALUATION OF EXTERN

General Information | Custom Form | **Preview**

INSTRUCTIONS

Dear Supervisors, Please complete the following evaluation for the student/s you supervise. One form must be filled out for each student. Complete the evaluation by pressing the green "save and close" button at the end of the survey. You will then be taken back to the binder homepage and will need to press the green "submit" button in the top right corner.

The evaluation takes 15-20 minutes to complete, and can be saved mid-way through by pressing "save". You can return to evaluation using the same email link. The link you received is student-specific.

All starred items must be answered. If the survey does not submit properly, please check that all required questions are complete. If you have any questions or technical difficulties, please contact bsheptock@divinemercy.edu.

PERIOD & METHODS OF EVALUATION

Time Period of Evaluation:*

Please select all that apply, in regards to methods of evaluation of the extern/intern.*

- Review of written work/reports
- Review of raw test data
- Discussion of clinical interaction
- Comments from other staff
- Live supervision/shadowing
- Direct observation/co-facilitation
- Seminars/staffings
- Audio/videotape
- Case presentation/discussion
- Other

Supervision setting (check all that apply):*

- Group
- Individual
- Other

If "other", please specify:

Learning Opportunities (check all that apply):*

- Intake
- Assessment
- Treatment Planning
- Case Presentation
- Seminar Series/Grand Rounds
- Multidisciplinary Teams
- Other

If "other", please specify:

RATING SCALE

In the following sections, use the following rating scale to reflect the student's performance in the area identified.

5 Mastery: Definite area of strength, skill level comparable either: (interns) to autonomous level of functioning at post-doctoral level practice; or, (externs) to autonomous level of functioning at pre-doctoral level practice.

4 Advanced Proficiency: An area of superior competency, but supervision may be needed to strengthen competence with more complex cases.

3 Functional Proficiency: An area of developing competency, routine, on-going supervision required for advancement in skill area.

2 Marginal Proficiency: An area of weakness, marginal competency displayed, requires more structured supervision to achieve minimum standards of functional proficiency. This rating will flag students for remediation.

1 Inadequate Proficiency: A major area of weakness, little or no competency displayed, alternative placement, training or additional coursework needed. This rating will flag students for remediation.

SECTION 1: INDEPENDENT AND PROFESSIONAL FUNCTIONING

Section 1:*

	Inadequate Proficiency	Marginal Proficiency	Functional Proficiency	Advanced Proficiency	Mastery	Score
<p>1. RESPONSIBILITY: Ability to follow through and complete assigned tasks; ability to work independently and assume responsibility for actions.</p> <p><input type="checkbox"/> NA</p>	<p><input type="radio"/> 1</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 2</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 3</p>	<p><input type="radio"/> 4</p>	<p><input type="radio"/> 5</p>	Score
<p>2. INITIATIVE: Shows keen interest, initiative, and willingness to be involved; participates in staff meetings and/or organizational events.</p> <p><input type="checkbox"/> NA</p>	<p><input type="radio"/> 1</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 2</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 3</p>	<p><input type="radio"/> 4</p>	<p><input type="radio"/> 5</p>	Score
<p>3. TIME MANAGEMENT: Punctuality- client services and agency meeting and seminars; attendance ; meeting deadlines as required (e.g., case notes, closing files, returning phone calls).</p> <p><input type="checkbox"/> NA</p>	<p><input type="radio"/> 1</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 2</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 3</p>	<p><input type="radio"/> 4</p>	<p><input type="radio"/> 5</p>	Score
<p>4. RECORDS: Ability to maintain complete records and all pertinent client information, notes are clear and concise, filing is in compliance with HIPAA.</p> <p><input type="checkbox"/> NA</p>	<p><input type="radio"/> 1</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 2</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 3</p>	<p><input type="radio"/> 4</p>	<p><input type="radio"/> 5</p>	Score
<p>5. PROFESSIONAL CONDUCT: Compliance with agency guidelines, staff. Willingness to follow directions and guidance from Training Director, agency administrative staff, etc.</p> <p><input type="checkbox"/> NA</p>	<p><input type="radio"/> 1</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 2</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 3</p>	<p><input type="radio"/> 4</p>	<p><input type="radio"/> 5</p>	Score
<p>6. COLLEGIALITY: Works well with clients and clinical staff (including proper attire, conduct, speech); cooperates with other staff and co-workers.</p> <p><input type="checkbox"/> NA</p>	<p><input type="radio"/> 1</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 2</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 3</p>	<p><input type="radio"/> 4</p>	<p><input type="radio"/> 5</p>	Score
<p>7. PROBLEM SOLVING: Ability to conceptualize, analyze, synthesize, and evaluate information obtained, utilizes critical thinking skills to resolve dilemmas.</p> <p><input type="checkbox"/> NA</p>	<p><input type="radio"/> 1</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 2</p> <p>Clinical remediation/corrective instruction required.</p>	<p><input type="radio"/> 3</p>	<p><input type="radio"/> 4</p>	<p><input type="radio"/> 5</p>	Score

8. SELF-AWARENESS: Ability to critically evaluate own strengths and weaknesses in clinical practice and the larger organizational scheme.
 NA

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text" value="Score"/>
_____	_____	_____	_____	_____	
Clinical remediation/corrective instruction required.	Clinical remediation/corrective instruction required.				

Rubric Score:

SECTION 2: KNOWLEDGE OF THE PSYCHOLOGICAL SCIENCES AS APPLIED TO CLINICAL PRACTICE

Section 2:*

	Inadequate Proficiency	Marginal Proficiency	Functional Proficiency	Advanced Proficiency	Mastery	Score
1. CURRENT RESEARCH: Stays informed on current research in clinical and scholarly literature. <input type="checkbox"/> NA	<input type="radio"/> 1 _____ Clinical remediation/corrective instruction required.	<input type="radio"/> 2 _____ Clinical remediation/corrective instruction required.	<input type="radio"/> 3 _____	<input type="radio"/> 4 _____	<input type="radio"/> 5 _____	<input type="text" value="Score"/>
2. APPLIED KNOWLEDGE: Ability to utilize current research for implementing best-practice standards and skills. <input type="checkbox"/> NA	<input type="radio"/> 1 _____ Clinical remediation/corrective instruction required.	<input type="radio"/> 2 _____ Clinical remediation/corrective instruction required.	<input type="radio"/> 3 _____	<input type="radio"/> 4 _____	<input type="radio"/> 5 _____	<input type="text" value="Score"/>

Rubric Score:

SECTION 3: ETHICAL FUNCTIONING

Section 3:*

	Inadequate Proficiency	Marginal Proficiency	Functional Proficiency	Advanced Proficiency	Mastery	Score
1. KNOWLEDGE: Knows legal/ethical considerations pertinent to each case; identifies ethical concerns. <input type="checkbox"/> NA	<input type="radio"/> 1 _____ Remediation/corrective instruction required.	<input type="radio"/> 2 _____ Remediation/corrective instruction required.	<input type="radio"/> 3 _____	<input type="radio"/> 4 _____	<input type="radio"/> 5 _____	<input type="text" value="Score"/>
2. PRACTICE-Therapy: Ability to adhere to ethical practices and procedures; ability to make sound ethical reasoning and judgment; maintains confidentiality; implements adequate informed consent procedures. <input type="checkbox"/> NA	<input type="radio"/> 1 _____ Remediation/corrective instruction required.	<input type="radio"/> 2 _____ Remediation/corrective instruction required.	<input type="radio"/> 3 _____	<input type="radio"/> 4 _____	<input type="radio"/> 5 _____	<input type="text" value="Score"/>
3. PRACTICE-Case Management: Ability to adhere to ethical standards and able to make sound judgments on the discontinuation/transfer of care of clients. <input type="checkbox"/> NA	<input type="radio"/> 1 _____ Remediation/corrective instruction required.	<input type="radio"/> 2 _____ Remediation/corrective instruction required.	<input type="radio"/> 3 _____	<input type="radio"/> 4 _____	<input type="radio"/> 5 _____	<input type="text" value="Score"/>

Rubric Score:

Appendix E: Clinical Site Evaluation of Intern



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Doctoral Program in Clinical Psychology Clinical Site Evaluation of Intern

COMPLETED IN TK20 (SAMPLE SCREENSHOT BELOW)

FIELD EXPERIENCE FORM: APP E IPS SITE EVALUATION OF INTERN

General Information | Custom Form | **Preview**

INSTRUCTIONS

Dear Supervisors, Please complete the following evaluation for the student/s you supervise. One form must be filled out for each student. Complete the evaluation by pressing the green "save and close" button at the end of the survey. You will then be taken back to the binder homepage and will need to press the green "submit" button in the top right corner.

The evaluation takes 15-20 minutes to complete, and can be saved mid-way through by pressing "save". You can return to evaluation using the same email link. The link you received is student-specific.

All starred items must be answered. If the survey does not submit properly, please check that all required questions are complete. If you have any questions or technical difficulties, please contact bsheptock@divinemercy.edu.

PERIOD & METHODS OF EVALUATION

Time Period of Evaluation:*

Please Select

Please select all that apply, in regards to methods of evaluation of the extern/intern.*

- Review of written work/reports
- Review of raw test data
- Discussion of clinical interaction
- Comments from other staff
- Live supervision/shadowing

- Direct observation/co-facilitation
- Seminars/staffings
- Audio/videotape
- Case presentation/discussion
- Other

If "other", please specify:

Supervision setting (check all that apply):*

- Group
- Individual
- Other

If "other", please specify:

Learning Opportunities (check all that apply):*

- Intake
- Assessment
- Treatment Planning
- Case Presentation
- Seminar Series/Grand Rounds
- Multidisciplinary Teams
- Other

RATING SCALE

In the following sections, use the following rating scale to reflect the student's performance in the area identified.

5 Mastery: Definite area of strength, skill level comparable either: (interns) to autonomous level of functioning at post-doctoral level practice; or, (externs) to autonomous level of functioning at pre-doctoral level practice.

4 Advanced Proficiency: An area of superior competency, but supervision may be needed to strengthen competence with more complex cases.

3 Functional Proficiency: An area of developing competency, routine, on-going supervision required for advancement in skill area.

2 Marginal Proficiency: An area of weakness, marginal competency displayed, requires more structured supervision to achieve minimum standards of functional proficiency. This rating will flag students for remediation.

1 Inadequate Proficiency: A major area of weakness, little or no competency displayed, alternative placement, training or additional coursework needed. This rating will flag students for remediation.

SECTION 1: INDEPENDENT AND PROFESSIONAL FUNCTIONING

Section 1:*

	Inadequate Proficiency	Marginal Proficiency	Functional Proficiency	Advanced Proficiency	Mastery	Score
<p>1. RESPONSIBILITY: Ability to follow through and complete assigned tasks; ability to work independently and assume responsibility for actions .</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	Score
<p>2. INITIATIVE: Shows keen interest, initiative, and willingness to be involved; participates in staff meetings and/or organizational events.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	Score
<p>3. TIME MANAGEMENT: Punctuality- client services and agency meeting and seminars; attendance ; meeting deadlines as required (e.g., case notes, closing files, returning phone calls).</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	Score
<p>4. RECORDS: Ability to maintain complete records and all pertinent client information, notes are clear and concise, filing is in compliance with HIPAA.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	Score
<p>5. PROFESSIONAL CONDUCT: Compliance with agency guidelines, staff. Willingness to follow directions and guidance from Training Director, agency administrative staff, etc.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	Score
<p>6. COLLEGIALITY: Works well with clients and clinical staff (including proper attire, conduct, speech); cooperates with other staff and co-workers.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	Score
<p>7. PROBLEM SOLVING: Ability to conceptualize, analyze, synthesize, and evaluate information obtained, utilizes critical thinking skills to resolve dilemmas.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	Score

<p>8. SELF-AWARENESS: Ability to critically evaluate own strengths and weaknesses in clinical practice and the larger organizational scheme.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Score</div>
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Rubric Score:

SECTION 2: CONSULTATION

Section 2:*

	Inadequate Proficiency	Marginal Proficiency	Functional Proficiency	Advanced Proficiency	Mastery	Score
<p>1. ASSESSMENT: Ability to consult with interdisciplinary teams, staff while working with clients and/or organization(s) in order to assess the needs of the former.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Score</div>
<p>2. RESPONSE AND PROPOSAL: Ability to respond accurately to consultation needs and make appropriate proposals.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Score</div>

Rubric Score:

SECTION 3: KNOWLEDGE OF THE PSYCHOLOGICAL SCIENCES AS APPLIED TO CLINICAL PRACTICE

Section 3:*

	Inadequate Proficiency	Marginal Proficiency	Functional Proficiency	Advanced Proficiency	Mastery	Score
<p>1. CURRENT RESEARCH: Stays informed on current research in clinical and scholarly literature.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Score</div>
<p>2. APPLIED KNOWLEDGE: Ability to utilize current research for implementing best- practice standards and skills.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Score</div>

Rubric Score:

SECTION 4: ETHICAL FUNCTIONING

Section 4:*

	Inadequate Proficiency	Marginal Proficiency	Functional Proficiency	Advanced Proficiency	Mastery	Score
<p>1. KNOWLEDGE: Knows legal/ethical considerations pertinent to each case; identifies ethical concerns.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Score</div>
<p>2. PRACTICE-Therapy: Ability to adhere to ethical practices and procedures; ability to make sound ethical reasoning and judgment; maintains confidentiality; implements adequate informed consent procedures.</p> <p><input type="checkbox"/> NA</p>	<input type="radio"/> 1 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 2 <hr/> Remediation/corrective instruction required.	<input type="radio"/> 3 <hr/>	<input type="radio"/> 4 <hr/>	<input type="radio"/> 5 <hr/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Score</div>

Appendix F: Student Evaluation of Site Supervisor(s)



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Doctoral Program in Clinical Psychology Student Evaluation of Site Supervisor(s)

COMPLETED IN TK20 (SAMPLE SCREENSHOT BELOW)

FIELD EXPERIENCE FORM: APPENDIX F STUDENT EVALUATION OF SUPERVISOR

General Information | Custom Form | **Preview**

INSTRUCTIONS

Students, Please complete the following evaluation for your primary Site Supervisor. Please ignore the above title and description. This is for internal use only. Once finished, press the green "add" button to add to your field experience binder.

SUPERVISION TIME BY MODE AND TYPE OF SUPERVISION

How often did you meet with your site supervisor to discuss counseling or related activities?*

Once a week
 Twice a week
 Three times a week
 Other

How many hours per week (hh.mm) were spent in individual supervision?*

How many hours per week (hh.mm) were spent in group supervision? (If none, enter 0)*

What *percentage* of time spent in supervision was dedicated to video review? (If none, enter 0)*

What *percentage* of time spent in supervision was dedicated to audio review? (If none, enter 0)*

What *percentage* of time spent in supervision was dedicated to co-therapy? (If none, enter 0)*

What *percentage* of time spent in supervision was dedicated to live supervision? (If none, enter 0)*

What *percentage* of time spent in supervision was dedicated to verbal case review? (If none, enter 0)*

NOTE: Percentages must add up to 100%.

SUPERVISOR EVALUATION

Please rate your satisfaction with the supervision you received on practicum/internship using the following parameters:

Supervisor Evaluation:*

	Not Satisfied	Partly Satisfied	Satisfied	Very Satisfied	Extremely Satisfied	Score
Rapport established with supervisee <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
Theoretical knowledge of psychotherapy <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
Assistance with conceptualization <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
Giving specific guidance on techniques or approaches <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
Encouraging questions/sharing of problems with cases <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
Allowing for expressions of personal style differences <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
Offers criticism or guidance in a constructive manner <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
Accessibility and dependability <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
Rubric Score:						

Please rate your satisfaction with the communication between the practicum/internship and IPS:*

	Not Satisfied	Partly Satisfied	Satisfied	Very Satisfied	Extremely Satisfied	Score
IPS/Site Communication <input type="checkbox"/> NA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Score
Rubric Score:						
Rubric Mean:						

Please list any other comments you have regarding this site supervisor:

Appendix G: External Practicum Agreement



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

External Practicum Agreement

This Agreement is made this ____ day of _____, 202__, by and between the Divine Mercy University's Institute for the Psychological Sciences doctoral program in clinical psychology (hereinafter "PsyD Program") and _____ (hereinafter "Practicum Site").

Student Name _____ (hereinafter "Student")

Beginning Date of Training _____ **Ending date of training** _____

Practicum Site _____

Practicum Supervisor _____

(Must be a licensed clinical psychologist; Include credentials, e.g., PhD, PsyD, unless otherwise agreed in writing with PsyD program)

Training opportunities available for the Student at the Practicum Site (completed by Practicum Site)

Please select all that apply below.

1. Interventions/Therapy

- Individual Psychotherapy
- Marital/Family
- Child/Adolescent
- Group

2. Assessments

- Intake Interviewing
- Personality Testing
- Cognitive/Neuropsych Assessment

3. Supervision

- Individual Supervision
- Group Supervision
- Case Conference/Staff Meetings

4. Other (please list/describe) _____

Purpose

The purpose of this Agreement is to specify the terms and conditions that will exist between the PsyD Program, the Practicum Site, and the Student.

The Practicum Program

The external practicum is a requirement for students in the doctoral program in clinical psychology to provide opportunities for students to adequately form their clinical skills through a systematic program of supervised clinical practice at a PsyD Program-approved practicum site. Supervision will be provided by on-site supervisors, who will provide regular feedback to the student regarding their progress.

Goals and Objectives of Practicum Experience

The goals and objectives of the practicum experience are to provide training opportunities to help the student achieve and demonstrate profession-wide competencies, as well as program-specific competencies, in the following areas: (1) Research; (2) Ethics/Standards; (3) Individual Differences/Cultural Diversity; (4) Professional values, attitudes, and behaviors; (5) Communication and Interpersonal skills; (6) Assessment; (7) Intervention; (8) Supervision; (9) Consultation and interdisciplinary skills, all of which must be in alignment with the Goals, Objectives, and Competencies of the Psy.D. Program as provided in the addendum to this Agreement.

PsyD Program Responsibilities

1. To assign a PsyD Program faculty member to facilitate communication between the PsyD Program and the Practicum Site;
2. To notify the Student that they must adhere to the administrative policies, rules, standards, schedules, and practices of the Practicum Site;
3. To ensure that the PsyD Program faculty are available for consultation with both the Practicum Site Supervisor, and Student;
4. To notify the Student and Practicum Site of any changes in the academic ability of the Student to continue in the Practicum Site.

Student Responsibilities

1. To fulfill all responsibilities as listed in the PsyD Program's *Doctor of Psychology (PsyD) Program Training Handbook* and in this Agreement;
2. To adhere to the administrative policies, rules, standards, schedules, and practices of the Practicum Site;
3. To obtain appropriate insurance coverage for clinical activities at the Practicum Site;
4. To timely notify the PsyD Program of any problem in relation to the quality of training provided at the Practicum Site;
5. To provide written and timely feedback about the practicum experience at the Practicum Site using the "Student Evaluation of Practicum Site" form and "Student Evaluation of Site Supervisor(s)" form.

Practicum Site Responsibilities

1. To provide appropriate training opportunities in clinical psychology:
 - a. To provide an "organized sequential series" of experiences, integrated with the organizational mission, to assist students in preparing for and meeting requirements for licensure.
 - b. To provide supervised experiences, didactics, and developmentally integrated training aimed at developing competencies listed under Goals and Objectives of Practicum Experience.
2. To provide adequate and sufficient opportunities for the student to engage in a variety of clinical psychology activities under supervision of a licensed mental health professional, and for evaluating and documenting the student's performance by completing evaluation forms which will be delivered to the site at the end of each semester.
 - a. To provide the Student a minimum of 625 hours of training hours, unless otherwise agreed in writing with the PsyD program.

- b. To ensure that the student receives at least 200 practicum hours in direct service to clients (face to face) at the Practicum Site, unless a lesser figure is agreed in writing with the PsyD program.
- 3. To provide qualified and appropriate supervision
 - a. To abide by all applicable state laws governing the supervision of student trainees.
 - b. To assign a Practicum Supervisor who is trained, credentialed, and prepared in their discipline and in the health service psychology activities being supervised, legally authorized for independent practice in their jurisdiction, and legally responsible for the direct service being provided. Supervisors who perform the direct observation must be competent in performing the supervised activity, as well as in providing supervision ([APA IR C-14 Direct Observations](#)). The Practicum Supervisor must be a licensed clinical psychologist with appropriate credentials, unless otherwise agreed in writing with the PsyD program. The Supervisor must have the time, availability, and the interest for training the Student.
 - c. To provide direct observation (i.e., in-person observation) using in-room or one-way mirror observation of direct service contact, live simultaneous audio-video streaming, or audio or video recording ([APA IR C-14 Direct Observations](#)) of the Student's work using audio/visual tapes, observation, and/or live supervision; this Agreement shall be a minimum of:
 - (1) for psychotherapy, one hour of face-to-face supervision per 4 hours of client contact, each week
 - (2) for assessments, one hour of face-to-face supervision per assessment battery.
- 4. To give feedback on the Student's performance using the "Clinical Site Evaluation of Extern" form.
- 5. To provide the Student with adequate work space, telephone, office supplies, support, and staff to conduct professional activities;
- 6. To ensure that practicum training is scheduled by the Practicum Site so as not to interfere with the Student's coursework and timely completion of mandatory program requirements.
- 7. To ensure the quality of the practicum site, including allowing the PsyD Program regularly scheduled site reviews.

Complaints, Conflicts, and Discipline

Any disciplinary issues, conflicts, or student complaints will be managed jointly and consistent with each organization's currently existing disciplinary and employee conflict resolution policies. The student's service provision agreement may be terminated prior to the end of the time commitment if the Student engages in inappropriate conduct.

Supervision

The Practicum Site has assigned the following supervisor

Name		Title	
Street Address			
City	State	Zip	
Email		Phone	

Program/Field of Study: *Please do not use abbreviations

Highest Degree Earned	Year Earned	*Granting Institution
-----------------------	-------------	-----------------------

Highest Degree Earned	Year Earned	*Granting Institution
Highest Degree Earned	Year Earned	*Granting Institution

Supervisor Licensure, Certification, or Registration Information

Granting Jurisdiction 1	Title	ID#
Granting Jurisdiction 2	Title	ID#
Granting Jurisdiction 3	Title	ID#

Notices

Notices, communication, and correspondence regarding this Agreement shall be sent to:

PsyD Program: Helena Orellana, Psy.D., Director of Clinical Training
 PsyD Program, Institute for the Psychological Sciences at Divine Mercy University
 45154 Underwood Ln., Sterling, VA 20166
 Email: dct.ips@divinemercury.edu; Phone: 703-416-1441, extension 123

Practicum Site: Contact Person

Name		Title
Street Address		
City	State	Zip
Email		Phone

Termination

The Practicum Site may recommend to the PsyD Program the withdrawal of a student if the achievement, academic progress, adjustment, or health of the student does not warrant continuation or if the student's behavior fails to conform to applicable regulations of Practicum Site. Such recommendation shall be provided in advance writing to the PsyD Program Director of Clinical Training and shall specify the basis for the Practicum Site recommendation. Either the PsyD Program or the Practicum Site may, for cause, discontinue the assignment of any student any time upon advance written notice during the period of this Agreement.

Indemnification

The Practicum Supervisor and Practicum Site agree to indemnify, defend, and hold harmless the PsyD Program and its employees, agents, servants, officers, trustees, and representatives (in their individual and official capacities) from any and all liability, loss, or damage that they or any of them or any third parties incur

or sustain as a result of any claims, damages, actions, causes of action, judgments, costs, or expenses, including attorneys' fees, which result from, arise out of, or occur during the course of this Agreement.

Amendments

Any modifications to this Agreement shall be signed by all parties and attached to this Agreement.

Approval and Acceptance of Agreement

The practicum shall not begin prior to Approval and Acceptance of the Agreement by all parties and the beginning date specified above and until written approval is received by the Practicum Site, Student, and the PsyD Program.

Approval and Acceptance by

Practicum Site	Name with credentials (Ph.D., Psy.D.)	Title
	Signature	Date
IPS PsyD Student	Name	Title
	Signature	Date
IPS PsyD Program	Name with credentials (Ph.D., Psy.D.)	Title
	Signature	Date

The original signed Agreement shall be returned to the PsyD Program Director of Clinical Training. Copies should be maintained by the Practicum Site and the Student.

External Practicum Agreement Addendum

Goals and Objectives of Practicum Experience from Psy.D. Program Goals, Objectives and Competencies

Goal 1: Foundations in Psychological Sciences and Research: Graduates will attain foundational knowledge of biological, cognitive, history and systems of psychology, psychological measurement, psychopathology, research design, and statistical methods. Graduates will have the skills necessary to conduct their own psychological research.

Objective 1.c. Students will develop: Ability to apply psychological sciences and outcomes research

Competency 1.c.2. Students will demonstrate the ability to: Discuss relevant outcome research and its limitations on conclusions based on the context of intervention. (e.g., diversity issue, multiple diagnoses, complexity of cases etc.)

Goal 2: Integrity in Practice: Graduates will be knowledgeable in the areas of diversity and ethics, and display critical thinking, self-aware/reflective practice, and self-care. Graduates will demonstrate responsiveness to supervision, collegiality, and professional comportment in professional practice.

Objective 2.a. Students will develop: Knowledge of diversity, and integration of multicultural competence, in all areas of professional practice

Competency 2.a.1. Students will demonstrate the ability to: Integrate issues of diversity, broadly defined, across all areas of professional practice.

Objective 2.b. Students will develop: Ethical decision making and judgment

Competency 2.b.1. Students will demonstrate the ability to: Integrate knowledge of ethical principles and guidelines, moral reasoning, and basic legal principles in all areas of professional practice.

Objective 2.c. Students will develop: Critical thinking skills

Competency 2.c.1. Students will demonstrate the ability to: Conceptualize, apply, analyze, synthesize, and evaluate information gathered by observation, experience, reflection, reasoning, or communication as a guide.

Objective 2.d. Students will develop: Self-awareness/reflective practice

Competency 2.d.1. Students will demonstrate the ability to: Critically evaluate one's own development and areas of strength and weakness.

Objective 2.e. Students will develop: Self-care skills

Competency 2.e.1. Students will demonstrate the ability to: Identify the components of self-care.

Competency 2.e.2. Students will demonstrate the ability to: Develop and monitor a personal self-care plan.

Objective 2.f. Students will develop: Collegiality

Competency 2.f.1. Students will demonstrate the ability to: Demonstrate collegiality, cooperate with other staff and coworkers in a team milieu, work well with clients, peers, staff, faculty, present a favorable impression to other professionals and demonstrate good judgment (both personally and professionally), appropriate etiquette and professional acumen.

Objective 2.g. Students will develop: Responsiveness to supervision

Competency 2.g.1. Students will demonstrate the ability to: Seek out and receive feedback non-defensively, make changes and integrate them into behavior.

Goal 3. Assessment and Diagnosis: Graduates will be able to: conduct clinical interviewing; perform intake evaluation; demonstrate knowledge in the administration, scoring, and interpretation of psychological assessment; integrate multiple sources of test data and clinical interview information into a written report; diagnose; and develop a treatment plan;

Objective 3.a. Students will develop: Intake evaluation skills

Competency 3.a.1. Students will demonstrate the ability to: Gather information during an intake session using clinical interviewing skills.

Competency 3.a.2. Students will demonstrate the ability to: Gather collateral data sufficient to assess mental status, obtain pertinent history for diagnostic formulation and treatment recommendations; identify needed referrals.

Objective 3.b. Students will develop: Knowledge of administration, scoring, and interpretation of psychological assessment

Competency 3.b.1. Students will demonstrate the ability to: Choose appropriate psychological assessment instruments.

Competency 3.b.2. Students will demonstrate the ability to: Administer and score psychological assessment in a standardized manner.

Competency 3.b.3. Students will demonstrate the ability to: Make appropriate interpretations of results.

Objective 3.c. Students will develop: Ability to Integrate test data and clinical interview information into a comprehensive written report

Competency 3.c.1. Students will demonstrate the ability to: Integrate test data with information collected from interviews and collateral sources to generate clinical hypotheses, conclusions, and recommendations.

Objective 3.d. Students will develop: Diagnosis and treatment planning skills

Competency 3.d.1. Students will demonstrate the ability to: Generate appropriate diagnostic hypotheses and articulate justification for conclusions.

Competency 3.d.2. Students will demonstrate the ability to: Develop appropriate treatment recommendations by communicating the treatment goals and process to clients and others.

Goal 4: Therapeutic Intervention: Graduates will be able to demonstrate case conceptualization, treatment planning, building and maintaining the therapeutic relationship, psychotherapy skills, crisis management of urgent and special circumstances, and discharge planning;

Objective 4.a. Students will develop: Case conceptualization skills

Competency 4.a.1. Students will demonstrate the ability to: Demonstrate an explanation of problems consistent with a theoretical orientation, based on data gathering from interviews and standardized assessment tools consistent with a theoretical orientation.

Objective 4.b. Students will develop: Treatment planning skills

Competency 4.b.1. Students will demonstrate the ability to: Develop and organize a treatment PLAN to address the problems consistent with the conceptualization and best practices.

Objective 4.d. Students will develop: Psychotherapy skills

Competency 4.d.6. Students will demonstrate the ability to: Apply basic intervention skills such as intervening with clients by self-correcting as mistakes or ruptures occur: 4.d.6. Process skills

Objective 4.e. Students will develop: Crisis management skills

Competency 4.e.1. Students will demonstrate the ability to: Identify situations where emergency management (e.g. Mandated reporting) is required and to possess the ability to safeguard clients and manage risk in such situations.

Objective 4.f. Students will develop: Discharge Planning

Competency 4.f.1. Students will demonstrate the ability to: Develop a plan for termination of therapy based on treatment progress, client's needs, or any foreseen and unforeseen circumstances.

Goal 5: Professional Roles: Graduates will be able to function in a variety of required roles of professional psychologists to include consultant, educator, supervisor, practice manager, and program evaluator. They will be able to work collaboratively within interdisciplinary teams and with clients.

Objective 5.d. Students will develop: Competence related to Role of Practice manager

Competency 5.d.1. Students will demonstrate the ability to: Demonstrate basic competence in planning and organizing work and administration.

Appendix G: IPS Center Practicum Agreement



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

IPS Center Practicum Agreement

This Agreement is made this ____ day of _____, 202__, by and between the Divine Mercy University's Institute for the Psychological Sciences doctoral program in clinical psychology (hereinafter "PsyD Program") and the **IPS Center for Psychological Services** (hereinafter "Practicum Site").

Student Name _____ (hereinafter "Student")

Beginning Date of Training _____ **Ending date of training** _____

Practicum Site IPS Center for Psychological Services, Sterling VA

Practicum Supervisor _____

(Must be a licensed clinical psychologist; Include credentials, e.g., PhD, PsyD, unless otherwise agreed in writing with PsyD program)

Training opportunities available for the Student at the Practicum Site *(completed by Practicum Site)*

Please select all that apply below.

1. Interventions/Therapy

- Individual Psychotherapy
- Marital/Family
- Child/Adolescent
- Group

2. Assessments

- Intake Interviewing
- Personality Testing
- Cognitive/Neuropsych Assessment

3. Supervision

- Individual Supervision
- Group Supervision
- Case Conference/Staff Meetings

4. Other (please list/describe) _____

Purpose

The purpose of this Agreement is to specify the terms and conditions that will exist between the PsyD Program, the Practicum Site, and the Student.

The Practicum Program

The IPS Center practicum is a requirement for students in the doctoral program in clinical psychology to provide opportunities for students to adequately form their clinical skills through a systematic program of supervised clinical practice at a PsyD Program-run practicum site. Supervision will be provided by on-site supervisors, who will provide regular feedback to the student regarding their progress.

Goals and Objectives of Practicum Experience

The goals and objectives of the practicum experience are to provide training opportunities to help the student achieve and demonstrate profession-wide competencies, as well as program-specific competencies, in the following areas: (1) Research; (2) Ethics/Standards; (3) Individual Differences/Cultural Diversity; (4) Professional values, attitudes, and behaviors; (5) Communication and Interpersonal skills; (6) Assessment; (7) Intervention; (8) Supervision; (9) Consultation and interdisciplinary skills, all of which must be in alignment with the Goals, Objectives, and Competencies of the Psy.D. Program as provided in the addendum to this Agreement.

PsyD Program Responsibilities

1. To notify the Student that they must adhere to the administrative policies, rules, standards, schedules, and practices of the Practicum Site;
2. To ensure that the PsyD Program faculty are available for consultation with both the Practicum Site Supervisor, and Student;
3. To notify the Student and Practicum Site of any changes in the academic ability of the Student to continue in the Practicum Site.

Student Responsibilities

1. To fulfill all responsibilities as listed in the PsyD Program's *Doctor of Psychology (PsyD) Program Training Handbook* and in this Agreement;
2. To adhere to the administrative policies, rules, standards, schedules, and practices of the Practicum Site;
3. To obtain appropriate insurance coverage for clinical activities at the Practicum Site;
4. To timely notify the PsyD Program of any problem in relation to the quality of training provided at the Practicum Site;
5. To provide written and timely feedback about the practicum experience at the Practicum Site using the "Student Evaluation of Practicum Site" form and "Student Evaluation of Site Supervisor(s)" form.

Practicum Site Responsibilities

1. To provide appropriate training opportunities in clinical psychology:
 - a. To provide an "organized sequential series" of experiences, integrated with the organizational mission, to assist students in preparing for and meeting requirements for licensure.
 - b. To provide supervised experiences, didactics, and developmentally integrated training aimed at developing competencies listed under Goals and Objectives of Practicum Experience.
2. To provide adequate and sufficient opportunities for the student to engage in a variety of clinical psychology activities under supervision of a licensed mental health professional, and for evaluating and documenting the student's performance by completing evaluation forms which will be delivered to the site at the end of each semester.
 - a. To provide the Student a minimum of 250 hours of training hours, unless otherwise agreed in writing with the PsyD program.
 - b. To ensure that the student receives at least 75 practicum hours in direct service to clients (face to face) at the Practicum Site, unless a lesser figure is agreed in writing with the PsyD program.
3. To provide qualified and appropriate supervision
 - a. To abide by all applicable state laws governing the supervision of student trainees.
 - b. To assign a Practicum Supervisor who is trained, credentialed, and prepared in their discipline and in the health service psychology activities being supervised, legally authorized for independent

practice in their jurisdiction, and legally responsible for the direct service being provided. Supervisors who perform the direct observation must be competent in performing the supervised activity, as well as in providing supervision ([APA IR C-14 Direct Observations](#)). The Practicum Supervisor must be a licensed clinical psychologist with appropriate credentials, unless otherwise agreed in writing with the PsyD program. The Supervisor must have the time, availability, and the interest for training the Student.

- c. To provide direct observation (i.e., in-person observation) using in-room or one-way mirror observation of direct service contact, live simultaneous audio-video streaming, or audio or video recording ([APA IR C-14 Direct Observations](#)) of the Student's work using audio/visual tapes, observation, and/or live supervision; this Agreement shall be a minimum of:
 - (1) for psychotherapy, one hour of face-to-face supervision per 4 hours of client contact, each week
 - (2) for assessments, one hour of face-to-face supervision per assessment battery.
4. To give feedback on the Student's performance using the "Clinical Site Evaluation of Extern" form.
5. To provide the Student with adequate work space, telephone, office supplies, support, and staff to conduct professional activities;
6. To ensure that practicum training is scheduled by the Practicum Site so as not to interfere with the Student's coursework and timely completion of mandatory program requirements.
7. To ensure the quality of the practicum site, including allowing the PsyD Program regularly scheduled site reviews.

Complaints, Conflicts, and Discipline

Any disciplinary issues, conflicts, or student complaints will be managed jointly and consistent with each organization's currently existing disciplinary and employee conflict resolution policies. The student's service provision agreement may be terminated prior to the end of the time commitment if the Student engages in inappropriate conduct.

Notices

Notices, communication, and correspondence regarding this Agreement shall be sent to:

PsyD Program: Helena Orellana, PsyD, Director of Clinical Training
PsyD Program, Institute for the Psychological Sciences at Divine Mercy University
45154 Underwood Ln., Sterling, VA 20166
Email: dct.ips@divinemercury.edu; Phone: 703-416-1441, extension 123

Practicum Site: Sr. Mary Patrice Ahearn, PsyD, Training Director of IPS Center
IPS Center for the Psychological Services
45154 Underwood Ln., Sterling, VA 20166
Email: mpahearn.ips@divinemercury.edu; Phone: 703-416-1441, extension 162

Termination

The Practicum Site may recommend to the PsyD Program the withdrawal of a student if the achievement, academic progress, adjustment, or health of the student does not warrant continuation or if the student's behavior fails to conform to applicable regulations of Practicum Site. Such recommendation shall be provided in advance writing to the PsyD Program Director of Clinical Training and shall specify the basis for the Practicum Site recommendation. Either the PsyD Program or the Practicum Site may, for cause, discontinue the assignment of any student any time upon advance written notice during the period of this Agreement.

Indemnification

The Practicum Supervisor and Practicum Site agree to indemnify, defend, and hold harmless the PsyD Program and its employees, agents, servants, officers, trustees, and representatives (in their individual and official capacities) from any and all liability, loss, or damage that they or any of them or any third parties incur

or sustain as a result of any claims, damages, actions, causes of action, judgments, costs, or expenses, including attorneys' fees, which result from, arise out of, or occur during the course of this Agreement.

Amendments

Any modifications to this Agreement shall be signed by all parties and attached to this Agreement.

Approval and Acceptance of Agreement

The practicum shall not begin prior to Approval and Acceptance of the Agreement by all parties and the beginning date specified above and until written approval is received by the Practicum Site, Student, and the PsyD Program.

Approval and Acceptance by

Practicum Site	Name with credentials (Ph.D., Psy.D.)	Title
	Signature	Date
IPS PsyD Student	Name	Title
	Signature	Date
IPS PsyD Program	Name with credentials (Ph.D., Psy.D.)	Title
	Signature	Date

The original signed Agreement shall be returned to the PsyD Program Director of Clinical Training. Copies should be maintained by the Practicum Site and the Student.

External Practicum Agreement Addendum

Goals and Objectives of Practicum Experience from Psy.D. Program Goals, Objectives and Competencies

Goal 1: Foundations in Psychological Sciences and Research: Graduates will attain foundational knowledge of biological, cognitive, history and systems of psychology, psychological measurement, psychopathology, research design, and statistical methods. Graduates will have the skills necessary to conduct their own psychological research.

Objective 1.c. Students will develop: Ability to apply psychological sciences and outcomes research

Competency 1.c.2. Students will demonstrate the ability to: Discuss relevant outcome research and its limitations on conclusions based on the context of intervention. (e.g., diversity issue, multiple diagnoses, complexity of cases etc.)

Goal 2: Integrity in Practice: Graduates will be knowledgeable in the areas of diversity and ethics, and display critical thinking, self-aware/reflective practice, and self-care. Graduates will demonstrate responsiveness to supervision, collegiality, and professional comportment in professional practice.

Objective 2.a. Students will develop: Knowledge of diversity, and integration of multicultural competence, in all areas of professional practice

Competency 2.a.1. Students will demonstrate the ability to: Integrate issues of diversity, broadly defined, across all areas of professional practice.

Objective 2.b. Students will develop: Ethical decision making and judgment

Competency 2.b.1. Students will demonstrate the ability to: Integrate knowledge of ethical principles and guidelines, moral reasoning, and basic legal principles in all areas of professional practice.

Objective 2.c. Students will develop: Critical thinking skills

Competency 2.c.1. Students will demonstrate the ability to: Conceptualize, apply, analyze, synthesize, and evaluate information gathered by observation, experience, reflection, reasoning, or communication as a guide.

Objective 2.d. Students will develop: Self-awareness/reflective practice

Competency 2.d.1. Students will demonstrate the ability to: Critically evaluate one's own development and areas of strength and weakness.

Objective 2.e. Students will develop: Self-care skills

Competency 2.e.1. Students will demonstrate the ability to: Identify the components of self-care.

Competency 2.e.2. Students will demonstrate the ability to: Develop and monitor a personal self-care plan.

Objective 2.f. Students will develop: Collegiality

Competency 2.f.1. Students will demonstrate the ability to: Demonstrate collegiality, cooperate with other staff and coworkers in a team milieu, work well with clients, peers, staff, faculty, present a favorable impression to other professionals and demonstrate good judgment (both personally and professionally), appropriate etiquette and professional acumen.

Objective 2.g. Students will develop: Responsiveness to supervision

Competency 2.g.1. Students will demonstrate the ability to: Seek out and receive feedback non-defensively, make changes and integrate them into behavior.

Goal 3. Assessment and Diagnosis: Graduates will be able to: conduct clinical interviewing; perform intake evaluation; demonstrate knowledge in the administration, scoring, and interpretation of psychological assessment; integrate multiple sources of test data and clinical interview information into a written report; diagnose; and develop a treatment plan;

Objective 3.a. Students will develop: Intake evaluation skills

Competency 3.a.1. Students will demonstrate the ability to: Gather information during an intake session using clinical interviewing skills.

Competency 3.a.2. Students will demonstrate the ability to: Gather collateral data sufficient to assess mental status, obtain pertinent history for diagnostic formulation and treatment recommendations; identify needed referrals.

Objective 3.b. Students will develop: Knowledge of administration, scoring, and interpretation of psychological assessment

Competency 3.b.1. Students will demonstrate the ability to: Choose appropriate psychological assessment instruments.

Competency 3.b.2. Students will demonstrate the ability to: Administer and score psychological assessment in a standardized manner.

Competency 3.b.3. Students will demonstrate the ability to: Make appropriate interpretations of results.

Objective 3.c. Students will develop: Ability to Integrate test data and clinical interview information into a comprehensive written report

Competency 3.c.1. Students will demonstrate the ability to: Integrate test data with information collected from interviews and collateral sources to generate clinical hypotheses, conclusions, and recommendations.

Objective 3.d. Students will develop: Diagnosis and treatment planning skills

Competency 3.d.1. Students will demonstrate the ability to: Generate appropriate diagnostic hypotheses and articulate justification for conclusions.

Competency 3.d.2. Students will demonstrate the ability to: Develop appropriate treatment recommendations by communicating the treatment goals and process to clients and others.

Goal 4: Therapeutic Intervention: Graduates will be able to demonstrate case conceptualization, treatment planning, building and maintaining the therapeutic relationship, psychotherapy skills, crisis management of urgent and special circumstances, and discharge planning;

Objective 4.a. Students will develop: Case conceptualization skills

Competency 4.a.1. Students will demonstrate the ability to: Demonstrate an explanation of problems consistent with a theoretical orientation, based on data gathering from interviews and standardized assessment tools consistent with a theoretical orientation.

Objective 4.b. Students will develop: Treatment planning skills

Competency 4.b.1. Students will demonstrate the ability to: Develop and organize a treatment PLAN to address the problems consistent with the conceptualization and best practices.

Objective 4.d. Students will develop: Psychotherapy skills

Competency 4.d.6. Students will demonstrate the ability to: Apply basic intervention skills such as intervening with clients by self-correcting as mistakes or ruptures occur: 4.d.6. Process skills

Objective 4.e. Students will develop: Crisis management skills

Competency 4.e.1. Students will demonstrate the ability to: Identify situations where emergency management (e.g. Mandated reporting) is required and to possess the ability to safeguard clients and manage risk in such situations.

Objective 4.f. Students will develop: Discharge Planning

Competency 4.f.1. Students will demonstrate the ability to: Develop a plan for termination of therapy based on treatment progress, client's needs, or any foreseen and unforeseen circumstances.

Goal 5: Professional Roles: Graduates will be able to function in a variety of required roles of professional psychologists to include consultant, educator, supervisor, practice manager, and program evaluator. They will be able to work collaboratively within interdisciplinary teams and with clients.

Objective 5.d. Students will develop: Competence related to Role of Practice manager

Competency 5.d.1. Students will demonstrate the ability to: Demonstrate basic competence in planning and organizing work and administration.

Appendix H: Articles about Pre-Doctoral Internship



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Articles about Pre-Doctoral Internship

Albin, Adams, Walker, & Elwood. (2000). The quest for an internship: Four students' perspective. *Professional Psychology: Research & Practice, 31* (3), 295-299.

Callahan, J. L., Hogan, L. R., Klonoff, E. A., & Collins, F. L., Jr. (2014). Predicting match outcomes: Science, practice, and personality. *Training and Education in Professional Psychology, 8*(1), 68-82.

<http://dx.doi.org/10.1037/tep0000030>

Callahan, J. L., Ruggero, C. J., & Parent, M. C. (2013). Hidden gems among clinical psychology training programs. *Training and Education in Professional Psychology, 7*(4), 278-284.

<http://dx.doi.org/10.1037/a0034233>

Eisenhard, M. L., & Muse-Burke, J. L. (2015). A comparison of individual supervision at forensic, inpatient, and college counseling internship sites. *Training and Education in Professional Psychology, 9*(1), 61-67. <http://dx.doi.org/10.1037/tep0000051>

Krieshok, Lopez, Somberg, & Cantrell. (2000). Dissertation while on internship: Obstacles and predictors of progress. *Professional Psychology: Research & Practice, 31* (3), 327-331.

LeJuez, Read, Gollan, & Zvolensky. (2001). Identifying, obtaining, and completing a predoctoral psychology internship: Research considerations. *Professional Psychology: Research & Practice, 32* (6), 650-654.

Parent, M. C., Weiser, D. A., & McCourt, A. (2015). "So what are you?": Inappropriate interview questions for psychology doctoral and internship applicants. *Training and Education in Professional Psychology, 9*(2), 136-143. <http://dx.doi.org/10.1037/tep0000068>

Rodolfa, Haynes, & Kaplan. (1995). To apply or not to apply: That is the intern applicant's first question. *Professional Psychology: Research and Practice, 26* (4), 393-395.

Rodolfa, Vieille, Russell, Nijjer, Nguyen, Mendoza, & Perrin. (1999). Internship selection: Inclusion and exclusion criteria. *Professional Psychology: Research & Practice, 30* (4), 415-419.

Stedman, Hatch, & Schoenfeld. (2000). Preinternship preparation in psychological testing and psychotherapy: What internship directors say they expect. *Professional Psychology: Research and Practice*, 31 (3), 321-326.

Stedman, Hatch, & Schoenfeld. (2001). Internship directors' valuation of preinternship preparation in test-based assessment and psychotherapy. *Professional Psychology: Research and Practice*, 32 (4), 421-424.

Wells, S. R., Herbst, R. B., Parent, M. C., Ameen, E. J., El-Ghoroury, N. H., Mattu, A.

M., . . . Fitzgerald, M. E. (2014). The internship crisis: Graduate students look back and plan ahead. *Training and Education in Professional Psychology*, 8(2), 112-

118. <http://dx.doi.org/10.1037/tep0000042>

Appendix I: Request for Clearance to Apply for Pre-Doctoral Internship



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Request for Clearance to Apply for Pre-Doctoral Internship

Instructions:

Each student is to supply necessary information on form and is to meet with their Dissertation Chairperson, the Director of the PsyD Program and the Director of Clinical Training for evaluation and approval in that order. Please review each section carefully to provide the required information. In particular, students must complete the hours table AND paperwork checklist prior to seeking DCT approval. **Once the form is complete, please submit along with your site list & hours excel sheet to the DCT office.**

SECTION I

Applicant Name _____

Date Entered PsyD Program _____ Projected Start of Internship _____

Dissertation Chairperson Clearance

Requirement

- Doctoral Dissertation Proposal successfully defended.*

I certify that the PsyD student's dissertation proposal has been approved and is cleared to apply for internship.

Dissertation Chairperson _____ Date _____

Director of Research Training (DRT) _____ Date _____

Director of PsyD Program Clearance

Requirements

- Basic Clinical Skills Competency Probes: Passed*
 Advanced Clinical Skills Competency Probes: Passed
 PsyD Clinical Comprehensive Exam-Written: Passed
 PsyD Clinical Comprehensive Exam- Oral: Passed

I certify that the PsyD student has made adequate progress on completion of course work and completion of the PsyD Comprehensive Examination Process and is cleared to apply for internship

Director of Clinical Training Clearance

By October 1 of the internship application year, these *minimum* requirements will have been fulfilled

- 310 face-to-face client contact hours
- 191 other direct service related hours
- 99 supervision hours
- 387 other support hours
- 987 total practicum hours (estimated up until October 1st)
- The remainder of the required hours, 165 face to face client contact hours, 99 other direct service hours, 58 supervision hours and 223 other support hours - 545 in total (to make up 1500 total clinical hours for all practicum training), will be completed prior to internship start date.

Students should complete the table below.

Total Face-to-Face therapy hours (in person + remote) by Oct 1	
Total Face-to-Face intake hours (in person + remote) by Oct 1	
Total Face-to-Face assessment hours (in person + remote) by Oct 1	
Total Face-to-Face Client Contact hours on Externship/Practicum(s) by Oct 1 (e.g. total of 3 rows above)	
Estimated Additional Face-to-Face Client Contact Hours to be collected (prior to internship start date)	
Total other Direct Service-Related Hours on Externship/Practicum(s) by Oct 1	
Estimated Additional other Direct Service-Related Hours to be collected (prior to internship start date)	
Total Supervision Hours on Externship/Practicum(s) by Oct 1	
Estimated Additional Supervision Hours to be collected (prior to internship start date)	
Total Externship/Practicum Hours by Oct 1	
Estimated Additional Externship/Practicum Hours (prior to internship start date)	

Clinical Documentation Clearance

By November 1 of the internship application year, students are required to ensure that the following clinical documentation was successfully submitted. To do so, students must review their records (TK20,

personal records, emails to DCT, DCT google form, etc) and indicate that they have found copies of all paperwork by checking the appropriate boxes below and listing their submission location in the space below.

Introductory: Apps A, B, J & N

Introductory: Proof of Insurance

Introductory: App G & App O

Introductory: Fall App D, E & F

Introductory: Fall Signed Hours

Introductory: Spring App D, E & F

Introductory: Spring Signed Hours

Introductory: Summer App D, E & F

Introductory: Summer Signed Hours

Foundational: Apps A, B, J & N

Foundational: Proof of Insurance

Foundational: App G & App O

Foundational: Fall App D, E & F

Foundational: Fall Signed Hours

Foundational: Spring App D, E & F

Foundational: Spring Signed Hours

Foundational: Summer App D, E & F

Foundational: Summer Signed Hours

Advanced: Apps A, B, J & N

Advanced: Proof of Insurance

Advanced: App G & App O

Advanced: Fall App D, E & F

Advanced: Fall Signed Hours

Advanced: Spring App D, E & F

Advanced: Spring Signed Hours

Advanced: Summer App D, E & F

Advanced: Summer Signed Hours

Students who have completed additional training rotations are required to list all additional clinical documentation and verify submission of documentation on a separate page attached to this form.

Director of Clinical Training Clearance

I certify that the PsyD student has met criteria related to clinical training and is cleared to apply for internship.

Director of Clinical Training (DCT) _____ Date _____

SECTION II: Statement of Understanding

I understand that final clearance to begin my pre-doctoral internship is contingent upon the following factors:

- *Satisfactory progress towards completion of my doctoral dissertation.*
- *Adequate completion of all required coursework and practicum placements*
- *Completion of the Clinical Comprehensive Examination, Component PsyD-II*
- *Remaining a student in good standing at the IPS*
- *Demonstration of adequate emotional maturity, stability and professional conduct.*

I also understand that I am required to apply to APPIC-approved internship sites and that I am obligated to accept such an internship should the opportunity arise.

Consideration of approval for APPIC only internships may occur after reasonable efforts have been applied to securing an APA-approved internship site. Before such a process begins, I will provide sufficient documentation to demonstrate that the proposed site will fulfill the expectations of an APA-approved site. This documentation will be submitted to the Director of Clinical Training for approval. I understand that approval is not guaranteed and will be considered on a case-by-case basis.

Student Signature _____ Date _____



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Affidavit of Handbook Review

(To be signed and submitted each year in the Fall semester by the student and submitted for student's permanent file) (Revised 08/11/2020)

By signing below, I indicate that I have read and understood the contents of the Doctor of Psychology (PsyD) Program Training Handbook, and agree to abide by its policies and procedures. Further, I agree to incorporate any changes to this Handbook into its contents upon notification by the Director of Clinical Training, Department Chair, or the Academic Dean. I further understand that:

- Enrollment in the PsyD program requires a substantial financial commitment. I understand that I must be prepared to meet the financial obligations required without unduly compromising progress in the program through excessive reliance on outside employment.
- Enrollment in the PsyD program requires a substantial commitment and focus of time. Deviation from “on-progress” status (i.e., normal progress is to complete the program, including the clinical internship, within 5 years) is considered to be a serious concern. Lack of continuous progress toward completion of degree requirements will result in formal remediation and possible termination from the program.
- I am required to be registered full-time, on a continuous basis, and to be in residency for the duration of my doctoral training at the IPS (with the exception of the clinical internship which will likely require location away from the IPS).
- I accept that it is my responsibility to ensure that all necessary clinical documentation related to internal and external training will be submitted as required and detailed in the Clinical Documentation section of the PsyD Program Training Handbook.
- I understand that placement in pre-doctoral internship is very competitive. IPS requires students to apply to multiple sites throughout the United States and not only in the Washington, D.C. metro area. Therefore, I am open to the likely possibility of needing to relocate in order to complete the pre-doctoral internship requirement.

Student Signature _____ Date _____

Printed or typed name of student _____

Appendix K: PsyD Program Clearance for Comprehensive Exam: Clinical Competencies



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

PsyD Program Clearance for Comprehensive Exam

(Revised 08/2020)

Student Name _____

Basic & Advanced Clinical Competency Probes

PsyD students must pass both the Basic and Advanced Clinical Competency Probes.

Basic Clinical Competency Probes

Semester Passed	Course	Skills Probe
	Psy 516	Basic Interviewing and Clinical Skills
	Psy 608	Cognitive / Behavioral Assessment Skills
	Psy 609	Adult Psychotherapy Skills
	Psy 610	Child Psychotherapy Skills
	Psy 611	Marital Psychotherapy Skills
	Psy 613	Personality Assessment Skills

Advanced Clinical Competency Probes

Semester Passed	Course	Skills Probe
	Psy 724	Advanced Adult Therapy Skills
	Psy 734	Advanced Child, Marital, and Family Therapy Skills
	Psy 836	Advanced Personality Assessment Skills

**If not yet passed, the date the course is scheduled to be completed and evaluated (i.e., "Will be completed Spring 20xx")*

Student Signature

Date

I certify that the student named above has passed all requirements for the PsyD Comprehensive Exam Component PsyD-I.

Director of the PsyD Program

Date

**Appendix M: PsyD Program Comprehensive Exam Scoring Summary Form Component; PsyD-II:
Case Presentation (Oral)**



**INSTITUTE FOR THE
PSYCHOLOGICAL SCIENCES**

**Psy.D. Program Comprehensive Exam Scoring Form
Component PsyD-II: Case Discussion – Oral**

Date: _____

Student Name: _____

Examiner: _____

	Inadequate Proficiency	Marginal Proficiency	Functional Proficiency	Advanced Proficiency	Mastery
Scale	1	2	3	4	5

Program Goal 1: Foundations in Psychological Sciences and Research (Question 5)

a. Application of the psychological sciences and outcomes research (Obj, c.2)

Program Goal 2: Integrity in Practice (Question 3)

a. Knowledge of diversity & integration of multicultural competence in all areas of professional practice (Obj, a.1)

b. Ethical decision making and judgment (Obj, b.1)

Program Goal 3: Assessment and Diagnosis (*Question 4)

a. Intake evaluation (Obj, a.2) (*Covered in Question 1)

b. Integration of multi-source test data and clinical interview information into a comprehensive report (Obj, c.1)

c. Diagnosis (Obj, d.1)

d. Treatment planning recommendations (Obj, d.2)

- Turn page over -

(Revised 06/09/2020)

Program Goal 4: Therapeutic Intervention (Question 1)

a. Case conceptualization (Obj, a.1)

b. Treatment planning (Obj, b.2)

c. Psychotherapy skills (Obj, d.6)

Program Goal 5: Professional Roles (Educator)

(Ability to articulate and disseminate case information orally)

a. Educator (Obj, b.1)

Program Goal 6: Clinical Practice from a Catholic Integrative Perspective (Question 2)

a. Knowledge of the human person from the Catholic perspective (Obj, a.1)

b. Catholic integration in clinical practice (Obj, b.6)

Qualitative Comments:

(Revised 06/09/2020)

Appendix N: PsyD Student Professional Associations and Activities



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

PsyD Student Professional Associations and Activities

An important component of a student's development as a professional psychologist is to become part of the larger community of psychologists through membership in professional associations. Active membership in such organizations fosters awareness of current knowledge and best practices in the field, as well as allowing opportunities for scholarship and leadership. Accordingly, all students enrolled in the Psy.D. program are required to be members of at least one professional mental health association. We strongly encourage each student to review this form with their academic advisor at least once a year.

Are you a member of a Professional/Research Society?*

Yes

No

Please indicate in which of the following associations or societies you are a member.

- American Psychological Association (APA)
- American Psychological Association of Graduate Students (APAGS)
- Asian American Psychological Association (AAPA)
- Association of Black Psychologists (ABPsi)
- Catholic Psychotherapy Association (CPA)
- International Psychology (APA Division 52)
- National Latina/o Psychological Association (NLPA)
- Society for the Psychological Study of Ethnic Minority Issues (APA Division 45)
- Society for the Psychology of Religion and Spirituality (APA Division 36)
- Society of Clinical Psychology (APA Division 12)
- Society of Indian Psychologists (SIP)
- Other

If 'Other', please list all:

Please provide the TOTAL NUMBER of societies you are a part of: _____

Please provide the NUMBER of books, book chapters, or articles in peer-reviewed professional/scientific journals of which you were an author or co-author. (Publications "in press," "under review," or "submitted" should not be counted here.)*

Please list each publication using APA style. If 0, write 'n/a':

Please provide the NUMBER of workshops, oral presentations, and/or poster presentations at professional meetings of which you were an author or co-author.* _____

Please list each activity using APA style. If 0, write 'n/a':

[Text Box]

Please provide the NUMBER of leadership roles or activities in professional organizations (for example, roles in local, state/provincial, regional, or national organizations)?* _____

If you are in one of these roles, please list your title and the group as well as your time in the role. If No, write 'n/a':

Please provide the NUMBER of presentation(s) on a psychological topic to lay or community audience?* _____

Please list each presentation using APA Style. If 0, write 'n/a':

If you have articles published in professional or scientific journals, please provide the NUMBER of articles.

Please list each article in APA style and include doi or URL. If 0, write 'n/a':

Please provide the NUMBER of times you presented a paper or papers at professional association(s). _____

Please list each presentation using APA style. If 0, write 'n/a':

Appendix O: PsyD Supervisor Information Form



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Psy.D. Supervisor Information Form

COMPLETED IN TK20 (SAMPLE SCREENSHOT BELOW)

PRIMARY SUPERVISOR INFORMATION

Please complete the following information for your PRIMARY supervisor.

If your supervisor changes, or if their contact information changes, please submit a revised version of this form.

First Name:*	<input type="text"/>
Last Name:*	<input type="text"/>
Title:*	<input type="text"/>
Site Name:	<input type="text"/>
Street Address:*	<input type="text"/>
City, State, ZIP:*	<input type="text"/>
Office phone:*	<input type="text"/>
Alternative phone:*	<input type="text"/>
Email:*	<input type="text"/>

Type of training site:*	<input type="radio"/> Practicum
	<input type="radio"/> Internship

SUPERVISOR EDUCATION

Please complete this section regarding your educational background.

Highest degree earned:*	<input type="text"/>
Granting institution:*	<input type="text"/>
Year earned:*	<input type="text"/>
2nd Highest degree earned:	<input type="text"/>
Granting institution:	<input type="text"/>
Year earned:	<input type="text"/>



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Personal Performance Improvement Plan

(template)

Student:

Semester:

Date:

Instructor/Supervisor:

Course/Practicum Site:

This plan was created in response to the area(s) of concern which initially arose in the {SEMESTER} of {YEAR}.

Specific Clinical/Professional Competencies In Need Of Improvement:

[*template*]

Summary of Concerns

[*template*]

Plan for Immediate & Sustained Improvement

[*template*]

Consequences of Failing Completion

[*template*]

Psy.D. Student

Date

Instructor/Supervisor

Date

Director of Clinical Training

Date

Appendix Q: Remediation Form: Tiers 3-5 Template



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Remediation Form: Tiers 3-5 Template

(template)

Student:

Semester:

Date:

Instructor/Supervisor:

Course/Practicum Site:

Specific Clinical/Professional Competencies In Need Of Improvement:

[template]

Summary of Concerns

[template]

Steps to Be Taken & Timeline

[template]

Consequences of Failing Completion

[template]

Psy.D. Student

Date

Instructor/Supervisor

Date

Student's Academic Advisor

Date

Director of Clinical Training

Date

PsyD Program Director

Date

Appendix R: Faculty Rating of Students' Professionalism



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Faculty Rating of Students' Professionalism COMPLETED IN TK20 (SAMPLE SCREENSHOT BELOW)

This evaluation is intended to help the faculty and IPS assess the student's progress and readiness to pursue further graduate study in clinical psychology, specifically in the area of professionalism. This form is intended as a guide only, feel free to include additional comments that you think would help the student's development as a professional psychologist.

SECTION 1: INDEPENDENT AND PROFESSIONAL FUNCTIONING

Section 1:*

	Inadequate Proficiency	Marginal Proficiency	Functional Proficiency	Advanced Proficiency	Mastery	Score
1. RESPONSIBILITY: Ability to follow through and complete assignments and tasks; ability to work independently and assume responsibility for actions; timely submission of practicum-related paperwork (if applicable). NA	1 Remediation required.	2 Remediation required.	3	4	5	Score
2. INITIATIVE: Shows keen interest, initiative, and willingness to be involved; participates in discussions. NA	1 Remediation required.	2 Remediation required.	3	4	5	Score
	1 Remediation required.	2 Remediation required.	3	4	5	Score

3. TIME MANAGEMENT: Punctuality; attendance; meeting deadlines as required (e.g., assignments, paperwork); Does not arrive late or leave early from classes or meetings.
NA

4. PROFESSIONAL CONDUCT: Complies with program guidelines and interacts respectfully and professionally with faculty and staff. Follows directions and guidance Program administration and faculty. NA	1 Remediation required.	2 Remediation required.	3	4	5	Score
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5. COLLEGIALITY: Works well with faculty and peers (including proper attire, conduct, speech). NA	1 Remediation required.	2 Remediation required.	3	4	5	Score
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6. PROBLEM SOLVING: Ability to conceptualize, analyze, synthesize, and evaluate information obtained, utilizes critical thinking skills to resolve dilemmas; respectful.	1 Remediation required.	2 Remediation required.	3	4	5	Score
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7. SELF-AWARE- NESS: Ability to critically evaluate own strengths and weaknesses in the classroom. NA	1	2	3	4	5	Score
	Remediation required.	Remediation required.				
						Rubric Score: <input type="text"/>
						Rubric Mean: <input type="text"/>

CLINICAL REMEDIATION FOR SECTION 1

Did the student score below a 3 in any area? Please indicate "yes" or "no". If "yes", the student is in need of clinical remediation.

Remediation:*

Yes

No

PROFESSIONALISM SKILLS SUMMARY

Comments:

By checking this box, I affix my signature to this evaluation.*

Signature

Appendix S: Student Proposal to go Out-of-sequence and Affidavit of Responsibility



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Student Proposal to go Out-of-sequence and Affidavit of Responsibility

(To be signed by student, student's Academic Advisor and Program Director)

I, _____ request to take the following course/s outside of the established PsyD curriculum sequence.

Please list courses you propose to postpone/take out of sequence and your plan for timely completion of degree requirements:

- Enrollment in the PsyD program requires a substantial commitment and focus of time. Deviation from “on-progress” status (i.e., normal progress is to complete the program, including the clinical internship, within 5 years) is considered to be a serious concern. Lack of continuous progress toward completion of degree requirements will result in formal remediation and possible termination from the program. (From Affidavit of Handbook Review)
- I am required to be registered full-time, on a continuous basis, and to be in residency for the duration of my doctoral training at the IPS (with the exception of the clinical internship which will likely require location away from the IPS). (From Affidavit of Handbook Review)
- Students are advised that taking courses outside of the established curriculum sequence could adversely impact completion of the clinical training sequence - including ability to take up externships, complete comprehensive examinations and be eligible for internship when desired. Students are expected to abide by all requirements set out in the Clinical Training Handbook, whether or not they go ‘out of sequence’ with their academic studies. The student agrees to abide by rules stated in training agreements with IPS training sites and external training sites.
- Students must be aware that there may be potential consequences of enrolling in and completing a reduced course load (i.e, either below full-time status or out of the Typical Course Sequence). Consequences may include, but are not limited to, potential reduction of financial aid awards, SEVIS status, degree completion time, financial liabilities, etc.
- The student is responsible for taking necessary action with the corresponding offices (i.e., Financial Aid, Student Accounts, International Student Office, Registrar, Academic Advisor) to comply with appropriate policies and requirements.

- The student agrees to meet the enrollment requirements and standards of IPS. The student must be aware that in going out of sequence they take a risk. The student must meet with their academic advisor to develop a plan; no guarantees can be made that this plan will mitigate adverse effects. It is not possible to guarantee the future availability of particular classes at a particular time or that any student’s proposals for adaptations to the normal guidelines and regulations concerning the clinical training sequence or academic requirements will be accomodated. The availability of courses a student who is out-of-sequence may take will be highly restricted due to course prerequisites, current course scheduling and Practicum requirements.
- Student is aware that the duration of their time in the program cannot exceed seven years.

This form must be completed each semester that a student is out of sequence.

Approval and Acceptance by

Student Name	Academic Advisor Signature
Student Signature	Date
Date	Program Director Signature
	Date

Appendix T: Pre-Doctoral Internship Application Process

Application Process	Components	Timeline
Dissertation Proposal	See Dissertation Handbook	April 30th
PsyD Comprehensive Exams	Written Exam Oral Exam	Summer Semester
Reread Training Handbook Sections on Internship Applications	IV.D. Pre-doctoral Internship/Residency	~ May
Subscribe to APPIC Listserv	https://www.appic.org/E-Mail-Lists/Choose-a-news-list/Match-News Note, some emails may not be relevant as they may be part of the previous year's application phases.	~ June
Register for the AAPI (APPIC Application for Psychology Internships) Centralized Application Service.	Review the AAPI application requirements and learn how to access the various sections.	~ End of June
Draft Essays	Draft 4 Essays that are part of AAPI 1. Autobiographical statement 2. Theoretical Orientation 3. Diversity 4. Research Interests	~ End of June
Develop initial site list	1. Browse directory 2. Review websites 3. Read training manual/materials 4. Develop a list of site specific information to be included in application and/or cover letter. <i>Note: This is a time-consuming process. Please budget accordingly.</i>	~ July
Update CV	Update your CV with all additional training information from the past year & draft information for the coming year (e.g. new externship and/or assistantship, etc.)	~ July
Transcripts	Recommendation: Request as soon as possible.* <u>*If you are retaking Comprehensive Exams, wait until you have successfully & fully passed to request your transcripts.</u> Be sure to follow Registrar instructions for requesting a transcript and be mindful of their timeline to produce and send these out. Allow for sufficient time to meet your first deadline. Please note that AAPI Online personnel require 7-10 working days to upload transcripts once received and giving yourself a wide margin will help you resolve any issue that may arise with your transcripts. ²	August 1

Informally Inquire about Letters of Recommendation	Reach out to potential letter writers and ask if they would be willing to write a strong letter of reference on your behalf.	~ <i>Early August</i>
Revise Essays & CV	Meeting with Academic Advisor to receive feedback about essays & CV	~ <i>August</i>
Revise Site List	Using Site List Excel Sheet, review and revise your selected sites to fit with recommendations from the training handbook and updates sites have made to their information	~ <i>End of August</i>
Appendix I: Request for Clearance to Apply for Pre-Internship)	<p>Begin completing Appendix I</p> <ul style="list-style-type: none"> ● Fill out all sections required <p>Seek needed signatures allowing approximately 1 week for each office to respond and complete their portion of the form. Please proceed in the following order</p> <ul style="list-style-type: none"> ● DRT Clearance ● Program Director Clearance ● DCT Clearance 	Begin Mid-August
Draft Cover Letters	<p>We recommend that you draft initial Cover Letters based on site type (e.g. VA, Counseling Center, CBMHC, etc). Once these are ready and refined then develop specific site letters.</p> <p>Meet with Academic Advisor to receive feedback on initial drafts</p>	~ <i>September</i>
Finalize Site List	Complete Site List Excel Sheet	By September 15
Submit Appendix I: Request for Clearance to Apply for Pre-Internship)	<ul style="list-style-type: none"> ● Fully Completed & Signed App I ● Updated CV ● Submit Site List 	Due September 15 in TK20
Receive Approval from DCT	<ul style="list-style-type: none"> ● To participate and register for the Match ● Of site list with recommendations for changes (e.g. additions or subtractions) 	~ <i>September 25th</i>
Formally Request Letters of Recommendation	<p>Following approval from DCT office, formally request letters of recommendation</p> <p>See Training Handbook section for requirements regarding what information to share with letter writers.</p> <p>Be sure to provide the Standard Reference Form, information about how they will receive a link to submit letters https://recommendations.liaisoncas.com/recommendation/ui/login#/login), and option to have their letter apply to all other applications. Also let them know that it is best to</p>	~ <i>September 26</i>

	complete the letter in a word document and paste it into the internet form so that they do not lose any work.	
Submit Hours	<ul style="list-style-type: none"> • Submit finalized hours in AAPI • Request DCT Verification <p>To support verification of your hours please email the DCT office: a copy of your current practicum hours signed by your supervisor through as close Oct 1 as possible</p> <p>***A list of internship programs participating in the Match will be available on the Match web site at natmatch.com/psychint.***</p>	~ <i>October 1</i>
DCT Verification	Areas that we need to verify include total hours, dissertation progress, completion of comprehensive exams, etc.	~ <i>October 15th</i>
Finalize All Materials	Meet with your academic advisor to review and finalize your Essays, Cover Letters, Case Summaries, Sample Reports, etc.	~ <i>October 20th</i>
Match Registration	<p>You may <u>NOT</u> register until you receive written permission from DCT.</p> <p>When you receive approval sign-up and pay for the match: https://natmatch.com/psychint/</p>	<u>Must be complete by November 1st</u>
Submit Applications*	<ol style="list-style-type: none"> 1. Complete full AAPI 2. Include LORs 3. Cover Letters 4. Transcript 5. Essays and any additional requirements from individual training sites. 6. Writing sample* 7. DCT Certification 	November 1 (Please note if there are earlier deadlines)
Mock Interviews	DCT will email information about scheduling mock internship interviews Sign up and complete all mock interviews	~ <i>November</i>
Interviews	<p>Schedule and complete interviews Follow-up inquiries (e.g., reach out to TD or current interns as needed)</p> <p>We recommend sending thank you emails following your interviews. These should be short and include specific details about the site and/or interview process that you are grateful for and excited for if you matched with them.</p>	~ <i>Mid-December - January</i>
Resubmit Site List	Update your Site List Excel Sheet to indicate all sites that you applied to, received interviews from, did not hear back from, or where you did not receive an interview.	February 1

	Submit by email to DCT office.	
APPIC Phase I Rankings*	Deadline for submission of Rank Order Lists for Phase I of the Match.	2.2.2024
APPIC Phase I Match Day*	<p>10:00 AM ET - Match results will be distributed to internship programs and applicants. Academic programs will also receive the Match results for each of their students.</p> <p>11:00 AM ET - Internship Training Directors and the applicants to whom they have matched may contact each other after this time.</p> <p><u>Email DCT office with your results by noon.</u></p>	<p>2.16.2024 Results of Phase I of the Match will be released to applicants, training directors, and DCTs of academic programs.</p>
APPIC Phase II*	Deadline for applicants to submit applications to programs that are participating in Phase II of the Match.	2.22.2024
	<p>February 21st: Phase II site list available in directory</p>	
	Deadline for submission of Rank Order Lists for Phase II of the Match.	3.13.2024 11:59 pm ET
	<p>APPIC Phase II Match Day: Results of Phase II of the Match will be released to applicants, training directors, and DCTs of academic programs.</p> <p><u>Email DCT office with your results by noon.</u></p>	<p>3.20.2024 10:00 am ET</p>
APPIC Phase III (Clearing House)*	The APPIC Post-Match Vacancy Service begins operating and remains open through October 31	Opens 3.21.2024

*More information re: application requirements, specific deadlines, and details about the match on the APPIC website. We recommend that you check this to verify deadlines listed here.

² The applicant also submits one official copy of all graduate transcript(s) directly to the application service via regular mail. These transcripts are verified as official, scanned into the system, and attached to each application that is submitted by the applicant. Undergraduate transcripts are no longer allowed as a supplemental upload but programs may request a copy AFTER the match for appointment reasons. Some universities will not separate the undergraduate transcripts from the graduate transcripts and these are permissible.

Appendix U: Psy.D. Curriculum - 2023-2024 Required Progressive Sequence

Psy.D. CURRICULUM - 2023-2024 Required Progressive Sequence

Color Coded

FALL

ACADEMIC YEAR 1

LIB 500 Library/Information Use & Research 0
 INT 510 The Person: Integrating Perspectives I 2
 PSY 504 Psychological Measurement 3
 PSY 512 Law, Ethics and Psychology 3
 PSY 516 Basic Interviewing & Clinical Skills 3
 PSY 610 Child Psychotherapy 3
 (PSY 597 Psychology Overview I) (1) [14 credit hours (ch)]
 [15 credit hours (ch)] if PSY 597 is required)

SPRING

INT 511 The Person: Integrating Perspectives II 2
 PSY 507 Psychopathology 3
 PSY 608 Cognitive/Behavioral Assessment 4
 PSY 609 Adult Psychotherapy 3
 PSY 827 Cultural, Religious, Individ. Diversity 3
 PSY 832 Integrative Dissertation Seminar 2
 (PSY 598 Psychology Overview II) (1) [17 ch]
 [18 ch] if PSY 598 is required)

SUMMER

PSY 605 Developmental Psychology 3
 PSY 721 Cognition & Emotion 3
 PSY 899 Dissertation (1) 1
 [7 ch]

ACADEMIC YEAR 2

INT 615 Flourishing: Freedom & Moral Dev't 3
 PSY 613 Personality Assessment 4
 PSY 718 Research Design for Psych Sciences 3
 PSY 822 Biological Bases of Behavior 3
 PSY 899 Dissertation (2) 1
 PSY 601 PsyD Introductory Practicum I 2
 [16 ch]

INT 625 Flourishing: Relationships, Vocations 3
 PSY 611 Marital Psychotherapy 3
 PSY 503 Personality Theories 3
 PSY 836 Adv. Personality Assessment 4
 PSY 899 Dissertation (3) 1
 PSY 602 PsyD Introductory Practicum II 2
 [16 ch]

PSY 736 Adv Child Psychopathology 2
 PSY 825 Social Bases of Behavior 3
 PSY 899 Dissertation (4) 1
 PSY 603 PsyD Introductory Practicum III 2
 [8 ch]

ACADEMIC YEAR 3

PSY 500 History and Systems of Psychology 3
 PSY 724 Advanced Adult Psychotherapy 4
 PSY 735 Adv. Adolescent and Family Therapy 3
 PSY 899 Dissertation (5) 1
 PSY 701 Foundational Clin. Prac/Externship I 2
 [13 ch]

PSY 820 Group Psychotherapy 3
 PSY 729 Advanced Statistical Methods 3
 PSY 899 Dissertation (6) 1
 ELECTIVE #1 (DBT or GPM) 2
 PSY 702 Foundational Clin. Prac/Externship II 2
 0
 [11 ch]

PSY 760 Professional Roles/Issues 2
 PSY 899 Dissertation (7) 1
 PSY 703 Found. Clin. Prac/Ext. III 2
 [PSY 799 PsyD COMPREHENSIVE EXAM] 0
 [5 ch]

ACADEMIC YEAR 4

PSY 830 Psychologist-Consult/Sprvs/Educator 3
 PSY 899 Dissertation (8) 1
 PSY 801 Adv. Clinical Practicum/Externship I 3
 [7 ch]

PSY 840: Human Sexuality ELECTIVE #2 2
 PSY 899 Dissertation (9) 1
 PSY 802 Adv. Clinical Practicum/Externship II 3
 [8 ch]

PSY 760 Professional Roles/Issues 2
 PSY 899 Dissertation (7) 1
 PSY 703 Found. Clin. Prac/Ext. III 2
 [PSY 799 PsyD COMPREHENSIVE EXAM] 0
 [5 ch]

ACADEMIC YEAR 5

PSY 890 Pre-Doctoral Internship (off campus) 0

PSY 890 Pre-Doctoral Internship (off campus) 0

PSY 890 Pre-Doctoral Internship 0

[CURRENT ELECTIVES OFFERED: PSY 823 Psychopharmacology]

[PsyD Program Total = 122 credit hours]
 (124 if Psych Overview required)