PROGRAM HANDBOOK

PURDUE UNIVERSITY CLINICAL PSYCHOLOGY PROGRAM

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I. INTRODUCTION (and where to find other basic resources!)

This handbook is designed to guide and facilitate your progress through the Clinical Psychology Program. It is a mixture of official policies, recommendations for making your life easier, and the accumulated wisdom of students and faculty.

Other available resources for you are the Department of Psychological Sciences Graduate Handbook: (http://www.purdue.edu/hhs/psv/graduate/documents/Graduate%20Handbook%202017%20Web%20Version.pdf) as well as primary Graduate School resources regarding diversity, financial assistance, course information, and ombudsman/dispute resolution services (among others), available online <http://www.gradschool.purdue.edu/>. In addition, the University’s non-discrimination policies and related concerns (including equal opportunity and anti-harassment matters) are available online from the Office of the Vice President for Ethics and Compliance <http://www.purdue.edu/ethics/>. The Clinical Area also has compiled a Clinician Handbook describing policies and procedures for the Purdue Psychology Treatment and Research Clinics (hardcover). As a student in the Program, you are responsible for knowing the relevant policies and procedures from these sources and acting in accordance with them. Although many of these rules will not affect your everyday life, it is in your interest to read carefully through these materials, know the important points, keep them around for later reference, and obtain updates provided at the start of each year (or as announced at other times by the Department or the Clinical Program).

Policies change to respond to new challenges and needs. In most cases, policy changes will be instituted gradually, giving students already in the Program a choice to follow the old or the new policy. Less frequently, policy changes will be immediate. Students should attend to the timetables that accompany announced policy changes.

Communications. You sometimes will get memos, letters, or email that also contain information you will need to know and, if necessary, respond to. These communications will appear in your mailbox in the Clinical area, the Department lounge, or in your departmental email inbox. Students taking practicum will have another mailbox in the Clinic file room where confidential client information may be delivered and exchanged. In order to keep up-to-date, you should check all of these locations regularly.

II. A BRIEF HISTORY OF THE CLINICAL PSYCHOLOGY PROGRAM IN THE DEPARTMENT OF PSYCHOLOGICAL SCIENCES

Although Purdue University has been known as a natural science, engineering, technology, and agricultural university since its foundation as a land grant institution in 1869, the Clinical Psychology Program dates its history from the very beginnings of the sub discipline of clinical psychology. In 1935, the American Psychological Association (APA) recommended that clinical psychologists receive specialty training. In 1948, the Clinical Psychology Program at Purdue University was accredited by the APA in its very first wave of visiting and evaluating doctoral training facilities in clinical psychology. Purdue’s Program thus antedates by more than a year the ground-breaking Boulder Conference on Graduate Education in Clinical Psychology of 1949, which concluded that a “scientist-practitioner” model be used to guide such training. Our Doctoral Program in Clinical Psychology has been accredited continuously by APA since 1948.

Clinical psychology at Purdue had its formal beginning as a program in 1946 with the appointment of John M. Hadley as an assistant professor and the first director of the clinical psychology program. (There is a slight dispute about this because E. Lowell Kelly, who was officially on the faculty roster until 1945, lists himself as being the first director of the Program in the APA Directory for 1968.) Hadley had been on the faculty at Utah State University until 1942 when he entered the Navy aviation program at Pensacola, Florida. He actually received his Ph.D. from the University of Iowa in 1949.
Beginning a clinical psychology program at Purdue was unique in several respects. Unlike the other programs accredited at the time, Purdue’s was the first not affiliated with a medical school. In fact, Purdue did not even have a psychology department. Psychology was a part of a Division of Education and Applied Psychology, which was located in the School of Science. A separate psychology department was not established until 1954. Finally, Purdue did not have an undergraduate major in psychology. An undergraduate major in psychology was not officially established until 1950. In spite of these unusual aspects, APA accredited the program on February 26, 1948.

The Purdue Psychology Department remained essentially a graduate department of Applied Psychology until the late 1960s. Clinical psychology and industrial psychology provided almost 200 graduate students. The undergraduate program did not count more than 30 to 40 undergraduate majors.

The Clinical Psychology Program rapidly became one of the largest in the U.S. (or world, for that matter), obtaining financial support for 96 graduate students. This support came from the Veterans Administration, the U.S. Public Health Service, and the Indiana Department of Mental Health. Typically, the Program had over 80 graduate students enrolled at any given time. The Program remained quite large until the 1980s.

At the beginning, and for many years thereafter, a formal one year predoctoral internship was not typical. Rather, students had to earn a certain number of supervised clinical hours prior to receiving the Ph.D. For most students, this approximated 3800 hours of supervised experience. Also, the only accreditation was of the university clinical training program itself. It was assumed that if the university’s program was accredited, then any clinical experience the university accepted was satisfactory. Students worked part time at a wide variety of facilities in the region. The V.A. program, for example, had 1st, 2nd, 3rd, and 4th year traineeships which provided the prescribed number of approved clinical supervised hours. The accreditation of internships did not come until the 1970s.

III. DESCRIPTION OF THE CLINICAL PSYCHOLOGY PROGRAM

The Program aligns itself as a clinical science training program. As such, we aim to train scholars who are first and foremost excellent researchers, involved in generating new knowledge in psychology. This skill is buttressed and informed by competence in the consumption and professional application of psychology for the prevention and remediation of clinical problems. The Program is designed to give each student a broad background in psychology, and within psychology a broad background in clinical psychology. The background in general and clinical psychology is provided by didactic courses and seminars. The clinical experience is provided by participation in clinical practica and courses. Research experience is provided by participation on a research team as well as a first-year project, M.S. Thesis, Preliminary Paper/Examination, and Ph.D. dissertation. The breadth and integration of academic work, research, and clinical training are consistent with standards set forth by the American Psychological Association (APA) and the Psychological Clinical Science Accreditation System (PCSAS).

Students are expected to take courses in the various areas of psychology that will give them a sound foundation in statistics and experimental design, the biological bases of behavior, the cognitive-affective bases of behavior, developmental aspects of behavior, and the social bases of behavior. Within the program, students take courses that give them the research and statistical methods commonly used in clinical and related area of psychology, an understanding of the assessment and evaluation of adults and children, the planning and execution of procedures for treatment and behavior change, an understanding of individual differences and the processes underlying individual behavior, the history and systems of psychological theory and application, and the ethics and codes of conduct for psychologists. Competence in the sociocultural foundations of human behavior and the
role of individual and cultural diversity in understanding psychopathology and behavior change is provided throughout the curriculum.

The above principles and expectations translate into program goals that reflect our status as fully accredited programs by both APA and PCSAS.

Specifically, the goals of the Doctoral Program in Clinical Psychology at Purdue University are as follows:

1) **To produce graduates who generate high-quality clinical science.** Students acquire and demonstrate the knowledge and skills required to review, conduct, and evaluate empirical research in areas of importance within clinical psychology;

2) **To produce students and alumni who competently integrate empirical and clinical work and apply this integration in their professional lives.** Students develop knowledge about psychopathology, individual differences in intellectual and personality functioning, and major approaches to psychotherapeutic interventions. Students acquire and demonstrate specific skills in administering, interpreting, and reporting intellectual and personality assessments, and in delivering effective clinical interventions. They utilize evidence-based approaches in treatment and assessment settings, and are skilled at evaluating the effectiveness of various interventions and assessment methods.

3) **To produce students and alumni with a depth of understanding of the broad base of psychological theory and who can apply that knowledge appropriately.** Students develop knowledge of theory and research across the science of psychology—including cognitive and affective bases of behavior, social and developmental influences, the biological underpinnings of behavior, and the context played by our field’s history and prevailing systems. Students develop knowledge of the contributions of individual and cultural diversity to research related to the field of clinical psychology.

4) **To produce students and alumni who acquire and demonstrate the knowledge and skills to conduct themselves ethically and professionally.** Students learn to conduct their scientific and clinical duties according to APA ethical principles and make competent decisions that uphold the highest standards of professionalism. Students demonstrate awareness of the roles of individual and cultural diversity in his/her approach to clinical science. Students are exposed to faculty role models as well as specific curricula that promote the development of skills to foster their continued professional development.

Faculty of the clinical program at Purdue believe that the field is properly based on (a) a body of knowledge that is developed through the rigorous application of the scientific method to the study of behavioral and psychological dysfunction, (b) a scientific approach to the continued accumulation of new knowledge, (c) application of scientifically developed knowledge in practice, and (d) use of a critically evaluative scientific perspective when providing applied clinical services. Thus, we train future alumni to be successful researchers, critical consumers of the scientific literature, and competent practitioners who depend on empirical findings to guide their applied activities. To achieve these goals, each student is expected to conduct rigorous empirical research, critically evaluate the literature in order to make the most scientifically sound clinical decisions, and provide science-based interventions to clients. As reflected in aims 3 and 4 of our program, we expect our graduates to engage in these practices with full understanding of how individual and cultural diversity contributes to their work as clinical scientists, and to conduct themselves ethically and with the highest standards of professionalism.
IV. CLINICAL PSYCHOLOGY CURRICULUM AND PROGRAM REQUIREMENTS

To achieve the goals and objectives outlined above, the curriculum and required elements of the clinical program at Purdue University consists of: (a) Academic coursework consistent with APA, departmental, and program requirements and will include basic and advanced/depth clinical courses, foundation/breadth courses to cover biological, cognitive/affective, social, history and systems, lifespan development, and research/quantitative courses; (b) Research (first year project, master’s thesis, preliminary examination, doctoral dissertation, and research project participation resulting in publications and presentations); (c) Practica (internal and external assessment and intervention experiences); and (d) an APA-approved clinical internship. The suggested plan of study presented in provides the minimum requirements to achieve the goals of the program. However, this approach is truly the minimum; we encourage students to be involved in more research and in a greater breadth of clinical experiences than those required in their plan of study.

A. Academic Coursework

Students must take a range of courses that satisfies requirements of both the Department of Psychological Sciences and the American Psychological Association (APA).

The student must earn a minimum grade of “B” in all non-elective “core” courses, and must repeat any required course in which a grade of “C+” or lower is received. Each student is responsible for reading, understanding, and meeting these requirements as laid out in the latest edition of the Handbook.

Required Coursework

Twenty courses are required as a minimum in Purdue's Clinical Program. Students also are required to sign up for PSY 69700: Clinical Internship near the end of their training, once they have been matched with and accept a predoctoral clinical internship. Although this is not a regular didactic course, students are required to register for this in order to receive credit and documentation on their official transcripts of this final phase of their clinical training.

A typical course sequence is outlined in Appendix A. The “core” courses required by the Area are summarized below:

<table>
<thead>
<tr>
<th>COURSE</th>
<th>TITLE</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 59100</td>
<td>Foundations of Clinical Psychology</td>
<td>Fall semester every year</td>
</tr>
<tr>
<td>PSY 69200</td>
<td>Clinical Seminar: Methods module</td>
<td>Fall semester odd years</td>
</tr>
<tr>
<td>PSY 69200</td>
<td>Clinical Seminar: Cognitive Bases/Affective Bases of Behavior</td>
<td>Spring semester even years</td>
</tr>
<tr>
<td>PSY 69200</td>
<td>Clinical Seminar: Ethnic Minority Issues/Supervision &amp; Ethics</td>
<td>Fall semester even years</td>
</tr>
<tr>
<td>PSY 69200</td>
<td>Clinical Seminar: History/Systems &amp; Supervision/Consultation</td>
<td>Spring semester odd years</td>
</tr>
<tr>
<td>PSY 69200</td>
<td>Lifespan Developmental Psychology for Clinical Psychologists</td>
<td>Fall semester 3rd yr</td>
</tr>
<tr>
<td>PSY 66800</td>
<td>Intellectual Assessment</td>
<td>Fall semester every year</td>
</tr>
<tr>
<td>PSY 66700</td>
<td>Personality Assessment</td>
<td>Spring semester odd years</td>
</tr>
<tr>
<td>PSY 67000</td>
<td>Principles/Techniques of Psychotherapy</td>
<td>Spring semester even years</td>
</tr>
<tr>
<td>PSY 67300</td>
<td>Adult Behavior Disorders</td>
<td>Fall semester odd years</td>
</tr>
<tr>
<td>PSY 67900</td>
<td>Developmental Psychopathology</td>
<td>Fall semester even years</td>
</tr>
</tbody>
</table>
Students also must meet academic requirements set by APA. According to the most recent APA accreditation guidelines (Jan. 2017), students must demonstrate mastery of both foundational and graduate-level discipline-specific knowledge of psychological science through various learning/curriculum elements. In the sections below, please find the four categories of discipline specific knowledge as well as the courses offered in the Clinical Psychology Program at Purdue that satisfy each category:

**Category 1: History and Systems of Psychology**
8-wk History & Systems module offered in PSY 69200 - Clinical Seminar: History & Systems and Supervision/Consultation. (Module grade entered into DSK grade matrix – see Appendix B)

**Category 2: Basic Content Areas in Scientific Psychology**

- **Affective Bases of Behavior**: 8-wk Affective bases module offered in PSY 69200 - Clinical Seminar: Cognitive Bases of Behavior/Affective Bases of Behavior (Module grade entered into DSK grade matrix).

- **Cognitive Bases of Behavior**: 8-wk Cognitive bases of behavior module offered in PSY 69200 - Clinical Seminar: Cognitive Bases of Behavior/Affective Bases of Behavior (Module grade entered into DSK grade matrix).

**Biological Aspects of Behavior**: PSY 61500 - Introduction to Behavioral Neuroscience

**Developmental Aspects of Behavior**: Lifespan/developmental modules offered in PSY 69200 - Developmental Psychopathology and PSY 67300 – Adult Behavior Disorders. (Module grades averaged and entered into DSK grade matrix).

**Social Aspects of Behavior**: PSY 64000 - Survey of Social Psychology (Module grade entered into DSK grade matrix).

**Category 3: Advanced Integrative Knowledge in Scientific Psychology**
Integration module offered in PSY 69200 - Clinical Seminar: Cognitive Bases of Behavior/Affective Bases of Behavior (Module grade entered into DSK grade matrix).

**Category 4: Research and Quantitative Methods**
PSY 60600 – ANOVA for the Behavioral Sciences (required)
PSY 63100 – Applied Regression (required)
PSY 69200 -- Clinical Seminar: Methods module, including psychometrics (required)

**Electives**:
PSY 61000 – Multivariate Statistics
PSY 67400 – Structural Equation Modeling
PSY 60500 – Applied Multivariate Methods
PSY 60600 – Intensive Repeated Measures Methods
The program is committed to a training process that promotes the development of the knowledge, skills, and attitudes to work competently and effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. We support graduate students as they examine how their own personal/cultural histories may impact their understanding and interactions with individuals different from themselves, and as they increase their knowledge base and behavioral skill that allows them to work in a professionally competent manner. In addition, we aim to develop graduate students’ competencies in ethical decision-making and professional behavior in increasingly complex research and clinical contexts. In order to demonstrate competence, these contexts require emerging professionals to be knowledgeable about current APA Ethical Principles (found here: http://www.apa.org/ethics/code/index.aspx) and related laws/regulations, to display effective communication skills, to engage in routine self care that promotes increased self-awareness, and to display openness to supervision and feedback. To support the development of these key competencies, the program provides coursework in Ethnic Minority Issues and Ethics (PSY 69200) and devotes a portion of the weekly Proseminar in Clinical Psychology to topics related to diversity and cultural competence.

The Department of Psychological Sciences requires all graduate students to take at least three courses outside of the student’s major Area. These remaining three courses (nine credit hours) are elective and should reflect a student’s individual training needs, but might be chosen to fulfill overlapping departmental and APA requirements. These courses are in addition to any courses required by the student’s major Area. At least two of these three courses must be graduate courses offered within the Department, while the third course may be from outside of the Department. These three courses must be approved by the student’s Ph.D. Advisory Committee, as indicated by the Committee’s approval of the student’s Ph.D. Plan of Study. In general, it is expected that clinical students will take several more electives than the three that are required. This is because clinical students must meet additional APA requirements and will need to take additional methodological and statistical courses to become excellent researchers.

Overall, students have both a required sequence of courses to meet basic requirements, as well as a range of choices to tailor to meet their individual training needs. Despite this flexibility, all students are strongly encouraged to retain syllabi from every course taken. Licensing requirements vary significantly by state, and some state psychology boards may require particular courses over and above APA requirements; syllabi are the most common acceptable forms of evidence that students have studied that material. While the curriculum of the Area and Department does provide a solid grounding in graduate clinical psychology that is acceptable for many jurisdictions, the Program does not (and cannot) guarantee offering all courses required by all states to meet their particular licensing requirements, since these requirements do vary. The Program consistently reminds all course instructors to select carefully and feature descriptions in their syllabi that reflect the particular domain of study.

Other Recommendations for Coursework
Purdue University requires graduate students to earn a total of 90 credit hours in order to be awarded the Ph.D.; only 30 of those credits can be from pre-Masters work.

Students are encouraged to take courses that meet their specific research interests and training needs. For example, courses often are offered that focus on cultural and ethnic minority issues, specific psychological disorders, advanced assessment, specific populations such as children or the elderly, and advanced statistics and research methods.
Purdue’s Clinical Program is designed to be a “generalist” educational experience, providing a broad exposure to an array of clinical issues, populations, and research. Although the program previously offered separate “adult” and “child” tracks, changes in faculty have eliminated this formal track system. Currently, students are required to take courses and practica that provide coverage in both child and adult psychopathology, assessment, and intervention. Students who are more interested in clinical child psychology may obtain more advanced training and experience through a number of external child-focused practica, and child-focused elective coursework available in other departments.

**Course Waivers**
Some students have received graduate training elsewhere that might fulfill coursework requirements at Purdue. The student who would like credit for previous mastery of course requirements must obtain signed waivers from the Purdue professors responsible for the comparable courses here. (See Appendix D for a copy of the waiver form.) The student first should consult with his/her Major Professor to determine the appropriateness of such requests, and then approach the course instructors about waivers, providing solid evidence (typically course syllabi) demonstrating the comparability of the Purdue and outside courses.

Students generally are counseled to consider very carefully waiving the Statistics or Research Methods requirements, since mastery of this material is crucial but often incomplete!

**Course Grades**
As noted earlier, **only core courses for which students earn a minimum grade of “B” are deemed acceptable as fulfilling academic requirements.** Students are expected to repeat any required courses in which they receive a grade of “B-” or lower. Students receiving a grade of “C+” or lower in any course typically are placed on academic probation until the deficiency is made up.

**B. Research**
Each student is involved continuously in an ongoing research program and in additional projects beyond the ones required by the program (e.g., first-year project, master’s thesis). Each research program is directed by a faculty member, and typically includes students at all levels of graduate study. At the beginning of a student’s graduate career, the student can expect to function as an observer and helper. As the student’s knowledge and skill develop, the student typically takes a more active role in research design and supervision.

Initially, a student’s admission is sponsored by a faculty member with whom the student shares research interests. The student is expected to be a regular participant on the research team of her/his Major Professor. Participation on at least one research team continues throughout the student’s graduate career. Students are free to change their Major Professor and consequently their research teams at any time during their graduate career, and are encouraged to do so when and if their research interests change. Such changes should be made in consultation with the professors involved, and may require students to change research projects.

Students may attend the meetings or participate in the activities of other research teams whose research topics are of interest, with professors’ permission. In this way, exposure to the research interests of a variety of faculty and students is possible.

**For a more detailed overview of formal research requirements at each stage of the program, see section V (Progress through the Program) below.** The student begins formal research training with a first-year research project. This project is intended as a practical exposure to psychological research. Although data will often be provided by the faculty, the student is required to conceptualize the problem, analyze the data, and write the results up for publication by the end of the third semester in the program (i.e., midway through the 2nd year).
During the first year, each student also begins to develop a proposal for Master’s thesis work, in conjunction with his/her Major Professor. The proposal is completed, and defended in front of the student’s Advisory Committee no later than the end of the second year. The student is expected to complete M.S. thesis research and successfully defend the Master’s thesis by the end of the third year. Except under unusual circumstances, a student who has not completed Masters requirements by the beginning of the fourth year may not begin external practica. The student should sign up for Master’s thesis research credits (PSY 69800) for each semester throughout the process, in order to provide time and credit for completion of this project, while remaining a “full-time” student.

During the fourth year, the student will propose to his or her Advisory Committee and write a Preliminary Examination. In the Clinical Area, there are several options for the Preliminary Examination for advancement to doctoral candidacy. The first is an integrative review paper modeled after publications in Psychological Bulletin or Clinical Psychology Review. The project should address some unanswered question in the field that is amenable to an integrative review of either a quantitative or qualitative nature. A second option is the completion and submission of an NIH National Research Service Award (NRSA) pre-doctoral fellowship grant application. A third option is completion of an integrative and innovative empirical research project. Successful completion of the Preliminary Examination project, as determined by the student’s major professor and advisory committee, will advance the student to doctoral candidacy. The Preliminary Examination should be completed by the end of the spring semester of the 4th year of the program. All post-Masters students should register for PSY 69900: Dissertation Research while doing this and subsequent formal dissertation work.

Purdue University requires graduate students to earn a total of 90 credit hours in order to be awarded the Ph.D.; only 30 of those credits can be from pre-Masters work. Since Clinical students earn most credit for coursework prior to earning the Masters degree, post-Masters students are strongly encouraged to register for as many PSY 699 credits as their schedules will allow, to ensure that they have earned sufficient credits to graduate in a timeframe consistent with the completion of their other requirements.

In the fourth and fifth years, the student will propose and conduct research for the doctoral dissertation. Given the time-consuming rigors of the predoctoral clinical internship, students are encouraged strongly to complete all doctoral research requirements before going on internship. In fact, students will not be approved to apply to internship unless they have successfully proposed their dissertations and made all subsequent modifications suggested by the advisory committee by October 1st of the internship application year (typically the fifth year in the program).

Students should explore various sources of funding for their research. Students are encouraged to apply for outside support for their work, or utilize research funding associated with fellowships or scholarships. Some faculty members have grants that allow for funding of student research. In addition, the Arthur F. Krueger Scholarship Fund is designed to support the education and training of Clinical students. Funds are distributed in the form of scholarships distributed to individual graduate students; applications for funding typically are accepted at the beginning of each semester, and priority is given to students working on required research, particularly dissertations.

The faculty expects students to complete all work toward the Ph.D. (excluding internship year) in 5 years. Naturally, the speed of any individual student’s progress through the Program will vary with the nature of their individual research requirements, career goals, and training needs. However, to assure that every student is making timely progress, a student In Good Standing that wishes to extend their pre-internship time an additional year (i.e., a 6th yr) is required to submit to the faculty in writing a copy of their plan for completing the required elements of the Program. This plan must be endorsed by the student’s Major Professor in order
for the faculty to consider the acceptability of the plan. The faculty will not approve an additional program year for students that have not made acceptable progress in completing program research requirements; this option is not available to students on probationary status. In addition, the student who remains in the program for an additional year is not guaranteed to receive departmental finding of any kind (i.e., tuition remission or assistantship stipends), and therefore should be prepared to self-fund the additional program year. Students will not be permitted to remain in the program for a 7th pre-internship year, unless there are documented adverse life events or major life circumstances that have unexpectedly delayed student progress.

As detailed in Section V.E. below, failure to demonstrate timely progress – or a plan for maintaining it – can result in a faculty vote for placing a student On Probation. Students who fail to comply with the requirements to remove their probationary status will see their status switched to Not in Good Standing, which will result in a recommendation to the Department Head for immediate dismissal from the Program.

C. Practica

*Internal Practica:* Students are required to be enrolled in at least seven semesters of practica from our in-house Purdue Psychology Treatment and Research Clinics (PPTRC). These clinics address clinical problems with empirically-supported assessment and intervention. In the second semester of their first year, following successful completion of PSY 66800 – *Intellectual Assessment*, students will register and begin participating in the assessment practicum. They continue in this practicum through the end of their second year, and, if they wish to do so, may continue to enroll in this practicum in future years. In the third year, students take both an adult-focused and a child-focused practicum; as with the assessment practicum, students may continue to enroll in and see clients through these two practica. In the fourth and fifth years, students are encouraged to participate in external practica which generally provide more direct clinical hours and more-focused clinical experiences than what is offered in the in-house clinics.

Students on PPTRC practicum teams will be expected to comply with the procedures established for the clinics and outlined in the *PPTRC Clinician Handbook*, available under separate cover.

*External Practica:* Consistent with the notion that external practica are taken after the basic foundations for clinical skills have been developed through internal PPTRC practica experiences, external practica aim to develop advanced skills in the implementation of evidence-based therapies and assessment. Continued attention is directed toward ensuring student sensitivity to individual and cultural diversity and strict adherence to the standards of ethical and professional conduct. At this level, students learn to evaluate the clinical needs of a case, develop a treatment plan, carry out intervention procedures, and adjust and change procedures with only moderate supervision. Students should be able to conceptualize cases and be conversant with alternative conceptualizations. They should acquire a broader range of technical skills in evaluation and treatment and be able to make decisions with regard to their use. At this level of practicum, one hour of supervision should correspond to between one to three hours of client contact. Both group and individual supervision formats are used in these practica.

In order to ensure that students make adequate progress towards their requirements and in their research, students are only allowed to spend two days per week in external practica. Additionally, in order to provide integrated, hierarchical supervision teams and in-house oversight of external practica, *students on external practica are expected to enroll in and participate in one of the two in-house practica.* In terms of participation, it is optional for students in their fifth year (or later) to enroll in an in-house or external practicum, or if they are, to carry a client caseload or provide peer supervision within our in-house practica. Students can negotiate the amount of time they will attend the in-house supervision team, but *the program recommends that they attend at least one of every four team meetings.*
An advisor/student who wants to obtain a particular external practicum experience for a student outside of a regular practicum site is required to submit the practicum experience to the DCT for consideration and approval before the clinical experience begins. General requirements for approval include the availability of a Ph.D. level psychologist or appropriately credentialed individual to provide supervision, and a structured plan for supervision on a weekly basis (either on-site or within the program, depending on the license and credentials of the on-site supervisor).

**IMPORTANT:** the new Standards of Accreditation (2017) require that each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically) at least once per semester. External practicum supervisors have been informed of this Implementing Regulation. Another safeguard in this regard is the fact that the practicum evaluation form includes a section where the supervisor indicates how direct observation occurred. If however, for some reason, direct observation is not occurring, the student must inform the DCT immediately.

External practicum sites vary and change year-to-year. The Director of Clinical Training and advanced students who have taken outside practica are good sources of information about possible training sites. Students may initiate contact with an agency to pursue as a possible practicum site; however, the Program first must obtain a curriculum vita for the supervising psychologist, and draw up an agreement outlining the duties, number of hours or clients to be seen, hours of supervision, contact information, and parameters for evaluation. An example of this kind of agreement can be found in Appendixes F and G. A list and brief description of possible outside practicum sites, based on past student placements, is included in Appendix H.

For more information on internships, see p. 17 of this handbook. Students should consult the Association of Predoctoral and Postdoctoral Internship Centers’ (APPIC) *Directory of Internship and Postdoctoral Programs in Professional Psychology* (copies are available from the Secretary for the Director of Clinical Training), review current trends in internship qualifications from the APPIC website (www.appic.org), and consult the head of the Area’s Internship Committee to decide how many clinical hours they need to be competitive at their preferred internship sites. They also should consult with their Major Professors about how their clinical experiences fit into their overall plan of study.

Practicum experiences are graded (rather than “evaluated as “Pass/No Pass”). Not only does this permit finer-grained recognition of student performance, given the multiple facets of clinical work, but practicum experiences also will count toward credits required for graduation.

**D. Other Requirements**

1. **Colloquium**
   The Clinical area sponsors a colloquium series that meets weekly (currently Fridays from 2:30-3:30) throughout the year. Students must sign up for, and are required to attend, PSY 69200B: *Proseminar in Clinical Psychology* each semester, unless they have an excuse pre-approved by the Director of Clinical Training. Other Areas in the department also have regular colloquium series, often featuring presentations on topics of interest to Clinical Area students. The Department also hosts several departmental colloquia each year, usually on Friday afternoons. Announcements regarding colloquium times, places, and titles are posted around the Department, and sent via email to faculty and graduate students. Clinical students are urged to attend these events as well.

2. **Semester Activity Form**
   At the end of each semester, each student must file a form summarizing the student's activities for that semester. This form includes a summary of hours of supervised clinical experiences undertaken during that time frame academic milestones, and, professional
activities. A copy of this Semester Activity Form (APPENDIX C) must be filed with the Area Secretary, for review by the Area faculty.

3. **Format of Required Written Work**
   As of January 1, 2007, all major required written projects (first year paper, Master’s thesis, Preliminary Examination, and dissertation) must be completed in a length and form suitable for submission to a journal. This is both to complete the educational experience of creating projects that reflect professional standards in the field, as well as to facilitate actual manuscript submission and publication. Final documents should be approximately manuscript length—very roughly 20 to 40 pages, depending on the type of document. Students should examine papers in the *Psychological Bulletin* and *Clinical Psychological Review* as examples for review articles, and the *Journal of Abnormal Psychology* for original empirical work. (Longer works, such as dissertation, might span two such documents.)

4. **Deadlines for Master’s Proposal**
   A student must have an approved Master's proposal no later than the end of the second year in the program. Students who have not defended their Master’s proposals successfully by this date may be placed on Probation status, and may be directed to delay registering for courses other than Master’s research. This delay is designed to ensure that students have the time to make progress on their research. Of course, delayed entry on to second-year coursework potentially can delay progress through the Program, and may result in a faculty vote to place a student on Probation status.

5. **Completion of Master’s Project**
   Students must complete his/her Master's research and write-up the thesis no later than the end of the third year in the program. Failure to defend the Master’s thesis by this time may prevent the student from beginning work on external practica. This restriction is designed to allow students the time to make progress on this important aspect of their research training, without the necessarily time-consuming responsibilities of clinical work. At the same time, late entry into practicum training can delay earning the minimum clinical experiences needed to apply for internships later on, ultimately slowing clinical progress through the Program. Therefore, students are advised strongly to complete their research and remain on the recommended time schedule. Of course, some research projects may require more time than usual, or than anticipated. A student may petition his/her Advisory Committee through the Major Professor to take credit hours of coursework and practica, depending upon extenuating circumstances. If a student’s Advisory Committee agrees that the student is making satisfactory progress, the student may be allowed to continue with a course schedule appropriately modified to support their research progress. However, if the Advisory Committee concludes that the student's progress is being delayed or is otherwise unacceptable, the student may be prevented from registering for any coursework except M.S. thesis credit until the M.S. degree requirements are met. The Area faculty also may vote to place the student on Probation status for such performance.

6. **Ethical and Professional Conduct**
   All graduate students in the Program are required to be familiar with and conduct themselves in accordance with the latest version of the *Ethical Principles for Psychologists* and *Code of Conduct* put forth by the American Psychological Association. This means that behavior in the classroom, in conducting research, in written work, in relationships with students and peers, and in work with clients, should be guided by the highest moral and ethical criteria set forth by the profession. Each student is provided with a copy of the most recent version of these principles at the beginning of their first year, and is expected to review and comply with revisions as APA puts new versions into effect. (Copies of the current *Ethical Principles* can be found here: [http://www.apa.org/ethics/code/index.aspx](http://www.apa.org/ethics/code/index.aspx). Students also should become familiar with Purdue’s approach to the responsible conduct of research, which is summarized in documents available online at [https://purdue.edu/gradschool/research/rcr/index.html](https://purdue.edu/gradschool/research/rcr/index.html).
7. **Area Communications**

Students should check regularly for important announcements from the Clinical Area, in hardcopy or electronic form. Each student will have a physical mailbox in the area, as well as an email account provided by the Department.

V. **PROGRESSION THROUGH THE PROGRAM**

A. **The First-Year Project**

The First-Year project is designed to facilitate the immediate involvement in research of incoming students in collaboration with their faculty mentors. These typically involve analysis and reporting on data previously collected by the major professor but can involve primary data collection. The project should ideally be capable of completion within the first year in the program. Thus, a student must begin, early in the first semester, to meet regularly with his/her major professor to discuss and complete the broad outlines of the project. Discussions with and reading materials provided by the major professor should provide the student with the background necessary for identifying a relevant question and developing a coherent introduction. Course work during the first year should provide the student with the necessary methodological and statistical basics to complete the project. Working with the major professor, students are expected to develop a final manuscript that can be submitted for publication. Students are not required to defend this work in front of a committee, however. **A submission-ready version of the first-year project must be completed and archived with the program secretary by the end of the student’s 3rd semester in the program.**

B. **The Master’s Thesis**

A student is expected to have defended his/her master’s thesis no later than the end of the spring semester of the 3rd year in the program. The student should begin to formulate the master’s thesis, in collaboration with the major professor, at the beginning of the third semester. The student will have identified faculty members willing to serve on the Advisory Committee and **proposed the thesis project to that committee no later than the end of the spring semester of the 2nd year in the program.** Some types of research take longer than others (e.g., working with hard-to-recruit populations, conducting multiple studies, undertaking labor-intensive data analyses), so it is also important for the student to attend to matters of timing regarding Institutional Review Board (IRB) approval prior to the start of data collection. Students who do not comply with the above deadlines for their Master’s Proposal and Defense will be placed on **Probation.**

Although the area does not require that the master’s thesis involve original data collection, it is expected that students will develop competence in such research. Thus, it is anticipated that either the thesis or dissertation will involve collection of such data. If both the thesis and the dissertation are based on previously collected data, the student may show competence through a separate project that does involve such data collection.

The student and Major Professor discuss and decide on the composition of the student’s Advisory Committee. The student's Advisory Committee has the formal responsibility of overseeing the student's graduate education. The Advisory Committee is composed of faculty from within as well as outside the Clinical Area. A Master's Advisory Committee, which has a minimum of three (3) members, must have two clinical faculty members (one of whom is the student’s Major Professor) and one nonclinical faculty member. The members should bring a range of expertise that can inform the student’s work. The student should approach faculty members about their willingness and availability to serve on the Committee.
Although the Clinical Area requires a formal meeting of the Student’s Advisory Committee to approve the plan for the student’s Master’s thesis, the proposal meeting is not a formal requirement of the Purdue's Graduate School. That is, no formal papers are signed and there is nothing like a "pass" or "fail" recorded on the student’s academic record. The proposal meeting is designed to encourage a “contract” between the Committee members and the student, so that everyone knows what is being proposed to be done and that everyone agrees. The student typically consults with Advisory Committee members in developing and finalizing a thesis proposal, and the proposal itself may contain some elements requiring further thoughtful Committee input. The proposal defense meeting is arranged once the student’s Major Professor agrees that the student’s thesis research proposal is substantially ready for discussion. Time and place are arranged by the student based on the mutual consent and availability of Committee members. Discussing the project at the proposal meeting helps the student by having Committee members suggest solutions to existing problems, identify potential future problems and ways to avoid them, and avenues to future research and publication. Following this type of detailed discussion, the reaches a decision on whether the student should proceed with the project, considering any changes required by the Committee. Thus, the proposal meeting is designed to be a productive work session that results in an improved research project. The student also should come away from the meeting with a clear sense of how to consult with and update the Committee throughout the work on the project.

Students are urged to form their Advisory Committees as soon as it is practical. This typically is done in conjunction with forming a committee for the Master’s Thesis. It is at this time that a Plan of Study is submitted. The Plan of Study is a list of courses that constitutes the student’s program of study in graduate school. It must satisfy Area, Departmental, and Graduate School requirements, and be approved by all members of a student’s committee.

When the Student and Major Professor believe that the project is ready for final evaluation, the student arranges a mutually acceptable time for Committee members to meet for a formal defense of the thesis. The student should submit a complete final draft of the thesis to Committee members to review two weeks prior to the meeting. At the meeting, the student typically makes a formal presentation, and an oral defense of the thesis. Committee members ask questions and make comments. The Committee then decides on whether the thesis and defense have been of acceptable quality, and what changes, if any should be made for the final version of the document.

C. **Preliminary Examination Paper**

Successful completion of the Preliminary Examination advances the student to doctoral candidacy. The Preliminary Examination consists of written and oral portions, and is intended to assess the student's ability to organize and integrate a fund of information, in order to answer a particular question rather than to explore mere breadth of information. Students schedule these examinations in consultation with their Advisory Committees.

The Doctoral Advisory Committee must have a minimum of four (4) members, two of whom are faculty members in the Clinical Area. A typical arrangement consists of two clinical and two nonclinical faculty. The Area encourages the participation of nonclinical faculty as it brings breadth to the student's research training. It is possible, however, to form a Doctoral Advisory Committee with three clinical and only one outside faculty member. The composition of the Committee should be discussed with and approved by the student's Major Professor. The Chair must be a member of the Clinical Area faculty. In special circumstances, the Committee may have co-chairs, one Clinical and one non-Clinical. Clinical faculty members who have an affiliation with another Area of the Department may serve as either an outside or a Clinical member. Persons who are not members of the Purdue faculty may serve on a student’s Committee, but must first be formally approved by the Graduate School.
At or near the completion of the Ph.D. Plan of Study and at least two semesters before the award of the Ph.D. degree is expected, the student must complete the Ph.D. Preliminary Examination. The Preliminary Exam requirement can only be undertaken after the successful completion of the Master’s Thesis, which is usually in the 4th year of graduate study. The Preliminary Examination MUST be completed by the end of the spring semester of the 4th year of graduate study.

**Written Portion of the Preliminary Examination**

The written portion of the Preliminary Exam can take many different forms. The key organizing principle concerning this Exam is that the resulting document be Independent, Innovative, and Integrative. See Appendix I for a rubric that outlines the program’s approach to defining these organizing principles. Here are three (of many) possible ways that a student might fulfill the standards of the written portion of the Preliminary Examination Project:

**Option 1 – Integrative Review Article.** Students who choose this option will identify a critical research question that can be appropriately answered with a quantitative or qualitative literature review that integrates at least two disparate areas of the field. In areas in which there has been extensive research, the student may find it wise to confine the literature review to studies focusing upon a specific aspect of a topic, to papers published within a certain period of time (e.g., updates on prior meta-analytic reviews), or studies utilizing particular research techniques or designs. The document should review the relevant theory in the selected area, discuss problems, inadequacies and/or contradictory findings, and make recommendations by proposing a different theoretical perspective, new hypotheses, a different methodology, different data analytic techniques or a different program of research designed to remedy the problems in the area. Although the Examination is a review of the empirical literature, some students and their Committees may decide that other types of integrative papers would be useful to conduct and report. The most important element of this review is that the student must engage in some type of innovative integration of theoretical, conceptual, methodological, or statistical issues of relevance to the primary topic area. The final product should be a document suitable for submission to a journal publishing reviews of the particular literature or a journal publishing theoretical articles. As such, the final document should be close to publishable length: a maximum of 35-40 pages. All students are encouraged to publish these products, and some Committees may require that the paper be submitted. Students should examine papers in the *Psychological Bulletin* and *Clinical Psychology Review* as examples.

**Option 2 – Grant Proposal Submission.** Students who choose this option will prepare documents and successfully submit a grant proposal to a federal agency that funds the research and training activities of pre-doctoral clinical psychology students, such as the NIH F31 National Research Service Award (NRSA; [https://grants.nih.gov/grants/guide/pa-files/PA-14-147.html](https://grants.nih.gov/grants/guide/pa-files/PA-14-147.html)). If the NRSA option is selected, the student must complete the entire NRSA application, from the cover and budget pages through the research training plan, all the way through to the appendix. Students must fully submit their grant applications to the funding agency in order to successfully complete the Preliminary Examination requirements. The committee may also request additional information that is not included in the grant. It is expected that this application will be submitted for funding consideration after incorporating feedback from the committee.

**Option 3 – Integrative Empirical Paper.** Students who choose this option will write a research report based on independent analyses of original or archival dataset(s) with the explicit goal of integrating (a) disparate theoretical or conceptual areas and/or (b) methodological/statistical approaches. Thus, this option is expected to go beyond the typical research paper by being purposefully integrative in its theoretical or methodological approach. The student is expected to create an innovative and largely independent report of their research question. The report is expected to be submission-length and commensurate with articles submitted to standard peer-reviewed journals in the students’ subfield of clinical psychology.
The decision about which option to choose to fulfill the Preliminary Examination requirement should be made in collaboration with the student’s major professor and based on what will be most useful to the student’s professional development. Whichever option is chosen, the project must be conducted largely independently from the major professor. However, “independence” should not be meant to signify “isolation” -- the major professor is expected to provide conceptual input early on in the process and may provide feedback on early drafts of the paper or grant, or provide consultation on technical matters of the grant proposal that often require advisor input. Once the project is successfully defended, the major professor and/or other committee members may work with the student intensively to refine the paper or respond to grant reviews.

As this examination is meant to convey evaluative information about the student’s suitability for doctoral candidacy, it is expected that the Preliminary Examination occur at a sequence in the student’s training program that is meaningfully related to doctoral study. Thus, the Preliminary Examination will occur after the student has successfully defended their Master’s thesis. While some students may develop and submit a grant proposal prior to the successful defense of their Master’s Thesis, this will not count towards the fulfillment of the Preliminary Exam requirement. Students who submit a grant application before the completion of their Master’s Thesis must submit other materials (i.e., a new grant proposal submission or integrative review/empirical article) for their Preliminary Exam.

Because the Preliminary Examination can take very different forms across departments -- and even across Areas within this Department – there is no Purdue requirement for a Preliminary Examination proposal meeting. However, the Clinical Area expects that the student assemble a committee meeting early in the process to discuss the direction of the proposed area of study and exam option to be selected. This meeting may be held any time after having passed the Master's thesis defense and prior to defending the Preliminary Examination. This meeting may be assembled whenever the student feels ready to negotiate the content and direction of his/her Preliminary Examination project. Such a meeting benefits both the student and the Committee by clarifying what is expected from the student in terms of the project and for feedback from the Committee members.

In advance of the proposal meeting, the student may distribute a brief written overview of the project; target page length will depend on preferences of the major professor and recommendations of the Committee. The student may include in a proposal the research questions, a detailed justification of the project, a plan for how the project will be conducted in a largely independent manner, how the project fulfills the goal of being an independent, innovative, and integrative project, a tentative outline of the final paper or grant application, expected outcomes, and a tentative timeline. For review and empirical papers, the proposal typically describes the range of literature that will be reviewed, as well as evidence that it is of sufficient theoretical breadth and methodological quality to answer the research questions posed. For grant applications, the proposal document will outline the primary training goals of the broader application, the background as well as the gaps in the literature that support the need for the application, the various components of the application, and the specific research studies to be proposed. The student and major professor may choose to use a different proposal format, but the purpose of this meeting is for the student and the Committee to agree on what the student will accomplish, defining the “prelim exam process” itself.

Once the Advisory Committee agrees to a proposed project, the student may begin work on the Preliminary Examination. The student may consult with members of the Committee, or other professors and students. The limits of consultation, however, are defined by the Committee. Perhaps the most common approach that Committee members adopt is to agree to converse with the student on ideas, scope, critical insights, and the identification of significant literature sources, but will not read or revise drafts. In every case, though, the nature and limits consultation needs to be clarified by each individual with his/her Major Professor and Advisory Committee. In addition, students and Examination Committee members are strongly encouraged to follow the
rubric outlined in Appendix I concerning the expectations regarding the Independence, Integration, and Innovation present in the Preliminary Examination project.

**Oral Portion of the Preliminary Examination**

The Advisory Committee conducts an oral examination of the student, once the student has submitted the written Preliminary Examination document to the Committee. At least two weeks before the Oral Examination, the student must submit a form to the Graduate School to schedule the meeting and submit the document to the Committee. The Oral Examination Committee ordinarily is composed of the members of the student's Advisory Committee; however, permission may be granted for persons to be added to or substituted for members of the Advisory Committee to serve on the Examination Committee. This typically occurs only when a member of the original Advisory Committee is unable to participate in the oral examination.

At the conclusion of the oral examination, the Committee may judge the student (1) to have passed the examination, (2) to have failed, or (3) to have passed pending necessary revisions. The Committee will require that the student revise the paper only if the deficiency in the answer is judged by the Committee to be minor. The student is required to make these minor revisions within two weeks. If revisions are so extensive as to require more than two weeks' work, then the student has not passed the exam, and must schedule a second oral exam and resubmit the paper to the Committee. Departmental policy states that a student who fails a Preliminary Examination may not schedule a re-examination until the following semester or later.

The student who fails the Preliminary Examination may repeat the examination. Should the examination be failed a second time, a third examination is not permitted, except upon recommendation of the Advisory Committee and with special approval by the Graduate School. Along with an evaluation of the written and oral performance (see rubric in Appendix I), the Advisory Committee also must recommend whether the student should be advanced to doctoral candidacy, kept on for further preparation, or discontinued from the Program. As described in the Psychological Sciences Graduate Handbook and the Policies of the Graduate School, the student who fails the Preliminary Examination and is not recommended to continue will not be advanced to doctoral candidacy. That student effectively is dismissed from further study in the Clinical Program. (Discontinuation from the Clinical Program under those circumstances does not necessarily preclude pursuing graduate study in the Department of Psychological Sciences, as provided by the Psychological Sciences Graduate Handbook and the Policies of the Graduate School.)

When the student successfully completes the Preliminary Examination, the student becomes a candidate for the Ph.D. degree. A copy of the final written version of the Preliminary Examination must be filed with the Department’s Graduate Coordinator.

**D. Ph.D. Dissertation**

The Ph.D. candidate must present a written dissertation based upon a major research investigation that makes an original contribution to knowledge in psychological science. This research requirement is the most distinctive characteristic of the Doctor of Philosophy degree, and is the culmination of the student's graduate school research career. The work on the dissertation ordinarily occupies most of the student's last year of residence on campus, but the preparation and planning for the dissertation research should have been an integral part of the student's work throughout the graduate career. Thus, the dissertation represents the fruit of the student's maturation as a research scholar.

Research for the dissertation may be in any field of psychology and on any topic for which a satisfactory design can be established. The student works closely with the major professor on the doctoral research. When a problem is selected and a design is conceived, the dissertation proposal (including the design) must be presented to the student's Advisory Committee for formal approval. The research is carried out in continued consultation with the student’s Advisory
Committee, and under the supervision of the major professor. All dissertation-related documents, including the proposal as well as the final version of the dissertation, should be sent to committee members two weeks in advance of defense meetings. **The dissertation proposal defense and ALL REQUESTED REVISIONS to the proposal that arise subsequent to the defense must be completed and approved by the student’s Advisory Committee BEFORE OCTOBER 1 of the internship application year.** Thus, students are encouraged to defend their dissertation proposals either during their 4th years or very early in the fall semester of their 5th year.

The student may appear for the final doctoral examination after at least two semesters have elapsed since the successful defense of the Preliminary Examination, and the dissertation research has been completed. The student must submit the written dissertation to the Advisory Committee at least TWO WEEKS in advance of the defense, and then defend the dissertation orally before the Committee. All dissertation defenses must occur at some point prior to the end of the students’ pre-internship year, **although the student is not eligible to graduate until the internship is completed.** The final dissertation oral examination may be scheduled prior to the time that the student leaves campus for the predoctoral clinical internship; **however, no defenses will be scheduled during the summer semester that the student commences their internship.**

Forms scheduling the oral examination need to be filed with the Graduate School a minimum of two weeks prior to the defense.

Consistent with the research orientation of the Clinical Program, students are expected to take initiative to submit this and other research projects for publication --and may be required to do so by their major professor. This often is a joint effort by the student and one or more members of the Advisory Committee.

### E. Internship

The predoctoral clinical internship is the capstone of the student’s clinical training, in the same way that the dissertation is the capstone of the student’s research training. The Ph.D. degree in clinical psychology requires the completion of an internship of at least 1,900 hours of supervised clinical work. This internship usually is taken in a one-year block of full-time work; however, with the approval of the Clinical Area faculty, it may be completed in two years of half-time work. The student selects the internship in consultation with his/her Major Professor, his/her Advisory Committee, and the Clinical Area’s Internship Committee. The internship is chosen in order to provide supervised experience in the area of the student's major interest, as well as breadth of clinical training in this last pre-doctoral practical experience. Since 1999, internship selections have been based on computer matching sponsored by the Association of Predoctoral and Postdoctoral Internship Centers (APPIC). Except in unusual circumstances approved by the Area, the student will complete the internship in an APA-approved internship program. For most internships, students are required to submit a standard application summarizing their clinical experience, a curriculum vita, a statement of training interests and goals, three or four letters of recommendation from clinical supervisors, and a letter from the Director of Clinical Training certifying their eligibility.

As a member of the Council of University Directors of Clinical Psychology (CUDCP), our program subscribes to the following “Expectations for Internship Eligibility” (as adopted by CUDCP, January 22, 2011)

1. Trainee meets or exceeds foundational and functional competencies as outlined by the Assessment of Competency Benchmarks Work Group.
2. Trainee successfully completed a master’s thesis (or equivalent).
3. Trainee passed program’s comprehensive or qualifying exams (or equivalent).
4. Trainee’s dissertation proposal has been accepted at the time of application to the internship.
5. Trainee successfully completed all required course work for the doctoral degree prior to starting the internship (except hours for dissertation and internship).
6. Trainee completed an organized, sequential series of practicum experiences supervised by at least two different clinical psychologists that involve formalized practicum experience in evidence-based assessment and therapy. The Trainee should aim to complete at least 450 face-to-face hours of assessment/intervention and at least 150 hours of supervision by a clinical psychologist who routinely employed individual and/or group supervision models and at least one or more of the following intensive supervision methods (e.g., direct observation, co-therapy, audio/videotape review). During early formative years, the ratio of face-to-face hours to supervision hours approximated 1:1 and increased to around 4:1 as the Trainee developed intermediate to advanced clinical skills. *(NOTE – our program does not mandate that you accumulate this exact number of hours)*

7. Trainee has contributed to the scientific knowledge within psychology, as evidenced by:
   a. Publishing an article in a refereed journal or a book chapter as an author or co-author, or
   b. Presenting at least three papers/posters/workshops at regional, national, or international professional conferences or meetings.

8. Trainee was enrolled in a program that conducts formal annual evaluations of each student for purposes of monitoring trainees’ developing competencies and assuring that only students making satisfactory progress are retained and recommended for doctoral candidacy and entry into the profession. This annual program review of each student utilizes evaluations obtained from different faculty and supervisors and covers the full range of competencies including academic, research, clinical skills, and ethical professional behavior. Trainee has been rated as meeting expectations and possessing the required competencies at the time of applying for internship.

*Internship preparation.* It is a good idea to start thinking about the internship application process early in your graduate training. An internship application workshop is offered every spring semester during our colloquium time, and is directed by students who have recently completed the internship application process. In addition, 4th year students meet with an Internship committee, consisting of faculty members at the assistant and early-associate rank who have recently gone through the process. During these meetings students are prepared for the application, interview and matching process and discuss the specifics of personal statements, letters of recommendations, and site selection issues.

*Tracking hours.* In order to make the application process less daunting, we also suggest that you start tracking your clinical hours at the very beginning of your second year. If you are involved in research-related clinical activities, you may begin tracking your hours already in your first year. Various software packages exist to make this task easier, and these will be reviewed in the spring workshop of your first year.

*Research is important.* Students often think that their clinical experience is most relevant to their success as an internship applicant. However, internship directors from scientist-practitioner and clinical-scientist internships say that they are particularly interested in students with a strong research background because it tells them something about the applicant’s goals, productivity, time management, organizational skills, motivation, and perseverance.

*Timing and research requirements.* The internship could be completed as early as the fifth year of graduate study, assuming the student has followed the time line described to this point, and that the student has amassed sufficient clinical experience to earn offers from desirable internship sites. Depending on progress to this point, and the nature of the dissertation project, the student may opt to complete dissertation work before embarking on internship, which means that the internship could take place during the sixth year of study. The Ph.D. Preliminary Examination must be completed and the Ph.D. dissertation proposal must be approved before the student can apply for internship. All course requirements—including at least two years of clinical practica—must be completed before the student may begin the internship.
It is the policy of the Clinical Area that students must have their doctoral dissertation proposal approved by their Advisory Committee to be eligible to apply for internship. Students must defend the proposal successfully by October 1 of the internship application year in order to have the Director of Clinical Training certify their qualifications. Students interested in internship sites with application deadlines earlier than November 15 should plan to defend their dissertation proposals accordingly early, to allow the Director of Clinical Training to certify their qualifications in a timely fashion.

**Selecting an internship:** As noted above, it is expected that that students apply to APA-accredited internships except in highly unusually circumstances cleared with the clinical faculty and Director of Clinical Training. In addition to the geographical region of the country, internships vary according to type of setting (e.g., medical school, hospital, outpatient mental health center, prison, consortia), theoretical models that are emphasized, nature of supervision, balance of assessment and therapy activities, weekly workload, opportunities for participation in research, populations served, nature of other training experiences (consultation, supervision, administration), training in empirically supported therapies and APA accreditation status. Information about internship accreditation status can be obtained from faculty, the APA Office of Program Consultation and Accreditation, and the Academy of Psychological Clinical Sciences (https://sites.google.com/site/sscpwebsite/internship-directory). It can also be found on the individual site listings in the APPIC Directory Online at www.appic.org.

In selecting an internship, it is wise to begin with exploring possibilities with your Major Professor in light of your interests and career goals. Several other resources are also helpful. The online APPIC directory includes information about all internships, and information can also be obtained from organizations related to your major area of study (e.g., the Association for Behavioral and Cognitive Therapies (ABCT) or Association for Internship Training in Clinical Neuropsychology). A number of other commercially available guides are also available. Finally, talking with students who have either interviewed with or who actually completed their internship at particular settings can be an invaluable source of first-hand information. Potential internship sites might be grouped in three categories: 1) your very top choices that you would attend if given the chance, 2) good internships that may be not as attractive as group one, but fully acceptable if you don’t get an offer from your first group, 3) acceptable, but less desirable internships that represent your fallback position if no offers are forthcoming from groups 1 and 2. Given how competitive the internship process has become (more applicants, fewer slots), it is very risky to restrict your applications to any single geographical region.

It is recommended that students visit the APPIC website at www.appic.org well in advance of beginning the internship application process (this includes 1st and 2nd year students). This website provides a wealth of information that will help you prepare for internship. It is never too soon to begin preparing, as information from this site may help you plan your training. The APPIC website contains all the information you need to know regarding the application process. From the homepage, there are several helpful links including the link to the APPIC Directory Online. All APPIC internship sites are listed in this directory, and they provide a detailed description of the training and the applicant requirements. This includes most of the information discussed in the preceding section. Additional links from the homepage include 1) complete instructions regarding application procedures; 2) APPIC Match Policies, which are the rules of permitted and prohibited behavior (e.g., sites are prohibited from asking how you rank them); 3) a link to the National Matching Services website where you will find a complete description of how the computerized match selection process is conducted; 4) MATCH-NEWS email list, which is a discussion listserv students can use to ask questions and share ideas; and 5) the internship application that can be downloaded from this site.

**The application process:** There is one application that will be sent to all sites, although individual sites may have additional requirements. The latest application is available at www.appic.org. In order to participate in the match process, you must register with National Matching Services. You
will be assigned a match number, which will be used to identify you during the process. If you do not register by the registration deadline, you will not be permitted to participate in the match. Registration instructions can be found on their website, http://www.natmatch.com/psychint/.

At the time of acceptance of internship offers, students may not have completed all of the requirements for the Ph.D. Although the Clinical Area recognizes that individual students’ research demands vary widely, all students are urged to complete all requirements for the Ph.D. degree, including the dissertation, before beginning the internship. Students who are enrolled in practica and courses usually satisfactorily complete these requirements prior to the beginning of the internship in the following summer. Students who do not complete satisfactorily the minimum requirements outlined here within the time frames stipulated will be required to withdraw from any internship proceedings.

Letters of recommendation. Letters of recommendation are required for internship applications. In general, it is advisable to have your major professor write a letter as well as practicum supervisors who know you best. Choices about who to ask to write letters on your behalf should be discussed with your advisor. The Director of Clinical Training is also required to write a letter (or fill out a form) that certifies your eligibility for internship and, in many cases, documents program requirements that you have completed. Detailed information about the status of your preliminary exam and dissertation is requested in the APPIC application. It is recommended that you download a copy of the APPIC internship application from the APPIC site and review the requirements. When you approach people to write letters for you, it is helpful if you have a one-page sheet that highlights special things that could be included in your letter (special training experiences or skills, status of dissertation, research interests, clinical interests, program citizenship [e.g. student representative, work on admissions], honors, publications, presentations, teaching experiences, volunteer work, career plans) or any other issues that will personalize your letter and underscore your qualifications for internship. Make sure that you give your letter writers ample time to write your letter - 2 weeks at a minimum. IMPORTANT: APPIC requires a standardized format for letters so that letter writers must cover *all* domains of student competencies.

Deadlines. The deadlines for internship applications vary by site and generally fall between November 1st and January 15th. Most are in early November. Make sure that you allow sufficient time for this time consuming and labor-intensive task. It is wise to follow-up to make sure that internship materials have been received by the internship site by the stated deadline. You might have to do some last-minute scurrying to see that everything has been submitted on time.

Interviews. Many internships include a personal interview as a required part of the admission process, while others allow for the opportunity for prospective interns to interview as a courtesy. If the interview is required, the internship staff usually makes an initial pass at reviewing the paper credentials and then invites the prospective candidate for a visit. It is advisable for you to visit your top choices sometime during December of the year before you plan on attending. Personal contact with the internship staff lets them get a look at the person behind the paper, which usually works to your advantage. The visit also lets you get a firsthand look at them. Many a prospective intern has changed their ranking of preferences after interviewing with the staff at prospective internship agencies. When possible, your on-site interview should also include a meeting with current interns. Again, you often get the inside story from interns who are actually at the setting that you are checking out. If courtesy interviews are not available, factor that into your decision process, depending on how invested you are in that setting.

Notification. A computer matching system will notify you of your matching on a Friday (Match Day). This typically occurs during mid to late February. The details of this process are described on the National Matching Services website, http://www.natmatch.com/psychint/, which can also be linked to from the APPIC site. A copy of the student’s final letter of internship offer must be
filed with both the Psychological Sciences Graduate Office, and the Clinical Area Secretary, for the Area’s records.

What if you do not get an offer on Match day? First of all, this is not the end of the world. Given the competitiveness of internship admissions and the sometimes-baffling decision process employed by many internship agencies, some very qualified graduate students each year do not get an offer on selection day. The most common reason for this is the failure to apply to a sufficient number, range, or geographical diversity of potential sites. Most of this problem can be avoided by adopting the rule of threes described above. Despite this, if you are not selected in a given year, there are at least three options available: 1) APPIC conducts a Match Phase II in a similar fashion as Phase I, replacing the previous clearinghouse system, which served to help place students that did not get picked on Match day in one of these unfilled slots. 2) Internships slots become available after the selection day due to someone dropping out after they have been selected for a particular slot, new funding of internship positions, or administrative reasons that affect the viability of an internship program. In these cases, internship directors often contact programs directly to see if there are potential applicants for these new slots. 3) You can re-apply next year. In the interim, it is advisable to figure out what happened the first time around and correct any problem, and to make good use of the “extra” year, by completing your dissertation, getting additional publications, obtaining new research or clinical skills, or doing other things that will enhance your long-term career opportunities. You should remember that graduate students from Purdue are typically viewed as attractive applicants to many agencies. The challenge is to match up your special attributes with the needs of the internship program during any given year.

Registration during internship year. Students on internship are required to register for internship credit hours (PSY 69700) for three consecutive semesters (regardless of how many student credit hours are accumulated) beginning the summer when the internship starts. Students must be registered during the semester in which the student receives his/her degree.

Once you are informed of your internship start date, let your practicum supervisor know as soon as possible. If you are on contract with your site, email your supervisor with your intent to resign early and last day of work.

Communication between doctoral program and internship program. Students should be advised that communication between the Clinical Program and the internship program that a student matches with will be maintained throughout the internship year. Typically, internship DCTs write to the program DCT to confirm the placement. The communication is mostly informal, unless an internship DCT desires to communicate a concern at some point during the internship. Students are made aware of any communication between DCTs and are cc’d in communication. All formal or written internship evaluations are retained in student files and used for Annual Evaluation.

F. Residency Requirements, Proposed Course Sequence, and Completion Time
Consistent with APA guidelines, clinical students are required to be enrolled for a minimum of 3 full-time academic years of graduate study and complete an internship prior to receiving the doctoral degree. In addition, at least 2 of the 3 academic training years must consist of training completed at Purdue University, at least one year of which must be in full-time residence. These time and residency requirement represent the minimum necessary for completion of the program. In practice, program requirements supersede these minimum parameters. Students that follow the suggested course, practicum, and research experience outlined above will spend a minimum of four full-time years in residence in the program.

The considerations outlined above practically result in a 6-year program (5 years of coursework and practica, and 1 year of internship). Although students taking the standard complement of courses outlined above will earn sufficient credits to earn the Master’s degree at Purdue University, students are advised to take the maximum number of research credits for which they
are eligible (up to 18 credits total per semester) after the Masters is awarded, to insure they have
earned the 90 credits necessary for the Ph.D. This recommendation stems from the University
allowing a maximum of 30 pre-Master’s credits to apply toward the Ph.D. The average time to
completion for recent classes is approximately 6.5 years (including the one-year internship).

A suggested course sequence and outline of related experiences is included in Appendix A.

G. Post-Doctoral Work
Note that post-doctoral training is becoming common – and, in many cases, necessary – for an
increasingly competitive job market, such experiences are arranged by the student on an
individual basis. Post-doctoral fellowships, 1) can help hone very specialized research skills; 2).
can provide time for manuscripts based on predoctoral research to go to press; and, 3) can be an
excellent source of post-doctoral supervised clinical experiences required for licensing in many
states.

VI. STUDENT EVALUATION PROCEDURES
Students are evaluated semi-annually by Clinical Area faculty. Students receive a narrative review
after each semester that is written by the DCT in consultation with the student’s Major Professor
based on the discussions by Clinical Area Faculty. In addition, students are evaluated annually at the
end of each academic year) on the development of Professional Competencies in the context of the
goals and objectives of the Clinical Ph.D. Program at Purdue University (see Appendix K for a copy
of the annual review of competencies form). Major Professors provide a rating of each advisee’s
competency levels, adjust according to information obtained from other clinical faculty, and share
these with their advisees.

Students are evaluated in areas (A), (B), and (C) below:

A. Academic Coursework
A student's performance will be considered to be competent if his or her GPA is at least 3.0 (on a
4.0 scale) and all core course grades are ‘B’ or better. A student will be considered to be deficient
academically if his/her overall GPA is below 3.0 or if a ‘B-’ or lower is received in a core course
or “C+” in an elective course taken in Psychological Sciences or a comparable department (e.g.,
the Department of Child Development and Family Studies, or departments in the College of
Education). This requirement does not apply to advanced courses taken in other specialties, such
as math or biology.

B. Research
A student will be considered to be performing competently in research if he or she is making
progress in completing research tasks in a satisfactory and timely manner. A student can be found
deficient by not meeting the stated deadlines (including for the Master’s thesis proposal and final
defense), or by otherwise not making timely or competent progress on required research
(including significant movement on the Preliminary Examination). Since research projects differ
widely according to individual interests, complexity, and requisite skills, decisions about research
competence necessarily must be based on the judgments of faculty with regard to these factors in
individual cases.

C. Practica
Beginning Fall 2007, a student will be considered to be competent in a clinical practicum only if
he/she receives a grade of “A” or “B”. Supervisors assign grades based on work quality
(including documentation and paperwork), and grades below “B” are considered to be deficient in
the Clinical Program. Written feedback should be provided to the student each semester by the
practicum supervisor, a copy of which should be provided to the Director of Clinical Training. A
copy of the Summary Evaluation of Practicum Performance form can be found in Appendix J.
D. **Addressing Clinical/Performance Issues**

Practicum performance will be graded, according to specified criteria.

All clinical work must be supervised, with student performance expectations in outside placements enumerated in formal written agreements (see Appendixes D and E), and in in-house work described in syllabi. Any student having performance difficulties in practicum or other clinical work should be made aware of this, so that the situation can be handled clearly, swiftly, and fairly. Common difficulties might involve clinical judgment, managing required documentation, or skills in implementing interventions. If the student is not making sufficient progress in the judgment of the supervisor, then the following steps should be taken:

1. The student underperforming in practicum should be informed by the supervisor in writing by mid-semester—or preferably before, if possible. It is important that the student receive written feedback from the supervisor, even when performance is "borderline," so that the student is adequately informed about directions for required improvement. A copy of the feedback also should be sent to the student's Major Professor. The Director of Clinical Training should be notified if the problem is likely to require some administrative action, such as transferring the clients to other student clinicians, or limiting the student’s caseload.

2. Assuming that the practicum student will continue to see clients, a plan should be devised to address the student's deficits. This can be negotiated with the student alone or in conjunction with his/her Major Professor, depending on the nature of the deficiency and the extensiveness of the proposed remediation. The plan should be documented, and the student's progress should be monitored closely thereafter.

3. In the event that the student continues to perform poorly or jeopardizes the welfare of his/her client(s) to the degree that the supervisor believes it necessary to remove the student from the case, then arrangements should be made for a smooth transition to a new student clinician. Such a transfer ideally should be presented to the affected client(s) by the original student clinician, who provides an explanation to the client(s) that minimizes confusion and helps the client(s) not take the transfer personally. It may be most helpful in many cases to have the original student clinician introduce the new student clinician to the client. In the event that the student clinician is removed from the case and is unable or is prevented from handling the transition personally, then it is the responsibility of the clinical supervisor to explain the circumstances to the client in an appropriate way.

4. Students normally carry more than one case, and may function well in some cases but not in others. A supervisor may elect to remove a student from a case where the student’s performance is poor, but keep the student on the others. However, if it becomes necessary to remove the student from all cases, then the Director of Clinical Training and Major Professor should be consulted, as well as other relevant parties.

5. If a supervisor concludes that supervision cannot proceed productively because of conflict in the supervisory relationship, but believes that the student might work better with another supervisor, then arrangements should be made to transfer that student and case to another supervisor.

6. If the student has not remedied identified performance deficits in the time and manner previously outlined, then the supervisor should give the student a grade below “B.” Such deficient grades may warrant placing a student on “Clinical Probation,” requiring remedial action.

The timeline for giving this type of practicum feedback might differ depending on the student’s experience level. For example, with a new student, the supervisor might wait until
the end of the first semester before giving formal written feedback, in order to separate normal growth and development from serious problems requiring specific intervention. Some supervisors will give a "satisfactory" evaluation the first semester problems are identified, with the provision that the student will receive an "unsatisfactory" second semester if needed improvements are not made.

E. **Performance Deficiency and Student Status**

A deficiency in any area of a student’s progress through the program can lead to a vote by the Clinical Area faculty, typically during end-of-semester semi-annual evaluation meetings, to change a student’s program status from “In Good Standing” to “On Probation.” Individual circumstances, recommendations by the student's Major Professor, and the student's overall record all would be considered in such a decision. A majority vote by the faculty to place the student “On Probation” would be relayed to the student in the semi-annual feedback letter. Besides notifying the student of his/her status, the feedback letter also would specify the requirements for removal from probation status and both a clear time frame for their completion as well as a clear statement about the consequences if the requirements are not met. Unless the student evaluation letter stipulates a different time frame, then students On Probation have at least until the next evaluation meeting as a minimum working period to correct deficiencies. Consideration of adverse life events or major life circumstances that have unexpectedly delayed student progress will also be considered.

The student evaluation letter should specify the consequences if the student does not correct deficiencies within the specified time frame. If requirements are not met, then clinical faculty will be notified that the student has not completed the terms of the probationary status and they will vote to determine the student's suitability for continuation in the Program. In rare cases, the faculty may vote to allow the student to remain On Probation for a second semester. However, as noted in the Department of Psychological Sciences’ Graduate Handbook, a student should not be placed in the “On Probation” category for more than two consecutive semesters. Students who have not made sufficient progress, as outlined in the student evaluation letter, to warrant a change in status from “On Probation” to “In Good Standing” shall be deemed “Not in Good Standing.” Students who are in “Not in Good Standing” status will be recommended for immediate dismissal from the program. As stated in the Department of Psychological Sciences’ Graduate Handbook, final dismissal decisions are made by the Department Head.

Regardless of whether a student's difficulties warrant a formal change in his or her status, any deficiency the student is exhibiting should be targeted and addressed with specific plans for remediation.

F. **Procedure for Student Appeals**

This procedure provides for hearing student appeals of faculty decisions regarding the student’s status in the Clinical Program. The procedure first establishes a small investigating/hearing committee. The committee is charged to make findings and recommendations about a student’s alleged behavior that may have warranted changing the student's standing in the Program. This committee's recommendations are then sent to the Clinical Area core faculty for a vote.

The following specific steps are to be taken:

1. The student must be informed of allegations that result in a change of standing (including possible dismissal), in writing by a core Clinical faculty member. The Director of Clinical Training is informed of allegations and of their communication to the student. This letter describes the reasons for the possible termination and, if appropriate, conditions for continued enrollment in the Department.
2. Following a faculty vote to change the student’s status, and formal notification of the student, the student may request from the Director of Clinical Training an investigation/hearing to review the faculty decision. This request must come within 10 working days of receiving the change in status notification.

3. The investigating/hearing committee shall be formed by three (3) members of the Clinical Area teaching faculty as follows: the student shall select a member, the Director of Clinical Training shall select another member, and the Director of Clinical Training shall serve as the third member. (In case the Director of Clinical Training cannot serve due to conflict of interest or unavailability, he or she shall appoint an alternate).

4. The Committee will review evidence related to the allegation and make appropriate findings that will inform its ultimate recommendation to the Clinical Area teaching faculty. While the Committee does not have statutory or legal status, it will attempt to follow due process procedures, to provide a fair hearing if necessary, and to protect the rights of both the student and the Program. It can review physical evidence and talk with the parties involved, including the student.

5. The Committee should use its findings to develop a recommendation to uphold the faculty vote on the change in the student’s status, to reverse the vote, or some other appropriate alternative. A majority of the Committee must favor the recommendation in order to forward it to the Clinical Area faculty. A recommendation regarding the disposition of the case will be sent from the Committee to all Clinical Area teaching faculty. Faculty members are encouraged to confer with members of the Committee regarding its recommendation.

6. The Clinical Area faculty vote on the recommendation of the Committee. A majority vote by the faculty is required to accept the recommendation of the Committee.

The student may appeal the decision of the Clinical Area faculty by contacting the Department’s Graduate Committee, and indicating that a grievance or appeal will be filed. In addition, the student should follow procedures established by the Graduate Council published in both the Department’s and Graduate School’s Handbooks, e.g., https://www.purdue.edu/odos/osrr/grade-appeal-process/; http://www.purdue.edu/gradschool/student/ogacr/index.html concerning graduate students' grade appeal rights and academic conflict resolution processes.

VII. **ACCREDITATION BODIES**

The Clinical Psychology Program is accredited by:

1. the American Psychological Association (through 2028). Questions or concerns can be directed to:
   
   Office of Program Consultation and Accreditation  
   American Psychological Association  
   750 First Street, NE  
   Washington, DC 20002  
   (202) 336-5979  
   (202) 336-5978 FAX

2. the Psychological Clinical Science Accreditation System (through 2028). Questions or concerns can be directed to:
   
   Alan Kraut, Ph.D., Executive Director  
   1800 Massachusetts Ave NW, Suite 402  
   Washington, DC 20036-1218 USA  
   (301) 455-8046  
   akraut@pcsas.org
# OUTLINE OF RECOMMENDED COURSE SEQUENCE

## First Year for Student Entering in Odd Year

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Cred</th>
<th>Spring Semester</th>
<th>Cred</th>
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<tbody>
<tr>
<td>PSY 60600 – Introduction to ANOVA&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>PSY 63100 -- Applied Regression&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td>PSY 59100: Foundations of Clinical Psychology</td>
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<td>PSY 67000: Principles &amp; Techniques of Psychotherapy&lt;sup&gt;a&lt;/sup&gt;</td>
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<tr>
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<td>PSY 67900: Assessment Clinic</td>
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**Additional First Year Tasks**
- File a Plan of Study for the M.S. degree
- Develop and complete a first year research project, supervised by Major Professor.
- Investigate ideas for the Master's research project; propose Masters by end of year
- Begin record of all clinical activities.

## Second Year for Student Entering in Odd Year

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<td>PSY 69200: Clinical Seminar--Ethnic Minority Issues and Ethics&lt;sup&gt;a&lt;/sup&gt;</td>
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<td>PSY 69800: MS Research Credits</td>
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**Additional Second Year Tasks**
- Defend thesis proposal by end of Fall semester
- Carry out Master’s research
- Take 1-2 elective courses each semester—seminars, advanced statistics and courses to cover Social and Biological bases of behavior

## Third Year for Student Entering in Odd Year

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<td>PSY 69800: MS Research Credits</td>
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Additional Third Year Tasks
- Complete Master’s Thesis and oral defense by first two weeks in Fall semester (in order to begin practicum training)
- Select a doctoral Advisory Committee
- File a Plan of Study for the Ph.D. degree
- Propose, complete, and defend a Preliminary Examination project
- Begin plans for the doctoral dissertation
- Continue taking electives

Fourth Year for Student Entering in Odd Year

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<td>PSY 69900: PhD Research Credits</td>
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Additional Fourth Year Tasks
- Continue with electives
- Complete the Ph.D. Plan of Study
- Complete Preliminary Examination
- Propose, complete, and defend dissertation proposal

Fifth Year for Student Entering in Odd Year

<table>
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<th>Fall Semester</th>
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<th>Spring Semester</th>
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<td>PSY 69900: PhD Research Credits</td>
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Additional Fifth Year Tasks
- Collect dissertation data (complete, and defend dissertation, if possible)
- Apply for Pre-doctoral Clinical Internship; due-dates for applications begin in November
- Dissertation proposal must be approved before October 1 to be eligible to apply
- Identify early 3-4 letter-writers for Clinical internship recommendations

Sixth Year for Student Entering in Odd Year

<table>
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Additional Sixth Year Tasks
- Complete Pre-Doctoral Internship
- Complete and defend dissertation
- Begin to look early for Post-Doctoral positions, if needed to enhance research skills and/or record, as well as to earn post-doctoral supervised clinical experience needed for licensure in particular jurisdictions.

Notes:
a. A student entering in an even-numbered year would have the clinical courses which are taught on an every-other year basis in be opposite sequence to the student outlined here. These courses are denoted with a superscript and include PSY 67300: Adult Behavior Disorders; PSY 670: Principles & Techniques of Psychotherapy; PSY 69200: Clinical Seminar--Research Methods; PSY 69200: Clinical Seminar--Affective Bases & Cognitive Bases;

b. To fulfill the Statistics sequence, students may do either of the following*:
   1. One of these: PSY 60600 (ANOVA for the Behavioral Sciences), STAT 51100 (Statistical Methods), or STAT 51200 (Applied Regression Analyses), AND one of these: PSY 63100 (Applied Regression), PSY 64600 (Statistical Approaches to Social Psychology Data), STAT 51200 (Applied Regression Analysis), or STAT 51400 (Design of Experiment)

   2. PSY 60000 and PSY 60100 as a 2-course sequence

   *In recent years, all students have been referred to the in-house PSY 60600/PSY 63100 sequence.

c. PSY 62400 – Human Learning and Memory will also satisfy the Cognitive Bases of Behavior Requirement. If this course is not offered regularly, students may petition the area to allow one of the following courses to count towards the cognitive bases of behavior course: PSY 62500 - Complex Cognitive Processes; PSY 63700 - Human Information Processing; or PSY 69200 – Introduction to Cognitive Neuroscience.

d. Electives refer to courses that meet Department requirements (i.e., for any three non-Clinical courses), APA requirements (i.e., in social, cognitive, affective, developmental, and biological bases of behavior), or further advance a student’s training (i.e., advanced statistical methods).

e. When students are enrolled in external practica, they are required to register for at least one credit hour in either the adult or child practicum. They may register for more if they intend to see more clients through those practica.
APPENDIX B

Discipline-Specific Knowledge Grading Matrix

Student _______________________________ Yr of Program Entry ___________

Category 1: History and Systems of Psychology.

History & Systems module
List full course title: PSY 69200 – Clinical Seminar: _______________________

Instructor: ____________________________

Year and Semester completed: __________

Grade/Score in History & Systems Module: _________

Grade in Overall Course: ___

Category 2: Basic Content Areas in Scientific Psychology.

Affective Bases of Behavior:
List full course title: ______________________________________________________

Instructor: ____________________________

Year and Semester completed: __________

Grade/Score in Affective Bases Module: _________

Grade in Overall Course: ___

Cognitive Bases of Behavior:
List full course title: ______________________________________________________

Instructor: ____________________________

Year and Semester completed: __________

Grade/Score in Cognitive Bases Module: _________

Grade in Overall Course: ___

Biological Aspects of Behavior:
List full course title: PSY 6XX00 – Systems and Clinical Neuroscience / or other: __________

Instructor: ____________________________

Year and Semester completed: __________

Grade in Course: ___
**Developmental Aspects of Behavior.**
List full course title: PSY 69200 – *Developmental Psychopathology* / PSY 673 – *Adult Behavior Disorders*, or other: __________________________

Instructors: __________________________

Year and Semester completed: ____________

Grade/Score in Developmental Modules: ________

Grade in Overall Courses: ___

**Social Aspects of Behavior:**
List full course title: _PSY 64000 – *Introduction to Social Psychology* / or other: __________________________

Instructor: ____________________________

Year and Semester completed: ____________

Grade in Course: ___

**Category 3: Advanced Integrative Knowledge in Scientific Psychology.**
List full course title: _PSY 69200 – *Cognitive and Affective Bases of Behavior* / or other (e.g., Prelim): ____________________________________________

Instructor: ____________________________

Year and Semester completed: ____________

Grade/Score in Integrated Module: ________

Grade in Overall Course: ___

**Category 4: Research and Quantitative Methods.**

**PSY 60600 – *ANOVA for the Behavioral Sciences***
Instructor: ____________________________

Year and Semester completed: ____________

Grade in Course: ___

**PSY 63100 – *Applied Regression***
Instructor: ____________________________

Year and Semester completed: ____________

Grade in Course: ___

*(Alternate Introductory Statistics Courses: ____________________________)*

Year and Semester completed: ____________

Grade in Course: ___)
Research Design and Psychometrics:
List full course title: _PSY 69200 – Clinical Seminar: Research Methods / or other:
_________________________________________________
Instructor: _________________________
Year and Semester completed: ___________
Grade/Score in Psychometrics Module (if applicable): _________
Grade in Overall Course: ___

Advanced Quantitative Methods:
Multivariate Statistics (PSY 61000)
Instructor: _________________________
Year and Semester completed: ___________
Grade in Course: ___
Structural Equation Modeling (PSY 67400)
Instructor: _________________________
Year and Semester completed: ___________
Grade in Course: ___
Intensive Repeated Measures Methods (PSY 60600)
Instructor: _________________________
Year and Semester completed: ___________
Grade in Course: ___
Multilevel Modeling (PSY 64600)
Instructor: _________________________
Year and Semester completed: ___________
Grade in Course: ___
Bayesian Statistics (PSY 64600)
Instructor: _________________________
Year and Semester completed: ___________
Grade in Course: ___

Graduate Certification in Psychological Statistics: Yes___ No ___
APPENDIX C
SEMESTER ACTIVITY REPORT

Please return to Sara. This is very important in keeping our files current and for the Annual APA Report. Please return by XXXXXX.

Name __________________________

Year you entered __________________

Please put a check mark or circle those items that apply to you from January 2xxx – May 2xxx.

Presented a Paper at a Conference? (list conference[s]: __________________________)

Presented a Poster at a Conference? (list conference[s]: __________________________)

Presented an Area Colloquium? __________________________

Presented at a Workshop? (list workshop[s]: __________________________)

Submitted an Article to a Journal? (number of submissions: __________________________)

Had an article published? (list journal[s] __________________________)

Had a book chapter or other work published? __________________________

TA’d for a course or Taught a course (Circle one that applies) __________________________

Proposed MS, Prelim, PHD (Circle one) (indicate month: __________________________)

Completed MS, Prelim, PHD (Circle one) (indicate month: __________________________)

Submitted an Internal Grant (if grant awarded, list source __________________________)

Submitted an External Grant (if grant awarded, list source __________________________)

Belonged to a professional society: (APA, ABCT, SRP, etc) (list: __________________________)

Did you receive any awards? (list: __________________________)

Did you receive any Funding (list Krueger, etc. __________________________)

If so, please explain how you used the money __________________________

________________________________________________________

________________________________________________________

Please list any conference presentations, publications, courses taught, degree requirements, grants or awards you expected. __________________________.

List anything else that you feel may be important…. 

4/6/06

SEE OTHER SIDE ⏳
Have you done a Practicum during January 2xxx – May 2xxx?

YES  NO

Please enter your Practicum hours:

#1 Site

Site -
Supervisor -
Total Intervention and Assessment Hours =
Total Support Hours =
Total Supervision Hours =

#2 Site

Site -
Supervisor -
Total Intervention and Assessment Hours =
Total Support Hours =
Total Supervision Hours =

#3 Site

Site -
Supervisor –
Total Intervention and Assessment Hours =
Total Support Hours =
Total Supervision Hours =

If you have received research funding (Krueger, etc.) during this time, please explain how you have used the money.
## APPENDIX D

### COURSE EQUIVALENCY SHEET

Student’s Name ____________________________________________

Date ________________________________

Courses taken where: ________________________________________

<table>
<thead>
<tr>
<th>Course as listed on transcript from other university</th>
<th>Purdue equivalent</th>
<th>Purdue Instructor’s signature</th>
</tr>
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This form must be submitted with your plan of study or be placed in your file until the plan is submitted.
APPENDIX E

To:       Clinical Graduate Students
From:     
Date:     
Re: Schedule for

Please mark off below your classes, practicum, seminars, research meetings, or any other times you are regularly NOT AVAILABLE. Please include course and room #'s. This will be useful in arranging meetings or taking phone messages when necessary, so please keep me posted as to any changes. Please return by (DATE). Please Print and fill out completely. Thanks!

Name: ____________________________________________

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Other schedules or information: ____________________________________________
APPENDIX F
EXAMPLE OF CONTRACT FOR OUTSIDE PRACTICA

Practicum Contract – Off-Campus
(to be used for non-PPTRC practica conducted off-site)

Clinical Psychology Practicum Placement Agreement
Purdue University
Department of Psychological Sciences
703 Third Street, West Lafayette, IN 47907-2081 (765) 494-6977

This agreement specifies the conditions of a clinical psychology practicum for (student) to be provided through (supervisor/agency/placement), located at (practicum site/primary location).

Length of Experience and Hours
This experience will involve approximately ________ hours per week during the ________ semester of 200__, beginning ________ (date) and ending ________ (date).

On-Site Supervisor and Contact
Supervision of clinically relevant activities will be provided by (Onsite Supervisor), Ph.D., a licensed psychologist, for at least one hour per week. The supervisor can be contacted at the following Address: ___________________________ Phone/fax: ___________________________ E-mail: ___________________________

The contact for the Clinical Program will be (Director of Clinical Training or designee for Program).

Student On-Site Responsibilities
The student’s primary responsibilities will include, but are not necessarily limited to

- Direct services to clients including ________
- Testing & Assessment including ________
- Documentation, including treatment plans & progress notes
- Participation in required training exercises
- Consultation with other professionals & teachers
- Consultation with families
- Supervision of ________
- Observations

Insurance
Purdue University will carry malpractice and liability insurance for the student during the period covered by this experience.

Evaluation
The student will be evaluated by the onsite supervisor at the end of the practicum experience. This evaluation will include an overall grade, and a written appraisal of the student’s clinically relevant skills, execution of agreed-upon duties, and general professional and ethical behavior and approach. The evaluation also will certify the total number of direct client contact and supervision hours obtained. Copies of this evaluation will be given to the student, supervisor, and the Director of Clinical Training.

______________________________
Graduate Student signature
Date

______________________________
(Onsite Supervisor)
Date

______________________________
Director of Clinical Training
Date

______________________________
Major Professor
Date
APPENDIX G
EXAMPLE OF CONTRACT FOR SPECIAL ON-CAMPUS PRACTICA

Practicum Contract – On Campus
(to be used for non-PPTRC practica supervised by clinical faculty, or clinically relevant activities within the Department of Psychological Sciences or elsewhere on the Purdue campus)

Purdue University
Department of Psychological Sciences
Clinical Psychology Practicum Placement Agreement

This agreement specifies the conditions of a clinical psychology practicum for (student) to be provided through (Department/Unit/Program), located at (practicum site).

Length of Experience and Hours
This experience will involve approximately ________ hours per week during the __________ semester of 200__, beginning (date) and ending (date).

On-Site Supervisor and Contact
Supervision of clinically relevant activities will be provided by (onsite supervisor), Ph.D., a licensed psychologist, for at least one hour per week. The contact for the Clinical Program will be (Director of Clinical Training or designee for Program).

Student On-Site Responsibilities
The student’s primary responsibilities will include, but are not necessarily limited to:

- Direct services to clients including __________
- Testing & Assessment including __________
- Documentation, including treatment plans & progress notes
- Participation in required training exercises
- Consultation with other professionals etc
- Consultation with families
- Supervision of ________________________________
- Observations
- Office hours including ____________________________
- ________________________________

Insurance
Purdue University will carry malpractice and liability insurance for the student during the period covered by this experience.

Evaluation
The student will be evaluated by the onsite supervisor at the end of the practicum experience. This evaluation will include an overall grade, and a written appraisal of the student’s clinically relevant skills, execution of agreed-upon duties, and general professional and ethical behavior and approach. The evaluation also will certify the total number of direct client contact and supervision hours obtained. Copies of this evaluation will be given to the student, supervisor, and the Director of Clinical Training.

__________________________
Graduate Student signature
Date

__________________________
(Onsite Supervisor)
Date

__________________________
Director of Clinical Training
Date

__________________________
Major Professor
Date
A Sampling of Possible Outside Practicum Sites, Based on Past Student Placements

1. **Riley Hospital for Children, Indianapolis.** Dr. William Kronenberger is a pediatric psychologist and assessment specialist, Dr. Ann Lagges works with adolescents and children, and Dr. Eric Scott oversees treatment in Riley’s Child and Adolescent Anxiety Clinic. They each have provided intensive summer training, as well as opportunities for assessment and intervention practica during the academic year. They can be reached in central Indianapolis at (317) 274-8162.

2. **Adult Anxiety Practicum.** Dr. Susan Ball directs the Anxiety Clinic at Indiana University School of Medicine, in Indianapolis, and can be reached at (317) 274-7422.

3. **Wabash Valley Hospital.** Wabash Valley Hospital (WVH) is the local community mental health center (CMHC). Licensed clinical psychologists see a broad clientele from Lafayette-West Lafayette and surrounding counties on outpatient basis and can be approached about acting in a supervisory role. Some paid opportunities may be available. Also, practicum opportunities may be available for WVH’s inpatient facility in West Lafayette. Contact Dr. Dale Crowder at (765) 362-2852.

4. **Alpine Clinic.** Dr. Kelly Earnst and Dr. Jill Salem of the Alpine Clinic in West Lafayette (446-9394) offer neuropsychological assessment practicum placements for those interested in this area and in obtaining further testing experience with both adults and children. Typically, students do a year of unpaid practicum work, followed by a year of more advanced, paid practicum work.

5. **White River Psychology.** Depending on government contracts, this Indianapolis practice offers practica to clinical students. Opportunities include training in crisis intervention and advanced adult and family work. Contact Dr. William Shipley at (317) 684-7171.

6. **Danville Veteran's Administration (VA) Center.** Paid summer traineeships are usually offered at this site in Danville, Illinois (roughly an hour’s drive from campus) for students seeking advanced inpatient work with adults. Applications are due in the late spring, although practica also may be available during fall and spring semesters. Students interested in these positions should contact Dr. Tressa Cook (217) 442-8000, ext. 5171.

7. **Dr. Shari Stembel** (765) 884-1506 may be willing to supervise students interested in working with children and adolescents at her practice in Fowler, IN, as well as consulting in a rural high school.

8. **Greater Lafayette Area Special Services (GLASS).** Opportunities are available for testing school-age children in the Lafayette area. Contact Damon Krug at (765) 771-6012.

9. **Christian Sarkine Autism Treatment Center** at Riley Children's Hospital in Indianapolis offers a multidisciplinary approach to assessment and parent training for children with problems in the pervasive developmental disorders spectrum. Contact Dr. Naomi Sweizy at (317) 274-8162.

Other opportunities may be available at Indianapolis Veteran's Administration Hospital and LaRue Carter Hospital in Indianapolis. See the Director of Clinical Training if you are interested in pursuing these or other opportunities.
## APPENDIX I -- Preliminary Examination Rubric

<table>
<thead>
<tr>
<th>Criterion</th>
<th>1 = Clearly below threshold. Not satisfactory.</th>
<th>2 = Marginally below threshold. Not satisfactory.</th>
<th>3 = Marginally above threshold. Satisfactory.</th>
<th>4 = Clearly above threshold. Satisfactory.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Independence:</strong></td>
<td>The project must be conducted largely independently from the major advisor. However, “independence” should not be meant to signify “isolation” – the major advisor is expected to provide conceptual input early on in the process and may provide feedback on early drafts of the paper, or provide repeated feedback on various iterations of the grant proposal that often require advisor input.</td>
<td>No evidence of independence. Advisor is the “driving force” of the project, not the student.</td>
<td>Insufficient evidence of independence, or the unique contributions of the student and advisor are not well-defined. Student has completed some aspects of the project independently, but has relied substantially on feedback from the advisor.</td>
<td>Sufficient evidence of independence. The unique contributions of the student and advisor are well-defined. Student is clearly responsible for the majority of conceptualization and implementation of the project, although the advisor has also provided significant support.</td>
</tr>
<tr>
<td><strong>Integration:</strong></td>
<td>Student’s project integrates at least two disparate areas of the field. Integration may be vertical (i.e., depth within a literature) or horizontal (i.e., breadth across literatures). Vertical integration involves thoroughly examining a single, relatively deep literature, identifying consistencies within it, and reconciling inconsistencies. Horizontal integration involves pulling together two or more disconnected literatures by translating the different concepts, methods, and findings between them.</td>
<td>No evidence of integration. Project is a summary of published literature with no attempt to address differences across studies.</td>
<td>Insufficient evidence of integration. A substantial portion of the project merely summarizes published research, with little attempt to address differences across studies.</td>
<td>Sufficient evidence of integration. A substantial portion of the project is dedicated to addressing theoretical, methodological, and/or empirical differences across studies.</td>
</tr>
<tr>
<td><strong>Innovation:</strong></td>
<td>Student’s project makes a unique contribution to the field. Innovation may be demonstrated by proposing a new research question and relevant methodology that builds upon previous work, or testing a new research question on extant data.</td>
<td>No evidence of innovation. No new research question is stated.</td>
<td>Insufficient evidence of innovation. A new research question is stated but the rationale is not entirely clear, or it is unclear how the question goes beyond the published literature.</td>
<td>Sufficient evidence of innovation. The new research question is adequately formulated and makes at least an incremental contribution to the published literature.</td>
</tr>
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APPENDIX J

Summary Evaluation of Practicum Performance

Practicum Supervisor Evaluation Form -- Purdue Functional Competencies Assessment

Start of Block: Default Question Block

Attention Supervisors:
Thank you for all of your help and expertise in supervising our graduate student at your practicum placement this semester. I am requesting your help in formally evaluating our student’s performance at your practicum site. We also very much appreciate a narrative account of their work as well. The clinical faculty values such rich information, which is incorporated into our official feedback to students.

If you have any questions about this survey, please contact the Clinical Program secretary Sara Ostheimer (saraost@purdue.edu; 765-494-6977).

Thank you very much for all of your efforts in supervising our graduate students!

Sincerely,

Chris Eckhardt, Ph.D.
Professor and Director of Clinical Training
Purdue University
Department of Psychological Sciences
Practicum Site / Location

Name of Student:

Q78 Does your strategy for evaluating this student's practicum experience include direct observation, as is required by our accrediting body? (Live supervision and video/audio recordings are considered direct observation.)

☐ Yes  (1)

☐ No  (2)

Semester Under Evaluation:
Year (1)
Semester (2)

▼ 2016 (1) ... 2020 ~ Fall (20)

Name of Supervisor Conducting Evaluation:
Please include your degree, any additional credentials (e.g., ABPP), and state in which you are licensed.

Supervisor's Email Address:

Email Address of Trainee (they will be sent a copy of this evaluation):

Directions You will be rating the trainee you supervise across six different functional competency domains: Assessment; Intervention; Consultation; Supervision; Management-administration; and Advocacy. Each of these competency areas will be briefly described before you are asked to provide ratings of the trainee's specific competencies associated with each domain.

For each requested rating, please slide the bar on the competency rating line to provide information regarding relative strengths and weaknesses. If you cannot make an informed rating for some reason, select "Not Applicable" and leave the slider bar alone.

To see specific descriptors for each competency rating, hover your mouse over the categorical descriptors under each item to activate a pop-up box with specific behavioral anchors (this feature may be disabled depending upon your browser and local settings).

Alternatively, you may also consult a codebook for specific descriptors of competency in each area that may help you with your ratings. The codebook can be accessed via this link: Functional Competencies Codebook.
**Domain I.**

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

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**I.A**

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**I.B**

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**I.C**

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**I.D**

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<td>Domain II.</td>
<td>Intervention - Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.</td>
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<td>II.A</td>
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<td>II.A. Knowledge of Interventions - Knowledge of scientific, theoretical, empirical and contextual bases of intervention, including theory, research, and practice. ()</td>
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<td>II.B. Intervention Planning - Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation. ()</td>
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### II.D

**II.D. Intervention Implementation**

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### II.E

**II.E. Progress Evaluation**

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<td>Well Developed Competence</td>
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### Domain III.

**Consultation** - The ability to provide expert guidance or professional assistance in response to a client's needs or goals. Effectively relates to dialogue with other professionals.

### III.A

**III.A. Role of Consultant**

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### III.B

**III.B. Addressing Referral Question**

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### III.C

**III.C. Application of Methods**

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<td>Competency</td>
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<td>Does Not Meet Expectations</td>
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<tr>
<td>Competent - Meets Expectations</td>
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<tr>
<td>Well Developed Competence</td>
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</tbody>
</table>
**Domain IV.**

**Supervision** - Supervision and training in the professional knowledge base and of evaluation of the effectiveness of various professional activities.

| IV.A. Expectations and Roles - Knowledge of purpose for roles in supervision. () | Not Applicable |
| IV.A. Expectations and Roles - Knowledge of purpose for roles in supervision. () | Does Not Meet Expectations |
| Competent - Meets Expectations | Well Developed Competence |
| IV.B. Processes and Procedures - Knowledge of procedures and processes of supervision. () | Not Applicable |
| IV.B. Processes and Procedures - Knowledge of procedures and processes of supervision. () | Does Not Meet Expectations |
| Competent - Meets Expectations | Well Developed Competence |
| IV.C. Skills Development - Knowledge of the supervision literature and how clinicians develop to be skilled professionals. () | Not Applicable |
| IV.C. Skills Development - Knowledge of the supervision literature and how clinicians develop to be skilled professionals. () | Does Not Meet Expectations |
| Competent - Meets Expectations | Well Developed Competence |
| IV.D. Awareness of Factors Affecting Quality - Knowledge about the impact of diversity on all professional settings and supervision participants including self as defined by APA policy. () | Not Applicable |
| IV.D. Awareness of Factors Affecting Quality - Knowledge about the impact of diversity on all professional settings and supervision participants including self as defined by APA policy. () | Does Not Meet Expectations |
| Competent - Meets Expectations | Well Developed Competence |
| IV.E | Not Applicable |
### IV.E. Participation in Supervision Process
Observation of and participation in supervisory process (e.g., peer supervision).

<table>
<thead>
<tr>
<th>Competent - Meets Expectations</th>
<th>Does Not Meet Expectations</th>
<th>Well Developed Competence</th>
</tr>
</thead>
</table>

### IV.F

**IV.F. Ethical and Legal Issues** - Knowledge of and compliance with ethical/professional codes, standards and guidelines; institutional policies; laws, statutes, rules, regulations, and case law relevant to the practice of psychology and its supervision.

<table>
<thead>
<tr>
<th>Competent - Meets Expectations</th>
<th>Does Not Meet Expectations</th>
<th>Well Developed Competence</th>
</tr>
</thead>
</table>

### Domain V. Management-administration
Effectively manages the direct delivery of services and/or the administration of organizations, programs, or agencies.

| V.A | Not Applicable |
| V.A. Management | Participates in management of direct delivery of professional services; responds appropriately in management hierarchy. |

<table>
<thead>
<tr>
<th>Competent - Meets Expectations</th>
<th>Does Not Meet Expectations</th>
<th>Well Developed Competence</th>
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</thead>
</table>

| V.B | Not Applicable |
| V.B. Administration | Knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures. |

<table>
<thead>
<tr>
<th>Competent - Meets Expectations</th>
<th>Does Not Meet Expectations</th>
<th>Well Developed Competence</th>
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<tbody>
<tr>
<td>V.C</td>
<td>Not Applicable</td>
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<tr>
<td><strong>V.C. Leadership</strong> - Recognition of own role in creating policy, participation in system change, and management structure. ()</td>
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<tr>
<td></td>
<td>Does Not Meet Expectations</td>
<td>Competent - Meets Expectations</td>
</tr>
<tr>
<td>V.D</td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td><strong>V.D. Evaluation of Management and Leadership</strong> - Able to develop and prepared to offer constructive criticism and suggestions regarding management and leadership of organization. ()</td>
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<tr>
<td></td>
<td>Does Not Meet Expectations</td>
<td>Competent - Meets Expectations</td>
</tr>
<tr>
<td>Domain VI.</td>
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<tr>
<td><strong>Advocacy</strong> - Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level.</td>
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<tr>
<td>VI.A</td>
<td>Not Applicable</td>
<td></td>
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<tr>
<td><strong>VI.A. Empowerment</strong> - Uses awareness of the social, political, economic, or cultural factors that may impact human development in the context of service provision. ()</td>
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<tr>
<td></td>
<td>Does Not Meet Expectations</td>
<td>Competent - Meets Expectations</td>
</tr>
<tr>
<td>VI.B</td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td><strong>VI.B. Systems Change</strong> - Promotes change to enhance the functioning of individuals. ()</td>
<td></td>
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<tr>
<td></td>
<td>Competent - Meets Expectations</td>
<td>Does Not Meet Expectations</td>
</tr>
</tbody>
</table>
Q82 Overall, how would you rate this graduate student's performance, relative to the goals and expectations laid out at the beginning of the practicum experience, given the student's level of training?

- SUPERIOR/EXCELLENT (exceptional talent and skill overall) (1)
- ABOVE STANDARD (Performance above basic levels in some areas) (2)
- STANDARD/AVERAGE (Basic competent, appropriate, and effective performance in most areas) (3)
- BELOW STANDARD (Shows significant deficits requiring attention) (4)
- WELL BELOW STANDARD (Shows pronounced deficits and unacceptable performance) (5)

Optional Please comment below in more detail about the student’s strengths, weaknesses, and areas for further growth.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

THANK YOU FOR YOUR EVALUATION.

Please direct all questions about this survey to the Clinical Program Secretary, Sara Ostheimer (saraost@purdue.edu; 765-494-6977).

For any other questions about the Doctoral Program in Clinical Psychology at Purdue University, please contact the Director of Clinical Training, Dr. Chris Eckhardt (eckhardt@purdue.edu; 765-494-6983)
APPENDIX K

Annual Clinical Faculty Evaluation of Student Competencies -- Purdue Foundational Competencies Assessment

Start of Block: Default Question Block

Q84 Thank you for taking the time to complete this evaluation of your student's foundational competencies. Major Professors will assess each of their trainee's level of competency in areas that correspond to the foundational competencies outlined by the American Psychological Association and that align with our training goals.

The evaluation of students' competencies will be finalized during discussion with all clinical faculty at the end of each academic year. This evaluation will be used to provide feedback to students on their progress in the program and will also be used to adjust the training activities of the program as a whole.

Name of Student: ____________________________________________________________

Semester Under Evaluation:
Year (1)
Semester (2)

▼ 2016 (1) ... 2020 ~ Fall (20)

Name of Major Professor Conducting Evaluation: __________________________________

Major Professor's Email Address: _____________________________________________
Email Address of Trainee (they will be sent a copy of this evaluation):
________________________________________________________________

Directions You will be rating the trainee you supervise across seven different foundational competency domains:

(1) Professionalism;
(2) Reflective Practice/Self-Assessment/Self-Care;
(3) Scientific Knowledge and Methods;
(4) Relationships;
(5) Individual and Cultural Diversity;
(6) Ethical Legal Standards and Policy; and
(7) Interdisciplinary Systems.

Each of these competency areas will be briefly described before you are asked to provide ratings of the trainee's specific competencies associated with each domain.

For each requested rating, please slide the bar on the competency rating line to provide information regarding relative strengths and weaknesses. If you cannot make an informed rating for some reason, select "Not Applicable" and leave the slider bar alone.

To see specific descriptors for each competency rating, hover your mouse over the categorical descriptors under each item to activate a pop-up box with specific behavioral anchors (this feature may be disabled depending upon your browser and local settings).

Alternatively, you may also consult the codebook for specific descriptors of competency in each area that may help you with your ratings. It can be accessed via this link: Foundational Competencies Codebook.
Domain I.
Professionalism - Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility.

I.A

<table>
<thead>
<tr>
<th>Integrity -- Honesty, personal responsibility, and adherence to professional values ()</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does Not Meet Expectations</td>
<td>Competent - Meets Expectations</td>
</tr>
</tbody>
</table>

I.B

<table>
<thead>
<tr>
<th>I.B. Deportment - Understands how to conduct oneself in a professional manner (appropriate communication and physical conduct, including attire, across different settings). ()</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does Not Meet Expectations</td>
<td>Expected Level of Competence</td>
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</table>

I.C

<table>
<thead>
<tr>
<th>I.C. Accountability - Accountable and reliable (consistently reliable; consistently accepts responsibility for own actions). ()</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does Not Meet Expectations</td>
<td>Expected Level of Competence</td>
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</tbody>
</table>
I.D

Not Applicable

<table>
<thead>
<tr>
<th>I.D. Concern for the Welfare of Others - Consistently acts to understand and safeguard the welfare of others. ()</th>
<th>Does Not Meet Expectations</th>
<th>Expected Level of Competence</th>
<th>Well Developed</th>
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</thead>
</table>

I.E

Not Applicable

<table>
<thead>
<tr>
<th>I.E. Professional Identity - Emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professionals. ()</th>
<th>Does Not Meet Expectations</th>
<th>Expected Level of Competence</th>
<th>Well-Developed Competence</th>
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</thead>
</table>

Domain II.
Reflective Practice / Self-Assessment / Self-Care - Conducts self with personal and professional self-awareness and reflection; with awareness and reflection; with awareness of competencies, with appropriate self-care.

II.A

Not Applicable

<table>
<thead>
<tr>
<th>II.A. Reflective Practice - Broadened self-awareness; self-monitoring; reflectivity regarding professional practice (reflection-on-action); use of resources to enhance reflectivity; elements of reflection-in-action. ()</th>
<th>Does Not Meet Expectations</th>
<th>Expected Level of Competence</th>
<th>Well Developed</th>
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</table>
II.B

II.B. Self-Assessment - Broadly accurate self-assessment of competence; consistent monitoring and evaluation of practice activities.

Does Not Meet Expectations  Expected Level of Competence  Well Developed Competence

II.C

II.C. Self-Care - Attention to personal health and well-being to assure effective professional functioning.

Does Not Meet Expectations  Expected Level of Competence  Well Developed Competence

Domain III.

Scientific Knowledge and Methods - Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

III.A

III.A. Scientific Mindedness

Does Not Meet Expectations  Expected Level of Competence  Well Developed Competence
III.B

III.B. Scientific Foundation of Psychology - Knowledge of core science. ()

Does Not Meet Expectations  Expected Level of Competence  Well Developed Competence

III.C

III.C. Scientific Foundation of Clinical Interventions - Knowledge, understanding, and application of the concept of evidence-based practice and empirically supported treatments. ()

Does Not Meet Expectations  Expected Level of Competence  Well Developed Competence

Domain IV.

Relationships - Relates effectively and meaningfully with individuals, groups, and/or communities.

IV.A

IV.A. Interpersonal Relationships - Relating effectively and meaningfully with individuals, groups, and/or communities. ()

Does Not Meet Expectations  Expected Level of Competence  Well Developed Competence
### IV.B

<table>
<thead>
<tr>
<th>IV.B. <strong>Affective Skills</strong> - Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback non-defensively. ()</th>
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<td>Does Not Meet Expectations</td>
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### IV.C

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<tr>
<th>IV.C. <strong>Expressive Skills</strong> - Ability to express oneself clearly and articulately. ()</th>
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<td>Does Not Meet Expectations</td>
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</table>

### Domain V.

**Individual and Cultural Diversity** - Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background characteristics (defined broadly and consistent with APA policy).

### V.A

<table>
<thead>
<tr>
<th>V.A. <strong>SELF as Shaped by Individual and Cultural Diversity</strong> (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context. ()</th>
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</thead>
<tbody>
<tr>
<td>Does Not Meet Expectations</td>
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</table>
V.B

Not Applicable

V.B. OTHERS as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context. ( )

Does Not Meet Expectations

Expected Level of Competence

Well Developed Competence

V.C

Not Applicable

V.C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context. ( )

Does Not Meet Expectations

Expected Level of Competence

Well Developed Competence

V.D

Not Applicable
### Domain VI.
**Ethical Legal Standards and Policy** - Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

#### VI.A

**VI.A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines** - Knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/ professional codes, standards and guidelines; laws, statutes, rules, regulations.

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<tr>
<th>Competence</th>
<th>Does Not Meet Expectations</th>
<th>Expected Level of Competence</th>
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#### VI.B

**VI.B. Awareness and Application of Ethical Decision Making** - Knows and applies an ethical decision-making model and is able to apply relevant elements.

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<th>Competence</th>
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<th>Expected Level of Competence</th>
<th>Well Developed Competence</th>
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</table>
### VI.C

**VI.C. Ethical Conduct - Knowledge of own moral principles/ethical values integrated in professional conduct.**

| Domain VII. | Interdisciplinary Systems - Knowledge of key issues and concepts in related disciplines. The ability to identify and interact with professionals in multiple disciplines. |

| VII.A. Knowledge of the Shared and Distinctive Contributions of Other Professions. |

| VII.B. Functioning in Multidisciplinary and Interdisciplinary Contexts. |

| VII.C | Not Applicable |

| Does Not Meet Expectations | Expected Level of Competence | Well Developed Competence |

| Does Not Meet Expectations | Expected Level of Competence | Well Developed Competence |

| Does Not Meet Expectations | Expected Level of Competence | Well Developed Competence |

| Does Not Meet Expectations | Expected Level of Competence | Well Developed Competence |

| Does Not Meet Expectations | Expected Level of Competence | Well Developed Competence |
VII.C. Understands How Participation in Interdisciplinary Collaboration / Consultation Enhances Outcomes. 

Does Not Meet Expectations  
Expected Level of Competence  
Well Developed Competence  

VII.D. Respectful and Productive Relationships with Individuals from Other Professions. 

Not Applicable

Optional If you would like to provide additional feedback regarding this trainee, please enter it below.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Thank you for taking the time to provide this evaluation!

End of Block: Default Question Block