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University of Rhode Island

The University of Rhode Island is a state-supported co-educational institution with an enrollment of approximately 3000 graduate and 11,000 undergraduate students and a full time faculty of about 600. It was founded in 1892 as one of the land grant colleges and in 1971 became one of the first four sea grant colleges in the United States. The university is located in the picturesque village of Kingston, in historic "South County" near the state's beautiful coastline and many lovely beaches. Kingston is 25 miles south of the capital city of Providence and within easy access of the main population areas of the region, including Boston (70 miles) and New York City (150 miles).

Department of Psychology

The Psychology Department is one of the largest departments within the College of Arts and Sciences, the largest college in the university. The department has 29 tenure track faculty members and additional special instructors, practicum supervisors, research faculty and other teaching faculty; approximately 800 undergraduate majors; and over 100 graduate students, most of whom are enrolled in doctoral programs. The department offers training leading to the Ph.D. in three areas: clinical psychology, behavioral science, and school psychology. The Psychology Department is the only source of doctoral level training in applied psychology available in Rhode Island, and its combined doctoral programs represent the largest Ph.D. program at the university. Psychology is an energetic and productive department and is committed to excellence in education, research and service. Both the undergraduate and graduate programs have been described by the highest-ranking administrative officers of the university as excellent and are generally considered to be among the most outstanding programs at the university.

Mission of the Department of Psychology

Our mission is . .

To generate knowledge of basic psychological processes and contextual influences on psychological and physical functioning,

To apply knowledge to promote health and welfare in a pluralistic society by enhancing the functioning of individuals and social systems,

To translate knowledge into science based programs policies and professional practices responsive to societal needs, and

To transmit knowledge through educational programs, which inform individual development, provide understanding of human behavior, and prepare scientist-practitioners to become future leaders and innovators.
In the accomplishment of this mission we...

Value the fundamental rights, dignity, and worth of all people, while achieving our goal to create a climate of understanding and respect among diverse individuals,

Respect cultural, individual, and role differences, due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status,

Commit to fostering and integrating multiculturalism at both a didactic and personal level, and

Promote conflict resolution in a just and responsible fashion that avoids or minimizes harm while respecting the rights of all individuals.

Description of the Clinical Program

The Clinical Program is the largest Ph.D. program within the Psychology Department with approximately 40 doctoral students and 8 core faculty members, a director of the Psychological Consultation Center, and additional part-time faculty and practicum supervisors. The program has been accredited by the American Psychological Association since 1972. The Clinical Psychology Program at the University of Rhode Island has adopted the Scientist-Practitioner model of training. The Program trains students to function as leaders and innovators in the field of clinical psychology with generalist training in intervention and assessment skills, the core areas of psychology, and methodological skills. In addition, students select a focus area from health psychology, multicultural issues, neuropsychology, child/family and applied methodology and complete didactic courses, practica, and research requirements within the focus area. Special emphases within our training program include opportunities to learn community and population-based approaches; the opportunity to take advanced methodology courses; and a focus through both infusion and designated courses on multicultural issues. In addition, specific objectives focus on developing skills in the integration of science, theory and practice. The clinical program utilizes a training model that includes exposure to a variety of psychotherapy orientations. These currently include cognitive-behavioral, family, interpersonal, and motivational interviewing approaches. The clinical program also provides training in a variety of therapy modalities including family, couples, group, individual adult, and child psychotherapy.
The clinical psychology program has been accredited by the American Psychological Association (APA) since 1972. As noted in the APA Accreditation Handbook, the aim of accreditation is to promote program excellence and to provide professional and objective evaluation of programs as a service to the public, prospective students, and the profession.

To maintain accreditation, the clinical psychology program submits an annual report summarizing the year’s activities with respect to accreditation criteria. Every five to seven years the program undertakes a more detailed self-study followed by a site visit from an accreditation team. The last such visit was conducted in March, 2011. The program has been awarded accreditation in this recent review and the next scheduled accreditation review will be in 2018. Students contribute information to the annual report submitted to the American Psychological Association and are asked to participate in ongoing program evaluation. The program’s annual reports, the accreditation report, and related materials are available for inspection to matriculated students from the Director of Clinical Training.

Commission on Accreditation
Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Phone: 202-336-5979
Facilities

Chafee Social Science Center.
The Department of Psychology at the University of Rhode Island is primarily housed in the Chafee Social Sciences Center. The facilities in the Chafee Social Science Center include faculty and graduate student offices, administrative offices, conference rooms, mailroom, computer support facilities, and a student lounge. A Behavior Change Research Center is also located within the Chafee building and houses research laboratories as well as the Psychological Consultation Center.

Psychological Consultation Center (PCC)
The Psychological Consultation Center (PCC) is the on-campus applied training and research facility of the Psychology Department and is currently located in the Behavior Change Research Center (BCRC) in Chafee Hall. The clinic space includes therapy and assessment rooms, one-way observation rooms for live supervision and training; and office space for graduate assistants, TAs, and clinical students. The PCC has audio and video equipment for supervision and research.

The PCC began in 1969 as the Psychology Clinic, one of the first university-sponsored training clinics in the country, and now functions as a full-service outpatient mental health clinic with a full-time director. The PCC accepts a wide variety of clients from Rhode Island and nearby Connecticut and offers a comprehensive program of services on an ability-to-pay basis. Services include: cognitive, personality, psychoeducational/neuropsychological evaluations of children and adults; child, family, group, individual and couples psychotherapy; program evaluation and consultation; workshops for families and individuals and other contracted professional activities. All services are provided by graduate students in clinical and school psychology under the supervision of faculty or licensed consulting psychologists and in keeping with the students' level of training, prior experience, and competence. Evaluation of services provided at the PCC is conducted. An important goal of the PCC is clinical training. All cases are selected to insure that services are appropriate, effective, ethical and in keeping with the principles of client welfare.

Cancer Prevention Research Center (CPRC) - (Social Science Research Center).
Research at this center, housed in the Social Science Research Center, is integrated around a common theme, the Transtheoretical model. The model is now recognized internationally as one of the most promising approaches to health promotion. Applying a stage paradigm, CPRC researchers emphasize proactive and interactive interventions for populations at all stages of change and not just the small minority prepared to take action. The model has previously been applied to a wide variety of problem behaviors. These include smoking cessation, exercise, low fat diet, radon testing, alcohol abuse, weight control, condom use for HIV protection, organizational change, use of sunscreens to prevent skin cancer, drug abuse, medical compliance, mammography screening, advance care planning, decision-making in transplant and stress management. The CPRC is housed in the Social Science Research Center in a 19,000 square foot building directly adjacent to the Chafee Social Science Center. The building was designed and built to meet the needs of the Cancer
Prevention Research Center and contains 55 offices, a lobby and reception area, three conference rooms, and adaptable research space. Beyond office space, this research setting contains computer support facilities, kitchen, and data analysis rooms.
Financial support for graduate students is available from a variety of sources.

**Teaching Assistantships.** The Department of Psychology usually awards 7 TA’s to Clinical Psychology graduate students. Typically, the clinical program allots 2 of these to incoming first year students. These are assigned at the time that admissions decisions are made. Some TA’s require a Master’s degree or other qualifications for the assignment of the assistantship.

Generally TA’s are awarded for one year at a time, though half-TA’s (providing ½ coverage of tuition and stipend across an academic year or full time for only one semester are sometimes offered). It is thus necessary to reapply for a TA each year. Around April each year, application dates are announced, and a description of the duties and qualifications for each teaching assistantship is distributed.

The Clinical Psychology Training Program has established several guidelines for priorities in the assignment of TA’s:

a. Priority is given to students before the fourth year of training.

b. Priority is given to students who have not already TA support or who have had less departmental support.

c. Applicants must be in good standing in the program and priority is given to students who complete program requirements in a timely manner.

**Research Assistantships** (grant funded). Research assistantships are assigned by faculty who have been awarded grants or contracts. Research Assistantships can provide up to full tuition remission and stipend for 20 hours of work on the relevant grants. One source of program RA’s is the Cancer Prevention Research Center, because this research center is home to faculty who have had a large number of externally funded grants. Students who are interested in being considered for a CPRC RA should contact Kathy Meier at the CPRC. RA’s funded by grants held by faculty may also be available. Interested students should keep in touch with the faculty in the Psychology Department, especially those whose area of research is of interest, to see if they have any funding opportunities.

**Assistantships at the URI Counseling Center.** Each year the URI Counseling Center (the on-campus center providing counseling services to students) awards two or three assistantships. Announcement of the dates for application, interviewing, and assistantship decisions are made by the Counseling Center staff.

**Other Graduate Assistantships.** In recent years, several assistantships have been available in the PCC itself (Clinic Assistant position) and through the PCC for work at the Adult Correctional Institution (ACI) and Slater Memorial Hospital. The contact person for these awards is Lindsey Anderson, Director of the PCC. In addition, there are a number of assistantships available through various offices in the university such as Residential Life, Student Life, and the Women’s Center.
University Fellowships, Minority Fellowships, and Tuition remission scholarships. The Graduate School awards several university fellowships, minority fellowships, and tuition scholarships in a university-wide competition most years. Applications are typically sought in February. Criteria for successful applicants are announced at the time that applications are made available.

Off-campus placements at local mental health care agencies. In the third and fourth years (and sometimes earlier) many students accept placements at local hospitals or clinics. The program assists students in finding placements. All placements must be approved by the program.

Tuition Assistance. The Director of the Clinical Psychology Program awards tuition stipends of varying amounts, as resources permit, to students who have financial need and who do not have tuition funding. Although URI has a successful record of financial aid for graduate students, we cannot guarantee that financial support will be available for all students.

Conference Attendance Grants. Several sources of funding for conference attendance are available to graduate students, including funding from the Graduate Student Association as well as the Office of the Dean of the College of Arts and Sciences and the President’s Office.

Other Support. The Graduate Student Association offers financial assistance to graduate student groups and individuals through its Assistance Program, Thesis Binding, and Baby-sitting Funds.
Educational Philosophy

The educational philosophy of the Clinical Psychology program is based on the scientist-practitioner model proposed at the Boulder Conference in 1949 (Raimy, 1950) and further explicated in the Conference Policy Statement of the National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology (Belar & Perry, 1992). Consistent with this philosophy, we accept graduate students who are committed to receiving training both in practice and research. An overarching objective in our training is to provide didactic and applied opportunities for students to learn about integration of practice and research. Within this context, students have the opportunity to choose a more research or more practice oriented program of studies. These are not formal tracks, but are individually developed plans of study based on choice of program committee, externship activities, and to some extent, coursework.

Three beliefs underlie the specific application of the Boulder model in our program. First is our belief that it is important to train innovators and leaders rather than experts. We hold this philosophy because the history of clinical psychology is one of changing content areas and domains of expertise. It follows from this belief that we have elected to train psychological generalists rather than adopt specific tracks based on content. It seems evident that those trained in solid principles of reliable and valid measurement of psychological constructs; categorization and prediction; empirically-based intervention methods and other generalist goals will be able to adapt this knowledge to new content areas as changes in the field occur. At the same time, we strongly encourage students to develop a focused interest area. The focus areas within which we currently offer training are health psychology, multicultural studies, child/family, neuropsychology, and applied research methodology. Most importantly, we wish to train students in a broad spectrum of problem solving and scientific methods that will provide the tools for them to actualize their own visions at whatever level they deem appropriate. We expect our graduates to be among the next generation of innovators who will make a significant difference whether as professors, psychologists in health care and mental health settings, or policy makers in government.

Second, we believe in the importance of training students to assess and intervene at multiple levels. It has become increasingly clear that important behavior change initiatives cannot rely on patients seeking one to one treatment in clinic-based settings. Therefore, while we continue to offer training in assessment and interventions at the individual and family levels, we also offer training to enable students to assess and intervene in social, organizational, and community contexts.

The final underlying belief in our educational model relates to the importance of training in diversity and multicultural issues. We believe that one of the profound changes that will impact training needs in the coming decades is the change in the demographics of our population. Ethnic/minority groups constitute the fastest growing segments of the population in the United States. It is clear that in order to meet the mental health needs of the population in the coming decades, it will be important to train scientist/practitioners who have specific knowledge of how cultural values as well as gender and other diversity factors influence health and behavior. A belief
underlying our educational philosophy is the necessity of training students to become multiculturally competent. Consistent with our philosophy that behavior is embedded in multiple contexts requiring intervention at multiple levels, we view the cultural context to be of the utmost importance.

**Goals, Objectives, Competencies, and Activities**

The goals of the program, following from our educational philosophy, are (1) to prepare graduates who have the requisite knowledge and skills for entry as a scientist-practitioner; (2) to produce graduates who are responsible in the practice of psychology; and (3) to produce graduates who continually strive for multicultural competence and who can apply this knowledge in the professional practice of psychology. The following outline presents the objective, competencies, and activities associated with each goal. Students’ program requirements can be grouped according to the program objectives outlined below into courses and practica focused on developing skills and theoretical knowledge of assessment and interventions; skills and knowledge of ethical conduct; knowledge of how to categorize and predict; skills, knowledge, and products relating to generating and validating clinical and research hypotheses; knowledge and skills in a focus area cutting across areas of science, theory, and practice; and knowledge and skills in multicultural issues in psychology.

**Goal 1: To prepare graduates who have the requisite knowledge and skills for entry as a scientist-practitioner**

**Objective A:** To produce independent researchers able to contribute to the body of knowledge in clinical psychology

| Competency 1: Demonstrate knowledge in specific methodology topic areas | PSY532 Experimental Design  
PSY533 Adv Quant Methods  
Thesis and dissertation projects |
|---|---|
| Competency 2: Acquire knowledge of research design and quantitative analytical skills | PSY532 Experimental Design  
PSY533 Adv Quant Methods  
PSY611 Methods of Psych Res and Experimental Design  
Thesis and dissertation projects |
| Competency 3: Be able to plan, propose, conduct, analyze data for, and write up an independent research project | Thesis and dissertation projects |
| Competency 4: Use research literature in clinical decision-making | PSY672 Practicum  
PSY670 Externship  
PSY660 Clinical Decision-making  
PSY661 Cognitive Testing  
PSY662 Assessment of Personality and Psychopathology |
**Objective B:** To produce graduates who possess knowledge of and are skilled in evidence-based assessment

| Competency 1: Demonstrate ability to formulate and apply diagnoses based on understanding and classifying psychopathology | PSY607 Adv Psychopathology  
PSY672 Practicum  
PSY670 Externship |
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<td>Competency 2: Develop proficiency in the administration, scoring, and interpretation of tests of cognitive functioning</td>
<td>PSY661 Cognitive Testing</td>
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| Competency 3: Develop proficiency in the administration, scoring, and interpretation of measures of personality and psychopathology | PSY672 Practicum  
PSY670 Externship  
PSY660 Clinical Decision-making  
PSY661 Cognitive Testing  
PSY662 Assessment of Personality and Psychopathology |
| Competency 4: Demonstrate ability to integrate assessment data and write integrated reports | PSY672 Practicum  
PSY670 Externship  
PSY660 Clinical Decision-making  
PSY661 Cognitive Testing  
PSY662 Assessment of Personality and Psychopathology |

**Objective C:** To produce graduates who possess knowledge and skills to facilitate change through intervention

| Competency 1: Develop basic clinical skills (e.g., ability to listen and be empathic with others, ability to communicate one’s ideas, feelings, and information, reflective skills, rapport building skills) | PSY672 Practicum  
PSY670 Externship  
PCC Meetings |
|---|---|
| Competency 2: Develop familiarity with at least three theoretical approaches (at least one of which is empirically supported) | PSY672 Practicum  
PSY670 Externship  
PCC Meetings |
| Competency 3: Possess understanding of and skill in case conceptualization | PSY672 Practicum  
PSY670 Externship  
PCC Meetings |
| Competency 4: Demonstrate proficiency in identification of treatment goals | PSY672 Practicum  
PSY670 Externship  
PCC Meetings |
| Competency 5: Acquire knowledge and skill in assessment of treatment progress and outcome | PSY672 Practicum  
PSY670 Externship  
PCC Meetings |
**Objective D:** To develop knowledge related to research and practice in area of focus - Focus areas may include health psychology, multicultural psychology, neuropsychology, child/family psychology, or research methodology

| Competency 1: Acquire knowledge of the research literature in the area of focus | Thesis and dissertation projects
Comprehensive exams
3-4 didactic courses in focus area |
| Competency 2: Demonstrate evidence of ability to engage in professional practice in the area of focus (multicultural, health, neuropsychology, research methods, child/family/developmental psychology) | PSY672 Practicum
PSY670 Externship |

**Goal 2: To produce graduates who are responsible in the practice of psychology**

**Objective A:** To develop awareness and skills to think and act in an ethical manner

| Competency 1: Demonstrate understanding of legal issues related to the practice of psychology (e.g., child abuse, HIPAA, confidentiality, informed consent) | PSY666 Ethics
PCC meetings |
| Competency 2: Possess knowledge of ethical principles, ethical decision-making model, and APA Ethics Code | PSY615 Collaborative Res Colloquium
PSY666 Ethics
PCC meetings |
| Competency 3: Display and understand own ethical attitudes, values, and behaviors | PSY666 Ethics
PCC meetings |

**Objective B:** To encourage professional development behaviors

| Competency 1: Attend colloquia, workshops, conferences | Attendance at colloquia/conferences |
| Competency 2: Learn the habit of and skill for self-evaluation of clinical work | PSY672 Practicum
PSY670 Externship
PCC Case conference presentations |
| Competency 3: Use resources for professional development (supervision, literature) | PSY672 Practicum
PSY670 Externship
PCC meetings
Advisor meetings |
| Competency 4: Share research results with wider scientific community | Conference presentations
Publications |
| Competency 5: Seek membership in and/or provide service to professional psychological organizations (expected but not required) | Psych association memberships/service |
Goal 3: To produce graduates who continually strive for multicultural competence

Objective A: To increase knowledge and application of issues pertaining to diversity

| Competency 1: Understand and reflect on own cultural identities in relation to work with others | PSY600 Multicultural Issues  
PSY672 Practicum  
PSY670 Externship  
PSY 643 Multicultural Psychology and Mental Health  
PCC Case conference presentations |
|---|---|
| Competency 2: Acquire basic knowledge in the area of multicultural psychology | PSY600 Multicultural Issues  
PSY672 Practicum  
PSY 643 Multicultural Psychology and Mental Health |
| Competency 3: Understand how culture impacts assessment, treatment, and research hypotheses | PSY600 Multicultural Issues  
PSY672 Practicum  
PSY670 Externship  
PSY 643 Multicultural Psychology and Mental Health  
PCC Case conference presentations |
| Competency 4: Acquire clinical skills to work with individuals of diverse backgrounds | PSY672 Practicum  
PSY670 Externship  
PSY 643 Multicultural Psychology and Mental Health |

Focus Areas

Clinical psychology students select a focus area from the areas of health psychology, multicultural psychology, neuropsychology, child/family/developmental psychology, and research methodology. A focus is achieved by taking 3-4 courses in the area, completing a practicum or applied experience in the area, conducting research (thesis and/or dissertation) in the area, and completing an internship that provides training opportunities (often one rotation) in the area.

Health Psychology

Courses that meet the focus requirements in health psychology include Health Psychology Interventions (Psy 690); Community Psychology (Psy 505); Women’s and Men’s Health (Psy 690); Psychology of Trauma (Psy 625), Women’s Mental Health (Psy 690); Transtheoretical Model Applied to Health Psychology (Psy 635); Psychological Aspects of Healthy Lifestyle (Psy 581/EXR 581), Sexuality, Gender, Culture, and Health (Psy 690), and Health Psychology Practicum (Psy 672). Clinical psychology faculty who have expertise in supervising research in health psychology include James Prochaska, Paul Florin, Patricia Morokoff, Mark Robbins, and Ellen Flannery-Schroeder. Numerous other department faculty have expertise in the health area, notably Wayne Velicer, Joseph Rossi, Colleen Redding, Mark Wood, Robert Laforge, and Andrea Paiva.

Multicultural Psychology

Courses that meet the focus requirements in multicultural psychology include Multicultural Issues in Psychology (Psy 600), Multicultural Psychology and Mental Health (PSY 643), Gender and Sexuality (Psy 625), Cultural Competence in Human Service (HDF 575), Advanced (Qualitative) Methods in Nursing Research (NUR 651), Multicultural Practicum (Psy 672); and other Social Psychology Seminars (Psy 625). Clinical psychology faculty who have expertise in supervising research in multicultural psychology include Jasmine Mena, Paul Florin, Lyn Stein, and Mark
Robbins. Other department faculty with expertise in this area include Paul de Mesquita, Katherine Quina, Margaret Rogers, and Charles Collyer.

**Neuropsychology**

Courses that meet the focus requirements in neuropsychology include Physiological Psychology (Psy 601), Neuropsychological Correlates of Psychopathology (Psy 676), Neuropsychology I and II (Psy 690) and Developmental Neuropsychology (Psy 688). Practica in neuropsychology are arranged at area hospitals, in many cases in cooperation with the Brown Psychology Internship Consortium and the Brown Neuropsychology Track. Various didactic lectures and rounds are also potentially available to students via the Brown Neuropsychology track. Psychology faculty who have expertise in supervising research in neuropsychology include David Faust, Lisa Weyandt, and Grant Willis.

**Child/Family/Developmental Psychology**

Courses that meet the focus requirements in child/family/developmental psychology include Developmental Psychology (Psy 603), Child Therapy (Psy 647), Family Therapy (Psy 644), Psychology of the Exceptional Child (Psy 683), Child and Adolescent Personality Assessment and Intervention (Psy 663), Developmental Psychopathology (Psy 665), Marital and Family Therapy I and II (HDF 563 and 564), Advanced Family Studies (HDF 530), and School Psychological Consultation (Psy 668). Available practica include child therapy and family therapy. Clinical psychology faculty with expertise in supervising research relating to children and families include Ellen Flannery-Schroeder and Lyn Stein. Other department faculty with expertise in this area include Susan Brady, Gary Stoner, Paul de Mesquita, Grant Willis, Ted Walls, Lisa Weyandt, and Kathleen Gorman.

**Research Methodology**

Courses that meet the focus requirements in applied methodology include Experimental Design (Psy 532), Advanced Quantitative Methods in Psychology (Psy 533), Structural Modeling (Psy 612), Parsimony Methods (Psy 610), Statistical Power Analysis (Psy 690), Evaluation Research Seminar (PSY 614), Advanced (Qualitative) Methods in Nursing Research (NUR 651), and Small N Designs (Psy 690). Practicum experience can be obtained through the Health Psychology practicum program evaluation component or through other applications. No Clinical Psychology faculty are primarily focused on this area. Other department faculty with expertise in applied methodology include Lisa Harlow, Wayne Velicer, Joseph Rossi, Jerry Cohen, Ted Walls, and Andrea Paiva.
The clinical program is designed to provide sufficient structure to meet APA guidelines for the training of clinical psychologists and existing state licensure requirements and to provide the flexibility to accommodate the variability in interests of individual students. The curriculum satisfies all American Psychological Association accreditation requirements and those necessary for licensure as a psychologist at the independent level of practice.

The Psychology Department requires a total of 90 credits for the Ph.D. degree. Additional credits are needed to complete focus area requirements. Specific departmental and program requirements are as follows:

**General Requirements of the Department of Psychology**

**I. Academic Requirements**

The Department of Psychology requires preparation in three basic areas. These requirements must be met by all doctoral students, regardless of their area of concentration (i.e., clinical, behavioral science, or school psychology). These requirements are in addition to the specific Clinical program requirements listed below (although the foundations of psychology requirement overlaps with some clinical program requirements).

All requirements must be met by successful completion of the designated courses unless transfer credit is approved for equivalent courses taken at another institution.

**1. Foundations of Psychology** (12 credits) (This requirement overlaps with the Foundations of Clinical Psychology requirement--see below)

All students must take four core courses from the following list:

- PSY600 Multicultural Issues in Psychology
- PSY601 Physiological Psychology
- PSY603 Development
- PSY604 Cognitive Psychology
- PSY605 Personality
- PSY606 Social Psychology
- PSY607 Advanced Psychopathology
- PSY608 Theories and Systems
2. Research and Methodology (9 credits)

All students must take all the core courses from the following list:
- PSY532 Experimental Design
- PSY533 Advanced Quantitative Methods
- PSY611 Methods of Psychological Research and Experimental Design

3. Research Proficiency (18 or 24 credits)

Master’s Thesis

*Students entering the program without a Master’s degree*: Students entering without a master’s degree must complete a master’s thesis. In order to do this, the student must form a program committee and enroll in 6 credits of PSY599 Masters Thesis Research.

*Students entering the program with a Master’s degree*: If the Master’s program did not include a thesis, a research competency must be completed. This involves conducting a research study similar in scope to a Master’s thesis that is acceptable to the student’s program committee. If the Master’s program was in psychology and included a thesis, the student has no further research proficiency requirements at the Master’s level. If the Master’s degree was not in psychology, the student will be required to complete a research competency in psychology.

Doctoral Dissertation

All students are required to complete a doctoral dissertation and take a minimum of 18 dissertation credits. The same program committee that was formed for the Master’s thesis may continue for the dissertation.

The Department of Psychology requires that all students include a section in their thesis/dissertation proposals, which articulates how the issue of multiculturalism has been considered with respect to the choice of topic, methodological approach, participants, measures, procedures, and the interpretation of the research. This is not intended to limit the student’s choice of topic, subjects or methods, but to assure that the student has sufficiently considered and expresses the ways in which their choices are made and the implications of these choices for their subsequent interpretations of the results.

It is a requirement of the Department of Psychology that all student thesis/dissertation proposal meetings and defenses be conducted during the academic year and not during the summer. There is an option for appealing this rule, but in general circumstances must be extraordinary in order to have summer meetings approved.

II. Advising Requirements

Advisor

In accordance with graduate school procedures, students will be assigned an advisor before taking courses. The adviser will assist the student in the selection of courses to be taken the first semester, and usually by the end of the first semester, in the selection of the major professor.
**Major Professor and Program Committee**

The duties of the major professor and the program committee are outlined in the Graduate Student Manual. The major professor does not need to be a member of the clinical faculty. All students will form a program committee in compliance with procedures indicated in the Graduate Student Manual. The committee will include at least one member of the Clinical Psychology faculty. If the student has a nonclinical major professor the clinical committee member serves as clinical advisor. Students are expected to meet with the clinical advisor at least once per semester to discuss clinical program requirements and clinical training issues and to keep the clinical advisor updated on all aspects of their degree progress. A committee composition handout created by the Graduate School is available in the Appendix of this manual. The handout specifies the committee members needed for the Master’s Thesis Committee and Master’s Thesis Defense Committee. Committee composition for the Doctoral Committee, written and oral comprehensive exam committees, and Dissertation Defense Committee are also specified in this handout.

**Clinical Program Requirements**

In addition to the above requirements, all students enrolled in the clinical psychology program must meet the following course and other requirements.

1. **Foundations of Clinical Psychology** (21 credits):

   Core courses taken to satisfy the departmental foundation requirement may be counted toward this requirement. Also, there may be special topics seminars (e.g., PSY690) in addition to those listed below which may count as meeting the Clinical Psychology foundations requirements.

   a. **Biological Bases of Behavior**
      All students must take the following course:
      - PSY601 Physiological Psychology

   b. **Cognitive-Affective Bases**
      All students must take the following course:
      - PSY604 Cognitive Psychology

   c. **Multicultural Bases**
      All students must take the following course:
      - PSY 643 Multicultural Psychology and Mental Health

   d. **Social Bases of Behavior**
      All students must take the following course:
      - PSY606 Social Psychology

   e. **Professional Ethics & Standards**
      All students must take the following course **within the first two years** of coursework:
• PSY666 Ethical and Legal Issues in Psychology

f. **Human Development**
   All students must take the following course:
   
   • PSY603 Development

g. **History and Systems**
   All students must take the following course:
   
   • PSY608 Theories and Systems

2. **Diagnosis, Assessment & Psychological Measurement** (9 credits)
   All students must take all the courses from the following list:
   
   • PSY660 Clinical Assessment and Decision Making
   • PSY661 Administration and Interpretation of Cognitive Tests
   • PSY662 Psych Services I: Assessment of Personality and Psychopathology

   Students who have not had an advanced undergraduate course in psychological measurement/testing or its equivalent, which covers issues of test construction, reliability, validity and related topics, are required to demonstrate knowledge of this area before enrolling in PSY660 class. This requirement can be demonstrated either by passing a course in tests and measurements before matriculating, or by passing an entrance exam once here. Study guide materials are available for preparation for this entrance exam.

3. **Therapy Intervention** (3 credits)
   All students must take the following course:
   
   • PSY607 Advanced Psychopathology (and Psychotherapy)

4. **PCC Practicum** (15 credits)

5. **Electives** (3 credits)

   **Focus Area Electives:**

   All students must designate an area of focus from the following areas: health psychology, multicultural issues, child/family/developmental psychology, neuropsychology, and applied methodology. Students are strongly encouraged to take electives or mesh program requirements with their focus area so that they can complete a three or four course sequence in a designated interest area. This should be determined in conjunction with their program committee.

   **Practicum Electives**

   **Clinical Practices:**
Students who provide psychological services for PCC clients outside the context of a PCC team or who provide psychological services for clients of PCC affiliate agencies should be sure to complete an Externship Agreement Form to indicate program approval of the services. This is often done when therapy continues after the end of the team, or when the student desires additional clinical experience. Students who provide psychological services for PCC clients during the summer must also complete an Externship Agreement Form. Supervision must be arranged through the Psy 670 instructor and/or the Program Director.

**Externship Field Experience:**
Students typically complete off-campus externships in their third and fourth years of training (see Externships, p. 29, for additional requirements). Students completing externships off campus must enroll in at least one credit of Field Experience in Psychological Services (Psy 670) during each semester during the academic year. Course enrollment is not required in the summer. A contract describing the externship site, experience, duties, and supervision must be signed by the student, the onsite supervisor, the externship training director, and the Director of Clinical Training for all externships, whether completed during the academic year or the summer. The contract (“Agreement”) form may be obtained at Externship Agreement Form. Each year, the Director of Clinical Training will notify students of available externships. The PSY670 instructor will hold group supervision meetings for all students taking off campus practica. Weekly practicum hours data sheets must be brought to PSY 670 supervision meetings. The practicum hours data sheet can be obtained at Practicum Hours Data Sheet

6. **Collaborative Research** (2 credits)
All students must take following course:

PSY615 Collaborative Research in Psychology - Clinical

7. **Internship:** (1 or 2 credits)
Students are required to complete a yearlong predoctoral internship in an approved setting. While on internship, students enroll in PSY670 Field Experience for 1 credit in the spring semester, but one credit may also be taken in the fall semester.

8. **Non-credit requirements**

**PCC Colloquium:** All clinical students who serve as therapists in the PCC are required to attend the weekly PCC staff meetings. All first and second year students are required to attend the PCC Colloquium that is designed to address clinical topics that may not be covered in coursework and to help prepare students for internship application.

**Case Presentations:** The Clinical Psychology Program requires the successful completion of two case conference presentations. In most cases, students will complete the first case presentation during their second year and the second case presentation during their third year. Typically, these presentations take place during the regularly scheduled PCC meetings. Students may choose either a client who is being or was seen in a practicum in the PCC or a client seen in an outside placement. In addition, students are recommended to invite their clinical supervisor to the case presentation. Successful completion of the first presentation is required for a student to complete an externship during the academic year (students may complete a summer externship without having completed the first case presentation). Successful
completion of the second presentation is a prerequisite for internship applications. The presentations are evaluated by a case presentation evaluation committee composed of at least two members of the clinical faculty. The evaluation committee will use the Clinical Case Conference Evaluation Rubric (revised 5/2010). Guidelines for the presentations and the Clinical Case Conference Evaluation Rubric can be found in the Appendices. In addition, the student will be asked to rate him/herself using the same form in order to provide a self-evaluation. Evaluator- and student-completed forms will be co-signed and placed in the student’s clinical file. Case presentations are expected to be between 25 and 35 minutes in total. Students will present the case for approximately 15-20 minutes, leaving an additional 10 to 15 minutes for audience discussion, clarifications, and feedback. PowerPoint presentations are encouraged but not required.

**Ph.D. Qualifying Examination**: A Ph.D. qualifying examination is required by the graduate school for all doctoral students entering without a master's degree. This requirement is met by completing any four courses from Psy 532, 533, 611 and those numbered 600-609 with a grade of B or better. These courses are usually completed prior to the earning of 24-30 credits.

**Comprehensive Examination**: Following or near completion of course work, students must pass a written and oral comprehensive examination. These exams are offered once each semester (Fall and Spring) at times announced at the beginning of the academic year. The written examination is compiled by the student's program committee in consultation with the student. Questions may be submitted by any member of the faculty. The exam traditionally consists of four questions: one in each of the areas of statistics and research methodology; assessment; intervention; and in an area of special interest to the student. However, the exact format for the qualifying exam can be negotiated with the student’s program committee and in recent years some students comprehensive exams have been more product focused (e.g., student first-author manuscripts submitted for publication). When taken in a traditional fashion, there is a four hour time limit for each question, although a shorter time or take-home format may be adopted by the program committee.

**Sample Course Sequence:**
The sequencing of courses listed below is strongly recommended by the Clinical Program. Failure to complete courses according to this schedule may result in delays in time to graduate or other impediments to completion of requirements.

**1st Year**

<table>
<thead>
<tr>
<th>Credit</th>
<th>Class #</th>
<th>Class Name</th>
<th>Credit</th>
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</tr>
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<tr>
<td>3</td>
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<td>Experimental Design</td>
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<td>PSY533</td>
<td>Advanced Quantitative Methods</td>
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<td>3</td>
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<td>Clinical Decision Making</td>
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<td>PSY661</td>
<td>Cognitive Testing</td>
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<td>3</td>
<td>PSY607</td>
<td>Advanced Psychopathology</td>
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<td>PSY662</td>
<td>Psych Services I: Assess. of Personality and Psychopathology</td>
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<td>3</td>
<td>PSY692</td>
<td>Directed Readings and Research Problems</td>
<td>3</td>
<td>PSY672</td>
<td>Practicum (Intake)</td>
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<td>PSY 692</td>
<td>Directed Readings and Research Problems</td>
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Total credits: 13

Total credits: 15
### 2nd Year

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<tr>
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<td>PSY672</td>
<td>Practicum</td>
<td>3</td>
<td>PSY666</td>
<td>Ethics</td>
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<td>3</td>
<td>PSY611</td>
<td>Methods of Research and Experimental Design</td>
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Total credits: 12

### 3rd Year

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<td></td>
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Total credits: 13

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Total credits: 10

### 5th Year

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</tr>
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<td>Internship</td>
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Total credits: 1

**Total credits=100**
Completion of Degree Requirements

The following table shows the expected sequence for completing program requirements within the expected 5 years. An alternate sequence would involve proposing the dissertation in the spring of the third year and taking the Comprehensive Exam in fall of the fourth year. The deadline for defense of the master’s thesis is the end of the fall semester of the third year. If the thesis has not been defended by this time, the student is subject to program sanctions.

<table>
<thead>
<tr>
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<th>Fall Semester</th>
<th>Spring Semester</th>
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<tbody>
<tr>
<td>First Year</td>
<td>MA Program of studies due</td>
<td>Develop thesis proposal</td>
</tr>
<tr>
<td>Second Year</td>
<td>Propose thesis</td>
<td>Defend thesis</td>
</tr>
<tr>
<td>Third Year</td>
<td>Plan comprehensive exam</td>
<td>Take comprehensive exam; plan dissertation proposal</td>
</tr>
<tr>
<td></td>
<td>Doctoral Program of Studies due</td>
<td></td>
</tr>
<tr>
<td>Fourth Year</td>
<td>Propose dissertation</td>
<td>Defend dissertation</td>
</tr>
<tr>
<td></td>
<td>Apply for internship</td>
<td></td>
</tr>
<tr>
<td>Fifth Year</td>
<td>Internship</td>
<td>Internship</td>
</tr>
<tr>
<td></td>
<td>Petition to graduate</td>
<td>Petition to graduate</td>
</tr>
</tbody>
</table>

Evaluations of Courses

Each course with five or more students at the University of Rhode Island undergoes the IDEA Center Student Evaluation of Teaching Effectiveness, in which students complete a standardized evaluation form. Practica may or may not be included in this system, depending on whether there are at least five practicum team members. In addition, for practica, students complete ratings of practicum supervisors conducted by the PCC Director. This feedback, provided anonymously, is given to the supervisors. Faculty are furthermore encouraged to obtain additional feedback from students enrolled in graduate courses.

Graduation

It is expected that students will graduate from the program in 5 years. University policy requires all students to graduate within 7 years. Students who do not complete within this time period must petition the graduate school to continue and may be required to retake courses and other degree requirements. Procedures are specified in the Graduate Student Manual.

A student will not be allowed to graduate until all degree requirements are met, including completion of the internship. When the internship director certifies to the clinical psychology program that the internship has been completed, the Director of Clinical Training will notify the graduate school that this degree requirement has been met. In addition, a passing grade will be assigned to the student for his/her Psy 670 credit, indicating successful completion of the internship. It is a policy of the graduate school that students must be enrolled in the semester of graduation, including the summer term.

Graduate School Regulations and Policies

All candidates for masters' and doctoral degrees entering, admitted to, or readmitted by The Graduate School are governed by the appropriate edition of the Graduate Student Manual. Clinical
psychology graduate students must abide by the policies and regulations set forth in the Graduate Student Manual as approved by the Graduate Council governing all graduate students at the University of Rhode Island. While there is some overlap between the information in this Clinical Program Manual and the Graduate Student Manual, the Graduate Student Manual should be consulted for all general University-wide academic regulations and policies. The Graduate Student Handbook may be found at: Graduate Student Manual.
A practicum is a clinical training experience that provides intensive supervision and didactic training. Practica refer both to on campus PCC practica supervised by program faculty and to externship practica taken at facilities outside the PCC and typically supervised psychologists who are not program faculty. Students having externship placements must also have an on campus supervisor with whom they regularly meet (typically an hour per week). It is expected that all practica will include at least one hour of supervision for every three hours of direct service (see the APPIC application for a definition of direct service). All practica require a student to be enrolled in an appropriate course (usually Psy 672 for PCC teams and Psy 670 for externships). In addition, students are required to keep records of their clinical hours on approved forms signed by practicum supervisors. An evaluation must be completed by the supervisor and by the student at the end of each practicum semester (fall, spring, and summer). The required evaluation forms (i.e., Supervisor Evaluation Form and Student Self-Evaluation of Clinical Competencies Form) can be found in the Appendices of this manual and online on the Clinical Area Sakai webpage. The Clinical Psychology program is designed to provide students with approximately 500 hours of assessment and intervention practicum training.

PCC Practica

Students begin clinical training by attending PCC staff meetings and observing therapy sessions conducted by advanced graduate students and faculty. Beginning in the second semester, clinical training is provided via an Intake Practicum through which first year students prepare and conduct all intake interviews for the PCC, the on-campus training clinic of the Psychology Department. Students are required to take six semesters of on-campus PCC practica unless otherwise approved by the PCC Director and program faculty. The required PCC practica should be constituted as follows:

a. Students are required to complete a MINIMUM of 2 full-year practica plus the Intake practicum which equals five (5) semesters of PSY672. In addition, students are also required to take the Multicultural Practicum for 1 semester. The Intake Practicum and Multicultural Practicum are each 1 semester, and all other practica are full-year. While the available practica vary depending on the semester, these typically include: Intake training, Adult Cognitive Behavioral Therapy, the Child Anxiety Program (CBT for children with anxiety disorders and their families), Psychological Assessment, Multicultural Psychology, and Health Psychology.

b. All students are required either to take the Multicultural Psychology practicum (a 3-credit practicum which serves an ethnically diverse clinical population) or to complete an externship which includes all of the following: 1) a culturally relevant treatment, 2) supervision from a multicultural framework, and 3) work with an ethnically diverse population. Both the practicum and the externship must include didactic training in multicultural treatment issues. A student opting to use an externship to fulfill this requirement must submit a proposal to the clinical faculty. The program must then deem that the externship satisfactorily fulfills this requirement.
c. All students are strongly encouraged to take one semester of a supervision practicum. Students will gain peer supervision experience on a practicum which they have previously completed.

d. All students should be exposed to at least three therapy modalities across their six semesters of practica – one of which must be cognitive-behavioral therapy.

The number and type of required clinical practica are determined by each student’s prior training and experience and requires that previous clinical services be provided within the guidelines of client welfare and professional ethics. Students are assigned to practica based on the current training sequence, training needs of the student determined by the student, supervisors, and faculty, and availability of practica slots.

Although clinicians are graduate students at URI, they are not granted the same holiday/vacation schedule as undergraduates. Outside of scheduled PCC closures (2 weeks over the Winter Holidays, 2 weeks in August, and 1 week in March), clinicians are expected to maintain a regular treatment schedule with their clients.

Other PCC Practicum Experiences

Trainees are permitted to accept clinical cases at the PCC outside of regular PCC PSY 672 teams. This is done by completing an Externship Agreement Form and requires PSY 670 instructor and/or Program Director approval. The PSY 670 instructor and/or Program Director will assign an on-campus supervisor. PCC cases that are seen during the summer (i.e., outside of the fall and/or spring semesters) will require the use of an Externship Agreement Form and attendance at weekly supervision with the PCC Director.

Summer Affiliate PCC Training

Eligible students may receive training at PCC affiliate agencies (currently Wyatt Detention Center, Monsignor Clark Elementary School, Providence Community Health Clinics, South County Hospital, Visiting Nursing Services, Slater Hospital) during the summer under the condition that a contract is established and appropriate supervision obtained. The Externship Agreement Form will be used (see Appendices). Use of a contract will establish that this practicum is part of the student’s program training. The PCC Director (or a psychologist approved by the PCC Director) provides supervision to trainees during the summer and provides an evaluation at the end of the summer.

* It is important to note that, a completed Externship Agreement Form for summer placements ensures continued coverage of students’ professional liability insurance (since the EAF forms tie clinical service directly to their training). In the absence of a completed EAF, students’ liability insurance will not cover them.

Off Campus Practica Taken as a Replacement for Required PCC Practica

It is possible, under special circumstances, to substitute an off-campus placement with a non-program faculty supervisor for a PCC practicum. Students must request permission from both the PCC Director and Clinical Program Director to substitute an off-campus practicum for a required PCC practicum.
Eligibility: As a general rule, students will be eligible to submit proposals to do external practica in place of a PCC practicum if they are in their third year of graduate training and have taken coursework relevant to the practicum.

Evaluation of practicum proposals. Off-campus practica must provide equivalent training to that offered through PCC practica in order to be considered eligible to substitute for a PCC practicum. Equivalency is constituted by:

a. Opportunity to provide service to at least 3 clients per week or the equivalent.

b. At least one hour of supervision per week by a Ph.D. level psychologist approved by the clinical faculty. This individual should merit adjunct faculty status at URI.

Request procedure: Students should submit a written proposal to the DCT outlining their qualifications for the practicum that they request permission to substitute the practicum for a required PCC practicum, how many credits they wish to take the practicum for, and reasons why they wish to take it.

Clinical Externships

Students may begin externship training upon completion of their Master’s thesis. If a student has entered the program with a Master’s degree, then he/she must complete the dissertation proposal prior to beginning an externship. Summer externships may be completed by students in any year of the program, but all activities must be completed prior to the start of fall classes. Additionally, any summer externships require on-campus oversight through attendance at scheduled Externship Supervision meetings run by the PCC Director as well as completion of a summer Externship Agreement Form (EAF). The intent of this policy is to assist students in meeting program requirements in a timely fashion by helping to ensure a balance between research and clinical training.

Externship Readiness Evaluations

At the last clinical faculty meeting of the Spring semester (second Monday of May), clinical faculty will review Externship Readiness Evaluation Forms submitted by students, typically in their second year of training, who wish to begin externships in the Fall semester. See the Appendices for Externship Readiness Evaluation Forms. For information on petitioning the externship policy, please see the section “Petitioning a Clinical Policy” (p. 35 of this Manual).

A contract (or “Agreement” form, see Practicum Electives above) must be established before beginning the externship. The contract is signed by the PSY670 instructor in conjunction with the DCT and PCC Director (see Externship Agreement Form Procedures section below for more information). The contract must be signed BEFORE any clinical services are provided. The contract establishes the nature of the training experience, including information such as:

1. The duration of the practicum experience (e.g. one semester, one year) and how much time per week will be expected of the trainee.
2. The responsibilities of the trainee including: client characteristics; number of clients per week; types of services to be delivered (e.g. assessment, individual psychotherapy, consultation, etc.).
3. Information about supervision: amount of supervision to be provided; qualifications of supervisors including a vita and licensure information for individuals who will conduct supervision.

4. Training goals.

Contracts may be established for up to one year of training. Trainees are strongly encouraged to establish a training contract at a new placement following the completion of one year at the previous site. If, under special circumstances, the trainee remains at the same site for a second year, new training goals must be established.

Evaluations by externship supervisors are completed three times per year and are due on the following dates: December 9, May 9, and August 31.

During the academic year, students on externship will enroll in Psy 670 and participate in weekly meetings with the Psy 670 instructor. During the summer, students do not need to enroll in a course, but will meet regularly with the PCC Director or other approved supervisor for on-campus supervision.

Clinical Externship Agreement Form Procedures
All clinical work must have an Externship Agreement Form (EAF) completed PRIOR to beginning at an externship site unless it is a PCC practicum (e.g., PSY 672). The current procedure for the completion of an externship requires the following:

1) Weeks to months before you anticipate beginning your clinical externship, discuss your plans to pursue an externship with your Major Professor (MP). Once you have secured your MP’s approval to move forward, submit an Externship Agreement Form with only the top box completed to your MP. Your MP will then indicate his/her approval by providing a signature in the top box. To determine whether there is an opening at an externship site, best practice is to ask the Program Director or Externship Director to contact the site to determine whether they will be taking a student.

2) Next, please forward the form to the PCC Director who will verify that you are in good standing in the PCC by adding her signature to the top box of the form. Then pass along the form to Program Director who will also sign in the top box. Please remember that preapproval from your Major Professor must be obtained before obtaining preapproval from the PCC Director and Program Director. The presence of these three signatures indicates program approval to pursue the externship.

3) You may then submit your name to an externship program or go for an interview. We will alert externship programs to our procedures so that they realize you need preapproval in order to apply.

4) ONLY once these three signatures are obtained should you forward the EAF to your externship supervisor for completion of the form and signature.

5) Next, you will need to obtain approval from your on-campus supervisor.

6) Finally, the last signature that you will need is from the Program Director once again. Once the form is signed by the Program Director, make a copy for your personal files and give the original to the Graduate Program Secretary for filing.
Please also note the following:

- Beginning September 15, 2011, any hours conducted in the absence of a signed (approved) EAF will not be counted toward internship. There will be NO exceptions to this rule.
- When filling out the externship agreement form, you may complete it electronically or by hand. If completing it by hand, please ensure that handwriting is legible.
- Please complete all of the information requested on the form. Do not leave blanks.
- You may obtain the EAF from either the clinical program website or from Sakai. These are the only versions that may be used; older versions will not be accepted.
- Externship contracts can be made for a maximum of one year.
- Please remember that within any year, there are three evaluation periods (December, May, and August). At these times, you will need to complete an hours log, self-evaluation, and supervisor evaluation. If, for example, you have an EAF that runs from Sept. 1, 2014 to Aug. 31, 2015, you will have 1 EAF, but 3 hours sheets, 3 supervisor evaluations, and 3 self-evaluations. All of these must be placed in your clinical folder with a photocopy of the original EAF stapled to each set.
- The ratio of direct hours to supervision hours cannot exceed 4:1 (except in the case of some assessment externships).

PCC cases that are carried over into summer months as well as clinical hours completed in the context of research studies will require EAFs as well as hours sheets and self and supervisor evaluations. PCC practica conducted during the academic year, however, do not require EAFs.

Clinical Externship Assignments
Each year, the Externship Director will notify students of available externships. In addition, a searchable listing of externships is available on Sakai (https://sakai.uri.edu). A student who wishes to may propose a new externship placement (one for which the program does not currently have an agreement). A Memorandum of Agreement must be established between the University of Rhode Island and the externship site prior to the student beginning an externship. This form may be obtained from the Graduate Secretary.

In order to obtain approval for a new off campus practicum (PSY670), evidence, both subjective and objective, must be provided to the Externship Director that it is a good training site.
Internship

A one-year full-time predoctoral clinical internship in an APA-accredited setting must be completed. Non-APA accredited internships may be approved in special cases. This requires a written request and detailed rationale, endorsement by the student's program committee, and approval by the Director of Clinical Psychology Training (see section “Petitioning a Program Policy,” p. 35 of this Manual). All students must have completed the oral defense of their comprehensive exams and have a committee approved dissertation proposal by October 15th in order to apply for internship that year. IRB approval of the dissertation proposal is not required by the October 15th deadline. It is strongly recommended that students complete as much of the dissertation as possible prior to going on internship since previous experience indicates that this leads to more rapid completion of degree requirements. See the Appendices for the Internship Readiness Evaluation Form which details the program’s minimum requirements for internship readiness.

Internship Readiness Evaluation

At the end of the spring semester, the clinical faculty will review the clinical folders of students who plan to apply to internship in the fall. If all requirements for internship are met, faculty will indicate approval using this form (i.e., Internship Readiness Evaluation Form, see Appendices). The student will be notified of such in writing, and this form will be placed in the student’s clinical file. Faculty will provide conditional approval to students who meet all requirements with the exception of completion of comprehensive exams and/or approved dissertation proposal. If conditional approval is granted, the faculty will review the student’s credentials again in mid-October to ensure that all criteria for internship applications have been met. If all criteria have not been met by October 15th, the Program Director will not verify internship readiness on internship applications.

Applying for internship is a similar process to applying for graduate school. You must research internships to determine ones that hold the greatest interest for you, prepare applications, and go on interviews. There is an Association of Psychology Postdocs and Internship Centers (APPIC) that regulates the application process. A standard application has been developed by APPIC and is used by most APA approved internship programs. You can view the application at the APPIC web site (www.appic.org). One component of the application is the Practicum Documentation Form. This form is used to document the amount and type of clinical practicum experience you have accumulated.

Documentation of Clinical Hours

In order to be able to complete your internship application, you must keep records of the amount and type of clinical practicum experience you accumulate (referred to as “clinical hours”) as you go along. You will be expected to complete practicum hours data sheets for each semester of any type of practicum that you complete (PCC practicum or externship). A supervisor evaluation should be attached to the hours form. Each must be signed by you and your supervisors. Towards the end of each practicum semester, students should request a meeting with their supervisors to review their practicum evaluation. In addition, at the beginning of each academic year, students should update a spreadsheet documenting their clinical hours total with the following categories: intervention hours, assessment hours, supervision hours, and support hours (see below for format). These categories should be completed for each semester practicum the student completes and a grand total calculated. A copy of this spreadsheet should be sent to the DCT for inclusion in the student’s file.
### MyPsychTrack

All clinical students are required to use MyPsychTrack (www.mypsychtrack.com) an online clinical hours tracking program available at no cost to clinical students that is directly linked to APPIC internship application process. The Program Director will supply login information to students. Students should keep detailed information concerning their clinical experiences in their MyPsychTrack records in accordance with information requested on the APPIC application. MyPsychTrack hours may be reviewed by the Program Director and/or clinical faculty. A competing clinical hours management program (Time2Track, www.time2track.com), is available to students via annual purchase. The support of this program by the URI Clinical Area is being phased out and it is recommended that students use MyPsychTrack.

### Other Clinical Experiences

Students may, if approved, obtain clinical experiences in addition to practicum training. These may be documented for internship application under the heading Other Clinical Experience. All clinical services that students provide must be approved by the Program Director, whether on campus or off campus. This is both to ensure that students receive appropriate training experiences and to protect both the student’s and program’s liability.
RESEARCH TRAINING

The Clinical Program places a high priority on student research. At a minimum, doctoral students entering the program without previous graduate degrees or coursework in the area of research are required to complete 9 credits of research methodology courses and 24 credits of supervised research (thesis and dissertation). For doctoral students who have already completed a master’s degree, your Major Professor will review your completed thesis to determine whether it meets our program’s standards. Students who have not completed an empirical master’s thesis are required to complete a research competency (see Research Competency section, p. 18, for more details).

A number of additional courses and supervised research experiences are available to build methodological knowledge and skills. Content courses at the graduate level also reflect the essential interplay between theoretical and empirical understanding in the advancement of knowledge and practice. For students with graduate research assistantships, there are many opportunities for “hands on” experience prior to and beyond the required thesis and dissertation. For students who may not have research assistantships, students may wish to conduct supervised research externships (see Research Externship section below). The emphasis placed on research methodology skills, and particularly quantitative methods, is reflected in the Department’s Merenda Prize, awarded annually to the doctoral degree recipient whose work best reflects excellence in this area.

The Research Office is an important resource for students. All research projects done by URI faculty, staff, and students (including masters theses, research competencies, and dissertations) must receive prior approval from the University’s Institutional Review Board (IRB), and the necessary forms and instructions may be found under “Compliance” on the Research Office web site (http://www.uri.edu/research/compliance/).

Research Externships

Students may wish to gain research experience in field settings beyond the laboratory. As with clinical externships, students are typically in their third or fourth year while completing a research externship. A contract (or “Externship Agreement Form”) must be established before beginning the research externship. The contract is signed by the Major Professor, DCT and PCC Director (see Externship Agreement Form Procedures section above for more information). The contract must be signed BEFORE any research training is conducted. The Externship Agreement Form form will serve as acknowledgement of a student’s research activities carried on outside of the program as well as documentation of program approval for doing so.
GUIDELINES FOR CONFLICT RESOLUTION

These guidelines are primarily intended to address conflicts between students and faculty. In student-faculty conflict, differences in power between the parties can complicate the process of conflict resolution. The Guidelines cannot remove such differences in power; however, adopting them will be an affirmative that we, both faculty and students, intend to approach conflict resolution in a civil and equitable way. The guidelines may be useful for addressing old conflicts as well as new ones. The guidelines are conceptualized as interim because the Department of Psychology is working toward a permanent set of guidelines. There are several options for conflict resolution available at URI:

Resolution by the Parties Themselves

Because many conflicts can be resolved through improved communication, the parties are urged to talk with each other and attempt to resolve the conflict by mutual understanding, mutual consent, or “agreeing to disagree” without further injury to either side. The parties are advised that confidentiality, which is an important foundation of personal dignity and professional standing, can most easily be preserved if conflicts can be resolved in this manner. This option will not work for everyone. Directly approaching the person with whom one has a conflict may be emotion-laden and uncomfortable. The guidelines provide additional options to consider.

Resolution within the Psychology Department

A student or faculty member may decide to ask a third party within the Psychology department to advise, mediate, or advocate for them. The third party might be a student or a faculty member. The role of the third party and the expectations of all parties should be clearly defined at the outset. For students, there are several types of faculty who might be considered as third parties. A student’s advisor or major professor can provide guidance on some issues. A student’s program director can address conflicts within the program area (Clinical, Behavioral Science, or School). The department chairperson can address all issues within the department. Involving the chairperson is an option at any time, but will be especially important in cases of cross-disputes, or conflicts involving several people. Confidentially remains very important, and should be respected by the third parties as well as by the principal parties to the conflict.

Resolution beyond the Psychology Department

Outside the department, parties to a conflict may consult the Dean of the College of Arts and Sciences, the Vice-Provost for Research (who is also the Dean of the Graduate School), the Associate Deans of the Graduate School, or the University Ombud. Using these resources would come (i) after exhausting options within the department or (ii) in cases where the nature of the conflict made resolution outside the department preferable. Confidentiality remains very important; however, the difficulty of maintaining confidentiality may increase as more people, and people further removed from the original conflict, become involved.
STUDENT AND PROGRAM ISSUES

Disability Services for Students

Students who have a physical and/or mental disability or condition that may limit their life functioning or their ability to satisfactorily complete course, program, and/or degree requirements are encouraged to meet with the course instructor or Program Director to discuss reasonable instructional modifications or accommodations. As part of this process, students are required to contact Disability Services for Students Office at 330 Memorial Union, 401-874-2098, in order to properly document the disability. As an enhancement to academic success, students are encouraged to contact the instructor and Disability Services for Students within the first two weeks of the semester.

Referral List for Graduate Student Mental Health Services

The Program Director will make available a list of mental health service providers for graduate students enrolled in URI’s Clinical Psychology Program who wish to seek therapy for themselves. These mental health providers have agreed both to provide a reduced cost to graduate students and to refrain from serving as a clinical training site for graduate students for the foreseeable future. The referral list is available on Sakai as well as from the Program Director.

Guidelines for Ethical and Professional Behavior

The Clinical Psychology Program expects both faculty and students to conduct academic, clinical, and research activities according to the American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct and within the laws and regulations governing the activities of psychologists in the state of Rhode Island. Students are expected to conduct all interpersonal interactions with cultural sensitivity and respect for others’ personal beliefs, lifestyles, religions, etc.

The University adheres to the guidelines of the National Institutes of Health concerning protection of human participants in research studies. As such, all research activities involving the use of human participants must receive approval from the University of Rhode Island’s Institutional Review Board on Human Subjects prior to the commencement of the research project. Any student/faculty member conducting research with human subjects must conform to the URI’s Research Office policy requiring education and training on the responsible conduct of research involving human participants. Student and faculty researchers are required to submit documentation of this education requirement to the Research Office, Compliance Division. This documentation must be updated every three years. See http://www.uri.edu/research/compliance/humansubj.htm for additional details.
Policy on Resolving Problems of Professional Competence

The clinical program faculty have a responsibility to students, the profession, and the public. While the clinical faculty have a responsibility to instruct and supervise the students enrolled in the program, the faculty also bear the responsibility of maintaining the standards of the profession and protecting the public from incompetent professionals. Unfortunately, there are times when a student is admitted to a clinical training program but fails to meet the specified competencies or is otherwise incapable of becoming a competent professional. Whenever appropriate, remediation plans will be developed for individual students experiencing difficulties in an attempt to rectify the problem(s).

Remediation is a non-punitve educational process for promoting student development and functioning. When academic or clinical competency problems render a student unable or unwilling to (1) acquire, integrate, and/or engage in professional behavior and functioning or (2) make sufficient progress in the completion of program requirements, or (3) meet minimal standards of competency, a remediation process may be initiated. The remediation process involves the following steps:

1. The faculty or adjunct faculty member who first identifies a problem will discuss the matter with the Program Director. The Program Director will then meet with the student to discuss the concern.

2. If the Program Director deems it appropriate, he/she will then call a meeting of the clinical faculty to discuss the problem. The clinical faculty will consider the development of a remediation plan (when appropriate and feasible). The student will be invited to attend a portion of the meeting if he/she so wishes to contribute additional information or to address questions from the clinical faculty.

3. The identified problems and proposed remedial actions, or other actions deemed appropriate, will be presented in writing to the student by the Program Director. The remedial plan will include a specific timeframe for completion. If a psychological assessment is requested as a part of the remedial plan, the student would be responsible for any costs incurred. Copies of the letter regarding the remedial plan will be placed in the student’s clinical file.

4. The student will be allowed two weeks to respond to the letter in which identified problems and proposed actions are detailed. If the remediation plan is deemed acceptable by the student, he/she may simply indicate such with his/her signature on the written plan. If the plan is not acceptable to the student, he/she may respond in writing to the clinical faculty who may alter the remediation plan, if appropriate.

5. Upon conclusion of the specified timeframe for the remediation, the clinical faculty will meet to assess the success of the remediation. The student will be invited to attend a portion of the meeting to present information and respond to questions. The clinical faculty will decide if the student has successfully met the goals of the remediation plan and whether or not student should be retained in the program. This determination may require access to any and all records relating to an alleged mental or physical condition. If the student fails to comply with any aspect of the remediation plan, he/she may be dismissed without regard to academic standing, status of research, program requirements, or other considerations. The student may elect to resign from the Program at any time rather than submitting to a psychological assessment or remediation plan. However, in that case, the student would be
informed in writing that re-admittance to the Clinical Psychology Program is not possible. A copy of that letter would be placed in the student’s clinical file.

6. A student retains the right to appeal the Program’s decision through the Graduate Student Appeals Board (see Graduate School Student Handbook A. 25 and A.26).

In the event that the clinical faculty believe termination from the program to be the best course of action for the student, a recommendation for dismissal will be made in consultation with the Psychology Department Chair and the Dean of the Graduate School. In some cases, students may be provided the opportunity to complete the requirements of the Master’s degree in lieu of immediate dismissal from the program.

The following are conditions under which the Clinical Psychology Program may recommend termination of a student to the Graduate School (with or without a remediation plan depending on the severity of the violation):

- Having a cumulative GPA of less than 3.0
- Two or more course grades of C or lower on transcript
- Failure to complete the Master’s thesis by the spring of the third year
- Failing the Written or Oral Comprehensive Exam for the second time
- Failure to propose the Dissertation by October 15th of the fifth year
- Failure to successfully defend the Dissertation by the spring of the seventh year
- Failing to meet the minimal standards on supervisor evaluation forms from two separate training sites
- Persistent failure to abide by the policies and procedures set forth in the Psychological Consultation Center Student Manual
- Marginal or Poor progress as indicated on two consecutive Annual Student Evaluations Forms
- Demonstration of serious and/or pervasive difficulty with professional development, skill, and/or conduct (See Policy on Professional Impairment and/or Problems of Professional Competence section of this manual)
- Serious personal or emotional disturbances affecting one’s ability to perform as a scientist-practitioner or to function in the program
- Inappropriate social effectiveness (racism, cultural insensitivity)
- Unethical or criminal behavior (e.g., academic dishonesty, violation of APA Ethical Guidelines, violation of URI standards or policies, violation of governmental law, scientific misconduct)
- Disregard for the need for approval from the Clinical Psychology Program for mental health-related work (paid or unpaid)
- Failure to complete the requirements of a remediation plan

Policy on Academic Honesty

Students are expected to act with integrity and honesty in the completion of all academic work. Academic dishonesty includes cheating, plagiarism, fabrication or falsification, denying others access to information and/or material, sabotage of other’s work, unauthorized multiple submissions of work, and facilitating another’s academic dishonesty. Procedures for incidents of academic dishonesty will be consistent with the URI Student Handbook (see Sections 1.4, 1.5, and 1.6) and
Graduate School Manual (see Section 4.95). Academic action may include, but is not limited to: (1) awarding a final course grade of "F"; (2) awarding a failing grade on the test, paper, or assignment in question; or (3) requiring the student to retake the test or resubmit the paper or assignment. As per the URI Student Handbook, the instructor will send written notice of the allegation of academic dishonesty to the instructor’s dean, the student’s academic dean, and the dean of students. In addition, the instructor is required to notify the student’s Major Professor and Program Director. Notice to the Program Director must be in writing. The Program Director will file the documentation in a separate file in his/her office to allow for awareness of repeated incidences of academic dishonesty. While all violations of academic honesty are considered serious, some infractions may be particularly severe. Egregious infractions of academic dishonesty may require notification of the entire clinical faculty to determine if further administrative action is warranted (e.g., termination from program or other academic consequence). Please see the URI Student Handbook for student appeal procedures (see Section 1.5).

**Student Role in Program Governance**

The following opportunities exist for students to be involved in program governance.

**Quality of Clinical Training Committee**

This group serves as a liaison between faculty and graduate students in the clinical program. The Director or Associate Director of Clinical Training serves as the chair, and the PCC Director is a standing member. In addition there are three clinical graduate students, preferably from different years of training who are appointed as members. This is an open meeting, so any student who wishes may attend.

**Representation at the Clinical Faculty meetings**

The Clinical Faculty meet on the second Monday of each month unless otherwise specified in the Department of Psychology Calendar. A student representative is selected by the clinical students to attend meetings.

**Representation at the Psychology Department Faculty meetings**

These meetings are held on the first Monday of each month, unless otherwise specified in the Department of Psychology calendar. A student representative is selected by the clinical students to attend meetings.

**Representation on the Task Force for Multiculturalism and Diversity**

In 1996, the Department of Psychology elected the first Task Force on Multiculturalism and Diversity. The Task Force makes recommendations to the Department of Psychology in the areas of curriculum, conflict resolution, evaluation of departmental multicultural climate, and development of the focus area in multicultural psychology. Each program selects a student to represent the program at Task Force meetings. Undergraduate students and staff are also represented when possible.
PCC Student Advisory Panel

This panel is comprised of the PCC Director, PCC Clinic Assistant, PCC supervisors, and currently enrolled clinical psychology students. The panel was created to encourage student input to current and proposed PCC training activities, structure, and procedures and to increase communication between PCC administrators, supervisors, and graduate students. Meetings may be initiated either by students or faculty and occur as needed, particularly as PCC changes are being considered or implemented. All meetings are open. Any student who wishes may attend.

Clinical Psychology Graduate Student Organization

The Clinical Psychology graduate students have an organization and a leader elected annually. Students meet once a month during the PCC Colloquium time. Concurrently faculty supervisors hold their monthly meeting. The student leader acts as a liaison to the DCT. Students use this meeting actively and typically have a written agenda, adopt goals, and keep minutes.

Representation at the Graduate Student Association meetings

This group serves as a liaison between clinical students and other URI graduate students.

Evaluation of Students

Student evaluations are conducted annually by the program. Student progress in the program is assessed in two ways (a) through formal yearly evaluations by the clinical program faculty; and (b) by an annual review by the student’s program committee. The clinical faculty evaluation consists of reviewing the student’s course grades, practicum evaluations, other clinical evaluations, research evaluation, teaching or other assistantship evaluations, departmental/program service, and student’s professional conduct. The faculty discuss this information and the major professor completes a written evaluation which is returned to the student. If the major professor is not a member of the clinical faculty, the clinical advisor writes the evaluation. See Appendices for the Faculty Annual Student Evaluation Form. Students are required to provide a self-evaluation using the Annual Student Evaluation Form (see Appendices). Students have the opportunity to discuss both the faculty and self-evaluation with either the DCT or their major professor/clinical advisor. The student, DCT, and major professor/clinical advisor sign both forms acknowledging receipt of the information. Copies of the evaluations are kept in the student’s file. Factors that could be taken into account in determining whether a student remains in good standing include: maintenance of a 3.0 GPA (see Graduate Student Handbook), serious personal or emotional disturbances affecting one’s ability to perform as a scientist-practitioner or to function in the program, scientific misconduct, failure to make adequate progress toward degree requirements, and unsatisfactory performance evaluations on externships or practica.

For students whose progress is less than satisfactory, specific program requirements which are to be completed and deadline dates for completion are indicated, as well as consequences for noncompliance. A remediation plan may be instituted including guidance regarding specific steps necessary to address identified problems. Written feedback is provided as to whether the student has successfully met the goals of the remediation plan. If remediation has not been successful, a possible consequence is a recommendation to the graduate school that the student be terminated from the program. In addition to the above procedures, the graduate school requires annual status
reports of student progress to be submitted by the student’s major professor and program committee. Additional information is contained in Section 10 of the Graduate Student Manual on scholastic standing.

To facilitate the evaluation process we require that students provide information as requested by the Director of Clinical training and regularly submit updated copies of their curriculum vita. An updated clinical practicum hours spreadsheet as described under *Documentation of Clinical Hours* should be submitted at the beginning of each fall semester.

**Petitioning a Program Policy**

Any program policy may be petitioned by a student. If a student wishes to petition a program policy, he/she may submit a letter to the Program Director detailing the rationale for the exception to the policy. If a student’s Major Professor is in support of the petition, the student should provide indication of such in his/her letter. The petition will be reviewed by clinical program faculty, and written notice of the decision will be provided to the student. Students wishing to appeal this decision should resubmit a statement to the Program Director providing additional (e.g., new, corrected, clarified) information. The statement will be reviewed by the clinical faculty, and students will be informed of the outcome in writing.

**Policy on Outside Employment**

Successful completion of the Clinical Psychology Program requires full-time effort. As such, outside employments that are beyond the scope of the clinical program (i.e., activities that are not clinical externships, teaching assistantships, research assistantships) are strongly discouraged. Students should speak to their major professor AND Program Director before accepting such employment. All clinical work provided by students enrolled in the Clinical Psychology Program must be program-approved.

**Communication**

**Listserv**

There are a number of active listserves in the Department of Psychology. These include the department list (Psylist), a list for Clinical Psychology Program (Clinpsy) which has both student and faculty members, and a list for just clinical faculty (Clinfac). These lists provide the opportunity for announcements and active communication among students and faculty. Students are required to join the Psylist and the Clinpsy list and are expected to check their email regularly. Important announcements will be communicated via these lists.

**Mailboxes**

All clinical psychology graduate students will be provided with a mailbox in the Psychology Department mailroom on the third floor of the Chafee Social Science Center. The students may receive mail here addressed to you at the Department of Psychology, Chafee Social Science Center, University of Rhode Island, Kingston, RI 02881. In addition, students will receive department and program announcements. The students are expected to check this mailbox regularly.
Students will also have a message envelope in the PCC. Information about client appointments and other PCC information will be put in this mail envelope.

**Contact Information**
Contact information for students is maintained by the Department of Psychology and PCC secretarial staff. It is the student’s responsibility to ensure that both secretaries have up to date telephone, mail address, and email addresses.

**University Closings**
Weather hotline: 401-874-SNOW

**Student Office Space and Keys**
Students who are supported by a graduate assistantship or fellowship will be assigned office space on a temporary, yearly basis. For those students who have TA’s or fellowships, the office space will be assigned by the Chair of the Psychology Department. For those students who have research assistantships, space will be allocated by the Principal Investigator of the research project. Keys are obtained by providing a $5 deposit per key to the department secretary.

**Transfer Credit**
Students entering the clinical program who have done graduate work at another accredited college, university, or professional school may: 1) transfer up to 30 credits if they have a master's degree, or, 2) transfer as many as one-fifth of the credits required to complete their master's or doctoral program. Transfer credit is granted only when the request is endorsed by the major professor and approved by the Dean of the Graduate School. Requests for transfer credit for course equivalency are typically reviewed and endorsed in writing by the faculty member who usually teaches the course at URI. Transfer credit for core content courses is limited to six credits (two courses). Transfer credit for courses taken prior to admission should be submitted as part of the student's program of study (within the first year of graduate work). No decisions regarding transfer credit can be made prior to matriculation.

**Residency Requirement**
The Clinical Psychology Program requires completion of 90 credits for the award of the doctoral degree. The Program is conceptualized as a four-year program plus one internship year. The Department does not admit part-time students. The Doctor of Philosophy degree, as specified in the URI Graduate Student Manual, requires that candidates must take at least 52 credits (58% of the required 90 credits) of their doctoral work in residence (attendance on campus in a regularly scheduled term). In addition, after satisfying qualifying exam requirements, the student must maintain residence by taking a minimum of 6 credits for at least two consecutive semesters. These requirements thus ensure that students will be involved in a minimum of 3 full time academic years of graduate study (or the equivalent thereof), that at least 2 of the 3 academic years (or the equivalent thereof) will be at URI, and that at least 1 year of full-time residence at URI be maintained.
APA Membership and Insurance

All Clinical Psychology students are expected to become student members of APA. In addition, each student must carry his or her own liability insurance prior to engaging in a clinical practicum or other clinical training experience. Student professional liability insurance is available through the APA Insurance Trust or the American Professional Agency. Students are required to submit proof of insurance (copy of first page of approved policy) to the Psychological Consultation Center Assistant and ensure that a copy of such is placed in their clinical folders.

Peer Mentor Program

The Clinical Psychology Program offers a peer mentor program in which incoming students are paired with a current student who serves as a peer mentor. The mentors make themselves available to help new students navigate their first term. Typically one advanced student serves as the peer mentor coordinator, ensuring that all new students are matched to mentors, that mentor and mentee have contact information, and that there are opportunities for mentors and mentees to get together.

Information Sources

Important sources of information on university policy, procedures, and professional ethics are contained in the following.

1. Department of Psychology website can be found at http://www.uri.edu/artsci/psy/
2. Graduate Student Manual. This manual on all graduate school policies can be purchased at Campus Copy & Design in the Memorial Union or read online at http://www.uri.edu/gsadmin/TOC.html.
3. Graduate school forms. These are available in the Graduate School in Quinn Hall or online at http://www.uri.edu/gsadmin/GradFormsPage.html.
4. University catalogue. This is available from the Graduate Admissions Office in Quinn Hall or online at http://www.uri.edu/catalog/
5. URI Student handbook. This is available in the Office of Student Life, Memorial Union, or online at http://www.uri.edu/judicial/Student%20Handbook/handbook.html
6. Ethical Principles of Psychologists and Code of Conduct (APA, 2002) is distributed by the program and are available online at http://www.apa.org/ethics/code/index.aspx
The Clinical Psychology Faculty

David Faust, Ph.D. (Ohio University)
Diplomate, American Academy of Assessment Psychology
Professor
**Research Interests:** Philosophy/psychology of science, clinical judgment, neuropsychology, and psychology and law. Current research includes such topics as the formation of false beliefs among clinicians and methods for correcting these and other sources of judgment error. Other studies have addressed psychologists and psychiatrists as expert witnesses, the capacity of mental health experts to detect simulated or malingered symptoms, and methods of neuropsychological assessment.
**Professional Interests:** Consultation and expert testimony in courtroom cases involving psychiatrists, psychologists and neuropsychologists.

Ellen Flannery-Schroeder, Ph.D. (Temple University)
Professor
Diplomate, American Board of Professional Psychology
**Research Interests:** The nature of anxiety and depressive disorders in children and adults; efficacy of cognitive-behavioral treatment and prevention programs for children at risk for anxiety; parent training and the role of family factors in the onset, maintenance, and treatment of anxiety disorders.
**Professional Interests:** Cognitive-behavior therapy for anxiety and depressive disorders; individual, family, and group approaches to treating anxious youth; indicated prevention for children at risk for anxiety.

Paul Florin, Ph.D. (George Peabody/Vanderbilt University)
Professor
**Research Interests:** Research interests focus on community change, particularly planned change which is designed as part of community wide prevention or health promotion programming. General questions revolve around how community conditions and individuals interact, how changes in community conditions, institutions and process are brought about and the effects of such changes on individual and collective well-being. Current efforts centered around three federally funded evaluations of community level alcohol and other drug abuse prevention programs.
**Professional Interests:** Primary professional identity and practice is focused on community level prevention and health promotion. Consultation, training and technical assistance are provided to communities; agencies and governmental units wishing to plan, implement or evaluate community approaches to prevention programming.
Jasmine Mena, Ph.D. (University of Rhode Island)
Assistant Professor

**Research Interests:** Experiences of privilege, marginalization and oppression as they relate to various identities such as race, ethnicity, sexuality, and class; the experiences of women of color in higher education; the experiences of LGBT students of color; academic perseverance among Latino students; and individual behavior change and community level interventions that address health and mental health disparities.

**Professional Interests:** Delivery of culturally competent psychotherapy services to adults, couples, and families; Spanish language psychotherapy services; and supervision of students through a cultural lens.

Patricia J. Morokoff, Ph.D. (S.U.N.Y., Stony Brook)
Professor
Associate Dean, College of Arts and Sciences

**Research Interests:** Gender issues in sexuality; sexual assertiveness; HIV/AIDS prevention: prediction of risky sexual behaviors and interventions to increase safer sex behaviors; psychophysiological and hormonal factors affecting sexual functioning.

**Professional Interests:** Feminist therapy for couples and individuals with special emphasis on sexual and physical abuse problems; HIV/AIDS prevention through population-based intervention programs.

*Dr. Morokoff is currently not taking new students in her role as research mentor but may be available for consultation and occasional committee participation*

James O. Prochaska, Ph.D. (Wayne State University)
Professor

**Research Interests:** Development of a transtheoretical model of behavior change that integrates stages, processes and levels of change. Applications of this model to understanding how people change health related behaviors such as smoking, diet, exercise, and safe sex practices and mental health related behaviors, such as alcohol and drug abuse, stress and distress. Development of interventions based on this model to accelerate changes in problem behaviors. Development of an integrative model of psychotherapy for eclectic therapists. Currently directs several funded projects through the Self-Change Laboratory, the Cancer Prevention Research Consortium, and the developing Behavior Change Institute.

**Professional Interests:** Psychotherapy with individuals and couples and cancer prevention through population based intervention programs.

Colleen Redding, Ph.D. (University of Rhode Island)
Research Professor

**Research Interests:** Tailored health interventions; HIV and STD prevention; interpersonal determinants of health behavior change; smoking cessation; primary prevention of mental health problems; health promotion and disease prevention; process-to-outcome research; multiple risk behavior change; sun protection behaviors; models of health behavior change; women's health; and medication adherence.

**Professional Interests:** Primary prevention through population-based tailored intervention programs; Motivational interviewing; eating disorders; adjustment and coping; stress management; clinical health psychology.
Mark Robbins, Ph.D. (Rutgers University)
Professor and Director of Clinical Psychology Training

Research Interests: Research interests focus on health promotion, disease prevention and decision-making particularly for planned change at both the individual level and on a population basis. Current efforts centered on a program of research utilizing the Transtheoretical model to understand decision-making and behavior change in stress management, organ donation & transplantation, & blood donation.

Professional Interests: Clinical health psychology emphasizing a cognitive-behavioral framework to develop and deliver behavioral medicine and health psychology interventions to adults in individual and group settings. Additional interests are in training development and delivery, motivational interviewing, stress reduction, including relaxation training and meditative techniques.

Lynda Stein, Ph.D. (Kent State University)
Professor

Research Interests: Primary areas of interest include substance abuse and other risky behaviors in forensic populations, especially juveniles, and treatment and assessment of these behaviors including issues related to ethnic/racial bias. Recent publications include detection of under-reported substance abuse in juvenile correctional facilities, methods for enhancing treatment engagement during incarceration, family treatment for incarcerated juveniles, and reduction of at-risk behaviors after release. Dr. Stein is Principal Investigator or Co-Investigator on several NIDA-funded grants studying assessment and treatment of incarcerated juveniles. Targeted phenomena in these grants include group processes, reduction of substance use and risky sexual behavior, motivation to change, and more.

Professional Interests: Treatment integrity; assessment and treatment issues, including ethnicity/race as a moderator variable; bias in sample selection; treatment processes; drug and alcohol abuse; group processes; health disparities and public policy; professional training and development; substance abuse and crime; service delivery.

The Clinical Emeriti Faculty

Henry Biller, Ph.D. (Duke University)
Professor Emeritus, Fellow: APA, APS

Research Interests: Role of the father, the father/mother relationship and the two-parent advantage in child, adult and family development. Gender, body-type, physical fitness, self-esteem and sex role development issues, the centrality of hope in coping with the vicissitudes of life.

Professional Interests: Parent and family life education and prevention of psychological problems related to paternal deprivation and child maltreatment; family therapy and consultation with regard to issues of child custody and visitation, encouraging helping professionals to take better care of themselves and integrating a concern about fitness into their work with clients.
Lawrence C. Grebstein, Ph.D. (University of Kentucky)
   Diplomate, American Board of Professional Psychology (Clinical)
   Professor Emeritus
   **Research Interests:** Development of an empirically derived family assessment scale based on an integrated eclectic model of family systems theory for use in applied family research; family of origin influences on personality and behavior.
   **Professional Interests:** Brief psychotherapy with individuals, families and groups with special emphasis on adolescent problems, juvenile delinquency and substance abuse; psychotherapy supervision; consultation with third party health insurance carriers regarding reimbursement for mental health services, managed care and other policy issues.

**Additional Departmental Faculty Involved with Clinical Students**

The following faculty often serves as major professors or committee members for clinical students, masters and doctoral research projects.

**Su L. Boatright, Ph.D.** (The City University of New York)
   Professor (Behavioral Science) and Director of the Undergraduate Program in Psychology
   **Research Interests:** Undergraduate research and education, primate learning and cognition, animal behavior

**Susan Brady, Ph.D.** (University of Connecticut)
   Professor (School Psychology)
   **Research Interests:** Reading acquisition and reading disability; psycholinguistics; developmental psychology

**Jerry Cohen, Ph.D.** (University of Illinois)
   Professor (Behavioral Science)
   **Research Interests:** Social motivation, methodology, cognition

**Charles Collyer, Ph.D.** (Princeton University)
   Professor and Chair (Behavioral Science)
   **Research Interests:** Timing and time perception, psychophysical modeling, motor control.

**Paul de Mesquita, Ph.D.** (University of Texas at Austin)
   Professor (School Psychology)
   **Research Interests:** Primary prevention of child and adolescent psychopathology; Diagnostic problem solving; Psychological consultation; Problem-based learning, simulations, and technology in graduate education; Educational reform and child mental health; long-term benefits of pre-school programs; child development.

**Kathleen Gorman, Ph.D.** (University of Maryland)
   Professor (Behavioral Science) and Director of URI Feinstein Center for a Hunger Free America
   **Research Interests:** Infant and child development; malnutrition and behavior; risk and resilience in a context of poverty.
Lisa Harlow, Ph.D. (University of California, Los Angeles)
Professor (Behavioral Science)
Research Interests: Meaning and purpose in life, substance use, depression, social support, demoralization, coping with AIDS; clinical methodology such as structural modeling, multivariate statistics, factor analysis, and research design.

Robert Laforge, Sc.D. (Johns Hopkins School of Hygiene and Public Health)
Professor (Behavioral Science)
Research Interests: Longitudinal intervention research, health promotion, Behavioral Epidemiology, biostatistics, substance abuse and smoking, alcohol and tobacco use, exercise management, and dietary fat reduction.

Andrea Paiva, Pd.D. (University of Rhode Island)
Assistant Research Professor (Behavioral Science)
Research Interests: Statistics and methodology for health psychology, internet delivered interventions, health behavior change.

Susan Rattan, Ph.D. (University of Connecticut)
Assistant Professor (School Psychology)
Research Interests: Vocabulary intervention with at risk learners, vocabulary development and assessment.

Kathryn Quina, Ph.D. (University of Georgia)
Professor (Behavioral Science)
Research Interests: Psychology of women and gender, including sexual assault and harassment, stereotyping; teaching issues and visual perception.

Margaret Rogers, Ph.D. (University of Nebraska)
Professor (School Psychology)
Research Interests: cross-cultural training of psychologists, cross-cultural school psychology competencies, and professional issues in school psychology.

Joseph Rossi, Ph.D. (University of Rhode Island)
Professor (Behavioral Science) and Director of Behavioral Science Program

Gary Stoner, Ph.D. (University of Rhode Island)
Professor (School Psychology) and Director of School Psychology Program
Research Interests: Design, implementation and evaluation of interventions for achievement and behavior problems.

John Stevenson, Ph.D. (University of Michigan)
Professor Emeritus (Behavioral Science)
Research Interests: Mental health program evaluation with particular focus on outcome measures, organizational processes and the utilization of evaluation finding; evaluation of clinical training; stress and coping during the college years; and exploring the acquisition of cognitive styles and strategies.
Wayne Velicer, Ph.D. (Purdue University)
Professor (Behavioral Science)
**Research Interests:** Change processes, particularly applied to addictive behaviors; personality assessment in adults and children; single subject designs; personality scale construction; and clinically relevant methodological analyses, including factor analysis, time series analysis, and longitudinal designs.

Lisa Weyandt, Ph.D. (University of Rhode Island)
Professor (School Psychology)
**Research Interests:** Psychological bases of cognitive and behavioral disorders; assessment; ADHD in college students; learning disabilities; Tourette's disorder

W. Grant Willis, Ph.D. (University of Georgia)
Professor (School Psychology)
**Research Interests:** Learning disabilities; pediatric neuropsychology; psycho educational diagnosis and neurological assessment and consultation

Mark Wood, Ph.D. (University of Missouri at Columbia)
Professor (Behavioral Science)
**Research Interests:** Etiology of alcohol use and misuse; preventive interventions to reduce alcohol misuse (esp. with college students); alcohol-related violence and aggressive behavior; research methodology (especially multivariate statistics)
PCC Director, Consultants and Practicum Supervisors

Lindsey Anderson, Ph.D. (University of Rhode Island)  
Director of the Psychological Consultation Center

Ben Johnson, Ph.D.  
Clinical Supervisor  
Adult Cognitive-Behavioral Therapy

Mary Clair, Ph.D.  
Clinical Supervisor  
Motivational Interviewing/CBT

Jessica Ruffolo, Ph.D.  
Clinical Supervisor  
Assessment

Sharon DeLuca, R.N., M.S., C.S.  
Clinical Nurse Specialist  
Health Psychology and Psychopharmacology

Caitlin Burditt, Ph.D.  
Clinical Supervisor  
Health Psychology and Behavioral Medicine


Chair of the Psychology Department: Su Boatright-Horowitz
Administrative Assistant to the Psychology Department: Deena Mandes
Assistant to the Psychology Department Chair: Amanda Ramirez
Director of Clinical Psychology Program: Mark Robbins
Assistant to the Director of Clinical Training: Alexandra Nobel
Quality of Clinical Training Committee Chair: Mark Robbins
Externship Director: Lindsey Anderson

Administrative Assistant to the PCC: Pamela Thompson
PCC Graduate Student Assistant: Stephen Matsko
Director of School Psychology Program: Gary Stoner
Director of Behavioral Science Program: Mark Wood
Director of the Undergraduate Program: Su Boatright-Horowitz
Director of the Health Psychology Focus Area: Joseph Rossi
Director of the Multicultural Focus Area
Jasmine Mena

Director of the Neuropsychology Focus Area
Grant Willis, Lisa Weyandt, and David Faust

Director of the Child/Family/Dev Psych Focus Area
TBD

Director of the Research Methodology Focus Area
Lisa Harlow

Clinical Student Representative to the Task Force on Multiculturalism and Diversity
TBD

Clinical Faculty Representative to the Task Force on Multiculturalism and Diversity
TBD

Administrative Assistant to the Graduate Programs
Jo-Ann Lepore

Fiscal Administrator
Kathy Uhl
APPENDICES

Checklist for Clinical Program Requirements
Graduate Degree Multicultural Competence Requirements
Individual Graduate Research Carrel Policy
Faculty Annual Student Evaluation Form
Annual Student Evaluation Form
Externship Agreement Form
Externship Readiness Evaluation Form
Master’s Degree Program of Study
Doctoral Degree Program of Study
Graduate School’s Committee Composition Handout
Thesis/Dissertation Proposal Approval Sheet
Set-up Sheet for Defense of Thesis/Dissertation
Request to Schedule Written Comprehensive Examination
Internship Readiness Evaluation Form
Nomination for Graduation – Master’s Degree
Nomination for Graduation – Doctor of Philosophy
Teaching Assistantship Evaluation – Faculty Perspective
Teaching Assistantship Evaluation – Student Perspective
Supervisor Evaluation Form
Student Self-Assessment of Clinical Competencies Form
Practicum Hours Data Sheet
Guidelines for PCC Case Presentations
Clinical Case Conference Evaluation Rubric
## CHECKLIST FOR CLINICAL PROGRAM REQUIREMENTS
### Fall 2014

<table>
<thead>
<tr>
<th>Type of course</th>
<th>Course title</th>
<th>Number Credits</th>
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<tbody>
<tr>
<td>Methodology Courses:</td>
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<tr>
<td></td>
<td>Psy 532</td>
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<tr>
<td></td>
<td>Psy 533</td>
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<td>Psy 611</td>
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<td>Core courses</td>
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<td></td>
<td>Biological aspects of behavior (Psy 601)</td>
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<td></td>
<td>Cognitive and affective aspects of behavior (Psy 604)</td>
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<td>Social aspects of behavior (Psy 606)</td>
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<td>History and systems of psychology (Psy 608)</td>
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<td>Developmental psychology (603)</td>
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<td></td>
<td>Multicultural issues in psychology (Psy 643)</td>
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<tr>
<td></td>
<td>Advanced psychopathology (Psy 607)</td>
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<td>Professional ethics</td>
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<td>Ethical and legal issues in psychology (Psy 666)</td>
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<td>Assessment Courses</td>
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<td>Clinical decision making (Psy 660)</td>
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<td></td>
<td>Cognitive assessment (Psy 661)</td>
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<td>Assess of personality and psychopathology (Psy 662)</td>
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<td>PCC Practicum 1</td>
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<td>PCC Practicum 5</td>
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<tr>
<td></td>
<td>#One of which is CBT</td>
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<tr>
<td></td>
<td>#One of which is multicultural</td>
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<tr>
<td>Research</td>
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<td></td>
<td>Master’s research (Psy 599—6 credits)</td>
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<tr>
<td></td>
<td>Dissertation research (Psy 699 18 credits)</td>
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<tr>
<td>Focus</td>
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<tr>
<td></td>
<td>Elective 1</td>
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<tr>
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<td>Elective 2</td>
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<td></td>
<td>Elective 3</td>
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<tr>
<td></td>
<td>Elective 4</td>
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<tr>
<td>Clinical colloquium</td>
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<tr>
<td></td>
<td>Psy 615</td>
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<tr>
<td>Externship/internship</td>
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<td></td>
<td>Psy 670</td>
<td>2</td>
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### Other Program Requirements:
- Multicultural Competency (Dept. requirement)
- Qualifying Examination
- Master’s Thesis Proposal
- Master’s Thesis Defense
- Comprehensive Examination
- Dissertation Proposal
- Dissertation Defense
- Internship
- Attendance at PCC staff meetings while a PCC staff therapist
- Attendance at PCC Colloquium in the first two years of training
- Case presentation in 2nd year of training
- Case presentation in 3rd year of training
Graduate Degree Multicultural Competence Requirements*

Students earning a graduate degree in the URI Psychology Department should acquire and be able to demonstrate multicultural competence in all of the following areas:

1. Didactic Component

Consistent with the Department’s goal of curricular flexibility, all graduate students will fulfill one of the following requirements:

   A. Complete PSY 600, “Multicultural Psychology;”
   B. Complete another graduate course that the student’s graduate committee or the Psychology Department’s Graduate Curriculum Committee has approved as dealing primarily with issues in multicultural psychology; or
   C. Complete a didactic learning experience in multicultural psychology in the context of an independent study.

2. Research Component

In keeping with Institutional Review Board requirements, all graduate students will include a section in their thesis/dissertation proposals that articulates how the issue of multiculturalism has been considered with respect to the choice of topic, methodological approach, participants, measures, procedures, and the interpretation of the research. This is not intended to limit the student’s choice of topic, participants, or method, but to assure that the student expresses the ways in which various choices are made and the implications of those choices for the subsequent interpretation of results.

3. Applied Component

In order to allow students to demonstrate multicultural competence, all graduate students will complete one of the following activities:

   A. A practicum dealing with a multicultural client group or setting;
   B. Teaching a course on multicultural psychology or teaching a course in psychology (or a related discipline) in which multicultural issues are infused throughout course content;
   C. A comprehensive examination question about an issue in multicultural psychology, or written from a multicultural perspective; or
   D. A research study primarily addressing a multicultural question or involving diverse participants.

Verifying the satisfactory completion of each of these requirements will be the responsibility of the student’s major professor in consultation with the student’s graduate committee, as evidenced by a letter in the student’s file (see attached form).

As with most requirements, the student may petition the graduate committee to accept comparable achievements in Categories 1 and 3.

*policy adopted April 3, 2000
Multicultural Competency

Student Name_________________________________________ Date______________________

Program: M.A.  M.S.  Ph.D.  Area________________________________________________

This is to certify that I have completed the Multicultural Competency Requirements by the following activities (one per component category):

1. Didactic Component
   ____PSY 600
   ____Other approved multicultural course (# and Title):____________________________________
   ____Other learning experience (describe):

2. Research Component
   Incorporated multicultural considerations into master’s thesis proposal:
   ____Yes  ____No URI Master’s Thesis

   Ph.D. Candidates: Incorporated multicultural considerations into dissertation proposal:
   ____Yes

3. Applied Component
   ____Practicum (Course # and Title):___________________________________________________
   ____Teaching (Course # and Title):__________________________________________________
   ____Research (Title):_______________________________________________________________
   ____Comprehensive Exam (Topic):___________________________________________________
   ____Other (Describe):______________________________________________________________

_________________________________________ _______________________________________
Student       Major Professor
INDIVIDUAL GRADUATE RESEARCH CARREL POLICY

Policy:
The University Library has 26 individual graduate research/study carrels. These research/study carrels have been set aside to facilitate scholarly research using the materials located in the library. The carrels are not intended to be used as alternate office space. Two of the carrels are reserved, as needed, for handicapped services. Four carrels are set aside for Library assignment. Twenty individual research carrels may be set aside for graduate students doing scholarly research. Priority on the assignment of individual carrels will be given to graduate students working on theses or dissertations, or a major research project. The carrels will be assigned on a first-come, first-reserved basis by application to the Head of Access Services. The carrels are assigned on a semester basis. Use during the summer will be available at the discretion of the University Library.

Application Procedure:

Application processing is done during regular business hours:

1. Graduate students must complete the application form issued by the Library which requires identification of the applicant, research project, and supervisory faculty member. Return the form to the Head of Access Services. Assignment of carrels will then be made by the Head of Access Services on a first-come, first-reserved basis. The graduate student will be notified when the assignment is made.

2. A key to the carrel will be assigned by the Circulation Unit. A $10.00 deposit is required when the key is issued. This key may not be duplicated. This key must be returned at the end of each semester. The $10.00 deposit will be refunded when the key is returned. If after two weeks, in any semester, the key is not returned, the patron’s library record will be Sanctioned and the deposit forfeited. The later return of the key will remove the Sanction but not the forfeiture of the deposit.

Rules for Use:

1. Privileges may be suspended for infractions of these regulations.
2. No curtains, window covers, or objects should be hung or mounted to the walls, doors or interior of the carrels.
3. No Library books may be kept in any carrel without first being checked out at the Circulation desk.
4. No serial material may be kept in any carrel.
5. No electrical appliances are allowed in the carrel, e.g. coffee makers, hot plates, etc.
6. The individual to whom the carrel is assigned is responsible for any infraction of the regulations or damage to the facility. Any damage must be reported to Circulation Unit as soon as possible.
7. The University Library maintains the right to check a carrel for any reason it deems necessary and to remove serials or books that are not checked out.
8. The Library is not responsible for loss, theft, or damage to any material left in the Library carrel.
9. Library rules on food, drink, smoking and other activities apply in the Carrels/Group Study Rooms.

Policy #06-05
Approved: 5/24/06, Dean Maslyn
Revised: 8/1/07
FACULTY ANNUAL STUDENT EVALUATION FORM  
Clinical Psychology Program

Student Name ____________________________________________ Date __________________

Major Professor ___________________________ ☐ Check box if completed this form.
Clinical Advisor ______________________________ ☐ Check box if completed this form.

☐ A current student CV is in student’s file.

STUDENT PROGRESS IS:  EXEMPLARY  SATISFACTORY  MARGINAL  POOR

ACADEMIC PROGRESS

☐ Program of Studies Approved  Course Grades
  ☐ Master’s ☐ Greatly exceeds standard (GPA ≥ 3.7 and no grade < A-)
  ☐ Doctoral ☐ Above standard (GPA ≥ 3.3 and no grade < B)
  ☐ Entered with Master’s Degree ☐ Meet standard (GPA ≥ 3.0 and no grade < C)
  ☐ Research Competency done or waived ☐ Below Standard (GPA < 3.0 and/or grades < C)
  ☐ Master’s proposal approved ☐ Incompletes are present (specify: )
  ☐ Master’s defended 
  ☐ Multicultural requirement completed  Focus Area ________________
  ☐ Comps passed ☐ Coursework completed in area
  ☐ Dissertation proposal approved ☐ Research completed in area
  ☐ Dissertation defended ☐ Applied experience in area

Comments on Academic Progress:

CLINICAL PROGRESS

Practica Completed

1. ____________________________  Supervisor Evaluations
2. ____________________________  ☐ Exceed standard
3. ____________________________  ☐ Meet standard (40, 60, 70, 80% for years 1, 2, 3, 4)
4. ____________________________  ☐ Below standard
5. ____________________________  ☐ At least one practicum has been in CBT

Externships Completed

1. ______________________________________ ☐ Supervisor Evaluation in Folder
2. ______________________________________ ☐ Supervisor Evaluation in Folder
3. ______________________________________ ☐ Supervisor Evaluation in Folder
4. ______________________________________ ☐ Supervisor Evaluation in Folder
5. ______________________________________ ☐ Supervisor Evaluation in Folder

Total number of direct clinical hours to date _________

Comments on Clinical Progress:
OTHER PROGRESS

TA/RA Evaluations
- Exceed standard
- Meet standard (80% of ratings “agree” or above)
- Below standard

Presentations/Publications
- Number of presentations since entering program _________
- Number of publications since entering program _________
  List journals ______________________________________________________________

Service Activities ___________________________________________________________
____________________________________________________________________________

Awards and Honors ____________________________________________________________
____________________________________________________________________________

Comments on Other Progress:

Comments on Overall Progress:

COMPETENCY ASSESSMENT

Directions: Please complete the following rubric with consideration of a student’s accomplishments since beginning the Clinical Psychology Program at the University of Rhode Island. Please circle the description which best fits the student's progress/achievements on each of the competencies (listed in the first column). Please note that not all competencies will be assessed at the time of the annual student evaluation. The remaining competencies will be assessed in other assessment contexts and at alternate time points (e.g., supervisor evaluations, internship portfolio evaluations).

<table>
<thead>
<tr>
<th>Competency</th>
<th>Exceeds standard</th>
<th>Meets standard</th>
<th>Does not meet standard</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A1. Demonstrate knowledge in specific methodology topic areas</td>
<td>High pass received on methodology comps question</td>
<td>Passing score received on methodology comps question</td>
<td>Methodology comps question required rewriting to obtain passing score</td>
<td></td>
</tr>
<tr>
<td>1A2. Acquire knowledge of research design and quantitative analytical skills</td>
<td>Use of advanced or sophisticated data analytic techniques/ methodology in research projects</td>
<td>Appropriate use of data analytic techniques/ methodology in research projects</td>
<td>Inappropriate use of data analytic techniques/ methodology in research projects</td>
<td></td>
</tr>
<tr>
<td>1A3. Be able to plan, propose, conduct, analyze data for, and write up an independent research project</td>
<td>Completion of 2 or more independent research projects in which he/she has demonstrated all of the following: Identifies feasible research question, reviews relevant literature, develops hypotheses informed by literature/theory, selects and implements an appropriate methodology and analysis plan, draws conclusions which are appropriate to results, and notes limitations of study</td>
<td>Completion of one independent project in which he/she has demonstrated all of the following: Identifies feasible research question, reviews relevant literature, develops hypotheses informed by literature/theory, selects and implements an appropriate methodology and analysis plan, draws conclusions which are appropriate to results, and notes limitations of study</td>
<td>No independent project completed to date OR Independent project(s) completed in which one or more of the following criteria are NOT met: Identifies feasible research question, reviews relevant literature, develops hypotheses informed by literature/theory, selects and implements an appropriate methodology and analysis plan, draws conclusions which are appropriate to results, notes limitations of study</td>
<td></td>
</tr>
</tbody>
</table>

| 1D1. Acquire knowledge of the research literature in the area of focus | Demonstrates ability to synthesize information within focus area and can apply focus area concepts to novel areas/situations | Can reproduce concepts within focus area with evidence of ability to synthesize information within focus area, no evidence of application to novel areas/situation | Demonstrates ability to reproduce basic focus area concepts but little evidence of ability to synthesize or apply information |

| 2B1. Attends colloquia, workshops, conferences | Attendance at two or more colloquia, workshops, or conferences | Attendance at one colloquium, workshop, or conference | No attendance at colloquia, workshops, or conferences |

| 2B4a. Share research results with wider scientific community (publications) | Student has one or more publications in peer-reviewed journals or has one or more published book chapter(s) | Student has submitted one or more manuscript(s) for review or has a manuscript/book chapter in preparation | Student has no manuscript submissions to peer-reviewed journals or book chapters in progress |

| 2B4b. Share research results with wider scientific community (presentations) | Poster or paper presentations at two or more colloquia, workshops, or conferences | Poster or paper presentations at one colloquium, workshop or conference | No poster or paper presentations at colloquia, workshops, or conferences |

| 2B5. Seek membership in and/or provide service to professional psychological organizations | Membership in one or more professional organizations AND service to at least one psychological organization(s) | Membership in at least one professional organization, no service activities | No evidence of membership in or service to professional organizations |

| 3A2. Acquire basic knowledge in the area of multicultural psychology | Student has demonstrated basic knowledge of multicultural psychology as evidenced by completion of the multicultural competency and/or through substantial clinical-, course-, or research-related activities | Student is in the process of acquiring basic knowledge in the area of multicultural psychology (either through clinical-, course-, or research-related activities) | Student has demonstrated no evidence of acquiring basic knowledge in the area of multicultural psychology (no clinical-, course-, or research-related activities have been engaged) |

| 3A3. Understand how culture impacts assessment, treatment, and research hypotheses | Evidence of consideration of individual or cultural differences in two or more assessment, treatment, or research work products | Evidence of consideration of individual or cultural differences in one assessment, treatment, or research work product | Little or no evidence of consideration of individual or cultural differences in any assessment, treatment, or research work product |

Comments: (Please indicate Goal, Objective, and Competency designation, e.g., 1A1, if applicable to your comment. Use back of page as necessary.)

Student Signature: __________________________ Date: ______________

Major Professor/Clinical Advisor Signature: __________________________ Date: ______________

Program Director Signature: __________________________ Date: ______________

Clinical Psychology Manual
URI © 2003 - 2014
ANNUAL STUDENT SELF-EVALUATION FORM  
Clinical Psychology Program  
COMPLETED BY STUDENT

Student _______________________________________         Date  _______________________________
Major Professor __________________________________
Clinical Advisor __________________________________

Directions: This form is to be completed by the student. Prior to completion of this form, please ensure that your clinical folder is up to date (e.g., all supervisor evaluations, TA/RA evaluations, clinical hours, current vita). Please complete the following rubric with consideration of your accomplishments since beginning the Clinical Psychology Program at the University of Rhode Island. Please circle the description which best fits your progress/achievements on each of the competencies (listed in the first column). Please note that not all competencies will be assessed at the time of the annual student evaluation. The remaining competencies will be assessed in other assessment contexts and at alternate time points (e.g., supervisor evaluations, internship portfolio evaluations). Upon completion of this form, please deliver to and discuss with your major professor. You and your major professor will sign your self-evaluation and then you will be responsible for filing the form in your clinical folder. Please be sure to keep a copy for your records.

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<td>1B1. Acquire knowledge of the research literature in the area of focus</td>
<td>Demonstrates ability to synthesize information within focus area and can apply focus area concepts to novel areas/situations</td>
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<td>Demonstrates ability to reproduce basic focus area concepts but little evidence of ability to synthesize or apply information</td>
<td></td>
</tr>
<tr>
<td>2B1. Attends colloquia, workshops, conferences</td>
<td>Attendance at two or more colloquia, workshops, or conferences</td>
<td>Attendance at one colloquium, workshop or conference</td>
<td>No attendance at colloquia, workshops, or conferences</td>
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</tr>
<tr>
<td><strong>2B4a. Share research results with wider scientific community (publications)</strong></td>
<td>Student has one or more publications in peer-reviewed journals or has one or more published book chapter(s)</td>
<td>Student has submitted one or more manuscript(s) for review or has a manuscript/book chapter in preparation</td>
<td>Student has no manuscript submissions to peer-reviewed journals or book chapters in progress</td>
<td></td>
</tr>
<tr>
<td><strong>2B4b. Share research results with wider scientific community (presentations)</strong></td>
<td>Poster or paper presentations at two or more colloquia, workshops, or conferences</td>
<td>Poster or paper presentations at one colloquium, workshop or conference</td>
<td>No poster or paper presentations at colloquia, workshops, or conferences</td>
<td></td>
</tr>
<tr>
<td><strong>2B5. Seek membership in and/or provide service to professional psychological organizations</strong></td>
<td>Membership in one or more professional organizations AND service to at least one psychological organization(s)</td>
<td>Membership in at least one professional organization, no service activities</td>
<td>No evidence of membership in or service to professional organizations</td>
<td></td>
</tr>
<tr>
<td><strong>3A2. Acquire basic knowledge in the area of multicultural psychology</strong></td>
<td>Student has demonstrated basic knowledge of multicultural psychology as evidenced by completion of the multicultural competency and/or through substantial clinical-, course-, or research-related activities</td>
<td>Student is in the process of acquiring basic knowledge in the area of multicultural psychology (either through clinical-, course-, or research-related activities)</td>
<td>Student has demonstrated no evidence of acquiring basic knowledge in the area of multicultural psychology (no clinical-, course-, or research-related activities have been engaged)</td>
<td></td>
</tr>
<tr>
<td><strong>3A3. Understand how culture impacts assessment, treatment, and research hypotheses</strong></td>
<td>Evidence of consideration of individual or cultural differences in two or more assessment, treatment, or research work products</td>
<td>Evidence of consideration of individual or cultural differences in one assessment, treatment, or research work product</td>
<td>Little or no evidence of consideration of individual or cultural differences in any assessment, treatment, or research work product</td>
<td></td>
</tr>
</tbody>
</table>

Comments: (Please indicate Goal, Objective, and Competency designation, e.g., 1A1, if applicable to your comment.)

Student signature: __________________________________________ Date __________________________

Major Professor signature: _________________________________ Date __________________________
# Externship Agreement Form

## For Program Use:
Approval by your Major Professor, PCC Director, and Program Director is required BEFORE approval by your externship supervisor:

**Student Name:** ______________   **Site Name:** ______________

**Dates for which this agreement will apply:** ______________

**Preapproval Signatures:**
- **Major Professor:** ______________
- **PCC Director:** ______________
- **Program Director:** ______________

## EXTERNSHIP AGREEMENT FORM

Practicum training is required for students in the Clinical Psychology doctoral program at the University of Rhode Island. The goal of practicum training in clinical psychology is met through placing students in settings that are clearly committed to training, and in which students will be supervised using an adequate number of appropriate professionals, and which provide a wide range of training and educational experiences through applications of empirically supported intervention procedures. The requirements for practicum training can partially be met through approved placements at off campus externship settings. Requirements include supervision by an appropriately credentialed person to supervise clinical training at the site. The ratio of direct hours to supervision hours should not exceed 4:1. Activities conducted by the student must be consistent with the scientist-practitioner model of training. Evaluations of students should be completed by December 9 for externships during the fall semester, May 9 for externships during the spring semester, and August 31 for summer externships. All reports should be sent to the Director of Externship training at the Psychology Department.

This doctoral student in the clinical psychology program is approved to complete the following practicum.

1. **Dates for which this agreement will apply:**
   - **Begin Date:** N/A   **End Date:** N/A

2. **Site name:** ______________

3. **Type of setting:**
   - [ ] Community Mental Health Center
   - [ ] Health Maintenance Organization
   - [ ] Medical Center
   - [ ] Military Medical Center
   - [ ] Private General Hospital
   - [ ] General Hospital
   - [ ] Veterans Affairs Medical Center
   - [ ] Private Psychiatric Hospital
   - [ ] State/County Hospital
   - [ ] Correctional Facility
   - [ ] School District/System
   - [ ] University Counseling Center
   - [ ] Medical School
   - [ ] Consortium
   - [ ] Other (e.g., community-based intervention), please specify: ______________

4. **Type of services provided:**
   - [ ] Administration   [ ] Assessment
   - [ ] Consultation   [ ] Psychotherapy
   - [ ] Research   [ ] Supervision
   - [ ] Teaching
   - [ ] Other (e.g., community-based intervention), please specify: ______________
5. Type of clients served:

☐ Children  ☐ Adults  ☐ Low Income
☐ Adolescents  ☐ Geriatric  ☐ Other, please specify: __________________________

6. Supervisor

a. Name of onsite clinical supervisor ____________________________________________

b. Highest degree of primary on-site supervisor ________________________________

c. Credentials of primary on-site supervisor (e.g., diplomate, licensure) ______________

d. Telephone number _______________________________________________________

e. E-mail ____________________________

7. Duties of the student extern: _________________________________________________

8. How much time will be required per week to complete these duties? _______________

9. How many hours of direct client contact are planned per week? _________________

10. How many clients per week will be seen? ______________________________________

11. How many hours and what type of supervision will be received?

   Individual: _____ hrs/week
   Group: _____ hrs/week
   Other: _____ hrs/week  Other, please specify type: ___________________________

12. How much compensation will be provided?

13. Please indicate what days and hours you will be at this site:

☐ Monday  12 PM - 12 PM
☐ Tuesday  12 PM - 12 PM
☐ Wednesday 12 PM - 12 PM
☐ Thursday 12 PM - 12 PM
☐ Friday  12 PM - 12 PM

The clinical supervisor at the site agrees to sign weekly practicum logs and submit an
evaluation of the student extern for the fall semester by December 9, for the spring
semester by May 9, and for the summer by August 31.

__________________________  __________________________
Clinical Supervisor at Site/Date           Director of Clinical Psychology/ Date

__________________________  __________________________
On Campus Supervisor/Date               Student Extern/Date
# Externship Readiness Evaluation

Date: ___________________________  Student Name: _______________________
Major Professor: ___________________  Year in Program: _____________________

Below, please list all PCC practica completed to date.

<table>
<thead>
<tr>
<th>PCC Practicum</th>
<th># of direct hours</th>
<th># of supervision hours</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Below, please list all other program-approved clinical training opportunities completed.

<table>
<thead>
<tr>
<th>Other clinical training (e.g., externships in summer)</th>
<th># of direct hours</th>
<th># of supervision hours</th>
<th>Supervisor Name</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please provide the name(s) and contact information for all current clinical supervisors:

<table>
<thead>
<tr>
<th>Name</th>
<th>E-mail</th>
<th>Phone</th>
<th>Clinical Placement</th>
</tr>
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</table>

Master’s Thesis proposal date: ____________________
Defense date: _________________________________
Date final thesis changes approved by all members of program committee: _________________

(If entered with Master’s degree)
Dissertation proposal date: ______________________
Date proposal approved by all members of program committee: __________________________

Comments on status of Master’s thesis/Dissertation proposal: (Optional)

I have completed my first PCC case conference presentation:  Yes  No
  If yes, in my feedback, I was asked to redo the presentation: Yes  No

I have ensured that the following are present in my clinical folder:
  ALL supervisor evaluations (with the exception of the current semester)
  current transcript
  current vita
  Program of Studies has been submitted to Graduate School

Clinical Psychology Manual
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Masters Thesis Program of Study

A. Courses Taken in Degree Program at URI
Please be sure that any courses listed in the URI catalog as requirements for your degree appear in this section. Courses not listed in any other section of this form (B-E) should be listed here. For “Special Problems” or “Directed Study” or any other open-ended course, the sub-title should be listed. These problems should be separate from, and independent of, the thesis research. Please see Section 7.48 of the Graduate School Manual.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Grad School Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Research Credits (Total 599 Credits)</td>
<td></td>
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</tbody>
</table>

B. Graduate Courses Taken as a Non-matriculating Student
Please see Section 3.30 of the Graduate School Manual.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Grad School Only</th>
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</tbody>
</table>
C. Courses Transferred from Other Institutions

Please see Section 7.26 of the Graduate School Manual. After the course(s) has been completed, and official transcript should be requested and sent directly to the Graduate School.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title</th>
<th>Institution</th>
<th>Grade</th>
<th>Credit (qtr/sem)</th>
<th>Date Completed</th>
<th>Equivalent Credit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Grad School Only</th>
</tr>
</thead>
</table>

D. Graduate Courses Taken as an Undergraduate, but Not Applied to an Undergraduate Degree

Please see Section 3.33 of the Graduate School Manual. Please note that for these courses a letter from the student's undergraduate dean's office verifying that these courses were not used for their undergraduate degree is required.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Grad School Only</th>
</tr>
</thead>
</table>

Enter credits in the following sections;

Section A □ Section B □ Section C □ Section D □ Total Program Credits(A+B+C+D) □

Courses Required to be Taken but not as Program Credit

Courses taken to satisfy entrance deficiencies, course prerequisites and/or language requirements, as well as courses not essential to the Degree Program.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Grad School Only</th>
</tr>
</thead>
</table>

Student: fill in the names and e-mail addresses of your program committee members below. Please note that this information must match the approved establishment of a graduate research committee form. Do not list potential members of your defense or comprehensive exam committees.

Major Professor
Co-major Professor (if applicable)
Inside Committee Member
Outside Committee Member
Additional Committee Member (if applicable)
Additional Committee Member (if applicable)

E-mail
E-mail
E-mail
E-mail
E-mail
E-mail

Student: Please provide the name and e-mail address of the Department Chair or Graduate Director that will approve this form before submitting to The Graduate School.

Department Chair / Graduate Director
E-mail

Student: Once you have completed and electronically signed the form, the file should be named in the format URIID_Lastname_Firstname_POS.pdf (ex: 1002xxx34_Smith_John_POS.pdf) and sent to your Major Professor for review. This form may also be printed for your records.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student</td>
<td></td>
</tr>
<tr>
<td>2. Major Professor</td>
<td>Department</td>
</tr>
<tr>
<td>(if applicable) sign the form, save and send as an attachment to Co-major Professor</td>
<td>At</td>
</tr>
<tr>
<td>3. Co-Major Professor</td>
<td>Department</td>
</tr>
<tr>
<td>After all major professors have signed the form, the form is to be saved and sent as an attachment to Inside Member</td>
<td>At</td>
</tr>
<tr>
<td>4. Inside Member</td>
<td>Department</td>
</tr>
<tr>
<td>Sign the form, save and send as an attachment to Outside Member</td>
<td>At</td>
</tr>
<tr>
<td>5. Outside Member</td>
<td>Department</td>
</tr>
<tr>
<td>(if applicable) sign the form, save and send as an attachment to Additional Member</td>
<td>At</td>
</tr>
<tr>
<td>Otherwise, sign the form, save and send as an attachment to Department Chair/Graduate Director</td>
<td></td>
</tr>
<tr>
<td>6. Additional Member</td>
<td>Department</td>
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<tr>
<td>(if applicable) sign the form, save and send as an attachment to Additional Member</td>
<td>At</td>
</tr>
<tr>
<td>7. Additional Member</td>
<td>Department</td>
</tr>
<tr>
<td>After all additional members have signed the form, the form is to be saved and sent as an attachment to Department Chair/Graduate Director</td>
<td></td>
</tr>
<tr>
<td><strong>Department Chair/Graduate Director:</strong> This form is not valid unless the Department Chair or Graduate Director submits it. Someone other than the person who signed box 2 must provide the signature on box 8. To submit the form to the Graduate School you should save the file and send it to <a href="mailto:gradforms@etal.uri.edu">gradforms@etal.uri.edu</a> as an attachment and copy-in (cc:) the student. Please set the subject line of the E-mail to POS. Please make sure all signatures are present before submitting to The Graduate School.</td>
<td></td>
</tr>
<tr>
<td>8. Department Chair/Graduate Director</td>
<td>Department</td>
</tr>
<tr>
<td><strong>Graduate School Use Only</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Approved</td>
<td>☐ Not Approved</td>
</tr>
<tr>
<td><strong>Notes</strong></td>
<td></td>
</tr>
</tbody>
</table>
Doctoral Degree Program of Study

A. Courses Taken in Degree Program at URI
Please be sure that any courses listed in the URI catalog as requirements for your degree appear in this section. Please see Section 7.06 of the Graduate School Manual

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Grad School Only</th>
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<tbody>
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</tbody>
</table>

B. Credits from a Master's Degree Applied to the Doctoral Program of Study (0-30 Credits)
Please see Section 7.04 of the Graduate School Manual

<table>
<thead>
<tr>
<th>Institution</th>
<th>Program/Degree Name</th>
<th>Date Conferred</th>
<th>Credits Applied (0-30)</th>
</tr>
</thead>
<tbody>
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</table>

C. Graduate Courses Taken as a Non-matriculating Student
Please see Section 3.20 of the Graduate School Manual

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Grad School Only</th>
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### D. Courses Transferred from Other Institutions

Please see Section 7.20 of the Graduate School Manual.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title</th>
<th>Institution</th>
<th>Grade</th>
<th>Credit (qtr/sem)</th>
<th>Date Completed</th>
<th>Equivalent Credit</th>
<th>Grad School Only</th>
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### E. Graduate Courses Taken as an Undergraduate, but not Applied to an Undergraduate Degree

Please see Section 3.33 of the Graduate School Manual. Please note that for these courses a letter from the student’s undergraduate dean’s office verifying that these courses were not used for their undergraduate degree is required.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Grad School Only</th>
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</tbody>
</table>

Enter credits in the following sections:

- Section A
- Section B
- Section C
- Section D
- Section E
- Total Program Credits (A+B+C+D+E)

### Courses Required to be Taken but not as Program Credit (if applicable)

Courses taken to satisfy entrance deficiencies, course prerequisites and tool or language requirements, as well as courses not essential to the Degree Program.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Grad School Only</th>
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</table>

**Student:** Please fill in the names and e-mail addresses of your program committee members below. Please note that this information must match that on your previously approved form establishing your program committee. Do not list potential members of your defense or comprehensive exam committees.

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Professor</td>
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<tr>
<td>Co-major Professor (if applicable)</td>
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<td></td>
</tr>
<tr>
<td>Inside Committee Member</td>
<td></td>
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<td>Outside Committee Member</td>
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<td></td>
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<tr>
<td>Additional Committee Member (if applicable)</td>
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<td></td>
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<tr>
<td>Additional Committee Member (if applicable)</td>
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</tbody>
</table>

**Student:** Please provide the name and e-mail address of the Department Chair or Graduate Director that will approve this form before submitting to The Graduate School.

**Department Chair / Graduate Director:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
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</table>

**Student:** After electronically signing the form, the file should be named in the format `URID_Lastname_Firstname_POS.pdf` (ex: `1002xxx34_Smith_John_POS.pdf`) and sent to your Major Professor for review. This form may also be printed for your records.
1. Student

2. Major Professor
   Department
   *(if applicable) sign the form, save and send as an attachment to Co-major Professor
   A1

3. Co-Major Professor
   Department
   *(After all major professors have signed the form, the form is to be saved and sent as an attachment to Inside Member)
   A1

4. Inside Member
   Department
   *(Sign the form, save and send as an attachment to Outside Member)
   A1

5. Outside Member
   Department
   *(if applicable) sign the form, save and send as an attachment to Additional Member
   A1
   *(Otherwise, sign the form, save and send as an attachment to Department Chair/Graduate Director)

6. Additional Member
   Department
   *(if applicable) sign the form, save and send as an attachment to Additional Member
   A1

7. Additional Member
   Department
   *(After all additional members have signed the form, the form is to be saved and sent as an attachment to Department Chair/Graduate Director)

**Department Chair/Graduate Director:** This form is not valid unless the Department Chair or Graduate Director submits it. Someone other than the person who signed box 2 must provide the signature on box 8. To submit the form to the Graduate School you should save the file and send it to gradforms@etal.uri.edu as an attachment and copy-in (cc:) the student. Please set the subject line of the E-mail to POS. Please make sure all signatures are present before submitting to The Graduate School.

8. Department Chair/Graduate Director
   Department

**Graduate School Use Only**

- ☐ Approved
- ☐ Not Approved

**Notes**
Committee Structures

Master's Thesis Committee: Minimum 3

Master's Thesis Defense Committee: Minimum 4

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Thesis Proposal Approval Form

Student Name: [ ]

URI ID: [ ]

Preferred E-mail: [ ]

Student Phone #: [ ]

Title of Proposed Thesis (100-character maximum): [ ]

Major Professor: [ ]

E-mail: [ ]

Co-major Professor (if applicable): [ ]

E-mail: [ ]

Inside Committee Member: [ ]

E-mail: [ ]

Outside Committee Member: [ ]

E-mail: [ ]

Additional Committee Member (if applicable): [ ]

E-mail: [ ]

Additional Committee Member (if applicable): [ ]

E-mail: [ ]

Department Chair / Graduate Director: [ ]

E-mail: [ ]

1. Student [ ]

2. Major Professor [ ]

Department: [ ]

At: [ ]

3. Co-Major Professor [ ]

Department: [ ]

At: [ ]

After all major professors have signed the form, the form is to be saved and sent as an attachment to inside member [ ]

At: [ ]

Student: Please fill in the names and e-mail addresses of your program committee members below. Please note that this information must match that on the previously approved form establishing your program committee. Save the form in the following format: URIID_Lastname_firstname_MAF.pdf (ex: 1002xxx34_Smith_John_MAF.pdf) and send as an attachment to the Major Professor.

Student: Please provide the name and e-mail address of the Department Chair or Graduate Director that will approve this form before submitting to The Graduate School.
4. Inside Member
Department

Sign the form, save and send as an attachment to Outside Member
At

5. Outside Member
Department

(if applicable) sign the form, save and send as an attachment to Additional Member
At

Otherwise, sign the form, save and send as an attachment to Department Chair/Graduate Director

6. Additional Member
Department

(if applicable) sign the form, save and send as an attachment to Additional Member
At

7. Additional Member
Department

After all additional members have signed the form, the form is to be saved and sent as an attachment to Department Chair/Graduate Director

Does the proposed research involve human subjects (including the use of questionnaires for data collection) or live non-human vertebrates? Check appropriate boxes and sign below. If "yes" see appendices D or E in the Graduate School Manual for further instructions, and complete the rest of this section.

☐ No ☐ Yes
Human subjects (IRB)

☐ Live non-human vertebrates (IACUC)

Approval Number

APPROVED FOR UNIVERSITY INSTITUTIONAL REVIEW BOARD/ANIMAL CARE USE COMMITTEE BY:

IRB/IACUC

Department Chair/Graduate Director: To submit the form to the Graduate School you should save the file and send it to gradforms@etai.uri.edu as an attachment. Please set the subject line of the e-mail to PAF. The form must be submitted for approval by the Department Chair/Graduate Director. Someone other than the person who signed box 2 must provide the Signature in box 8.

8. Department Chair/Graduate Director

Graduate School Use Only

☐ Approved ☐ Not Approved

Graduate School

Notes
# Dissertation Proposal Approval Form

**THE UNIVERSITY OF RHODE ISLAND GRADUATE SCHOOL**

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## Dissertation Proposal Approval Form

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<thead>
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<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Student Name</td>
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<tr>
<td>URI ID</td>
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<tr>
<td>Preferred E-mail</td>
<td></td>
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<tr>
<td>Student Phone #</td>
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<tr>
<td>Department</td>
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<tr>
<td>Program</td>
<td></td>
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<tr>
<td>Specialization (if applicable)</td>
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</tbody>
</table>

**Student:** Please fill in the names and e-mail addresses of your program committee members below. Please note that this information must match that on the previously approved form establishing your program committee. Save the form in the following format: URIID_Lastname_firstname_DAF.pdf (ex: URIID_Smith_John_DAF.pdf) and send as an attachment to the Major Professor.

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>E-mail</th>
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<tbody>
<tr>
<td>Major Professor</td>
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<tr>
<td>Co-major Professor (if applicable)</td>
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<tr>
<td>Inside Committee Member</td>
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<td>Outside Committee Member</td>
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<td>Additional Committee Member (if applicable)</td>
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<td>Additional Committee Member (if applicable)</td>
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</table>

**Student:** Please provide the name and e-mail address of the Department Chair or Graduate Director that will approve this form before submitting to The Graduate School.

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>E-mail</th>
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<tr>
<td>Department Chair / Graduate Director</td>
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</table>

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1. Student

2. Major Professor
   - Department
   - (if applicable) sign the form; save and send as an attachment to Co-major Professor

3. Co-Major Professor
   - Department
   - After all major professors have signed the form, the form is to be saved and sent as an attachment to Inside Member

---

**Clinical Psychology Manual**

URI © 2003 - 2014
4. Inside Member

Sign the form, save and send as an attachment to Outside Member

5. Outside Member

(if applicable) sign the form, save and send as an attachment to Additional Member

Otherwise, sign the form, save and send as an attachment to Department Chair/Graduate Director

6. Additional Member

(if applicable) sign the form, save and send as an attachment to Additional Member

7. Additional Member

After all additional members have signed the form, the form is to be saved and sent as an attachment to Department Chair/Graduate Director

Does the proposed research involve human subjects (including the use of questionnaires for data collection) or live non-human vertebrates? Check appropriate boxes and sign below. If "yes" see appendices D or E in the Graduate School Manual for further instructions, and complete the rest of this section.

- No
- Yes

- Human subjects (IRB)
- Live non-human vertebrates (IACUC)

Approval Number

APPROVED FOR UNIVERSITY INSTITUTIONAL REVIEW BOARD/ ANIMAL CARE USE COMMITTEE BY:

IRB/ACUC

8. Department Chair/Graduate Director

Department Chair/Graduate Director: To submit the form to the Graduate School you should save the file and send it to gradforms@etal.uri.edu as an attachment. Please set the subject line of the e-mail to DAF. The form must be submitted for approval by the Department Chair/Graduate Director. Someone other than the person who signed box 2 must provide the signature in box 8.

Graduate School Use Only

- Approved
- Not Approved

Notes

Graduate School
Request to Schedule an Oral Defense of a Master’s Thesis

See Section 11.20 of the Graduate School Manual for the policies related to the establishment of a defense committee and the scheduling of an oral defense.

Student Name

URI ID

Preferred E-mail

Student Phone #

Department

Program

Specialization (if applicable)

Student: After completing the student information section above and indicating the date, time, and location of the defense, fill in the names and e-mail addresses of your program committee members below. Please note that this information must match that on the previously approved form establishing your program committee (PC). After all the signatures have been obtained, you will be copied-in on the form sent to the Graduate School by your Department Chair/Graduate Director. Please print this form and bring it to the Graduate School along with

1) A binding receipt signed by Enrollment Services and
2) The number of unbound copies of your thesis for the chair of your Defense Committee, and any other members of the defense committee who have requested a paper copy of your thesis. Each copy must be in separate manila envelope with a copy of the title page taped to the front (at least one paper copy is required).

Date

Time

Location

1. Student

Major Professor

E-mail

Copy of Defense

Co-Major Professor

E-mail

Copy of Defense

(if applicable)

Program Committee Member

E-mail

Copy of Defense

(if inside)

Program Committee Member

E-mail

Copy of Defense

(if outside)

Program Committee Member

E-mail

Copy of Defense

(if applicable)

Program Committee Member

E-mail

Copy of Defense

(if applicable)

Defense Committee Chair

E-mail

Copy of Defense

(Required Outside)

Name and address of Department Chair/Graduate Director who will approve this form before submitting to the Graduate School

Department Chair /
Graduate Director

E-mail

Copy of Defense


The undersigned members of the student's graduate program committee certify that the submitted defense copy is acceptable for defense, and that they are able to be present for a defense on the date and time proposed below. A dissertation is acceptable for defense if it:

1) is complete and contains all text, data, tables, charts, maps, photographs, appendices, full references, citations as required by accepted standards of academic integrity.
2) Represents a finished scholarly product of the student's research in the appropriate format.
3) Is free of obvious fatal flaws.

2. Major Professor

   Department

   (if applicable) sign the form, save and send as an attachment to Co-major Professor

   At

3. Co-Major Professor

   Department

   After all major professors have signed the form, the form is to be saved and sent as an attachment to Inside Member Program Committee

   At

4. Inside Member Program Committee

   Department

   Sign the form, save and send as an attachment to Outside Member

   At

5. Outside Member Program Committee

   Department

   (if applicable) sign the form, save and send as an attachment to Additional Member

   At

   Otherwise, sign the form, save and send as an attachment to Defense Committee Chair (Outside)

   At

6. Additional Member Program Committee

   Department

   (if applicable) sign the form, save and send as an attachment to Additional Member

   At

7. Additional Member Program Committee

   Department

   After all additional members have signed the form, the form is to be saved and sent as an attachment to Defense Committee Chair (Outside)
By signing below, this person signifies that they are available to be present for a defense on the date and time proposed above, and is also willing to serve as the defense committee chair.

9. Defense Committee Chair (Outside) Department

Defense Committee Chair: After electronically signing, this form should be saved in the following format using the student’s information: URIID_LastnameFirstname_SOD.pdf (ex: 1002xxx34_Smith_johna_SOD.pdf) and sent as an attachment to the Department Chair/Graduate Director. The signature of the Chair signifies approval.

10. Acknowledgement of Department Chair / Graduate Director Department

Form must be submitted for approval by Department Chair/Graduate Director. After electronically signing the form, please save and send as an attachment to the Graduate School at gradforms@ets.uri.edu as an attachment. Please write SOD in the subject line of the e-mail.

Graduate School Use Only

☐ Approved ☐ Not Approved

Graduate School Dean Notes
# Request to Schedule an Oral Defense of a Doctoral Dissertation

See Section 11.20 of the Graduate School Manual for the policies related to the establishment of a defense committee and the scheduling of an oral defense.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Department</th>
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<th>URI ID</th>
<th>Program</th>
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<th>Preferred E-mail</th>
<th>Specialization (if applicable)</th>
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**Student:** After completing the student information section above and indicating the date, time, and location of the defense, fill in the names and e-mail addresses of your program committee members below. Please note that this information must match that on the previously approved form establishing your program committee (PC). After signing the document, save it and send it as an attachment to the Major Professor. After all the signatures have been obtained, you will be copied-in on the form sent to the Graduate School by your Department Chair Graduate Director. Please print this form and bring it to the Graduate School along with

1. A binding receipt signed by Enrollment Services and,
2. The number of unbound copies of the dissertation necessary for the chair of your Defense Committee, and any other members of the defense committee who have requested a paper copy of your dissertation. Each copy must be in a separate manila envelope with a copy of the title page taped to the front. (At least one paper copy is required)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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1. **Student**

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<tr>
<th>Major Professor</th>
<th>E-mail</th>
<th>Copy of Defense</th>
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<th>Co-Major Professor (if applicable)</th>
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<th>Program Committee Member (Inside)</th>
<th>E-mail</th>
<th>Copy of Defense</th>
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<th>Program Committee Member (Outside)</th>
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<th>Program Committee Member (required if applicable)</th>
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<th>Defense Committee Member (Required Inside)</th>
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<th>Copy of Defense</th>
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<tr>
<th>Defense Committee Chair (Required Outside)</th>
<th>E-mail</th>
<th>Copy of Defense</th>
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Name and address of Department Chair / Graduate Director who will approve this form before submitting to the Graduate School

<table>
<thead>
<tr>
<th>Department Chair / Graduate Director</th>
<th>E-mail</th>
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The undersigned members of the student's graduate program committee certify that the submitted defense copy is acceptable for defense, and that they are able to be present for a defense on the date and time proposed below. A dissertation is acceptable for defense if it:

1) is complete and contains all text, data, tables, charts, maps, photographs, appendices, full references, citations as required by accepted standards of academic integrity.
2) Represents a finished scholarly product of the student's research in the appropriate format.
3) is free of obvious fatal flaws.

2. Major Professor

Department

(if applicable) sign the form, save and send as an attachment to Co-major Professor

3. Co-Major Professor

Department

After all major professors have signed the form, the form is to be saved and sent as an attachment to Inside Member Program Committee

4. Inside Member Program Committee

Department

Sign the form, save and send as an attachment to Outside Member

5. Outside Member Program Committee

Department

(if applicable) sign the form, save and send as an attachment to Additional Member

(if there are no additional committee members) sign the form, save and send as an attachment to Inside Defense Committee Member

6. Additional Member Program Committee

Department

(if applicable) sign the form, save and send as an attachment to Additional Member

7. Additional Member Program Committee

Department

After all additional members have signed the form, the form is to be saved and sent as an attachment to Defense Committee Member (inside)
The following persons signify that they are available to be present for a defense on the date and time proposed below and have agreed to serve in the defense committee. The outside defense committee member serves as the defense committee chair.

8. Defense Committee Member (Inside)  
Department  
Sign the form, save and send as an attachment to Defense Committee Chair (Outside)  

9. Defense Committee Chair (Outside)  
Department  

**Defense Committee Chair:** After electronically signing, this form should be saved in the following format using the student’s information: URIID_Lastname_firstname_SOD.pdf (ex: 1002xxx34_Smith_John_SOD.pdf) and sent as an attachment to the Department Chair/Graduate Director. The signature of the Chair signifies approval.

10. Acknowledgement of Department Chair / Graduate Director  
Department  

Form must be submitted for approval by Department Chair/Graduate Director. After electronically signing the form, please save and send as an attachment to the Graduate School at gradforms@eta.uri.edu as an attachment. Please write SOD in the subject line of the e-mail.

**Graduate School Use Only**

☐ Approved  ☐ Not Approved  

Graduate School Dean  Notes
Request to Schedule the Written Doctoral Comprehensive Exam

The University of Rhode Island Graduate School

Request to Schedule the Written Doctoral Comprehensive Examination

In accordance with department/program procedures and Section 7.5, 7.51, and 7.57 of the Graduate School Manual, permission is requested to schedule the written portion of the written comprehensive examination. This form must be completed and submitted to the Graduate School at least 10 business days prior to the examination start date.

Student Name

Department

URI ID

Program

Preferred E-mail

Specialization (if applicable)

Student Phone #

Written Exam Start Date

Student: Once you have completed the student section, please save the form in the following format, URI_Lastname_Firstname_WCE.pdf (ex: 1000xox34_Smith_John_WCE.pdf) and send it to the major professor as an attachment. Please type the names of the graduate faculty members who are proposed for the oral examining committee.

The following additional graduate faculty members are proposed for the Oral Examining Committee. They have indicated their willingness to serve and are available during the period in which the oral examination would take place. PLEASE NOTE: These members ARE NOT part of your Graduate Program Committee, but rather are the extra members making up your Oral Examining Committee.

Member from inside the student's area/department/program

Department

Typed name (no signature required)

Member from outside the student's area/department/program

Department

Typed name (no signature required)

We request that this examination take place during the week(s) of:

Student: Please fill in the names and e-mail addresses of your program committee members below. Please note that this information must match that on your previously approved form establishing your program committee.

<table>
<thead>
<tr>
<th>Major Professor</th>
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<tr>
<th>Co-major Professor (if applicable)</th>
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<th>Inside Committee Member</th>
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<th>Outside Committee Member</th>
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<th>Additional Committee Member (if applicable)</th>
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<th>Additional Committee Member (if applicable)</th>
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By signing, the Major Professor and Department Chair/Graduate Director are indicating the student has progressed in their program to the point at which they are ready to take the written comprehensive examination.

**Major Professor:** Once you have completed and electronically signed the form, send to the Department Chair/Graduate Director as an attachment.

<table>
<thead>
<tr>
<th>Major Professor</th>
<th>Department</th>
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**Department Chair/Graduate Director:** Once you have electronically signed the form, the file should be saved and sent as an attachment to gradforms@ets.uri.edu as an attachment. Please write RWC in the subject line of the e-mail. This form must be submitted by the Department Chair/Graduate Director.

<table>
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<th>Department Chair/ Graduate Director</th>
<th>Department</th>
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**Graduate School Use Only**

<table>
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<tr>
<th>Graduate School</th>
<th>Notes</th>
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Internship Eligibility Assessment

The following criteria represent the minimal requirements for internship eligibility. At the end of the Spring semester, the clinical faculty will review the clinical folders of students who plan to apply to internship in the fall. If all requirements are met, faculty will indicate approval using this form. The student will be notified of such in writing, and this form will be placed in the student’s clinical file. Faculty will provide conditional approval to students who meet all requirements with the exception of completion of comprehensive exams and/or approved dissertation proposal. If conditional approval is granted, the faculty will review the student’s credentials again in mid-October to ensure that all criteria for internship applications have been met. If all criteria have not been met by October 15th, the Program Director will not verify internship readiness on internship applications.

☐ Student meets or exceeds minimal standard on most recent annual student evaluation

☐ Student meets minimum competency for year of training on recent supervisor evaluations (80%) and the two most recent supervisor evaluations indicate that the student is ready for internship (Part II: Written Evaluation, Question 1 of the Supervisor Evaluation Form)

☐ Student successfully completes Master’s thesis (or research competency if entered program with Master’s degree)

☐ Student has successfully passed two PCC case conference presentations

☐ Student successfully passed both written and oral comprehensive exams by October 15th of the year in which the student plans to apply for internship

☐ Student’s dissertation proposal has been approved by the student’s program committee and submitted for IRB approval prior to October 15th of the year in which the student plans to apply for internship

☐ Student has no more than six credits of core coursework remaining

☐ Student completed an organized, sequential series of practicum experiences supervised by at least two different licensed clinical psychologists that involve formalized practicum experience in evidence-based assessment and therapy. At least one of the supervisors is a core faculty member in the doctoral program.

☐ Ratio of face-to-face (direct) hours to supervision is less than or equal to 4:1 (exceptions may be made in the case of students with a neuropsychology or other assessment focus)

☐ Student completed at least 450 direct hours of assessment/intervention and at least 150 hours of supervision by a licensed clinical psychologist who routinely employed one or more of the following intensive supervisory strategies (e.g., direct observation, co-therapy, audio/videotape review).

☐ Student has contributed to the scientific knowledge within psychology as evidenced by:
  o Submitting at least one article/chapter as author or co-author and
  o Presenting at least two papers/posters/workshops at regional, national, or international professional conferences or meetings

☐ All PCC paperwork is up-to-date

Full Approval:  Y  N
Conditional Approval:  Y  N
Conditions of Approval (if applicable):

Program Director’s signature
Nomination for Graduation – Master’s Degree

A nomination for graduation only needs to be submitted once. If the student does not graduate by the expected semester, then this nomination will be automatically forwarded to the next semester. Graduate students are expected to remain continuously enrolled until they have completed all requirements and have received their degrees. During summer sessions, enrollment is required only for students who plan to take courses, complete grades of incomplete, take comprehensive examinations, or to defend a thesis. Please see Section 4.40 of the Graduate School Manual for more information regarding continuous enrollment.

Student Name

URI ID

Preferred E-mail

Student Phone #

Department

Program

Specialization (if applicable)

Degree

Expected Graduation (Semester & Year)

Currently Registered for the following courses

Student: Once you have completed the form, save the file in the following format, URIID_Lastname_Firstname_MNG.pdf (ex: 1002xxx32_Smith_John_MNG.pdf) and send as an attachment to your major professor.

For MA/MS Only

☐ Thesis ☐ Non-Thesis

For Professional Master’s Degree Only

Professional Degree

The following list of requirements is meant to serve as a checklist to be sure each student has completed their entire program:

Thesis Option Only

1. Date of Establishment of a Program Committee

2. Program of Study Approval Date

3. Thesis Proposal Approval Date

4. Comprehensive Exam Expected/Completed Date (If Required in Addition to Thesis)

5. Required: Thesis Long Title (100 character maximum)

6. Required: Thesis Short Title (40 character maximum)

7. Thesis Defense (Date Completed or Expected)
Non-thesis Option Only

1. Program of Study Approval Date

2. Please list the number, title and semester of the course taken to fulfill the substantial paper requirement. If not applicable, write NA.
   Number  Title  Semester

3. Comprehensive Exam Date (if Required)

Major Professor: After completing and electronically signing the forms, please send a copy as an e-mail attachment the Department Chair/Graduate Director and copy-in (cc) the student.

1. Major Professor
   Department:

Please list the remaining requirements for the award of the degree:

Department Chair/Graduate Director: Someone other than the person who signed box 1 must provide the signature on box 2. After completing and electronically signing the forms, please send a copy as an attachment to gradforms@etal.uri.edu and copy-in (cc) the student. Please write MNG in the subject line of the e-mail.

2. Department Chair/Graduate Director
   Department:

Graduate School Use Only

- Processed

Graduate School

Notes
Nomination for Graduation – Doctoral Degree

A nomination for graduation only needs to be submitted once. If the student does not graduate by the expected semester, then this nomination will be automatically forwarded to the next semester. Graduate students are expected to remain continuously enrolled until they have completed all requirements and have received their degrees. During summer sessions, enrollment is required only for students who plan to take courses, complete grades of incomplete, take comprehensive examinations, or to defend a dissertation. Please see Section 4.40 of the Graduate School Manual for more information regarding continuous enrollment.

Student Name

Department

URI ID

Program

Preferred E-mail

Specialization

Student Phone #

(if applicable)

Degree

Expected Graduation

(Semester & Year)

Currently Registered for the following courses


Student: Once you have completed the form, save the file in the following format, URIID_Lastname_Firstname_GNM.pdf (ex: 10020032_Smith_John_GNM.pdf) and send as an attachment to your major professor.

The following list of requirements is meant to serve as a checklist to be sure each student has completed their entire program:

1. Date of Establishment of a Research Committee

2. Program of Study Approval Date

3. Dissertation Proposal Approval Date

4. Language and/or Research Tools: Indicate the tool and date taken in the spaces below (If Required)
   - Language 1
   - Language 2
   - Research Tool 1
   - Research Tool 2

5. Qualifying Examination (If Required)

6. Comprehensive Examination (Date Completed or Expected)
   - Written Portion
   - Oral Portion
7. Departmental Requirements, include date completed or expected
   Internship ☐ Completed ☐ Not Completed ☐ Not Required

8. Required: Dissertation Long
   Title (100-character maximum)

9. Required: Dissertation Short
   Title (40-character maximum)

10. Dissertation Defense (Date Completed or Expected)

**Major Professor:** After electronically signing, please send the form to the Department Chair/Graduate Director as an attachment. Please copy in (cc) the student on the e-mail.

1. Major Professor
   Department

**Please list the remaining requirements for the award of the degree:**

**Department Chair/Graduate Director:** Someone other than the person who signed box 1 must provide the Signature on box 2. After completing and electronically signing the form, please send a copy as an attachment to gradforms@etal.uri.edu and copy in (cc) the student on the e-mail. Please write DNM in the subject line of the e-mail.

2. Department Chair/
   Graduate Director
   Department

**Graduate School Use Only**

☐ Processed

Graduate School
**PSYCHOLOGY DEPARTMENT**

**TEACHING ASSISTANTSHIP EVALUATION: FACULTY PERSPECTIVE**

**Instructions:** This form is to be completed by faculty supervising assistantships. It should be completed at the end of the assistantship assignment and returned to the Department Chairperson. After completing the form, a final conversation between teaching assistant and supervisor should be held. The student and supervisor should sign the form indicating that the student has read the evaluation. This evaluation will be placed in the student’s file.

Assistantship: __________________________________________________________________________________

Please circle your response and provide comments to elaborate. (SA=strongly agree; A=agree; NS=not sure; D=disagree; SD=strongly disagree)

<table>
<thead>
<tr>
<th></th>
<th>SA</th>
<th>A</th>
<th>NS</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The quality of the TA’s work was satisfactory.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of primary responsibilities:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. The TA completed the agreed upon work on time.</td>
<td></td>
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</tr>
<tr>
<td>Comments:</td>
<td></td>
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<tr>
<td>3. The TA was responsive to supervisor requests and feedback.</td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
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<tr>
<td>4. The TA kept the agreed upon hours.</td>
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</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5. The quality of TA preparation and performance was satisfactory</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. This student’s work compared favorably to the work of other TA’s you have supervised.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Teaching Assistant    Date    Supervisor    Date
**PSYCHOLOGY DEPARTMENT**

**TEACHING ASSISTANTSHIP EVALUATION: STUDENT PERSPECTIVE**

**Instructions:** This form is to be completed by students holding assistantships. It should be completed at the end of each semester of the assistantship assignment and returned to the Department Chairperson. Faculty supervisors complete a companion form, and a final conversation between teaching assistant and supervisor is also required. All information reported here will be kept confidential, not used in any formal personnel evaluation, and only reported in summary form.

Date: __________________________

Assistantship type (check all that apply): ___ Administrative duties  
___ Full responsibility for teaching a section of a course  
___ Assisting a faculty instructor of a course

Please circle your response and provide comments to elaborate.  
(SA=strongly agree; A=agree; NS=not sure; D=disagree; SD=strongly disagree)

<table>
<thead>
<tr>
<th></th>
<th>SA</th>
<th>A</th>
<th>NS</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The general duties of the assistantship were clear</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Comments:</td>
<td></td>
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</tr>
<tr>
<td>2. The time demands of the assistantship were fair and on average within the 20-hour limit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. The expectations of the supervisor were made clear</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Comments:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4. Ongoing supervision was provided</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
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</tr>
<tr>
<td>5. Supervision was responsive to specific needs</td>
<td></td>
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</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Significant changes should be made in the duties and expectations for this assistantship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
**Supervisor Evaluation Form**

**SUPERVISOR EVALUATION FORM**
**URI CLINICAL PSYCHOLOGY PROGRAM**

<table>
<thead>
<tr>
<th>Student: __________________________</th>
<th>Date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Year in Program: ________</td>
<td>Placement: ____________________</td>
</tr>
<tr>
<td>Student’s Focus Area: ______________</td>
<td>Position Title: ________________</td>
</tr>
<tr>
<td>Course #: PSY ___________</td>
<td>Supervisor: ____________________</td>
</tr>
</tbody>
</table>

**PART 1: ASSESSMENT OF COMPETENCIES**

**Directions:** Please complete the following rubric by circling the description that best fits the trainee’s current level of skill per each competency. It is important to recognize that competencies are acquired at different rates. Some competencies may come slowly and later in professional development. Other more basic competencies may be expected and/or required to be achieved at a fully professional level very early in training.

**CLINICAL SKILL AND EVIDENCE-BASED TREATMENT**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Novice</th>
<th>Competent</th>
<th>Proficient</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C1. Develop basic clinical skills (e.g., ability to listen and be empathic with others, ability to communicate one’s ideas, feelings, and information, reflective skills, rapport building skills)</td>
<td>Successfully achieves 0-2 of the following: □</td>
<td>Successfully achieves 3-4 of the following: □</td>
<td>Successfully achieves all 5 of the following: □</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>□ Listens and is empathic with others</td>
<td>□ Clear and effective communication style</td>
<td>□ Demonstrates both verbal and non-verbal skills</td>
<td>□ Acknowledges and incorporates feedback from others</td>
</tr>
<tr>
<td>1C4. Demonstrate proficiency in identification of treatment goals</td>
<td>Sets treatment goals in which 0.3 of the following are evident: □</td>
<td>Sets treatment goals in which 4-6 of the following are evident: □</td>
<td>Sets treatment goals in which 7.8 of the following are evident: □</td>
<td>□</td>
</tr>
<tr>
<td>Goals:</td>
<td>□ Result from a comprehensive assessment</td>
<td>□ Are individualized and meaningful to client</td>
<td>□ Are set in collaboration with client</td>
<td>□ Are concrete, specific, and behavioral</td>
</tr>
<tr>
<td></td>
<td>□ Are realistic and achievable</td>
<td>□ Contain specific criteria for determining whether goals have been achieved</td>
<td>□ Are prioritized</td>
<td>□ Are modified over time</td>
</tr>
<tr>
<td>1A4. Use research literature in clinical decision-making</td>
<td>Limited awareness of need for evidence to support decision-making: performs scientific critique of the literature upon supervisor request</td>
<td>Intermediate awareness of need for evidence to support decision-making: independently performs scientific critique of the literature</td>
<td>Expert awareness of need for evidence to support decision-making: independently accesses and applies scientific knowledge appropriately and habitually to the solution of problems</td>
<td>□ □</td>
</tr>
</tbody>
</table>
### ASSESSMENT, DIAGNOSIS, AND CONCEPTUALIZATION

<table>
<thead>
<tr>
<th>Competency</th>
<th>Novice</th>
<th>Competent</th>
<th>Proficient</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B1. Demonstrate ability to formulate and apply diagnoses based on understanding and classifying psychopathology</td>
<td>Demonstrate limited ability to formulate and apply diagnoses based on understanding and classifying psychopathology</td>
<td>Demonstrates intermediate ability to formulate and apply diagnoses based on understanding and classifying psychopathology</td>
<td>Demonstrate nuanced ability to formulate and apply diagnoses based on understanding and classifying psychopathology</td>
<td></td>
</tr>
<tr>
<td>1B4. Demonstrate ability to integrate assessment data and write integrated reports</td>
<td>Demonstrates limited ability to accurately and consistently select, interpret, and integrate assessment data with client populations; Written reports evidence limited integration</td>
<td>Demonstrates intermediate ability to accurately and consistently select, interpret, and integrate assessment data with client populations; Written reports evidence sufficient integration</td>
<td>Demonstrates nuanced ability to accurately and consistently select, interpret, and integrate assessment data with client populations; Written reports evidence excellent integration</td>
<td></td>
</tr>
<tr>
<td>1C3. Possess understanding of and skill in case conceptualization</td>
<td>Case conceptualizations typically include 0-2 of the following: Link presenting problem to a set of treatment goals; Based on well formulated theory; Help to understand the case as a whole; Used to guide treatment decisions; Include recognition of client strengths and weaknesses; Shared with client</td>
<td>Case conceptualizations typically include 3-4 of the following:</td>
<td>Case conceptualizations typically include 5-6 of the following:</td>
<td></td>
</tr>
<tr>
<td>1C5. Acquire knowledge and skill in assessment of treatment progress and outcome</td>
<td>Limited knowledge of methods to examine intervention progress and outcomes; either minimal attempts at assessment of progress or outcome or assessment occurs only under supervisory direction</td>
<td>Intermediate knowledge of methods to examine intervention progress and outcomes; uses methods to assess outcomes under minimal supervisory direction</td>
<td>Sophisticated knowledge of methods to examine intervention progress and outcomes; independently uses methods to assess outcomes</td>
<td></td>
</tr>
</tbody>
</table>
### PROFESSIONALISM

<table>
<thead>
<tr>
<th>Competency</th>
<th>Novice</th>
<th>Competent</th>
<th>Proficient</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A1. Display and understand own ethical attitudes, values, and behaviors</td>
<td>Demonstrates openness to considering own attitudes and core professional values; begins to identify situations that challenge professional values.</td>
<td>Demonstrates intermediate understanding of own attitudes and core professional values; seeks consultation to correct situations that are in conflict with professional values.</td>
<td>Understands, adheres to, and articulates core professional values; continually monitors and takes independent action to correct situations that are in conflict with professional values.</td>
<td></td>
</tr>
<tr>
<td>2B. Learn the habit of and skill for self-evaluation of clinical work</td>
<td>Demonstrates growing awareness of clinical competencies for professional training; evaluates own performance in relation to clients and colleagues with prompting, structure, and guidance.</td>
<td>Demonstrates intermediate awareness of clinical competencies for professional training; systematically and effectively monitors own performance across various clinical domains in relation to clients and colleagues.</td>
<td>Demonstrates excellent awareness of clinical competencies for professional training; accurately assesses own strengths and weaknesses (assessment comes close to supervisor’s) across clinical domains; seeks to prevent or ameliorate impact on professional functioning.</td>
<td></td>
</tr>
<tr>
<td>2B3. Use resources for professional development (supervision, literature, consultation)</td>
<td>Demonstrated evidence of using only 1 of the following resources: Weekly supervision, Consultation, Books, Treatment manuals, Journal articles, Conference attendance, Other means.</td>
<td>Demonstrated evidence of using 2-3 of the following resources:</td>
<td>Demonstrated evidence of using 4 or more of the following resources:</td>
<td></td>
</tr>
</tbody>
</table>

| Responsiveness to policies, procedures, and regulations of organizational setting | Generally responsive to due dates of progress notes and reports; complies with policies, procedures, and regulations. | Completes progress notes and reports in timely fashion; articulates approved organizational policies, procedures, and regulations. | Anticipates and responds promptly to organizational demands; participates in the development of policies, procedures, and regulations. |        |

### ETHICAL AND LEGAL STANDARDS

<table>
<thead>
<tr>
<th>Competency</th>
<th>Novice</th>
<th>Competent</th>
<th>Proficient</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A1. Demonstrate understanding of legal issues related to the practice of psychology (e.g., child abuse, HIPAA, confidentiality, informed consent)</td>
<td>Demonstrates basic understanding of legal issues; identifies basic legal issues with guidance; developing ability to analyze them.</td>
<td>Demonstrates intermediate understanding of legal issues; independently identifies legal issues; analyzes them accurately with the support of supervision and/or consultation.</td>
<td>Demonstrates sophisticated understanding of legal issues; spontaneously and reliably identifies complex legal issues; analyzes them accurately and proactively addresses them.</td>
<td></td>
</tr>
</tbody>
</table>
2A2. Possess knowledge of ethical principles, ethical decision-making model, and APA Ethics Code

<table>
<thead>
<tr>
<th>Competency</th>
<th>Novice</th>
<th>Competent</th>
<th>Proficient</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A1. Understand and reflect on own cultural identities in relation to work with others</td>
<td>Demonstrates preliminary understanding of one’s own dimensions of diversity and attitudes towards diverse others; needs prompting and structure to apply knowledge of self as a cultural being to clinical work</td>
<td>Demonstrates intermediate understanding of one’s own dimensions of diversity and attitudes towards diverse others; independently applies knowledge of self as a cultural being to clinical work</td>
<td>Demonstrates nuanced understanding of one’s own dimensions of diversity and attitudes towards diverse others; regularly uses knowledge of cultural self to monitor and improve effectiveness in clinical work with others</td>
<td></td>
</tr>
<tr>
<td>3A3. Understand how culture impacts assessment, treatment, and research hypotheses</td>
<td>Demonstrates limited awareness of impact of culture on assessment, treatment, and research hypotheses; applies knowledge of culture in assessment, treatment, and research hypotheses with guidance and structure</td>
<td>Demonstrates intermediate awareness of impact of culture on assessment, treatment, and research hypotheses; independently applies knowledge of culture in assessment, treatment, and research hypotheses</td>
<td>Demonstrates nuanced awareness of impact of culture on assessment, treatment, and research hypotheses; independently articulates, understands and monitors impact of culture on assessment, treatment, and research hypotheses; regularly initiates consultation or supervision about impact of culture</td>
<td></td>
</tr>
<tr>
<td>3A4. Acquire clinical skills to work with individuals of diverse backgrounds</td>
<td>Demonstrates limited ability to adapt one’s professional behavior in a culturally sensitive manner that improves client outcomes and avoids harm</td>
<td>With minimal guidance, adapts one’s professional behavior in a culturally sensitive manner that improves client outcomes and avoids harm</td>
<td>Habitually monitors and adapts one’s professional behavior in a culturally sensitive manner that improves client outcomes and avoids harm</td>
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</tr>
</tbody>
</table>

**Clinical Psychology Manual**

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**PART II: WRITTEN EVALUATION**

1. Is this student ready for internship? ☐ Y ☐ N

2. In your work with this student therapist, was there a concern of a serious nature to be brought to the attention of the student’s clinical advisor? ☐ Y ☐ N

3. If, for any reason, you would like the student’s clinical advisor to contact you directly, please provide your contact information below. If you do not wish to be contacted, leave blank.

Contact Information: ____________________________
4. Strengths and Assets: Please specify the student’s main clinical strengths and assets, including discussion of areas in which the student has shown growth and/or improvement.

5. Areas in Need of Improvement / Recommendations for Future Training: Please specify the areas in which the student most needs to improve. Please provide recommendations for future clinical training (e.g., type of client, type of clinical activity, type of supervision).

6. Supervision: Response to supervision (e.g., response to supervision, attitude toward supervision, ability to receive constructive feedback, etc.).

7. Additional Comments:

Student Signature: ___________________________ Date: ___________________________

Site Supervisor’s Signature: ___________________________ Date: ___________________________

Faculty Supervisor Signature: ___________________________ Date: ___________________________

For Administrative Use Only

<table>
<thead>
<tr>
<th>Goal 1:</th>
<th>Goal 2:</th>
<th>Goal 3:</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS /12=</td>
<td>Pro /9=</td>
<td>CID /9=</td>
<td>TOT /48=</td>
</tr>
<tr>
<td>ADC /12=</td>
<td>ELS /9=</td>
<td></td>
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</tr>
</tbody>
</table>

*Percentages are calculated by dividing the total number of points credited (novice = 1, competent = 2, proficient = 3) by the total number possible. If an item is marked as “Unable to Judge,” that item should be subtracted from the overall percentage. Expected percentages are 40%, 60%, 70%, 80% for years 1, 2, 3, 4, respectively. Readiness for internship assumes 80%.
Student Self-Assessment of Clinical Competencies

STUDENT SELF ASSESSMENT OF CLINICAL COMPETENCIES
URI CLINICAL PSYCHOLOGY PROGRAM

Student: __________________________ Date: __________________________

Student’s Year in Program: __________________ Placement: __________________

Student’s Focus Area: __________________ Position Title: __________________

Course #: PSY __________________ Supervisor: __________________

PART 1: ASSESSMENT OF COMPETENCIES

Directions: Please complete the following rubric by circling the description that best fits what you believe to be your current level of skill per each competency. It is important to recognize that competencies are acquired at different rates. Some competencies may come slowly and later in professional development. Other more basic competencies may be expected and/or required to be achieved at a fully professional level very early in training. After completion, please share this form with your clinical supervisor. You and your supervisor will review and discuss your responses, after which both of you will sign the form. Please return the completed signed form to the Graduate Secretary.

CLINICAL SKILL AND EVIDENCE-BASED TREATMENT

<table>
<thead>
<tr>
<th>Competency</th>
<th>Novice</th>
<th>Competent</th>
<th>Proficient</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C1. Develop basic clinical skills (e.g., ability to listen and be empathic with others, ability to communicate one’s ideas, feelings, and information, reflective skills, rapport building skills)</td>
<td>Successfully achieves 0-2 of the following: ☐</td>
<td>Successfully achieves 3-4 of the following: ☐</td>
<td>Successfully achieves all 5 of the following: ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐ Listens and is empathic with others</td>
<td>☐ Clear and effective communication style</td>
<td>☐ Demonstrates both verbal and non-verbal skills</td>
<td>☐ Forms effective therapeutic alliance with clients</td>
</tr>
<tr>
<td>1C4. Demonstrate proficiency in identification of treatment goals</td>
<td>Sets treatment goals in which 0-3 of the following are evident: ☐</td>
<td>Sets treatment goals in which 4-6 of the following are evident: ☐</td>
<td>Sets treatment goals in which 7-8 of the following are evident: ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐ Goals: Result from a comprehensive assessment</td>
<td>☐ Are individualized and meaningful to client</td>
<td>☐ Are set in collaboration with client</td>
<td>☐ Are concrete, specific, and behavioral</td>
</tr>
<tr>
<td>1A4. Use research literature in clinical decision-making</td>
<td>Limited awareness of need for evidence to support decision-making; performs scientific critique of the literature upon supervisor request</td>
<td>Intermediate awareness of need for evidence to support decision-making; independently performs scientific critique of the literature</td>
<td>Expert awareness of need for evidence to support decision-making; independently accesses and applies scientific knowledge appropriately and habitually to the solution of problems</td>
<td>☐</td>
</tr>
<tr>
<td>Competency</td>
<td>Novice</td>
<td>Competent</td>
<td>Proficient</td>
<td>Unable to Judge</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>1D2. Demonstrate evidence of ability to engage in professional practice in the area of focus (multicultural, health, neuropsychology, research methodology, child/family/developmental psychology)</td>
<td>Novice level of skill in professional practice in my area of focus</td>
<td>Sufficient level of skill in professional practice in my area of focus</td>
<td>Excellent level of skill in professional practice in my area of focus</td>
<td></td>
</tr>
<tr>
<td>Use of empirically-supported interventions</td>
<td>Articulates awareness of theoretical or empirical basis of intervention and some general strategies</td>
<td>Applies specific evidence-based interventions</td>
<td>Independently and effectively implements a typical range of empirically-supported intervention strategies appropriate to practice setting; independently recognizes and manages special circumstances</td>
<td></td>
</tr>
</tbody>
</table>

**ASSESSMENT, DIAGNOSIS, AND CONCEPTUALIZATION**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Novice</th>
<th>Competent</th>
<th>Proficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E1. Demonstrate ability to formulate and apply diagnoses based on understanding and classifying psychopathology</td>
<td>Demonstrate limited ability to formulate and apply diagnoses based on understanding and classifying psychopathology</td>
<td>Demonstrates intermediate ability to formulate and apply diagnoses based on understanding and classifying psychopathology</td>
<td>Demonstrate nuanced ability to formulate and apply diagnoses based on understanding and classifying psychopathology</td>
</tr>
<tr>
<td>1E4. Demonstrate ability to integrate assessment data and write integrated reports</td>
<td>Demonstrates limited ability to accurately and consistently select, interpret, and integrate assessment data with client populations; Written reports evidence limited integration</td>
<td>Demonstrates intermediate ability to accurately and consistently select, interpret, and integrate assessment data with client populations; Written reports evidence sufficient integration</td>
<td>Demonstrates nuanced ability to accurately and consistently select, interpret, and integrate assessment data with client populations; Written reports evidence excellent integration</td>
</tr>
<tr>
<td>1C3. Possess understanding of and skill in case conceptualization</td>
<td>Case conceptualizations typically include 0-2 of the following:</td>
<td>Case conceptualizations typically include 3-4 of the following:</td>
<td>Case conceptualizations typically include 5-6 of the following:</td>
</tr>
<tr>
<td></td>
<td>Link presenting problem to a set of treatment goals;</td>
<td>Link presenting problem to a set of treatment goals;</td>
<td>Link presenting problem to a set of treatment goals;</td>
</tr>
<tr>
<td></td>
<td>Based on well formulated theory;</td>
<td>Based on well formulated theory;</td>
<td>Based on well formulated theory;</td>
</tr>
<tr>
<td></td>
<td>Help to understand the case as a whole;</td>
<td>Help to understand the case as a whole;</td>
<td>Help to understand the case as a whole;</td>
</tr>
<tr>
<td></td>
<td>Used to guide treatment decisions;</td>
<td>Used to guide treatment decisions;</td>
<td>Used to guide treatment decisions;</td>
</tr>
<tr>
<td></td>
<td>Include recognition of client strengths and weaknesses;</td>
<td>Include recognition of client strengths and weaknesses;</td>
<td>Include recognition of client strengths and weaknesses;</td>
</tr>
<tr>
<td></td>
<td>Shared with client</td>
<td>Shared with client</td>
<td>Shared with client</td>
</tr>
<tr>
<td>1C5. Acquire knowledge and skill in assessment of treatment progress and outcome</td>
<td>Limited knowledge of methods to examine treatment progress and outcomes; either minimal attempts at assessment of progress or outcome or assessment occurs only under supervisory direction</td>
<td>Intermediate knowledge of methods to examine treatment progress and outcomes; uses methods to assess outcomes under minimal supervisory direction</td>
<td>Sophisticated knowledge of methods to examine treatment progress and outcomes; independently uses methods to assess outcomes</td>
</tr>
</tbody>
</table>
### PROFESSIONALISM

<table>
<thead>
<tr>
<th>Competency</th>
<th>Novice</th>
<th>Competent</th>
<th>Proficient</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A3. Display and understand own ethical attitudes, values, and behaviors</td>
<td>Demonstrates openness to considering own attitudes and core professional values; begins to identify situations that challenge professional values</td>
<td>Demonstrates intermediate understanding of own attitudes and core professional values; seeks consultation to correct situations that are in conflict with professional values</td>
<td>Understands, adheres to, and articulates core professional values; continually monitors and takes independent action to correct situations that are in conflict with professional values</td>
<td></td>
</tr>
<tr>
<td>2B2. Learn the habit of and skill for self-evaluation of clinical work</td>
<td>Demonstrates growing awareness of clinical competencies for professional training; evaluates own performance in relation to clients and colleagues with prompting, structure, and guidance</td>
<td>Demonstrates intermediate awareness of clinical competencies for professional training; systematically and effectively monitors own performance across various clinical domains in relation to clients and colleagues</td>
<td>Demonstrates excellent awareness of clinical competencies for professional training; accurately assesses own strengths and weaknesses (assessment comes close to supervisor’s) across clinical domains; seeks to prevent or ameliorate impact on professional functioning</td>
<td></td>
</tr>
</tbody>
</table>
| 2B3. Use resources for professional development (supervision, literature, consultation) | Use of only 1 of the following resources:  
- Weekly supervision  
- Consultation  
- Books  
- Treatment manuals  
- Journal articles  
- Conference attendance  
- Other means | Use of 2-3 of the following resources:  
- Weekly supervision  
- Consultation  
- Books  
- Treatment manuals  
- Journal articles  
- Conference attendance  
- Other means | Use of 4 or more of the following resources:  
- Weekly supervision  
- Consultation  
- Books  
- Treatment manuals  
- Journal articles  
- Conference attendance  
- Other means |                |
| Responsive to policies, procedures, and regulations of organizational setting | Generally responsive to due dates of progress notes and reports; complies with policies, procedures, and regulations | Completes progress notes and reports in timely fashion; articulates approved organizational policies, procedures, and regulations | Anticipates and responds promptly to organizational demands; participates in the development of policies, procedures, and regulations |                |

### ETHICAL AND LEGAL STANDARDS

<table>
<thead>
<tr>
<th>Competency</th>
<th>Novice</th>
<th>Competent</th>
<th>Proficient</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A1. Demonstrate understanding of legal issues related to the practice of psychology (e.g., child abuse, HIPAA, confidentiality, informed consent)</td>
<td>Demonstrates basic understanding of legal issues; identifies basic legal issues with guidance; developing ability to analyze them</td>
<td>Demonstrates intermediate understanding of legal issues; independently identifies legal issues; analyzes them accurately with the support of supervision and/or consultation</td>
<td>Demonstrates sophisticated understanding of legal issues; spontaneously and reliably identifies complex legal issues; analyzes them accurately and proactively addresses them</td>
<td></td>
</tr>
</tbody>
</table>
### CULTURAL AND INDIVIDUAL DIVERSITY

<table>
<thead>
<tr>
<th>Competency</th>
<th>Novice</th>
<th>Competent</th>
<th>Proficient</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A2. Possess knowledge of ethical principles, ethical decision-making model, and APA Ethics Code</td>
<td>Possesses limited understanding of ethical principles, ethical decision-making model, and APA Ethical Principles and Code of Conduct</td>
<td>Possesses intermediate understanding of ethical principles, ethical decision-making model, and APA Ethical Principles and Code of Conduct</td>
<td>Possesses sophisticated understanding of ethical principles, ethical decision-making model, and APA Ethical Principles and Code of Conduct</td>
<td></td>
</tr>
</tbody>
</table>

#### PART II: WRITTEN EVALUATION

1. I am ready for internship?  □ Y  □ N

2. Strengths and Assets: Please specify your main clinical strengths and assets, including discussion of areas in which you have shown growth and/or improvement.

---

Clinical Psychology Manual
URI © 2003 - 2014 99
3. Areas in Need of Improvement / Recommendations for Future Training: Please specify the areas in which you feel you must need to improve. Please detail your goals for future clinical training (e.g., type of client, type of clinical activity, type of supervision).

4. Supervision: Please comment on your response to supervision (e.g., attitude toward supervision, ability to receive constructive feedback, etc.).

5. Additional Comments:

Student Signature: ___________________________ Date: ___________________________
Site Supervisor’s Signature: ___________________________ Date: ___________________________
Faculty Supervisor Signature: ___________________________ Date: ___________________________

For Administrative Use Only

<table>
<thead>
<tr>
<th>Goal 1:</th>
<th>Goal 2:</th>
<th>Goal 3:</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS/ADC</td>
<td>Pro/ELS</td>
<td>CID/9</td>
<td>TOT/48</td>
</tr>
</tbody>
</table>

*Percentages are calculated by dividing the total number of points credited (novice = 1, competent = 2, and proficient = 3) by the total number possible. If an item is marked as “Unable to Judge,” that item should be subtracted from the overall percentage. Expected percentages are 40%, 60%, 70%, 80% for years 1, 2, 3, 4, respectively. Readiness for internship assumes 80%.
### Practicum Hours

**Name:**

**Site:**

**Site Supervisor:**

**PRACTICUM HOURS**

<table>
<thead>
<tr>
<th>Inclusive dates: from</th>
<th>to</th>
</tr>
</thead>
</table>

**Course #:** PSY

**Semester and Yr:**

<table>
<thead>
<tr>
<th>Practicum Site Hours</th>
<th>This Week</th>
<th>+ Prior Total</th>
<th>Semester Total</th>
</tr>
</thead>
</table>

#### 1. Intervention Experience

- **a. Individual Therapy**
  - Older Adults (65+)
  - Adults (18-64)
  - Adolescents (13-17)
  - School-Age (6-12)
  - Pre-School Age (3-5)
  - Infants/Toddlers (0-2)

- **b. Career Counseling**
  - Adults
  - Adolescents
  - Group Counseling
  - Adults
  - Adolescents (13-17)
  - Children (12 and under)

- **c. Family Therapy**

- **d. Couples Therapy**

- **e. School Counseling Interventions**
  - Consultation
  - Direct Intervention
  - Other

- **g. Other Psychological Interventions**
  - 1. Sports Psych/Perf. Enhancement
  - 2. Medical/Health-Related
  - 3. Intake Interview/Structured Interview
  - 4. Substance Abuse Interventions
  - 5. Consultation
  - 6. Other Interventions (e.g., in planning w/patient)

- **h. Other Psych Experience with Students and/or Organ.**
  - 1. Supervision of other students
  - 2. Program Development/Outreach Programming
  - 3. Outcome Assessment of programs or projects
  - 4. Systems Interv./Org. Consult/Perf. Improvement
  - 5. Other (specify: )

**TOTAL INTERVENTION HOURS (a-e)**

#### 2. Psychological Assessment Experience

- **1. Psychodiagnostic test administration and feedback†**
- **2. Neuropsych Assessment* **
- **3. Other (specify: )**

**TOTAL ASSESSMENT HOURS**

#### 3. Supervision Received

- **a. Individual Supervision by Licensed Psychologist**
- **b. Group Supervision by Licensed Psychologist**
- **c. Indiv. Sup. by Licensed Allied Mnt. Health Professional**
- **d. Group Sup. by Licensed Allied Mnt. Health Professional**
- **e. Other Superv. (e.g., advanced grad student) - Indiv.**
- **f. Other Superv. (e.g., advanced grad student) - Group**

**TOTAL SUPERVISION HOURS - INDIVIDUAL**

**TOTAL SUPERVISION HOURS - GROUP**

#### 4. Support Activities‡

**TOTAL SUPPORT ACTIVITIES**

†Includes sx assessment; projective; personality; objective measures; achievement; intelligence; career assessment

*Includes intellectual assessment only when administered in context of neuropsych assessment

‡Includes case conferences; case management; didactic training/seminars; progress notes; chart review; psych assessment scoring, interpretation, and report-writing; video/audio recording review

---

**Student/Date:**

**Site Supervisor/Date:**

**Faculty Supervisor/Date:**

Rev 1/09
Practicum Hours: Part 2

Student Name: ___________________________ Inclusive dates: __________ to __________
Site: ___________________________ Site Supervisor: ___________________________

Directions: Please indicate the number of clients for each of the following diverse populations. You may include a single client in more than one category and/or more than one column, as appropriate. For families, couples, and/or groups, please count each individual as a separate client.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of Different Clients Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
</tr>
<tr>
<td>African-American/Black/African Origin</td>
<td></td>
</tr>
<tr>
<td>Asian-American/Asian Origin/Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Latino/a/Hispanic</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native/Aboriginal Canadian</td>
<td></td>
</tr>
<tr>
<td>European Origin/White</td>
<td></td>
</tr>
<tr>
<td>Bi-racial/Multiracial</td>
<td></td>
</tr>
<tr>
<td>Other (Specify: )</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Number of Different Clients Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please indicate only when known.)</td>
<td>Intervention</td>
</tr>
<tr>
<td>Heterosexual</td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td></td>
</tr>
<tr>
<td>Lesbian</td>
<td></td>
</tr>
<tr>
<td>Bisexual</td>
<td></td>
</tr>
<tr>
<td>Other (Specify: )</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disabilities</th>
<th>Number of Different Clients Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
</tr>
<tr>
<td>Physical/Orthopedic Disability</td>
<td></td>
</tr>
<tr>
<td>Blind/Visually Impaired</td>
<td></td>
</tr>
<tr>
<td>Deaf/Hard of Hearing</td>
<td></td>
</tr>
<tr>
<td>Learning/Cognitive Disability</td>
<td></td>
</tr>
<tr>
<td>Developmental Disability (including Mental Retardation and Autism)</td>
<td></td>
</tr>
<tr>
<td>Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders that significantly interfere with adaptive functioning)</td>
<td></td>
</tr>
<tr>
<td>Other (Specify: )</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Different Clients Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
</tr>
</tbody>
</table>
Guidelines for Psychological Consultation Center (PCC) Case Presentations
Clinical Psychology Program
University of Rhode Island

The Clinical Psychology Program requires the successful completion of two case conference presentations. In most cases, students will complete the first case presentation during their second year and the second case presentation during their third year. Typically, these presentations take place during the regularly scheduled PCC meetings. Students may choose either a client who is being or was seen in a practicum in the PCC or a client seen in an outside placement. In addition, it is a great idea for students to invite their clinical supervisor to the case presentation. Successful completion of the first presentation is required for a student to complete an externship during the academic year (students may complete a summer externship without having completed the first case presentation). Successful completion of the second presentation is a prerequisite for internship applications.

The presentations are evaluated by a case presentation evaluation committee composed of at least three members of the clinical faculty. The evaluation committee will use the Clinical Case Conference Evaluation Rubric (revised 5/2010). In addition, the student will be asked to rate him/herself using the same form in order to provide a self-evaluation. Evaluator- and student-completed forms will be co-signed and placed in the student's clinical file. All case presentations will be videotaped.

Case presentations are expected to be between 25 and 35 minutes in total. You will present your case for approximately 15-20 minutes, leaving an additional 10 to 15 minutes for audience discussion, clarifications, and feedback. Powerpoint presentations are encouraged but not required.

The client’s name should be fictitious; however, all other client data should be real unless there is a danger of violating the client’s confidentiality. In that case, any potentially identifying information should be changed.

Sample Outline

I. Referral and identifying information: Referral source, age, gender, ethnicity, marital status, religion, sexual orientation, family composition, living arrangements, occupation, education level, and other essential information

II. Presenting problem: A brief description of why the client sought help, information on timing (i.e., why now?), significant events leading to the referral, client’s perceptions of his/her problems and how they relate to his/her life

III. Behavioral observations and mental status: Client’s appearance, dress, style of presentation and/or speech, interpersonal presentation, mood and affect, cognitive functioning, etc.

IV. Brief history – Personal, Social, Family, Mental Health, and Medical: Description of childhood/adolescence, adulthood including marriage, children, other relationships, work history, history of family, medical, and psychological problems, chronic illnesses or complaints, hospitalizations, medications, substance use, high risk behaviors, etc.
V. Diagnoses: Diagnostic assessments, DSM five axes diagnoses, discussion of differential diagnoses

VI. Case conceptualization: Formulation about the salient factors involved in the case (e.g., cultural values, how the client processes cognitive and emotional information, handles emotional reactions, behaves in a variety of settings, embraces values and beliefs, navigated developmental issues, family dynamics, views him/herself, client strengths, readiness for change)

VII. Treatment goals and plan: Identify the goals of treatment (short and long-term), initial treatment plan and rationale, and modifications to the plan as treatment progressed; note treatment alternatives (what other treatment approach/technique might you have chosen, if applicable); note how client was involved in treatment planning; briefly note or discuss the empirical support for your treatment approach

VIII. Course of treatment: Summarize the treatment to date, review mid-treatment assessments and how that data guided treatment; describe progress in treatment as it relates to treatment plan

IX. Summary, conclusions, and recommendations: Summarize present status of case; present post-treatment assessment data when available; note what are you proud of, what has gone well, what did not go well, what resources you used to enhance your work with this case, what might be improved in your work with this case, on what questions would you like feedback from audience; note ethical, legal, and cultural considerations (alternatively, these may be noted throughout the presentation)

X. Didactic component: One of the purposes of case presentations is to make known to students clinical resources of which they might otherwise be unaware. Please provide two readings related to your case – at least one should be empirical in nature. The readings may be presented in hard copy at the case conference or e-mailed to the clinpsy listserv beforehand.

**Tips for Success**

 ✓ Forget, for the moment, that you are in the PCC and pretend that you are presenting a case in a clinical grand rounds. The case presentation should be professional in tone and content. Similarly, you may wish to dress as you would if you were presenting a case before an audience of professionals.

 ✓ One of the most difficult skills to master in a case presentation of this nature is to figure out how to narrow down the vast amount of information that each case presents. Your goal is to be concise but thorough. You will need to distill the most essential information and ignore minor or unimportant details. Teasing apart the important and relevant from the unnecessary will not always be easy – it is a skill to be developed.

 ✓ A good case conference presentation presents identifying client information and presenting problem along with the rationale for the choice of therapy or approach to treatment. Given that students in the PCC are placed into practica teams with singular theoretical approaches to treatment, students often neglect to identify how and why treatment approaches and strategies were selected. That is, even though a student is on the CBT team, he/she should describe how and why CBT was a good approach for treating this particular individual. If another theoretical
approach might have been called to mind for a particular client, you should briefly discuss this while noting that the team assignment ultimately dictated the approach to treatment.

✓ Try to avoid reading the slides. If you get nervous during presentations and know that you may be tempted, the solution is to put very few words on the slides. That is, use sentence fragments and leave out some facts (that you will present orally but not put on the slides). This strategy (presenting additional information orally) serves to better hold the audience’s attention.

✓ An essential component of good clinical treatment is assessment. As you can see on the evaluation form, (1) the ability to integrate assessment data and (2) knowledge and skill in the assessment of treatment progress and outcome are valued competencies in our program. Assessment should be integrated into the treatment of every case – regardless of in what practicum you are placed. If you are treating clients and have not used a formal or empirically-supported assessment before, during, or after treatment, you should be asking yourself “Why not?” Pre-treatment assessment information should be discussed relative to its use in choosing, designing, and/or refining your treatment. Assessments during the course of therapy should be used to justify changes or modifications to treatment techniques or strategies. It is not good practice to justify such changes based on a “gut” feeling. Demonstrate that you have made data-driven treatment decisions.

✓ The best case presentations are presented in chronological order. It is often difficult or confusing to follow the treatment of a case when important information is presented out of order. For example, you may not wish to begin the presentation with how the case ended, rather, it may be better to leave that for the big finish! Similarly, try not to present information relevant to diagnoses late in the presentation (as you describe the treatment progress, for example).

✓ Be sure to note the ethical issues that were brought to the fore with your case. It is not sufficient to say that there were no ethical issues that arose during treatment. Every case involves ethics.

✓ A general rule of thumb is that your case presentation will be too lengthy if you have more than 15 slides. This is not to say that 15 is a magic number; rather, it is probably an upper limit. In reality, it depends upon how much information is on each slide and how long you spend on each.

✓ Please include a discussion of differential diagnoses. Your thinking behind your diagnosis should be clear and you should discuss other disorders considered, and if other diagnoses were ruled out, note why they were ruled out.

✓ One of the most important tips for a successful case conference presentation is practice, practice, practice. You will need to balance presenting too much information with too little. The only way to know if you’ve hit the mark is to run through the presentation, preferably with a practice audience, to determine if your organization and level of detail is sufficient. You should have your current supervisor (or the supervisor of the case you are presenting) provide you with feedback on your case presentation prior to the scheduled presentation date. This will require that you prepare your case presentation well in advance of your scheduled date.

✓ As you prepare your case presentation, think ahead to the discussion. Try to anticipate the types of questions that might be asked and consider your responses. This will enable you to do your best in responding to audience questions and comments.
Scoring of Presentation

The Clinical Case Conference Evaluation Rubric is composed of two parts. Part A allows the rater to evaluate a student on clinical competencies (e.g., case conceptualization, formulation of diagnoses, integration of assessment data). For each competency, behavioral descriptions clearly delineate what “does not meet standard,” “meets standard,” and “exceeds standard.” A competency may also be rated as “not applicable.” Part B allows the rater to evaluate a student’s presentation skills (e.g., voice quality, holds audience attention). Eight items are rated on a scale of 1 (not very successful) to 5 (superior). An item may be rated as “not applicable.” To pass the case conference, a student must meet the standard on 90% of all items (excluding items rated as “not applicable”) in Part A AND receive an average rating of 3 on Part B. Case conference evaluation members’ ratings will be averaged (e.g., average percent meeting competency on Part A and average rating on Part B) to determine whether or not a student has received a passing grade. If only one case evaluation committee member is present during the actual presentation, a second committee member will review and rate the videotaped presentation.

If You Are Asked To Do Another Presentation

Have no worries. You are not the first to be asked to do another case presentation. The case presentation is a skill to be learned and, as everyone knows, practice improves skill. Please view the opportunity as another occasion to improve and perfect this skill. The Director of the PCC will work with you to schedule a date for another presentation. Due to scheduling constraints, your presentation may need to occur within the following academic year. You may not present the same case.
CLINICAL CASE CONFERENCE EVALUATION RUBRIC

Student Name: _____________________________ Date:  _______________________________
Year in Program: __________________________ Evaluator:  ___________________________
Focus Area:  _______________________________ Evaluators present at presentation:  ________
Presentation Number:    First   Second    Third

PART A:  CLINICAL COMPETENCIES
Student must meet the standard on 90% of items, excluding items “Not applicable,” to receive a pass on the case presentation.

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>DOES NOT MEET STANDARD</th>
<th>MEETS STANDARD</th>
<th>EXCEEDS STANDARD</th>
<th>NOT APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASE CONCEPTUALIZATION AND DIAGNOSES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clearly states presenting problem</td>
<td>Presenting problem is not presented or not clearly articulated; several important problem characteristics are omitted (but prompted by audience questioning)</td>
<td>Presenting problem is sufficiently presented; minor details are neglected (but prompted by audience questioning)</td>
<td>Presenting problem is very clearly presented; relevant details are presented</td>
<td></td>
</tr>
<tr>
<td>1C3: Possess understanding of and skill in case conceptualization</td>
<td>Case conceptualization includes 0-2 of the following:</td>
<td>Case conceptualization includes 3-4 of the following:</td>
<td>Case conceptualization includes 5-6 of the following:</td>
<td></td>
</tr>
<tr>
<td>1B1: Formulate and apply diagnoses based on understanding and classifying psychopathology</td>
<td>Demonstrates limited ability to formulate and apply diagnoses based on understanding and classifying psychopathology;</td>
<td>Demonstrates beginning to intermediate ability to formulate and apply diagnoses based on understanding and classifying psychopathology;</td>
<td>Demonstrates nuanced ability to formulate and apply diagnoses based on understanding and classifying psychopathology;</td>
<td></td>
</tr>
<tr>
<td>Formulate differential diagnoses</td>
<td>No differential diagnoses presented OR Differential diagnoses demonstrate a limited understanding of psychopathology</td>
<td>Differential diagnoses demonstrate an intermediate understanding of psychopathology</td>
<td>Differential diagnoses demonstrate a nuanced understanding of psychopathology</td>
<td></td>
</tr>
<tr>
<td>ASSESSMENT AND TREATMENT CONSIDERATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B4: Demonstrate ability to integrate assessment data</td>
<td>Demonstrates limited ability to accurately select, interpret, and integrate assessment data into work with client OR No integration of assessment data</td>
<td>Demonstrates beginning to intermediate ability to accurately select, interpret, and integrate assessment data into work with client</td>
<td>Demonstrates nuanced ability to accurately select, interpret, and integrate assessment data into work with client</td>
<td></td>
</tr>
<tr>
<td>Present theory and/or rationale behind treatment approach</td>
<td>Insufficient presentation of theory and/or rational behind treatment approach</td>
<td>Presentation details theory and/or rational behind treatment approach in sufficient fashion</td>
<td>Presentation details theory and/or rational behind treatment approach in sophisticated fashion</td>
<td></td>
</tr>
<tr>
<td>Competency</td>
<td>Does Not Meet Standard</td>
<td>Meets Standard</td>
<td>Exceeds Standard</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------</td>
<td>----------------</td>
<td>-----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>1C 4: Demonstrate proficiency in identification of treatment goals</td>
<td>Sets treatment goals in which 0-3 of the following are evident: Goals: #Result from a comprehensive assessment #Are individualized and meaningful to client #Are set in collaboration with client #Are concrete, specific, and behavioral #Are realistic and achievable #Contain specific criteria for determining whether goals have been achieved #Are prioritized #Are modified over time</td>
<td>Sets treatment goals in which 4-6 of the following are evident:</td>
<td>Sets treatment goals in which 7-8 of the following are evident:</td>
<td></td>
</tr>
<tr>
<td>Identify principle therapeutic techniques employed and present rationale for their use</td>
<td>Fails to adequately present therapeutic techniques employed and/or their rationale for use with this client OR Demonstrates little/no understanding of techniques and rationale for use with this client</td>
<td>Demonstrates a basic to intermediate understanding of techniques and rationale for use with this client</td>
<td>Demonstrates a sophisticated understanding of techniques and rationale for use with this client</td>
<td></td>
</tr>
<tr>
<td>Knowledge/use of empirically-supported interventions</td>
<td>Demonstrates little/no knowledge or use of empirically supported interventions as they might apply to this client</td>
<td>Demonstrates sufficient knowledge or use of empirically supported interventions as they might apply to this client</td>
<td>Independently and effectively implements a typical range of empirically-supported intervention strategies appropriate to this client and practice setting with evidence of management of special circumstances</td>
<td></td>
</tr>
<tr>
<td>1C5: Acquire knowledge and skill in assessment of treatment progress and outcome</td>
<td>No/limited use of methods to examine intervention progress and outcomes</td>
<td>Sufficient use of methods to examine intervention progress and outcomes</td>
<td>Excellent use of methods to examine intervention progress and outcomes</td>
<td></td>
</tr>
<tr>
<td>1D2: Demonstrate evidence of ability to engage in professional practice in the area of focus (multicultural, health, neuropsych, res methodology, child/family/dev psychology)</td>
<td>Case presentation typifies insufficient level of skill in professional practice in student’s area of focus</td>
<td>Case presentation typifies sufficient level of skill in professional practice in student’s area of focus</td>
<td>Case presentation typifies excellent level of skill in professional practice in student’s area of focus</td>
<td></td>
</tr>
<tr>
<td>LEGAL, ETHICAL, AND CULTURAL CONSIDERATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A1: Demonstrate understanding of legal issues related to the practice of psychology (e.g., child abuse, HIPAA, confidentiality, informed consent)</td>
<td>Presentation demonstrates limited understanding of legal issues</td>
<td>Presentation demonstrates beginning or intermediate understanding of legal issues</td>
<td>Presentation demonstrates sophisticated understanding of legal issues</td>
<td></td>
</tr>
<tr>
<td>2A2: Possess knowledge of ethical principles, ethical decision-making model, and APA Ethics Code</td>
<td>Presentation demonstrates limited understanding of ethical principles, ethical decision-making model, and APA Ethical Principles and Code of Conduct</td>
<td>Presentation demonstrates beginning or intermediate understanding of ethical principles, ethical decision-making model, and APA Ethical Principles and Code of Conduct</td>
<td>Presentation demonstrates sophisticated understanding of ethical principles, ethical decision-making model, and APA Ethical Principles and Code of Conduct</td>
<td></td>
</tr>
<tr>
<td>COMPETENCY</td>
<td>DOES NOT MEET STANDARD</td>
<td>MEETS STANDARD</td>
<td>EXCEEDS STANDARD</td>
<td>NOT APPLICABLE</td>
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<tr>
<td>2A3: Display and understand own ethical attitudes, values, and behaviors</td>
<td>Demonstrates limited openness to considering own attitudes and core professional values</td>
<td>Demonstrates beginning or intermediate understanding of own attitudes and core professional values</td>
<td>Understands, adheres to, and articulates core professional values</td>
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<tr>
<td>3A1: Understand and reflect on own cultural identities in relation to work with others</td>
<td>Demonstrates limited understanding of one’s own dimensions of diversity and attitudes towards diverse others</td>
<td>Demonstrates beginning to intermediate understanding of one’s own dimensions of diversity and attitudes towards diverse others; shows evidence of independently applying knowledge of self as a cultural being to clinical work</td>
<td>Demonstrates nuanced understanding of one’s own dimensions of diversity and attitudes towards diverse others; evidences the use of knowledge of cultural self to monitor and improve effectiveness with this client</td>
<td></td>
</tr>
<tr>
<td>3A3: Understand how culture impacts assessment, treatment, and research hypotheses</td>
<td>Demonstrates limited awareness of impact of culture on assessment, treatment, and research hypotheses</td>
<td>Demonstrates beginning to intermediate awareness of impact of culture on assessment, treatment, and research hypotheses</td>
<td>Demonstrates nuanced awareness of impact of culture on assessment, treatment, and research hypotheses</td>
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</tbody>
</table>

### USE OF RESEARCH AND RESOURCES

<table>
<thead>
<tr>
<th>COMPETENCY</th>
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<th>NOT APPLICABLE</th>
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</thead>
<tbody>
<tr>
<td>1A4: Demonstrates use of research literature in clinical decision-making</td>
<td>No/limited use of research literature in clinical decision-making</td>
<td>Beginning to intermediate use of research literature in clinical decision-making</td>
<td>Expert use of research literature in clinical decision-making</td>
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</tr>
<tr>
<td>2B3: Demonstrate use of resources for professional development (supervision, literature)</td>
<td>Demonstrated evidence of using only 1 of the following resources: #Weekly supervision #Consultation #Books #Treatment manuals #Journal articles #Conference attendance #Other means _______________________________</td>
<td>Demonstrated evidence of using 2-3 of the following resources:</td>
<td>Demonstrated evidence of using 4 or more of the following resources:</td>
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### OTHER CONSIDERATIONS

<table>
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<tr>
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<tbody>
<tr>
<td>Adequately preserves case confidentiality</td>
<td>Student presents information that could lead to identification of client</td>
<td>Student adequately disguises identifying characteristics of the client</td>
<td>Student superbly disguises identifying characteristics of the client</td>
</tr>
<tr>
<td>2B2: Learn habit of and skill for self-evaluation of clinical skill</td>
<td>Self-evaluation of presentation is moderately to greatly disparate from evaluation of case conference evaluation committee members</td>
<td>Self-evaluation of presentation approaches evaluation of case conference evaluation committee members</td>
<td>Self-evaluation of presentation strongly approximates evaluation of case conference evaluation committee members</td>
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</tbody>
</table>
PART B: PRESENTATION SKILLS
Student must receive an average rating of 3 on the presentation skill items, excluding items “not applicable,” to pass the case presentation.

<table>
<thead>
<tr>
<th></th>
<th>NOT APPLICABLE</th>
<th>1 NOT VERY SUCCESSFUL</th>
<th>2 ROOM FOR IMPROVEMENT</th>
<th>3 AVERAGE</th>
<th>4 ABOVE AVERAGE</th>
<th>5 SUPERIOR</th>
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<tbody>
<tr>
<td>Voice quality and volume appropriate</td>
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<td>Clarity of language</td>
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<td>Presents with minimal prompting from notes</td>
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<td>Presents in a way that holds attention</td>
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<td>Presents information in an organized fashion</td>
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<td>Good time management</td>
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<td>Adequately responds to questions and requests for clarification or additional information</td>
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<td>Effectively uses audio-visuals</td>
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Comments: (Use back of page(s) as necessary.)

Student Signature: _______________________  Evaluator(s) signature: ___________________________

Clinical competency score: ___________  Presentation skill score: ____________  PASS  REDO (circle one)
I have read and understand the Clinical Psychology Program Manual at University of Rhode Island. My signature indicates my awareness of the following:

1. It is my responsibility to be familiar with Program, Department, and University regulations regarding student and faculty roles and responsibilities as well as degree and program requirements;

2. The Clinical Psychology Program expects both faculty and students to conduct academic, clinical, and research activities according to the American Psychological Association’s (APA) Ethical Principles of Psychologists and Code of Conduct and within the laws and regulations governing the activities of psychologists in the state of Rhode Island;

3. All research activities involving human participants must receive approval from University of Rhode Island’s Institutional Review Board on Human Subjects; and

4. Violations of Program, Department, University, APA, or Rhode Island codes, regulations, policies or law may lead to sanctions including termination from the Program.

Student signature _______________________________ Date ______________________

NOTE: This signed form should be given to the Administrative Assistant to the Graduate Programs (Jo-Ann Lepore) for placement in your clinical student folder.