Clinical Psychology Program Manual 2019-2020

University of Rhode Island

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PROGRAM BACKGROUND AND INSTITUTIONAL SETTING

University of Rhode Island

The University of Rhode Island is a state-supported co-educational institution with an enrollment of approximately 3000 graduate and 13,500 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 located within the new College of Health Sciences. The department has 24 tenure track faculty members and additional special instructors, practicum supervisors, research faculty and other teaching faculty; over 700 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 two areas: clinical psychology and behavioral science. The Psychology Department is the only source of doctoral level training in applied psychology available in Rhode Island, and its combined doctoral programs represent one of the largest Ph.D. programs 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 35 doctoral students and 9 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 primarily a cognitive-behavioral approach. The clinical program also provides training in a variety of therapy modalities including group, individual adult, and child psychotherapy.

ACCREDITATION

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 seven to ten years the program undertakes a more detailed self-study followed by a site visit from an accreditation team. The last site visit was conducted in Fall, 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 (BCRC) 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) directed by Lindsey Anderson, PhD, is the on-campus applied training and research facility of the Psychology Department and is currently located in the 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, adolescent, and adult psychotherapy; program evaluation and consultation; and workshops for families and individuals and other contracted professional activities. All services are provided by graduate students in clinical 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 ensure 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.

Behavior Change Research Center (BCRC)

The first floor of Chafee was recently renovated; this renovated wing is called the Behavior Change Research Center. The BCRC houses the Trajectories Related to ADHD in College (TRAC) Laboratory, Psychological Consultation Center (PCC) and Quantitative Consultation Center (QCC). Students can utilize the center's conference room for research-related events. A kitchen can also be found on the shared area with the PCC.

STUDENT SUPPORT

Financial support for graduate students is available from a variety of sources. Please see the Psychology Funding Manual on Sakai ((https://sakai.uri.edu) for additional details on student funding.

Teaching Assistantships (TA's). The Department of Psychology usually awards seven TA's to Clinical Psychology graduate students. Typically, the clinical program allots two 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. 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, Academic Enhancement Center, Student Life, and the Women's Center.

University Fellowships, Diversity Fellowships, and Tuition scholarships. The Graduate School awards several university fellowships, diversity 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.

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 President's Office and the PCC.

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. Students who receive support through sources other than their assistantships (but also paid through the University) are able to receive pay for no more than 25 hours per week total.

PROGRAM PHILOSOPHY AND GOALS

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 these frameworks 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 clients 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 strive to be 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.

Program Aims and Profession-Wide Competencies

The aims 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 aims, profession-wide competencies, and activities associated with each aim. Students' program requirements can be grouped according to the program aims 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.

Aim 1: To prepare graduates who have the requisite knowledge and skills for entry as a scientist-practitioner
- To produce independent researchers able to contribute to the body of knowledge in clinical psychology
- To produce graduates who possess knowledge of and are skilled in evidence-based assessment
- To produce graduates who possess knowledge and skills to facilitate change through intervention
- 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

Aim 2: To produce graduates who are responsible in the practice of psychology
- To develop awareness and skills to think and act in an ethical manner
- To encourage professional development behaviors

Aim 3: To produce graduates who continually strive for multicultural competence
- To increase knowledge and application of issues pertaining to diversity

Profession-wide Competencies	Description	Where Assessed?
1. Research	A. Demonstrates the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies clinical case studies, theoretical papers program evaluations projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.	Annual Student Evaluations Comprehensive exams Publications/presentations PSY 533 (Advanced Quantitative Methods) PSY 611 (Methods of Psych Research and Experimental Design)

	B. Conducts research or other scholarly activities	Annual Student Evaluations Master's thesis/Dissertation Publications/presentations
	C. Critically evaluate and disseminate research or other scholarly activities via professional publication ad presentation at the local (including the host institution), regional, or national level.	Annual Student Evaluations Publications/presentations
2. Ethical and Legal Standards	A. Is knowledgeable of and acts in accordance with each of the following: • APA Ethical Principles of Psychologists and Code of Conduct • Relevant laws, regulations, rules, and policies governing health service psychology at the organization, local, state, regional, and federal levels • Relevant professional standards and guidelines	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 615 (Intro to Clinical Program) PSY 666 (Ethics) PSY 672 (all practica) PSY 698 (Internship)
	B. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
	C. Conducts self in an ethical manner in all professional activities	Annual Student Evaluation Supervisor Evaluation Form PSY 672 (all practica) PSY 698 (Internship)
3. Individual and Cultural Diversity	A. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form Multicultural requirement PSY 643 (Multicultural Mental Health) PSY 672 (all practica) PSY 698 (Internship)
	B. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
	C. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities)	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
	D. Demonstrates the ability to apply a framework for working effectively with areas of individual and	Annual Student Evaluation Supervisor Evaluation Form PSY 672 (all practica)

	cultural diversity not previously encountered over the course of their careers	PSY 698 (Internship)
	E. Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
	F. Demonstrates the requisite knowledge base, can articulate an approach to working effectively with diverse individuals and groups, and applies this approach effectively in their professional work	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
4. Professional Values and Attitudes	A. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form Conference attendance Psych. Assoc. memberships PSY 672 (all practica) PSY 698 (Internship)
	B. Engages in self-reflection regarding one's personal and professional functioning	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
	C. Engages in activities to maintain and improve performance, well-being, and professional effectiveness	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
	D. Actively seeks and demonstrates openness and responsiveness to feedback and supervision	Annual Student Evaluation Supervisor Evaluation Form PSY 672 (all practica) PSY 698 (Internship)
	E. Responds professionally in increasingly complex situations with a degree of independence as they progress across levels of training	Annual Student Evaluation Supervisor Evaluation Form PSY 672 (all practica) PSY 698 (Internship)
5. Communication and Interpersonal skills	A. Demonstrates effective interpersonal skills and the ability to manage difficult communication well	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form Comprehensive exams Master's thesis/Dissertation PSY 672 (all practica) PSY 698 (Internship)
	B. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services	Annual Student Evaluation Supervisor Evaluation Form PSY 672 (all practica) PSY 698 (Internship)

	C. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
	D. Demonstrates a thorough grasp of professional language and concepts	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
6. Assessment	A. Selects and applies assessment methods that draw from the best available clinical literature and that reflect the science of measurement and psychometrics	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 670 (Externship) PSY 660 (Clinical Assessment and Decision Making) PSY 698 (Internship)
	B. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
	C. Interprets assessment reports, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 670 (Externship) PSY 660 (Clinical Assessment and Decision Making) PSY 661 (Cognitive Assessment) PSY 662 (Assessment of Personality and Psychopathology) PSY 698 (Internship)
	D. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences	Annual Student Evaluation Supervisor Evaluation Form PSY 672 (all practica) PSY 670 (Externship) PSY 660 (Clinical Assessment and Decision Making) PSY 698 (Internship)
7. Intervention	A. Establishes and maintains effective relationships with the recipients of psychological services	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 670 (Externship) PSY 698 (Internship)
	B. Develops evidence-based intervention plans specific to the service delivery goals	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form

		PSY 672 (all practica) PSY 698 (Internship)
	C. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
	D. Demonstrates the ability to apply the relevant research literature to clinical decision-making	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 660 (Clinical Assessment and Decision Making) PSY 672 (all practica) PSY 698 (Internship)
	E. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
	F. Evaluates intervention effectiveness	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
	G. Adapts intervention goals and methods consistent with ongoing evaluation	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 672 (all practica) PSY 698 (Internship)
8. Supervision	A. Demonstrates knowledge of supervision models and practices	Annual Student Evaluation Supervisor Evaluation Form PSY 670 (Externship) PSY 672 (peer supervision practica) PSY 698 (Internship)
9. Consultation and Inter-professional/ Interdisciplinary skills	A. Demonstrates knowledge of consultation models and practices	Annual Student Evaluation Supervisor Evaluation Form PSY 670 (Externship) PSY 698 (Internship)
	B. Demonstrates knowledge and respect for the roles and perspectives of other professions	Annual Student Evaluation Supervisor Evaluation Form Clinical Case Conference Form PSY 670 (Externship) PSY 698 (Internship)

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, and conducting research (thesis and/or dissertation) 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 Patricia Morokoff, James Prochaska, Paul Florin, Lyn Stein and Mark Robbins. Numerous other department faculty have expertise in the health area, notably Joseph Rossi, Caitlin Burditt, Kathleen Gorman, Lisa Harlow, Lisa Weyandt, Colleen Redding, Robert Laforge, and Andrea Paiva.

Multicultural Psychology

Courses that meet the focus requirements in multicultural psychology include Multicultural Issues in Psychology (PSY 600), Multicultural 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 Nichea Spillane, Nicole Weiss, and Lyn Stein. Other department faculty with expertise in this area include Kathleen Gorman, Lisa Harlow, and Margaret Rogers.

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), and Advanced Family Studies (HDF 530). 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 Gary Stoner, Paul Bueno de Mesquita, Robert Laforge, 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 Ted Walls, Su Boatright, Lisa Harlow, Robert Laforge, Andrea Paiva, Colleen Redding, Joseph Rossi, and Grant Willis.

CURRICULUM REQUIREMENTS FOR CLINICAL

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 psychology or behavioral science). 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).

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 Master's 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. In general, the oral defense meeting of the dissertation is open to the university community and other interested observers. Observers may ask questions, if recognized by the Chair of the examining committee. At the discretion of the Chair, some or all of the observers may be asked to leave the examination room if the presence of the observers is detracting from the ability of the student to answer questions from the examination committee.

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 School Manual (https://web.uri.edu/graduate-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 School 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. See Appendices for a Mentor-Mentee Agreement Form that provides suggested points of discussion between Major Professor and student regarding the specific structure of the working relationship. The form is also available on the Clinical Psychology Sakai site (http://sakai.uri.edu).

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. Please note: All requirements must be met by successful completion of the designated courses unless a course waiver (see Transfer Credit section on p. 46) is approved for equivalent courses taken at another institution. The minimum level of achievement for courses is grade of B. Students who obtain a grade lower than B will be required to complete additional didactics and/or practical applications of course content or may be required to re-take the course. The elements of the remediation plan will be determined, in this case, in consultation with the course instructor to understand the nature of the student's difficulties with course content. If the student has generally struggled with a variety of course content, the student will be required to re-take the course. If the student has struggled only in one assignment, or one area, the student will be required to completion additional learning activities and demonstrations of mastery of material, prior to a grade change. A Checklist for Clinical Program Requirements can be found in the Appendices of this manual.

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) <u>in addition to those listed below</u> 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 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.

Clinical/Practicum Electives:
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.

6. Externship Field Experience (2 credits)
Students typically complete off-campus externships in their third and fourth years of training (see Externships, p. 31, 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, and the externship training director for all externships, whether completed during the academic year or the summer (see Externship Agreement Form in the Clinical Psychology Program Sakai site, http://sakai.uri.edu). Each year, the Director of Clinical Training and PCC Director 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. See Practicum Hours Data Sheet in the Clinical Psychology Program Sakai site, http://sakai.uri.edu).

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

PSY615 Collaborative Research in Psychology - Clinical

8. Internship (2 credits)
Students are required to complete a yearlong pre-doctoral internship in an approved setting. While on internship, students enroll in PSY698 Internship in Professional Psychology for 1 credit in the fall and spring semesters. Please note the following:
1. If your **internship starts on July 1**, then you must register for 1 credit of Psy 698 in the Fall semester and 1 credit of Psy 698 in the Spring semester.
2. If your **internship starts on September 1**, then you must register for 1 credit of Psy 698 in the Fall semester and 1 credit of Psy 698 in the Spring semester. You must also sign up for 1

CGR (Continuing Graduate Registration) credit of Psy 698 for the Summer since your internship goes across the entire summer.

9. Non-credit requirements

PCC Colloquium: All clinical students who are involved in *any* PCC practica (whether or not they are seeing clients) 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 (the latter, however, is permitted only for a second case presentation and requires approval and oversight by the site supervisor – see PCC paperwork for necessary documentation that site supervisor has reviewed and approved case presentation content). 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. 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 following areas: statistics and research methodology; intervention; assessment; and an area of special interest to the student. However, the exact format for the comprehensive 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.

Entry in Even Years:

1st Year

Fall			Spring		
Credit	Class #	Class Name	Credit	Class #	Class Name
3	PSY532	Experimental Design	3	PSY533	Advanced Quantitative Methods
3	PSY660	Clinical Decision Making	3	PSY661	Cognitive Testing
3	PSY607	Advanced Psychopathology	3	PSY666	Ethics
3	PSY643	Multicultural Mental Health	3	PSY672	Practicum (Intake/Intro to CBT)
1	PSY615	Collaborative Research in Psychology			
Total credits: 13			Total credits: 12		

2nd Year

Fall			Spring		
Credit	Class #	Class Name	Credit	Class #	Class Name
3	PSY611	Methods of Research and Experimental Design	3	PSY606	Social Psychology
3	PSY662	Psych Services 2: Assessment of Personality and Psychopathology	3	PSY608	History & Systems in Psychology
3	PSY672	Practicum (CBT/CAP)	3	PSY672	Practicum (CBT/CAP)
3	PSY599	Master's thesis research	3	PSY599	Master's thesis research
Total credits: 12			Total credits: 12		

3rd Year

Fall			Spring		
Credit	Class #	Class Name	Credit	Class #	Class Name
3	PSY603*	Development	3	PSY601*	Physiological Psychology
3	PSY672	Practicum (Multicultural)	3	PSY672	Practicum (H/F/A)
3	PSY672	Practicum (H/F/A)	6	PSY699	Dissertation Research
3		Elective/Focus Area #1	1	PSY670	Externship
1	PSY670	Externship			
Total credits: 13			Total credits: 13		

4ᵗʰ Year

Fall			Spring		
Credit	Credit	Credit	Credit	Class #	Class Name
3	PSY603*	Development	3	PSY601*	Physiological Psychology
3	PSY604	Cognitive Psychology	3		Elective/Focus Area #2
1	PSY670	Externship	1	PSY670	Externship
6	PSY699	Dissertation research	6	PSY699	Dissertation research
Total credits: 113			Total credits: 13		

5ᵗʰ Year

Fall			Spring		
Credit	Class #	Class Name	Credit	Class #	Class Name
1	PSY698	Internship	1	PSY698	Internship
Total credits: 1			Total credits: 1		

Total credits=103

Entry in Odd Years:

1ˢᵗ Year

Fall			Spring		
Credit	Class #	Class Name	Credit	Class #	Class Name
3	PSY532	Experimental Design	3	PSY533	Advanced Quantitative Methods
3	PSY660	Clinical Decision Making	3	PSY661	Cognitive Testing
3	PSY607	Advanced Psychopathology	3	PSY606	Social Psychology
3	PSY643	Multicultural Mental Health	3	PSY672	Practicum (Intake/Intro to CBT)
1	PSY615	Collaborative Research in Psychology			
Total credits: 13			Total credits: 12		

2ⁿᵈ Year

Fall			Spring		
Credit	Class #	Class Name	Credit	Class #	Class Name
3	PSY611	Methods of Research and Experimental Design	3	PSY666	Ethics
3	PSY662	Psych Services 2: Assessment of Personality and Psychopathology	3		Elective/Focus Area #1
3	PSY672	Practicum (CBT/CAP)	3	PSY672	Practicum (CBT/CAP)
3	PSY599	Master's thesis research	3	PSY599	Master's thesis research
Total credits: 12			Total credits: 12		

3rd Year

Fall			Spring		
Credit	Class #	Class Name	Credit	Class #	Class Name
3	PSY603*	Development	3	PSY601*	Physiological Psychology
3	PSY604	Cognitive Psychology	3	PSY609	History & Systems in Psychology
3	PSY672	Practicum (Multicultural)	3	PSY672	Practicum (H/F/A)
3	PSY672	Practicum (H/F/A)	6	PSY699	Dissertation Research
1	PSY670	Externship			
Total credits: 13			Total credits: 15		

4th Year

Fall			Spring		
Credit	Credit	Credit	Credit	Class #	Class Name
3	PSY603*	Development	3	PSY601*	Physiological Psychology
3	PSY604	Elective/Focus Area #2	1	PSY670	Externship
1	PSY670	Externship	6	PSY699	Dissertation research
6	PSY699	Dissertation research			
Total credits: 13			Total credits: 10		

5th Year

Fall			Spring		
Credit	Class #	Class Name	Credit	Class #	Class Name
1	PSY698	Internship	1	PSY698	Internship
Total credits: 1			Total credits: 1		

Total credits=103

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.

	Fall Semester	Spring Semester
First Year	MA Program of studies due	Develop thesis proposal
Second Year	Propose thesis	Defend thesis
Third Year	Plan comprehensive exam Doctoral Program of Studies due	Take comprehensive exam; plan dissertation proposal
Fourth Year	Propose dissertation Apply for internship	Defend dissertation
Fifth Year	Internship	Internship Petition to graduate

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 School Manual (https://web.uri.edu/graduate-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 698 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 School Manual. Clinical psychology graduate students must abide by the policies and regulations set forth in the Graduate School 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 School Manual, the Graduate School Manual should be consulted for all general University-wide academic regulations and policies. The Graduate School Handbook may be found at: Graduate School Manual.

PRACTICA, EXTERNSHIP, & INTERNSHIP TRAINING

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 on the Clinical Psychology Program Sakai webpage (http://sakai.uri.edu). The Clinical Psychology program is designed to provide students with approximately 600 hours of assessment and intervention practicum training combined.

Liability Insurance

In order for students to begin clinical training in the PCC (and then subsequently in externship sites), all students must purchase liability insurance by the end of the fall semester of the first year of their training program. Liability insurance is affordable and available through the American Psychological Association: http://www.trustinsurance.com/products/studentliability/

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/Introduction to CBT Practicum through which first year students prepare and conduct all intake interviews for the PCC, the on-campus training clinic of the Psychology Department and are introduced to the basics of cognitive-behavioral interventions. 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/Intro to CBT practicum which equals five (5) semesters of PSY672. In addition, students are also required to take the Multicultural Practicum for 1 semester. The Intake/Intro to CBT 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/Intro to CBT training, Adult Cognitive Behavioral Therapy, the Child Anxiety Program (CBT for children with anxiety disorders and their families), Psychological Assessment, Multicultural Psychology, Forensic 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.

Procedures for Completing Multicultural Practicum at Alternate Site

1. Student should establish *extenuating* circumstances that prohibit participation in established multicultural practicum sites by consulting with the PCC Director, Director of Clinical Training and Professor primarily responsible for PSY 643/672
2. Student should be externship ready (i.e., thesis defended or dissertation proposed and in good standing at the PCC)
3. Identify a site that meets the following requirements:
   a. Clients from diverse backgrounds approach 50% of student's client load
   b. On site supervision is conducted using a multicultural framework
   c. Student enrolls in PSY 672 the same year as the externship is taking place
   d. Student completes an externship agreement form

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.

<u>Summer Affiliate PCC Training</u>

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 Clinical Program Sakai site, http://sakai.uri.edu). 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.

<u>Off Campus Practica Taken as a Replacement for Required PCC Practica</u>

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 conduct Externship Readiness Evaluations for 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. 45 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 Major Professor 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. Please remember that preapproval from your Major Professor must be obtained before obtaining preapproval from the PCC Director. The presence of these two 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 two 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. Once the form is signed by all parties, make a copy for your personal files and give the original to the Graduate Program Administrative Assistant 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 the Clinical Program Sakai site (http://sakai.uri.edu). 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 with special permission by the DCT and PCC Director.
- 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 a placement that runs from Sept. 1, 2019 to Aug. 31, 2020, you will have 3 EAFs, but 3 hours sheets, 3 supervisor evaluations, and 3 self-evaluations. All of these must be placed in your clinical folder with photocopies of the original EAFs 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. 43 of this Manual). Unaccredited internships must meet the requirements set by the Clinical Program (see Appendices for list of internship requirements). 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 that 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.

	Intervention	Assessment	Supervision	Total	Support
Practicum 1					
Practicum 2...					
Externship 1					
Etc.					
	Int Total	Assess Total	Superv Total	I+A+S Total	Supp Total

Tracking Clinical Hours

It is strongly encouraged for all clinical students to use Time2Track, an online clinical hours tracking program, to keep track of clinical hours. Students should keep detailed information concerning their clinical experiences in their Time2Track records in accordance with information requested on the APPIC application. Time2Track hours may be reviewed by the Program Director and/or clinical faculty; yet **the official record of clinical hours is provided by the practicum and externship paperwork within a student's clinical folder**.

Please note the following excerpt from the APPIC application:

Psychological Assessment Experience
Summarize your practicum assessment experience in providing psycho diagnostic and neuropsychological assessments. You must enter the estimated total number of face-to-face client contact hours administering instruments and providing feedback to clients/patients. Do not include the activities of scoring and report writing, which should instead be included in the Support Activities section.

Do not include any practice administrations. Do not include testing experience accrued while employed. You can list this in your Curriculum Vitae instead. If you only administered a subtest(s), do not endorse the full test in this section. Rather, specify the specific subtest in the **Other Measures** section. (APPIC application, 2019-2020, emphases mine)

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 Proficiency section, p. 20, 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 on the URI Office of Research Integrity web site (Office of Research Integrity).

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 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 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). 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 the Clinical Program Sakai site (http://sakai.uri.edu/) 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, and cultural frames.

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 Research Compliance Training 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-punitive 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 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 pp. 11-48) 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 p. 45).

Policy on Use of Social Networking & Social Media

It has become common for people to have a significant presence on or usage of electronic social media (e.g., Facebook, Twitter, Tumblr, personal webpages, YouTube, Instagram etc). The purpose of this policy is to provide some guidelines about any public representation of you or the URI Clinical Psychology program in social media. While this policy applies to current common and popular forms of social media, nothing here is intended to limit it to only these public presentations.

1. If your social media posts do not include any mention or indication of the fact that you are a clinical psychology doctoral student or that you are part of the URI PhD program in Psychology (Clinical), you can represent yourself as you wish in the public domain. However, increasingly, universities, internship sites, and even clients are seeking out information about people on the web and social media before they make faculty offers, final match decisions, or even decide to see someone clinically. There are now numerous anecdotes of well-qualified Ph.D. graduates not getting post-doc or faculty offers because someone viewed something that was considered to be inappropriate or objectionable on the candidate's Facebook page or in Twitter. Similar stories about internship sites deciding not to match someone also exist. For your own potential future, we would advise that before you put anything up on the web as representing yourself, you seriously consider how that material may be viewed by future employers, internship sites, or clients.

2. Decisions to connect socially with former or current clients online should be made as if the client were in person, i.e., by keeping professional boundaries very clear. Under no circumstances should you "friend" a former or current client on social networking sites, or otherwise accept or solicit personal connections with former or current clients online. Your relationships with former and current clients must remain strictly professional.

3. Under no circumstances should you discuss client cases or share client identifying information in emails, listservs, websites, web groups, or blogs, include any information that could lead to the identification of a client, or compromise client confidentiality in any way. Even if you think you have de-identified client information, consider how such communication could be viewed if seen by the client or someone who knows the client. You are not in control of this information once it is released to the hundreds or thousands of people on a listserv or web group discussion board, for example, or on a website that will "live" electronically online for years.

4. If your social media posts DO identify you as a clinical psychology graduate student or as affiliated with the URI Psychology PhD program, then the URI PhD program does indeed have some responsibility for how you (or it) is portrayed. Your social media posts must meet all legal

and ethical guidelines from the Board of Psychology and the American Psychological Association (e.g., you cannot represent yourself as a "psychologist" in the State of Rhode Island); your posts must be professional in their content and must not contain objectionable material. We will not actively search out URI PhD students' social media posts. However if we become aware of posts that identify you as a clinical psychology student or as a student in the program and that post(s) is considered by the program faculty to be unethical, illegal, or to contain objectionable material, we will ask you to modify or remove the problem material. Should you choose to not modify or remove the material, the Director of Clinical Training in consultation with the Clinical Faculty and Department Chair will follow the existing procedures for dealing with student misconduct and/or unethical behavior.

Student Role in Program Governance

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

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 Inclusion and Diversity Committee

In 1996, the Department of Psychology formed the first Task Force on Multiculturalism and Diversity. The Task Force made 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 selected a student to represent the program at Task Force meetings. In 2017, the Task Force was disbanded to allow for the creation of a permanent committee, the Inclusion and Diversity Committee. Graduate students and faculty from each program serve on the committee. Undergraduate students and staff are also represented when possible.

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 the Clinical Psychology Sakai site (http://sakai.uri.edu/) for the Faculty Annual Student Evaluation Form. Students are required to provide a self-evaluation using the Annual Student Evaluation Form (see Clinical Psychology Sakai site, http://sakai.uri.edu/). 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 (see Appendices and Clinical Program Sakai site) 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. In the unlikely situation that 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 School 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, if a student seeks employment off campus (not compensated by university funds), such employment should not conflict with the duties and responsibilities of their assistantship and satisfactory progress toward degree completion. Students should speak to their major professor before accepting such employment to ensure it does not conflict with progress towards degree requirements. All clinical work provided by students enrolled in the Clinical Psychology Program must be program-approved.

Communication

Listserv
There are a number of active listservs in the Department of Psychology. These include the department list (Psylist), a list for Clinical Psychology Program (Clinpsy) that has both student and faculty members, and a list for just clinical faculty (Clinfac), and a list for just students (Psygrad). These lists provide the opportunity for announcements and active communication among students and faculty. Students are required to join the Psylist, Clinpsy, and Psygrad lists 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 and other buildings as is appropriate (e.g., CPRC). Students may receive mail addressed to them at: 142 Flagg Road, Department of Psychology, University of Rhode Island, Kingston, RI 02881. In addition, students will receive department and program announcements. Students are expected to check their mailboxes 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 administrative staff. It is the student's responsibility to ensure that the Department, Graduate, and PCC Administrative Assistants have up-to-date telephone, mail address, and email addresses.

University Closings or Emergencies
The university maintains a comprehensive system to alert all faculty and staff of university closings or campus emergencies that includes sending text, voice and email alerts. All students will be asked their preferences for these alerts when setting up e-campus accounts.

Student Office Space and Keys

Students 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. Other student offices will be allocated on an as-needed or space available basis. Keys are obtained by providing a $5 deposit per key to the department secretary.

Transfer Credit

Ph.D. students with a master's degree in the same or a closely related area from the University of Rhode Island may apply up to 30 credits from the master's degree toward the Ph.D. program. In addition, a total of up to 9 credits combining transfer and advanced standing are allowed. In all cases, transfer credit is granted only when the request is recommended by the student's major professor and the Graduate Program Director and approved by the Dean of the Graduate School.

Waiver Process. Please note that transfer credits do not release a student from course requirements. Transfer credits reduce the number of credits required to graduate but do not necessarily remove the requirement to complete certain courses. In order to be released from a required course, a student must petition to be *waived* from the required course. The course waiver process is as follows: examination of the course syllabus and course grade by the student's program committee (headed by the Major Professor) with input from the URI course instructor. The decision about whether to waive the course is made by the student's program committee with consideration provided to course content and course grade. If a student's program committee has yet to be established, the clinical faculty and major professor will make the decision of whether to waive the course, with input from the URI course instructor. Courses are waived only when the course grade is a B (minimum level of achievement) or higher and the content of the previously taken course has significant overlap with the course offered within our Program.

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 School 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. Such insurance coverage may need to be maintained throughout the

Clinical Internship year but students must assess those needs with their internship site. 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 [Psychology Department Website](#)

2. Graduate School Manual. This manual on all graduate school policies can be purchased at Campus Copy & Design in the Memorial Union or read online at [Graduate School Manual](#).

3. Graduate school forms. These are available in the Graduate School in Quinn Hall or online at [Grad School Forms](#).

4. University catalogue. This is available from the Graduate Admissions Office in Quinn Hall or online at [University Catalog](#)

5. URI Student handbook. This is available in the Office of Student Life, Memorial Union, or online at [URI Student Handbooks](#)

6. Ethical Principles of Psychologists and Code of Conduct (APA, 2002) is distributed by the program and are available online at [APA Ethics Code](#)

FACULTY

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; Director of Clinical Training
> 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.

Patricia J. Morokoff, Ph.D. (S.U.N.Y., Stony Brook)
Professor
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.

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: Health promotion through population based intervention programs; individual and multiple health behavior change; health psychology; psychotherapy with individuals and couples.

Mark Robbins, Ph.D. (Rutgers University)
Professor
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.

Nichea Spillane, Ph.D. (University of Kentucky)
Assistant Professor
Research Interests: Research interests focus on 1) translating these findings into culturally appropriate substance use prevention/interventions; and 2) how health beliefs shape engaging in risky behaviors. Other research interests include 3) developing new smoking cessation treatments; and 4) impulsivity and substance use.
Professional Interests: Using principles of positive psychology (positive psychotherapy) to enhance physical and mental health functioning. Additional interests are in motivational interviewing.

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. 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.

Nicole Weiss, Ph.D. (Jackson State University)
Assistant Professor
Research Interests: Dr. Weiss' program of research focuses on the role of emotion dysregulation in posttraumatic stress disorder (PTSD) and the risky, self-destructive, and health compromising behaviors that frequently co-occur with PTSD, most notably substance use and HIV/sexual risk behavior. In particular, her research aims to clarify the role of emotion dysregulation in the development and maintenance of PTSD, as well as explore whether maladaptive ways of responding to emotions heighten involvement in risky behaviors among individuals with PTSD. More recently, Dr. Weiss has developed an interest in the conceptualization and measurement of difficulties regulating positive emotions and examination of the role of emotion dysregulation stemming from positive emotions in PTSD and related risky behaviors.
Professional Interests: The influence of cultural and contextual factors, including race/ethnicity and gender, on the interrelations among PTSD, emotion dysregulation, and risky behaviors. Use of cutting-edge methods (e.g., experience sampling, psychophysiological assessment) and data analytic strategies (e.g., hierarchal linear modeling, structural equation modeling).

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

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)
Associate Research Professor (Behavioral Science)
Research Interests: Statistics and methodology for health psychology, internet delivered interventions, health behavior change

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.

Kathryn Quina, Ph.D. (University of Georgia)
Professor Emerita (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
Research Interests: Measurement, statistics, health psychology, smoking cessation, environmental risk factors.

Amy Stamates, Ph.D. (Old Dominion University**)**
Assistant Professor (Behavioral Science)
Research Interests: Methodological approaches to identify antecedents to and consequences of risky alcohol and drug use behaviors among emerging adults.

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)
<u>**Research Interests**</u>: 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.

Lisa Weyandt, Ph.D. (University of Rhode Island)
Professor (School Psychology)
<u>**Research Interests:**</u> 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)
<u>**Research Interests**</u>: Learning disabilities; pediatric neuropsychology; psycho educational diagnosis and neurological assessment and consultation.

Manshu Yang, Ph.D. (University of Notre Dame)
Assistant Professor (Behavioral Science)
Research Interests: Missing data, especially in group randomized trials, intensive longitudinal data using time-series or dynamic multilevel modeling, item response theory, growth curve modeling, and regime-switching state-space models with applications to intervention/prevention science, behavioral health, medicine adherence, development and validation of health-related quality of life measures.

PCC Director, Consultants and Practicum Supervisors

Lindsey Anderson, **Ph.D.**
Director of the Psychological Consultation Center

Ellen Flannery-Schroeder, Ph.D.
Clinical Supervisor
Child Anxiety Program

Jared Minkel, Ph.D.
Clinical Supervisor
Adult Cognitive-Behavioral Therapy

Nicole Weiss, Ph.D.
Clinical Supervisor
Multicultural Psychology

Lisa Weyandt, Ph.D.
Clinical Supervisor

Assessment

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

Who's Who in 2019-2020

Chair of the Psychology Department	Mark Robbins
Administrative Assistant to the Psychology Dept	Jill Wainwright
Director of Clinical Psychology Program	Ellen Flannery-Schroeder
Externship Director	Lindsey Anderson
Administrative Assistant to the PCC	Cherie Taylor
PCC Graduate Student Assistant	Ciara James
Director of Behavioral Science Program	Robert LaForge
Director of the Undergraduate Program	Susan Boatright
Director of the Health Psychology Focus Area	Mark Robbins
Director of the Multicultural Focus Area	TBD
Director of the Neuropsychology Focus Area	Lisa Weyandt
Director of the Child/Family/Dev Psych Focus Area	TBD
Director of the Research Methodology Focus Area	Ted Walls
Co-Chair of the Inclusion and Diversity Committee	Nicole Weiss, David Faust
Clinical Faculty Representative to the Inclusion and Diversity Committee	Nichea Spillane
Administrative Assistant to the Graduate Programs	Deena Mandes
Fiscal Administrator	Helen Pagliaro

APPENDICES

Checklist for Clinical Program Requirements

Mentor-Mentee Discussion Points

Graduate Degree Multicultural Competence Requirements

Individual Graduate Research Carrel Policy

Externship Readiness Evaluation Form

Internship Readiness Eligibility Assessment

Unaccredited Internship Requirements

Teaching Assistantship Evaluation – Faculty Perspective

Teaching Assistantship Evaluation – Student Perspective

Guidelines for PCC Case Presentations

Remediation Plan

Acknowledgement of Receipt and Understanding of Clinical Psychology Program Manual

CHECKLIST FOR CLINICAL PROGRAM REQUIREMENTS
Fall 2019

Type of course		**Course title**	**Number Credits**
Methodology Courses:	_____	Experimental Design (PSY 532)	3
	_____	Advanced Quantitative Methods (PSY 533)	3
	_____	Research Methods and Experimental Design (PSY 611)	3
Core courses	_____	Physiological Psychology (PSY 601)	3
	_____	Cognitive Psychology (PSY 604)	3
	_____	Social Psychology (PSY 606)	3
	_____	History and Systems of Psychology (PSY 608)	3
	_____	Development (PSY 603)	3
	_____	Multicultural Mental Health (PSY 643)	3
	_____	Advanced Psychopathology (PSY 607)	3
Professional ethics	_____	Ethical and legal issues in psychology (PSY 666)	3
Assessment Courses	_____	Clinical Decision Making (PSY 660)	3
	_____	Cognitive Assessment (PSY 661)	3
	_____	Assess of Personality and Psychopathology (PSY 662)	3
Practica	_____	PCC Practicum 1	3
	_____	PCC Practicum 2	3
	_____	PCC Practicum 3	3
	_____	PCC Practicum 4	3
	_____	PCC Practicum 5	3
		#One of which is CBT	
		#One of which is multicultural	
Research	_____	Master's research (PSY 599)	6
	_____	Dissertation research (PSY 699)	18
Focus	_____	Elective 1	3
	_____	Elective 2	3
	_____	Elective 3	3
	_____	Elective 4	3
Clinical colloquium	_____	PSY 615	2
Externship	_____	PSY 670	2
Internship	_____	PSY 698	2

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

MENTOR-MENTEE DISCUSSION POINTS

This section provides suggested points of discussion between mentor and mentee regarding the specific structure of the working relationship. It should be developed collaboratively and revised as needed on an ongoing basis.

1. How frequently will one-on-one meetings occur? How frequently will lab/research team meetings occur?

2. How will the student be funded? Will the mentor be able to provide support? If so, what are the specific expectations for student work in exchange for funding? Will the student be expected to apply for funding? How will the mentor support those efforts?

3. How will laboratory space be allocated?

4. Within what timeframe will students and faculty agree to respond to emails from one another? For specific deadlines (especially major ones), how far in advance should students submit initial drafts to faculty? After submitting an initial draft, what is the expected length of time that mentees should wait to receive the initial round of feedback?

5. What are the expectations for student progress and faculty availability/responsiveness during the summer?

6. What research topics will the student pursue?

7. What resources do students need to complete their research projects (e.g., special software, statistical training)? How will these resources be obtained?

8. What professional meetings are students encouraged or expected to attend? How will these be funded?

9. How will authorship be determined for each project?

10. How and when will mentors and students provide constructive feedback to one another regarding their working relationship? If concerns arise at any point, how should they be handled?

11. What should the student or mentor do if the other person says or does something that is perceived as offensive or hurtful, such as a microaggression? What is the best way to communicate about these kinds of concerns?

12. What do the student and mentor want the other to know about themselves, especially to the extent that it might impact the working relationship? This could be information related to social identity, life experiences, current circumstances, or some other factor.

13. What should the student do if considering switching major professor?

14. What will the student's role be in recruiting, training, and supervising undergraduate research assistants, independent study, and honors projects?

15. What will happen if the major professor takes a sabbatical, medical leave, or is otherwise unable to provide primary supervision, either temporarily or permanently (e.g., leaves URI, retires)? Is there another faculty member who could serve as primary mentor in their place? What is a reasonable amount of time for mentors to tell students about sabbaticals and other pre-planned leaves?

Additional expectations:

Academic Milestone Chart

Below, fill in the Milestone Chart with tentative completion timelines to help the student maintain a schedule for timely completion of the program in accordance with the student and mentor's goals. This chart may be modified as needed—it is intended to serve as a guideline, not a binding contract.

Milestones	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6		Year 7	
Required	F	S	F	S	F	S	F	S	F	S	F	S	F	S
MA Committee														
MA Program of Studies														
Qualifying Exam														
Methods Sequence Completed														
Core Courses Completed														
Thesis Proposal														
Thesis Defense														
Research Competency														
MC Didactic Component														
MC Research Component														
MC Applied Component														
PhD Committee														
PhD Program of Studies														
Written Comps														
Oral Comps														
PhD Proposal														
PhD Defense														
Externship														
Internship														
Aspirational														
Teaching Assistantship														
Research Assistantship														
Fellowship														
Other Support														
Conference Attendance														
Manuscript Submitted														

Student Name

Student Signature   Date

Mentor Name

Mentor Signature   Date

Department of Psychology

Effective Fall, 2015

URI Psychology Department Multicultural Competency Requirement

Students earning a graduate degree in psychology should acquire and be able to demonstrate multicultural competence in the following three areas:

1. Didactic component:
All graduate students will fulfill the didactic requirement by taking one of the following courses:
   a) PSY 600: Multicultural Issues in Psychology: Theory, Research, and Practice; or
   b) PSY 643: Multicultural Psychology and Mental Health; or
   c) A course in Multicultural Psychology approved by the URI Psychology Department Multicultural Psychology Focus Area

2. Research component:
Students are expected to receive multicultural training through their research activities. They are to demonstrate multicultural competence in their research competency, theses, and dissertations (i.e., proposals and final write-up products) by articulating how the issue of multiculturalism has been considered at every stage of the research process. In their write-up, students should discuss how diversity variables relate to their research variables and this discussion should be integrated within relevant areas throughout the document. 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 decisions have implications on subsequent interpretation and application of results. See attached table entitled "Issues to Consider in Creating Multiculturally Competent Graduate Student Research" for examples of choices with multicultural implications, as well as attached notes describing a specific example for a research project on bullying.

3. Applied component:
To allow students the opportunity to demonstrate their multicultural competence, all students will complete one of the following activities:

   a) A practicum dealing with a diverse client group or setting where multicultural supervision is provided;
   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 and which includes culturally sensitive procedures, analyses, and interpretation.

All students must complete and submit the "URI Psychology Department Multicultural Competency Verification Form" to their major professor, program director, and the department chair prior to graduation.

Issues to Consider in Creating Multiculturally Competent Graduate Student Research Projects

Research Stage	Issues to Consider/Recommendations
Problem formulation & conceptualization	☐ Cultural influences on research topic ☐ Development of critical consciousness and reflexive practice
Literature Review	☐ Extant literature on this topic with diverse populations ☐ Applicability of topic on diverse populations ☐ Existing discourse with respect to marginalized populations ☐ Relevance of bias, privilege, power, and disenfranchisement
Methodology and Methods	*Participants* ☐ Determine demographic characteristics in the population ☐ Power study to detect differences *Concept, Measurement, and Instrumentation* ☐ Implications of etic and emic concepts ☐ Content validity and appropriateness of norms ☐ Cultural response sets and threats to validity ☐ Content and process of demographic data gathering *Institutional Review Board* ☐ Recruitment strategy and impact on sample diversity ☐ Recruitment of individuals from protected groups Consent process (e.g., reading level, translation)
Statistical Analyses	☐ Consider statistical issues included in *JARS* (2008) for cultural relevance ☐ Examine and handle missing data ☐ Conduct subgroup analyses for psychometric differences ☐ Conduct subgroup analyses for differences in outcome and performance ☐ Identify and analyze impact of socio-demographic variables
Interpretation & Discussion	☐ Identify multicultural literature that might explain between- or within-group differences ☐ Note relevant limitations (i.e., generalizability to socio-demographic groups, psychometric properties of instruments, etc.) ☐ Include future directions for inclusive research in the area ☐ Limitations address how conclusions drawn from the study findings might be limited by sample characteristics
Writing	☐ Check for biased language (consult APA publication manual)

Note: Specific example includes: A research project investigating bullying.

a) The write-up describes if this is a problem reported more for one group over another (e.g., girls/women more than for boys/men; one racial/ethnic group ver another; straight versus gay; etc.).

b) The write-up specifies the characteristics of the sample, and also addresses limitations in conclusions that can be drawn from the findings related to the sample characteristics.

URI Psychology Department Multicultural Competency Verification Form

Student name:_____   Date:_____

Program

Area (Behavioral Science, Clinical):_____

This is to certify that I have completed the Multicultural Competence requirement by successfully completing the following activities (*one component per category*):

1. **Didactic component:**

_____PSY600

_____PSY643

_____A course in Multicultural Psychology approved by the URI   Psychology Department Multicultural Focus Area. List name of course here:_____

2. **Research component:**

      a. *Research competency*: Incorporated multicultural considerations into research competency? Yes_____No

      b. *Master's thesis proposal:* Incorporated multicultural considerations into thesis proposal? Yes_____No_____

      c. *Dissertation proposal:* Incorporated multicultural considerations into dissertation proposal? Yes___No___

3. **Applied component:**

_____Practicum (List course # and title):

_____Teaching (List course # and title):

_____Research project (List title):   _____

_____Comprehensive exam question (List title):

_____Other (Describe):   _____

_____   _____
Student print name here   Major professor print name here

_____   _____
Student signature here   Major Professor signature here

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.

Externship Readiness Evaluation

Date: _____   Student Name: _____

Major Professor: _____   Year in Program: _____

Below, please list all PCC practica completed to date.

PCC Practicum	# of direct hours	# of supervision hours

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

Other clinical training (e.g., externships in summer)	# of direct hours	# of supervision hours	Supervisor Name

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

Name	E-mail	Phone	Clinical Placement

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

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   Program Director's signature
Conditions of Approval (if applicable):

Policy for Unaccredited Internships

All unaccredited internships must be approved by the Clinical Program faculty. Unaccredited internships must comply with the following requirements, all of which must be detailed in an internship agreement signed by student, internship site, and Program Director.

- o Sponsoring institution(s) must provide services to a population sufficient in number and variability to provide intern adequate experiential exposure to meet training purposes, aims, and competencies
- o Intern will engage in clinical services which contribute to the specific training and career goals of the intern
- o Internship must be full-time or part-time but must have the equivalent of 1-year full-time or 2 years half-time
- o Single or multiple sites
- o Internship site recognizes the importance of cultural and individual differences and diversity in the training of interns
- o Internship site provides an appropriate, supportive, and inclusive learning environment for interns
- o Interns are provided financial support
- o Interns are provided access to training resources
- o Completion of intern performance evaluations (at least 2x/year)
- o Remediation procedures are in place
- o Supervision: at least 4hrs/week (2 hours must be individual supervision by a licensed clinical psychologist, the other 2 by an "appropriately credentialed" individual
- o Supervision must include direct observation (live or video-taped) of intern's clinical service at least once per each evaluation period
- o Clinical activities provide exposure to all nine (9) profession-wide competencies
- o Site offers educational activities to support developing competencies
- o Intern's service delivery must have a training/learning focus (as opposed to revenue generation)
- o Throughout the internship year, there will be communication between the program and the internship site

PSYCHOLOGY DEPARTMENT
TEACHING ASSISTANTSHIP EVALUATION: FACULTY PERSPECTIVE

<u>Instructions:</u> 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)

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

_____   _____
Teaching Assistant   Date   Supervisor   Date

PSYCHOLOGY DEPARTMENT
TEACHING ASSISTANTSHIP EVALUATION: STUDENT PERSPECTIVE

<u>Instructions:</u> 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:_____

<u>Assistantship type</u> (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)

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

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 rates 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.

GOAL: Summarize the problem(s) that needs remediation or the obligation(s) that remains outstanding.
What previous efforts have been made to resolve this concern(s) and what were the outcomes?
ACTION PLAN: How, specifically, will the student develop this skill(s) or meet this obligation(s)? (*Note*: List all steps necessary to complete this plan and who is responsible for each step.)   **Steps**   **Who is Responsible?**
BARRIERS: What may be barriers to the development of the necessary skills or completion of the outstanding tasks? (*Note*: Please list potential barriers and workarounds to avoid those barriers.)   **Barriers**   **Workarounds**
RESOURCES: What resources are available or are needed to develop the necessary skill or to complete the task?
How will the student find, request, and obtain resources?

DEADLINES: By what dates does the student commit to completing each step necessary to remedy the problem?		
Steps	**Deadlines**	**Initial when Complete**

CONTINGENCIES: What will occur if a deadline is not met?

OUTCOMES OF SUCCESSFUL REMEDIATION: What will occur once the deadline is met?
(*Note*: Once the deadline is met, has the problem been remediated? If not, what additional steps are needed?)

NEXT STEPS: When is the next meeting/series of meetings the student has negotiated with the advisor/the DCT to report on progress?

Sign Upon Creation of Plan:

_____   _____   _____
Student Print Name   Student Signature   Date

_____   _____   _____
Faculty Print Name   Faculty Signature   Date

_____   _____   _____
Director of Clinical Training Print Name   Director of Clinical Training Signature   Date
Sign Upon Completion of Plan:

_____   _____   _____
Student Print Name   Student Signature   Date

_____   _____   _____
Faculty Print Name   Faculty Signature   Date

_____   _____   _____
Director of Clinical Training Print Name   Director of Clinical Training Signature   Date

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF CLINICAL PSYCHOLOGY PROGRAM MANUAL

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 (Deena Mandes) for placement in your clinical student folder.