

CLINICAL PSYCHOLOGY PROGRAM STUDENT HANDBOOK

Department of Psychology
University at Buffalo
The State University at New York

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CHAPTER 1

Nature of the Program

Welcome to the Clinical Psychology Ph.D. Training Program. We hope that the years that you spend in the program will prepare you for the many exciting careers available to you. This manual is meant to provide some basic guidance for you as you plan your training. It should be supplemented by the Psychology Department's Graduate Student Manual. Even more important, however, is the thoughtful advice and recommendation of your faculty advisor. You will find that the faculty, and particularly your faculty academic advisor, are helpful and supportive.

Like all quality programs in clinical psychology, this program is demanding. The faculty will expect you to learn to do professional quality work. Although our standards are high, we try to maintain a supportive and encouraging attitude. We strongly encourage you to get involved in your advisor's laboratory immediately and stay involved right up to the completion of your Ph.D. Most of the students selected for this program are highly successful in their graduate training. We know, however, that students are much more likely to get into academic difficulty because they isolate themselves from aspects of the program or from their faculty advisor.

The following material represents a description of the specific requirements and details of procedures for completing the Ph.D. degree in Clinical Psychology. Please note that our training program, like the discipline of psychology, is constantly reevaluated and modified to reflect changes in the discipline. The requirements spelled out in this manual may differ from earlier versions of the manual. You should rely on the edition that came out the year you started the program as a guide for what you are required to do to complete your program.

You should obtain a copy of the Department of Psychology's Graduate Student Manual, which includes information on matters not discussed in this Clinical Psychology Manual, including procedures and deadlines for becoming a doctoral candidate, steps to follow in completing the dissertation, policies on assistantships, registration, transfer of credits, incompletes, grievance procedures, etc.

CHAPTER 2

Program Requirements

In order to receive the Ph.D. in Clinical Psychology a student must complete six requirements: (1) course requirements; (2) ethical and professional training; (3) two preliminary projects; (4) practical competence in clinical skills; (5) an approved clinical internship; and (6) a doctoral dissertation and defense of the dissertation. Each of these is described in detail below.

COURSE REQUIREMENTS

- ___ PSY 604, Research Methods in Clinical Psychology
- ___ PSY 607, Advanced Statistical Methods I
- ___ PSY 608, Advanced Statistical Methods II
- ___ PSY 609, Multivariate Statistics
- ___ PSY 624, Clinical I: Psychopathology
- ___ PSY 654, Clinical II: Psychological Assessment
- ___ PSY 751, Clinical III: Clinical Treatments: Adult
- ___ PSY 778, Clinical IV: Clinical Treatments: Child & Family
- ___ PSY 611, History & Systems
- ___ PSY 617, Advanced Developmental Psychology
- ___ Clinical Elective*
- ___ PSY 513, Biological Bases of Behavior (biological distribution course)
- ___ PSY 639, Cognitive Processes (cognitive-affective distribution course)
- ___ PSY 680, Advanced Social Psychology (social distribution course)
- ___ PSY 899, Introduction to Professional Issues in Clinical Psychological Science
- ___ Practicum I (Intervention I, Intervention II)
- ___ Practicum II (Intervention III & Intervention IV)

*Clinical electives are defined as graduate level courses taught by core clinical faculty that are not part of the required sequence (including but not limited to Structural Equation Modeling, Development and Psychopathology, Addiction, Clinical Psychophysiology, and Teaching Psychology). In addition to courses taught by core clinical faculty, Multi-Cultural Psychology in the Counseling, School, and Educational Psychology Department counts as a clinical elective. If in doubt about whether a particular course is considered an elective, consult with the DCT.

NOTE: The University has a 72-credit rule that states that tuition will not be waived for more than 72 credits of graduate study.

SEQUENCE OF COURSES/ACTIVITIES

The clinical psychology doctoral program is designed to be completed over six years total—five in residence completing course requirements, clinical practica, and research—and a final year completing an APA-accredited clinical internship. Below is a typical course and activity sequence.

	FALL SEMESTER	SPRING SEMESTER
YEAR I	Introduction to Professional Issues (899) ¹ Advanced Statistics I (607) Psychopathology (624) Research Methods (604) Research	Introduction to Professional Issues (899) Advanced Statistics II (608) Psychological Assessment (654) Adult Treatments (751) Research

	Clinical Brown Bag ²	Clinical Brown Bag ²
YEAR II	Multivariate Statistics (609) Intervention I (671): Practicum Bio, Cog, or Soc Distribution Course Research Clinical Brown Bag ¹	Child/Family Treatments (778) ³ Intervention II (672): Practicum History & Systems (611) ⁴ Research Clinical Brown Bag ¹
YEAR III	Intervention III (763): Practicum Bio, Cog, or Soc Distribution Course Bio, Cog, or Soc Distribution Course Research Clinical Brown Bag ¹ 2nd-Year Project Presentation Intervention V (765) ⁶	Intervention IV (764): Practicum Developmental Psychology (617) ³ Clinical Elective ⁵ Research Clinical Brown Bag ¹ Clinical Case Presentation
YEAR IV	Research PSC Caseload ⁷ External Placement ⁸ Clinical Brown Bag ¹	Write/Defend Dissertation Proposal PSC Caseload ⁷ External Placement ⁸ Clinical Brown Bag ¹
YEAR V	Dissertation Research Apply for Internship Clinical Brown Bag ¹	Dissertation Research Internship Interviews Clinical Brown Bag ¹
YEAR VI	Clinical Internship	Clinical Internship

Notes:

- ¹ Full title of course is "Introduction to Professional Issues in Clinical Psychological Science." This seminar is a one-credit course designed to orient students to graduate school, clinical research, and professional development. It is required in both semesters of students' first year and optional for other students.
- ² Students are expected to attend and participate in Clinical Brown Bag presentations every semester in which they are in residence.³ Child/Family Treatments (778) and Developmental Psychology (617) are rotated every other year in the spring semester.
- ⁴ History & Systems (611) is typically offered every other year, and thus students typically take it either in their second or third year.
- ⁵ Clinical electives—defined as graduate-level courses taught by core clinical faculty that are not part of the required sequence—typically are offered only in the spring semester and can be taken as a third or fourth course.
- ⁶ Any student seeing PSC cases over the summer between their 2nd and 3rd year is expected to enroll in Intervention V (PSY 765) during the fall semester of their 3rd year.
- ⁷ After completing the required practicum course sequence, students are expected to carry three cases (average 2 client contact hours per week) at the PSC when in residence and complete a minimum of 52 hours of direct service hours per year, with the exception of the internship application year. Up to half of these hours can be completed in a faculty-sponsored intervention setting. These are typically research-based interventions that are part of a faculty member's ongoing research program. All such experiences require the prior approval of the clinical faculty. Contact the DCT for details. Students must accrue a minimum total of 150 direct service practicum hours in the PSC.
- ⁸ An external placement is optional and is usually done after the third year. See below for details.

Clinical Hours

Students should maintain ongoing records of their clinical hours. There are programs that can be purchased to do this, or students may develop their own systems. Students are expected to monitor their hours with an eye toward goals for internship, and to discuss these with their mentor as part of

their semesterly evaluations. Students should not count on picking up internship hours late in the program (e.g., in the 4th and 5th years) in the event that they are “behind” on clinical hours, as supervision for this may not be available.

EXTERNAL PRACTICA

An external placement is optional and is usually done after the third year. Interested students should talk with their advisor about the appropriateness of the timing and fit of the placement with their training goals. If after conferring with his/her advisor a student wants to pursue a pre-approved placement (see below for a list), he/she should contact the DCT to begin formal application to the site. There is also the possibility of doing an ad hoc external placement that has not been preapproved by the area. In this case the student should identify a site and develop a petition with his/her academic advisor describing the nature of the experience, how it will be supervised, how the placement will enrich the student's training and will be consistent with timely progress through the program. The proposal should be submitted to the DCT. Placements that have inadequate supervision, that are not consistent with the student's professional goals, or that do not facilitate timely progress through the program will not be approved. External placements do not relieve students of the responsibility of carrying clients in the PSC.

Students wishing to complete a pre-approved external placement must formally petition to the DCT at least one month prior to the proposed start date. Students wishing to complete a new, ad hoc external placement must apply to the DCT at least three months prior to the proposed start date to provide sufficient time for the DCT and clinical area to review the application and ensure that a valid affiliation agreement is in place. Affiliation agreements ensure that students are covered under the University's student liability insurance and that the experience can be counted as an approved educational experience.

All petitions—for both pre-approved or new placements—should include the following: Name of site, start and end dates for the practicum experience, supervisor name(s), time commitment per week, description of the experiences to be gained, status of all program milestones, and an endorsement from the student's academic mentor. Applications for new placements should include greater details regarding the nature of the practicum experience and the supervision to be provided, including all CVs for proposed supervisors. Without prior approval for external practica from the DCT, accrued hours will not be certified by the DCT on internship applications.

Current pre-approved placements include:

1. **The Psychosocial Oncology Program at Roswell Park Cancer Institute:** Roswell Park Cancer Institute offers a unique opportunity for psychologists-in-training. Psychology staff members work within a behavioral health model to deliver psychological support to patients and their families as they struggle with the stressors related to cancer and its treatment. Clinical responsibilities include assessment, crisis intervention, consultation with medical staff, individual therapy, family-based treatment, and grief counseling. Students typically rotate between the Hematological Oncology Services and Solid Tumor Services. Depending on the interests of the student and the needs of the Institute, there may also be opportunities for training on the Pain Service and Pediatric Service. Students are strongly encouraged to participate in research being conducted by Psychology Staff. The placement begins the first week in September and finishes in mid-May. Orientation is held in the first week of September. Students are expected to be on site for some portion of three days per week for a total of 16 to 18 hours per week. Students are expected to be available by pager at all times. Students

attend a weekly Intern Seminar (one hour per week) with presentations by Institute Staff addressing topics related to cancer and patient care. Supervision includes one hour of individual supervision weekly and one hour of group supervision monthly. In addition, supervision is available at all times on an as-needed basis. Application materials (CV, a letter of interest, and three letters of recommendation, including two letters from clinical supervisors and one letter from a faculty member) are due by March 15 each year. For more information about the practicum, contact Dr. Jennifer Hydeman (Jennifer.Hydeman@RoswellPark.org).

- 2. Pain Management Center in the Department of Rehabilitation Medicine at ECMC under the supervision of Dr. Lisa Keenan:** The Erie County Medical Center (ECMC) is one of the fastest growing hospital systems in Western New York. The placement is offered through the Department of Rehabilitation Medicine where externs work collaboratively with a team of medical professionals that includes physicians, nurses, social workers, and physical therapists. The placement provides experience working in the field of health psychology. Responsibilities include assessment and individual and group therapy within an inpatient and outpatient setting. There is also an opportunity to observe psychiatrists and other mental health care workers in the hospital's psychiatric emergency unit. The patient population can vary widely but typically includes mood disturbances following the onset of paraplegia or quadriplegia, anxiety and chronic pain secondary to a motor vehicle accident or work-related accident, and chronic pain due to medical conditions like fibromyalgia, sarcoidosis, and multiple sclerosis. Externs will also work with traumatic brain injury patients. Behavioral and cognitive-behavioral interventions are the primary modes of treatment. Supervision is provided weekly and may be conducted individually or in a group format. The placement requires a set schedule and a minimum of two days/week; however, there is some flexibility in the number of hours worked each week. Applications typically are due in the Spring semester. For more information about this placement, please contact Lisa Keenan (LKeenan@ecmc.edu).
- 3. Adolescent Inpatient Unit at Erie County Medical Center (ECMC) under the supervision of Dr. Sarah Taber Thomas:** The adolescent inpatient unit population at ECMC includes adolescents (ages 13-18) who are usually admitted from the emergency room or the intensive care unit of ECMC. The average stay on the unit ranges from 1 to 3 weeks. Most of the patients have co-morbid disorders. The treatment milieu includes pharmacological treatment, group counseling, individual therapy, family meetings, and a day school. Between 5 and 15 patients are treated on the unit at any given time. Extern involvement will consist of attending staff meetings and rounds twice a week from 9am to 11am, and leading or co-leading a manualized cognitive behavioral substance abuse treatment group. There is also the opportunity to conduct individual substance abuse prevention motivational interviews. Supervision will take two forms. After each group session, on-site supervision will be conducted by Dr. Dori Hobika, a unit psychiatrist. Weekly supervision of group process and individual motivational interviews will be conducted by Dr. Taber-Thomas.
- 4. Early Recovery Substance Abuse Rehabilitation Unit at Erie County Medical Center (ECMC) under the supervision of Dr. Jennifer Read:** The early recovery inpatient unit population at ECMC includes adults ages 18+ who are in early recovery from substance use disorders. The average stay on the unit ranges from 2 to 4 weeks. Many of the patients have co-morbid disorders. Extern involvement will consist of consulting with the unit director about patient status, and completing a 1-hour manualized motivational intervention to enhance motivation to engage with twelve-step (e.g., AA) intervention. Supervision takes place weekly, typically in a group, at UB, and is led by Dr. Jennifer Read.

- 5. Children's Psychiatry Clinic of Women and Children's Hospital, under the supervision of Dr. Alex Cogswell:** The Children's Psychiatry Clinic of Women and Children's Hospital provides assessment and individual and group psychotherapy to Western New York youth and families. Practicum students conduct assessment and treatment, and collaborate with staff psychiatrists and outside agencies. Students attend weekly staff meetings, biweekly case conferences, monthly Academic Rounds, and a weekly didactic training series. Students receive a minimum of one hour of individual supervision per week, with additional opportunities for more informal group/peer supervision. In terms of theoretical orientation, all supervisors on staff identify as primarily behavioral or cognitive-behavioral, and emphasize training students how to flexibly apply empirically-supported interventions, often within the contexts of very challenging family and larger systemic difficulties. Students should be available approximately 15 hours per week spanning the academic year. Students must be available to attend the above-referenced meetings, all of which take place on Thursdays, and otherwise are free to create their schedules at their convenience. To apply, submit a cover letter and CV by early March.
- 5. Provisional ad hoc placements:** In addition to the placements listed above, students have completed a number of ad hoc practica in recent years. These include a Geropsychology Practicum at the VA Western New York Healthcare System, a forensic assessment practicum at Erie County Forensic Mental Health Services, an addiction practicum the Clinical Research Center at the Research Institute on Addictions, and an inpatient practicum at the Buffalo Psychiatric Center. Note that these sites are not yet pre-approved, and so please see the DCT for more information prior to submitting an application.

ETHICS, DIVERSITY, AND PROFESSIONAL DEVELOPMENT

- **Training Overview:** Consistent with guidelines outlined by the American Psychological Association Ethical Principles of Psychologists and Code of Conduct (APA, 2002), we view a solid understanding of ethical and diversity issues affecting the practice of psychology to be an essential foundation of your training. Accordingly, we have developed a curriculum that will provide you with training in these issues as they may present in all aspects of your future role as a scientist and practitioner. We have adopted an infusion model. Thus, ethical and diversity issues relevant to various course content areas are represented throughout your training curriculum in class assignments, readings, practicum experiences, and topical discussions. In this training curriculum, diversity is defined inclusively, limited not only to ethnic diversity, but to the myriad ways in which individual characteristics or group membership may define individuals or societies. Such influences include but are not limited to culture, sex, ethnicity, age, religion, socioeconomic status, sexual orientation, and learning, developmental and physical disabilities. Students are expected to develop an understanding of the diversity and ethical issues underlying professional and scientific responsibility and integrity.
- **Learning Objectives:** Ethics and diversity knowledge obtained through your readings, course assignments, class lectures, area colloquium, and practicum experiences will inform your scientific, didactic, and clinical practice of psychology. This will include consideration of ethical and diversity issues in domains such as psychological assessment, case conceptualization, treatment efficacy, research design, recruitment and treatment of human research participants, and teaching and mentoring. Each student is expected to read and become thoroughly familiar with the APA Code of Professional Ethics. Readings on ethical standards in research and practice are assigned and discussed in several required courses (PSY 605 Clinical Research: Design, Methods, and Ethics, PSY 624 Psychopathology, PSY 654 Psychological Assessment, PSY 751 Clinical Treatments). Readings on diversity are assigned in discussed

in most required classes (PSY 605 Clinical Research: Design, Methods, and Ethics, PSY 654 Psychological Assessment, PSY 751 Clinical Treatments), and elective courses. We expect that you demonstrate understanding of ethics and diversity as they are relevant to each of these areas will prepare you for the competent practice of psychological science.

- **Outcome Assessment:** Your mastery of the material outlined in our learning objectives will be assessed in several ways across various courses and through specific assignments, which will be delineated in individual course syllabi. To ensure full integration of this material into your role as a clinical scientist, your Third Year Clinical Case Presentation also will include a component devoted specifically to ethical and diversity issues. As such, for your successful completion of the Third Year Clinical Case Presentation you will need to demonstrate facility and application of knowledge of ethics and diversity as it is applied to a client case.

PRELIMINARY REQUIREMENT

The preliminary requirement must be completed before filing for candidacy for the doctoral degree, and consists of four components: (1) a Second Year project, (2) a Third Year project, (3) a Third Year Clinical Case Presentation, and (4) Certification of pre-internship clinical competence. It is the responsibility of the student to inform the area in writing of the completion of the second and third year projects, and the clinical case presentation using the appropriate form shown in the appendix of this manual. In addition, for Second and Third Year Projects, a final copy of the approved paper must be filed in the clinical area office. A permanent file of second and third year project papers is kept in the clinical psychology area office and is available for the use of both students and faculty.

Each of these preliminary requirements produces direct benefits for the student. The professionally relevant educational benefits include, but are not limited to, the following:

1. Close individual contact with committee members, enabling the student to better understand and utilize the committee member's intellectual viewpoints, knowledge, and experience and enabling the faculty member to make sound evaluative judgments of the student.
2. Increase in experience, confidence, and professional identification as a consequence of completing work of considerable scope that faculty accept as meeting standards of performance applicable to the doctoral program.
3. Furtherance of progress in the doctoral program through the use of knowledge and skills in designing or completing additional requirements such as the proposal for the doctoral dissertation or the dissertation itself.
4. Furtherance of professional career through publication of the work or through presenting it in professional contexts such as professional meetings, colloquia, seminars, or lectures.
5. Use of the work in other professional contexts, such as job interview, program planning and implementation, or research grant applications.

Research Mentorship

The first step in the completion of the second and third year projects is to develop the skills necessary to accomplish these tasks. Each student should at all times during their graduate career work with a faculty member who has an active research program. Each semester students are evaluated in

regard to their research activities with their mentor.

Second Year Preliminary Requirement (Second Year Project)

Each student is required to complete an empirical research project under the guidance of a chair and at least one additional clinical area committee member. If it would be helpful for the project, a clinical adjunct faculty may serve as a third committee member. Although known as the “Second Year Project,” work on this requirement should begin during the first year of graduate school. The project must be completed by the end of the fourth semester of graduate school.

The following steps are involved in completing this requirement:

1. A formal written proposal for the research project should be prepared by the student under the direction of the chair and submitted to the remaining committee member(s) for review. A proposal meeting will be held to discuss the details of the proposal and approve the final design. The proposal must be completed by August 1 following the first year of graduate study.
2. At the end of the 4th semester (Spring of 2nd year), the student submits a written paper based on the study. This paper should follow APA style and take the form of a manuscript that could potentially be submitted for publication. The committee will read and evaluate the paper. At the discretion of the committee the paper may need to be revised and resubmitted before it is approved. Once approved, the paper should be filed with the clinical area administrative support person, together with the approval form signed by the committee (see appendix).
3. Students are expected to present their Second Year Projects at the Clinical Brown Bag in the fifth semester of the program. This presentation, however, does not constitute part of the evaluation of the project. Presentations should be no longer than 30 minutes in length and will be followed by a question-and-answer period. Clinical faculty and students will complete a feedback form for each presentation. The feedback is designed to be formative to help students develop their presentation skills. (The feedback form is included in the appendix.)

Third Year Preliminary Requirement (Third Year Project)

Each student also is required to complete a written Third Year project under the guidance of a chair and at least one additional clinical area committee member. If it would be helpful for the project, a clinical adjunct faculty may serve as a third committee member. The specific nature of the project will be tailored to the needs of the student and hence various types of papers can satisfy the Third Year preliminary requirement. These include, but are not limited to, a critical review paper, a paper reporting a meta-analysis, a theoretical paper, a paper reporting empirical research, or an NRSA or F31 grant application. Whatever option is chosen, the paper should be no longer than 50 double-spaced typed pages (using Times New Roman 12 point font), including the reference section, tables, figures etc. The paper must follow APA publication style.

The following steps are involved in completing this requirement:

1. The student chooses a topic and prepares a statement of goals (maximum of two pages), which is to be presented to prospective committee members. After some discussion with faculty, the student forms a committee.

2. A paper is prepared in consultation with the committee.
3. All students must have a meeting of their committee to discuss their final paper. At this meeting, students should be prepared to give a brief oral presentation of their project and to discuss the paper. The exact nature of the presentation and discussion is to be determined by the committee. The committee evaluates and, if appropriate, approves the paper. Once approved, the paper should be filed with the clinical area secretary, together with the approval form signed by the committee (see Appendix).

Given the critical importance of the Second and Third Year Projects in the training of the Ph.D. candidate, a waiver of these requirements based on previous work generally will not be granted.

The high expectation for quality in these projects will mean that most papers will go through several drafts. You should anticipate that it will require at least four months to bring a project from a complete initial draft to a fully approved project.

Deadlines for Completion of Projects

The Second Year and Third Year Projects are to be completed by the end of the fourth and sixth semesters, respectively. It is important for you to have a realistic sense of the time pressures imposed by this system of deadlines. Most students should use their first semester to explore possible topics for their preliminary requirements, and to approach faculty members about being on the committee.

If you cannot complete a project by the deadline, you must submit a formal petition to the clinical area for an extension. **This petition should be submitted as soon as it becomes clear that the original deadline is not likely to be met. It must be submitted no later than the date of the original deadline.** In the petition, you must demonstrate that the project was begun early, pursued in earnest, and designed intelligently, and that unpredictable circumstances have impeded the proper collection of data or the proper analysis of data. You must also provide a timeline documenting the steps needed to finish the project and request a specific date for the extension. Extensions can be granted for up to (but not exceeding) 12 months from the original deadline date. The student must obtain their advisor's signature, indicating his/her approval, before submitting this petition to the Clinical Area Head.

Students who complete required projects within the stated deadlines are considered to be *in good standing* in the program. Students who do not complete a preliminary project by the deadline are considered to be *not in good standing* in the program unless they have an approved extension. (Extensions are only granted if submitted prior to the date of the original deadline.) Likewise, students who do not complete a preliminary project by the date of an approved extension also are considered to be not in good standing in the program. Good standing is regained once the student completes all tardy projects. If the student is not in good standing for 6 months, the student must submit a formal letter to the Area documenting progress that has been made and remaining steps needed to complete the preliminary project. If the student is not in good standing for 12 months, the Area Faculty will formally vote on terminating the student from the program. Funded students on an extension or not in good standing are not allowed to engage in external teaching activities. (This restriction does not apply to unfunded students). Students on an extension can petition the faculty for an exemption to this policy.

Faculty are expected to read and promptly return drafts of these major projects. The operational

definition of “promptly” is within three weeks. We feel students should not be penalized for delays caused by faculty. Therefore, any time a faculty member holds a paper longer than three weeks, the time in excess of three weeks becomes an automatic grace period. If there are delays on successive drafts, these grace periods are summed. The three-week rule does not apply to the summer months when faculty typically are not paid and not required to read papers. It is your responsibility to document delays in faculty reviews.

In a similar vein, students also have an obligation to submit work in a timely manner. Specifically, materials to be evaluated must be submitted at least two weeks prior to the scheduled examination date. When work is not submitted in a timely manner the examination date will be rescheduled to a time that is at least two weeks later than the date the work was submitted.

Third Year Clinical Case Presentation Preliminary Requirement

Each student must prepare an oral presentation describing an empirically supported intervention that she/he has delivered to an individual, couple, family, group, or community. This presentation should be about 25 minutes and delivered during the Clinical Brown Bag series in the second semester of the student's third year in the program. The presentation should demonstrate that the student has a conceptual understanding of important aspects of clinical evaluation and intervention and that the formulation of the intervention strategies was based on a set of principles that can be understood and discussed. The presentation should discuss the nature and extent of outcome evaluation and should reveal the student's level of clinical, as well as conceptual, skill in delivering the intervention. Furthermore, the presentation should consider the role (or potential role) of demographic and cultural issues, as well as relevant ethical issues, in the evaluation and treatment plan formulation; these considerations should be evidence-based when possible. Ideally, this presentation should possess value as a teaching instrument for beginning students.

The overriding goal of the presentation is to demonstrate students' clinical skills in the context of a clinical science approach. This includes skills in assessment, conceptualization, intervention, and clinical decision making, as well as the application of the scientific literature to each of these activities. Students are expected to demonstrate both breadth and depth in their thinking about clinical activities. The Area's evaluation will focus on the student's ability to discuss the following aspects of an intervention of their choosing:

1. Conceptualization: Identify the client (individual, couple, family, organization, community, etc.) and describe the formulation used to understand the client and to design the intervention. Be sure to discuss the theoretical framework underlying the case conceptualization and why that framework was chosen over alternative theoretical frameworks.
2. Assessment procedures: The assessment should inform case conceptualizations and be used to track progress relevant to therapy goals. Describe how the initial assessment was conducted and how ongoing assessment over time was designed and conducted. Show test results and describe the clinical hypotheses that they suggested.
3. Process and outcome of intervention: Describe the course, progress, and outcome of the intervention and discuss factors relevant to this course (e.g., specific gains made and what led to them, problems in the working relationship with the client and how they were handled, non-compliance and how that was handled, etc.)

4. Ethical issues: Identify relevant ethical issues that bear upon working with this client (e.g., confidentiality, conflict of interest, dual relationship, etc.).
5. Socio-cultural/socio-political issues: Discuss larger social, environmental, or contextual factors that bear upon working with this client (e.g., socioeconomic status, ethnicity, sexual orientation, disabilities, gender issues, stigma, religion, managed care, etc.).
6. Use and Discussion of Evidence-Based Practices: Discuss and cite the empirical basis for your case conceptualization (e.g., how does the scientific literature bear upon your diagnosis and case conceptualization?) and the evaluation/intervention procedures you used with the client (e.g., the relevant outcome literature). In doing this, compare and contrast the scientific basis of your chosen procedures with other empirically supported methods discussed in the literature; provide a clear and compelling argument for your choice of methods.

In addition, you also will receive a “Fidelity” rating from any supervisor who has overseen the case.

Note that all required elements need not be relevant to a given case presentation. When a required element is not particularly relevant, the student will be expected to talk more broadly about that element from an academic point of view (and/or to speculate on the ways it could have been relevant if the client presented differently).

Students should use whatever materials are appropriate (e.g., test results and profiles, recorded interviews with the client, etc.) to maximize the presentation's worth as both a teaching tool and a vehicle for evaluation of clinical skills. Note, however, that care should be taken throughout the presentation to guard the identity of the client as much as is possible. Given the sensitive nature of these presentations, attendance will be limited to only core clinical faculty, clinical supervisors, and doctoral students. In order to help with time management, the presenters will be given a signal at 20 minutes that they have 5 minutes to complete their presentation. At 25 minutes, the presentation will be terminated.

The core faculty of the Clinical Area will evaluate the presentation according to the competencies detailed above. These evaluations will be tabulated by the DCT, who will provide feedback to the student one week after the presentation. Subsequent to the provision of feedback, the evaluations will be filed in the student's folder in the clinical area office. If the presentation does not meet the standard for competence in any of the evaluation domains (defined as a average score of at least 3 out of 4 in any domain or the total score), remedial steps will be discussed by the clinical faculty at the student guidance meeting at the end of the semester. Once the presentation is approved, the student should file the approval form signed by the primary mentor and the DCT to the area administrator.

Pre-Internship certification of clinical competence

To be certified as clinically competent the student must successfully complete: (1) at least two year-long practica (four courses) beyond the Clinical Interventions courses. There should be non-overlapping supervision among the courses so that each student will have been supervised by at least two different clinical faculty supervisors; (2) the third-year clinical case presentation.

APPROVED CLINICAL INTERNSHIP

In addition to the preliminary certification of clinical competence, the student must satisfactorily

complete an approved internship. To apply for internship in a given year, ALL required courses, research projects, practica, the clinical case presentation must be completed by October 15 of that year. In addition, students applying for internship are required to defend their dissertation proposals by September 15 of the application year. If the committee requests changes, students will have until October 15 to complete the changes and get approval from all committee members. If these deadlines are not met, students will not be certified for internship readiness by the DCT.

Students can assume that any APA-approved internship that is primarily Clinical Psychology in nature will be approved by the Area. Students are required to complete the APPIC application, interview process, and the primary internship match process before the Area will consider or allow an "in-house" internship or an internship that is not APA-approved. In such cases, students must submit a petition to the Area that:

1. provides a clearly specified training plan documenting the nature and timing of the rotations, as well as the nature of the supervision. At least 60% of this training must involve new experiences that are distinct from previous training and new supervisors.
2. makes the case that these experiences advance the student's training forward, are distinct from past training, and are the next step in the student's professional development.
3. insures that there is a mechanism in place by which the student's performance is evaluated (and that this information is communicated to the DCT) and that the approved training plan was followed.
4. includes the APPIC Application For Psychology Internship (AAPI) Part II form.

These petitions would then be considered by the faculty on a case-by-case basis.

It is expected that a student will complete an approved internship satisfactorily. An evaluation of performance will be obtained from the internship agency. The internship must be completed to the satisfaction of the internship agency for the student to qualify for the Ph.D. degree.

DOCTORAL DISSERTATION

Character of the Dissertation: The Ph.D. Dissertation must be a major piece of research that is grounded in clear and meaningful psychological theory and is a thoughtful, integrated, original research effort. The dissertation should address a substantive research problem in psychology. The dissertation research will be guided and evaluated by a Faculty committee selected by the student, with consultation with the major professor.

Dissertation Committee: The student shall select a major professor who will bear most of the responsibility for guidance. In addition, three other faculty members will serve on the Dissertation Committee. As described in the Psychology Department Graduate Student Manual, two of the four committee members must be from one of the areas within the Department. One faculty member must be from a different area within the department. The fourth committee member can be from any department at the University. More details concerning procedures for submitting the dissertation are contained in the Psychology Department's Graduate Student Manual. In addition, students should consult the Office of the Graduate School for the most current administrative details concerning the deadlines for submission of programs, etc.

Scheduling a Final Defense: Per Department and University Policies, students must complete the “Permission to Defend” form (PT-D) and have it signed by all committee members at least two weeks prior to scheduling a final defense date. The purpose of this form is for committee members to make a determination that the written document is above threshold for holding the final defense meeting. In practice, this means that students must distribute their dissertation final drafts to their committee members at least four weeks prior to an anticipated defense date (two weeks prior to PT-D form deadline). Note that if any committee member deems the written document to be below threshold, additional time will be needed before a final defense date can be scheduled. Please keep these firm deadlines—as well as the degree conferral deadlines set by the Graduate School in a given year—in mind when planning your dissertation timeline. Finally, per Department rules, note that students are not permitted to participate in graduation ceremonies unless the dissertation has been successfully defended.

Time to Completion of the Degree: The program is designed to be completed in six years—five in residence completing course requirements, clinical practica, and research—and a final year completing an APA-accredited clinical internship. Going longer than five years in residence requires a formal proposal to and approval of the Area faculty. An extra year is permissible only when circumstances justify it (e.g., a funded NRSA fellowship, other unavoidable circumstances). In addition, note well that the Graduate School requires that work toward a Ph.D. degree must be completed within seven years (official leaves of absence excluded) from first registration date. The student may petition for an extension of this deadline, but the Graduate School is not easily swayed in granting such extensions.

SUMMARY OF MINIMUM LEVELS OF ACHIEVEMENT

To graduate from the Clinical Psychology PhD program at the University at Buffalo, the following summarizes the minimum levels of achievement. Details and operational definitions are found throughout this handbook.

1. Students must pass all required courses with a grade of B- or better.
2. Students must successfully propose, complete, and defend an empirical Second-year Project, and must present the results of the project during the clinical brown bag series.
3. Students must successfully complete and defend a Third-year Project.
4. Students must successfully complete the Third-year Clinical Case Presentation in the clinical brown bag series. As described above, scores of 3 or better are required for all evaluation criteria and the aggregate score.
5. Students must maintain regular attendance at clinical brown bags while they are in residence.
6. Students must participate in manuscript preparation activities during their tenure in the program, which includes at minimum the write-ups for their Second-year project, Third-year project, and doctoral dissertation. In addition, students are encouraged to submit these manuscripts for publication and to collaborate with faculty on additional manuscripts beyond those required by the program.

7. Students must disseminate their research publically, at minimum to the Clinical faculty and students in the clinical brown bag series, but preferably at professional conferences and meetings.
8. Students are expected to participate in professional activities at the Department, University, community, and/or profession levels. This can be demonstrated in a wide variety of ways, including involvement in professional organizations; membership on Department, University, or professional organization committees; participation in manuscript review activities; presentations; publications; grant writing; and/or teaching.
9. Students must successfully complete all University-mandated research ethics courses (e.g., CITI course) and demonstrate sensitivity to ethical principles in clinical and research work.
10. Students must demonstrate sensitivity to diversity in clinical and research work.
11. Prior to being certified as ready to apply for internship, students must attain ratings of 2 or greater ("developmentally expected level of performance") on all domains listed on the Clinical Practicum Evaluation Form, completed following each internal and external practicum experience.
12. Students must successfully complete an APA-accredited predoctoral internship or a non-accredited internship approved by the Clinical Area faculty.
13. Students must successfully complete the dissertation.

CHAPTER 3

Procedural Matters

Student Guidance and Consequences of Negative Evaluations

At each stage of progress through the program, the student's advisor reports to the Area Faculty on the progress and performance of the student. Students failing to meet any program requirements satisfactorily may, at the option of the faculty, be given a second chance to meet that requirement. An individual who fails to meet preliminary requirements satisfactorily may be dropped from the program.

Clinical Competence Certification

In determining whether the student has met the minimum standards for clinical competence, the DCT consults with faculty and reviews written clinical evaluations and course grades. Based on this material, the DCT determines whether the student has had the minimum number of supervised client contact hours, has successfully completed the required practicum sequence, has demonstrated (via course performance and supervisor evaluations) an adequate level of clinical skill and requisite level of professional conduct, and has successfully completed the Third Year Clinical Case Presentation. For a student who fails to meet pre-internship clinical competence level, the following procedure is recommended: the student will conduct an additional year of clinical casework. This will include at least 52 hours of direct contact in the Psychological Services Center, as well as any additional placement. Upon completion of the casework, supervisors will submit their evaluations and a conference will be held in which the overall progress of the student from the initial point to the end point will be evaluated and another determination of clinical competence will be made.

If a student should fail to be certified on the second evaluation, the student will be dropped from the Clinical Psychology Program and allowed to pursue the Ph.D. in a non-clinical area, subject to the approval of the Graduate Studies Committee.

If a student fails to complete the internship satisfactorily, a determination will be made at that point about whether the internship was failed so severely that continued internship training would appear to be fruitless, or whether an additional internship year might be sufficient to bring the student up to professional skills level. Determination will be made on the basis of the full report from the supervising internship agency and on the basis of previous evaluations. If a student should be considered to have completely failed the internship requirements, he or she will be asked to pursue a non-clinical Ph.D.

Apprenticeships, Fellowships, and Assistantships

The major part of a student's training in our program is the mentorship relationship with a faculty member. Therefore, an essential component of the training program is a required apprenticeship for all students. Incoming students during their first year must establish an apprenticeship relationship with a faculty member.

It is also expected that faculty mentors will make the apprenticeship meaningful. The faculty member should involve the student in all phases of the ongoing projects, including conceptualization, design, execution, analysis, and evaluation. It is hoped that the student will thereby experience as broadly as possible the various components of the actual day-to-day experiences of the working faculty member.

After the first year, the student must continue in an apprenticeship relationship with a faculty member of his or her own choosing. Usually, the chair of each preliminary thesis or original research project will be working with the graduate student in an apprentice relationship. The chair of the doctoral dissertation committee frequently has a similar relationship with a student.

It should be clearly understood that the apprenticeship relationship required of students is independent of the financial support that they may receive from the Department. All students are expected to serve as apprentices, irrespective of their financial support or lack thereof. Similarly, as indicated in the Department's Graduate Student Manual, service as a teaching assistant or in teaching a course is considered part of a doctoral student's professional training. All students, whether funded or not, are expected to perform some teaching service during their graduate careers.

Standards about how much time a student should be spending on an apprenticeship are variable, but it is reasonable for a student to spend approximately 20 hours per week (about 1000 hours per year) in apprenticeship training with a faculty member. Students should be aware that when they pursue their careers after the completion of the Ph.D., the quality of performance in apprenticeship activities is likely to carry far more influence than grades and other so-called objective criteria. It is generally accepted that the relationship that students establish with faculty members may be a far more significant component of their overall graduate education than some of the other more formally prescribed components.

Advisement

Each student must have an academic advisor who is a member of the clinical faculty. The academic advisor can be the student's research advisor or it can be another faculty member. That is up to the student to choose. Some students may be more comfortable keeping their academic and research advisors as the same person while others may welcome the opportunity to have formal access to two faculty members. Either option is fine. Whatever option is chosen, it is important that each student be represented by a faculty member at each Student Guidance Meeting.

How do you go about getting an academic advisor? Simply ask - all faculty members are open to being approached by students who are not their research advisees. Establishing an advisor-advisee relationship occurs by mutual agreement of student and faculty member.

It is the responsibility of the faculty academic advisor to provide general counsel regarding:

1. departmental and area requirements
2. development of a program of studies
3. the full faculty's view of the student's progress through the program.

It is assumed that the existence of an academic advisor will ensure that at least one faculty member is concerned for the general welfare of each student. Students are encouraged to consult their academic advisor on any matter related to their graduate and professional careers. This is especially important in the first few months in the program, when you will be faced with difficult decisions (regarding courses, faculty committees, etc.) at a time when you may have little understanding of Area regulations, informal administrative practices, and the general "culture" of the Area.

Psychological Services Center

A considerable amount of your practicum training will occur in the Psychological Services Center (PSC). For example, Intervention I, II, III, and IV, which are required courses, take place in the PSC. You will begin seeing cases in the PSC in the Fall semester of your 2nd year in the program. To facilitate a smooth transition into your work in the clinic, the area has developed a procedure for “shadowing” a more senior student during the summer between your 1st and 2nd years. This is described below.

Clinical Shadowing Experience

During the summer before students' 2nd year in the program, they will have the opportunity to gain direct exposure to clinical work by “shadowing” a senior student in the PSC. For those students electing to shadow, the experience will include observing two therapy sessions from the observation room, and attending one supervision session with the senior student's supervisor. Prior to each therapy session the senior student will orient the junior student to the process of preparing for a session. In addition, they will debrief following each session, and review any questions the junior student might have. Ideally, the observation of supervision should occur between therapy sessions in order to demonstrate how supervisor feedback is provided and subsequently incorporated into a treatment plan. All advanced students will be contacted by the PSC Director at the beginning of the summer in order to identify volunteers to provide this shadowing opportunity; junior students will then be assigned accordingly.

Note that this shadowing experience is optional. It is intended to help students feel more comfortable when they begin their work in the clinic. It is not a program requirement. If you are interested in participating in this experience, you should contact the Clinic Director at the end of the Spring semester of your 1st year to be connected with a senior graduate student whom you can shadow.

In addition, any students seeing PSC cases over the summer between their 2nd and 3rd year are required to enroll in Intervention V (PSY 765) during the fall semester of their 3rd year. (A copy of the PSC Policy and Procedures manual is available on the Department of Psychology – Clinical Area website.) Please note that client records and reports must be completed in a timely manner. At the end of each term, the PSC Director and staff will complete a records audit; practicum grades and clinical competency certifications will not be provided until all client records are up to date.

Once you have completed your required practicum courses, you are expected to carry three cases (average 2 client contact hours per week) at the PSC when in residence and complete a minimum of 52 hours of direct service hours per year, with the exception of the internship application year. Up to half of these hours can be completed in a faculty-sponsored intervention setting. These are typically research-based interventions that are part of a faculty member's ongoing research program. All such experiences require the prior approval of the clinical faculty. If you are planning on completing hours outside of the PSC in a faculty-sponsored research setting, you should write a letter to the DCT detailing your plans, including the setting, the faculty member supervising your clinical activities, the total number of client contact hours and direct supervision hours you expect to have, and the dates that you will be involved in that setting. This letter should be submitted to the DCT no later than two weeks prior to your beginning seeing any clients in this setting. The DCT, in consultation with the faculty, will review your request and, if the activity is approved, a signed copy of the letter will be placed in your student file. Approval for these activities will be in effect for no more than one year after the submission of the letter.

Also note that the PSC maintains an incentive system for rewarding advanced students (i.e., those

beyond the required practicum courses) for seeing more than 52 hours of direct service in any given year. Once a student reaches the 52-hour threshold in a given year, \$5 of each additional session fee collected (or the actual fee collected if it less than \$5) is contributed to a pool of funds that can be used by students for professional expenses (e.g., conference travel, internship application expenses, books and software, etc.). Students' shares of this fund will be proportional to the number of client hours that they contributed to the pool. Note that incentive policies may change from year to year, depending on PSC revenues and expenses.

Semi-Annual Student Guidance Meeting

Twice each academic year the faculty will meet to review the progress of each student.

Progress report: Before each Guidance Meeting, you will be asked to complete a short progress report (see appendix for progress report form). You and your academic advisor should review your progress report (and discuss any other relevant matters) before the Guidance Meeting. This is not meant to be a bureaucratic chore but rather something functional, to ensure that faculty members have access to relevant information in considering your progress and that you have someone who can speak for you in the meeting.

Feedback letter: Your academic advisor will write you a feedback letter following each Guidance meeting that is co-signed by the DCT and the Director of Graduate Studies. You also will be asked to sign the letter, attesting that you have read the letter and discussed its contents with your advisor. The letter will become part of the records kept by the Department. Students and academic advisors may make additional arrangements for feedback (e.g., a face-to-face meeting) if they so wish.

Meeting that includes DCT: Where a student is encountering serious problems (or where special circumstances warrant), s/he will be asked to meet with her/his academic advisor following the Guidance Meeting. The DCT will also attend this meeting (as an aide memoire).

Third-year Review: A formal review of all students is completed at the end of their third year in the program. Those who have not completed required courses, research projects, clinical competency requirements, and other required assignments will be particularly scrutinized. Outcomes after this review include (a) continuation in the program, (b) continuation with a formal remediation plan and timeline, or (c) expulsion from the program.

CHAPTER 4

Expectations

Mentors

The most important person in your graduate career is your academic and research advisor or advisors. It is critically important that you maintain close contact with your advisor(s) throughout your graduate career. Graduate education is based on mentorship. If for any reason you are not comfortable with your advisor or if you would like to change your research focus and work with another advisor, you should take steps to connect with a new advisor of your choice. Nothing gets students in academic jeopardy more quickly than becoming isolated from the faculty and a faculty advisor.

The Faculty

The relationship between you and the clinical faculty is critical. You are encouraged to not only work closely with your mentor, but also to utilize the other faculty resources of the area. You will likely have courses from most of the faculty in the area. Courses at a graduate level are much more active than at an undergraduate level. Talking with faculty, discussing ideas, raising questions, are all a part of a graduate training. Bouncing ideas off two or three different faculty members often gives you additional perspectives on a problem and sharpens your own thinking. The members of the faculty are committed to graduate education or they would not be here. You will find most faculty members are easily approachable and willing to talk with you.

Professional Responsibility

From the day you start graduate school it is important to realize that you are now a professional. As a professional, much more is expected of you. Your mentorship relationship with your academic advisor involves a commitment to be an active part of his or her research laboratory. Your graduate classes and seminars are very important. The expectation is that you will attend all of your classes unless illness or an unavoidable professional conflict interferes with attendance. Deadlines are a constant fact of life for professionals, and they must be dealt with effectively. Waiting until the deadline is nearly here before beginning a project never works at a graduate level, where much more is expected than probably has ever been expected of you before. Your work with clients carries a number of responsibilities that are unlike any that you likely faced before. In an emergency, the welfare of your client comes first and foremost. That may mean speaking with your client at 2:00 a.m. if they are suicidal, and of course, contacting your supervisors (yes, calling them at 2:00 a.m. as well) to keep them informed of your actions. Appointments with clients should be considered sacred. You should arrive on time and prepared for every session. The professional responsibilities that you have to your client can be complex and at times may even conflict with one another. Using your supervisors as resources when dealing with difficult cases is valuable. You will have other responsibilities as well. As part of your graduate training, we require all students to have experience teaching. You will also be called on to help with the general functioning of the department (e.g., all students are expected to proctor exams on occasions). Although there is very little learning involved in proctoring, your willingness to shoulder your fair share of the responsibility will definitely be noticed by the faculty.

Research Ethics

As a critical part of your professional development, we expect you to increase your knowledge of, and sensitivity to, issues surrounding the responsible conduct of research with human subjects and gain an understanding and knowledge of the federal regulations and guidelines that apply to research with human participants. Consequently, you must complete the web-based training in human subjects' protection and research ethics offered by the Collaborative Institutional Training Initiative (CITI; <https://www.citiprogram.org>). At a minimum, you must receive a score of 80% or higher on each of 11 training modules of the Social & Behavioral Research Investigators course to successfully complete the CITI training. You will also have to successfully complete additional training modules available on the CITI web site that are specific to human research regulations and practices at the University at Buffalo. Depending on the research in which you are involved, you may have to complete additional modules on the CITI web site. You should consult with your advisor regarding additional training available through CITI.

Brown Bag Attendance

Clinical Area Brown Bags give you the chance to hear about the science your colleagues are doing and are an easy way to catch up on a diverse menu of what is going on in clinical psychology. They also let you ask questions and hear people discuss what we think are important conceptual and methodological issues. Further, Brown Bags provide clear models of what works in good presentations – because being an effective clinical psychologist means mastering presentations, it is helpful to have a friendly forum for improving your skills in this arena. Finally, science is a communal, public enterprise, and Brown Bags are the only regular community activity that we have in our area. With all that in mind, the Clinical faculty thinks it is very important for your training and the health of our program that we have strong attendance at Brown Bags. Consequently, attendance at Clinical Area Brown Bags is considered mandatory for all students and core clinical faculty.

Professional Image

As mentioned above, from the day you start graduate school you are considered a professional. As such, you need to behave as a professional. That does not mean that you will become a "stuffed shirt," who never smiles, much less laughs. What it does mean is that you will be aware that your behavior is under scrutiny in a hundred different situations in which it has never been under scrutiny before. The way you talk and present yourself in classrooms when you are the teaching assistant, the way you behave when at the University around other faculty or students, and the way you conduct yourself in a variety of public situations outside of the University will all affect the way you are viewed as a clinical psychologist and a professional. The norms of expected behavior will be different depending upon the nature of the work that you might be doing (e.g., your dress is typically more formal when seeing clients than it might be for attending a class). But other aspects of your demeanor should be reasonably fixed across all kinds of situations. It is no accident that the ethical principles specifically address this issue in broad terms and that most licensing laws have provisions for evaluating the conduct of professionals on dimensions other than their professional competence. For example, a criminal conviction in most cases will result in the almost certain revocation of your license to practice as a professional. Short of that, however, the way you conduct yourself in the community influences how you are viewed professionally and how the discipline of psychology is viewed more broadly.

A few things to consider:

- 1 Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.
- 2 Clients are conducting web-based searches on trainees' names and finding information about therapists (and declining to come to clinics based on what they find).
- 3 Potential employers are conducting on-line searches of potential employees prior to interviews and job offers.
- 4 Legal authorities are looking at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.
- 5 Postings to a variety of listservs might reflect poorly on oneself and the program.
- 6 Although signature lines are ways of indicating your uniqueness and philosophy, one is not in control of where the emails will ever end up and might affect how others view you as a professional. Quotations on personal philosophy quotations, religious beliefs, and political attitudes might have adverse reactions from other people.
- 7 Answering machine messages might also be entertaining to your peers, express your individuality, and be amusing indications of your sense of humor. Greetings on voicemail services and answering machines should be thoughtfully constructed. If you ever use your cell phone or home telephone for professional purposes (research, teaching, or clinical activities), be sure your greeting is appropriate and professional in demeanor and content.
- 8 There are now a number of negative episodes in training programs and at universities where graduate students have been negatively affected by material on websites, emails, and answering machine messages. (Indeed, there are examples of emails from faculty and students getting published in newspapers that caused people harm.)

Information that seems to be fun, informative, and candid might put the program and the student in a bad light or even in potential legal jeopardy. What might be seen as "private" self-disclosure indicating your perceptions of yourself among friends is actually very public. This includes blogs, personal web pages, and social media (e.g., Facebook, Instagram, etc.).

Trainees are reminded that, if you identify yourself as graduate student in the program, then we have some interest in how you portray yourself (see other policies in the program). If you report doing something unethical or illegal, then the website may be used by the program to determine probation or even retention. As a preventive measure, the Program advises that students (and faculty) approach online blogs and websites, including personal information, carefully. Is there anything posted that one would not want the program faculty, employers, family, or clients to read or view? Students are advised to engage in "safe" web practices and be concerned now about professional demeanor and presentation.

Professional Contacts

One of the most valuable things that you can do as a professional is to develop the contacts that will be resources to your professional career in the future. Some of these contacts, for example, may be made at the Clinical Brown Bags, where the speakers from the community come in to talk about their work. Another excellent way of meeting people in the discipline is to attend conventions and/or outside training activities. There are regular conventions held by most psychological organizations, many of which are within driving distance of Buffalo. When you attend such programs or conventions, it is valuable to introduce yourself to people and talk with them about their work and yours. This is often a difficult thing to do, but a valuable aide to your career.

Policy Concerning Teaching and Outside Employment

Students must obtain permission from the clinical faculty in order to engage in teaching or outside employment that is not programmatically required or that is not required as part of the student's training fellowship (e.g., NRSA). This policy applies both to courses/jobs at the University at Buffalo and elsewhere. At each Student Guidance Meeting (held biannually at the end of every semester) the clinical faculty will judge whether or not additional work/teaching responsibilities would be appropriate given the student's academic progress. Every student will receive a statement in their Guidance Letter indicating whether or not they are eligible to apply for work/teaching positions.

Eligibility/ineligibility would be in force for the period up to the next student guidance meeting at which time the issue would be re-evaluated. Students who are not granted permission at the Guidance Meeting may petition for permission once they have addressed the specific training deficit noted in the letter. This petition would need to be approved by both the student's academic advisor and the DCT. Students who accept positions without faculty approval will face serious consequences. In addition to going on probation, the faculty will consider removal of the student's funding line and/or prohibition of any future teaching in the Department. This policy does not apply to positions that are held only during the summer months between semesters unless the student is on a research line that provides funding during the summer months. Likewise, it would not apply to students who are not currently on funded lines (state lines or research assistant lines).

Before accepting a particular position, students are expected to consult with their advisor about how the position would influence their progress in the program and professional development. Finally, at the time of accepting a teaching position or any outside employment, students are required to notify both their advisor and the DCT in writing (email is acceptable).

Vacations

The clinical training program is a twelve-month a year commitment. Summers are usually a busy time in which students plan, complete, and write up research projects. Your responsibilities to your clients also continue even though the semester may end. The academic calendar may affect your courses, but the rest of your training goes on regardless of the calendar. Of course, it is important to take time away from time to time. A good rule of thumb is that you take 2-3 weeks of total vacation over the course of a year.

Being a Part of the Program

Last, but certainly not least, the saying "out of sight, out of mind" is very relevant to a professional and really should be remembered during your graduate career. We recognize that your office may not

always be the best place to get work done. Spending time working at home or working in the library may be more efficient. However, it is advisable that you spend a good deal of time in the department close to your faculty mentors and graduate student colleagues. The close contact with faculty and graduate students is an important part of the socialization process that transforms the student into a professional. Learning difficult concepts is often more effective when graduate students challenge one another by discussing the concepts, even challenging their relevance, and integrating the concepts into the many aspects of your professional life. Graduate school is also a stressful environment. We believe we have gone as far as one can in reducing the stress of graduate school while still maintaining high professional standards for our students. The support of faculty and graduate students represents a significant buffer against the stress. In a department that is constantly cramped for space, the faculty has committed itself to setting aside space for graduate student offices. We have done so because we believe that your professional development depends on physical contact with the program.

APPENDIX

Forms

On the following pages are samples of two forms that need to be filled out to document the completion of one of the required tasks for the Ph.D. degree. Please note that these forms are used within the clinical area. Other forms generated by the university are used to document completion of work that leads to degree conferral. University forms and requirements are constantly changing. The Director of Graduate Studies or the Secretary to the Chair can help you with university forms and requirements.

Informal Course Descriptions

When you file for a degree (either Masters or Ph.D.), you must be able to document the nature of courses that are not described in the University Catalog. These include courses such as Graduate Work (600), Applied Skills Supervision (799), and Thesis Guidance (799). Also included are most practica courses and seminars. The course description must include what the purpose of the course was, what you did, and a list of readings. It is to your advantage to maintain a systematic record of these items as you are going through the program. This will greatly simplify your task of applying for a degree and eventually applying for a license in a state other than New York.

STATE UNIVERSITY OF NEW YORK
Buffalo, New York

Clinical Area Preliminary Requirement

The Second Year Project/ Third Year Project/Third Year Clinical Case Presentation (delete as appropriate) Preliminary Requirement

for _____ was approved on _____

Title of Project (for 2nd and 3rd year projects)

For Second and Third Year projects:

Signature and Date

Chairperson

Committee Member

For Third Year Clinical Case Presentation

Signature and Date

Advisor

DCT

Please return this form to the clinical area office.

Clinical Psychology Program
 Department of Psychology
 Park Hall, North Campus
 The State University of New York, University at Buffalo
 Buffalo, New York 14260
 (716) 645-3650 x209

**RELEASE OF INFORMATION AUTHORIZATION
 FOR COMMUNITY PLACEMENTS AND CLINICAL INTERNSHIPS**

Student Name	
Student Date of Birth	

Professional/Agency Name	
Address	
City/State/ZIP	
Telephone	
Fax	

I hereby authorize the Clinical Psychology Program at the University at Buffalo to release information concerning my academic and clinical training record to the above named professional or professional agency.

 Signature of Student Date

I hereby authorize the Clinical Psychology Program at the University at Buffalo to request information concerning my clinical training record from the above named professional or professional agency.

 Signature of Student Date

 Signature of DCT

Student Guidance Meeting Progress Report/Self Study
(Revised August 2014)

Name: _____

Academic Advisor: _____

Semester: _____

Year of Entry: _____

Coursework	Semester	Grade	Instructor
607: Stats I			
608: Stats II			
609: Multivariate Stats			
604: Research Methods			
611: History & Systems			
617: Developmental			
624: Psychopathology			
654: Assessment			
751: Adult Treatments			
778: Child/Family Treatments			
Clinical Elective			
513: Bio Bases of Behavior (Bio-distribution)			
639: Cognitive Processes (Cog-distribution)			
680: Adv Social Psychology (Soc-distribution)			
671: Intervention 1			
672: Intervention 2			
763: Intervention 3			
764: Intervention 4			
899: Introduction to Professional Issues (Fall 2014 cohort and beyond)			

2nd Year Project Advisor Reader Proposal Defense Date Approval Date

3rd Year Project Advisor Reader Approval Date

3rd Year Clinical Case Presentation Date Defended

Dissertation Proposal Chair C. member C. member O. Member Date Approved

Change of status: Any information relevant to a change in your status in the program (e.g., an outstanding achievement, removal of incompletes, a completed prelim, removal of or impending probationary status, leaves of absence, other?)

Publications (list all publications on your CV - oldest first - and highlight the articles or chapters added since your last progress report)

Published

Submitted

In preparation

Presentations (list all posters, papers, colloquia on your CV - oldest first- and highlight those added since last progress report)

Presented

Accepted

Submitted

Are you a member of a professional organization or society related to psychology?

___ **Yes**

___ **No**

Were you involved in teaching (e.g., serving as a TA or course instructor) since your last progress report?

___ **Yes**

___ **No**

Other activities: Please describe any professional activities or achievements that are not indicated above (e.g., additional research, teaching, training, consulting).

Plans: Please describe your academic and research plans for the next semester. Be sure to include any information that would help clarify your status in the program.

Clinical Hours: List the total number of approved clinical hours you have accumulated in (1) since you began the training program and (2) since your last progress report. List these hours in three categories: Direct Service, Supervision, and Support Activities.

Total hours since the start of the training program:

_____ Direct Service-intervention^a

_____ Direct Service-assessment^a

_____ Supervision

_____ Support Activities^b

Total since the last progress report:

_____ Direct Service-intervention^a
 _____ Direct Service-assessment^a
 _____ Supervision
 _____ Support Activities^b

To the student: If you have accumulated clinical hours in a core faculty member’s laboratory that is not part of an advanced practicum and you intend these hours to be certified by the DCT for your APPIC application for internship, then please record the hours below, and have the faculty member sign to verify the hours. If you have accumulated hours working with more than one faculty member, prepare a separate section for each laboratory experience and have each supervising faculty member sign to verify the hours.

To the faculty member: This student has received the following clinical hours in my laboratory since the last progress report:

_____ Direct Service-intervention^a
 _____ Direct Service-assessment^a
 _____ Supervision
 _____ Support Activities^b

Faculty Signature _____

Date _____

^aFor direct service, count each hour of a group, family, or couples session as one hour.

For example, a two-hour group session with 12 adults is counted as two hours.

^bExperiences involving gathering information about the client / patient, but not in the actual presence of the client / patient, should be considered “support activities.” Examples of “support activities” include time spent on chart review, writing process notes, consulting with other professionals about cases, video/audio tape review, time spent planning interventions, assessment interpretation, report writing, etc. In addition, it includes hours spent at a practicum setting in didactic training (e.g. grand rounds, seminars).

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

**3rd Year Clinical Case Presentation
Evaluation Form**

Student Name: _____ Faculty: _____ Date: _____

Conceptualization: *From the handbook... Identify the client (individual, couple, family, organization, community, etc.) and describe the formulation used to understand the client and to design the intervention. Be sure to discuss the theoretical framework underlying the case conceptualization and why that framework was chosen over alternative theoretical frameworks.*

1	2		3	4
Poor	Fair		Good	Excellent

Assessment procedures: *From the handbook... The assessment should inform case conceptualizations and be used to track progress relevant to therapy goals. Describe how the initial assessment was conducted and how ongoing assessment over time was designed and conducted. Show test results and describe the clinical hypotheses that they suggested.*

1	2		3	4
Poor	Fair		Good	Excellent

Process and outcome of intervention: *From the handbook... Describe the course, progress, and outcome of the intervention and discuss factors relevant to this course (e.g., specific gains made and what led to them, ruptures in the working relationship with the client and how they were handled, non-compliance and how that was handled, etc.)*

1	2		3	4
Poor	Fair		Good	Excellent

Ethical issues: *From the handbook... Identify relevant ethical issues that bear upon working with this client (e.g., confidentiality, conflict of interest, dual relationship, etc.).*

1	2		3	4
Poor	Fair		Good	Excellent

Socio-cultural/socio-political issues: *From the handbook... Discuss larger social, environmental, or contextual factors that bear upon working with this client (e.g., socioeconomic status, ethnicity, sexual orientation, disabilities, gender issues, stigma, religion, managed care, etc.).*

1	2		3	4
Poor	Fair		Good	Excellent

Use and Discussion of Evidence-Based Practices: *From the handbook... Discuss and cite the empirical basis for your case conceptualization (e.g., how does the scientific literature bear upon your diagnosis and case conceptualization?) and the evaluation/intervention procedures you used with the client (e.g., the relevant outcome literature). In doing this, compare and contrast the scientific basis of your chosen procedures with other empirically supported methods discussed in the literature; provide a clear and compelling argument for your choice of methods.*

1	2		3	4
Poor	Fair		Good	Excellent

Fidelity: *For the supervising faculty only... To what extent does the case as presented match what actually happened?*

1	2		3	4
Poor	Fair		Good	Excellent

3rd Year Clinical Case Presentation Scoring and Evaluation Details

As described in the Clinical Student Handbook, clinical case presentations will be evaluated by faculty in attendance. Faculty will score each presentation using a four-point Likert scale (1 = poor; 2 = fair; 3 = good; 4 = excellent) on each of the six areas described in the handbook: (a) conceptualization, (b) assessment procedures, (c) process and outcome of intervention, (d) ethical issues, (e) socio-cultural/socio-political issues, and (f) use and discussion of evidence-based practices. Scores of 3 and 4 are considered passing scores for a given area, whereas scores of 1 and 2 are considered to be below threshold. Final scoring will be tabulated by students' mentors within two weeks of the presentation by averaging the scores of each faculty member within each area of evaluation. Aggregated scores of less than 3.0 in any area will constitute a failure and will require remediation efforts by the student, the exact nature of which will be decided at the next scheduled student guidance meeting.

Second -Year Project Presentation Feedback Form

Presenter: _____ Date _____

Rater (circle one): Faculty Student

Please provide feedback to the presenter on each of the following topics. You might also provide comments elaborating any specific rating.

1. Sufficient background information was presented in the introduction to establish the significance of the proposed research.

Strongly Disagree 1 2 3 4 5 Strongly Agree

2. The objectives (hypotheses/questions) of the study were clearly defined and explained?

Strongly Disagree 1 2 3 4 5 Strongly Agree

3. The methods and procedures were presented in sufficient detail.

Strongly Disagree 1 2 3 4 5 Strongly Agree

4. The results were presented in a logical and clearly outlined fashion?

Strongly Disagree 1 2 3 4 5 Strongly Agree

5. The conclusions were clearly presented, concise, cogent, logical, and the data were appropriately interpreted?

Strongly Disagree 1 2 3 4 5 Strongly Agree

6. The visual aids were appropriate, germane to the topic, understandable, and informative?

Strongly Disagree 1 2 3 4 5 Strongly Agree

7. The speaker was articulate, enthusiastic, confident, and sufficiently knowledgeable about the subject?

Strongly Disagree 1 2 3 4 5 Strongly Agree

8. Limitations of the research and future directions and were described clearly.

Strongly Disagree 1 2 3 4 5 Strongly Agree

9. Questions were answered directly, knowledgeably and confidently suggesting a thorough understanding of the subject?

Strongly Disagree 1 2 3 4 5 Strongly Agree

In addition to the ratings (and comments elaborating any specific rating), please provide any additional feedback that the presenter might use to improve future presentations.