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.

The Clinical Psychology Program follows a clinical science model, as defined by the *Academy of Psychological Clinical Science (see https://www.acadpsychclinicalscience.org/mission.html)*. Our overarching program aims include: (a) preparing students for careers in clinical science research, (b) advancing the science of psychology through original research, (c) striving to improve health and quality of life through excellence in research, education, and health service delivery, and (d) fostering the timely dissemination of clinical science to psychologists and other scientists, practitioners, and consumers. At the core, our program aims to foster the training of students for careers in psychological clinical science in which they generate and apply scientific knowledge. Our training philosophy embodies a strong commitment to evidence-based approaches to evaluating the validity and utility of testable hypotheses and to advancing knowledge by this method. APCS defines clinical science as "a psychological science directed at the promotion of adaptive functioning; at the assessment, understanding, amelioration, and prevention of human problems in behavior, affect, cognition or health; and at the application of knowledge in ways consistent with scientific evidence." We expect our students to contribute to the science of clinical psychology, and to learn to infuse their clinical work with empirical findings and theoretical concepts. Finally, through training, we expect students to gain an understanding of professional issues, including ethical, legal, and diversity principles. Our students have historically pursued career paths that align with our clinical science model and the vast majority of our students have a clinical science outcome (e.g., academic appointments, academic medical center positions) and are engaged in the creation of new knowledge in clinical science and/or the use of evidence-based practices as part of their service delivery and research activities. Regardless of the career outcome, our alums incorporate scientifically-informed and current evidence-based knowledge into their careers.

Like all quality programs in clinical psychology and clinical science in particular, this program is demanding. The faculty will expect you to learn to do professional quality work in both clinical research and practice. Although our standards are high, we try to maintain a supportive and encouraging attitude. Given our focus on training the next generation of clinical scientists, 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 605, Introduction to Professional Issues in Clinical Psychological Science
___ Practicum I (Intervention I: Psy 671, Intervention II: Psy 672)
___ Practicum II (Intervention III: Psy 763, Intervention IV: Psy 764)
____PSY 765 (Intervention V)
____PSY 799: Supervision in Applied Skills (minimum of 2 semesters of 1 credit advanced practicum)

*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 (605)[1]	Introduction to Professional Issues (605)
	Advanced Statistics I (607)	Advanced Statistics II (608)
	Psychopathology (624)	Psychological Assessment (654)

	Research Methods (604)	Adult Treatments (751)
	Research	Research
	Clinical Brown Bag[2]	Clinical Brown Bag[2]
YEAR II	Multivariate Statistics (609)	Child/Family Treatments (778)[3]
	Intervention I (671): Practicum	Intervention II (672): Practicum
	Bio, Cog, or Soc Distribution Course	History & Systems (611)[4]
	Research	Research
	Clinical Brown Bag[1]	Clinical Brown Bag[1]
YEAR III	Intervention III (763): Practicum	Intervention IV (764): Practicum
	Bio, Cog, or Soc Distribution Course	Developmental Psychology (617)[3]
	Bio, Cog, or Soc Distribution Course	Clinical Elective[5]
	Research	Research
	Clinical Brown Bag[1]	Clinical Brown Bag[1]
	2nd-Year Project Presentation	Clinical Case Presentation
	Intervention V (765)[6]	
YEAR IV	Advanced Practicum (799)	Advanced Practicum (799)
	Research/Write Dissertation Proposal	Write/Defend Dissertation Proposal
	PSC Caseload[7]	PSC Caseload[7]
	External Placement[8]	External Placement[8]
	Clinical Brown Bag[1]	Clinical Brown Bag[1]
YEAR V	Dissertation Research	Dissertation Research
	Apply for Internship	Internship Interviews
	Clinical Brown Bag[1]	Clinical Brown Bag[1]
		Defend Dissertation
YEAR VI	Clinical Internship	Clinical Internship
	Defend Dissertation	

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 a 1 credit course and 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] The minimum weekly direct service work in the PSC should represent 3 client hours per week and this includes both treatment and/or assessment cases. This translates to approximately 45 hrs per semester and applies to all students except those applying for internship. A minimum of 3 assessments in the PSC are expected within the calendar year. Please consult the Caseload in the PSC Policy (see Appendix) for more details about summer hours in the PSC and a caveat about the first semester of clinical work.

[8] An external placement is optional but often needed to reach the recommended 600 direct service hours and is usually done after the third year. See below for details.

Clinical Hours

Students should maintain ongoing records of their clinical hours. Starting in Fall 2023, the Program purchased Time2Track for all students and as such we expect students to use it to document all clinical hours that will be certified for internship and future licensure applications. 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. Although child practicum typically does not begin until the fall of the 4th year, students should not count on picking up internship hours late in the program (e.g., in the 5th year), as supervision for this may not be available.

Based on the caseload in the PSC Policy (see the Appendix) here are the **minimum** expected academic year hours (and anticipated summer hours) from direct service work in the PSC by year:

Semester in the Program	Direct Service Hours (Therapy + Assessment) in the PSC	Running Total
2nd year Fall	32	32
2nd year Spring	45	77
2nd year Summer	45	122
3rd year Fall	45	167
3rd year Spring	45	212
3rd year Summer	45	257
4th year Fall	45	302
4th year Spring	45	347
4th year Summer	45	392
5th year Fall	Not required when applying for internship but if needed could be accrued prior to applying (e.g., + ~15 hrs by October 1st deadlines)	x
5th year Spring	Not anticipated when applying for internship but may be projected if needed.	x

In recent years the number of clinical hours has been increasing with the median number of hours far exceeding the typically recommended 600 direct service hours (Intervention + Assessment). Students with particular training goals that warrant additional hours should discuss these with their mentor (see above), but others should be mindful that more hours may not necessarily increase their chances at matching or matching at their top site (per 2023 PCSAS survey of clinical science internship applicants).

In Spring 2024, the area evaluated clinical hours for students since 2015 and based on a review of achieved hours the following benchmarks were selected. Please note that there are different approaches for achieving hours, expectations may be different for child vs. adult trainees, and some internship sites require more than the recommend hours stated here. These and other considerations should be discussed with your mentor and balanced against other demands (e.g., research,

teaching). To achieve the aforementioned 600 hours the area recommends the following minimum benchmarks:

End of the 2nd year: 75-100 total direct service hrs

End of the 3rd year: 250-300 total direct service hrs

End of the 4th year: 525 – 550 total direct service hrs

Applying for internship in the Fall of 5th year: 600 total direct service hrs
- Additional hours may possibly be projected (see current APPIC policy)

- Important Guidance from the PSC Clinical Hour Policy (see Appendix):
  - On average, a typical in-take yields 9.5 hours and a typical assessment case is 10 hrs.
  - Students may need to take on more than 3 clients to fulfill these expectations given no shows or bi-weekly appointments.
  - **Students will not meet hour thresholds for internship if they only complete the aforementioned minimum hrs within the PSC, which represent approximately 400 hrs by October 1st of the 5th year**. **Practica at external sites will be needed to supplement these hours to achieve the recommend 600 direct service hours**. Other ways to increase hours beyond these minimums include approved clinical hours within core faculty member labs, TA hours in the Assessments course, facilitation of the summer SCID training, AD in the PSC, and other opportunities for peer supervision (e.g., Summer Assessment Program). Students should not assume that additional hours may be earned in the 4th and 5th year within the PSC as this is based on supervision load and available clients.
  - Students are encouraged to pick up cases right away during the 2nd semester of clinical work and should reach out to the PSC director when they need cases.

EXTERNAL PRACTICA

An external placement is <u>optional</u> but often needed to achieve the recommended 600 hours and is usually done <u>after</u> 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. Students wishing to complete an external placement at one of the sites listed below must submit the ***external practica petition form*** (https://buffalo.box.com/s/u66c6vz7vz64e7di23i15bgfdu662oa4) to the DCT at least <u>one month</u> prior to the proposed start date. Without prior approval for external practica from the DCT, accrued hours will not be certified by the DCT on internship applications. In general, application deadlines are in early March, but you should contact the specific site to confirm the deadline and the application process. Please be aware that external placements do not relieve students of the responsibility of carrying clients in the PSC.

Approved placements:

1. **Roswell Park Comprehensive Cancer Center (RPCCC)** currently accepts 2 practicum students for the academic year. Students are expected to have training in assessment, case

conceptualization, and intervention strategies. Each student will have the opportunity to be directly supervised by each of the two licensed psychologists in the department. Students first shadow their supervisor until they are comfortable accepting their own assessment and psychotherapy cases. At this point, trainees will be expected to carry a caseload of 5-10 inpatient and outpatient (in-person and/or virtual) cases.

Students are expected to be on-site for at least 16 hours/week, preferably over 3 days for an estimated total of 500 hours. Because of the nature of this work, it is beneficial to be available to follow inpatients at the beginning and end of each week for continuity of care. Practicum activities consist of direct patient care along with 1 hour of weekly individual supervision by a licensed psychologist, and 1 hour per week of group supervision/journal club/didactics. If interested, please email a letter of interest, CV, and at least 1 letter of reference to Megan Pailler, Ph.D. (megan.pailler@roswellpark.org). Decisions are made in early to mid March and the practicum starts at the beginning of the fall semester.

2. **Erie County Medical Center (ECMC) Rehabilitation Psychology Practicum**: 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, including providing consultation services and group interventions. Specialized training allows for comprehensive services for chronic pain, adjustment to injury/illness, brain injury, spinal cord injury, amputations, PTSD, Transgender/Gender Confirming Surgical consults, and pre-surgical psychological evaluations. Students are expected to be on site 16-20 hours per week (typically 2 full days on site). There is one hour per week of individual supervision with Dr. Keenan-Uschold and a second hour of weekly group supervision. Email a letter of interest and vita to Dr. Lisa Keenan-Uschold at lkeenan@ecmc.edu. Interviews are completed in March with notification of placements offers by April 1st. The placement begins in June with peer cross training to ease the transition.

3. **Adolescent Inpatient Unit at Erie County Medical Center (ECMC) under the supervision of Dr. Rebecca Schwartz-Mette**: 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 leading or co-leading a manualized cognitive behavioral skills group. There is also the opportunity to attend staff meetings, rounds, and/or family meetings; this needs to be coordinated with the head psychiatrist on the unit. Weekly supervision of group process will be conducted by Dr. Taber-Thomas or Dr. Schwartz-Mette.

4. **Oishei Children's Hospital, Children's Psychiatry Clinic**: The Children's Psychiatry Clinic is a New York State Office of Mental Health licensed clinic that provides diagnostic and treatment services to Western New York youth and their families who are experiencing emotional and/or behavioral disturbances. As a practicum student, you will be assigned cases and will work with your supervisor in conducting assessment, diagnosis, treatment, and collaboration with psychiatry. You will attend biweekly Clinical Staff Meetings, biweekly Multidisciplinary Case Conferences, and monthly Academic Rounds, during which times you will have the opportunity to interact with the entirety of our clinical staff in various settings. Further, you will participate in a weekly training

series, which consists of a didactic program and a peer supervision group. Additionally, you will have the opportunity to observe and potentially take on clinical responsibilities in specialty clinics, which focus on issues such as the autism spectrum, eating disorders, consultation-liaison, OCD, and weight management. Practicum students are also encouraged to co-lead groups, either using formats of past groups or developing a group of one's own. Finally, as the clinic continues to develop additional research initiatives, students are welcome to participate in any ways they might find meaningful. Any interested students must be available approximately 15 hours per week (this can be flexible on case-by-case basis), spanning from late August to late May. Students must be available to attend the above-referenced meetings and trainings, all of which take place on Thursday mornings. Otherwise, students are free to schedule their clinic patients and individual supervision at their own convenience. If you are interested in applying, please e-mail a letter of interest and your CV to Alex Cogswell, Ph.D., at alexcogs@buffalo.edu. These are typically due in early March and you can inquire to Dr. Cogswell for the exact date.

Provisionally approved and temporary placements:

5. **Forensic Assessment Psychology Practicum:** The assessment practicum is a valuable learning experience in the use of psychological assessment for both clinical and legal purposes. Students will be exposed to adolescent and adult forensic psychiatric patients presenting with a variety of mental health problems. Using standard psychological tests, students will take cases to assess for differential diagnosis, psychopathology, personality traits, and cognitive and social functioning. Students can expect to gain experience with diagnostic testing, neuropsychological assessment and forensic evaluations to determine mental and legal capacity. Students will have opportunities to attend and participate in training seminars, staff meetings, weekly presentations and grand rounds. In addition, there are opportunities to get involved with research and develop projects. Students can expect to be on site at least 16 hours each week and to receive at least 45 minutes of supervision each week with more supervision in the beginning of your training. To apply contact Daniel Antonius, Ph.D. (danielan@buffalo.edu). For further detail see:

   https://medicine.buffalo.edu/departments/psychiatry/education/psychological-assessment.html

6. **Clinical Forensic Psychology Practicum:** This practicum helps students build knowledge about the therapeutic and pharmacological treatment of individuals in the criminal justice system. Students will administer individual and group psychotherapy and conduct diagnostic testing with mildly to severely mentally ill incarcerated patients with a range of mental disorders, including psychotic and affective disorders, personality disorders, and dual diagnoses of substance use disorders. Students will have opportunities to attend and participate in training seminars, weekly presentations and grand rounds. In addition, there are opportunities to get involved with research and develop projects. Students can expect to be on site for at least 16 hours each week and to conduct psychotherapy sessions for five to eight patients on a weekly basis. Students will also follow a number of other incarcerated psychiatric patients who require less treatment maintenance and who are incarcerated for brief periods. To apply contact Daniel Antonius, Ph. D. (danielan@buffalo.edu). For further detail see:

   https://medicine.buffalo.edu/departments/psychiatry/education/forensic-psychology.html

7. **Strong Family Foundations Externship/Practicum**. Empirically-based parenting intervention (both group and individualized components) starting with expecting couples from the end of

pregnancy through the early postnatal period. Clinical training and supervision for leading group and providing individual treatments will be provided. Included will also be opportunities for learning, conducting, and coding observational assessments and collecting family data from home visits or videoconferencing with couples and young children. Group treatment emphasizes parenting skills and healthy early development. The time commitment is 5 to 10 hours per week with 1 hour of weekly group supervision weekly and 1 hour of biweekly individual supervision. Supervision is conducted by Dr. Stephanie Godleski, LCP and Dr. Rina Eiden. Contact Dr. Godleski for information about the application process: saggsh@rit.edu

8. **VA Center for Integrated Healthcare (CIH) at Buffalo VA Hospital:** Practicum students will have the opportunity to train in, and deliver, clinical interventions incorporated into existing research studies. Specific intervention approaches vary based on currently funded projects. Current investigations are evaluating brief cognitive-behavioral interventions for Veterans with a) concussion and co-occurring mental health conditions, b) chronic pain, and c) cardiovascular risk factors. Weekly supervision is provided. The projected time commitment is 8-12 hours per week. Additional hours may be negotiable.

   To apply: Email a CV, cover letter, and letter of recommendation from your primary advisor or program director to Drs. King (paul.king2@va.gov), Beehler (gregory.beehler@va.gov), and Gass (julie.gass@va.gov).

New placements under consideration by the program:

These are externships that are new to our program in the sense that no prior students have worked in these sites. They have been approved on a trial basis.

9. **Wheatfield Pediatrics:** The intern position at Wheatfield Pediatrics offers students the opportunity to provide child, couple, and family counseling. All students are expected to devote a minimum of six hrs/week to practicum, some of which may be evening commitments. Responsibilities will include provision of psychotherapy, facilitating parent training, weekly supervision (1-2 hrs/week), and attendance at brown bag case conferences, as appropriate. Students will be expected to videotape their sessions and supervision will involve review of videotapes. As noted previously, students are also expected to provide Parent-Child Interaction Therapy (PCIT) on a regular and ongoing basis. Interested students must be in their fourth year of training or beyond, and have completed coursework in assessment, cognitive-behavioral interventions, and child development. In addition, previous experience delivering child/family interventions is strongly preferred. Incoming students will be required to have successfully completed training in PCIT prior to their start date (at the PSC). To apply, please submit letter of interest, CV, and one letter of recommendation (preferably from someone who can speak to clinical experiences) to Keith Klostermann, Ph.D. at keith.klostermann@gmail.com no later than September 1. Interviews will be held on a rolling basis, as applications are received. Students typically start this practicum in the fall semester; however, summer start dates are also available, and may provide students with a greater opportunity to establish ongoing therapy caseloads.

Ad hoc external placements:

   Sometimes students become aware of additional clinical opportunities that potentially might serve as external placements. In such cases, the student should complete the ***petition form for ad hoc***

placements (https://buffalo.box.com/s/1v4sfuzf56gyguknleqfzliooepfg1pj). This petition form will require that you provide a detailed description of the nature of the experience, how it will be supervised, and how it will enrich your training. The petition should be submitted to the DCT/Associate DCT ***at least three months*** prior to the proposed start date. This is necessary to provide sufficient time for the DCT/Associate 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. Only placements with adequate supervision (e.g., that have at least 50% in person supervision or consistent with our telesupervision policy, see appendix), that are consistent with the student's professional goals, and will not hamper timely progress through the program will be approved. If an external supervisor is not a doctoral level psychologist but maintains a license in an allied field (e.g., licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor), it may be possible to be approved if a doctoral level licensed clinical psychologist among the core faculty is available for additional weekly supervision.

ETHICS, DIVERSITY, AND PROFESIONAL 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 (e.g., PSY 604 Clinical Research: Design, Methods, and Ethics, PSY 605 Introduction to Professional Issues in Clinical Psychological Science, PSY 624 Psychopathology, PSY 654 Psychological Assessment, PSY 671 Intervention I, PSY 672 Intervention II, PSY 751 Clinical Treatments: Adult, PSY 778 Clinical Treatments: Child & Family). Readings on diversity are assigned in discussed in most required classes (e.g., PSY 604 Clinical Research: Design, Methods, and Ethics, PSY 605 Introduction to Professional Issues in Clinical Psychological Science, PSY 654 Psychological Assessment, PSY 751 Clinical Treatments Adult, PSY 778 Clinical Treatments: Child & Family), 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 <u>as soon as it becomes clear</u> 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 their 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 <u>within three weeks</u>. 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 the student's 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 they have 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)

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

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).

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, students also will receive a "Fidelity" rating from any supervisor who has overseen the case. This rating pertains to how closely the clinical data presented reflect the supervisor's own perceptions of 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) 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 an 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 or Associate DCT.

The area requires an APA-accredited internship that is primarily Clinical Psychology in nature. If an internship is CPA-approved and meets all the standards and profession wide competencies (PWCs) of an APA-accredited internship, it will likely be approved by the Area, but a petition to the area is needed that includes the full brochure of the internship site, description of the rotations, training model, competencies evaluated, and supervision plan. In addition in such cases, students must submit a petition to the Area that also:

1. specifies the nature and frequency of supervision, as well as the credentials of the supervisors

2. specifies how the students would demonstrate competency at the appropriate level

3. ensures that there is a mechanism in place by which the student's performance is evaluated and that this information is communication to the DCT or ADCT to retain in the student's files

4. ensures that there is a mechanism in place to demonstrate that the approved training plan was followed

5. includes the APPIC Application For Psychology Internship (AAPI) form

6. Includes and evaluates all PWCs that are required as part of an APA accredited internship

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 an effort to reduce time to degree and to support students who are "not in good standing" and have missed program milestone deadlines (i.e., late 2nd year or 3rd year projects without approved extensions, clinical case presentation and dissertation proposal revisions not completed by 10/15 of 5th year) and/or are anticipated to be in residence beyond the 5th year for reasons other than a NRSA or comparable training fellowship (e.g., NSF GRFP), a guidance committee will be formed by the area that includes two core clinical faculty in addition to the mentor. Faculty mentors should consult with students regarding preferences for membership. The mentor will schedule the meeting. The committee will provide reports to the area at all guidance meetings. The committee will meet with the student promptly (i.e., 10 academic days) after an issue has been identified and at least once each semester to discuss strategies for completing program milestones and will provide guidance as needed to support timely completion of the degree. For students prior to the 5th year, the work of the committee will end when a return to good standing is achieved. For students in the 5th year or beyond the committee will be in place until the student leaves for internship. This policy will apply to all students starting in Fall 2023. 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 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. Students must demonstrate ratings of a "2" or higher ("developmentally expected level of performance") on all domains of the research evaluation form at the end of the 3rd year in the program.

6. Students must disseminate their research publicly, at minimum to the Clinical faculty and students in the clinical brown bag series, but preferably at professional conferences and meetings.

7. 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.

8. 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.

9. Students must demonstrate sensitivity to diversity in clinical and research work.

10. 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.

11. Students must successfully complete an APA-accredited predoctoral internship or a CPA-accredited internship approved by the Clinical Area faculty.

12. Students must successfully complete the dissertation.

CHAPTER 3

Procedural Matters

Grievances and Record Retention
Student records for current and former graduates dating back several decades to the 1960s are confidential and securely maintained in the program staff assistant's office within the secure Department of Psychology main office suite or for older records in the secure Department file store room located on the 2nd floor of Park Hall. If a formal complaint or grievance is submitted by a current or former graduate student, those materials would be filed in the staff assistant's office and would be confidential. A dedicated file is available for such documents and is located in a locked file cabinet in the Staff Assistant's office, which is kept locked at all times. Keys to the file cabinet are available only to the Staff Assistant and Department Chair.

The are several mechanisms in place for resolving issues and grievances should they arise. These resources are described on the Graduate School website under "Academic Grievances" in the policy library. Students are encouraged to contact their advisor, any faculty member (including the DCT/Associate DCT/Director of the PSC), Chief Diversity Officer in the Department of Psychology, Director of Graduate Studies, and Department Chair (or Associate Chair). In general, a student facing a challenge should seek assistance where they are most comfortable. If a formal grievance is submitted, policies are in place to protect the student and there are procedures in place for Departmental level review and if needed may be brought before the Department of Psychology Grievance Committee, which is a standing committee in the Department with faculty and graduate student representation. The committee submits their decision to the Chair who then conveys it to the parties involved. If either principal wishes to appeal the department ruling, a written statement of the appeal is filed within 10 academic days of receipt of the department's Statement of Decision. The appeal shall be filed with the College of Arts and Sciences and at the discretion of the Dean may be submitted to the College of Arts and Sciences Grievance Committee. Beyond the college committee, appeals are possible at the Graduate School Level. Students are protected from retribution as per university policy. For further details consult the Graduate Student Manual and policy library links, which are linked from the Department of Psychology website under "Info for Current Graduate Students".

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 the minimum expected hours of direct service in the Psychological Services Center (per the Caseload in the PSC Policy), 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 released from the Clinical Psychology Program.

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, they 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 their 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 core 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 an effort to frontload clinical training, maximize clinical practice, and decrease the time to a full caseload, first year students are expected to participate in a seminar over the summer, led by advanced students (and supervised by a core faculty member). Rising second-year students and advanced student instructors will meet weekly for 1 hour for 9-10 weeks during the summer at an agreed upon time to discuss how to administer and score the SCID.

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 see clients at the PSC when in residence and complete a minimum number of direct service hours per year (see the Caseload in the PSC Policy), except for the internship application year.

Child/Adolescent Case Policy. For all students not applying for internships, a policy was adopted in May 2024 so that completing at least one assessment and/or treatment case as the primary clinician or co-therapist with a child/adolescent is required. This policy will allow the application of content taught in the required child treatments course, help reduce the child/adolescent waitlist in the PSC, maintain continuity of services in the PSC, and will support trainee exposure to child/adolescent cases prior to internship where it is common for all interns to experience a rotation with this population. Experiences that fulfill this requirement include a child/adolescent assessment case or intervention cases with young children, school-aged children, and adolescents. In addition, the ECMC inpatient practicum and PCIT intervention for advanced students would also fulfill the requirement. Students will complete this requirement any time after they have taken the Child Treatments course and will work with their existing supervisor to select an appropriate experience based on their current supervisor's competency areas which are outlined in the full policy (see the Appendix).

Per interpretation of the SUNY Council's office (summer 2024) all supervisors in the PSC must either be licensed within NYS or a meta-supervision model with a licensed psychologist must occur. Monthly meetings with documentation by the licensed psychologist will occur. Students who are being directly supervised by a core faculty member without a license also have an opportunity to meet weekly with the licensed psychologist (the current Director of the PSC is a licensed psychologist in NYS) and should reach out directly to the Director for available office hours or times for a meeting.

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), they will be asked to meet with their 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 their 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 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.

Involvement
The faculty work to involve students in most aspects of our training program. Students are given a voice in governance and shaping policies of the program. Each year we solicit two student volunteers to represent students at our clinical program faculty meetings. These representatives voice student concerns, report back to our student body, and as needed, seek feedback from the student body on issues facing the program and new policies. Another place where students have a voice in governance and program policy is at semesterly town hall meetings with Director of Clinical Training (DCT) and Associate DCT in the fall and all core faculty in the spring. These town hall meetings are largely unstructured and provide a venue for students to raise concerns and provide feedback on policy and program changes. The DCT then brings the issues to the clinical faculty. Student representatives also sit on our clinical program Diversity, Equity, and Inclusion committee to help shape policy and initiatives relevant to diversity, inclusion, and social justice. Each year we appoint 1-2 students as Assistant Directors of our Psychological Services Center (PSC) and the Assistant Director(s) sit on the PSC advisory board to provide student feedback and perspectives on clinic policy. Students are also actively involved in our admissions committee and help plan yearly recruitment events. In short, please reach out to faculty and become involved in the administration and functioning of your program!

It is the expectation of the Area that all faculty and students will make a reasonable attempt to participate in all aspects of program. These include but are not limited to attendance and participation at brown bag and area hosted colloquia (as mentioned above), job talks/candidate meals, and

recruitment weekend/dinners. Regarding recruitment weekend/dinners it is customary for first- and second-year cohorts to assist with the planning of recruitment weekend, but all students (regardless of the recruitment status of their lab) should participate in visit weekend and attend the dinners unless they have an illness or unavoidable commitment (e.g., out of town conference, family emergency, religious observance).

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/social media 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/social media activity 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   Voicemail messages might also be entertaining to your peers, express your individuality, and be amusing indications of your sense of humor. Greetings on voicemail services 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, social media, podcasts, emails, and voicemail messages. (Indeed, there are examples of emails from faculty and students getting published in the popular press/social media 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, X, LinkedIn).

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 social media 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).

As noted in guidance letters each semester, 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, self-care is valued by the program and it is important to take time away from time to time. A good rule of thumb is that you take 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

The following pages contain additional policies mentioned above as well as forms that are used to track milestones and minimum levels of achievement within the program.

Technical Standards: Serving a Diverse Public
(Adapted from UNC-Chapel Hill; https://clinicalpsych.unc.edu/technical-standards/)

Obtaining a Ph.D. from the Clinical Psychology Program requires demonstration of competence across various knowledge and skill domains. Doctoral students must acquire substantial competence in the discipline of clinical psychology as specified by our two clinical psychology accreditation bodies and must be able to relate appropriately to clients, fellow graduate students, faculty and staff members, and other health care professionals.

An array of cognitive, behavioral, affective, interpersonal, and communication abilities are required to perform these functions competently. These skills and functions are not only essential to the successful completion of the Clinical Psychology Doctoral Program, but they are also necessary to ensure the health and safety of clients, fellow graduate students, faculty and staff members, and other health care professionals.

In our APA/PCSAS-accredited program, we are committed to a training process that ensures that doctoral students develop the knowledge, skills, competency, and attitudes to work effectively with members of the university community and public who embody intersecting identities, attitudes, beliefs, and values. When doctoral students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmentally-appropriate training approach that is designed to support the acquisition of professional competence.

For some trainees, integrating personal beliefs or values with professional competence in working with all clients may require additional training and support. Ultimately though, to complete our program successfully, all doctoral students in clinical psychology must be able to work with any client placed in their care in a beneficial manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular client populations or refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values. These standards do not imply that trainees must continue working with clients who are harmful, triggering, or present safety concerns to the trainee. Furthermore, these standards recognize that some clients may not be appropriate for treatment within the PSC or program-affiliated practicum sites.

PSC Telehealth Policy

Updated February 2025

This policy has been updated (February 2025) to provide further clarification for students regarding the limits of telehealth in the PSC.

We recognize the need for and importance of preparing students to offer telehealth services, given this will now be part of the spectrum of mental health services, and many internships will expect students to have some training in telehealth. Our policy regarding the provision of telehealth aims to ensure students receive adequate training in telehealth delivery, while building clinical skills in-person.

1. Students will be required to complete telehealth training in Intervention II, after which point they would be able to offer telehealth.

2. All telehealth services must take place in the PSC (north or south campus locations). It is not permissible for students to offer telehealth from another location unless explicitly approved by their supervisor and the PSC Director and only in exceptional circumstances (e.g., student is residing out of state).

3. All client intakes will continue to be conducted in person, except in exceptional circumstances (e.g., distance, financial burden). This ensures that students and their supervisors can make informed decisions about which clients are appropriate for telehealth.

4. While telehealth-only clients are permissible, no more than 50% of a student's caseload can be telehealth-only clients.

5. Telehealth sessions can be offered more flexibly for in-person clients when appropriate (based on client presentation, supervisor & clinician determination of need/benefit for client and depending on specific circumstance). Following the intake, students and their supervisor will determine the appropriate structure for services. While clients may periodically benefit from or need a telehealth session, the exact parameters of when this can be offered should be determined proactively and revisited as needed. That is, it is not permissible to shift to telehealth last minute unless this has been previously approved by the clinical supervisor. Some telehealth clients may benefit from periodic in-person sessions; it is incumbent on the supervisor to monitor client progress and consider the optimal structure of services for clients they are supervising.

6. All clients will be asked to consent to telehealth services during the intake to ensure we have the proper documentation in the event that services may need to transition to telehealth, such as in the case of inclement weather or clinic closures that would negatively impact the course of treatment.

*For additional details regarding the provision of telehealth services, please see the PSC Manual and Telehealth Intake documents to ensure you follow proper procedures for telehealth delivery.

Policy on Counting Clinical Hours for APPIC
Approved by the Clinical Area 11/12/2024

Purpose:

This proposal aims to provide guidelines for counting clinical hours toward APPIC, particularly in situations where students are engaged in peer supervision, role-playing, or preparing for clinical work without the direct presence of a client. This document seeks to ensure consistency in documenting clinical and supervision hours across various contexts within the doctoral program. Below we outline common situations where there is ambiguity and propose guidelines concerning which experiences count for clinical hours and which do not.

1. **The general rule-of-thumb is that role plays conducted with non-clients who are acting as clients typically do not count as intervention/assessment hours. Depending on the circumstances, it may be appropriate to count supervision of these experiences by more advanced students as peer supervision.**

   Rationale and justification: In the case of intervention hours, APPIC guidelines explicitly state that intervention hours involve "professional activities that you have provided in the presence of a client" and in the case of assessment they state "Do not include any practice administrations."

2. **In the Assessment course (Psy 654), advanced students function as TAs and provide feedback to students enrolled in the course who administer assessments to Psy 101 volunteers or other volunteers. The assessments are real and the people are real, but they are not actual clients seeking services.**

   Student test administration in this context <u>does not</u> count towards clinical hours because these are practice administrations and there is no actual client seeking services.

   Advanced students' time providing feedback and guidance on test administration <u>would count</u> as peer supervision. Likewise, junior students can count this time as supervision received.

   Rationale and justification: The basis for counting peer supervision to advanced students rests on how "psychological services" is defined. APPIC guidelines on supervision state "Individual supervision is defined as regularly scheduled, one-on-one, face-to-face supervision with the specific intent of overseeing the **psychological services rendered by the supervisee**. Group supervision is defined as regularly scheduled, face-to-face supervision with multiple supervisees, with the specific intent of overseeing the **psychological services rendered by the supervisees**." Can a psychological service be rendered by a supervisee without there being a client? We believe that the answer is "yes." For example, the administration of the WAIS is a psychological service. Whether or not the WAIS is administered to a client seeking services is a separate question. In other words, psychological service is a concept that can stand apart from whom it is delivered to.

3. **SCID summer training in the PSC is provided to junior students by designated advanced students, who in turn are supervised by clinical faculty. In addition to didactics, summer training includes role playing by junior students and feedback on clinical performance by advanced students.**

   Time spent by junior students practicing the SCID in role plays does not count toward clinical hours.

   Advanced students can count the time spent providing:

   - direct feedback regarding junior students' performance in diagnostic interviewing

- joint review (with junior student present) of recordings of new students' administration of SCID modules
- live observation and feedback of role plays within class meetings

In addition, time spent on written summary feedback can be counted as support hours. Providing didactic instruction does not count towards APPIC hours.

It would be reasonable to assume that for each 60 minute "class" that 30 minutes might count toward peer supervision if time is spent in the above-mentioned activities. Activities noted above that take place outside of this class time would count toward additional hours of peer supervision.

For each hour of peer supervision provided, junior students can count one hour of supervision received.

4. **In the first semester of practicum (Intervention I) there are no actual clients for the first several weeks. During these weeks supervision focuses on how to prepare for future clients (e.g., ADHD assessments).**

These hours should count as hours of supervision received because students are preparing for real clients.

Rationale and justification: APPIC guidelines on supervision state "Individual supervision is defined as regularly scheduled, one-on-one, face-to-face supervision with the specific intent of overseeing the **psychological services rendered by the supervisee**. Group supervision is defined as regularly scheduled, face-to-face supervision with multiple supervisees, with the specific intent of overseeing the **psychological services rendered by the supervisees**." This language is in past tense (rendered), and therefore implies that supervision is restricted to review of what has already been done with a client and does not entail planning and preparing for how to move forward with a client. However, this defies common understanding and practice of supervision.

5. **Other role plays among students in intervention courses or other trainings to prepare for clients when they are not real clients.**

Unless these role plays are targeting issues related to clients who are currently seen in the clinic or who are about to be seen (i.e., within the next 2-3 weeks or less), they should be treated as other role-plays that do not involve actual clients.

6. **Trainings with real clients (e.g., PCIT families who return to the PSC for a booster session).**

Any direct practice with real clients counts as direct service / intervention hours, and that any direct feedback provided by faculty on that direct practice counts as supervision hours.

7. **Note about peer supervision hours.**

Peer supervision hours* get counted as Intervention hours. According to APPIC, "supervision that you have provided to less advanced students should not be recorded in this section, and may instead be included in the be [*sic*] recorded in the "Intervention Experience" section."

*From 3/14/23 Meeting Minutes: Supervisors will ask at each supervision meeting if the student conducted any formal peer supervision that they need to discuss. Supervisors will sign off on these hours on the practicum evaluation form (and/or within Time2Track) at the end of each semester.

Telesupervision Policy

Adopted May 2024

Use of telesupervision was necessitated and first initiated in 2020 in response to the COVID-19 pandemic as a means of allowing trainee supervision to continue without interruption, while also maximizing the health and safety of both trainees and supervisors. Accordingly, the following policies and procedures regarding the use of telesupervision have been adopted and implemented, in accordance with the APA Commission on Accreditation standards and regulations*.

Rationale: Telesupervision is used as an alternative form of supervision when in-person supervision is not practical, feasible, or safe. The Program's rationale for using telesupervision is that it allows for continuation of high-quality training even in extenuating circumstances that might preclude in-person supervision.

Consistency with Training Aims and Outcomes: Telesupervision allows supervisors to be engaged and available to assigned trainees to oversee client care, and to foster trainee development, even in circumstances that preclude in-person interactions. In these ways, it is fully consistent with the Program's training aims. Supervisors work to ameliorate the drawbacks of telesupervision by discussing inherent challenges of the format with each trainee and collaboratively working to identify strategies for maximizing what can be done in this format. This may include but is not limited to discussion of potential for: miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace. Supervisors set clear expectations and learning objectives at supervision outset and regularly check in on these throughout the supervisory relationship.

How and When Telesupervision is Used in Clinical Training: Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as extenuating schedule, travel, life event, weather emergency, or public health emergency situations). It is not used for the sole purpose of convenience. Telesupervision must be implemented via a secure version of Zoom. If supervisors are not using UB Zoom (or the equivalent secure Zoom technology) the trainee should initiate the meeting via their UB Zoom account. Supervisors and supervisees may access telesupervision either from their individual offices and in some cases from a secure and confidential space within a home.

How Trainees are Determined Fit to Participate in Telesupervision: Trainees must demonstrate proficiency with using videoconferencing technology and exhibit non-defensive participation in supervision with the ability to implement a supervisor's feedback with clients. They must exhibit the organizational skills needed to attend telesupervision, the responsibility to protect client privacy and confidentiality, and the clarity in communication necessary to convey relevant information about clients and their clinical care.

Supervisory Relationship Development: Ideally, in-person meetings between supervisor and supervisee are encouraged. This may be especially important early on in supervisory relationship development. Supervisors will also check in regularly on how supervisees are experiencing the telesupervision format. Supervisors are readily available via phone or email between supervision sessions for consultation and for informal discussions. Such availability for consultation and socialization as well as the program's commitment to the learning and development of trainees serves to foster development of strong supervisory relationships.

Professional Responsibility for Patient Care: The supervisor conducting the telesupervision continues to have full oversight and professional responsibility for all clients discussed.

Management of Non-scheduled Consultation and Crisis Coverage: Supervisors are available by email, text, or phone in the event of need for consultation between sessions. Supervisors may be invited to virtual client sessions to assist in co-facilitation in the event telehealth is being used and if there are any emergencies that necessitate intervention of supervisors.

Privacy/Confidentiality of Patients and Interns: Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality may be assured, whether this be in the office or in a home-based setting. The videoconferencing platform, a secure version of Zoom as evidenced by a current Business Associate Agreement (BAA), provides end-to-end encryption and advanced security standards compared to traditional videoconferencing. Per the PSC manual, video recordings of secure Zoom sessions may only be stored within the CASET-approved PSC Sensitive Box folders and are to be viewed with supervisors consistent with PSC policies.

Technology Requirements and Education: Telesupervision must occur via secure UB Zoom or the equivalent (as described above). During their orientation to their initial practicum (Intervention I), trainees receive telehealth training, specific training on using secure Zoom, and training on being prepared for supervision, be this in-person or via teleconference. Supervisors are also trained in these same topic areas.

*Adapted from University of Notre Dame

PSC Child and Adolescent Case Policy
Adopted May 2024

It is required that all students complete at least one assessment and/or treatment case as the primary clinician or co-therapist with child/adolescent clients for training purposes (shadowing does not qualify). This may be completed at any point during clinical work at the Psychological Services Center (PSC) after completion of the Child Treatments course*. This is of benefit to you when pursuing your internship, of which many have some exposure to child/adolescent clients and broadens your clinical experiences. This additionally helps to address demand and the length of time individuals are waiting for care with the PSC. Experiences within the PSC that can meet this experience include:

- Child/teen assessment cases (LD, ID, gifted, psychodiagnostic)
- Intervention cases with young children (ages 2.5-6)
- Intervention cases with school-aged children and preteens (ages 7-12)
- Intervention cases with teens (13-17)
- ECMC inpatient practicum (ages 12-17)
- PCIT intervention**

*In the December 2024 area meeting the faculty amended this point to provide the possibility for a child/adolescent assessment case prior to taking the child treatments course, if the supervisor of record approves.

**PCIT intervention requires PCIT training and a commitment to graduating two families from PCIT, and as such, is generally reserved for clinicians primarily seeing child clients.

One assessment or intervention case would be considered part of your caseload and should be conducted within the planned supervisory assignment. If you primarily see adult cases, it is recommended that you discuss with each supervisor their area of competency and your area of interest to see if there is overlap. The clinic maintains a broad assessment of supervision competency areas (see below), but as these are subject to change, it is recommended that each clinician/supervisor pair discuss clinician caseload and plans at the start of the supervision session. When you decide to pursue an assessment or intervention with a child/adolescent case this should be in consultation with the PSC director (additionally based on PSC need/waitlist).

Supervision area	Supervisors (updated May 2024)
Young children (2.5-6)	Taber-Thomas, Additional adjuncts when available (see the PSC Director).
School-aged & preteens (7-12)	Taber-Thomas, Read (11-12 years only), Schwartz-Mette, Additional adjuncts when available (see the PSC Director).
Teens (13-17)	Taber-Thomas, Roberts (with consultation), Read, Simms (with consultation) Reischer (with consultation), Schwartz-Mette, Additional adjuncts when available (see the PSC Director).
Child/teen assessments (LD, ID, gifted, psychodiagnostics)	Taber-Thomas, Roberts (no LD), Simms (with consultation), Schwartz-Mette, Additional adjuncts when available (see the PSC Director).

<u>Caseload in the PSC Policy</u>
Adopted December 2024

- The minimum weekly **<u>direct service</u>** work in the PSC should represent **3 client hours per week** and this includes both treatment and/or assessment cases. This translates to approximately 45 hrs* per semester or 90 hrs per academic year and applies to all students except those applying for internship. The 90 hours does not include summer hours, which help students earn additional hours, and support continuity of care for clients (see Clinical Student Handbook for note about vacations and summer hours in the PSC).
    - o *A caveat is that the expectation for the first semester of clinical work (in Intervention 1) is only 32 hrs given a slow build-up of cases during the fall semester. Therefore, the minimum direct service work in the PSC for second year students by the conclusion of the fourth semester in the program should be 77 hours (i.e., 32 + 45).
    - o A minimum of three assessments in the PSC are expected within a calendar year. Cases will be assigned according to waitlist demands, though students may reach out to the PSC Director with requests about how to stagger assessment cases throughout the year. Students may request child/adolescent assessment cases where appropriate (i.e., if their supervisor approves, see PSC Child and Adolescent Case Policy)

<u>Summer Assessment Experience in the PSC</u>
Pilot Program Approved December 2024

Rationale:
To support students in accruing clinical hours earlier in the program, while minimizing the demand of supervision. Advanced students would be able to gain a formal peer supervision experience after completing Intervention IV (which focuses on supervision). Junior students would be able to gain experience in assessment and administering the SCID, after completing the Assessment course and SCID summer training.

Description of Experience:
During the summer after their first year, rising 2nd year students will be matched with a rising 4th year student to complete one adult ADHD assessment. Students would serve as co-therapists, with the advanced student as the lead/primary clinician. A suggested breakdown of duties is below. The expectation would be for both students to be actively involved in the entire assessment process, including interviewing, test administration, interpretation, and report-writing. Advanced students would also be expected to provide peer supervision throughout the duration of the case. All cases would be supervised by the advanced students' clinical supervisor (typically Sarah Taber-Thomas).

Task/Measure	Advanced Student	Junior Student
Administrative duties (e.g., scheduling, client communication)	Lead	Shadow/observe
Clinical interview	Lead	Specific sections
SCID interview	Specific sections	Specific sections
WAIS	Support	Lead
WRAT	Support	Lead
Standard battery	Lead	Support
CAARS	Lead	Shadow/observe
Parent follow-up (if needed)	Lead	Shadow/observe

Pilot testing will occur during summer of 2025. Each participating rising 2nd year will be paired with a participating rising 4th year to complete one ADHD assessment. Sarah Taber-Thomas will supervise all cases. Timing will be aligned with the SCID training so that junior students will have had at least some training to be able to administer portions of the SCID/clinical intake.

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. Other forms are available on the Department of Psychology website under "Info for Current Graduate Students". 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.

<div align="center">

STATE UNIVERSITY OF NEW YORK
Buffalo, New York

Clinical Area Preliminary Requirement

</div>

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 2024)

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			
765: Intervention 5			
799: Advanced Practicum (Taken twice)			
605: 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 <u>all publications</u> 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:

Please list the hours that you have as a <u>target goal</u> by the time you apply to internship:

_____Direct Service-intervention[a]
_____Direct Service-assessment[a]

Please list the hours that you have as a <u>target goal</u> for the academic year.
_____Direct Service-intervention[a]
_____Direct Service-assessment[a]

List the total number of approved clinical hours you have accumulated since you began the training program.

Total hours since the start of the training program:

_____Direct Service-intervention[a]
_____Direct Service-assessment[a]
_____Supervision
_____Support Activities[b]

To the student: If you are not yet on Time2Track (i.e., you are a first-year student) and have accumulated clinical hours in a core faculty member's laboratory 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. Once you gain access to Time2Track (i.e., at the start of your second year) you may add these hours to your account. All other students should be using Time2Track for approval of clinical 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 _____

[a]For 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.
[b]Experiences 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:_____

Evaluation of Student's Research Performance
(Revised February 2023)

Date _____

Student _____   Mentor _____

This form is to be completed each semester as part of the student progress report/student guidance meeting. If a milestone also occurred this semester and informed these ratings, please circle below:

Second Year Prelim	**Third Year Prelim**	**Dissertation Proposal**	**Dissertation**

Instructions: Rate items using to the following scale

1	Needs work
2	Good (at the developmentally expected level of performance)
3	Exceptional
N/O	No opportunity to observe / not applicable

RESEARCH SKILLS

1. _____   Demonstrates the substantially independent ability to formulate research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.

2. _____   Engages in research or other scholarly activities that are consistent with their developmental level.

3. _____   Demonstrates ability to critically evaluate research literature.

4. _____   Appropriately interprets the findings of their project and understands the strengths and limitations of their research project.

5. _____   Shows competence in principles of measurement, design, and analysis of data.

6. _____   If applicable, disseminates research via professional publication and presentation at the local, regional, or national level.

ETHICAL AND PROFESSIONAL BEHAVIOR

1. _____   Demonstrates knowledge of and adherence to ethical standards (i.e., APA Ethical Principles of Psychologists and Code of Conduct) and professional guidelines for

research.

2. ____   Demonstrates developmentally-appropriate ability to work independently.

3. ____   Demonstrates carefulness in work (e.g., attention to detail).

4. ____   Behaves in ways that reflect the values and attitudes of psychology (e.g., integrity, accountability, lifelong learning, concern for the welfare of others, etc.).

PROFESSIONAL VALUES AND COMMUNICATION SKILLS
1. ___   Demonstrates ability to present and defend research ideas in professional manner.
2. ___   Produces and comprehends oral, nonverbal, and written communications that are informative and professional.

RESEARCH SUPERVISION

1. ____   Shows openness and responsiveness to research feedback.

2. ____   Incorporates feedback into research projects.

RESEARCH ADMINSTRATION (For Mentors Only)

1. ____   Completes research tasks and writing in timely manner.

2. ____   Demonstrates quality and accuracy of written communications.

Please comment on your perceptions of the student's major strengths and weaknesses (including any items rated as "1").

Signature of Mentor _____

Date _____

To the student: If desired, please comment on your mentor or committee member's perceptions of your research strengths and weaknesses.

Student 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

<u>3rd Year Clinical Case Presentation</u>
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.

Evaluation of Practicum Student's Clinical Services Performance
(April 2023)

Date _____

Student _____   Supervisor _____

Semester _____

Student's year in program _____

Instructions: Rate the 10 overall categories using to the following scale

> 1   Needs work
> 2   Good (at the developmentally expected level of performance)
> 3   Exceptional
> N/O   No opportunity to observe / not applicable

Flag items√ ( ) that are a concern and add a comment within that section as appropriate.

1. ___   **RELATIONSHIP WITH CLIENT**
   - Establishes initial rapport.
   - Forms and maintains the therapeutic alliance.
   - Responds adequately to challenges to therapeutic progress (e.g., resistance, homework compliance, inconsistent attendance).
   - Establishes appropriately balanced interactions (e.g., effectively handles silence, behaviorally and affectively matched to client).
   - Maintains appropriate boundaries with client (e.g., scheduling, outside of session communications, handling gifts).
   - Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

   Comments:

2. ___   **ASSESSMENT SKILLS**
   - Writes sound integrated case conceptualization that interprets assessment results, following current research and professional standards and guidelines, while guarding against decision-making biases (i.e., distinguishing between aspects of assessment that are subjective from those that are objective).
   - Attends to behavioral observations (overt and verbal behavior).
   - Demonstrates the ability to apply knowledge of functional and dysfunctional behavior including context to the assessment and/or diagnostic process.
   - Provides clear oral communication of feedback to the client and provides oral and written findings and implications of assessment in an accurate and effective manner sensitive to a range of audiences.
   - Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and

psychopathology.
- Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; 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.

Comments:

3. ___   **INTERVENTION SKILLS**
- Demonstrates understanding of the conceptual basis of the intervention.
- Demonstrates skillful execution of the intervention.
- Uses data to chart progress towards goals and evaluates intervention effectiveness.
- Modifies treatment plan as needed in response to client progress and data (i.e., adapts intervention goals and methods consistent with ongoing evaluation).

Comments:

4. ___   **EVIDENCE-BASED PRACTICES**
- Selects appropriate evidence-based assessment methods/instruments and intervention.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Applies relevant research literature to clinical decision making and implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Makes appropriate adaptations to existing evidence-based approaches effectively when a clear evidence-base is lacking.

Comments:

5. ___   **INTERDISCIPLINARY PRACTICES**
- Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Demonstrates knowledge of consultation models and practices.

Comments:

6. ___   **ETHICAL AND PROFESSIONAL BEHAVIOR**
- Demonstrates knowledge of and adherence to ethical standards (i.e., APA Ethical Principles of Psychologists and Code of Conduct) and professional guidelines.
- Demonstrates motivation to learn; effort extended toward skill mastery.
- Demonstrates developmentally-appropriate ability to work independently.
- Demonstrates carefulness in work (e.g., attention to detail).
- Conducts self in an ethical manner in all professional activities (e.g., maintains professional manner and ethical conduct with clients, peers, and supervisors).
- Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.
- Behaves in ways that reflect the values and attitudes of psychology (e.g., integrity, accountability, lifelong learning, concern for the welfare of others, etc.).
- Engages in self-reflection regarding one's personal and professional functioning.
- Engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Shows knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.

Comments:

7. ___   **PROFESSIONAL VALUES AND INTERPERSONAL SKILLS**
- Demonstrates ability to maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.

Comments:

8. ___   **DIVERSITY**
- Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrates knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional clinical activities and in particular application to case conceptualization/treatment planning.
- Seeks out additional research for new populations when needed.

- Recognizes how own personal/cultural history, attitudes, and biases may affect understanding of an interaction with people different from themselves.

Comments:

9. ___   **SUPERVISION**
- Comes prepared and takes responsibility in supervision.
- Shows openness and responsiveness to supervisory feedback.
- Incorporates supervisory feedback.
- Shows willingness to be observed and evaluated.
- Gives useful and constructive feedback to others.
- Demonstrates knowledge of supervision models and practices (if a focus of the practicum).

Comments:

10. ___   **CASE ADMINSTRATION**
- Completes paperwork in timely manner (e.g., progress notes, reports, closing summaries).
- Demonstrates quality and accuracy of written communications.
- Maintains a sustained caseload.
- Keeps client information and materials confidential and secure.
- Collects fees in a timely manner.

Comments:

To the supervisor: Please comment on your perceptions of the practicum student's major strengths and weaknesses (including any categories rated as "1").

Grade Earned (if applicable) _____

Supervisor Signature _____   Date _____

To the practicum student: If desired, please comment on your supervisor's perceptions of your strengths and weaknesses.

Supervisee signature _____

Date _____

Placement Name _____   Supervisor: _____   Semester/year: _____   Clinical Ph.D. student?   Y/ N

Practicum Evaluation Form
End-Of-Semester Evaluation (updated 4/12/23)

Instructions: Please complete the following for each practicum that you were involved in (separate form for each practicum). Recognizing that Likert-type scales rarely capture the full range of anyone's experience, there also is a space at the end of these items for you to provide detail. Accordingly, please do use this space to elaborate on any or all of the below about which you think more could be said to clarify, illuminate, or instruct.

PART I:

	Poor	Fair	Good	Excellent	N/A
Please rate the following:					
<u>Pedagogy</u>					
1. Didactic seminars	1	2	3	4	N/A
2. Teaching of relevant techniques	1	2	3	4	N/A
(conceptualization, assessment, therapy techniques, etc)					
3. Readings	1	2	3	4	N/A
4. Overall quality of the course/practicum	1	2	3	4	N/A
<u>Diversity/Identity</u>					
1. Discussion of identity & individual	1	2	3	4	N/A
difference issues in supervision					
2. Supervisor asks about marginalized identities	1	2	3	4	N/A
and dimensions of diversity (e.g., ethnicity, race,					
religion, SES, sexual orientation) when discussing					
case conceptualization/reviewing tapes/reports					
3. When relevant, supervisor asks directly	1	2	3	4	N/A
about the impact of racism, racial stress/trauma					
<u>Supervisor</u>					
5. Feedback on reports, other					
clinical documentation (**timeliness**)	1	2	3	4	N/A
6. Feedback on reports, other					
clinical documentation (**quality**)	1	2	3	4	N/A
7. Non-specifics (support, openness)	1	2	3	4	N/A
8. Monitoring progress toward					
your clinical goals	1	2	3	4	N/A
9. Communication (expectations, directions, etc.)	1	2	3	4	N/A
10. Identified and communicated strengths,					
areas for improvement	1	2	3	4	N/A
<u>Practicum Site</u>					
11. Would you recommend this practicum					
to another student? <u>(for external practica only)</u>	1	2	3	4	N/A
12. Would you recommend this supervisor					
to another student?	1	2	3	4	N/A
13. How would you rate the quantity of					
clinical hours at this site?	1	2	3	4	N/A
14. How would you rate the quality of					
clinical hours at this site?	1	2	3	4	N/A
15. To what extent was what you learned					
and hours gained a good time investment?	1	2	3	4	N/A
16. How would you rate the sociocultural					
diversity of this clinical population?	1	2	3	4	N/A
17. Overall quality of the experience	1	2	3	4	N/A

Please use the space below to comment on any of the above aspects of the course:

PART II

1. What about supervision was the MOST helpful to you in your clinical development?

2. What about supervision was the LEAST helpful to you in your clinical development?

3. What are some of your supervisor's strengths?

4. What are some ways in which your supervisor might improve?

5. What suggestions do you have for modifying this practicum experience to facilitate clinical training of students?

6. What other topics/issues would you like to see covered in this experience? What other experiences?

7. Please comment below on any additional aspects of the course that you would like to: