University of Evansville Doctor of Psychology Program

Program Guide 2025-2026

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General Information

The Doctor of Psychology in Clinical Psychology (PsyD) Program at the University of Evansville (UE) is designed to prepare graduates to practice in the field of Health Service Psychology. The purpose of this Program Guide is to provide matriculated students as well as interested applicants with information about the program, curriculum, policies, procedures, requirements, and expectations.

The sequence of study includes courses in psychological assessment, therapy, supervision, and consultation consistent with the American Psychological Association's Standards of Accreditation (SoA's). These courses in the Psy.D. program include Profession-Wide Competencies and Discipline-Specific Knowledge that train students to become licensed generalists providing an array of psychological services to clients from diverse backgrounds.

The discipline of psychology includes a variety of training models with varying degrees of emphases on clinical practice and research. The PsyD Program at UE follows a scholar-practitioner model of training that places a primary importance on the delivery of professional clinical services. Research training is provided to become an educated consumer of research in order to provide the most up-to-date, empirically validated psychological assessment and treatment. We want our students to think and function as scientists in their professional lives by committing themselves to empirically based approaches to investigating the validity of hypotheses about human functioning. "Thinking like a scientist" can lead to the general advance of scientific knowledge (i.e., generalizable knowledge), or it may lead to localized knowledge that applies to some circumstances and settings.

History of UE's PsyD Program

The Psy.D. program originated from a market analysis in January 2021 that determined a dire need for a doctoral degree program in psychology. Furthermore, the urban and rural settings in Southwestern Indiana are underserved. The University of Evansville is committed to serving the needs of the region, and the Psy.D. program admitted its first cohort in 2023.

The Psy.D. program will apply for APA accreditation on contingency in early 2025. It is the full intention of the Psy.D. program to become accredited though there is no guarantee. Please talk with the Director of Clinical Psychology if you have questions or concerns about this.

Mission Statements

University of Evansville Mission and Core Values

Mission Statement: To empower each student to think critically, act bravely, serve responsibly, and live meaningfully in a changing world.

Core Values

1) Integrity: We promote academic and personal integrity to establish a culture of trust. Academic integrity begins with all students pledging to abide by our honor code, and extends to faculty, staff, and administration adhering to our code of conduct. It culminates in an expectation of professionalism, transparency, and respect in all interactions. Personal integrity includes practicing informed, ethical decision-making, and respecting the ideas, rights, boundaries, and beliefs of others. Each member of our community is accountable and prepared to act as a responsible citizen of the world.
2) Innovation: We recognize the value of interdisciplinary teamwork, creative problem solving, global immersion, and learning experiences at home and abroad. We recognize the value of learning from failure. We have the freedom, flexibility, and motivation to create experiences that help our students think critically and act bravely. Each member of our community is challenged to discover novel solutions to modern problems and to become a catalyst for progress.
3) Intellectual Curiosity: We strive to develop lifelong learners. We introduce students to a variety of ideas that sharpen existing interests and awaken latent ones. We challenge students to stretch their minds, while supporting them with strong faculty engagement. Research, experiential learning, and community outreach foster intellectual curiosity while exposure to new ideas and technologies broadens our students' view of the world and what might be possible.
4) Inclusive Community: We value openness and collaboration and recognize that inclusion leads to personal growth. Our commitment to actively fostering a diverse range of cultures and perspectives reflects the characteristics required to thrive in an increasingly global society. The university demonstrates and benefits from inclusion by welcoming all.
5) Education for the Whole Person: We cultivate intellectual, moral, social, physical, emotional, and spiritual wellness through engagement and discovery. We value the liberal arts, sciences, and professional programs as paths to intellectual and personal growth, and we encourage the integration of knowledge across disciplinary lines. We promote engagement in organizations, programs, and the community as essential to personal development. We equip individuals to examine their world, articulate their values, and develop the character needed to live healthy lives of meaning and purpose.

The PsyD Program Mission and Core Values

Mission Statement: To shape the minds, values, and skills of clinical psychology's next generation of health service psychologists to meet the psychosocial needs of individuals and groups that come from differing contexts and historical backgrounds that require an inclusive mindset on the part of the psychologist to provide effective therapeutic help.

Our curriculum promotes the values of autonomy, respect, inclusive excellence, lifelong learning, and self-care. We aspire to educate students in the practice of clinical psychology in order to further the University of Evansville's mission to help students think critically (e.g., self-determination to think for oneself and to consider other perspectives), act bravely (e.g., inviting other perspectives, especially from those who have been marginalized), serve responsibly (e.g., advocacy), and live meaningfully (e.g., self-allegiance with a growth mindset) in a changing world.

Core Values

1) Respect for Autonomy: We fundamentally recognize the importance of self-determination and the person's ability to actualize in their own way. We understand that this process can look differently based on the varying degrees that different groups of people place on individuation and community belonging.
2) Respect and Advocacy for the Whole Person: We view the person from a biopsychosocial perspective that requires an understanding of personhood that goes beyond a repository of academic knowledge. This includes respect for each person's unique interests, perspectives, beliefs, personality, spirituality, cognitive ability, life context, culture, race/ethnicity, gender identification, sexual orientation, age, socioeconomic status, and physical ability.
3) Inclusive Excellence: Coinciding with Respect and Advocacy for the Whole Person is a commitment to inclusive excellence in which diverse perspectives are welcomed and utilized to promote and advance the ongoing development of Health Service Psychology. We value the perspective of each student and actively seek a student body that works to promote justice.
4) Lifelong Learning: We recognize the extrinsic value of education but particularly emphasize the intrinsic value of learning new knowledge, new worldviews, and new skills. Education is not only an outcome; we promote the enjoyment of the process of learning in-and-of-itself.
5) Self-Care: We encourage intentional efforts to monitor one's stress level and to find ways to maintain emotional equanimity in the midst of the challenges of graduate school. Self-care takes practice to become a habit, and we recognize that to maintain high performance, one must "heal thyself" by getting appropriate sleep, engaging in restorative activities, maintaining physical and mental health, and enjoying the relationships that are formed in both graduate school and one's personal life.

Program Overview

The PsyD program at the University of Evansville involves generalist clinical training that is built upon and informed by decades of psychological research. The clinical training focuses on evidence-based practice with an emphasis on cognitive behavior therapy and interpersonal therapy. The PsyD program utilizes both course-based and experience-based learning to immerse students in the scientific foundations that are fundamental to the clinical practice of psychology and provide students with applied opportunities to implement their knowledge. Overall, the PsyD program at the University

of Evansville prepares students for competent entry as a generalist into the practice of health service psychology.

Our curriculum reflects program aims that coincide with the American Psychological Association's Standards of Accreditation (APA SoA) for the training of health service psychologists. The APA CoA defines health service psychology "as the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders." All aspects of our training program are aligned with this definition.

The program aims and competencies outlined below reflect a distinguishing feature of health service psychologists: The ability to take on multiple roles. We aim to train clinical psychologists who can provide health services (e.g., psychotherapy and assessment) as well as take on roles in supervision, consultation, program evaluation, organizational planning, and agency management. Furthermore, the program aims to foster a culture of advocacy and social justice, both of which are consistent with the overall university mission to train students to *serve responsibly*.

Program Aims, Objectives, and Learning Outcomes

The Psy.D. program at UE has specific program aims leading to student competencies that are assessed on a regular basis. The following are the aims of the Psy.D. program:

1) Acquire an advanced understanding of a broad range of theories and concepts specific to the overall field of psychology
    Objective A. Students will acquire advanced understanding of social bases of behavior
    Objective B. Students will acquire advanced understanding of developmental bases of behavior
    Objective C. Students will acquire advanced understanding of cognitive bases of behavior
    Objective D. Students will acquire advanced understanding of affective bases of behavior
    Objective E. Students will acquire advanced understanding of biological bases of behavior
    Objective F. Students will acquire advanced understanding of the history of psychology and systems for understanding human behavior
    Objective G. Students will acquire advanced understanding of statistics, research methods, and psychometrics
2) Demonstrate multicultural competence and a commitment to respecting and integrating individual differences into clinical practice
    Objective A. Students will acquire understanding of the varied ways that people and groups think, feel, and behave

Objective B. Students will acquire a recognition of diverse ways of knowing and experiencing the world
Objective C. Students will acquire a stance of cultural humility
Objective D. Students will apply what they have learned about human diversity in their clinical work

3) Become educated consumers of the scientifically established knowledge base of psychology in order to work effectively in health service psychology
    Objective A. Students will acquire knowledge in social, developmental, cognitive, affective, and biological bases of behavior
    Objective B. Students will learn how to integrate the foundational knowledge areas that provide a foundation for clinical practice
    Objective C. Students will contribute to scientifically established knowledge and apply it at the local level
4) Acquire the clinical skills necessary to become competent and effective as an entry level generalist in health service psychology
    Objective A. Students will acquire knowledge of therapeutic modalities and intervention techniques to treat mental health conditions
    Objective B. Students will understand and apply differential diagnosis skills by utilizing evidence-based assessment
    Objective C. Students will develop treatment plans and engage in outcome monitoring as they provide psychotherapy with clients
5) Understand models of supervision and provide peer supervision to trainees in the field
    Objective A. Students will gain experience and understand different models of supervision in their clinical work
    Objective B. Students will learn how to provide peer supervision to other students in the University of Evansville's PsyD Program
6) Obtain an understanding of the role of consultation and demonstrate interprofessional skills in health service psychology
    Objective A. Students will acquire interpersonal skills as they collaborate with other professions
    Objective B. Students will learn how to consult with mental health clinicians and other providers to deliver effective healthcare
7) Develop a professional identity that understands the role of self-care and adhering to the ethical standards outlined by APA
    Objective A. Students will acquire knowledge of professional ethics and apply it in their clinical work
    Objective B. Students will develop a decision-making framework for resolving ethical dilemmas
    Objective C. Students will develop a professional identity that understands the importance of lifelong learning
    Objective D. Students will adopt strategies to self-care in appropriate ways that maintain personal well-being

These aims are accomplished by focusing on Profession-Wide Competencies and Discipline Specific Knowledge. The following competencies are adapted from the Commission on Accreditation, Implementing Regulations, Section C

Program Competencies

A. Profession-Wide Competencies
    1. Competency 1: Research: Students will demonstrate an independent ability to formulate scholarly activities that contribute to the professional knowledge base. Students will engage in research endeavors that are clinically relevant and may range from case studies, literature reviews, and/or studies that are qualitative or quantitative in nature
        a. 1.1: Students will demonstrate competence in basic research methodologies
        b. 1.2: Students will demonstrate an ability to conduct statistical analyses and interpret findings in a way that leads to a publication or presentation of their research at the institutional, regional, or national level
        c. 1.3: Students will demonstrate effective writing skills in the form of a literature review that summarizes and integrates the status of knowledge in the area reviewed
        d. 1.4: Students will apply effective reading skills to analyze and critically evaluate published literature
        e. 1.5: Students will conduct a research-related project in the form of a case study, literature review, program evaluation, qualitative study, or quantitative study
    2. Competency 2: Ethical and Legal Standards: Students are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.
        a. 2.1: Students will summarize and recall in detail the current version of the APA Ethical Principles of Psychologists and Code of Conduct
        b. 2.2: Students will identify ethical dilemmas and apply ethical decision-making processes to effectively respond to the situation in a professional manner
        c. 2.3: Students will identify and monitor relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
        d. 2.4: Students will develop a professional identity consisting of ethical conduct that meets the standards of a clinical psychologist
    3. Competency 3: Individual and Cultural Diversity: Effectiveness in health service psychology requires that students develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population.
        a. 3.1: Students will demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves

    b. 3.2: Students will develop knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service
    c. 3.3: Students will demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities)
    d. 3.4: Students will articulate an understanding of a theoretically informed framework consisting of the requisite knowledge for working with diverse individuals and groups. They will apply this framework in the professional services provided to individuals whose group membership, demographic characteristics, or worldviews create conflict with their own
4. Competency 4: Professional Values and Attitudes: Students are expected to act and respond professionally as they develop and acquire a greater degree of independence in the practice areas of the field of Health Service Psychology
    a. 4.1: Students will behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
    b. 4.2: Students will engage in self-reflection regarding one's personal and professional functioning and engage in activities to maintain and improve performance, well-being, and professional effectiveness
    c. 4.3: Students will actively seek and demonstrate openness and responsiveness to feedback and supervision
    d. 4.4: Students will respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training
5. Competency 5: Communication and Interpersonal Skills: Students will demonstrate the requisite communication and interpersonal skills and respond professionally in increasingly complex situations
    a. 5.1: Students will develop and maintain effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
    b. 5.2: Students will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated
    c. 5.3: Students will demonstrate effective interpersonal skills and the ability to manage difficult communications well
6. Competency 6: Assessment: Students will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology
    a. 6.1: Students will demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
    b. 6.2: Students will demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural)

    c. 6.3: Students will demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
    d. 6.4: Students will select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect 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
    e. 6.5: Students will interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective
    f. 6.6: Students will communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences
7. Competency 7: Intervention: Students will demonstrate competence in the delivery of evidence-based interventions consistent with the scope of Health Service Psychology
    a. 7.1: Students will establish and maintain effective relationships with the recipients of psychological services
    b. 7.2: Students will develop evidence-based intervention plans specific to the service delivery goals
    c. 7.3: Students will implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
    d. 7.4: Students will demonstrate the ability to apply the relevant research literature to clinical decision making
    e. 7.5: Students will modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking
    f. 7.6: Students will evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation
8. Competency 8: Supervision: Students will acquire foundational knowledge of supervision and its role
    a. 8.1: Students will demonstrate knowledge of supervision models and practices
9. Competency 9: Consultation and Interprofessional/Interdisciplinary Skills: Students will demonstrate intentional collaboration with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities
    a. 9.1: Students will demonstrate knowledge and respect for the roles and perspectives of other professions
    b. 9.2: Students will demonstrate knowledge of consultation models and practices

B. Discipline Specific Knowledge

1. Students will demonstrate knowledge of the history of psychology, including the origins and development of major ideas in the discipline of psychology
2. Students will demonstrate knowledge in affective aspects of behavior
3. Students will demonstrate knowledge in biological aspects of behavior
4. Students will demonstrate knowledge in cognitive aspects of behavior
5. Students will demonstrate knowledge in developmental aspects of behavior
6. Students will demonstrate knowledge in social aspects of behavior
7. Students will demonstrate advanced integrative knowledge in scientific psychology that entails integration of multiple basic discipline-specific content areas identified in discipline specific knowledge 2 through 6
8. Students will demonstrate knowledge of research methods
9. Students will demonstrate knowledge of statistical analysis
10. Students will demonstrate knowledge of psychometrics

Special Note About Discipline Specific Knowledge Classes

All APA-accredited programs must ensure that students receive advanced training in the integration of one or more Discipline Specific Knowledge content areas. We accomplish this through an evaluated educational experience that provides basic coverage in two areas (affective and biological) and *integration* across these areas.

Importantly, students should not overlook the importance of these Discipline Specific Knowledge content areas. They provide the foundation of the more applied classes that you will be taking. Also, it is the goal of our curriculum to be integrative across all classes. For example, your class on advanced psychopathology will integrate material from other areas such as psychometrics, research methods, biological aspects of behavior, etc.

Inclusion

As part of the program's commitment to inclusion, the clinical psychology program will endeavor to provide our students with opportunities to take part in programs that encourage them to interact with individuals from diverse backgrounds. The clinical psychology faculty strongly recommend that the students participate in activities that include but are not limited to

- Volunteer opportunities
- Philanthropy
- Advocacy
- Research on topics of diversity and social justice
- Professional development (e.g., workshops, seminars, webinars) on topics of diversity and social justice

The faculty will collaborate with students to identify the specific activities that they will participate in every semester. If students identify areas of interest that they would like to be involved in, it is recommended that they obtain approval from the faculty before formally engaging in the activities.

Students will be required to include their participation in these activities in their masters portfolio at the end of their second year.

Administrative Structure of the PsyD Program

The PsyD Program is led by the Director of Clinical Training in conjunction with the Clinical Training Committee. The clinical faculty and 4 student representatives make up this Committee. Usually, the 4 student representatives are an elected member from each of the four years in the program.

Clinical Faculty

The core clinical faculty consist of Kevin Jordan, Matt Powless, Juliet Aura, Madison Stout, and Jenny Braun. The following paragraphs provide brief introductions to these faculty members.

Kevin Jordan, Associate Professor, Director of Clinical Training

Dr. Jordan is a clinical health psychologist who trained at the University of Utah. After additional postdoctoral training at the University of Mississippi Medical Center, he became a PsyD faculty member at Indiana State University prior to joining the University of Evansville. His clinical interests are in the areas of health psychology and behavioral medicine. His research interests are guided by the interpersonal perspective of personality, social, and clinical psychology in which he explores social manifestations of seemingly intrapersonal individual differences.

Juliet Aura, Assistant Professor

Dr. Aura is a school psychologist trained at Stephen F Austin State University in Nacogdoches Texas. She then completed her postdoctoral training at the Cardinal Success Program, at the University of Louisville in Kentucky prior to joining University of Evansville. Her clinical interests are in psychological assessment and providing clinical services for children and adolescents. Her research interests are in the areas of socio-cultural factors that affect provision of mental health services to minority groups, and how to mitigate them in order to ensure optimal service provision to the underserved populations.

Jenny Braun, Assistant Professor, Director of Mental Health Clinic

Dr. Braun is a licensed psychologist, an assistant professor of Clinical Psychology and the Director of the UE Mental Health and Wellness Clinic and Emily M. Young Assessment Center. Dr. Braun has extensive experience working with individuals with severe mental illness providing compassionate therapy and evidence-based interventions. She trained at the Wright Institute (PsyD in clinical psychology) in Berkley,

CA. Her research and clinical interests center on the psychological impact of severe mental illness.

Matt Powless, Assistant Professor

Dr. Powless earned his PhD in counseling psychology with a concentration in sport and performance psychology from Indiana University. His research interests pertain to sport and performance psychology, college student and student-athlete mental health, and the scholarship of teaching and learning. More specifically, Dr. Powless is interested in how adverse childhood experiences effect the mental health of college students and student-athletes as well as the mechanisms underlying expertise development in students, athletes, and other performers. He completed his doctoral internship at Illinois State University where he took part in the Sport Psychology and Eating Disorder rotation areas. Currently, Dr. Powless is a licensed psychologist in the state of Indiana and maintains a private practice in sport and performance psychology where he works with athletes and other performers (e.g., business professionals, musicians, etc.) addressing both mental skills and mental health concerns. Prior to coming to the University of Evansville, Dr. Powless was an Assistant Professor at University of Southern Indiana for three years.

Madison Stout, Assistant Professor

Dr. Stout joined the University of Evansville's PsyD Program faculty in June 2025. She earned her PhD in clinical psychology from Oklahoma State University and completed her clinical internship at the Eastern Oklahoma VA Health Care System. She most recently was a postdoctoral research fellow at the Richard L. Roudebush VA Medical Center. She has extensive research and clinical experience in the area of health psychology. She is particularly interested in loneliness as a psychosocial determinant and mechanism of mental and physical health risk.

The Department of Psychology and Behavioral Sciences

The PsyD Program is housed within the Department of Psychology and Behavioral Sciences in the College of Arts and Sciences. Discipline specific content areas are taught by social psychologists, developmental psychologists, cognitive psychologists, and other foundational science psychologists.

Curriculum

The Psy.D. program in Clinical Psychology includes 4 years on campus of didactic and practicum experiences. The fifth year is a pre-doctoral clinical internship in an APA-accredited site in the United States or Canada. The Psy.D. program includes core courses and electives. Altogether, 124 credit hours (including the clinical internship) are required. See Appendix 1 for the list of courses.

Program of Study

The curriculum of the Psy.D. program is sequential with cohorts moving through the program in a lockstep manner. The first year largely consists of didactic courses and exposure to experiential skill-building courses (e.g., foundations of psychotherapy). Didactic courses (both required and elective) continue through the four years at UE but with the addition of clinical experiences under the supervision of a licensed psychologist. During the second year of the Psy.D. program, students will acquire supervised hours in assessment and psychotherapy at UE's psychology clinic that serves both students and the community. At the conclusion of the second year, students earn a Master's of Science degree en passant to the doctorate. During the third year, students will continue their practicum experience in the UE psychology clinic, but also participate in external practicum experiences in the community. Finally, during the fourth year, students will acquire clinical experiences solely in the community.

The UE Psy.D. program prepares students for competent entry into the practice of health service psychology by focusing on Profession-Wide Competencies throughout the curriculum, clinical training, and research experiences. Curricular development at the UE Psy.D. program is guided by these competencies as well as the Discipline-Specific Knowledge domains outlined by the APA. Both the Profession-Wide Competencies and Discipline-Specific Knowledge domains are integrated throughout the program as reflected in the following tables:

Profession-Wide Competencies

Competency:	*(i) Research*	
Elements associated with this competency from IR C-8 D	• Demonstrate the substantially independent ability to conduct 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. • Critically evaluate and disseminate research or other scholarly activity via professional publication or presentation at the local (including the host institution), regional, or national level.	
Program-defined elements associated with this competency (if applicable; see table description above)	• We do not require any program-related elements beyond those outlined in IR C-8-D	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students demonstrate the independent ability to formulate research or other scholarly activities by successfully completing PSYC 645 Statistics, PSYC 646 Research Methods, and PSYC 788, 789, and 790 (dissertation courses). • Students demonstrate they can write an integrative literature review in PSYC 688 Biological and Affective Bases of Behavior and on their dissertation • Students demonstrate that they can conduct research or other scholarly activities by completing PSYC 646 Research Methods and their dissertation • Students demonstrate that they can critically evaluate and disseminate research or other scholarly activity by presenting research at an institutional, local, regional or national conference, completing their public dissertation defense, and publishing their dissertation	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance in PSYC 645 1. Exams (60%) 2. Lab assignments (20%) 3. MyStatsLab assignments (20%) • Performance in PSYC 646 1. Syllabus agreement statement (2 pts) 2. Self-care plan (10 pts) 3. Weekly quizzes (50 pts) 4. Co-facilitation (20 pts)	Evaluation tool and self-study location: • PSYC 645 1. Course syllabus (II.B.2) • PSYC 646 1. Course syllabus (II.B.2) • PSYC 688 1. Course syllabus (II.B.2) 2. Rubric (II.B.1.b.2.1) • PSYC 788 1. Course syllabus (II.B.2)
	5. Photovoice project (40 pts) 6. Research project design (60 pts) • Performance in PSYC 688 1. Term project (50%) 2. Section reviews (30%) 3. Quizzes (20%) • Performance in PSYC 788 1. Chapter presentation (50 pts) 2. Preliminary research topic (50 pts) 3. Dissertation committee form (50 pts) • Performance in 789 1. Participation (20%) 2. Key article summary (10%) 3. Project summary (20%) 4. Project proposal (50%) • Performance in 790 1. Evaluation and vote by 2-member committee • Acceptance of paper or poster submission to an institutional, local, regional or national conference • Performance in the dissertation defense 1. Evaluation and vote by 2-member committee	• PSYC 789 1. Course syllabus (II.B.2) • PSYC 790 1. Course syllabus (II.B.2) • Dissertation defense rubric 1. Rubric (II.B.1.b.2.2)
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• Successful completion of PYSC 645, PSYC 646, and PSYC 688 with at least a B- or better • Acceptance of at least a poster presentation at an institutional or local conference • An overall rating of at least "2" (acceptable) on the integrative literature review in PSYC 688 • Unanimously pass the dissertation written product and oral defense • Publication of dissertation in dissertation abstracts	

Competency:	*(ii) Ethical and legal standards*	

Elements associated with this competency from IR C-8 D	• Be knowledgeable of and act in accordance with each of the following:
	  ○ the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
	  ○ Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
	  ○ Relevant professional standards and guidelines.
	• Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
	• Conduct self in an ethical manner in all professional activities.	

Program-defined elements associated with this competency (if applicable)	• We do not require any program-related elements beyond those outlined in IR C-8-D	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students demonstrate knowledge of and act in accordance with the current version of the APA Ethical Principles and Code of Conduct in PSYC 610 Foundations of Psychotherapy, PSYC 648 Ethics and Professional Issues, PSYC 658 Seminar: Psychological Sciences I, and PSYC 789 Preparation for the Dissertation. • Students recognize ethical dilemmas as they arise and apply ethical decision-making processes in PSYC 648, PSYC 693 Clinical Practicum, PSYC 695 External Practicum, ethics EPPP questions on the first-year comp exam, and on the ethics scenario on the second-year comp exam • Students conduct self in an ethical manner in all professional activities in PSYC 693 Clinical Practicum, PSYC 695 External Practicum, and PSYC 699 Clinical Internship	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance in PSYC 610 1. Introductory paper (20 pts) 2. Readings reflection paper (20 pts) 3. Case conceptualizations (40 pts) 4. Video reactions (40 pts) 5. Exam (50 pts) 6. Role plays (40 pts) 7. Role play reflections (20 pts) 8. Intake report (20 pts) 9. Final research paper (50 pts) • Performance in PSYC 648	Evaluation tool and self-study location: • PSYC 610 1. Course syllabus (II.B.2) • PSYC 648 1. Course syllabus (II.B.2) • PSYC 658 1. Course syllabus (II.B.2) • Rubric for PSYC 648 1. Rubric (II.B.1.b.2.3) • PSYC 789 1. Course syllabus (II.B.2)

	1. Ethical scenarios (50 pts) 2. Book discussion (30 pts) 3. Professional interview (30 pts) 4. Ethical decision making model (50 pts) 5. Course engagement (10 pts) 6. Debate (20 pts) 7. Ethical autobiography (30 pts) 8. Case presentation (30 pts) 9. Final exam (50 pts) • Performance in PSYC 658 1. Citation manager (10 pts) 2. Self-care collage (20 pts) 3. Professional etiquette (20 pts) 4. Ethical situation (20 pts) 5. Ethics quiz (30 pts) • Performance in PSYC 789 1. Completion of CITI training • Performance on the presentation of an ethical dilemma and one's use of an ethical decision-making model • Performance on the intake with a standardized client • Performance on the first year comp exam • Performance on second year comp exam • Performance in clinical training	2. Information regarding CITI training can be found at www.citiprogram.org • Scoring criteria for the intake simulation 1. Rubric (II.B.1.b.2.4) • Scoring criteria for case presentation in PSYC 648 1. Rubric (II.B.1.b.2.5) • Scoring criteria for ethics questions on the first and second year comp exam • PSYC 693 1. Course syllabus (II.B.2) • PSYC 695 1. Course syllabus (II.B.2) • Summative evaluation form from internal clinical practicum supervisor and external practicum supervisor 1. Evaluation form (I.A.1.1.1) • Performance in clinical training 1. Readiness to progress (I.A.1.1.2)
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• Successful completion of PSYC 610, PSYC 648, and PSYC 658, PSYC 693, and PSYC 695 with at least a B- or better • An overall rating of at least a "2" on the intake simulation • An overall rating of at least a "2" on the ethical presentation and one's ethical decision-making model • An overall rating of at least 70% on the ethics questions on the year one and a rating of "2" (meets expectations) on the ethics case on the year two comp exam • An overall rating of at least a "2" (emerging competency) on ethics section of the summative feedback forms from internal and external supervisors	
	• Ratings in ethical and legal standards that are consistent with their level of training (readiness for internal practicum, readiness for external practicum, and readiness to apply for clinical internship) • Successful completion of internship with no ethical-related concerns noted by the director	

Competency:	*(iii) Individual and cultural diversity*	
Elements associated with this competency from IR C-8 D	• Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. • Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. • Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences, including intersectionality, in articulating an approach to working effectively with diverse individuals and groups. • Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews differ with their own.	
Program-defined elements associated with this competency (if applicable)	• We do not require any program-related elements beyond those outlined in IR C-8-D	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students demonstrate an understanding of their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves in PSYC 675 Culture and Diversity in Clinical Psychology. • Students demonstrate knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities in PSYC 601 Cognitive Assessment, PSYC 610 Foundations of Personality and Psychotherapy, PSYC 675 Culture and Diversity in Clinical Psychology and PSYC 693 Clinical Practicum • Students demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles in the simulated client intake, the PSYC 675 course and on the Clinical Preliminary Examination in years 1 and 2 • Students demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work throughout their clinical training sequences (e.g., internal and external practicum) and the Clinical Preliminary Examinations	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance in PSYC 601 1. Integrated psychological report (17.5% of grade) • Performance in PSYC 610	Evaluation tool and self-study location: • PSYC 601 1. Course syllabus (II.B.2) 2. Rubric (II.B.1.b.2.6) • PSYC 610

	1. Final research paper (50 pts) • Performance in PSYC 675 1. Quizzes (80 pts) 2. Sociocultural biography (10 pts) 3. Cultural activity assignment (20 pts) 4. Privilege assignment (10 pts) 5. Ethnic identity assignment (15 pts) 6. Intercultural Developmental Inventory assessment experience (40 pts) 7. Deep dive presentation (20 pts) 8. Social action letter & research (20 pts) 9. Final reflection paper (40 pts) • Performance on simulated client intake • Performance on the first year comp exam • Performance on second year comp exam • Performance in clinical training	1. Course syllabus (II.B.2) 2. Rubric (II.B.1.b.2.7) • PSYC 675 1. Course syllabus (II.B.2) • Scoring criteria for the intake simulation 1. Rubric (II.B.1.b.2.4) • Scoring criteria for diversity questions on the first and second year comp exam • PSYC 693 1. Course syllabus (II.B.2) • PSYC 695 1. Course syllabus (II.B.2) • Summative evaluation form from internal clinical practicum supervisor and external practicum supervisor 1. Evaluation form (I.A.1.1.1) • Performance in clinical training 1. Readiness to progress (I.A.1.1.2)
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• Score of at least "2" (developing/acceptable) on diversity portion of the integrated psychological report in PSYC 601 • Score of at least "2" (developing/acceptable) on diversity portion of final research paper in PSYC 610 • Successful completion of PSYC 601, PSYC 610, PSYC 675, PSYC 693, and PSYC 695 with at least a B- or better • An overall rating of at least a "2" on the intake simulation • A passing score (70%) on the diversity section of the year one comp exam and a rating of "2" (meets expectations) on the diversity case on the year two comp exam • A rating of at least a "2" (emergency competency) on summative feedback forms related to diversity from internal and external supervisors • Ratings in individual and cultural diversity that are consistent with their level of training (readiness for internal practicum, readiness for external practicum, and readiness to apply for clinical internship) • Successful completion of internship with no diversity-related concerns noted by the director	

Competency:	*(iv) Professional values, attitudes, and behaviors*	
Elements associated with this competency from IR C-8 D	• Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, the integration of science and practice, professional identity, accountability, and concern for the welfare of others • Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. • Actively seek and demonstrate openness and responsiveness to feedback and supervision.	
Program-defined elements associated with this competency (if applicable)	• We do not require any program-related elements beyond those outlined in IR C-8-D	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students demonstrate the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others in PSYC 610 Foundations of Personality and Psychotherapy, PSYC 648 Ethics and Professional Issues, PSYC 659 Psychological Sciences II, clinical training in internal and external practicum experiences, and the Clinical Preliminary Examination • Students engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness in PSYC 658 Psychological Sciences I, PSYC 659 Psychological Sciences II, and the Clinical Preliminary Examination • Students actively seek and demonstrate openness and responsiveness to feedback and supervision in PSYC 693 clinical practicum and PSYC 695 external practicum • Students respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training through clinical training in both internal and external practica	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance in PSYC 610 1. Introductory paper (20 pts) 2. Readings reflection paper (20 pts) 3. Case conceptualizations (40 pts) 4. Video reactions (40 pts) 5. Exam (50 pts) 6. Role plays (40 pts)	Evaluation tool and self-study location: • PSYC 610 1. Course syllabus (II.B.2) • PSYC 648 1. Course syllabus (II.B.2) • PSYC 658 1. Course syllabus (II.B.2) • PSYC 659

	7. Role play reflections (20 pts) 8. Intake report (20 pts) 9. Final research paper (50 pts) • Performance in PSYC 648 1. Ethical scenarios (50 pts) 2. Book discussion (30 pts) 3. Professional interview (30 pts) 4. Ethical decision making model (50 pts) 5. Course engagement (10 pts) 6. Debate (20 pts) 7. Ethical autobiography (30 pts) 8. Case presentation (30 pts) 9. Final exam (50 pts) • Performance in PSYC 658 1. Self-care collage (20 pts) 2. Citation manager (10 pts) 3. Professional etiquette (20 pts) 4. Ethical situation assignment (20 pts) 5. Quiz on ethics (30 pts) • Performance in PSYC 659 1. Self-assessment (10 pts) 2. Presentation (30 pts) 3. Simulated consultation (30 pts) 4. Exam (30 pts) • Performance on the first year comp exam • Performance in clinical training	1. Course syllabus (II.B.2) • Scoring criteria for the intake simulation 2. Rubric (II.B.1.b.2.4) • Performance in clinical training 1. Evaluation form (I.A.1.1.1) 2. Readiness to progress (I.A.1.1.2)
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• Successful completion of PSYC 610, PSYC 648, PSYC 658, and PSYC 659 with at least a B- or better • An overall rating of at least a "2" on the intake simulation • An overall score of 70% on the professional values, attitudes, and behaviors section from the year one comp exam • A rating of at least a "2" (emergency competency) on summative feedback forms from internal and external supervisors	
	• Ratings in professional values, attitudes, and behaviors that are consistent with their level of training (readiness for internal practicum, readiness for external practicum, and readiness to apply for clinical internship) • Successful completion of internship	

Competency:	*(v) Communications and interpersonal skills*	
Elements associated with this competency from IR C-8 D	• Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. • Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. • Manage difficult communication well.	
Program-defined elements associated with this competency (if applicable)	• We do not require any program-related elements beyond those outlined in IR C-8-D	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services in PSYC 610 Foundations of Personality and Psychotherapy, PSYC 691 Clinical Supervision and Consultation, PSYC 693 Clinical Practicum, and PSYC 695 External Practicum • Students produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated and demonstrate a thorough grasp of professional language and concepts in PSYC 693, PSYC 695, and the Clinical Preliminary Examination • Students demonstrate effective interpersonal skills and the ability to manage difficult communication well in clinical training	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance in PSYC 610 1. Introductory paper (20 pts) 2. Readings reflection paper (20 pts) 3. Case conceptualizations (40 pts) 4. Video reactions (40 pts) 5. Exam (50 pts) 6. Role plays (40 pts)	Evaluation tool and self-study location: • PSYC 610 1. Course syllabus (II.B.2) • PSYC 691 1. Course syllabus (II.B.2) • Scoring criteria for physician assistant consultation simulation 1. Rubric II.B.1.b.2.10

	7. Role play reflections (20 pts) 8. Intake report (20 pts) 9. Final research paper (50 pts) • Performance in PSYC 691 1. Consultation experience (80 pts) • Performance on the first year comp exam • Performance in clinical training	• Scoring criteria for communication and interpersonal skills questions on the first year comp exam • Summative evaluation form from internal clinical practicum supervisor and external practicum supervisor 1. Evaluation form (I.A.1.1.1) • Performance in clinical training 1. Readiness to progress (I.A.1.1.2)
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• Successful completion of PSYC 610, PSYC 691, PSYC 693, and PSYC 695 with at least a B- or better • An overall score of 70% on the communication and interpersonal skills component of the year one comp exam • An overall rating of at least a "2" (emerging competency) on summative feedback forms from internal and external supervisors • A rating of at least a "2" (meets expectations) on demonstration of communication and interpersonal skills with a physician assistant student • Ratings in communication and interpersonal skills that are consistent with their level of training (readiness for internal practicum, readiness for external practicum, and readiness to apply for clinical internship) • Successful completion of internship	

Competency:	*(vi) Assessment*
Elements associated with this competency from IR C-8 D	• Demonstrate current knowledge and application of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. • Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics and contextual influences (e.g., family, social, societal, and cultural) of the service recipient. • Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. • Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
Program-defined elements associated with this competency (if applicable)	• We do not require any program-related elements beyond those outlined in IR C-8-D
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data from multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient in PSYC 601 Cognitive Assessment, PSYC 623 Personality Assessment, PSYC 693 Clinical Practicum, and PSYC 695 External Practicum • Students interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective in PSYC 601 Cognitive Assessment, PSYC 623 Personality Assessment, PSYC 693 Clinical Practicum, and PSYC 695 External Practicum as well as on the Clinical Preliminary Examination • Students communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences in PSYC 601 Cognitive Assessment, PSYC 623 Personality Assessment, PSYC 693 Clinical Practicum, and PSYC 695 External Practicum

How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance in PSYC 601 1. Assessment administration and reports (72.5% of grade) 2. Achievement test presentation (5% of grade) 3. Quizzes (10% of grade) 4. Final exam (12.5% of grade) • Performance in PSYC 623 1. Participation (10% of grade) 2. MMPI-2 assignment (10% of grade) 3. MMPI-2-RF assignment (10% of grade) 4. MMPI-3 assignment (10% of grade) 5. PAI assignment (10% of grade) 6. NEO assignment (10% of grade) 7. Integrative report (40% of grade) • Performance on the first year comp exam • Performance in clinical training	Evaluation tool and self-study location: • PSYC 601 1. Course syllabus (II.B.2) • PSYC 623 1. Course syllabus (II.B.2) • Scoring criteria for the assessment questions on the first year comp exam • Summative evaluation form from internal clinical practicum supervisor and external practicum supervisor 1. Evaluation form (I.A.1.1.1) • Performance in clinical training 1. Readiness to progress (I.A.1.1.2)
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• Successful completion of PSYC 601, PSYC 623, PSYC 693, and PSYC 695 with at least a B- or better • An overall score of 70% on the assessment component of the year one comp exam • An overall rating of at least a "2" (emerging competency) on summative feedback forms from internal and external supervisors • Ratings in assessment that are consistent with their level of training (readiness for internal practicum, readiness for external practicum, and readiness to apply for clinical internship) • Successful completion of internship	

Competency:	*(vii) Intervention*	
Elements associated with this competency from IR C-8 D	• Establish and maintain effective relationships with the recipients of psychological services. • Develop and implement evidence-based intervention plans specific to the service delivery goals informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. This includes the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. • Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing progress evaluation.	
Program-defined elements associated with this competency (if applicable)	• We do not require any program-related elements beyond those outlined in IR C-8-D	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students establish and maintain effective relationships with the recipients of psychological services in PSYC 693 Clinical Practicum and PSYC 695 External Practicum • Students develop evidence-based intervention plans specific to the service delivery goals in PSYC 693 and PSYC 695 • Students implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables in PSYC 652, PSYC 680, PSYC 693 and PSYC 695 • Students demonstrate the ability to apply the relevant research literature to clinical decision making in PSYC 693, PSYC 695, and the Clinical Preliminary Examination • Students modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking in PSYC 693 and PSYC 695 • Students evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation in PSYC 693 using the outcome questionnaires	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance in PSYC 652 1. Video reaction (30 pts) 2. Role plays (60 pts) 3. Role play write-up (45 pts) 4. Activity chart (15 pts) 5. Journals (50 pts) 6. Client conceptualization diagram (10 pts)	Evaluation tool and self-study location: • PSYC 652 1. Course syllabus (II.B.2) 2. Rubric II.B.1.b.2.8 • PSYC 680 1. Course syllabus (II.B.2) 2. Rubric II.B.1.b.2.9 • Scoring criteria for the intervention questions on the third year comp exam

	7. Class presentation (45 pts) 8. Oral exam (60 pts) • Performance in PSYC 680 1. Client simulation (50 pts) 2. Case conceptualization (50 pts) 3. Participation (25 pts) 4. Midterm exam (50 pts) 5. Final exam (50 pts) • Performance on the third year comp exam • Performance in clinical training	• Summative evaluation form from internal clinical practicum supervisor and external practicum supervisor 1. Evaluation form (I.A.1.1.1) • Performance in clinical training 1. Readiness to progress (I.A.1.1.2)
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• Successful completion of PSYC 693 and PSYC 695 with at least a B- or better • An overall rating of at least "2" (developing/acceptable) on the clinical examination in PSYC 652 and PSYC 680 • An overall rating of at least a "2" (emerging competency) on summative feedback forms from internal and external supervisors • Ratings in intervention that are consistent with their level of training (readiness for internal practicum, readiness for external practicum, and readiness to apply for clinical internship) • A passing grade (70%) on the intervention section of the year three comprehensive exam • Successful completion of internship	

Competency:	*(viii) Supervision*	
Elements associated with this competency from IR C-8 D	• Demonstrate knowledge of supervision models and practices. • Demonstrate knowledge of contemporary evidence-based supervision literature.	
Program-defined elements associated with this competency (if applicable)	• We do not require any program-related elements beyond those outlined in IR C-8-D	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students demonstrate knowledge of supervision models and practices in PSYC 691 Clinical Supervision and Consultation • Students provide peer supervision during PSYC 691	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance in PSYC 691 1. Supervision agreement (25 pts) 2. Supervision record form (100 pts) 3. Written feedback (25 pts) 4. In-class supervision of peer supervisor (50 pts) 5. Consultation experience (80 pts) 6. Consultation presentation (40 pts)	Evaluation tool and self-study location: • PSYC 691 1. Course syllabus (II.B.2)
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• Successful completion of PSYC 691 with at least a B- or better	

Competency:	*(ix) Consultation and interprofessional/interdisciplinary skills*	
Elements associated with this competency from IR C-8 D	• Demonstrate knowledge and respect for the roles and perspectives of other professions. • Demonstrates knowledge of consultation models and practices.	
Program-defined elements associated with this competency (if applicable)	• We do not require any program-related elements beyond those outlined in IR C-8-D	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students demonstrate knowledge and respect for the roles and perspectives of other professions in PSYC 691 Clinical Supervision and Consultation • Students demonstrate knowledge of consultation models and practices in PSYC 691 in which they are provided opportunities for a consultation experience with other university departments	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance in PSYC 691 1. Supervision agreement (25 pts) 2. Supervision record form (100 pts) 3. Written feedback (25 pts) 4. In-class supervision of peer supervisor (50 pts) 5. Consultation experience (80 pts) 6. Consultation presentation (40 pts)	Evaluation tool and self-study location: • PSYC 691 1. Course syllabus (II.B.2) 2. Rubric (II.B.1.b.2.10)
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• Successful completion of PSYC 691 with at least a B- or better	

Discipline Specific Knowledge

Knowledge Area:	***History and Systems of Psychology***	
How does the program ensure that students possess knowledge?	• History and systems is covered in the graduate-level course PSYC 521 (History & Systems). This course presents an in-depth exploration of historical theories and schools of thought regarding science and explanations of the ways that humans characteristically think, feel, and behave. The beginnings of scientific psychology (e.g., Wundt) are covered and attempts to understand the human mind are reviewed (e.g., structuralism, functionalism, psychoanalysis, behaviorism, gestalt, and others). Furthermore, psychology across time, including its philosophical background is considered as students are introduced to earlier civilizations' ideas related to the human mind (e.g., early civilizations, ancient Greece, the Roman era). Sociopolitical, cultural, religious, and factors related to diversity are woven throughout the review of these systems of psychology and how they influenced scientific development in the field. One's own attitudes and beliefs about the human mind are challenged in this class as students reflect about epistemology, the nature of knowledge, and the progression of science.	
How does the program assess	How outcomes are measured:	Evaluation tool and location:

students' knowledge in this area?	• PSYC 521 a. Quizzes (50%) b. Class participation (10%) c. Final paper (40%)	• Syllabus for PSYC 521 (II.B.2)
For each outcome above, what minimum level of achievement (MLA) must be met?	• Students must pass the course with a grade of B- or higher	
Knowledge Area:	***Affective Aspects of Behavior***	
How does the program ensure that students possess knowledge?	• Affective bases of behavior are covered in PSYC 688 (Biological and Affective Bases of Behavior). This is an integrative course that separately considers major affective constructs and theories, biological sciences including behavioral neuroscience, and their integration. In terms of the affective components of the class, it reviews the history of the study of emotion, individual components of emotional processing, and emotive behaviors. Methods from the subfield of affective neuroscience are emphasized to answer how people experience and respond to different emotions.	
How does the program assess students' knowledge in this area?	How outcomes are measured: • PSYC 688 a. Quizzes (20%) b. Section reviews (30%) c. Term project (50%)	Evaluation tool and location: • Syllabus for PSYC 688 (II.B.2)
For each outcome above, what minimum level of achievement (MLA) must be met?	• In PSYC 688, the affective and biological components are divided into two equally weighted sections ("modules"), and students must pass each module (in this instance, the affective module) with a grade of B- or higher, as well as earn a passing grade in the course as a whole (grade of B- or higher) • Passing with at least a 70% score on the year 2 comprehensive examination	
Knowledge Area:	***Biological Aspects of Behavior***	
How does the program ensure that students possess knowledge?	• Biological bases of behavior are covered in PSYC 688 (Biological and Affective Bases of Behavior). This is an integrative course that separately considers the biological sciences including behavioral neuroscience, major affective constructs and theories, and their integration. Neuroanatomic and neurophysiologic substrates of behavior are reviewed in detail. Biological factors such as genetics, hormones, the nervous system, and brain chemistry are covered to understand how biological factors include behavioral functioning.	

How does the program assess students' knowledge in this area?	How outcomes are measured: • PSYC 688 a. Quizzes (20%) b. Section reviews (30%) c. Term project (50%)	Evaluation tool and location: • Syllabus for PSYC 688 (II.B.2)
For each outcome above, what minimum level of achievement (MLA) must be met?	• In PSYC 688, the affective and biological components are divided into two equally weighted sections ("modules"), and students must pass each module (in this instance, the biological module) with a grade of B- or higher, as well as earn a passing grade in the course as a whole (grade of B- or higher) • Passing with at least a 70% score on the year 2 comprehensive examination	
Knowledge Area:	***Cognitive Aspects of Behavior***	
How does the program ensure that students possess knowledge?	• Cognitive bases of behavior are covered in PSYC 687 (cognitive bases of behavior). This course examines the domain of cognition and learning including human attention, performance, memory, problem-solving, and decision-making. There is in-depth coverage of how people think and learn within the context of brain functions and mental processes.	
How does the program assess students' knowledge in this area?	How outcomes are measured: • Article discussions (30%) • Term paper (30%) • Reaction papers (40%)	Evaluation tool and location: • Syllabus for PSYC 687 (II.B.2)
For each outcome above, what minimum level of achievement (MLA) must be met?	• Students must pass the course with a grade of B- or higher • Passing with at least a 70% score on the year 3 comprehensive examination	
Knowledge Area:	***Developmental Aspects of Behavior***	
How does the program ensure that students possess knowledge?	• Developmental bases of behavior are covered in PSYC 698 (developmental bases of behavior). This course examines normative development from infancy through older adulthood taking a lifespan perspective. Furthermore, the continuum between normative and pathological development is considered. Important concepts, theories, and experimental findings related to brain development and associated psychological sequelae are discussed.	
How does the program assess students' knowledge in this area?	How outcomes are measured: • PSYC 698 a. Reaction papers (40%) b. Article discussions (30%)	Evaluation tool and location: • Syllabus for PSYC 698 (II.B.2)

	c. Term paper (30%)	
For each outcome above, what minimum level of achievement (MLA) must be met?	• Students must pass the course with a grade of B- or higher • Passing with at least a 70% score on the year 2 comprehensive examination	
Knowledge Area:	***Social Aspects of Behavior***	
How does the program ensure that students possess knowledge?	• Social bases of behavior are covered in PSYC 629 (social bases of behavior). This course examines the major topics and theories of both classic and contemporary concepts and theories in social psychology and their applications. Theoretical bases of the way people think, feel, and behave in social situations are reviewed in detail.	
How does the program assess students' knowledge in this area?	How outcomes are measured: • PSYC 629 a. Presentations of readings (25%) b. Class preparation essays (25%) c. Term paper (25%) d. Final exam (25%)	Evaluation tool and location: • Syllabus for PSYC 629 (II.B.2)
For each outcome above, what minimum level of achievement (MLA) must be met?	• Students must pass the course with a grade of B- or higher • Passing with at least a 70% score on the year 1 comprehensive examination	
Knowledge Area:	***Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas*** *(excluding History and Systems)*	
How does the program ensure that students possess knowledge?	• Advanced integrative knowledge of biological and affective bases of behavior is covered in PSYC 688 (biological and affective bases of behavior). This course is inherently integrative as it considers how the brain processes emotion. The basis of emotion is a focus of affective neuroscience, and philosophical and psychological theories of emotion and neurobiological studies are reviewed in detail. Fundamental concepts of affective neuroscience and its core components of learning theory and behavioral neuroscience are emphasized.	
How does the program assess students' knowledge in this area?	How outcomes are measured: • PSYC 688 a. Quizzes (20%) b. Section reviews (30%) c. Term project (50%)	Evaluation tool and location: • Syllabus for PSYC 688 (II.B.2)
For each outcome above, what	• In PSYC 688, the affective and biological components are divided into two equally weighted	

minimum level of achievement (MLA) must be met?	sections ("modules") and the integrative portion of the class (while emphasized throughout the semester) is a particular focus during the last third of the semester. Students must pass each module with a grade of B- or higher, earn a passing score on the integrative term project (grade of B- or higher), as well as earn a passing grade in the course as a whole (grade of B- or higher)	
Knowledge Area:	***Research Methods***	
How does the program ensure that students possess knowledge?	• Research methods are covered in PSYC 646 (research methods). This graduate-level course provides in-depth instruction on basic research methods and issues in clinical research (ethics, measurement, validity and reliability, qualitative studies, quantitative studies, etc). Students learn about hypothesis testing, types of experiments, conducting experiments, analyzing data, interpreting results, and presenting results. The class culminates in the submission of a conference abstract related to research conducted during the semester. • All students are required to successfully complete a dissertation research project, which involves critical review of the literature related to their topic, generation of testable hypotheses, methodology suited to answer the research question, and data analysis and interpretation	
How does the program assess students' knowledge in this area?	How outcomes are measured: • PSYC 646 a. Quizzes (50 points) b. Co-facilitation (20 points) c. Photovoice project (40 points) d. Research project design (60 points) e. Syllabus agreement statement (2 pts) f. Self-care plan (10 points) • Evaluation and vote by a faculty committee on the oral proposal, written product, and oral defense	Evaluation tool and location: • Syllabus for PSYC 646 (II.B.2) • Dissertation proposal and defense grading forms (appendices II.B.1.a.1.2 and II.B.1.a.1.3)
For each outcome above, what minimum level of achievement (MLA) must be met?	• Students must pass PSYC 646 with a course grade of B- or higher • Students are considered to have met the research methods MLA for their dissertation if their overall score is at least a 2.5 on the dissertation defense grading form. This structured evaluation form provides an assessment of their research capability ranging from ("needs significant work" to "very good, minimal revisions needed")	
Knowledge Area:	***Statistical Analysis***	
How does the program ensure that students possess knowledge?	• Statistical analysis is covered in PSYC 645 (advanced statistics). This graduate-level course teaches students to organize and analyze data while teaching key components of statistics including descriptive statistics, z-scores, t-tests, regression, ANOVA, among others. • All students are required to successfully complete a dissertation research project, which involves critical review of the literature related to their topic, generation of testable hypotheses, methodology suited to answer the research question, and data analysis and interpretation	
How does the program assess students' knowledge in this area?	How outcomes are measured: • PSYC 645 a. Exams (60%) b. Lab assignments (20%) c. MyStatsLab assignments (20%)	Evaluation tool and location: • Syllabus for PSYC 645 (II.B.2) • Dissertation proposal and defense grading forms (appendices II.B.1.a.1.2 and II.B.1.a.1.3)
For each outcome above, what minimum level of achievement (MLA) must be met?	• Students must pass PSYC 645 with a course grade of B- or higher • Students are considered to have met the statistics MLA for their dissertation if their overall score is at least a 2.5 on the dissertation defense grading form. This structured evaluation form provides an assessment of their research capability ranging from ("needs significant work" to "very good, minimal revisions needed")	
Knowledge Area:	***Psychometrics***	
How does the program ensure that students possess knowledge?	• Psychometrics (e.g., classical test theory, how the instrument was developed, adequacy of the normative sample, reproducibility of scores on the instrument, validity, incremental utility, etc) are covered in a multitude of classes including cognitive assessment (PSYC 601), personality assessment (PSYC 623), advanced psychopathology (PSYC 635), psychological sciences II (PSYC 659), and preparation for the dissertation (PSYC 789). Specific outcomes related to psychometrics are assessed in PSYC 696.	
How does the program assess students' knowledge in this area?	How outcomes are measured: • PSYC 696 a. Psychometrics exam (40%)	Evaluation tool and location: • Syllabus for PSYC 696 (II.B.2)
For each outcome above, what minimum level of achievement (MLA) must be met?	• Students must pass PSYC 696 with a B- or higher • Students must pass the psychometrics examination in PSYC 696 with a grade of B- or higher	

Comprehensive Clinical Examinations

The Comprehensive Clinical Examinations are related to, but separate from, your didactic and applied learning experiences. In other words, didactic and applied courses and the Comprehensive Examinations are separate educational tasks, and performance in one area does not necessarily dictate performance in the other. It is meant to assess your ability to independently understand and engage with the empirical literature that informs the field of Clinical Psychology. The Comprehensive Examinations include subdomains related to assessment, psychopathology, ethics, cultural competence, and intervention. Furthermore, discipline-specific knowledge, research understanding and skills are assessed especially as they apply to clinical practice. The Comprehensive Examinations require integrative skills on the part of the student, and therefore, a question related to the subdomain of psychopathology requires an ability to synthesize and articulate other areas (e.g., research, diversity-related considerations) in addition to answering the primary focus of a Comprehensive Examination question.

At the conclusion of the first, second, and third years, a student is eligible to take year one, two, and three Comprehensive Examinations, respectively. The first-year comprehensive examination has EPPP-style questions related to content covered in your first year. You must get at least a 70% in the areas of assessment, communication and interpersonal skills, social psychology, ethical and legal standards, individual and cultural diversity, and professional values, attitudes, and behavior. The second-year comprehensive examination has EPPP-style questions related to content covered in the second year as well as an ethics scenario and diversity-related scenario that require a written response. Discipline specific knowledge areas in developmental, affective, and biological psychology are also covered. You must get at least a 70% on the EPPP-related items and at least “meets expectations” on the ethics and diversity scenarios. Finally, in the third-year comprehensive examination, you will take EPPP-style questions related to content covered in your third year. You must get at least a 70% in the areas of intervention, cognitive psychology, and you will also respond to an intervention scenario that requires at least a “meets expectations” to pass.

Upon successfully earning a Master’s Degree and passing the second year Comprehensive Examination, a student can prepare to become a doctoral candidate. If you do not pass a Comprehensive Examination, you have up to two additional times to retake and pass it. A remediation plan will be initiated to set objective steps for you to be successful.

Students who do not pass a Comprehensive Examination after the third attempt may have to retake a course(s) or leave the program. See Program Progression Policies below for details related to remediation, deceleration, probation, and dismissal.

Master’s Degree

Students earn a Master's of Science degree in psychology after their second year in the program. Passing grades (i.e., a "B-" or higher) in a minimum of 54 credits toward the doctoral degree are required. A master's portfolio (see Appendix 2) is to be submitted to document adequate progression in the program. A student must apply for this graduate degree through the registrar's office, and following this application, the DCT will review the student's materials to confirm that the requirements for the degree have been met.

Dissertation

Upon successfully completing the second year Comprehensive Examination and earning a Master's Degree, a student can work on their dissertation proposal. Approval of the dissertation proposal renders the student a doctoral candidate. Note that the dissertation proposal must be successfully completed in order to apply for Clinical Internship (October 15th is the deadline to apply for clinical internship). See the Research Training Overview for program details related to research and its culmination in the dissertation project.

Faculty

The PsyD program at UE consists of core and associated faculty members from the Department of Psychology and Behavioral Sciences. The core faculty are all licensed health service psychologists and the associated faculty are non-licensed psychologists and other behavioral scientists who primarily teach courses in Discipline-Specific Knowledge areas. Some courses are also taught by adjunct faculty who are hired on an ad hoc basis to teach a course or provide supervision.

Standing Committees

The PsyD program has multiple standing committees that meet on a regular basis. These include the Clinical Training Committee, Inclusive Excellence Committee, and Graduate Student Committee.

Clinical Training Committee

The Clinical Training Committee includes the core PsyD faculty members at UE. They meet on a monthly basis to discuss program development and maintenance, student progress, and other clinically relevant issues. In addition to monitoring student progress in didactic courses, they are particularly involved in monitoring the clinical phase of training for PsyD students at the on-campus clinic and external practicum sites.

The Clinical Training Committee evaluates clinical curriculum to ensure consistency with the APA standards of accreditation. They also conduct mid-year and annual student reviews.

As part of our ongoing efforts to foster an inclusive environment for our PsyD students, we welcome student proposals, comments, and concerns that we will address during

meetings. In short, we want to get feedback and hear the voices of our students. We ask that the Graduate Student Committee elect one individual to represent all cohorts (usually one of the 4 student representatives) to conduct at least one annual meeting with the PsyD students to address concerns, feedback (both positive and constructive), questions, and comments. This information is then presented to the Clinical Training Committee in a summary form to protect student anonymity. The Clinical Training Committee will address this feedback either through the Director of Clinical Training meeting with the 4 student representatives or through a student-faculty Town Hall meeting. This meeting usually occurs in the early fall. Note: the Director of Clinical Training is readily available to meet with students individually or as a group to discuss the program.

Inclusive Excellence Committee

The Inclusive Excellence Committee includes no less than two core faculty members as well as graduate students who want to participate. This committee meets once a month. The PsyD program at UE is invested in being a responsible change agent in a world that is complex, diverse, and changing. To that end, it is very important to consider the diverse factors that influence the person, communities, and societies. Instead of isolating diversity into one or two courses, we are committed to finding ways to enrich didactic courses and applied experiences with diversity-relevant content.

Furthermore, social justice, community involvement, and advocacy is emphasized in the PsyD program at UE. Efforts are made to provide students with opportunities to participate in community, region, or state events that promote inclusion, diversity, and transformation. We believe that our program can make a difference and we work to “get involved” in ways that make our community a good and safe place to live and work.

Graduate Student Committee

Every cohort in UE’s PsyD Program elects a student to represent them in the Graduate Student Committee (GSC), which meets regularly to discuss student-related matters, events, and concerns. Of these cohort representatives, one is elected as president. Once a semester, the Director of Clinical Psychology will meet with the GSC president to discuss program strengths and areas for future growth.

The GSC is also charged with electing one student (usually a cohort representative) to sit on the Clinical Training Committee. The faculty of the PsyD Program encourage the representative to attend meetings as needed. The student is provided the opportunity to discuss student concerns or requests with the faculty. Additionally, this student acts as a conduit through which faculty and students can communicate on a regular basis to promote continued progression towards excellence as a program.

Professional Development Committee

The Professional Development Committee meets at least once a semester to plan program-wide meetings to discuss cases, research, and other important topics in the field of psychology. It plays a central role in planning the annual student-faculty Town Hall Meeting. It is expected that students attend the Town Hall Meeting unless external clinical practicum sites interfere with one's ability to attend. Every effort will be made to find a time that works for the majority of students. The Professional Development Committee also plans ancillary trainings (e.g., case conferences, brown bags) to supplement the education of PsyD students.

Advising

Academic advising is an important part of the overall educational program and a responsibility of the faculty. It is a program policy for all PsyD students to meet regularly with faculty advisors. Core expectations for faculty advisors have always included the responsibility to provide comprehensive advice to students about the profession of clinical psychology, course selection, and career planning, as well as accurate information or suitable referrals concerning institutional policies, procedures, and resources. Faculty will monitor the progress of their advisees during the course of a term by scheduling regular conferences with them and being available for advising sessions when needed by the students. PsyD students are required to get two evaluations per year from their primary advisor in which progress is documented as well as areas for growth. When taking clinical practicum at the UE multidisciplinary mental health clinic, PsyD students will be evaluated at the half-way point of the semester as well as at the end of the semester.

Role of Graduate Students

PsyD students have an important role in the program. The Psychology and Behavioral Sciences Department, and the PsyD Program in particular, values students as future colleagues who are invested in their training and pedagogical approaches. Students have a voice in affecting the PsyD Program through their cohort representatives who are regularly invited to CTC bi-weekly meetings. Additionally, one PsyD student serves on the Inclusive Excellence Committee. The core faculty in the PsyD Program are deeply invested in the involvement of doctoral students, and therefore, there is a strong encouragement to participate in periodic presentations, program-wide events, and university events.

Another important role of a PsyD student is to provide support to each other. Incoming students are greatly benefited by the advice of more advanced students. Occasional social events are sponsored by students as well as faculty in the PsyD Program. Students are also invited to interact with other areas of the broader department to learn from other areas of study.

Policy on Supporting and Engaging with Diversity in Clinical Psychology Training

The University of Evansville is committed to fostering an inclusive, equitable, and supportive environment that values and respects the diversity of all individuals. We recognize that diversity enriches the educational experience, enhances clinical competency, and prepares students to work effectively with clients from all backgrounds.

Our Commitment:

The faculty and staff of the University of Evansville are dedicated to creating a training environment that is welcoming to individuals. Consistent with this principle, our program requires that trainers and trainees do not discriminate on the basis of age, sex, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, military/veteran status, or socioeconomic status in the services provided in our practica. We view diversity as central to the pursuit of excellence in clinical psychology and as essential to the development of culturally competent practitioners.

Guiding Principles:

- **Inclusive Curriculum:** We incorporate diverse perspectives and culturally informed practices into our curriculum, ensuring students develop the skills to provide competent care across diverse populations.
    - Our program has the responsibility to assist students in navigating issues due to differences in beliefs or values. Students should expect to be given assignments that may present challenges for them at some point in training.
- **Equity in Mentorship and Support:** Faculty members actively engage in equitable mentorship, providing individualized support tailored to the unique experiences and needs of our students.
    - We will respectively work with our students as they learn how to effectively practice with a broad range of clients, students, research participants, and colleagues.
- **Respect for Intersectionality:** We honor the complexity of intersecting identities and the ways they shape lived experiences. This perspective informs our approach to teaching, supervision, and clinical practice.
    - All our PsyD students must be able to work with any client, student, research participant, or colleague in a collegial, beneficial, and non-injurious manner.

- **Student Voice and Feedback:** We encourage open dialogue and regular feedback from students to continually improve our policies, practices, and culture of inclusivity.
    - The PsyD faculty are committed to a developmental training approach that is designed to support the acquisition of multicultural competence.

Clinical Training Overview

The curriculum described above is cumulative and sequential. There are three graduated levels of clinical training: internal practicum, external practicum (community placements), and internship. You will be monitored and evaluated at each of these levels of clinical training; and for each level you will receive a "readiness" evaluation, which you must earn approval, in order to progress. If problems arise in the course of clinical training (e.g., you are not approved for the next level), you will be placed on remediation and there is a high likelihood that your progression through the program will be delayed.

The clinical phase of training begins with participation in supervision teams during your first year in which you observe more advanced students seeing clients in the on-campus clinic. Initiation of your own clinical training is dependent upon successful completion of all didactic courses and program components during your first year. Upon approval of the Clinical Training Committee after your first year, you will start seeing clients in the on-campus clinic during your second year under the supervision of a faculty member.

At the on-campus clinic, it is expected that second year students maintain a caseload of at least three clients who are seen on a weekly basis for psychotherapy. For third year students, it is expected that a caseload consists of four clients. Students training in the on-campus clinic are expected to complete two assessments per semester. At the mid-way point of each semester, you will receive formative feedback about your clinical skills (see Appendix 3). At the conclusion of the fall and spring semesters, students will receive summative feedback related to their intervention, assessment, and other professionally-relevant skills (see Appendix 4 for the Bi-Annual Competency Evaluation Form).

At the conclusion of the second year in the PsyD Program, the Clinical Training Committee votes to approve your candidacy to participate in external practicum sites (see Appendix 5, Readiness to Progress Competency Evaluation Form). This vote must be unanimous. If there are concerns about your ability to participate in an external practicum site, a remediation plan will be initiated (see Policies and Procedures below) and deceleration will be considered. For students approved to go on external practicum, you will submit your preferences to the Practicum Coordinator who will discuss the application process. Every effort is made to match the student to a preferred site, but the PsyD Program emphasizes flexibility on the part of the student because the generalist training approach requires exposure to varied treatment settings, populations, and presenting issues.

Coinciding with the above applied work are didactic trainings in foundations of psychotherapy, cognitive-behavioral models and interpersonal psychotherapy. Cognitive behavioral models are considered foundational in our program, and there is extensive research on the effectiveness of cognitive behavior therapy. Therefore, the therapeutic modality you will be using the most during your first year in the mental health clinic is informed by cognitive behavioral models. Of course, other modalities will be used in consultation with your primary supervisor who can personally provide you with guidance using other modalities. In your third year, you will take a course in interpersonal psychotherapy, which will broaden your "toolbox" of therapeutic skills. It is vital to understand the difference between an eclectic approach and an integrative approach. We do not adopt eclecticism, but rather, *integration* that is theory-driven. You will learn why you are employing certain interventions and not rely on a grab-bag approach where you use interventions in a haphazard, uninformed way.

Your community placement differs from internal practicum because you are exposed to different supervisors and intervention approaches that may or may not have been introduced to you in course work and internal practicum. These placements are field-based and may be at a state hospital, inpatient treatment center, community mental health clinic, local hospitals, school systems, or independent/private practice. At the conclusion of the fall and spring semesters, every effort is made by the Practicum Coordinator to acquire summative evaluations of the student's performance in external practicum (see Appendix 4 for the Bi-Annual Competency Evaluation Form).

Community placements are usually two days per week for approximately 16 hours. All external placements must have signed, valid contracts in place before students engage in any clinical activities. This contract consists of a supervisory agreement (see Appendix 6). It is likely that you will also complete an agency contract at your community placement. Both contracts need to be turned into the operations administrator (Christi Peach) to keep in your file.

The practicum coordinator maintains a list of community placements along with a description and the associated supervisor. If you locate a community placement that is not on this list, you need to discuss this with your advisor and the practicum coordinator. The new community placement must be structured as a traineeship (i.e., you are in training – not strictly an employee). This does not mean that you cannot get paid during your external practicum. But it does mean that clear expectations need to be set about the training nature of your employment.

Applying for a Community Placement

It can be anxiety-provoking to find the right external placement for you. But remember – we are a generalist program so if you do not get your first choice, that is ok. While we will make a concerted effort to get you placed in your setting of interest, rest assured that placements outside of your main area of interest make you a well-rounded student clinician.

The process for applying for external practicum includes the following:

1. Review the descriptions of community placements on file with the practicum coordinator
2. Consult with your advisor about your main interests. Students should select at least 3 sites of interest
3. Review the practicum application process for these sites and submit your materials to the assigned person. If any psychological reports are required as part of your submission, it must be completely de-identified
4. Some sites will require an interview prior to rank ordering the students they are interested in taking on as a trainee.
5. The Clinical Training Committee makes the final decision on the placements for all clinical students based on the external practicum application and results of interviews (if applicable)
6. Once your site is secured, the student needs to complete and sign a supervisory agreement between themselves and the community supervisor (a licensed psychologist). This agreement must be filed with Christi Peach.

APPIC Definitions of Intervention & Assessment Hours

Our program uses Time2Track for documenting intervention, assessment, integrated reports, and supervision hours. There are frequent questions about "what counts for what?" The following provides guidance:

Psychological Assessment Experience

In this section, you will summarize your practicum assessment experience in providing psycho-diagnostic and neuropsychological assessments. You should provide the estimated total number of face-to-face client contact hours administering instruments and providing feedback to clients/patients. You should not include the activities of scoring and report writing, which should instead be included in the "Support Activities" section.

Do not include any practice administrations. Testing experience accrued while employed should not be included in this section and may instead be listed on a curriculum vita. You should only include instruments for which you administered the full test. Partial tests or administering only selected subtests are NOT to be included in this accounting. You should only count each administration once.

Integrated Psychological Testing Reports

In this section, provide the number of integrated psychological testing reports you have written for adults and the number written for children and adolescents. This section of the AAPI Online is used by those internship programs who are interested in knowing the amount of psychological testing and report writing that has been completed primarily by an applicant. This section should NOT include reports written from an interview that is only history-taking, a clinical interview, and/or only the completion of behavioral rating

forms, where no additional psychological tests are administered. The definition of an integrated psychological testing report is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests. Please carefully review this explanation because it answers the question of what should be included in a report in order to have it satisfy the requirement of an integrated report.

Adult Assessment Instruments / Child and Adolescent Assessment Instruments

In this section, you should indicate all psychological assessment instruments that you used as part of your practicum experiences with actual patients/clients (columns one and two) or research participants in a clinical study (column three) through November 1. If the person you assessed was not a client, patient, or clinical research participant, then you should not include this experience in this summary. Do not include any practice administrations.

You may include additional instruments (under “other measures”) for any tests not listed. You can include as many instruments you would like.

For each instrument that you used, specify the following information:

1. Number Clinically Administered/Scored: The number of times that you both administered and scored the instrument in a clinical situation (i.e., with an actual client/patient)
2. Number of Clinical Reports Written with this Measure: The number of these instruments for which you also wrote a clinical interpretative report integrating data from each measure
3. Number Administered as Part of a Research Project: The number of instruments that you administered as part of a research project

Integrated Reports

In this section, provide the number of integrated psychological testing reports you have written for adults and the number for children and adolescents. This section of the AAPI Online is used by those internship programs who are interested in knowing the amount of psychological testing and report writing that has been competed primarily by an applicant. This section should NOT include reports written from an interview that is only history-taking, a clinical interview, and/or only the completion of behavioral rating forms where no additional psychological tests are administered. The definition of an integrated psychological testing report is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests. Please carefully review this explanation because it answers the question of what should be included in a report in order to have it satisfy the requirement of an integrated report.

Intervention Experience

If you have a terminal master's degree, the first items in this section require you to indicate the degree type of the terminal master's and the area of study for this degree. If you fill out any experience under the terminal master's areas on this page, you must complete these items.

A "terminal master's" degree is defined as a degree that is earned from a program that is distinct from your current doctoral program. Thus, if you have earned a master's degree as part of your doctoral degree program, it is not considered to be a "terminal" master's degree.

In this section, you will be asked to report your practicum hours separately for (a) hours accrued in your doctoral program, and (b) hours accrued as part of a terminal master's experience in a mental health field. Hours accrued while earning a master's degree as part of a doctoral program should be counted as *doctoral* practicum hours and not terminal master's hours.

When counting practicum hours, you should consider the following important information and definitions:

1. You should only record hours for which you received formal academic training and credit or which were sanctioned by your graduate program as relevant training or work experiences (e.g., VA summer traineeship, clinical research positions, time spent in the same practicum setting after the official practicum has ended). Practicum hours must be supervised. Please consult with your academic training director to determine whether experiences are considered program sanctioned or not. The academic training director must be aware of and approve of the clinical activity. Academic credit is not a requirement in all cases. Other sections of this application will allow you an opportunity to summarize your supervision experiences, anticipated practicum experiences and support activities. Other relevant experience that does not fit into the above definition can be described on your Curriculum Vitae.
2. The experiences that you are summarizing in this section are professional activities that you have provided in the presence of a client. Telehealth, for the purposes of the AAPI, focuses on two-way, interactive videoconferencing as the modality by which telehealth services are provided. In order to count the hours delivered using this technology the focus of the clinical application should include diagnostic and therapeutic services. Clinical applications of telehealth encompass diagnostic, therapeutic, and forensic modalities across the lifespan. Common applications include pre-hospitalization assessment and post-hospital follow-up care, scheduled and urgent outpatient visits, psychotherapy and consultation. This does not include phone sessions or clinical supervision. All services must be appropriately supervised by a licensed clinician. Please note that not all states count these types of hours toward licensure and you should carefully review particular state regulations as needed.

3. A practicum hour is defined as a clock hour, not a semester/quarter hour. A 45-50 minute client/patient hour may be counted as one practicum hour.
4. You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that you feel best captures the experience. (For example, a Stress Management group might be classified as a group or as a Medical/Health-Related Intervention, but not both.) The categories are meant to be mutually exclusive; thus, any practicum hour should be counted only once.
5. Only include practicum experience accrued up to November 1 of the year in which you are applying for internship. You may describe the practicum experience that you anticipate accruing after November 1 in the section, "Summary of Doctoral Training."
6. When calculating practicum hours, you should provide your best estimate of hours accrued or number of clients/patients seen. It is understood that you may not have the exact numbers available. Please round to the nearest whole number. Use your best judgment, in consultation with your academic training director, in quantifying your practicum experience.
7. Please report actual clock hours in direct service to clients/patients. Hours should not be counted in more than one category.
8. For the "Total hours face-to-face" columns, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours.
9. For the "# of different..." columns, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period for two hours per week counts as 20 hours and one (1) group. Groups may be closed or open membership; but, in either case, count the group as one group.

Note regarding the recording of "consultation" activities: Consultation activities may count as practicum hours only to the extent that this activity involves actual clinical intervention with Direct consultation with the client (e.g., individual, family, organization) or an agent of the client (e.g., parent, teacher) would be activity you would include in this "Intervention Experience" section. Consultation activities with other professionals regarding coordination of care (e.g., psychiatrist), without the client / patient present, should be counted in the "Support Activities" section.

Supervision

Students receive at least one hour of individual supervision per week. In years 1 through 3, you will also receive 1 hour of group supervision per week at the UE Mental Health and Wellness Clinic. It is the standard that supervision is provided *in person*. However, the rapid advancements in technology have afforded more opportunities for teleservices including telesupervision. We believe that telesupervision is useful and even needed in some circumstances. Furthermore, students will likely be exposed to telesupervision at some point in their career. The PsyD program therefore allows telesupervision in the following instances:

1) When the supervisee or supervisor is ill, injured, or contagious

2) When an emergency arises that interferes with one getting to campus
3) When clinical emergencies arise that require more detailed consultation
4) As a directed, intentional training experience by your supervisor (for third year students and above). No more than 10% of individual supervision can be provided in a tele-format

Research Training Overview

The PsyD Program at UE is invested in training scholars in psychology who can conduct research, identify the best available research, and monitor treatment progress with outcome measures. In other words, we train our students to be able to apply knowledge to clinical practice by providing a sound foundation in research design, statistics, and evidence-based practices. Throughout the program, the professional development of our students is focused on “local clinical science” in which our students can understand the client in a local context that is shaped by social, cultural, psychological, and political factors. These local realities can be investigated empirically and professional psychological practice benefits from contextualized research findings. The research training goals of the PsyD Program at UE are primarily accomplished in didactic courses and experience-based learning.

In your second semester, you take PSYC 645 Statistics in which you learn important quantitative methods to describe, analyze, and interpret data. In the first semester of your second year, you take PSYC 646 Research Methods and in small teams you will design a study to collect data to answer a research question. After IRB approval and data collection, you will analyze and interpret the data and present it to the local community at UE or at a regional conference. During your second and third years, you will take dissertation-related classes to start the process of designing your dissertation study including selecting a Dissertation Chair if you have not already identified one. In these classes, you will work on the initial chapters of your dissertation document (e.g., introduction, literature review), and based on the number of hours of dissertation credit you are taking, you will draft output that helps you along the process of ultimately completing your dissertation project. Before a student can apply for clinical internship, one’s dissertation proposal must be defended. A successful proposal defense requires an overall score of 2.5. See Appendices 7 and 8 for the Dissertation Proposal Rubric and Dissertation Proposal Evaluation Form. Carefully review the dissertation syllabus provided by your Dissertation Chair to meet the objectives and requirements based on the number of dissertation credits you are taking.

During your fourth year or clinical internship year (usually your fifth year), most students will defend their dissertation. Your dissertation committee requires two members and an optional third member can be utilized depending upon the topic and/or need. In the semester that you are defending your dissertation, you must enroll in at least one credit of dissertation hours (PSYC 790). Students must earn an overall score of 2.5 and an unanimous vote of “Pass” in order to successfully defend their dissertation. See Appendices 9 and 10 for the Dissertation Defense Rubric and Dissertation Defense Evaluation Form.

Clinical Internship

After successfully passing your Clinical Comprehensive Examinations, didactic courses, and practicum experiences, and upon unanimous support from the Clinical Training Committee, you will be approved to apply for clinical internship. The clinical internship must be APA-approved and completed in one year or part-time over two years. Tuition during your clinical internship year will be a reduced fee. If you have remaining dissertation credits that need to be completed during your internship year, there is a charge of $1,000 per dissertation credit hour.

Graduation Requirements

Students earn a Master's of Science degree en passant to the doctorate. This degree requires successful completion of at least 54 credit hours with a minimum GPA of 3.0, passing the year 1 comprehensive exam, and satisfactory annual reviews of performance by the Clinical Training Committee. See Appendix 2 for the documents required for your Master's Portfolio. After a successful dissertation proposal, a student is considered a doctoral candidate.

Successful completion of 124 credit hours with a minimum GPA of 3.0 is required to meet graduation requirements for the doctorate. These requirements include all didactic courses (including the minimum number of elective courses), internal and external practicum, dissertation defense, and completion of clinical internship. Students may graduate at the conclusion of the fall semester, spring semester, or summer semester.

Administrative and Financial Services

Administrative Support by Task

Clinic support (e.g., copying, scanning, ancillary services for clients)

Lindsay Williams, administrative assistant, UE Mental Health and Wellness Clinic and Emily M. Young Assessment Center, front desk
lw309@evansville.edu

PsyD program support (e.g., student records, pre-travel requests, purchasing)

Christi Peach, operations administrator for the PsyD program, Room 62
cp144@evansville.edu

Technology support (e.g., computer services, software, internet)

Misty Madewell, desktop support coordinator, University Libraries OTS
mm978@evansville.edu

Financial Services and Support

The PsyD Program encourages students to work closely with Student Financial Services to understand cost of attendance and the accessibility of loans. Amy Sowders (as560@evansville.edu) is our Graduate Program Compliance Specialist who provides assistance and guidance in these matters.

The PsyD Program has a limited number of assistantships for students. Each year, two advanced PsyD students can earn a stipend for being a teaching assistant for PSYC 645 (statistics) and PSYC 601 (cognitive assessment). Additionally, each year one PsyD student can earn a stipend as an assistant in the UE Mental Health and Wellness Clinic and Emily M. Young Assessment Center.

Another source of financial support is external practicum. While most do not offer a stipend, a few do so, and that is arranged by the practicum site. Students accept such paid experiences in the community with the prior approval of their advisor as well as successfully earning the status of "approved to go on external practicum." Students must enroll for credit (PSYC 695, external practicum).

Research support is very competitive and can be acquired through intramural and extramural mechanisms. The University awards a small number of research grants each year. A number of external sources are available to support student research. A sampling of these include:

- AAUW American and International Fellowships
- APA Minority Fellowship Program
- Jacob K. Javits Fellowship Program
- Sigma Delta Epsilon – Graduate Women in Science Fellowships
- APA Dissertation Research Award
- Psi Chi Graduate Research Grants
- Sigma Xi Grants-in-Aid of Research

Policies and Procedures

Application and Admission Requirements

Prospective students should visit https://www.evansville.edu/majors/clinical-psychology/index.cfm to apply to the University of Evansville's PsyD program. The following is a list of the minimum application requirements to be considered for admission into the program:

- Completion of a bachelor's degree by time of matriculation into the PsyD Program
    - Overall GPA should be at least 3.0
    - Applicants may apply prior to obtaining their degree

    - The bachelor's degree should be in psychology or closely related field; **OR**
    - A bachelor's degree in another area less related to psychology but with a grade equivalent of at least a "C" in the prerequisite courses of Introductory Psychology, Abnormal Psychology, and Introduction to Statistics; **OR**
    - A bachelor's degree in another area less related to psychology with a score of at least a 650 on the Psychology Test of the GRE; **OR**
    - A master's degree in a mental health field
- Three letters of recommendation
- A curriculum vitae that includes relevant professional and volunteer experiences, affiliations, publications, and/or presentations
- Two essays
    - A personal statement reflecting one's interest in the field of mental health and one's desire to be a psychologist
    - A statement on one's attitude toward diversity and its relevance to understanding the person
- A criminal background check

The above materials should be submitted through the application portal. NOTE: your letters of recommendation should be sent directly by your letter writer. Letters provided by the prospective student will not be accepted.

Academic Honor Code

The academic honor code was created by the university community, students, and faculty alike, to create an atmosphere conducive to ideal values and to academic integrity. The primary purpose of the academic honor code is to enable students and faculty to conduct their academic duties in an atmosphere of freedom, which requires the commitment of both students and faculty. Student commitment to the academic honor code is implied by his/her/their matriculation at the University of Evansville. Members of the faculty affirm a commitment to the academic honor code by clearly defining what is or is not unauthorized aid. The code, which follows, is appropriate for all academic work which is to be submitted for credit. I understand that any work I submit for course credit will imply that I have adhered to this academic honor code: I will neither give nor receive unauthorized aid, nor will I tolerate an environment that condones the use of unauthorized aid.

APA Ethics Code

Students are to know and follow the APA Ethics Code. We are committed to the highest standards of ethical and professional conduct. As part of this commitment, all students are required to adhere to the APA Ethics Code (APA, 2017) in all academic, clinical, and research activities. The program provides training and supervision to support students in their ethical decision-making and professional development.

The APA Ethics Code is foundational to clinical work, ethical decision-making, and guiding students in a multitude of areas including protecting client confidentiality, maintaining professional competence, managing dual relationships, and responsibly practicing clinical psychology. It is also foundational to research integrity as students complete their dissertation project.

Failure to comply with the APA Ethics Code has significant ramifications including remediation, disciplinary action, or dismissal from the program in accordance with program policy and the university's code of conduct.

Students are encouraged to review the APA Ethics Code regularly and seek consultation from faculty and clinical supervisors when faced with ethical dilemmas. The APA Ethics Code can be found at https://www.apa.org/ethics/code

Professional Behavior

Part of a student's professional development includes an ability to regulate one's behavior, establish and maintain a therapeutic alliance, interact respectfully with colleagues, and adhere to ethical standards. This ability develops over time with greater, more advanced adoption of professional standards as one progresses through the program. Therefore, the PsyD Program has instituted a variety of professional standards that we expect as you progress through the program (see Appendix 11 for Program Expectancies in Clinical Experiences). Though minor breaches of professional standards are understandable from a developmental perspective (i.e., second year students need more explicit training on timely documentation), over time it is expected that you learn how to increasingly adopt a professional identity that fully adheres to the professional standards. See Appendix 12 for examples of unprofessional or unethical behaviors to guide you in your development as an entry level Health Service Psychologist. Note that some of these behaviors are tolerable and modifiable, especially early on in one's training. However, there are some behaviors that are so inconsistent with the profession that they may result in dismissal from the program. We take seriously our role as "gatekeepers" to entry level practice as a Health Service Psychologist.

The program expects all PsyD students to model professional behavior, in both the classroom and practicum settings. Examples of professional behavior include:

- Arriving to classes and practica on time (i.e., punctuality)
- Demonstrating flexibility, adaptability, accountability, and reliability
- Maintaining the full work schedule required by your practicum site
- Being respectful of your colleagues, faculty, guest speakers, program, profession, and university
- Promoting inter-professionalism and a team mentality
- Accepting responsibility
- Listening and seeking to understand the perspectives of others
- Having an attitude of continual learning and that we all have areas in which we can improve

- Maintaining academic integrity
- Seeking cultural competence
- Valuing human diversity
- Respecting the perspectives of others and differences of opinion
- Maintaining your personal appearance
- Maintaining required documentation in a timely manner consistent with the standards set by your practicum setting
- Practicing healthy wellness behaviors and stress management
- Attending all required program events (e.g., colloquia) and activities

Social Media Policy

The interconnectedness of today's world is clearly displayed in social networking sites, blogs, listservs, and email. While tremendous opportunities for information gathering and sharing, socializing, and engaging in other personal matters have come about due to social media, there are some potential areas of concern that are relevant to the professional standards of psychology. The faculty of the PsyD program at UE recognize the importance and value of social media and encourage students to use it responsibly and ethically.

Social media refers to forms of communication through which users create online communities to share information, opinions, personal messages, and other content. There are a variety of social media sites including Facebook, Instagram, Twitter, and others. UE strives to be a good community partner, and students' activities on social media can influence the community's image of UE and the profession of clinical psychology.

The general principles of the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (APA Ethics Code) share aspirational ethical ideals including doing no harm, establishing and maintaining relationships of trust, being mindful of professional and scientific responsibilities to society, acting in ways that are honest and truthful, promoting justice, and respecting the dignity and worth of all people. While one's personal life is meant to be just that – personal – there are some instances in which activities online may reflect upon your professional development as a clinical psychologist in training. Therefore, the following social media policy is meant to provide you guidance to ensure your own confidentiality and help you maintain the highest of standards regarding personal conduct.

The APA Ethics Code can be found here: http://www.apa.org/ethics/code/ and students are expected to adhere to it. Throughout the PsyD program at UE, you will take courses on ethical practices in clinical psychology and practice how to engage in ethical decision making. You will be evaluated on your professionalism as you progress through the program, and online conduct may become a relevant program-related behavior used in student evaluations. For example, if a student engages in unethical or unprofessional behavior online (e.g., disclosing confidential client information), the PsyD program can

use this behavior to evaluate the student, including decisions regarding probation or termination.

Students should in no circumstances disseminate confidential information (e.g., about the program, practicums, clients, or fellow students/faculty) online. Do not “friend” clients or accept requests to be “friended” from current or previous clients. Do not lookup past or current clients on social media. Do not contact clients via social media. If your supervisor deems it appropriate to use email to contact your clients, always use your professional (UE/placement) email, not your personal email address. Finally, students should not make inflammatory or hostile remarks online about their practicum site, organizations with whom we partner, or UE as an institution. Overall, the preceding social media policy is meant to be consistent with our desire to shape your professional development and to help you adopt a professional identity. With the increased public nature of our lives due to social media, it is important to build and maintain a reputation that behooves your ethical duties as a student training to become a psychologist.

Student Absence

The university expects regular class attendance by all students. Students are considered sufficiently mature to appreciate the necessity of regular and punctual attendance, to accept this personal responsibility and to accept the consequences of failure to attend. When absences occur due to emergency or medical reasons, students are expected to notify their instructors of the absence prior to class or seek the assistance of the Director of Clinical Training in notifying instructors. Assistance in notifying professors of an absence should not be mistaken for an excused absence. The Director of Clinical Training has the authority to grant excused absences for significant medical, psychological, or personal reasons upon review of appropriate documentation and professional recommendation supporting such a request.

An instructor and/or academic unit may make attendance mandatory in particular courses. Each instructor is expected to maintain an attendance policy in keeping with the nature of the course and may consider it in evaluating performance in their courses.

Time Off Policy

Policy: Students will be given time off in all years of the program.

Procedure: In the first year of the program, student time off follows the University calendar. In the second and third year, students will be granted a total of 10 days of personal time off during the summers. This time will be in addition to the week of Christmas or New Year between years two and three. Time off is to be used for sickness (self or family) and personal use. In year four, student time off follows the University calendar.

1. Students are required to accurately document all personal time.

2. Personal time off during external practicum rotations is not permitted unless approved by the onsite clinical coordinator within the facility and the Clinical Director.

3. Time off cannot exceed 5 continuous days.

Evaluation of Student Progress

A student's progress and development are evaluated through a variety of formal processes, in addition to ongoing informal monitoring through your interactions with your advisor and supervisor. The faculty conduct two formal reviews annually (usually at the end of the fall and spring semesters). These reviews are based on the student's course grades, practicum evaluations, and overall progress in meeting program milestones. The Director of Clinical Training presents the progress of clinical students in the biannual student review meeting that includes the PsyD faculty and non-clinical faculty who have had interactions with particular students.

After this meeting, summative feedback is provided to the student through the primary advisor. This feedback includes an integrative competency evaluation (see Appendix 13) incorporating all sources of data. Your advisor will present you with this written feedback, which gives you an opportunity to comment and provide input. This form will be signed by you, your advisor, and the Director of Clinical Training.

This evaluation procedure serves several purposes:

1. To provide you with regular feedback
2. To notify you of those aspects of your academic or clinical performance that may place your status in jeopardy
3. To provide you with the opportunity to comment and provide your perspective on the issues that may be involved
4. To facilitate the accumulation of sufficient data for the faculty to evaluate you according to their best professional judgment
5. To clearly communicate to you procedures for appeal of the faculty decisions

The PsyD Program at the University of Evansville is dedicated to ensuring that all of our students demonstrate the profession-wide competencies outlined by the American Psychological Association Council on Accreditation. You will need to demonstrate a level of competence consistent with your year in the program in order to progress to internal practicum, external practicum, and pre-doctoral clinical internship. Appendix 11 shows what "readiness" looks like at various levels in your progression as a PsyD student.

The competency benchmarks established by the American Psychological Association set forth foundational skills for the profession of clinical psychology. These include professional values and attitudes, individual and cultural diversity, ethical and legal standards and policy, reflective practice, self-assessment, and self-care, professional relationships, scientific knowledge and methods, research/evaluation, evidence-based practice, assessment and intervention, supervision, interdisciplinary systems, and

advocacy. For a detailed description of the competencies expected in each of these domains, based on level of training, please see Appendix 14.

Successfully progressing students will demonstrate competencies consistent with their level of training. The following table illustrates what this looks like:

First Year	Rated as “Ready for Internal Practicum” at the end of the first year by the Clinical Faculty
Second Year	Rated as “Ready for External Practicum” at the end of the second year by the Clinical Faculty
Third Year	Rated as “meeting expectations” by internal and external supervisors
Fourth year	Rated as “Ready for Internship” by October of the fourth year by the Clinical Faculty

Competency evaluation forms are completed independently by your supervisors, clinical faculty, and non-clinical faculty familiar with you. These ratings are integrated in the advisor’s summative feedback at the end of the fall and spring semesters. Your readiness to move to the next level of training (i.e., internal practicum, external practicum, internship) is determined by the consensus of the Clinical Faculty who will have access to all your competency evaluation forms.

Program Progression Policies (including remediation, dismissal, etc)

The Clinical Training Committee makes decisions regarding a student’s progression through the PsyD Program. Successful progress through the program depends on the following factors:

- Successful completion of all didactic and clinical courses
- Adequate writing skills including the ability to integrate and synthesize empirical literature and/or clinical data
- Adequate clinical skills
- Demonstration of ethical, respectful, and professional behavior as reflected in competency iii (Individual and Cultural Diversity), competency iv (Professional Values, Attitudes, and Behaviors), competency v (Communications and Interprofessional Skills), and competency ix (Consultation and Interprofessional/Interdisciplinary Skills)

Unsuccessful completion of a didactic course or clinical course, inadequate clinical skills, and/or student infractions involving unprofessional or unethical behavior will result in remediation or disciplinary action. Depending upon variables such as frequency, nature, and severity of course-related issues or unprofessional/unethical behavior, a student may (1) be placed on remediation, (2) be decelerated (e.g., delay candidacy), or (3) be dismissed from the program. Remediation includes a corrective program meant

to target an area of growth for the student. Any student required to repeat a course or who leaves (or is dismissed) from a clinical training experience can expect a delay in the timing of graduation and the inclusion of additional tuition and fees required to repeat curriculum.

The minimum course grade for progression in the curriculum is a “B-”. Unless otherwise stated on the course syllabus, all courses will have a standard grading scale for determining final grades:

93%-100% = A
90%-92% = A-
88%-89% = B+
83%-87% = B
80%-82% = B-
78%-79% = C+
73%-77% = C
70%-72% = C-
60%-69% = D
<60% = F

Each course instructor has the responsibility for determining successful completion (achieving competence) in their assigned course. The requirements for successful completion must be included within the posted syllabus. Every student is responsible for reviewing these requirements, including the methods of evaluation and grading. Any student who does not successfully complete a course can expect to be placed on remediation, and potentially, decelerated depending upon the course and how often it is taught.

Should problems arise in a student’s timely progress through the program or demonstration of other competencies, the Clinical Training Committee will draft a formal letter identifying these problems and what needs to occur in order for these problems to be considered resolved. This letter will detail any plans for remediation and will be signed by you, your advisor, and the Director of Clinical Training.

Remediation

The Clinical Training Committee meets monthly and will determine whether remediation is indicated. This usually occurs during a biannual review of students, but may occur earlier depending upon the nature of corrective action required. Corrective action and resulting remediation may be required due to poor academic performance, minor breaches of professional conduct (see Appendix 12 for examples), inadequate writing skills, or inadequate clinical skills. When placed on remediation, the student will meet with the Director of Clinical Training to review the reason(s) for remediation and the steps required to improve. The student will receive a written document outlining the reason(s) and corrective steps that are required (see Appendix 15). The student must

sign this document prior to attempted remediation. Completion of remedial activities will not guarantee future positive evaluations.

Remediation plans will include a description of the specific professional competencies to be remediated and the specific criteria for determination of success. The timeline for completion of the remediation plan will be specified as well as the responsibilities for all parties involved. Typically, planned strategies and activities to acquire competence will be detailed along with the expected level of achievement for areas that are being remediated. The consequences of success or failure will be included in the remediation plan. Signatures affirming acceptance of the plan will be documented by the student, advisor, Director of Clinical Training, and any other appropriate others.

Probation

A student can only remain on remediation for two consecutive semesters. After that point, a student will be placed on probation. Alternatively, a student will be placed on probation after receiving two letter grades below a B-, or a student does not meet the requirements of the remediation plan, or a student engages in dishonest academic behavior (e.g., plagiarizing), or one major breach of professional conduct (see Appendix 12 for details on professional behavior). A student on probation will receive a written document outlining the reasons for probation as well as corrective steps required to lift probation. The student must sign this document prior to the corrective course(s) of action. If a student does not successfully meet the requirements of the probation plan after one semester, dismissal from the program will occur.

Dismissal

The following conditions will be cause for the PsyD Program to dismiss a student:

- The student receives three grades lower than a B-; OR
- The student does not meet the conditions outlined in the probation document; OR
- Two major breaches of professional conduct

Note: Although the process outlined above will be followed for most areas of concern, an egregious competency problem (e.g., particular ethics violations) that fall outside the scope of remediation may result in immediate termination from the program.

Legal issues

If a student is arrested and/or charged with a misdemeanor or felony, the student is required to inform the Director of Clinical Psychology within one day of the arrest or criminal charge or release from custody. Failure to do so results in automatic and unappealable probation or dismissal from the program depending upon the severity of the offense.

Appeals

Course grade appeals should be initiated with the faculty member of that course. If a resolution is not reached, the student should meet with the Director of Clinical Psychology to discuss the grade appeal. The Clinical Training Committee will then meet to consider the appeal. A grade change requires unanimous approval from the Committee. The resulting decision is considered final.

A student may appeal the decision of the PsyD Program regarding progression and/or dismissal. The appeal is to be made in writing to the Dean of the College of Arts and Sciences within 30 days after the student is informed of the decision. Duplicate copies of the appeal are to be sent to the Director of Clinical Training of the PsyD Program.

An appeals committee will be formed consisting of two members from the Clinical Training Committee, two members from the Department of Psychology & Behavioral Sciences, and the Dean of the College of Arts and Sciences. The appeals committee will review the written documentation provided by the student as well as associated evidence (e.g., academic records, performance evaluations, etc). Three or more members of the appeals committee must determine that the basis for appeal is substantive in order for a change in the decision of the PsyD Program to occur. The appeals committee will make a recommendation to the Clinical Training Committee related to any changes that should be made to remediation or disciplinary action.

Upon a decision of the appeals committee that the basis for the appeal is substantive, the Clinical Training Committee will reconvene within two weeks of the decision in order to revise its decision. This step in the appeals process does not guarantee that the student will no longer be on remediation, probation, or dismissed. However, the Clinical Training Committee must take into account the findings from the appeals committee and specifically address them in the decision of the PsyD Program regarding progression and/or dismissal. The decision and course of action of the Clinical Training Committee at this time is considered final.

Formal Grievances

The University of Evansville embraces a culture that encourages students to seek informal resolution to issues or concerns by directly contacting the faculty or administrator who has the authority to respond. The university recognizes, however, that not all concerns can be handled effectively or efficiently by one individual and therefore provides formal processes by which students can pursue a more formal resolution to their concerns.

Students wishing to file a formal grievance regarding an academic matter should submit a written and signed statement, as well as the resolution sought, to the Dean of the College of Arts and Sciences and the Executive Vice President, Academic Affairs, except where other procedures specific to the concern are in place (e.g., grade appeals). Students wishing to file a formal grievance regarding a non-academic matter

should submit a written and signed statement, as well as the resolution sought, to the Dean of the College of Arts and Sciences and the Vice President responsible for that particular area except where other procedures specific to the concern are in place (e.g., sexual harassment).

One member of the Clinical Training Committee, the Dean, and the Vice President will meet to discuss the grievance and possible resolutions. If a satisfactory solution is not found, the student can submit a formal grievance to the American Psychological Association. It should be noted that every effort is made to create a climate of access and collegiality within the PsyD Program, beginning with examples set by the Clinical Training Committee and Director of Clinical Training. The Director of Clinical Training is actively involved in monitoring the climate of the program and frequently checks with faculty and students regarding both academic and non-academic matters.

Student Mistreatment/Harassment

Harassment of any kind is unacceptable in the PsyD Program. The Program strives to maintain a non-discriminatory environment that is free of any type of harassment. The Program believes that every individual has a right to be treated with respect, dignity, and impartiality.

A student who believes that he/she/they is being subjected to harassment of some kind by a fellow student or a faculty member may initially decide to try to resolve the issue informally. This may be done by asking the individual to stop the undesired behavior, either verbally or in writing, with another person present if desired. If the student is uncomfortable with this process or if this process is unsuccessful in stopping the perceived harassing behavior, the student should take the complaint to one of the following persons:

1. Director of Clinical Psychology
2. Dean of the College of Arts and Sciences
3. Vice President for Student Affairs
4. Executive Vice President for Academic Affairs
5. Director of Institutional Equity / Title IX

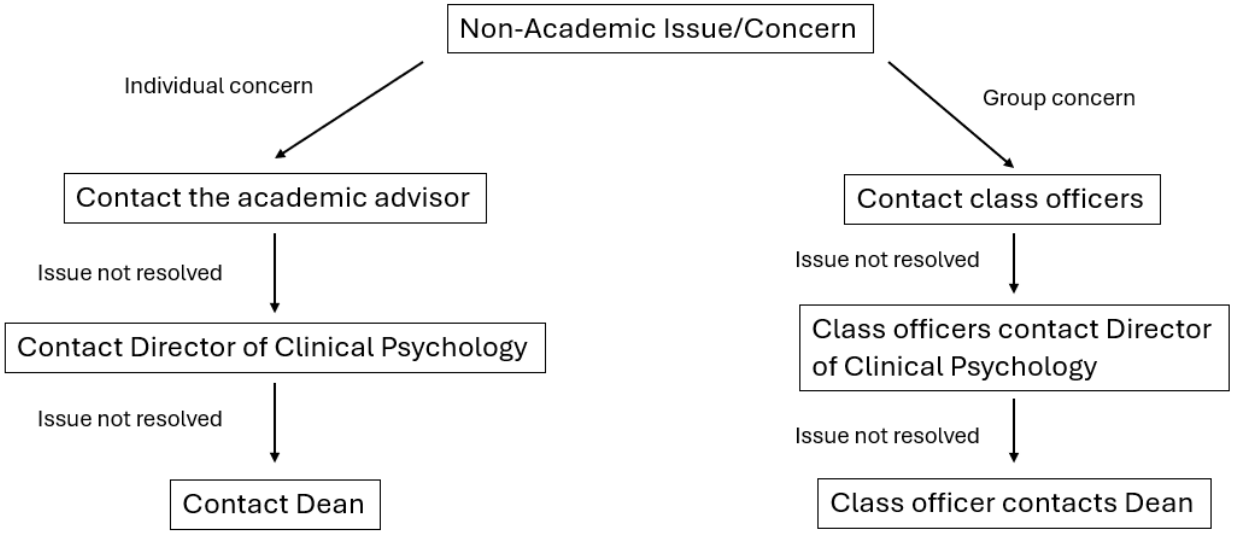
A formal complaint must be lodged no later than 180 days following the behavior. Students are requested to read the policies on harassment and sexual harassment in the UE Student Handbook and follow the procedures outlined.

Commitment to Non-Discrimination

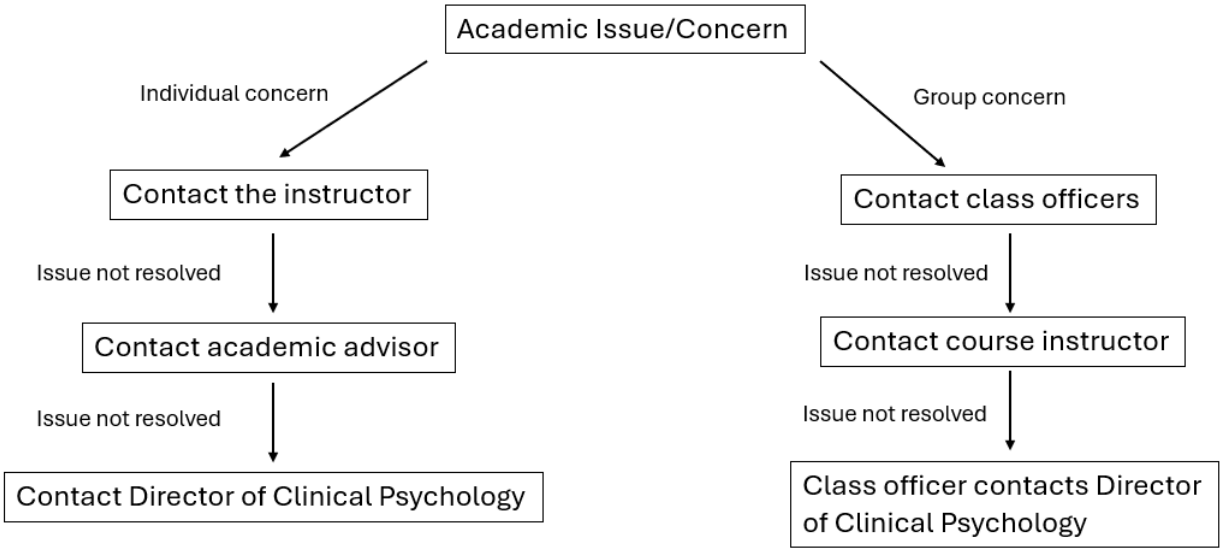
The University of Evansville is committed to equality of educational opportunity. The University does not discriminate in offering access to its educational programs and activities on the basis of age, color, creed, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status.

Chain-of-Command for Individual or Class Concerns

Non-Academic Concerns



Academic Concerns



Student Health, Medical Leave, and Special Accommodations

Students who seek reasonable accommodations for disabilities must contact the University's Office of Disability Services. This office will determine a student's eligibility and recommend appropriate accommodations and services.

The PsyD program makes a concerted effort to maintain a supportive, safe, and caring environment for our students. The clinical faculty want our students to feel comfortable acknowledging any academic or personal issues that arise. In the event of deteriorating function, it is essential that a doctoral student be willing and able to acknowledge the need for and to accept professional help before the condition adversely impacts oneself, clients, other students, faculty/staff members, or research participants. It is not uncommon for our PsyD students to seek psychological services at some point during their work toward a doctoral degree. The PsyD faculty encourage students to pursue this opportunity for self-growth and self-knowledge, as well as maintenance of emotional well-being.

In the event that a life circumstance (e.g., medical condition, other situation) interferes with your ability to continue in the program, there is the option to take a leave of absence. Please note that this will delay your progression in the program. Any student wanting to take a voluntary leave of absence must submit their request in writing to the Director of Clinical Training who will then review the request with the PsyD faculty members. The voluntary leave of absence requires unanimous approval.

Student Self-Assessment

At the end of each semester, students will complete a self-assessment of their progress in the program (see Appendix 16). This self-assessment needs to be reviewed with your advisor.

Student Feedback Related to Clinical Sites

The PsyD Program is committed to providing quality clinical training experiences. Students will be asked to evaluate their clinical supervisors (see Appendix 17) as well as their clinical sites (see Appendix 18).

Student Feedback about the PsyD Program

At the end of each year, the PsyD students will be asked to evaluate the PsyD Program (see Appendix 19).

Student Records

The Operations Administrator of the University of Evansville's PsyD Program collects, maintains, and stores records associated with each student's academic record. These files include application materials, annual reviews, vaccination records, background checks, practicum evaluations, awards, and other material relevant to the student's performance in the program. Formal grievances and complaints are also stored here. The above records are maintained for at least 10 years, and students can request a copy of their records at any time.

Amendments

The Program Guide and Appendices may be amended intermittently. Students will be notified of substantive changes.

Appendices

Appendix 1. List of Courses

Course #	Course Topic	Credit Hour
PSYCHOLOGY CORE (26 Credit Hours)		
PSYC 521	History & Systems	3
PSYC 629	Social Bases of Behavior	3
PSYC 645	Statistics	4
PSYC 646	Research Methods	4
PSYC 687	Cognitive Bases of Behavior	3
PSYC 688	Biological and Affective Bases of Behavior	3
PSYC 696	Research in Clinical Psychology	3
PSYC 698	Developmental Bases of Behavior	3
CLINICAL PROFESSIONAL CORE (68 Credit Hours)		
PSYC 601	Cognitive Assessment	4
PSYC 610	Foundations of Pers and Psychotherapy	3
PSYC 623	Personality Assessment	3
PSYC 635	Advanced Psychopathology across the Lifespan	3
PSYC 648	Ethics and Professional Issues	3
PSYC 652	Cognitive Behavior Therapy	3
PSYC 658	Seminar: Psychological Sciences I	1
PSYC 659	Seminar: Psychological Sciences II	3
PSYC 665	Advanced Professional Development	2
PSYC 675	Culture and Diversity in Clinical Psychology	3
PSYC 680	Interpersonal Psychotherapy	3
PSYC 685	Advanced Assessment and Treatment	3
PSYC 691	Clinical Supervision and Consultation	3
PSYC 693	Clinical Practicum	21
PSYC 695	External Practicum	5
PSYC 699	Clinical Internship	2
ELECTIVES (15 Credits)		
PSYC 506	Gender, Psychology, and Law	3
PSYC 526	Seminar: Child and Adolescent Psychology	3
PSYC 528	Psychology of Religion	3
PSYC 564	Psycholinguistics	3
PSYC 594	Neurodevelopmental Disabilities	3
PSYC 622	Clinical Health Psychology	3

PSYC 625	Advanced Lifespan Development	3
PSYC 630	Seminar: Severe Mental Illness	3
PSYC 631	Seminar: Forensic Psychology	3
PSYC 632	Sport Psychology	3
DISSERTATION (18 Credit Hours)		
PSYC 788	Introduction to the Dissertation	1
PSYC 789	Preparation for the Dissertation	3
PSYC 790	Dissertation	14
	TOTAL HOURS = 124	

Appendix 2. Master's Portfolio

Role	Source	Minimum Sources
Student Scholar	Examples: • Coursework sample • Powerpoint presentation	2
Researcher	Examples: • Poster presentation • Research paper • Research prospectus • Literature review	2
Clinician	Examples: • Intake • Treatment plan • Psychological report	2
Advocate/Diversity Commitment	Examples: • Assignment from diversity class • Volunteering • Supporting the interests of an individual, group, or cause	2
Practicum Evaluation	Example: • Readiness for Internal Practicum	1
Miscellaneous	Examples: • Completed assignments • Documentation of research collaboration • Curriculum vitae • Ethics reflection	2
Reflection	Example: • A description of why you chose the items you did	1
Total Minimum Documentary Sources		12
Signatures:		Date:

Appendix 3. Mid-Way Semester Internal Practicum Evaluation Form

UE Psychology Clinician Rating Form

Student's Name: _____ Date: _____

Supervisor: _____

Clinicians are rated using the following scale:
1 = Beginner 2 = Intermediate 3 = Advanced 4 = Mastery

PROFESSIONALISM				
Timeliness (in responding to emails, writing notes, etc)	1	2	3	4
Manages personal issues to maintain professional functioning	1	2	3	4
All client contacts are documented	1	2	3	4
Engages in healthy/adaptive self-care	1	2	3	4
Takes initiative to develop professionally	1	2	3	4
USE OF SUPERVISION				
Takes responsibility and is open to learning	1	2	3	4
Is well prepared for individual and group supervision	1	2	3	4
Arrives on time and makes effective use of supervision time	1	2	3	4
Demonstrates openness and makes use of feedback	1	2	3	4
Actively participates in group supervision	1	2	3	4
Shows good judgment and seeks out supervision appropriately	1	2	3	4
Consistently implements instructions from supervisor	1	2	3	4
BASIC CLINICAL SKILLS				
Approaches each session with a plan; manages time well	1	2	3	4
Is mindful of boundaries; uses self-disclosure appropriately	1	2	3	4
Establishes effective working relationships with clients	1	2	3	4
Monitors countertransference and uses it as indicated	1	2	3	4
Uses verbal and nonverbal behaviors to convey understanding	1	2	3	4
Communicates concisely and clearly	1	2	3	4
Attends to the nonverbal behaviors of clients	1	2	3	4
USE OF MICROSKILLS				
Asks effective open-ended questions	1	2	3	4
Provides accurate reflections and summaries	1	2	3	4
Affirms and encourages the client	1	2	3	4
Recognizes affect and appropriately elicits it from the client	1	2	3	4
Uses the skills of confrontation when needed	1	2	3	4
ASSESSMENT SKILLS				
Explains the purpose of assessment	1	2	3	4
Obtains consent for assessment and reviews confidentiality	1	2	3	4
Conducts a good clinical interview given the referral question	1	2	3	4

Collects relevant background information	1	2	3	4
Chooses appropriate psychological tests	1	2	3	4
Administers tests in the standardized manner	1	2	3	4
Scores tests accurately	1	2	3	4
Interprets tests accurately	1	2	3	4
Integrates test data accurately	1	2	3	4
Written material is concise and well-organized	1	2	3	4
Provides accurate diagnosis	1	2	3	4
Effectively gives feedback in a way that the client understands	1	2	3	4
Uses the OQ regularly	1	2	3	4
THERAPY SKILLS				
Identifies a therapeutic model that guides intervention	1	2	3	4
Engages in case formulation	1	2	3	4
Develops a treatment plan to address client goals	1	2	3	4
Adjusts goals when indicated	1	2	3	4
Monitors risk and escalates care when indicated	1	2	3	4
Can think about cases from a number of different viewpoints	1	2	3	4
Is comfortable utilizing a variety of different therapeutic methods	1	2	3	4
Monitors emotional reactions to clients	1	2	3	4
Provides effective interpretations	1	2	3	4
Comments on process	1	2	3	4
Facilitates a deeper exploration of client issues	1	2	3	4
SENSITIVITY TO DIVERSITY				
Respects the client's background and worldview	1	2	3	4
Does not impose one's personal values or worldview	1	2	3	4
Aware of one's personal impact on clients different from self	1	2	3	4
Integrates diversity in case conceptualization	1	2	3	4
Employs culturally sensitive interventions	1	2	3	4
Practices cultural humility	1	2	3	4

Signatures

Signature of Supervisor Date

Signature of Student Date

Date reviewed with student: _____

Appendix 4. Bi-Annual Competency Evaluation Form

Psychology Trainee Evaluation Form

Student's Name: _____ Date: _____

Placement Site: _____ Supervisor: _____

Assessment Method(s) for Evaluations:

_____ Direct Observation
_____ Videotape
_____ Audiotape
_____ Case Presentation
_____ Review of Written Work
_____ Review of Raw Test Data
_____ Discussion of Clinical Interaction
_____ Comments from Other Staff

Brief Summary of Student's Overall Performance and Abilities:

Ratings Descriptions	
1	Well below expectations; performance is significantly problematic (requires remedial work)
2	Emerging competency; skill is emerging but not yet reached desired level (intensive supervision needed)
3	Satisfactory progress; meets expectations (routine supervision needed)
4	Competent; beyond what would normally be expected for this training level (routine supervision needed)
5	Special skill; well above expectations (advanced skills comparable to autonomous practice)
N/A	Not able to judge; not assessed during training experience

Competencies	Rating
Research	
1. Student demonstrates the independent ability to conduct research or other scholarly activities	1 2 3 4 5 N/A

2. Student has the potential or has contributed to the scientific, psychological, or professional knowledge base	1	2	3	4	5	N/A
3. Student critically evaluates research	1	2	3	4	5	N/A
4. Student disseminates research or other scholarly activity via a professional publication or presentation at the local, regional, or national level	1	2	3	4	5	N/A
Ethical and Legal Standards						
5. Student is knowledgeable of the current version of the APA ethics code	1	2	3	4	5	N/A
6. Student is knowledgeable of relevant laws, regulations, rules, and policies governing the practice of psychology	1	2	3	4	5	N/A
7. Student acts in accordance with the ethics code of APA and relevant laws, regulations, rules, and policies	1	2	3	4	5	N/A
8. Student recognizes ethical dilemmas and applies ethical decision-making processes in order to resolve the dilemmas	1	2	3	4	5	N/A
9. Student conducts self in an ethical manner in all professional activities	1	2	3	4	5	N/A
Individual and Cultural Diversity						
10. Student demonstrates an understanding of how their own background, attitudes, and biases may affect how they understand and interact with people different from themselves	1	2	3	4	5	N/A
11. Student demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities	1	2	3	4	5	N/A
12. Student demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in articulating an approach to working effectively with diverse individuals and groups	1	2	3	4	5	N/A
13. Student demonstrates the ability to work effectively with individuals whose group membership, demographics, or worldviews differ with their own	1	2	3	4	5	N/A
Professional Values and Attitudes						

14. Student behaves in ways that reflect the values and attitudes of psychology	1	2	3	4	5	N/A
15. Student engages in self-reflection regarding one's personal and professional functioning	1	2	3	4	5	N/A
16. Student engages in activities to maintain and improve performance, well-being, and professional effectiveness	1	2	3	4	5	N/A
17. Student actively seeks and demonstrates openness and responsiveness to feedback and supervision	1	2	3	4	5	N/A
18. Student responds professionally in increasingly complex situations with a greater degree of independence	1	2	3	4	5	N/A
Communication and Interpersonal Skills						
19. Student develops and maintains effective relationships with a wide range of individuals	1	2	3	4	5	N/A
20. Student produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated	1	2	3	4	5	N/A
21. Student demonstrates a thorough grasp of professional language and concepts	1	2	3	4	5	N/A
22. Student demonstrates effective interpersonal skills and has the ability to manage difficult communication well	1	2	3	4	5	N/A
Assessment						
23. Student demonstrates current knowledge and application of knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	1	2	3	4	5	N/A
24. Student selects and applies assessment methods that draw from the best available empirical literature and that reflects the science of measurement and psychometrics	1	2	3	4	5	N/A
25. Student collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment	1	2	3	4	5	N/A

26. Student is mindful of relevant diversity considerations and contextual influences of the recipient of assessment services	1	2	3	4	5	N/A
27. Student interprets assessment results, following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations	1	2	3	4	5	N/A
28. Student guards against decision making biases, distinguishing aspects of assessment that are subjective from those that are objective	1	2	3	4	5	N/A
29. Student communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences	1	2	3	4	5	N/A
Intervention						
30. Student establishes and maintains effective relationships with clients	1	2	3	4	5	N/A
31. Student develops and implements evidence-based intervention plans informed by the current scientific literature, assessment findings, diversity considerations, and contextual variables	1	2	3	4	5	N/A
32. Student demonstrates the ability to apply the relevant research literature to clinical decision making	1	2	3	4	5	N/A
33. Student modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking	1	2	3	4	5	N/A
34. Student evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing progress evaluation	1	2	3	4	5	N/A
Supervision						
35. Student demonstrates knowledge of supervision models and practices	1	2	3	4	5	N/A
36. Student demonstrates knowledge of contemporary evidence-based supervision literature	1	2	3	4	5	N/A
Consultation and Interprofessional/Interdisciplinary Skills						
37. Student demonstrates knowledge and respect for the roles and perspectives of other professions	1	2	3	4	5	N/A

38. Student demonstrates knowledge of consultation models and practices	1	2	3	4	5	N/A

Signatures

Signature of Supervisor Date

Signature of Student Date

Date reviewed with student: _____

Appendix 5. Readiness to Progress Competency Evaluation Form

Rating Scale:

Ratings Descriptions	
1	Performance falls below expected level (not appropriate for practicum)
2	Demonstrating level-appropriate development, but does not yet fully meet expectations for predoctoral internship (ready for internal practicum)
3	Demonstrating level-appropriate development, but does not yet fully meet expectations for predoctoral internship (ready for external practicum)
4	Meets expectations for internship (ready to apply for predoctoral internship)
5	Well-developed competence (ready for entry into practice)
N/A	Not applicable; no opportunity to assess

For each competency area, the student must have an overall average of "2" in order to be approved for internal practicum in the UE Mental Health and Wellness Clinic and Emily M. Young Assessment Center. The student must have an overall average of "3" in order to be approved for external practicum. The student must have an overall average of "4" in order to be approved to apply for pre-doctoral internship.

1. Professionalism

In this section, you are being asked to rate the trainee's competencies related to **Professional Values and Attitudes** that are expected of someone at their level of training. The areas in which you will be rating the trainee include integrity, deportment, accountability, concern for the welfare of others, and professional identity.

1A. The trainee is honest, personally responsible, and adheres to professional values expected of a developing psychologist.

1 2 3 4 5 N/A

1B. The trainee engages in professionally appropriate communication and professional conduct.

1 2 3 4 5 N/A

1C. The trainee accepts personal responsibility for own actions, completes required activities (e.g., documentation) promptly and accurately, meets deadlines, makes self available, etc.

1 2 3 4 5 N/A

1D. The trainee acts to safeguard the welfare of others, demonstrates compassion, and displays respect in interactions with others.

1 2 3 4 5 N/A

1E. Trainee displays emerging professional identity as a psychologist and uses resources (e.g., supervision, literature) for professional development.

1 2 3 4 5 N/A

2. Cultural Diversity and Individual Differences

In this section, you are being asked to rate the trainee in competencies related to **Individual and Cultural Diversity**, including awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy. For the purpose of these ratings, diversity is defined as cultural, individual, and role differences including those based on age, gender, gender identity, race, ethnicity, cultural, national origin, religion, sexual orientation, disability, language, and socioeconomic status.

2A. The trainee monitors and applies knowledge of self as a cultural being in clinical activities and initiates supervision about diversity issues.

1 2 3 4 5 N/A

2B. The trainee applies knowledge of others as cultural beings in clinical activities, demonstrates that others may have multiple cultural identities, and initiates supervision about diversity issues with others.

1 2 3 4 5 N/A

2C. The trainee understands the role that diversity may play in interactions with others and seeks supervision around these issues.

1 2 3 4 5 N/A

2D. The trainee understands the role of individual and cultural diversity in clinical interactions and uses this knowledge to work effectively with diverse others.

1 2 3 4 5 N/A

3. Ethical and Legal Standards

In this section, you are being asked to rate the trainee on competencies related to **Ethical and Legal Standards and Policy**, including the application of ethical concepts

and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

3A. The trainee demonstrates knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations.

1 2 3 4 5 N/A

3B. The trainee demonstrates an ethical decision-making model when discussing cases in supervision, identifies ethical implications in cases, and understands the ethical elements present in ethical dilemmas or questions.

1 2 3 4 5 N/A

3C. The trainee is able to articulate knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues and integrates own moral principles/ethical values into professional conduct.

1 2 3 4 5 N/A

4. Reflective Practice and Self-Care

In this section, you are being asked to rate the trainee on competencies related to **Reflective Practice, Self-Assessment, and Self-Care**, including practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; and with appropriate self-care.

4A. The trainee displays self-awareness, utilizes self-monitoring, engages in reflection regarding professional practice, and uses resources such as supervision to enhance reflectivity. For example, the trainee recognizes the impact of self on others, is able to describe how others experience him/her/them, reviews own professional performance with supervisors, and displays ability to adjust professional performance as situations require.

1 2 3 4 5 N/A

4B. The trainee demonstrates accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and seeks to further professional growth.

1 2 3 4 5 N/A

4C. The trainee engages in appropriate self-care and understands the central role of self-care and reflective practice.

1 2 3 4 5 N/A

4D. The trainee effectively participates in supervision.

1 2 3 4 5 N/A

5. Relationships

In this section, you are being asked to rate the trainee on competencies related to **Relationships**, including the ability to relate effectively and meaningfully with individuals, groups, and/or communities as well as affective and expressive skills.

5A. The trainee forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and professionals from other disciplines.

1 2 3 4 5 N/A

5B. The trainee negotiates differences and handles conflict satisfactorily, provides effective feedback to others, and receives feedback non-defensively.

1 2 3 4 5 N/A

5C. The trainee communicates clearly using verbal, nonverbal, and written skills and demonstrates clear understanding and use of professional language.

1 2 3 4 5 N/A

6. Scientific Knowledge and Methods

In this section, you are being asked to rate the trainee on competencies related to **Scientific Knowledge** related to professional practice.

6A. The trainee values and applies scientific knowledge and methods to professional practice.

1 2 3 4 5 N/A

6B. The trainee demonstrates knowledge of the scientific bases of behavior as they relate to clinical activities.

1 2 3 4 5 N/A

6C. The trainee demonstrates knowledge, understanding, and application of the concept of evidence-based practice.

1 2 3 4 5 N/A

7. Research/Evaluation

7A. The trainee demonstrates knowledge of the application of scientific methods for evaluating practices, interventions, and programs.

1 2 3 4 5 N/A

8. Evidence-Based Practice

In this section, you are being asked to rate the trainee on competencies related to **evidence-based practice**, assessment, intervention, and consultation.

8A. The trainee demonstrates knowledge of evidence-based interventions, the ability to select interventions and assessment tools for different problems and populations, and creates appropriate treatment plans.

1 2 3 4 5 N/A

8B. The trainee selects assessment measures with attention to issues of reliability and validity.

1 2 3 4 5 N/A

8C. The trainee demonstrates the ability to accurately select, administer, score, and interpret assessment tools with client populations and collects accurate and relevant information from structured and semi-structured interviews and/or mental status exams.

1 2 3 4 5 N/A

8D. The trainee selects appropriate assessment measures to answer diagnostic questions.

1 2 3 4 5 N/A

8E. The trainee applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity.

1 2 3 4 5 N/A

8F. The trainee utilizes systematic approaches for gathering data to inform clinical decision making.

1 2 3 4 5 N/A

8G. The trainee writes assessment reports and progress notes and communicates assessment findings verbally to clients.

1 2 3 4 5 N/A

8H. The trainee formulates and conceptualizes cases and plans interventions utilizing a theoretical orientation.

1 2 3 4 5 N/A

8I. The trainee demonstrates level-appropriate clinical skills including developing rapport with clients, developing working therapeutic relationships, and demonstrates appropriate judgement about when to consult supervisor.

1 2 3 4 5 N/A

8J. The trainee implements evidence-based interventions.

1 2 3 4 5 N/A

8K. The trainee evaluates treatment progress and modifies treatment planning as indicated, using established outcome measures (as appropriate).

1 2 3 4 5 N/A

9. Consultation

9A. The trainee demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist).

1 2 3 4 5 N/A

9B. The trainee demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions.

1 2 3 4 5 N/A

10. Interdisciplinary Systems

In this section, you are being asked to rate the trainee's competencies related to functioning within **Interdisciplinary Systems**, including his/her/their ability to identify and interact with professionals in multiple disciplines and Advocacy, including engaging in actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level.

10A. The trainee understands and respects the role of other professions in patient care.

1 2 3 4 5 N/A

10B. The trainee demonstrates knowledge of how interdisciplinary collaboration can improve patient outcomes.

1 2 3 4 5 N/A

10C. The trainee communicates effectively with professionals from other disciplines/professions.

1 2 3 4 5 N/A

11. Management/Administration

11A. The trainee responds appropriately to managers, manages the direct delivery of services under supervision (e.g., scheduling, billing, maintenance of records).

1 2 3 4 5 N/A

11B. The trainee understands organizational policies and procedures, completes reports and other assignments promptly, and complies with record-keeping guidelines.

1 2 3 4 5 N/A

11C. The trainee understands the agency's mission and purpose and its connection to goals and objectives and implements processes to accomplish those goals/objectives.

1 2 3 4 5 N/A

12. Advocacy

12A. The trainee identifies specific barriers to client improvement (e.g., lack of access to resources) and assists the client in self-advocacy plans.

1 2 3 4 5 N/A

12B. The trainee advocates for clients by identifying target issues/agencies most relevant to specific issues and demonstrates understanding of appropriate boundaries and times to advocate on behalf of clients.

1 2 3 4 5 N/A

Approved Yes No

_____ Date:
Student signature

_____ Date:
Supervisor signature

_____ Date:
Director of clinical training signature

Appendix 6. Supervisory Agreement

University of Evansville PsyD Program
Supervision Agreement for Community Placement

The goal of this agreement is to provide clarity about the nature of an external practicum training experience. This is not a legal document, but rather, it is a document required by the PsyD program and its students. This agreement needs to be updated annually or modified when the clinical training experience changes (e.g., change in supervisor).

PLEASE FILL OUT COMPLETELY:

Date: _____

Trainee: _____ Phone: _____

Facility: _____

Supervisor: _____

Email: _____ Phone: _____

PsyD Practicum Coordinator: _____

Email: _____ Phone: _____

The following supervision agreement is between the trainee, supervisor, facility, and the PsyD program for the period _____ to _____ (1 year maximum).
(MM/DD/YY) (MM/DD/YY)

Expectations of the trainee: The trainee will be expected to be involved in the following clinical services:

_____

_____

_____

The trainee will be expected to be available the following days, times, and/or number of hours:

_____

_____

_____

Expectations of the supervisor: The clinical supervisor of the PsyD student will complete an evaluation at the end of each semester of the supervised experience. This evaluation is to be reviewed and discussed with the supervisee, and must be based on direct observation of the supervisee's services that occurs at least once per evaluation period (i.e., live observation, video streaming/recording, or audio recording). The supervisor provides weekly supervision to the supervisee.

During the _____ semester, 20___, it is agreed that the supervisee will spend _____ hours per _____ in training and service duties, as part of fulfillment of _____ credits in PSYC 693. It is agreed that the supervisee has the option to be involved in the following additional activities:

_____

_____

_____

This agreement may be revised at any time, if it proves unsatisfactory, with the consent of the supervisee, the clinical supervisor, and the PsyD practicum coordinator.

_____ _____

Supervisee (date) Supervisor (date)

_____

Practicum Coordinator (date)

Appendix 7. Grading Rubric: Dissertation Proposal

Learning Objectives:

1. Demonstrate advanced knowledge and synthesis of major concepts, existing research, and theoretical perspectives related to the research topic.
2. Demonstrate advanced understanding and application of research methods in psychology, including research design, measurement, psychometrics, data analysis, and interpretation of results.
3. Apply relevant ethical guidelines when conducting research.
4. Effectively communicate the research question, methods, and results in written form and through oral presentation.

Minimum Level of Achievement Required to Demonstrate Competency:

Students must earn an overall score of 2.5 (an average of each domain) from each member of the committee in order to successfully pass the proposal and be approved to proceed with his/her/their research project.

Committee Final Determination:

Approved: The student is approved to proceed with his/her/their research project. If minor revisions are recommended, they can be approved by the chair.

Decision deferred pending major revisions: Significant and substantial revisions are required and will be outlined and described in a separate document. The following are required:

1. A revised written document must be submitted and re-evaluated by all committee members.
2. Another oral proposal is required.

Not approved: The student's proposal did not meet expectations. He/she/they is not approved to proceed with the research project. The Clinical Training Committee will discuss the appropriate course of action, taking into account the student's overall performance and progress in the program. The Clinical Training Committee's decision will be communicated to the student in writing.

_____ _____
(Committee Chair) Date

_____ _____
(Committee Member) Date

Appendix 8. Dissertation Proposal Evaluation Form

Student Name: _____

Date: _____

Dissertation Title: _____

PROFESSIONAL WRITING				
	1 (Needs significant work)	2 (Multiple problems need to be addressed)	3 (Good: Minor revisions needed)	4 (Very good; minimal revisions needed)
1. Quality				
2. Clarity				
3. Organization				
4. Integration				
ANALYSIS & ARGUMENT				
	1 (Needs significant work)	2 (Multiple problems need to be addressed)	3 (Good: Minor revisions needed)	4 (Very good; minimal revisions needed)
1. Is the literature review comprehensive and integrative?				
2. Is the literature review well organized?				
3. Does the literature review establish the significance of the student's research question?				
4. Does the student establish clear hypotheses?				
5. Is the hypothesis testable and clearly stated?				

METHODS				
	1 (Needs significant work)	2 (Multiple problems need to be addressed)	3 (Good: Minor revisions needed)	4 (Very good; minimal revisions needed)
1. Is the proposed method appropriate given the student's research question?				
2. Is the proposed data analysis appropriate?				
3. Does the student anticipate, acknowledge, and manage potential ethical concerns?				
PRESENTATION, DISCUSSION AND IMPLICATIONS				
	1 (Needs significant work)	2 (Multiple problems need to be addressed)	3 (Good: Minor revisions needed)	4 (Very good; minimal revisions needed)
1. Is the presentation clear, prepared, and rehearsed?				
2. Does the student demonstrate mastery of the material?				
3. Does the student consider possible implications of their research?				

Overall Average Score:

Student's dissertation proposal is not approved	Student's dissertation proposal requires major revisions	Student's dissertation proposal requires minor revisions	Student's dissertation proposal is accepted as is

_____ _____
(Committee Chair) Date

_____ _____
(Committee Member) Date

_____ _____
(Doctoral Candidate) Date

Appendix 9. Grading Rubric: Dissertation Defense

Learning Objectives:

1. Demonstrate advanced knowledge and synthesis of major concepts, existing research, and theoretical perspectives related to the research topic.
2. Demonstrate advanced understanding and application of research methods in psychology, including research design, measurement, psychometrics, data analysis, and interpretation of results.
3. Apply relevant ethical guidelines when conducting research.
4. Effectively communicate the research question, methods, and results in written form and through oral presentation.

Minimum Level of Achievement Required to Demonstrate Competency:

Students must earn an overall score of 2.5 (an average of each domain) from each member of the committee in order to successfully pass the proposal and be approved to proceed with his/her/their research project.

Committee Final Determination:

Student's dissertation is accepted as is: The student has exceeded expectations across all domains.

Student's dissertation requires minor revisions: The student has met or exceeded expectations across all domains. If minor revisions are recommended, they can be reviewed and approved by the dissertation committee chair.

Student's dissertation requires major revisions: The student does not meet expectations in one or more domains (an average score of below 2). Revisions to the written document and/or another oral defense is needed with approval by all committee members prior to a final determination.

Student's dissertation is not approved: Major concerns that cannot be easily addressed with revisions. Student has not demonstrated competency on one or more domain.

_____ _____
(Committee Chair) Date

_____ _____
(Committee Member) Date

Appendix 10. Dissertation Defense Evaluation Form

Student Name: _____

Date: _____

Dissertation Title: _____

PROFESSIONAL WRITING				
	1 (Needs significant work)	2 (Multiple problems need to be addressed)	3 (Good: Minor revisions needed)	4 (Very good; minimal revisions needed)
1. Quality				
2. Clarity				
3. Organization				
4. Integration				
ANALYSIS & ARGUMENT				
	1 (Needs significant work)	2 (Multiple problems need to be addressed)	3 (Good: Minor revisions needed)	4 (Very good; minimal revisions needed)
1. Is the literature review comprehensive and integrative?				
2. Is the dissertation well organized?				
3. Does the literature review establish the significance of the student's research question?				
4. Does the student establish clear hypotheses?				
5. Is the hypothesis testable and clearly stated?				

METHODS				
	1 (Needs significant work)	2 (Multiple problems need to be addressed)	3 (Good: Minor revisions needed)	4 (Very good; minimal revisions needed)
1. Is the method and procedure clearly articulated?				
2. Choice of statistical analysis is appropriate?				
3. Does the student anticipate, acknowledge, and manage potential ethical concerns?				
RESULTS				
	1 (Needs significant work)	2 (Multiple problems need to be addressed)	3 (Good: Minor revisions needed)	4 (Very good; minimal revisions needed)
1. Does the student correctly perform data analysis?				
2. Are the results presented and explained clearly?				
3. Are the statistical results interpreted well?				
DISCUSSION AND IMPLICATIONS				
	1 (Needs significant work)	2 (Multiple problems need to be addressed)	3 (Good: Minor revisions needed)	4 (Very good; minimal

				revisions needed)
1. Is the presentation clear, prepared, and rehearsed?				
2. Does the student explain and evaluate the results well?				
3. Does the student accurately summarize the results?				
4. Does the student consider strengths and limitations?				
5. Does the student consider implications of their research?				
6. Does the student address future research considerations?				

Overall Average Score:

Student's dissertation is not approved	Student's dissertation requires major revisions	Student's dissertation requires minor revisions	Student's dissertation is accepted as is

_____ _____

(Committee Chair) Date

_____ _____

(Committee Member) Date

_____ _____

(Doctoral Candidate) Date

Appendix 11. Program Expectancies in Clinical Experiences.

Student Competency	Expectations for First Year Practicum Students	Expectations for Second Year Practicum Students	Expectations for Third Year Practicum Students
Professionalism in appearance and behavior	- Beginning to "think like a psychologist" - Developing a professional demeanor - Making good use of supervision time* - Relying upon explicit training related to timely and accurate documentation	- Maintaining and fine tuning one's professional demeanor - Acting as a member of the psychological staff - Providing more input into client care - Participating in didactics such as case presentations	- Making unique contributions as a part of the psychological staff - Adopting a professional identity - Assisting in developing programs
Appropriate participation in supervision	- Set training goals and plan for monitoring them - Seek out feedback on development of clinical skills - Come prepared with clinical concerns, questions, and client charts as needed	- Understand supervisor's model of supervision - Set training goals and plan for monitoring them - Come prepared with clinical concerns, questions, and client charts as needed	- Understand and discuss the supervision process as well as the supervisor's model of supervision - Set training goals and plan for monitoring them - Come prepared with clinical concerns, questions, and client charts as needed
Knowledge of ethical/legal standards of professional conduct	- Knowing ethical/legal standards relevant to practice of psychology - Communicating ethical/legal concerns to one's supervisor	- Understanding ethical dilemmas and utilizing supervision to navigate them - Seeking out site specific training in HIPPA and ethical/legal regulations	- Understanding ethical decision making models - Understanding site specific procedures for implementing ethical/legal decisions - Discussing complex ethical and legal health care issues

Skills in working with diverse populations	- Discussing issues of diversity and how they impact client functioning - Seeking out explicit training in working with particular populations served at one's practicum site - Understanding your own cultural identity and its relevance to your work with clients - Being willing to have your own worldview challenged	- Continuing to discuss your own cultural identity and its relevance to your work with clients - Identifying areas for growth as it relates to multicultural competence - Seeking out opportunities to increase exposure to a diverse population of clients	- Continuing to discuss your own cultural identity and its relevance to your work with clients - Discussing complexities related to working with diverse clients and achieving cultural competency - Utilizing empirically based treatments that are tailored to the unique backgrounds of one's client
Timely and professional record keeping	- Reviewing record keeping with your supervisor and understanding your supervisor's standards - Correctly editing your notes and reports based on supervisor feedback	- Reviewing record keeping standards at your placement agency - Editing your notes with minimal additional edits needed - Becoming more efficient in writing progress notes	- Submitting progress notes that require minimal editing - Understanding other formats of progress notes - Utilizing more succinct writing that fully captures the critical details of a therapy session
Appropriate assessment and intervention skills	- Seeking out explicit training in assessment and intervention methods - Conducting intake interviews that fully assess client concerns - Maintaining the expected caseload	- Seeking out explicit training in assessment or intervention that is offered at your placement site or agency - Developing more advanced skills in evidence-based interventions - Conducting intake interviews consistent with the	- Seeking out skills training in novel evidence-based interventions - Taking on more complex cases to progress towards mastery of evidence-based interventions - Attending advanced training in evidence based assessment and

		time demands at your placement site or agency	intervention methods
Theoretical knowledge and case conceptualization	- Beginning to understand different models of intervention - Discussing hypothetical cases and how theory can be applied to inform case conceptualization - Relying on supervision to apply theoretical concepts to explain your clients' presentations	- Applying different models of intervention as indicated with clients - Practicing verbalizations of your theoretical model or approach to your supervisor - Appropriately relying upon worksheets or other media to articulate a conceptualization to a client	- Articulating your theoretical orientation - Articulating your theoretical conceptualization of specific clients and the corresponding plan of intervention based on the conceptualization - Understanding differences between theoretical orientations and how treatment looks different based on these orientations

* Note that many expectations persist across years in the program and are not limited to the year in which they are mentioned

Appendix 12. Unprofessional or Unethical Behaviors

Below are some examples of potential violations of expected behavioral standards. Note that these are examples and they do not fully constitute all possible behaviors that might be considered unprofessional or unethical:

- Repeated tardiness to class or practica
- Sleeping in class or while on practicum
- Failure to respond to faculty email messages
- Failure to turn in assignments on-time
- Plagiarism
- Repeated attempts (e.g., more than 1 client per 2-week period) to reschedule clients based on one's preferences
- Sharing the content of exams to fellow students
- Resubmitting work previously submitted to fulfill requirements in another course unless approved by the instructor
- Cheating or plagiarizing
- Repeatedly blaming others and taking little to no responsibility for your behaviors or your impact upon others
- Poor evaluation on the professional domain of summative evaluations of academic and clinical performance

The following are or could be examples of major breaches of professional conduct. Note that these are examples and they do not fully constitute all possible behaviors that might be considered major breaches:

- Confirmed instance(s) of harassment of others
- Using illicit drugs or non-prescribed controlled substances
- Possessing drug paraphernalia
- Bringing alcohol to class or practicum
- Repeated disparaging comments directed toward others
- Not showing up to practicum or for a client appointment
- Falling asleep when conducting a therapy or assessment session
- Repeated (i.e., more than 1) instances of cheating or plagiarism
- Disclosing confidential information
- Taking client records (e.g., to one's home) out of the assigned areas of a clinic
- Falsification of client records
- Being arrested and/or charged with a criminal offense
- Boundary violations with clients
- In clinical sessions, engaging in behaviors or prescribing activities that are unsafe or outside the bounds of psychological practice
- Consistent lack of initiation/responsibility in communication about academic and clinical issues
- Not informing a clinical supervisor about a client who has suicidal/homicidal intent or plan

Appendix 13. Integrative Competency Evaluation

OVERALL EVALUATION – STRENGTHS AND CONSTRUCTIVE FEEDBACK

Name: Jane Doe
Spring 2024 Evaluation

Ratings Descriptions	
1	Well below expectations; performance is significantly problematic (requires remedial work)
2	Emerging competency; skill is emerging but not yet reached desired level (intensive supervision needed)
3	Satisfactory progress; meets expectations (routine supervision needed)
4	Competent; beyond what would normally be expected for this training level (routine supervision needed)
5	Special skill; well above expectations (advanced skills comparable to autonomous practice)
N/A	Not able to judge; not assessed during training experience

Item	**Average Rating**
1. Student demonstrates the independent ability to conduct research or other scholarly activities	
2. Student has the potential or has contributed to the scientific, psychological, or professional knowledge base.	
3. Student critically evaluates research	
4. Student disseminates research or other scholarly activity via a professional publication or presentation at the local, regional, or national level	
5. Student is knowledgeable of the current version of the APA ethics code	
6. Student is knowledgeable of relevant laws, regulations, rules, and policies governing the practice of psychology	
7. Student acts in accordance with the ethics code of APA and relevant laws, regulations, rules, and policies	
8. Student recognizes ethical dilemmas and applies ethical decision-making processes in order to resolve the dilemmas	
9. Student conducts self in an ethical manner in all professional activities	
10. Student demonstrates an understanding of how their own background, attitudes, and biases may affect how they understand and interact with people different from themselves	
11. Student demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities	
12. Student demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in articulating an approach to working effectively with diverse individuals and groups	

13. Student demonstrates the ability to work effectively with individuals whose group membership, demographics, or worldviews differ with their own	
14. Student behaves in ways that reflect the values and attitudes of psychology	
15. Student engages in self-reflection regarding one's personal and professional functioning	
16. Student engages in activities to maintain and improve performance, well-being, and professional effectiveness	
17. Student actively seeks and demonstrates openness and responsiveness to feedback and supervision	
18. Student responds professionally in increasingly complex situations with a greater degree of independence	
19. Student develops and maintains effective relationships with a wide range of individuals	
20. Student produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated	
21. Student demonstrates a thorough grasp of professional language and concepts	
22. Student manages difficult communication well	
23. Student demonstrates current knowledge and application of knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
24. Student selects and applies assessment methods that draw from the best available empirical literature and that reflects the science of measurement and psychometrics	
25. Student collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment	
26. Student is mindful of relevant diversity considerations and contextual influences of the recipient of assessment services	
27. Student interprets assessment results, following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations	
28. Student guards against decision making biases, distinguishing aspects of assessment that are subjective from those that are objective	
29. Student communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences	
30. Student establishes and maintains effective relationships with clients	
31. Student develops and implements evidence-based intervention plans informed by the current scientific literature, assessment findings, diversity considerations, and contextual variables	
32. Student demonstrates the ability to apply the relevant research literature to clinical decision making.	
33. Student modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking	

34. Student evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing progress evaluation	
35. Student demonstrates knowledge of supervision models and practices	
36. Student demonstrates knowledge of contemporary evidence-based supervision literature	
37. Student demonstrates knowledge and respect for the roles and perspectives of other professions	
38. Student demonstrates knowledge of consultation models and practices	

Comments
Insert a summary statement here of the open-ended feedback and the discussion that was had in our meeting.

Student Signature Jane Doe	Advisor Signature Matt Powless	PsyD Director Signature Kevin Jordan
_____	_____	_____
Date	Date	Date

Appendix 14. Foundational Competencies and Level of Training

Professionalism		
1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
1A. Integrity – honesty, personal responsibility and adherence to professional values		
Understands professional values; honest, responsible • Demonstrates honesty, even in difficult situations • Takes responsibility for own actions • Demonstrates ethical behavior and basic knowledge of APA Ethical Principles and Code of Conduct	Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values • Identifies situations that challenge professional values, and seeks faculty or supervisor guidance as needed • Demonstrates ability to discuss failures and lapses in adherence to professional values with supervisors or faculty as appropriate	Monitors and independently resolves situations that challenge professional values and integrity • Takes independent action to correct situations that are in conflict with professional values • Addresses situations that challenge professional values
1B. Deportment		
Understands how to conduct oneself in a professional manner • Demonstrates appropriate personal hygiene and attire • Distinguishes between appropriate and inappropriate language and demeanor in professional contexts	Communication and physical conduct (including attire) is professionally appropriate, across different settings • Demonstrates awareness of the impact behavior has on client, public and profession • Utilizes appropriate language and demeanor in professional communications	Conducts self in a professional manner across settings and situations • Verbal and nonverbal communications are appropriate to the professional context, including in challenging interactions • Flexibly shifts demeanor to effectively meet requirements of professional situation and enhance outcomes
1C. Accountability		
Accountable and reliable • Turns in assignments in accordance with established deadlines • Demonstrates personal organization skills • Plans and organizes own workload • Follows policies and procedures of institution • Follows through on commitments	Accepts responsibility for own actions • Completes required case documentation promptly and accurately • Accepts responsibility for meeting deadlines • Available when “on-call” • Acknowledges errors • Utilizes supervision to strengthen effectiveness of practice	Independently accepts personal responsibility across settings and contexts • Enhances own professional productivity • Holds self accountable for and submits to external review of quality service provision
1D. Concern for Welfare of Others		
Demonstrates awareness of the need to uphold and protect the welfare of others	Acts to understand and safeguard the welfare of others • Displays respect in interpersonal interactions	Independently acts to safeguard the welfare of others • Communications and actions convey sensitivity

• Displays initiative to help others • Articulates importance of concepts of confidentiality, privacy, and informed consent • Demonstrates compassion (awareness of suffering and he wish to relieve it) for others	with others including those from divergent perspectives or backgrounds • Determines when response to client needs takes precedence over personal needs	to individual experience and needs while retaining professional demeanor and deportment • Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values • Demonstrates compassion for others who are dissimilar from oneself, who express negative affect (e.g., hostility), and/or who seek care for proscribed behavior, such as violence, predation, or dangerousness
1E. Professional Identity		
Demonstrates beginning understanding of self as professional: "thinking like a psychologist" • Demonstrates knowledge of the program and profession (training model, core competencies) • Demonstrates knowledge about practicing within one's competence	Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development • Has membership in professional organizations • Attends colloquia, workshops, conferences • Consults literature relevant to client care	Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice • Keeps up with advances in the profession
2. Individual and Cultural Diversity		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
2A. Self as Shaped by Individual and Cultural Diversity		
Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others • Articulates how ethnic group values influence who one is and how one relates to other people • Articulates dimensions of diversity (e.g., race, gender, sexual orientation)	Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation • Uses knowledge of self to monitor effectiveness as a professional • Initiates supervision about diversity issues	Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation • Uses knowledge of self to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues
2B. Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings • Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals • Articulates beginning understanding of the way culture and context are a	Applies knowledge of others as cultural beings in assessment, treatment, and consultation • Demonstrates understanding that others may have multiple cultural identities • Initiates supervision about diversity issues with others	Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation • Uses knowledge of others to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues with others

consideration in working with clients		
2C. Interaction with Self and Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others • Demonstrates knowledge, awareness, and understanding of the way culture and context shape interactions between and among individuals • Articulates beginning understanding of the way culture and context are a consideration in the therapeutic relationship	Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others • Understands the role that diversity may play in interactions with others • Initiates supervision about diversity issues in interactions with others	Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation • Uses knowledge of the role of culture in interactions to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues in interactions with others
2D. Applications Based on Individual and Cultural Context		
Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understand the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues) • Demonstrates basic knowledge of literature on individual and cultural differences and engages in respectful interactions that reflect this knowledge • Seeks out literature on individual and cultural differences to inform interactions with diverse others	Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation • Demonstrates knowledge of ICD literature and APA policies, including guidelines for practice with diverse individuals, groups, and communities • Works effectively with diverse others in professional activities • Demonstrates awareness of effects of oppression and privilege on self and others	Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work • Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others • Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors • Seeks consultation regarding addressing individual and cultural diversity as needed • Uses culturally relevant best practices
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
3A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines		
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct (ethical practice and basic skills in ethical decision making); demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting	Demonstrates intermediate level of knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations • Identifies ethical dilemmas effectively • Actively consults with supervisor to act upon	Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines • Addresses complex ethical and legal issues • Articulates potential conflicts in complex ethical and legal issues

• Demonstrates beginning knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent • Identifies key documents/policies that guide the practice of psychology (e.g., APA Ethical Principles and Code of Conduct)	ethical and legal aspects of practice • Addresses ethical and legal aspects within the case conceptualization • Discusses ethical implications of professional work • Recognizes and discusses limits of own ethical and legal knowledge • Demonstrates intermediate knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent	• Seeks to prevent problems and unprofessional conduct • Demonstrates advanced knowledge of typical legal issues, including child and elder abuse reporting, HIPAA, confidentiality, and informed consent
3B. Awareness and Application of Ethical Decision Making		
Demonstrates awareness of the importance of applying an ethical decision model to practice • Recognizes the importance of basic ethical concepts applicable in initial practice (e.g., child abuse reporting, informed consent, confidentiality, multiple relationships, and competence) • Demonstrates awareness of an ethical decision making model applied to case vignettes	Demonstrates knowledge and application of an ethical decision making model; applies relevant elements of ethical decision making to a dilemma • Uses an ethical decision making model when discussing cases in supervision • Identifies ethical implications in cases and understands the ethical elements present in ethical dilemma or question • Discusses ethical dilemmas and decision making in supervision, staff meetings, presentations, and practicum settings	Independently utilizes and ethical decision making model in professional work • Applies applicable ethical principles and standards in professional writings and presentations • Applies applicable ethics concepts in research design and subject treatment • Applies ethics and professional concepts in teaching and training activities • Develops strategies to seek consultation regarding complex ethical and legal dilemmas • Takes appropriate steps when others behave unprofessionally • Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues in practice
3C. Ethical Conduct		
Displays ethical attitudes and values • Evidences desire to help others • Shows honesty and integrity; values ethical behavior • Demonstrates personal courage consistent with ethical values of psychologists • Displays appropriate boundary management	Integrates own moral principles and ethical values in professional conduct • Is able to articulate knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues • Is able to spontaneously discuss intersection of personal and professional ethical and moral issues	Independently integrates ethical and legal standards with all competencies • Demonstrates adherence to ethical and legal standards in professional activities • Takes responsibility for continuing professional development

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
4A. Reflective Practice		
Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice • Considers own personal concerns and issues • Recognizes impact of self on others • Articulates attitudes, values, and beliefs toward diverse others • Self-identifies multiple individual and cultural identities • Systematically reviews own professional performance with supervisors/teachers	Displays broadened self-awareness; utilizes self-monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity • Is able to articulate attitudes, values, and beliefs toward diverse others • Recognizes impact of self on others • Self-identifies multiple individual and cultural identities • Is able to describe how others experience him/her/them and identifies roles one might play within a group • Responsively utilizes supervision to enhance reflectivity • Reviews own professional performance via video or audiotape with supervisors • Displays ability to adjust professional performance as situation requires	Demonstrates reflectivity both during and after professional activity; acts upon reflection; uses self as a therapeutic tool • Monitors and evaluates attitudes, values, and beliefs toward diverse others • Systematically and effectively monitors and adjusts professional performance in action as situation requires • Recognizes and addresses own problems, minimizing interference with competent professional functioning
4B. Self-Assessment		
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies • Demonstrates awareness of competencies for professional training • Develops initial competency goals for early training (with input from faculty)	Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills • Self-assessment comes close to congruence with assessment by peers and supervisors • Identifies areas requiring further professional growth • Writes a personal statement of professional goals • Identifies learning objectives for overall training plan • Systematically and effectively reviews own professional performance via videotape and other technology	Accurately self-assess competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills • Accurately identifies level of competence across all competency domains • Accurately assesses own strengths and weaknesses and seeks to prevent or ameliorate impact on professional functioning • Recognizes when new/improved competencies are required for effective practice • Writes a personal statement of professional goals identifying areas for further professional growth, with extended

		plans to achieving the goals
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)		
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care • Articulates benefits of engaging in self-care • Makes use of opportunities to engage in self-care	Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice • Takes action recommended by supervisor for self-care to ensure effective training • Maintains/alters weekly schedule to allow for self-care activities	Self-monitors issues related to self-care and promptly intervenes when disruptions occur • Anticipates and self-identifies disruptions in functioning and intervenes at an early stage with minimal support from supervisors
4D. Participation in Supervision Process		
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship • Demonstrates willingness to admit errors and accept feedback • Acknowledges supervisor's differing viewpoints in supervision	Effectively participates in supervision • Seeks supervision to improve performance; presents work for feedback, and integrates feedback into performance • Initiates discussion with supervisor of own reaction to client in session • Seeks supervisor's perspective on client progress	Independently seeks supervision when needed • Seeks supervision when personal problems may interfere with professional activities • Seeks supervision when working with client problems for which he/she/they has had limited experience to ensure competence of services
5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
5A. Interpersonal Relationships		
Displays interpersonal skills • Listens and is empathic with others • Respects and shows interest in others' cultures, experiences, values, points of view, goals, desires, fears, etc. • Demonstrates interpersonal skills verbally and non-verbally • Receives feedback • Works cooperatively and collaboratively with peers	Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and professionals from other disciplines • Forms effective working alliances with most clients • Engages with supervisors to work effectively • Involved in departmental, institutional, or professional activities or governance • Demonstrates respectful and collegial interactions with those who have different professional models or perspectives	Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, and communities • Effectively negotiates conflictual, difficult and complex relationships including those with individuals and groups that differ significantly from oneself • Maintains satisfactory interpersonal relationships with clients, peers, faculty, allied professionals, and the public
5B. Affective Skills		
Displays affective skills • Demonstrates affect tolerance • Tolerates interpersonal conflict	Negotiates differences and handles conflict satisfactorily; provides feedback to others and receives feedback non-defensively	Manages difficult communication; possesses advanced interpersonal skills

• Demonstrates awareness of inner emotional experience • Demonstrates emotional maturity • Listens to and acknowledges feedback from others • Notices and expresses feelings • Demonstrates comfort with a range of emotions • Affect does not overwhelm judgment • Is flexible when things don't go according to plan	• Demonstrates active problem-solving • Makes appropriate disclosures regarding problematic interpersonal situations • Acknowledges own role in difficult interactions • Initiates discussion regarding disagreements with colleagues or supervisors • Efforts to resolve disagreements do not escalate negative affect among the parties involved • Seeks clarification in challenging interpersonal communications • Demonstrates understanding of diverse viewpoints in challenging interactions • Provides feedback to supervisor regarding supervisory process • Provides feedback to peers regarding peers' clinical work in context of group supervision or case conference • Accepts and implements supervisory feedback nondefensively • Maintains affective equilibrium and focus on therapeutic task in face of client distress • Tolerates ambiguity and uncertainty	• Accepts, evaluates, and implements feedback from others • Uses affective reactions in the service of resolving disagreements or fostering growth in others • Tolerates patient's feelings, attitudes, and wishes, particularly as they are expressed toward the therapist, so as to maintain and/or promote therapeutic dialogue • Allows, enables, and facilitates the patient's exploration and expression of affectively difficult issues • Works flexibly with patients' intense affect which could destabilize the therapeutic relationship
5C. Expressive Skills		
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills • Written work is organized, easy to understand, and conveys the main points • Shares opinions with others using language that others can understand • Non-verbal behavior is consistent with verbal communications	Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language • Uses professional terms and concepts appropriately and clearly in discussions, case reports, etc. • Understands terms and concepts used in professional texts and in others' case reports • Communication is understandable, consistent across expressive modalities • Prepares clearly written assessment reports	Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts • Demonstrates descriptive, understandable command of language, both written and verbal • Communicates clearly and effectively with clients • Uses appropriate professional language when dialoguing with other healthcare providers • Prepares sophisticated and compelling case reports

	• Presents clinical process to supervisor in a succinct, organized, well-summarized way • Provides verbal feedback to client regarding assessment and diagnosis using language the client can understand • Presents clear, appropriately detailed clinical material	• Treatment summaries are concise, yet comprehensive
6. Scientific Knowledge and Methods: Understanding research, research methodology, techniques of data collection and analysis, social bases of behavior, cognitive bases of behavior, biological and affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
6A. Scientific Mindedness		
Displays critical scientific thinking • Questions assumptions of knowledge • Evaluates study methodology and scientific basis of findings • Presents own work for the scrutiny of others	Values and applies scientific methods to professional practice • Uses literature to support ideas in case conferences and supervision • Formulates appropriate questions regarding case conceptualization • Generates hypotheses regarding own contribution to therapeutic process and outcome	Independently applies scientific methods to practice • Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems • Implements appropriate methodology to address research questions
6B. Scientific Foundation of Psychology		
Demonstrates understanding of psychology as a science • Demonstrates understanding of core scientific conceptualizations of human behavior • Demonstrates basic knowledge of the breadth of scientific psychology • Cites scientific literature to support an argument when appropriate • Evaluates scholarly literature on a topic as needed	Demonstrates intermediate level of knowledge of core science (i.e., scientific bases of behavior) • Critically evaluates scientific literature • Demonstrates understanding of intersections across core areas of psychological science	Demonstrates advanced level of knowledge of core science (i.e., scientific bases of behavior) • Accurately evaluates scientific literature regarding clinical issues • Identifies multiple factors and interactions of those factors that underlie pathological behavior
6C. Scientific Foundation of Professional Practice		
Understands the scientific foundation of professional practice • Understands the development of evidence based practice (EBP) as defined by APA • Displays understanding of the scientific foundations of the competencies	Demonstrates knowledge, understanding, and application of the concept of evidence-based practice • Applies EBP concepts in case conceptualization, treatment planning, and interventions in	Independently applies knowledge and understanding of scientific foundations to practice • Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization

• Cites scientific literature to support an argument when appropriate • Evaluates scholarly literature on a practice-related topic as needed	consultation with supervisor • Works with supervisor to compare and contrast EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment	• Independently applies EBP concepts in practice • Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
7A. Scientific Approach to Knowledge Generation		
Participates effectively in scientific endeavors when available • Demonstrates understanding that psychologists evaluate the effectiveness of their professional activities • Open to scrutiny of one's work by peers and faculty • Writes literature review as part of course requirement • Assists faculty with research projects	Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology • Demonstrates understanding of research methods and techniques of data analysis • Demonstrates research and scholarly activity, which may include presentations at conferences; participation in research teams; submission of manuscripts for publication • Demonstrates being a critical consumer of research	Generates knowledge • Engages in systematic efforts to increase the knowledge base of psychology through implementing and reviewing research • Uses methods appropriate to the research question, setting, and/or community • Consults and partners with community stakeholders when conducting research in diverse communities
7B. Application of Scientific Method to Practice		
Demonstrates the ability to recognize scientific methods to evaluating practices, interventions, and programs • Recognizes outcome measures and their relevance for treatment	Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs • Describes how outcomes are measured in each practice activity • Demonstrates knowledge of program evaluation	Applies scientific methods of evaluating practices, interventions, and programs • Evaluates practice activities using accepted techniques • Compiles and analyzes data on own clients (outcome measurement) • Uses findings from outcome evaluation to alter intervention strategies as indicated • Participates in program evaluation
8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
8A. Knowledge and Application of Evidence-Based Practice		

Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology • Articulates the relationship of EBP to the science of psychology • Identifies basic strengths and weaknesses of different assessment and intervention approaches	Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences • Demonstrates knowledge of interventions and explanations for their use based on EBP • Demonstrates the ability to select interventions, assessment tools, and consultation methods for different problems and populations related to the practice setting • Investigates existing literature related to problems and client issues • Writes a statement of own theoretical perspective regarding intervention strategies • Creates a treatment plan that reflects successful integration of empirical findings, clinical judgment, and client preferences in consultation with supervisor	Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences • Writes a case summary incorporating evidence-based practice • Presents rationale for intervention strategy that includes empirical support • Independently creates a treatment plan that reflects successful integration of empirical findings, clinical judgment, and client preferences
9. Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
9A. Knowledge of Measurement and Psychometrics		
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing • Demonstrates awareness of the benefits and limitations of standardized assessment • Demonstrates knowledge of the construct(s) being assessed • Evidences understanding of basic psychometric constructs such as validity, reliability, and test construction	Selects assessment measures with attention to issues of reliability and validity • Identifies appropriate assessment measures for cases seen at practice site • Consults with supervisor regarding selection of assessment measures	Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context • Demonstrates awareness and competent use of culturally sensitive instruments and norms • Seeks consultation as needed to guide assessment • Describes limitations of assessment data reflected in assessment reports
9B. Knowledge of Assessment Methods		
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning

• Accurately administers and scores various assessment tools in non-clinical (e.g., course) contexts • Demonstrates knowledge of initial interviewing methods (both structured and semi-structured interviews, mini-mental status exam)	• Demonstrates intermediate level ability to accurately select, administer, score, and interpret assessment tools with client populations • Collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams	• Independently and accurately selects, administers, and scores and interprets assessment tools with clinical populations • Selection of assessment tools reflects a flexible approach to answering the diagnostic questions • Comprehensive reports include discussion of strengths and limitations of assessment measures as appropriate • Interview and report lead to formulation of a diagnosis and the development of appropriate treatment plan
9C. Application of Assessment Methods		
Demonstrates knowledge of measurement across domains of functioning and practice settings • Demonstrates awareness of need to base diagnosis and assessment on multiple sources of information • Demonstrates awareness of need for selection of assessment measures appropriate to population/problems	Selects appropriate assessment measures to answer diagnostic problem • Selects assessment tools that reflect awareness of patient population served at a given practice site • Demonstrates ability to adapt environment and materials according to client needs (e.g., lighting, privacy, ambient noise)	Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice • Independently selects assessment tools that reflect awareness of client population served at practice site • Interprets assessment results accurately taking into account limitations of the evaluation method • Provides meaningful, understandable, and useful feedback that is responsive to client need
9D. Diagnosis		
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity • Identifies DSM criteria • Describes normal development consistent with broad area of training	Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity • Articulates relevant developmental features and clinical symptoms as applied to presenting question • Demonstrates ability to identify problem areas and to use concepts of differential diagnosis	Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity • Treatment plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem • Demonstrates awareness of DSM and relation to ICD codes • Independently identifies problem areas and makes a diagnosis
9E. Conceptualization and Recommendations		

Demonstrates basic knowledge of formulating diagnosis and case conceptualization • Discusses diagnostic formulation and case conceptualization in courses • Prepares basic reports which articulate theoretical material	Utilizes systematic approaches of gathering data to inform clinical decision-making • Presents cases and reports demonstrating how diagnosis is based on case material • Makes clinical decisions based on connections between diagnoses, hypotheses and recommendations	Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment • Independently prepares reports based on case material • Accurately administers, scores and interprets test results • Formulates case conceptualizations incorporating theory and case material
9F. Communication of Assessment Findings		
Demonstrates awareness of models of report writing and progress notes • Demonstrates knowledge of content of test reports and progress notes • Demonstrates knowledge of organization of test reports and progress notes	Writes assessment reports and progress notes and communicates assessment findings verbally to client • Writes complete psychological reports • Works with supervisor to prepare and provide feedback regarding findings • Reports reflect data that has been collected via interview	Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner • Writes an effective, comprehensive report • Effectively communicates assessment results verbally to clients • Reports reflect data that has been collected via interview and its limitations
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
10A. Intervention Planning		
Displays basic understanding of the relationship between assessment and intervention • Articulates a basic understanding of how intervention choices are informed by assessment (e.g., clinical intake, testing) • Articulates a basic understanding of how assessment guides the process of intervention	Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation • Articulates a theory of change and identifies interventions to implement change • Writes case conceptualization reports and collaborative treatment plans incorporating evidence-based practices	Independently plans interventions; case conceptualizations and intervention plans are specific to case and context • Accurately assesses presenting issues taking in to account the larger life context, including diversity issues • Conceptualizes cases independently and accurately • Independently selects intervention(s) appropriate for the presenting issue(s)
10B. Skills		
Displays basic helping skills • Demonstrates helping skills, such as empathic listening, framing problems • Uses non-verbal communication such as eye-contact and body positioning with clients to convey interest and concern	Displays clinical skills • Develops rapport with clients • Develops therapeutic relationships • Demonstrates appropriate judgment about when to consult supervisor	Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations • Develops rapport and relationships with wide variety of clients • Uses good judgment about unexpected issues, such as crises, use of

		supervision, and confrontation • Effectively delivers intervention
10C. Intervention Implementation		
Demonstrates basic knowledge of intervention strategies • Is able to articulate awareness of theoretical basis of intervention and some general strategies • Is able to articulate awareness of the concept of evidence-based practice	Implements evidence-based interventions • Case presentations demonstrate application of evidence-based practice • Discusses evidence based practices during supervision	Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate • Independently and effectively implements a typical range of intervention strategies appropriate to practice setting • Independently recognizes and manages special circumstances • Terminates treatment successfully • Collaborates effectively with other providers or systems of care
10D. Progress Evaluation		
Demonstrates basic knowledge of the assessment of intervention progress and outcome • Identifies measures of treatment progress and outcome by name • Is able to articulate an understanding of the use of repeated assessment to guide treatment • Appropriately administers and scores treatment progress and outcome measures	Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures • Describes instances of lack of progress and actions taken in response • Demonstrates ability to evaluate treatment progress in context of evidence-based intervention	Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures • Critically evaluates own performance in the treatment role • Seeks consultation when necessary
11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
11A. Role of Consultant		
No expectation at this level	Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher) • Is able to compare and contrast consultation, clinical, and supervision roles • Is able to describe a consultant's role in a hypothetical professional activity	Determines situations that require different role functions and shifts roles accordingly to meet referral needs • Is able to articulate different forms of consultation (e.g., mental health, educational, systems, advocacy) • Accurately matches professional role function to situation
11B. Addressing Referral Questions		
No expectation at this level	Demonstrates knowledge of and ability to select appropriate means	Demonstrates knowledge of and ability to select appropriate and

	of assessment to answer referral questions • Implements systematic approach to data collection in a consultative role • Identifies sources and types of assessment tools	contextually sensitive means of assessment/data gathering that answers consultation referral question • Demonstrates ability to gather information necessary to answer referral question • Clarifies and refines referral question based on analysis/assessment of question
11C. Communication of Consultation Findings		
No expectation at this level	Identifies literature and knowledge about process of informing consultee of assessment findings • Identifies appropriate approaches and processes for providing written and verbal feedback and recommendations to consultee • Carries out a mock presentation of findings	Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations • Prepares clear, useful consultation reports and recommendations to all appropriate parties • Provides verbal feedback to consultee of results and offers appropriate recommendations
11D. Consultation Continued		
No expectation at this level	Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients or settings • Identifies appropriate interventions based on consultation assessment findings • Demonstrates ability to identify collaborative methods across systems, clients, or settings	Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases • Identifies and implements consultation interventions based on assessment findings • Identifies and implements consultation interventions that meet consultee goals
12. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
12A. Expectations and Roles		
Demonstrates basic knowledge of expectations for supervision • Demonstrates knowledge of the process of supervision • Articulates components of effective supervision such as the working alliance	Demonstrates knowledge of, purpose for, and roles in supervision • Identifies roles and responsibilities of the supervisor and supervisee in the supervision process • Demonstrates understanding of supervisor and supervisee roles in relation to client • Demonstrates understanding of vicarious liability of supervisor	Understands the ethical, level, and contextual issues of the supervisor role • Articulates a model of supervision and reflects on how this model is applied in practice • Integrates contextual, legal, and ethical perspectives in supervision vignettes • Writes supervisory contract that accurately reflects roles and expectations of supervisor and supervisee

12B. Processes and Procedures		
Demonstrates basic knowledge of supervision models and practices	Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices • Presents goals and related tasks of supervisee's growth and development • Demonstrates ability to monitor and communicate progress on goals	Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise • Prepares supervision contract • Assesses supervision competency • Constructs plans to deal with areas of limited competency • Articulates range of supervision methods available and the utility of such methods • Demonstrates knowledge of the scholarly literature on supervision • Identifies the basic tenets of specific model of supervision
12C. Skills Development		
Displays interpersonal skills of communication and openness to feedback • Completes self-assessment (e.g., Hatcher & Lassiter, 2007) • Integrates faculty/supervisor feedback into self-assessment	Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals • Successfully completes coursework on supervision • Demonstrates formation of supervisory relationship integrating theory and skills including knowledge of development, educational practice	Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients • Articulates how supervisory relationships may enhance the development of supervisees and their clients • Elicits evaluation from supervisee about supervisory relationship and uses feedback to improve quality of supervision
12D. Supervisory Practices		
Displays awareness of the supervisory relationship and practices • Awareness of need for straightforward, truthful, and respectful communication in supervisory relationship • Demonstrates willingness to admit errors, accept feedback	Provides helpful supervisory input in peer and group supervision • Identifies core skills on which to provide feedback to peers • Demonstrates ability to provide constructive criticism to peers	Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting • Helps supervisee develop evidence-based treatment plans • Directs supervisee to literature that may inform case • Provides supervision input according to developmental level of supervisee • Encourages supervisee to discuss reactions and helps supervisee develop

		strategies to use reactions in service of clients • Presents supervisor of supervision with accurate account of case material and supervisory relationship, seeks input, and utilizes feedback to improve outcomes
13. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
13A. Knowledge of the Shared and Distinctive Contributions of Other Professions		
Demonstrates knowledge, respect, and valuing of roles, functions and service delivery systems of other professions	Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions and professionals • Articulates the roles of other professions in patient care • Awareness of various levels of education and training required for other professions involved in patient care	Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level of knowledge of common and distinctive roles of other professionals • Reports observations of commonality and differences among professional roles, values, and standards • Demonstrates respect for and value of contributions from related professions
13B. Functioning in Multidisciplinary and Interdisciplinary Contexts		
Cooperates with others • Cooperates with others in task completion • Demonstrates willingness to listen to others	Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning • Compares and contrasts multidisciplinary functioning and interdisciplinary collaboration • Describes a hypothetical case involving interdisciplinary collaboration and multidisciplinary functioning	Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning • Demonstrates skill in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation • Communicates without jargon • Effectively resolves disagreements about diagnosis or treatment goals • Maintains own position when appropriate while acknowledging the value of others' positions and initiates mutually accepting resolutions • Supports and utilizes the perspectives of other team members

13C. Understands How Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes		
Demonstrates understanding of collaboration/consultation concept	Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals • Identifies common challenges in delivering collaborative care • Articulates examples from the literature or direct experience on benefits of delivering collaborative care	Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals • Engages in consultation with allied professionals in service of clients • Demonstrates ability to communicate shared goals
13D. Respectful and Productive Relationships with Individuals from Other Professions		
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals • Expresses interest in developing collaborative relationships and respect for other professionals • Articulates the advantages in patient care afforded by working collaboratively with other disciplines	Develops and maintains collaborative relationships and respect for other professionals • Communicates effectively with individuals from other professions • Demonstrates knowledge of mechanisms necessary to maintain collaborative relationships	Develops and maintains collaborative relationships over time despite differences • Appreciates and integrates perspectives from multiple professions • Effectively relates to other professionals in accordance with their unique patient care roles
14. Advocacy: Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level		
Readiness for Practicum	**Readiness for Internship**	**Readiness for Entry to Practice**
14A. Empowerment		
Demonstrates awareness of social, political, economic, and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention • Articulates social, political, economic, or cultural factors that may impact on human development and functioning • Demonstrates the recognition of the importance of consideration of these factors as part of the therapeutic process	Uses awareness of the social, political, economic, or cultural factors that may impact human development in the context of service provision • Identifies specific barriers to client improvement (e.g., lack of access to resources) • Assists clients in development of self-advocacy plans	Intervenes with client to promote action on factors impacting development and functioning • Promotes client self-advocacy • Assesses implementation and outcome of client's self-advocacy plans
14B. Systems Change		
Understands the differences between individual and institutional level interventions and system's level change • Articulates role of therapist as change agent outside of direct patient contact	Promotes change to enhance the functioning of individuals • Identifies target issues/agencies most relevant to specific issue • Formulates and engages in plan for action	Promotes change at the level of institutions, community, or society • Develops alliances with relevant individuals and groups • Engages with groups with differing viewpoints around issue to promote change

• Demonstrates awareness of institutional and systems level barriers to change	• Demonstrates understanding of appropriate boundaries and times to advocate on behalf of client	

Appendix 15. Remediation Plan

PSYD STUDENT REMEDIATION PLAN

Student: _____

Advisor: _____

Date of Enactment: _____

Issues to be addressed by this plan (including underlying probable causes that might be contributing):

Specific objectives and timeline for meeting goals:

1.

2.

3.

4.

Supervisor and/or program interventions to help the intern in meeting these objectives:

Intern Signature: _____

Advisor: _____

Training Director: _____

Appendix 16. Self-Assessment

Each semester, the clinical faculty evaluate all clinical students and provide feedback in writing. Once a year, we ask all graduate students to assess themselves in terms of progress, weaknesses, goals, and areas for growth. You will identify your strengths and leverage these strengths to continue your success in the program. When limitations or weaknesses are identified, you and your advisor can address them to focus your training on ameliorating these areas. Sometimes focused training experiences will result from this process, and if needed, you will receive a written response clarifying expectations for your advancement in the program. The following form provides the template for your self-assessment of progress. This assessment allows you to communicate how you feel about your progress while verbally discussing with your advisor how well your self-assessment reflects how the clinical faculty see you.

	Student Assessment				
	Below	Somewhat below	Average	Somewhat above	Above
Coursework and comp exams					
General research progress					
Writing skills					
Presentation skills					
Clinical skills					
Competence in working with diverse individuals					
Development of professional identity					
Professional comportment					

Comment on any areas rated below average as well as how you will improve:

Goals for the coming year:

Appendix 17. Evaluation of Supervisor

Please evaluate the following aspects of your experience in clinical supervision.

Use the following rating scale:

1	2	3	4	5	6	7
Never/ Rarely			Occasionally			Always/ Regularly

1. Supervisor helped me with case formulation for understanding clients
2. Supervisor provided me with assessment strategies
3. Supervisor suggested therapeutic techniques as I worked with clients
4. Supervisor was responsive to questions I had about my clients
5. My supervisor uses his/her therapeutic experience to illustrate techniques, case formulations, and assessment strategies
6. Supervisor provided me with constructive feedback
7. Supervisor challenged me to identify areas that I can improve as a clinician
8. Supervisor was attentive to the importance of self-care
9. Supervisor relied on scientific literature to inform therapy/assessment
10. Supervisor's feedback was direct and straightforward
11. Supervisor was timely in answering questions
12. Supervisor was timely in giving feedback for intakes, reports, notes, etc
13. Supervisor was timely in signing off on intakes, reports, notes, etc
14. Supervisor taught and/or modeled microskills
15. Supervisor taught technical skills (e.g., CBT)
16. Supervisor understood that mistakes are opportunities to learn and grow
17. Supervisor encouraged me and I felt supported
18. Supervisor was available for supervision and used the time productively
19. Supervisor was accessible outside of our scheduled supervision times
20. Supervisor respected value differences between us
21. Supervisor was attentive to multicultural issues
22. Supervisor suggested readings to expand my clinical skills
23. Supervisor reviewed/discussed clinical session recordings with me
24. Supervisor reviewed models of supervision and how he/she provides supervision

Additional comments:

Appendix 18. Evaluation of Clinical Site

Agency/Site:

Supervisor:

	1 Rarely	2 Some of the time	3 Most of the time	4 All of the time
The site provides students with an orientation to their rules and regulations				
The site provides a diverse client population for me to work with				
I am able to get a sufficient number of clinical hours at this site				
I have an opportunity to provide therapy at this site				
I have an opportunity to conduct assessments at this site				
The site is conducive to and supportive of student learning				
There is adequate space for me to conduct my clinical duties				

The site encourages collaboration between students and professionals				
The professionals at the site provide a good example of conducting professional therapy services				

Appendix 19. Evaluation of Program

As a result of the courses I have taken this year, my knowledge and clinical skills have increased.

1	2	3	4	5
Strongly Disagree	Agree	Neither Agree nor Disagree	Agree	Strongly Agree

Courses were taught at a graduate level.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

The professors encourage student participation.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

The professors respect my viewpoint.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

The professors challenge me to grow professionally.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

The faculty are available to you outside of class.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Academically, I feel supported by the faculty members.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

The faculty members value me and want to see me succeed.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

The feedback I have received has been constructive and helpful.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

How would you describe our PsyD program to someone else?

What has gone well during your first year in the PsyD program?

What could be improved as you progress through the PsyD program?

Any other comments

I identify as (Select all that Apply)
Note: This section is optional. However, selecting identities that apply to you may help us address issues that affect you that we may be blind to.

Gender
☐ Male ☐Female ☐ Transgender ☐ Nonbinary ☐Choose not to respond

Race/Ethnicity
☐ White ☐ Black or African American ☐Asian ☐Hispanic or Latinx
☐ American Indian or Alaska Native ☐Native Hawaiian or Pacific Islander

☐Mixed Race

Other Identities
☐ First generation college student ☐ Multi-lingual ☐Gay/Lesbian/Bi
☐ Person with Disability ☐Veteran

Do you have other identities you want to include?
_____

Please indicate the extent to which you agree with the following statements:

Overall, I feel a sense of belonging in my program.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

I think the program actively supports and encourages a culture of diversity and inclusion to historically marginalized groups.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

I believe that diversity is good for the program and should be encouraged by students, staff, and faculty.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

I feel like the rules and regulations in the program are applied equitably.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

The faculty encourages expression of diverse viewpoints from the students.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Are there any areas related to diversity and inclusion that you think the program should improve?

Are there any issues related to diversity that you think the program should continue to implement?

Is there anything else related to diversity and inclusion that you would like to share?