

**UNIVERSITY OF DENVER**

**DEPARTMENT OF PSYCHOLOGY**

**HANDBOOK FOR CLINICAL STUDENTS**

**2010-2011**



## **Introduction**

This handbook complements, but does not replace, the psychology department and graduate school handbooks for graduate students. Students need to be familiar with the rules and requirements in all three handbooks, as all are applicable to them. You have the option of either meeting the requirements that were in place when you enrolled in the department or meeting the requirements from the current year. You cannot, however, mix the two sets of rules, meeting some requirements from the year of enrollment, and other requirements from the current year.

## Goals of Program.

Our goal is help **transform** the field of clinical psychology—both by the research we do and the students we train. Our goal to transform the field is reflected in five emphases:

**An emphasis on clinical science.** We believe that the practice of clinical psychology requires a stronger scientific/research foundation. Our program is a member of the Academy of Psychological Clinical Science, a coalition of doctoral training programs that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration of human problems.

**An emphasis on clinical child psychology.** Children and families have been underserved populations. The field both needs a stronger knowledge base regarding developmental psychopathology and needs to develop and implement more effective assessment and intervention techniques for children and families from diverse backgrounds. Accredited by APA in clinical psychology since 1964, the University of Denver program is one of the few in the country that primarily focuses on providing training in clinical child psychology. Almost all of our clinical faculty, rather than just one or two, have special interests in children and families.

**An emphasis on the social system.** Children and adolescents are viewed as a member of a number of important social systems (e.g., family, school, community). We do research on such systems, and students learn to work with married couples, parents, the family, and community systems relevant to children (e.g., schools). Furthermore, students receive training in adult psychopathology and adult psychotherapy and have opportunities to do clinical work with adult clients.

**An emphasis on developmental cognitive neuroscience.** Our program is one of the very few programs in the world that offers graduate training in clinical child neuropsychology. All students in our program receive at least a year of such training. Many clinical students are also part of the Developmental Cognitive Neuroscience program in which they receive much more extensive training in clinical child neuropsychology and can pursue careers in this specialty.

**An emerging emphasis on diversity, community based programs and social change.** All students are trained to be sensitive to individual differences and cultural diversity in approaching research and clinical issues. Both research and clinical opportunities exist for working with diverse populations (see faculty's descriptions of their work and Multicultural Pioneer on student page). We are also exploring ways in which our research and clinical work can have a broader impact on different groups of people and social systems. We encourage our graduates to embrace leadership roles in public service and public policy, as well as in research, teaching, and clinical practice.

Our specific mission is to produce clinical child psychologists who exemplify this model in the following ways: (1) They are current in their knowledge of the theoretical and empirical underpinnings of clinical research and practice, (2) they can competently conduct and evaluate psychological research, (3) they are competent in carrying out theory-based, research-informed clinical work, (4) they are able to communicate and disseminate their knowledge to others in research, teaching, clinical, or community contexts, (5) they approach clinical and research problems with a developmental perspective, (6) they are sensitive to individual differences and cultural diversity in approaching research and clinical issues, (7) they are ethical and professional in their relationships with clients and colleagues. Our program is characterized by a high degree of flexibility and a wide range of apprenticeship opportunities, providing

students opportunities to develop specializations of their choice. We envision a diverse array of professional careers for our students, including research careers in universities, institutes, and medical schools, but also embracing leadership roles in public service, teaching, and clinical practice.

## Course Requirements

120 credits are now required for the Ph.D. The specific requirements concerning statistics, ethics, and other department requirements are delineated in the department's handbook of study and in the graduate bulletin. The following is a summary of the requirements at this time. In addition to the departmental requirements, students must take the following courses:

- 4565 Systems of Psychotherapy I or II (5)
- 4411 Child Assessment - Cognitive (5)
- 4413 Child Assessment - Personality (5)
- 4571 Multicultural Issues in Mental Health (5)
- 4579 Research Design (5)

Cores: Accreditation requirements entail competencies in all 5 areas. Accordingly, students must take all five core courses (vs. the departmental requirement of 4).

Advanced Clinical: A minimum of 15 credits of advanced clinical courses is required. For a DCN Clinical student, this requirement is fulfilled by two required DCN courses, Proseminar in Developmental Neuropsychology (also counts as core course), Neuropharmacology (also counts toward Research Tool), and a year of participation in the Child Neuropsychology Clinic. For non DCN students, it can be met by two advanced courses and a nine month rotation in the Child Neuropsychology Clinic or three advanced courses. Note: Other clinical and/or research practica credits do not count toward this requirement.

Child Neuropsychology Clinic. The Child Neuropsychology Clinic counts as 5 hours toward the advanced clinical requirement, but you cannot take it as a formal class for credit. You just need to tell the graduate secretary, (currently Paula Houghtaling), that the clinic is part of the 15 hours for the advanced clinical requirement. If you have extra hours during a quarter, you should either take independent studies or CFC practicum hours.

Counting a Course Twice: Students are allowed to count one course toward two requirements. Most commonly this has been one of the developmental proseminars as a core course and as a tool. If someone is not taking a developmental tool, they can, however, use another course for two appropriate requirements. Currently, clinical students are not allowed to do more than one instance of double counting .

Courses in Other Departments. You need to receive advance approval from the area head to take a course outside the department. Many courses in other departments would be appropriate to take, but there are some courses in other departments that would not meet departmental requirements even though their titles may be similar. There are other courses that are not directly related to our training program that could not even be used to meet the 120 hour credit requirement.

Licensure Requirements. We do not know of any potential problems that would be incurred with our current set of course requirements, but we cannot guarantee that our curriculum meets the current or future requirements of the licensure boards in all 50 states. In fact, in some states, such as California, Massachusetts, and New York, you will probably need to take brief supplementary workshops or continuing education courses on various specialized topics (e.g. substance abuse treatment, partner

violence, human sexuality, or aging). Licensure boards in some states do review transcripts to determine if specific types of courses have been taken, especially core classes. Thus, it is a good idea to make sure the required courses are on your transcript; if you took an independent study as a means of meeting a requirement, the independent study should have the name of that requirement. Simply sitting in a class and not taking it for credit could pose problems in documenting that you took the class.

### Clinical Caseload Expectations Overview.

Over the last few years, internship sites have been developing guidelines for the amount of clinical experience they expect applicants to accrue prior to application. As part of this development, many internship sites now list *minimum* number of *direct service* hours expected of applicants in order to be considered for internship training. (Direct service hours refer to face-to-face client contact in therapy, assessment, or consultation). Most students attain the requisite minimum hours listed by internship sites favored by students and our program. Nevertheless, in order to maintain our strong record of internship placement at some of the very best programs in the country, the clinical area has developed a set of guidelines for clinical training. These guidelines are outlined below along with the typical number of direct service hours per clinical experience. These guidelines are subject to change during your graduate career. For example, it is possible that you will be expected to carry more cases in one of the clinics because of the need for cases to be seen in a timely manner. Alternatively, it is possible that your caseload may be lower because of limitations in available cases or supervisors.

#### Year 2

##### Child Neuropsychology Clinic

DCN Students: 10 cases (@ 80 hours)  
NonDCN Students 7 cases (@ 56 hours)

##### Child and Family Clinic

1 weekly treatment case (@ 30 hours)

### Year 3

#### Child and Family Clinic

- 4 assessment cases (@ 40 hours)
- 2 weekly treatment cases (@ 80 hours)

### Year 4

#### Child and Family Clinic

- 3 weekly cases (@120 hours)

#### Externship

- (5 to 8 clinical hours/week) (@225 – 360 hours)

Based on these guidelines, a typical student will accrue approximately 600 direct clinical hours by the end of year 4. Additional hours can be accrued during year 5, at least up to the point of internship application around November 1.

On average, many of the internship sites that our students attend list a minimum of 750 hours with a range between 500 and 1000. It should be noted that clinical activities involving face-to-face contact in research also count toward total direct hours. For example, treatments delivered as part of a study (FRAME), assessments of patients in a treatment study (A-AMP), diagnostic reports in a study, or TWINS testing count. Consultation to programs also count (e.g., Army Marriage Project). Serving as a TA for assessment would also provide some hours. When these hours are included with the foregoing clinical guidelines, students clearly exceed the minimum requirements of internship programs. If you do not expect to acquire collateral experiences such as these, you should increase the amount of clinical experience you acquire in the Neuropsychology Clinic or CFC. You may also want to acquire additional assessment case as some internships would view our minimum number of assessment cases as relatively low.

In order to ensure that you're on track, you should get a spread sheet from the clinic director to log your clinical hours. At the annual review of students, we will ask you to provide this information as part of your review.

Finally, it is important to remember that quality trumps quantity in the quest for a good internship. Our program is based on an intensive supervision model that focuses on the development of core clinical skills rather than broad clinical experience with limited supervision. Based on the feedback we get from reviews of your colleagues' performance on internship, we believe we're on the right track.

### **First Year Expectations**

Typical Course Load (2 courses per quarter actual schedule dependent on courses offered that year)

#### Fall

Research Design

#### Winter

Inference

#### Spring

Psychotherapy I or II (optional)

Cognitive Assessment

Psychosocial Assessment

Regression

Psychopathology (if taught)

### First Year Research Proposals

1. Even before arriving on campus, students are encouraged to select an initial research mentor and begin working in an apprentice relationship.
2. By the end of the Spring quarter, students will be expected to have proposed their masters thesis. Their proposal can take the form of a traditional prospectus or a grant proposal.
3. The proposal will be reviewed by a committee of three, including at least one clinical faculty member. Part of the committee's responsibility will be to determine the feasibility of completing the project on time. Thus, it will be important for members to distinguish between ideal and essential changes.
4. Introductions to MA/Ph.D proposals (and defenses) should a) be an overview of the topic (vs. a description of why the student was interested in the topic). b) should be approximately 5 minutes long and definitely should not exceed 10 minutes, c) may involve Powerpoint if desired, and d) should be at the option of the candidate.
7. Proposals should be completed by the end of Spring Quarter. Because of the busy nature of the end of the academic year, there is a one month grace period. Specifically, students are allowed an extension to July 1 if: a) the proposal is sufficiently close to completion that they have begun to arrange a proposal meeting by the end of the spring quarter, and b) the student successfully proposes before July 1.
8. If the student has not begun to arrange a meeting by the end of spring quarter or if they do not successfully propose by July 1, they are placed on monitoring status. Please note that it is ultimately the student's responsibility for completing the proposal and having a meeting on time; difficulty in arranging a meeting in a short time is not a sufficient excuse. Students are encouraged to try to complete their proposals and contact their committees early as meeting times can be difficult to arrange in June. The monitoring status is continued until a) the MA/second year proposal is successfully proposed, b) October 1 of the second year, or c) there are sufficient problems to warrant being moved to probationary status or termination.
9. If the student has not successfully proposed by October 1 of their second year, they are placed on probationary status. This deadline will be enforced except under highly unusual circumstances; in such cases, the student may petition the area for an extension.
10. Students entering with an approved MA are also expected to develop a plan for their research. Specifically, the advisor and student should develop a short written research plan for the first two years no later than the end of the Fall quarter of the first year. Such plans should involve a written product such as a Ph.D proposal, an NRSA proposal, journal submission, or chapter. The project should entail an extensive immersion into research. The student's progress will be evaluated on this plan.
11. Students are required to successfully complete the Institutional Review Board's Education Program for the Protection of Human Subjects in Research sometime during their first year here.

## Clinical Work

There is no clinical work in the first year. During the first summer, students typically begin to sit in the Neuropsychology Clinic.

## Summer

Ours is a 12 month program and students typically continue research, and some clinical casework in the summer and breaks. Summer financial support can be a bit harder to come by but students usually manage an RA or TA, or a job placement.

## **Second Year Expectations**

Typical Course Load (two or three courses per quarter)

### Fall

ANOVA

Requirement/Elective

### Winter

2 Requirements/Electives

### Spring

2 Requirements/Electives

Clinical Work. Students participate in either Child Neuropsychology Clinic or conduct primarily assessments in CFC. DCN students are expected to see 10 assessment cases in the Child Neuropsychology Clinic, and nonDCN students are expected to see 7 cases. If a student does not participate in the Child Neuropsychology Clinic, she should see 10 assessment cases in the CFC. Additionally, all students should see 1 weekly treatment case in the CFC. During the summer, students should also participate in a CFC practicum on interviewing and basics of seeing clients (e.g., confidentiality, reporting of abuse, fees, etc.).

## Second Year Project

1. Second year students will give 10 minute presentations of their research to the area at the beginning of the Fall quarter.
2. By the end of the second year (June 1), students will be expected to present a completed research project. This project may take the form of: a) traditional master's thesis, b) an article to be submitted for publication, or c) a meta-analysis of some literature. The key features of such a project is that the student a) is an expert in an area, b) knows what has and has not been done previously, c) has a project that contributes to knowledge, d) has conducted the data analyses, and e) has written the project. (Authorship of any papers, however, actually submitted should be negotiated separately.) Theoretical projects are not permitted at the Masters level.
3. Once again, this product will be reviewed by the committee of three--the chair and two other readers. The advisor and committee are expected to take into account these time deadlines in approving any research plans. Committee members will be asked to distinguish between essential changes and ideal changes.
4. Second year projects are due at the end of the second academic year. Because of the busy nature of the beginning of the academic year, there is a grace period until July 1 for successfully defending your MA/second year project. If the student has not successfully defended by July 1 of their second year, they are placed on monitoring status. The monitoring status is continued until a) the MA is successfully defended, b) February 15<sup>th</sup> of the third year, or c) there are sufficient problems to warrant being moved to probationary status or termination.

5. If one is interested in getting an NRSA, one should be aiming on finishing the MA no later than the Spring of the second year, and should also be involved in other research simultaneously. Often NRSA's require two submissions, so one needs to plan in advance.

6. If the student has not successfully defended by February 15 of the third academic year, he/she is placed on probationary status. This deadline will be enforced except under highly unusual circumstances; in such cases, the student may petition the area for an extension. Probationary status is typically provided until June 1 of the third year with a month grace period for scheduling meetings.

7. In general, it is expected that all projects will be completed by the end of the second year, as the purpose is to get people's feet wet (vs. constructing a new theory of human behavior). In some unusual circumstances, a project may require additional time (e.g., the subjects are difficult to obtain). Anticipated "extra time" should be discussed and negotiated at the time of the first year project meeting. If extra time is required students should explain what things they will do in their second year that are normally done later so that overall they stay on schedule (e.g., one might take additional coursework in year 2 to provide extra time in year 3 to complete the project).

8. Faculty vary in their willingness or enthusiasm about holding prospectus or defense meetings during breaks or summer. Some prefer these times, but others are reluctant to schedule meetings during such times. Students are encouraged to discuss this issue when selecting committee members.

9. The graduate school requires that all requirements for the MA be completed by 5 years. Any petition to the graduate school for a time extension of MA requirements must be submitted to and approved by the area. To insure that the procedure for reviewing student progress is consistent, academic and research advisors are not permitted to request that the graduate school provide such an extension.

10. It is important for students to publish their Masters Thesis if the results are sufficiently strong. This is important for students' professional development and for the viability of the labs, as productivity is a major factor in getting grant renewals.

### **Third Year Expectations**

**Typical Course Load.** This year consists of one or two courses per quarter, completing various requirements, adding electives and sometimes research practicum credits. Each of the practica (clinical and research) may be repeated to a maximum of 24 credit hours, but typically a student only takes these practica courses for credit when he/she is not taking other courses..

**Preliminary Candidacy.** Students are expected to inform the Graduate Secretary when they have defended their Masters thesis (be it a formal or informal thesis). The Graduate Secretary will then send a memo telling them that they will be considered for initial advancement to doctoral candidacy. The Graduate Secretary will forward the material to their academic advisor and inform the Director of Clinical Training, who will schedule the review at an upcoming next area meeting regarding student issues. After the review, the student will be informed whether they have been advanced or not or if the review was deferred until a later date. (FYI, sometimes you need to wait a quarter before being officially advanced, but we try to do the review when we have an opportunity). Students who come in with a Masters degree cannot be considered for advancement to candidacy until the Spring evaluation of their

first year at the earliest.

Clinical Work. Typically students are part of the Assessment team, and are expected to see 4 assessment cases in the CFC. They are also expected to see 2 weekly treatment cases.

### **Fourth and Fifth Year Expectations**

Typical Course Load. This is one or two courses per quarter, completing various requirements, adding electives and sometimes research practicum credits.

Clinical Work. Students are expected see to three weekly cases in the CFC. In their fourth year they also have an externship.

Case Presentations. All students are expected to give a case presentation to our area. These are particularly good things to do prior to the process of applying for internships. The specific nature of these will depend upon your experiences, though we hope that as time goes on, we'll see more cases that are guided by the periodic assessments that we are all doing now.

Support. The faculty discuss potential financial support positions for advanced students; sometimes the faculty will try to locate or generate a support position for advanced students. Although the faculty do try to be helpful it is ultimately the fifth or sixth year student's responsibility for obtaining support.

### **Externships**

Multiple Externships. Taking multiple externships typically delays the progress of students in the program and are not essential for obtaining a competitive internship. They are particularly detrimental for students planning research careers. However, students opting for a clinical service or training career might benefit from exposure to multiple training sites. All externships or other forms of clinical work need the approval of the Director of the CFC. Students will consult with research and academic advisors regarding whether an externship should be done in his/her particular case.

Other Training Sites. Doctoral training involves collaboration and partnerships with multiple training sites, including practicum placements, doctoral internship training programs, and others, such as research labs and other academic departments. Communication between doctoral training programs and these training partners is of critical importance to the overall development of competent new psychologists. Therefore, it is the position of our training program that regular communication about students' performance and progress must occur between the program faculty and other training partners, and that the content from this communication will contribute to regular evaluation of the student's progress.

## Tools

- a) Statistics workshops of a week or longer duration (40 hours minimum) can be used to count as a course for the research tool if students use the analytic technique in their subsequent research.
- b)

## Dissertations

Dissertation Prospectus. Students are strongly encouraged to complete their dissertation prior to going on internship. In order to do this, students should plan on proposing their dissertation in the spring or early summer in the year before applying. It can be difficult to arrange meetings in the summer, and one's focus begins to turn to the internship application process. The absolute deadline for a prospectus meeting is October 1. It is the student's responsibility to schedule prospectus meetings sufficiently far in advance to allow for unforeseen hazards., and scheduling meetings in September can be challenging.

Students may submit a dissertation prospectus in the form of a grant proposal, as well as a traditional prospectus. Such a strategy could help facilitate obtaining money to support the student's doctoral research. The final version of the dissertation, however, would need to be in the format required by the University. It is recommended that the student and committee discuss what would meet that requirement at the time of the prospectus meeting, so that there is no misunderstanding. Advisors also vary substantially in their expectations regarding the expected length of the dissertation, so it is important to discuss this in advance as well.

We also recognized that sometimes people sometimes want to do a larger project if they get an NRSA than they can without one. The faculty would be supportive of such a contingency plan in designing dissertations.

Dissertation format. Dissertations can take the form of being an article (or articles) which will be submitted for publication. It is recommended that students inform members of the committee in advance if you plan to write your dissertation in this manner, as this is not the typical format, especially in other disciplines. Regardless of what format is used, students are expected to be able to answer questions on all aspects of the topic. Deciding to write a dissertation as an article does not change expectations regarding expertise on the general topic or comprehensiveness in terms of doing the appropriate analyses to examine the issue in the depth that would be expected of doctoral work. .

Timing. Although not required, it is strongly recommended that students try to complete their dissertations prior to going on internship. Our experience is that doing so is more efficient, provides a more rewarding experience, and gives the student greater flexibility in the opportunities available at the end of an internship (e.g., post-docs, etc.). Students who do not complete their dissertation before leaving for internships take substantially longer to finish, especially if they need to take a job after their internships to support themselves. Finally, APPIC, the organization of internship programs, indicated that at a minimum internships wanted the data collected, and thought it ideal that everything be done, as the hot job markets are increasingly requiring postdoctoral training for licensure, which is best conducted immediately after the internship.

Dissertation Committee. Unless there is some unusual circumstance, Ph.D. committees are expected to have at least 5 members--the chair, three other readers and an outside chair for the defense. At least one member of the clinical faculty on a half-time or more appointment must be on the initial planning

committee. Normally, a member of the full-time faculty, not necessarily clinical, chairs the committee. A student wishing an exception to this policy, i.e., someone other than a full-time faculty as chair, may petition the clinical faculty through his/her advisor. Also, individual dissertation advisors may have additional or more stringent requirements regarding deadlines so be sure and check with your advisor.

Theoretical dissertation. The essential purposes of a dissertation are to advance knowledge and to provide a major training experience in scholarship. In general, faculty view the development of a rigorous theoretical statement as having the same potential for advancing knowledge and scholarly training as an empirical research project. Many faculty, however, tend to believe that a theoretical dissertation is a riskier proposition than an empirical project. One important reason is that most empirical work has standard elements by which it can be evaluated, namely, methodology and data analysis techniques. This is true whether interesting or uninteresting results are obtained. In contrast, embarking upon a theoretical piece of work may be like starting down a slippery slope with no objective markers. A second reason is that faculty believe theoretical dissertations probably require more work and may be a more difficult vehicle through which to develop a new contribution. Faculty emphasize that a theoretical dissertation is not simply a relabeled old area exam involving a review and integration of the literature. The criterion of new contribution that applies to an empirical dissertation applies equally strongly to a theoretical dissertation--the difference is that it is likely more difficult to achieve for the theoretical dissertation. While the theoretical dissertation itself need not include data, it should at least compare the predictions of the theory to existing data, as a test of whether the new theory being proposed better accounts for known empirical phenomena than previous theories. In general, faculty expressed the view that a theoretical dissertation, to be minimally satisfactory, requires a level of scholarly discipline, perspective, and experience that exceeds the usual requirements for an empirical dissertation.

In light of these observations, faculty conclude that it is an important part of faculty responsibility: a) to alert a student to the general hazards associated with a theoretical dissertation and to any special hazards associated with a particular theoretical dissertation; and b) to set appropriate conditions which might improve the likelihood of success and allow a sensible basis for evaluation of the work.

To ensure that this kind of guidance is provided, faculty have adopted the following procedures: The student must ask his/her academic or research advisor for permission to do a theoretical dissertation. The faculty will decide, on the basis of the student's overall performance record, an estimate of the student's ability to perform the unusual demands of a theoretical dissertation based on past conceptual contributions, and an indication of the likely dissertation chair, whether to grant permission. The chair must be a well-published expert in the field in which the theoretical dissertation is undertaken, just as is typically true for the chair of an empirical dissertation. That chair, if not a member of the regular faculty, must be approved by the clinical faculty.

The usual policies pertaining to composition of the dissertation committee and the timing of the prospectus meeting will then be followed.

NRSA. Some students, especially those on a research career track, may want to apply for an NRSA. You should talk to your research mentor about whether this would be appropriate in your case, as it does depend on your specific interests, your credentials, and the independence of the project. If you are interested, here is the current set of submission dates.

Application Submission Dates	Initial Review Dates	Range of Likely Start Dates
April 5	June/July	Sept./Dec.
August 5	Oct./Nov.	Jan./March
December 5	Feb./March	May/July

Unfortunately, it is typically taking two submissions for an application to be funded, and one does not get feedback in time to submit the revision in for the next cycle. What that means is that if you would like to have one of these in your fourth and fifth year, you will probably need to submit in April of your third year (with the idea being that you would resubmit in December of your 3rd year. And NRSA's are intended to be your dissertations, so that means you need to have your Masters done well ahead of the actual deadline, so that you can prepare a proposal that could serve as your dissertation in time for the April third year submission. And even if that date does not appear feasible, you'll probably want to try for as early of a deadline as possible, so you'll want to plan your research progress accordingly. Involvement in other studies and papers also strengthens your application substantially.

Petitions for Time Extensions. The Clinical Area believes it is important for students to complete their degree in a timely manner. The Graduate School's requirement is that the degree must be completed within eight years unless the area petitions for a formal extension. To insure that the procedure for reviewing student progress is consistent, academic and research advisors are not permitted to request that the graduate school provide such an extension. Moreover, it is the Area's policy not to make such petitions except in unusual circumstances, and it is the Graduate School's policy not to grant them except in unusual circumstance. Any such extension that is awarded, however, will be reviewed each quarter, and only continued if satisfactory progress toward completion is being made.

Final Candidacy. Advancement is initiated by the Graduate Secretary after prospectus is approved and tool requirements completed. Advancement to final candidacy should be accomplished no later than one quarter prior to the expected date of completion of requirements for the degree. In no case can a student be graduated the same quarter she/he is advanced to final candidacy.

Experiences at DU: As part of the APA self-study, we gather anonymous descriptive information about your experiences at DU. As part of the process of applying for graduation, you need to complete a survey describing your experiences at DU. (At the time of accreditation renewal, we will also send you a survey about your experiences at DU, but you'll find it much easier to complete the DU part now while your memory is fresh).

### **Internships**

Monitoring of Clinical Hours. Students are expected to keep track of the number of hours of clinical work they have done each year. The APPIC form should be used to facilitate preparation of internship applications.

Preparing for Internship. At the end of the winter quarter, interested students should tell the Director of the CFC that they would like to apply for internships the following year (and go the year after that). You should submit feedback forms from your clinical supervisors. The area will review these forms and discuss your readiness. Students will be told whether we believe that they will or will not be ready for internship. Some students will be given suggestions about training experiences for the subsequent year or will be told of problems that need to be addressed prior to application. Before actually applying, your CFC paperwork will need to be up to date in order to receive a letter from the Director of Clinical Training.

Selection of an Internship. Internships need to be APA approved; if you would like to apply to one that is not APA approved, you will need the area's approval. If you were to accept a non-accredited internship without our permission, there would be significant consequences. Most likely, we would not consider it to be acceptable, and you would find it very difficult to obtain a second acceptable internship.

Once you have applied and visited internship sites, you will list your order of preferences in the APPIC match process. You have an ethical obligation to accept your match choice for your internship. If you do not accept your match, there may be significant consequences that are implemented by either the program or APPIC.

Internship Length. APA requires that an internship must be a minimum of 12 months long. However, if your internship is completed at the end of August, you may "walk" in the August ceremony. You will need to apply for graduation following the standard steps and deadlines, but include a letter sent to the Director of Clinical training from your internship indicating that you are in good standing and that they anticipate you will successfully complete the internship. You will walk in the graduation and be listed, but you will not actually graduate until you have completed the internship. You will then need to have a second letter sent to us and the graduate school indicating that you have successfully completed the internship. You will then receive your diploma with an August date. If you fail to complete the internship successfully or otherwise have not completed a requirement, you will not receive the diploma or graduate at that time.

### **Training Emphases**

Our program is a clinical scientist program that places emphasis on empirically supported assessments and treatments. One implication of this is that we do not provide training in many assessment and treatment techniques that appear not to have strong empirical support. These would include, but not be limited to, Rorschachs and other projectives, and play therapy. If a student is interested in obtaining such training, she will be responsible for obtaining that training, using her own resources. Similarly, our students are provided broad training that make them competitive for many excellent internships and jobs; there are, however, some internships and positions that have different emphases and thus, our students may not be particularly competitive for or may not even be eligible for.

Our program is an accredited clinical psychology program. As such, we try to provide broad training in a clinical work. At the same time, we offer particular strengths in work with children, families, and couples. If a student is interested in additional specialized training in other facets of clinical work, they should talk to the clinic director and may need to seek out and develop such training experiences. For example, past students have successfully sought out training experiences in working with specific multicultural populations, individual adults and public health experiences.

## Advising Process

1. Advising entails more than coursework, and should cover career, clinical, and in some cases research planning. (Advice on personal issues, however, will usually not be provided unless specifically elicited by the students.) Planning of casework should also involve the Director of the Child Study Center, and planning of research work would involve one's research advisor.
2. The faculty meets with each class at the beginning of each academic year. You're also encouraged to meet with your individual advisor as you need, especially early on in your academic career.

## Yearly Evaluation

Please consult the departmental handbook regarding the general process of evaluation and the different categories of standing (e.g., good standing, monitoring, probation, and termination). The following is the specific procedure which the area implements at the beginning of the Spring quarter for all pre-internship students.

- ...1. Clinical feedback forms should be completed with all supervisors. Please remember to complete and keep the evaluation when the cases has finished, as the feedback will be more accurate and valuable at that time than months later. If the case is ongoing, you should complete a feedback form at the time of the annual evaluation. In house supervisors should have the forms, but you may need to bring them to supervisors at outside placements.) (Students on internship or postinternship do not need to complete these forms.)
2. Research feedback forms should be completed once a year from everyone the student is doing research with (not just the primary mentor)(Students on internship and postinternship only need forms from their primary mentor).
3. One's research and clinical evaluation partially depends on what one's career plans are. For example, students planning for a research career will need to publish more than those who are seeking a clinical career. Accordingly, students are encouraged to discuss their career plans, and advisors are encouraged to take career paths into consideration in providing their evaluations.
3. The annual evaluation form that is distributed by the department should be completed by ALL students. You should return one copy of this to the graduate secretary, Paula, and include one copy in the area review (see step 4). You also need to include your grades and indicate the current number of direct clinical hours you have accrued.
4. Once the clinical, research, and departmental forms have been completed, they should be given to the academic advisor--not Paula, not the DCT, and not Marilyn. (Please give them as a set and not individually.) Students on internship or postinternship will only be submitting research and departmental forms.
5. The review process will not be conducted until the advisor has this material. Students and advisors may also want to meet prior to the faculty review. This meeting can be helpful if the student would like to give input for the review or would like a particular issue addressed.

6. The advisor will bring the material concerning the student to a clinical faculty meeting. The advisor will summarize the information she/he has obtained and ask for additional input on particular issues. Then the area will have the opportunity to candidly discuss a student. At the end of this period, the faculty will determine if the student is in good standing or not. If s/he is not in good standing, they will determine whether s/he should be placed on monitoring status, probationary status, or terminated from the program. The advisor also informally completes a form that summarizes the discussion and will serve as a basis for the meeting with the student.

7. After the review has been conducted, the student will receive a letter indicating whether he/she is in good standing or not. Students and faculty alike, however, feel that the most useful feedback comes directly from the individual supervisors. The student and academic advisor, however, will also meet to discuss the comments made at the meeting, career planning, etc.,. In this meeting with the academic advisor, the advisor should check to make sure all the appropriate forms have been obtained.

8. If the student feels that a particular evaluation letter is misrepresentative, he/she may request reconsideration from the supervisor, and/or insert a letter of rebuttal into the file. If the student feels that the overall evaluation letter is misrepresentative, he/she may request reconsideration from the area faculty, and/or insert a letter of rebuttal into the file.

9. Once the forms are completed, The advisor will give the evaluation material to the area secretary who will file it in the students' cumulative record.

10. If the student does not obtain the reviews from their supervisors in time for the yearly evaluation meetings held in May, s/he will not be reviewed, and she/he will be informed that she/he is not in good standing. Applications for internship, graduation, etc. will not be processed unless a student is in good standing.

11. Students should keep a copy of their annual evaluations and their supervisor rating forms, as well as copies of course or TA evaluations.

### **Ethical Conduct and Professional Behavior.**

1) It is the student's responsibility to be familiar with Program, Department, and University regulations concerning academic integrity, student and faculty responsibilities, and degree and program requirements. Additionally, students are expected to know and adhere to the APA's ethical standards and guidelines for professional activities as well as the law and regulations governing the activities of psychologists in the State of Colorado. Violations of University, APA, or Colorado codes, regulations or law may lead to sanctions including separation from the Program and University.

2) Although there is not currently a formal dress code, it is important to remember that clients and research participants are seen in the building, and thus, it is important to dress appropriately, even if you are not seeing a client or research participant.

3) As a professional, especially one in the clinical field, you should carefully consider what you post on the web, in Facebook, MySpace, match.com, or personal websites/blogs. Similarly, you should consider the nature of your phone message. It is not uncommon for fellow professionals, potential employers,

internship sites, or clients to either seek out or encounter such information. Legal authorities are looking at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.

Although signature lines are ways of indicating your uniqueness and philosophy, one is not in control of where the emails will ever end up and might affect how others view you as a professional. Quotations on personal philosophy, religious beliefs, and political attitudes might cause unanticipated adverse reactions from other people. Similarly, greetings on answering machines and voicemail messages that might be entertaining to your peers, express your individuality, and be indications of your sense of humor may also not portray you in a positive professional manner. If you ever use your cell phone or home telephone for professional purposes (research, teaching, or clinical activities), be sure your greeting is appropriate and professional in demeanor and content.

If you identify yourself as graduate student in our program, then we have some interest in how you portray yourself. If you report doing something unethical or illegal, then the website may be used by the program to determine probation or even expulsion. As a preventive measure, the Program advises that students (and faculty) approach online blogs and websites that include personal information carefully. Is there anything posted that one would not want the program faculty, employers, family, or clients to read or view?

4) If you have been convicted of a felony or are convicted of a felony while in training, you should consider discussing the issue with the DCT as it can pose significant problems for placements, internships, or licensure. Better yet, don't commit a felony.

### **Student Employment Outside the Program**

Students may decide to seek employment in the community to broaden their professional experience and to contribute to their financial support. Students are strongly urged to discuss their plans for outside employment with their advisor before making definite plans and commitments. Often it is difficult to judge how much you can work outside the program while still making adequate progress within the program. Advisors can help you decide which course of action, all things considered, is optimal for your training.

Students should keep the following considerations in mind before seeking employment outside the program

- (1) Students have a maximum of eight years to complete all program requirements. In addition, deadlines are in place for completion of the first year project and MA. Time extensions for completion of program requirements are not granted when delay is due to excessive work hours outside the program. Hence, students at all stages of the program should be cautious about accepting outside employment. Such employment may interfere with research progress and jeopardize the student's standing in the program.
- (2) Students and their employers are fully liable for work students perform outside of the program. Students are not covered by university professional liability insurance when performing work that is not associated with a program requirement. Students should consult with their prospective employer regarding professional liability coverage before accepting clinical employment.

- (3) It is the students responsibility to see that all work they perform is consistent with the ethical guidelines of the American Psychological Association and with state and federal statutes. This responsibility holds for non-program employment as well as program-related duties. Students should be aware that any violations of statutes and ethical guidelines could affect their status in the program and later license eligibility status.
- (4) Under no conditions are students permitted to assess or treat clients without appropriate supervision from a qualified mental health provider.
- (5) Although some employment opportunities can clearly enhance a student's training experience, others are far less valuable from a training standpoint. Before accepting a job, students should consider whether the job will provide a useful training experience that is consistent with their professional goals.

### **Disabilities**

If you have a disability and wish accommodations, the process begins with the University Disability Services. Please call 303-871-2372 to register for services. While it is possible for the program to informally accommodate students without using University Disability Services, it is preferable to involve them in the process. Because the Ph.D. in psychology involves a systematic and sequential program of training, accommodations are considered from an overall programmatic perspective rather than from an individual course perspective. Accommodations are rarely granted on a retroactive basis. If you are registered with the University Disability Services, please make an appointment with the Director of Clinical Training as soon as possible to discuss any accommodations that may be necessary

### **Terminal Masters.**

Occasionally, a student may determine that he/she doesn't want to complete a Ph.D. or the area may deem that is not an appropriate option. In such instances, a student may be awarded a terminal masters if they have completed all the requirements for a masters degree.

### **Offering Services**

You cannot present yourself as a psychologist or offer psychological services until you have received a Ph.D. and become licensed (or are being supervised for licensure). You cannot present yourself professionally as a graduate student in our program without our approval. This would include both volunteer opportunities as well as work opportunities.

### **Governance Policy**

1. The clinical area values the input of everyone and encourages all full-time faculty, part-time faculty, and student representatives to attend and actively participate in the area meetings. Four students (one from each year level in the first four years) are elected to serve on the Clinical Area Committee
2. Students will not participate in decisions regarding student evaluations, support decisions or similar

issues involving specific students.

3. Students will participate in the recruiting of faculty, but will not have access to letters of recommendation. The faculty may also meet alone at times to discuss candidates.

4. With these two exceptions, the general voting policy will be to have all individuals participating in the area meetings to each have a vote.

5. Although the vast majority of decisions are made by the consensus of the group, the full-time faculty retains the power to veto such group decisions. Specifically, if a majority of the full-time faculty disagree with the general group's decision, their decision would overrule the group's decision. If the full-time faculty are divided evenly, the general group's decision would hold. This veto power includes the power to both overrule a decision to do something and to overrule a decision to not do something.

6. In the event that the majority of the full-time faculty veto the group's decision, they are expected to reconsider their veto in light of the general group's opinion. The ideal is to reach a consensus of the whole area. In the unlikely event that this is not possible, however, the full-time faculty's vote would ultimately hold.

7. Generally speaking, the voting is done by individuals attending the meeting. In the event of a major decision, the area will also poll those who did not attend the meeting (e.g., faculty on leave).

### **Other Issues**

Student Selection and Support. Our philosophy is to admit a small number of very able students, all of whom we expect to graduate from our program. Our main interest is in providing a good atmosphere for clinical and research growth and in sustaining a student financially. We seek to provide financial support for all students in the first four years. So far, we've been successful partly because we limit the number of students and partly because of our adequate sources, e.g., teaching assistantships, and research assistantships. We strongly encourage interested students to consider applying for individual NRSA's or individual APA Minority Fellowships. These awards offer significant advantages to the student.

Other Sources of Support. Other sources of support are described in the Psychology Department Handbook and the University Graduate Bulletin. These include housing, a Disabled Persons' Resources Office, a Learning Effectiveness Program, a Student Health Center, Counseling and Consultation Center, a Career Center, a Veterans' Advisory Service, and financial aid services. Information about termination and continuation of students, sexual harassment complaints, due process, and grievance procedures, and other important matters can be found in the Department Handbook and University Graduate Bulletin as well.

Repayment of Loans. The National Institutes of Health (NIH) repays outstanding student loans through its extramural Loan Repayment Programs (LRPs). The LRP's target researchers who are or will be conducting nonprofit biomedical or behavioral research, and the application cycle opens September 1. The five extramural LRP's are Clinical Research, Pediatric Research, Health Disparities Research, Contraception and Infertility Research, and Clinical Research for Individuals from Disadvantaged Backgrounds.

Competition/Cooperation. Graduate program cultures range from competitive to cooperative. Ours, by long tradition, tilts heavily toward the cooperative and that is one of our important strengths. Graduate education, especially the first year, is pressure filled enough without the added burden of an intensely competitive atmosphere. Learning is not only more fun, it is often more effective in a cooperative context. At the same time, students are encouraged to do the best they can; excellence is valued and essential for obtaining desired clinical and research positions. We expect our students to be as productive as they can be in all domains.