UNIVERSITY OF DENVER

DEPARTMENT OF PSYCHOLOGY

HANDBOOK FOR CLINICAL STUDENTS

2013-2014
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. Students have the option of either meeting the curriculum requirements described in this handbook that were in place when they enrolled in the department or meeting the curriculum requirements in the clinical handbook from the current year. Students cannot, however, mix the two sets of rules, meeting some requirements from the year of enrollment, and other requirements from the current year. Additionally, the current year of the graduate school handbook is the one to be used regarding general policies (e.g. incompletes, grade appeals, etc.). Please remember that the handbooks that students received when they matriculated are the ones that apply (unless the student informs of us of a desire to use a more recent handbook.). The DCT or the assistant to the DCT can provide an electronic copy upon request.

It is, however, strongly recommended that students review the latest version of the handbook as well as the version they received at the time of matriculation/ Although the requirements are based on the year of matriculation, many updates about other matters are added to the handbook. Virtually all these updates are reported in the minutes, but one may not remember this information years after reading the minutes.
Mission of Program

Our mission is help advance the field of clinical psychology—both by the research we do and the students we train. This mission is reflected in five emphases that make our program unique.

1. Clinical science—We believe that the practice of clinical psychology requires a stronger scientific/research foundation. We ascribe to a clinical science model, and belong to 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.

2. Clinical child psychology—Children and families have been underserved populations. As clinical scientists, we believe the field needs a stronger knowledge base regarding developmental psychopathology. It also needs to develop and implement more effective assessment and intervention techniques for children and families from diverse backgrounds.

Accredited by the APA in clinical psychology, our clinical child program is one of the few programs that primarily focuses on providing training in clinical child psychology and one of the very few that approaches clinical child psychology from a clinical science model. Almost all of our clinical faculty, rather than just one or two, have special interests in children and families.

3. The social system—Children and adolescents are viewed as members of a number of important social systems (e.g., family, school, & community). As clinical scientists, we do research such systems, and students learn to work with married couples, parents, the family and community systems relevant to children (e.g., schools). Students also receive training in adult psychopathology and adult psychotherapy, and have opportunities to do clinical work with adult clients.

4. 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.

5. 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. 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.

Degree flexibility
We aspire to have all our faculty, students, and graduates help advance the field of clinical child psychology. Our program, however, is characterized by a high degree of flexibility and a wide range of apprenticeship opportunities, providing students opportunities to develop specializations of their choice.

Our graduates work in a diverse array of professional careers, including clinical science research careers in universities, institutes, and medical schools, but also as teaching positions, scientifically-based clinical practice, public service and public policy.
We want our graduates to be leaders in whatever career choice they make.

**Program standards**

Regardless of the specific nature of their career, our faculty, students, and graduates are expected to meet the following standards:

- We are current in our knowledge of the theoretical and empirical underpinnings of clinical science, research and practice.
- We can competently conduct and evaluate clinical science research.
- We are competent in carrying out science-based clinical work.
- We are able to communicate and disseminate our knowledge to others.
- We approach our work with knowledge of and sensitivity to developmental issues, individual differences and cultural diversity.
- We are ethical and professional in our relationships with clients and colleagues.
- We aspire to help advance the field of clinical psychology.

**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)
- 4699 Consultation and Supervision (3)

**Cores.** Accreditation requirements entail competencies in all 5 areas. Moreover, accreditation requires a social course. Accordingly, students must take core classes in all 5 areas, and take the social course in the social/emotional area (vs. the departmental requirement of 4).

**Advanced Clinical.** A minimum of 10 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. **Note:** Other clinical and/or research practica credits do not count toward this requirement.

**Consultation/Supervision.** Students need to a) read a series of readings on supervision and consultation, b) taking an examination to demonstrate competence on the material, and c) do at least 1 experiential supervision or consultation activity that is supervised and approved by the area. A list of such potential activities and the readings are being developed currently. Students must meet the reading/experiential requirement in consultation/supervision.
Child Neuropsychology Clinic. The Child Neuropsychology Clinic is required as part of the advanced clinical requirement, but it cannot be taken as a formal class for credit. DCN students take it for 12 months and see 10 cases; nonDCN students take it for 9 months and see 7 cases.

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. Students 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.

Planning the coursework. Coursework in the first year is pretty fixed (unless students have had prior graduate courses). After the first year, however, students should plan out the next three years of coursework. Advanced students can be helpful and obtaining a copy of this year’s course schedule and last year’s schedule can provide some idea of what is likely to be offered. Typically courses are offered every other year, and one of the core courses in each area is offered every year. However, this is not always the case because the relevant faculty can go on sabbatical, have other conflicting obligations, or leave the program. We try to keep students informed of these developments, but one implication of this is that it is important to have some flexibility in course planning. Putting off requirements until the fourth year can entail a little risk as the course may not be offered or may not be offered at a time it can be taken. On the other hand, students may decide it is better to defer such a requirement because there is some course that is important for them to take earlier in their training.

Licensure Requirements. As a reminder, our curriculum and training experiences are designed to be those of an APA clinical psychology accredited program. We cannot guarantee that our curriculum meets the current or future requirements of the licensure boards in all 50 states or all credentialing agencies. In fact, we know of at least two likely problems students could incur in licensure. We believe that New York requires a course entitled history and systems, and Massachusetts requires a course in social psychology and more than 3 (semester?) hours in ethics. Moreover, licensure in these two states and others such as California may require 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 the transcript; if a student takes an independent study as a means of meeting a requirement, the independent study should have the name of that requirement. Getting the name on the independent study requires an extra piece of paperwork; see the graduate secretary for details. Simply sitting in a class and not taking it for credit could pose problems in documenting that the class was taken. There may also be other additional requirements for licensure in these or other states or by credentialing agencies that we are unaware of. Students may want to examine the licensure laws of places they may end up residing. In any case, it is not our current intention to change our training program to insure that we address these issues or that we fulfill all requirements of all state licensure boards.

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 the graduate career. For example, it is possible that students 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 a 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  
3 assessment cases (@ 30 hours)  
2 weekly treatment cases (@ 80 hours)  
Students will be carrying two cases per hour of supervision.  
Students will have a maximum of three cases at one time.

**Year 4**

Child and Family Clinic  
2 weekly cases (@80 hours)  
Students will be carrying two cases per hour of supervision.  
Students will have a maximum of three cases at one time.

Externship  
(5 to 8 clinical hours/week) (@225 – 300 hours)

**Year 5**

Child and Family Clinic  
2 weekly cases (@80 hours)  
Students will be carrying two cases per hour of supervision.  
Students will have a maximum of three cases at one time.
Based on these guidelines, a typical student will accrue approximately 500 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 number of hours between 500 and 1000. Activities such as treatments delivered as part of a study, assessments of patients in a treatment study, and comprehensive diagnostic reports may also contribute to direct hours or support activities as practica if they are appropriately supervised and sanctioned by the area. When these hours are included with the foregoing clinical guidelines, students clearly exceed the minimum requirements of internship programs. If students do not expect to acquire collateral experiences such as those described in the paragraph, they should increase the amount of clinical experience that is acquired in the Developmental Neuropsychology Clinic or CCFP. Students may also want to acquire additional assessment cases as some internships would view our minimum number of assessment cases as relatively low.

In order to ensure that students on track, they should track their hours on MyPsychTrack (APPIC’s program) or by some other method. It can be difficult to catch up quickly if you fall way behind.

Clinical research practica hours count as hours when applying for internship. The criteria for direct hours, support activities, and supervision are the same for research practica and ordinary clinical practica (see the Practica document for discussion of these categories and what settings are approved practica.). We think that it is best that these clinical research practica be considered as supplementary hours and not substitutes for traditional clinical hours. Thus, if one is trying to reach a goal of 500 or more direct hours, the preponderance of those hours should be from traditional clinical practica. The clinical faculty did not precisely indicate what a “preponderance of hours” was, because what is more important than a number per se is one needs acquires the requisite breadth and depth in clinical work. Thus, if someone is primarily interested in clinical child psychology, they should probably treat a range of cases that might include different problems and treatment approaches. For example, one might want a parent management case, a CBT case, and a DBT or trauma case; one might some variation in the age and nature of the presenting problem. If one were primarily interested in neuropsychology, they would want to insure they had significant depth in neuropsychological assessments. If one were interested in adults, they would want to obtain relevant experiences with different kinds of problems and approaches with adults (e.g. couples work, cbt and perhaps dbt for different problems). Acquiring the breadth and depth of experiences and acquiring skills are much more important than hours per se. Some of these experiences and competencies can be acquired in clinical research experiences, but students will need traditional clinical experience to acquire others. Hence, we have described clinical research hours as supplementary. We encourage students might want to review their hours, experiences, and skills periodically with academic advisors, the director of the CCFP, or other faculty.

**First Year Expectations**

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

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<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
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<tbody>
<tr>
<td>Research Design</td>
<td>Inference</td>
<td>Systems I or Psychopathology</td>
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<td>Cognitive Assessment</td>
<td>Psychosocial Assessment</td>
<td>Regression</td>
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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.

5. If the student has not proposed 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.

6. 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.

7. 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.

8. 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 academic year. Students typically begin work in the Neuropsychology Clinic in the summer or the Fall of the second year.

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, teaching a class, or a job placement.

**Second Year Expectations**

**Typical Course Load** (two or three courses per quarter)

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<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
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<tr>
<td>ANOVA</td>
<td>2 Requirements/Electives</td>
<td>2 Requirements/Electives</td>
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<td>Requirement/Elective</td>
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**Clinical Work.** Students participate in the Child Neuropsychology Clinic. DCN students are expected to see 10 assessment cases in the Child Neuropsychology Clinic, and nonDCN students are expected to see 7 cases. Additionally, all students should see 1 weekly treatment case in the CCFP. During the summer, students should also participate in a CCFP 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 (July 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.)

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. MA/second year projects are due on July 1 of the second year. 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 15th of the third year, or c) there are sufficient problems to warrant being moved to probationary status or termination.

5. 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.

6. 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 they will do in their second year that is normally done later so that overall they stay on schedule.
7. 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.

8. 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.

9. 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.

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

<table>
<thead>
<tr>
<th>Application Submission Dates</th>
<th>Application Initial Review Dates</th>
<th>Range of Likely Start Dates</th>
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<tbody>
<tr>
<td>April 5</td>
<td>June/July</td>
<td>Sept./Dec.</td>
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<tr>
<td>August 5</td>
<td>Oct./Nov.</td>
<td>Jan./March</td>
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<tr>
<td>December 5</td>
<td>Feb./March</td>
<td>May/July</td>
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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 students would like to have one of these in the fourth and fifth year, they will probably need to submit in April of the second year (with the idea being that it would be resubmitted in December of the 3rd year.) Students can submit later but they will not be likely to have the award for as long. NRSA’s are intended to be the dissertations, so that means students need to have their Masters done well ahead of the actual deadline, so that they can prepare a proposal that could serve as a dissertation in time for the April or perhaps August submission. And even if that date does not appear feasible, students probably want to try for as early of a deadline as possible, so plan the research progress accordingly. Involvement in other studies and papers also strengthens the application substantially.

Autismspeaks, Autism Science Foundation, Weatherstone Fellowships, American Association of Pediatrics, and APA (Dissertation Awards and Early Graduate Student Research Awards) all have offered money for graduate student research.

**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.

Supervision/Consultation. Students should complete the supervision/consultation requirement in their third or fourth year. The syllabus is included at the end of this handbook.

Preliminary Candidacy. Advancement to preliminary candidacy is the program’s equivalent of a comprehensive examination. As such it, it entails a review of all aspects of the students’ training to date, including their scholarly writing, their clinical work, their coursework, and their progress toward the attainment of the standards held by the program (see page 3).

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 students 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 3 assessment cases in the CCFP. They are also expected to see 2 weekly treatment cases.

Externship Skills. Below is a list of skills that need to be developed in the second and third years to prepare for ongoing clinical work in-house, on externship, and on internship. These skills will be particularly important for beginning externship, where the caseload will go up and the supervision ratio will go down. Supervisors in-house and on externship will be expecting students to be able to do these things (or to be able to learn to do them early in the case work).

This list is intended to be a general guide for what students should pay attention to as they gather clinical skills, and is not meant to suggest that students should be a master of each of these skills by the middle of the third year. Students will not necessarily be taught these skills per se, but instead some will be learned from experience and in some cases students will need to take the initiative to learn them. Hopefully, this list will prove to be a helpful way of judging one’s progress and identifying skills that may need attention.

- Be familiar with administrative procedures and policies for the setting, such as record keeping and storage.
- Write SOAP notes appropriately (note that not all externship cites use the same format for process notes, but the basic skill of documenting the interventions in a concise fashion will be needed in all settings)
- Make productive use of supervision time
  - Come to supervision knowing what cases or case issues should be discussed
Select sections of a tape or recording for supervisors to review

- Write case reports and summaries efficiently
- Develop a case formulation/conceptualization and be able to research/select potential interventions
- Summarize and present case information in a comprehensive yet concise fashion (e.g., for supervisor/team review, case presentations to multidisciplinary teams)
- Be able to effectively consult and provide feedback to other service providers (e.g., teachers, social workers, child protective services, etc.)
- Know protocol for emergency/crisis interventions (including emergency hospitalization, abuse reporting, etc.)
- Know how to select, administer, and score appropriate assessment measures
- Be able to measure and track treatment progress over time
- Know what questions to ask during an intake session for an assessment evaluation.
- Know how to evaluated suicide and how to address suicidal/homicidal concerns.
- For neuropsychological evaluation, be familiar with medical diagnoses and how they affect behavior and cognitive performance.
- Know how to write short (5-7 pages) neuropsychological reports effectively and personalize them to each patient.
- Know how to discuss important and sensitive information during a ~1-hour feedback session.
- Know what services can be provided by schools by law through an Individualized Education Plan or 504-Plan and what additional services are provided by other community organizations.
- Know basic information on health insurance and what can parents/patients do to navigate the system.
- Take advantage of unique clinical training experiences offered both internally and externally (e.g., take Couples therapy course, provide group therapy, put on a couples’ seminar or parenting workshop, attend external trainings such as TF-CBT training).
- Be able to utilize and implement therapy manuals without intensive supervisor input (don’t always depend on supervisors to provide case-by-case supervision or to be familiar with evidence-based practices).
- Be familiar with/have access to some widely-used evidence-based therapy manuals
- Use culturally sensitive assessments and interventions.
- Recognize cultural diversity
- Understand the role that culture and ethnicity/race play in the sociopsychological and economic development of ethnic and culturally diverse populations.
- Understand that socioeconomic and political factors significantly impact the psychosocial, political, and economic development of ethnic and culturally diverse groups.
- Help clients to understand/maintain/resolve their own sociocultural identification.
- Understand the interaction of culture, gender, and sexual orientation on behavior and needs.
- Be an advocate for best practices.
- Be able to work with other professionals, including other therapists and physician, such as when medicine has been proscribed.
- Know when to draw the line personally with a client.
- Know when to refuse a case.
- Be familiar with ethical/professional issues.

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. Students should, however, register for as many hours as they have tuition for (typically 10). If they are not taking a course, they should register for independent study.

Clinical Work. Students are expected to see two weekly cases (maximum three) in the CCFP. In their fourth year they also have an externship.

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.

Residency. In most instances, students remain in residency the year after completing coursework. Being in residency is highly advantageous to a student’s training and progress, but in some unusual cases, a student may desire not to be in residency during the final year before internship for personal reasons. In these instances the student should petition the area to not be in residency. The area faculty will approve/disapprove the petition on the basis of whether the student is making adequate progress in their research and other aspects of the program and whether the student will be ready for internship without the additional training and evaluation of clinical progress that requires being in residency.

Practica and Externships

Practica. In order for clinical hours to count for APPIC, the practicum needs to be a) sanctioned by the program, b) feedback must be provided about the student to the advisor, c) there needs to be a licensed supervision or s/he needs to be supervised by a licensed supervision; special permission will need to be obtained if the supervisor is not a licensed psychologist, d) the supervisor needs to keep count of the number of students and report them to the area yearly, and e) the practicum needs to be periodically reviewed by the area. If there is some ambiguity about whether the practicum meets these criteria, you may want to discuss this with the supervisor in advance. The DCT and CCFC director have a list of sanctioned practica.

Externships. It is required that students complete an externship, which is usually done in the fourth year. The process of selecting an externship should be discussed with the clinic director. Sometimes externships require contracts with the University. These contracts need to be approved by the University legal department. Thus, it is important that such contracts be immediately brought to the DCT’s attention. And ultimate acceptance of the placement may depend on the being able to come to an agreement regarding a contract

Externship Group. Students who are on externships are expected to participate in an ongoing group that is designed to provide them a forum for the practicum discussion. The group will be led by the CCFP director/
Other Responsibilities. Externships should be planned so that they do not conflict with other responsibilities, such as being a TA, as this may jeopardize having a TA.

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 CCFP. 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

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. If a workshop is used as part of a tool, a certificate or letter indicating successful completion of the workshop is required.

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 they plan to write a 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 an advisor.

**Dissertation Support.** The graduate student handbook contains a list of potential sources for receiving support for dissertation work. These include APA, CDC, & NIH (NRSA’s), SSHRC (for Canadian citizens) Woodrow Wilson Foundation and the American Association of University Women, Society for the Science of Clinical Psychology also offers awards (check SSCPWEB.ORG).

**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 students experiences at DU. As part of the process of applying for graduation, students need to complete a survey describing their experiences at DU. (At the time of accreditation renewal, we will also send students a survey about their experiences at DU, but it’s much easier to complete the DU part now while their memory is fresh).

**Additional Competencies**

Students need to successfully attain the following 12 additional competencies Competencies 1-2 in order to apply for graduation; competency 3 needs to be attained at the end of the assessment rotations. Competencies 4-12 need to be completed in order to apply for internship.

**Competency 1:** Students will successfully disseminate their research findings through being an presentations at professional conferences with a minimum threshold of being an author or co-author on 2 accepted presentations by the time they apply for graduation.
<table>
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<tr>
<th>Competency 2:</th>
<th>Students will successfully disseminate their research findings or ideas through publications in journals or chapters in books with a minimum threshold of being an author or co-author on 1 paper accepted by the time they apply for graduation.</th>
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<tr>
<td>Competency 3:</td>
<td>Students will acquire assessment skills by successfully conducting a minimum of 10 assessment cases in the Developmental Neuropsychology Clinic (DNC) and/or Clinic for Child and Family Psychology (CCFP). The majority of assessment tools are expected to be empirically supported ones. Competency will be determined by the DNC &amp; CCFP assessment supervisor’s evaluations of the students’ competence in selecting, using, and interpreting assessment tools. The minimum threshold is being at the “expected level for their year of in the program” at the completion of these assessment rotations.</td>
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<td>Competency 4:</td>
<td>Students will acquire basic therapeutic skills with a particular emphasis on empirically supported techniques by successfully carrying an ongoing caseload in the CCFP. (Year 2: 1 therapy case; Year 3: 2 therapy cases; Year 4+: 2 therapy cases). The majority of cases are expected to involve empirically supported techniques. Yearly evaluations of the students’ competence in identifying and carrying out appropriate treatment programs will be completed by all CCFP clinical supervisors. Ultimate assessment of competence will be determined by the area on the basis of evaluation of the students’ competence in identifying and carrying out appropriate treatment programs at the time of evaluation of readiness for internship. The minimum threshold is being at the “expected level for their year of in the program”.</td>
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<td>Competency 5:</td>
<td>Students will learn to conduct periodic assessments of therapy progress by successfully collecting evaluation data on the majority of their cases in the CCFP. Yearly evaluations of the students’ competence in incorporating ongoing evaluation strategies for treatment cases will be completed by all CCFP clinical supervisors. Ultimate assessment of competence will be determined by the area on the basis of evaluation of the students’ competence in incorporating ongoing evaluation strategies for treatment cases at the time of evaluation of readiness for internship. The minimum threshold is being at the “expected level for their year of in the program”.</td>
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<tr>
<td>Competency 6:</td>
<td>Students will acquire knowledge of and be sensitive to ethical issues by conducting research. Yearly evaluations of the students’ knowledge of and sensitivity to ethical issues will be completed by all research supervisors. Ultimate assessment of competence will be determined by the area on the basis of evaluation of the students’ knowledge of and sensitivity to ethical issues at the time of evaluation of readiness for internship. The minimum threshold is being at the “expected level for their year of in the program”.</td>
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| Competency 7: | Students will have knowledge of and be sensitive to ethical issues by conducting clinical work. Yearly evaluations of the students’ knowledge of and sensitivity to ethical issues will be completed by all clinical supervisors. Ultimate assessment of competence will be determined by the area on the basis of evaluation of the students’ knowledge of and sensitivity to ethical issues at the time of evaluation of readiness for internship. The minimum threshold is being at the “expected level for their year of in the program”.

Competency 8: Students will acquire knowledge of and be sensitive to developmental issues by conducting research. Yearly evaluations of the students’ knowledge of and sensitivity to developmental issues will be completed by all research supervisors. Ultimate assessment of competence will be determined by the area on the basis of evaluation of the students’ knowledge of and sensitivity to developmental issues at the time of evaluation of readiness for internship. The minimum threshold is being at the “expected level for their year of in the program”.

Competency 9: Students will acquire knowledge of and be sensitive to developmental issues by conducting clinical work. Yearly evaluations of the students’ knowledge of and sensitivity to developmental issues will be completed by all clinical supervisors. Ultimate assessment of competence will be determined by the area on the basis of evaluation of the students’ knowledge of and sensitivity to developmental issues at the time of evaluation of readiness for internship. The minimum threshold is being at the “expected level for their year of in the program”.

Competency 10: Students will have knowledge of and be sensitive to issues of individual differences and cultural diversity by conducting research. Yearly evaluations of the students’ knowledge of and sensitivity to individual differences and cultural diversity will be completed by all research supervisors. Ultimate assessment of competence will be determined by the area on the basis of evaluation of the students’ knowledge of and sensitivity to individual differences and cultural diversity at the time of evaluation of readiness for internship. The minimum threshold is being at the “expected level for their year of in the program”.

Competency 11: Students will have knowledge of and be sensitive to issues of individual differences and cultural diversity by conducting clinical work. Yearly evaluations of the students’ knowledge of and sensitivity to individual differences and cultural diversity will be completed by all clinical supervisors. Ultimate assessment of competence will be determined by the area on the basis of evaluation of the students’ knowledge of and sensitivity to individual differences and cultural diversity at the time of evaluation of readiness for internship. The minimum threshold is being at the “expected level for their year of in the program”.

Competency 12: Students will be capable of carrying out Ph.D. level work in one or more of the following areas: a) clinical child psychology, b) clinical science, c) science-based clinical work, d) the social system, e) developmental cognitive neuroscience, f) diverse populations, community based programs, and social change, or g) another area which could help advance the field. In the process of determining whether a students is ready to apply for internships, the faculty will determine if the student is at on track for carrying out Ph.D. level work in one of the following areas: a) clinical child psychology, b) clinical science, c) science-based clinical work, d) the social system, e) developmental cognitive neuroscience, f) diverse populations, community based programs, and social change, or g) another area that could help advance the field. The minimum threshold is being at the expected level for their year in the program.

**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 referred to facilitate preparation of internship applications.

**Preparing for Internship.** At the end of the winter quarter, interested students should tell the Director of
the CCFP that they would like to apply for internships the following year (and go the year after that). The area will review the student’s clinical evaluations and number of hours and discuss the student’s readiness. The student will need to have attained Competencies 3-12 in the list of additional competencies (see next section). 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, the CCFP 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 students would like to apply to one that is not APA approved, they will need the area’s approval. If students 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 obtaining a second acceptable internship would be very difficult.

Once students have applied and visited internship sites, they will list the order of preferences in the APPIC match process. Students have an ethical obligation to accept their match choice for the internship. If they do not accept the 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 the internship is completed at the end of August, students may "walk" in the August ceremony. They will need to apply for graduation following the standard steps and deadlines, but include a letter sent to the Director of Clinical training from the internship indicating that they are in good standing and that they anticipate successfully completing the internship. Students will walk in the graduation and be listed, but will not actually graduate until they have completed the internship. Students will then need to have a second letter sent to us and the graduate school indicating that they have successfully completed the internship. Students will then receive their diploma with an August date. If students fail to complete the internship successfully or otherwise have not completed a requirement, they will not receive the diploma or graduate at that time.

**Internship Class Registration.** Each quarter during internship, students are required to sign up for our psychology course **PSYC 6981 Internship** for 8.0 hours. They do not, however, receive a grade for this course.

**Internship Certification.** In order to graduate, you must provide documentation from the internship site that you successfully completed the internship. Both the DCT and the graduate affairs secretary should be provided this documentation as soon as possible.

**Graduation.** You are solely responsible for insuring that the graduate office has all the documents required for graduating. It is strongly recommended that you periodically check with the graduate office and the department’s graduate secretary to determine whether your material is complete. Assuming it is is a mistake that may not be correctable in time.

**Summary of Requirements**

The following is an overview of the program’s requirements. It is, however, simply intended to be a brief overview. It is not intended to be a complete delineation of the requirements; any additional details or requirements that are delineated in the Handbook for Clinical Students, the Department of Psychology
Official Handbook of Graduate Studies, or Graduate Policies and Procedures also apply.

a) At least two years of residency in the program.
b) Successful completion of 120 hours of graduate coursework as defined by a grade of B or better. At least 75 hours of the required 120 hours must be content courses. At least 60 of these 75 content hours must be taken in the Psychology Department,
c) Successful completion of all course requirements delineated in the Psychology Department Handbook and Clinical Child Program Handbook. Successful completion is defined by a grade of B or better. The following courses are required for a degree in clinical psychology.

1. **Psychotherapy/Psychopathology**
   - PSYC 4565 Systems of Psychotherapy and
   - PSYC 4512 Proseminar in Psychopathology

2. **Clinical Assessment** (both required)
   - PSYC 4411 Child Assessment - Cognitive
   - PSYC 4413 Child Assessment - Personality

3. **Research Design**
   - PSYC 4579 Research Design

4. **Multicultural Competency**
   - PSYC 4571 Multicultural Issues in Mental Health

5. **Quantitative** (all three required, unless exempted)
   - PSYC 4295 Statistical Inference
   - PSYC 4300 Correlation & Regression
   - PSYC 4330 Analysis of Variance

6. **Departmental Cores** (25 credits required)
   - PSYC 4021 Proseminar in Social Psychology and one course from each of the four other core course categories is required.

7. **Other Required Courses**
   - PSYC 4920 Ethics in Psyc Research & Practice
   - PSYC 6991 Consultation and Supervision

8. **Advanced Clinical** (10 hours required)

For non DCN students, the requirement is met by two advanced clinical courses and a nine month rotation in the Child Neuropsychology Clinic seeing 7 cases. For a DCN Clinical student, this requirement is fulfilled by two required DCN courses, Proseminar in Developmental Neuropsychology (also counts as core course), BIOL 3642 Neuropharmacology (also counts toward Research Tool), and a year participation in the Child Neuropsychology Clinic, seeing 10 cases. **Note:** Other clinical and/or research practica credits do not count toward this requirement.

9. **Research Tool** (10 hours required)
This is often a tool in statistics or developmental psychology, the latter which could include one of the core courses as part of it. Alternatively, one could propose a tool in some area such as cognitive neuroscience or multicultural research methods. For a DCN Clinical student, this requirement is met by the tool courses listed later in this chapter in the Developmental Cognitive Neuroscience Program Requirements section.

d) Successful completion of a Masters Thesis, which is approved by a committee of three faculty members.
e) Being Advanced to Initial Candidacy by the clinical faculty.
f) Being Advanced to Final Candidacy which is defined as successfully proposing a dissertation and completing tool requirements.
e) Successful completion of a Ph.D. Dissertation which is approved by a committee of four, typically five, faculty.
f) Successful completion of an externship as evidenced by being rated “at year level.” on overall clinical development.
g) Successful completion of an APA approved internship as reported by the internship director.
h) Successfully attaining 12 of the 12 Additional Competencies (see pages 14-16)

Planning for the Future

1. Students should keep careful records of their own, which should include copies of research, teaching, and clinical evaluations, syllabi of courses, and any memos approving any action, especially any waiver of rules.
2. Additionally, clinical hours should be tracked; timetotrack.com provides a nice, relatively inexpensive means.
3. Students may also want to consider putting a copy of their credentials at a credentials bank, such as the one at ASPPB (Association of State and Provincial Psychology Boards).
4. ASPPB also encourages people to take EPPP, the licensure exam, as soon as possible.
5. Be aware that waivers (e.g. not having to take a particular course) can cause subsequent problems in licensure. This is not to suggest that such special considerations would not be an appropriate thing to do—just that it could have unforeseen circumstances

Training Emphas

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 specializations 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 public health or working
with specific multicultural populations and individual adults. The student, however, will be primarily responsible for locating and arranging these additional experiences. Moreover, such experiences do not substitute for the core training experiences of the program; they should be considered experiences that supplement one’s core training in clinical child psychology, which will need to be done first so that one will have the foundational skills to build upon.

**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. Students are also encouraged to meet with their individual advisor as needed, especially early on in their 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 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, students should complete a feedback form at the time of the annual evaluation. In house supervisors should have the forms, but students 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. Students are encouraged to provide information regarding all the categories listed in that form and in the Annual Review form, which will be completed by their academic advisor. Students should return one copy of this to the graduate secretary, Paula, and include one copy in the area review (see step 4). Students also need to include their grades and indicate the current number of direct clinical hours they 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 Erin. (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. The academic advisor will complete the Annual Review form, reflecting this discussion and the evaluations from the supervisors. At the end of this discussion, 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 annual review form 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 students are not seeing a client or research participant.
3. As a professional, especially one in the clinical field, students should carefully consider what they post on the web, in Facebook, Twitter, match.com, or personal websites/blogs. Similarly, they should consider the nature of their 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 uniqueness and philosophy, one is not in control of where the emails will ever end up and might affect how others view students 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 peers, express individuality, and indicate a sense of humor, it may also not portray students in a positive professional manner. If cell phones or home telephone are used for professional purposes (research, teaching, or clinical activities), be sure the greeting is appropriate and professional in demeanor and content.

If students identify themselves as graduate student in our program, then we have some interest in how they portray themselves. If they 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. In a related vein, the following is the University’s social media policy, which applies to the student as an employee. Online personas, and the content that is published, should be consistent with the University of Denver’s values, brand guidelines, social media guidelines, policies and professional standards:

1. Public communications concerning the University of Denver, faculty, staff and all employees of the University and any other affiliates of the University of Denver must follow University of Denver policies. Accordingly, employee complaints regarding alleged discrimination, unlawful harassment, or safety issues should be made consistent with the complaint procedures in the employee handbook.

2. Social media communications are individual interactions, not organizational communications, unless managing a University’s sponsored site in an official capacity. Employees can be held personally liable for their posts. For this reason employees should use common sense and exercise caution with regards to exaggeration, obscenity, guesswork, copyrighted materials, legal conclusions and derogatory remarks or characterizations.

3. If students discuss work-related matters online that are within the area of job responsibility, they must disclose their affiliation with the University.
4. Students may not disclose any sensitive, proprietary, confidential, legal or financial information about the University or individuals affiliated with the University. They may not disclose information protected under FERPA, HIPAA, or other laws or regulations.

5. While students may respectfully disagree with the University actions, policies or leadership decisions, they may not attack personally or post material that is obscene, defamatory, discriminatory, harassing, libelous or threatening with regard to the University, employees of the University or any affiliates of the University.

6. All University of Denver social media accounts must be registered with University Communications and follow University of Denver brand guidelines.

Please consult with Human Resources if there are any questions about the appropriateness of publishing information relating to the University, its faculty, staff or any affiliates.

5. Students du email addresses are posted on the departmental website and the university website. Students are encouraged to keep a separate personal account (perhaps on gmail as many do), so that clients can contact them via email, yet you retain some privacy. If you forward the account (which you’ll probably want to do), you’ll need to remember which account you would want to respond to email from clients.

6. If a student have been convicted of a felony or are convicted of a felony while in training, they 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 and Activities Outside the Program**

1) Students engage in many activities not officially part of the training program. Many are personal and not of interest to the program. Often students are asked to participate in activities due to their specialized training and interests, either as volunteers and consultants or as paid staff for an agency, institution, business, or program. Students may seek such opportunities to gain experience, to fulfill personal interests or for income. The Clinical Child Psychology Program makes no a priori restrictions on the nature or number of these outside activities, except as covered by its Ethical Principles requirements. The program faculty assumes students will use sound judgment in deciding to participate in which outside activities and not misrepresent their credentials or involvement of the program in such activities.

2) Although some employment or activity opportunities can clearly enhance a student’s training experience, others are far less valuable from a training standpoint. Before accepting a job or volunteer position, students should consider whether it will provide a useful training experience that is consistent with their professional goals.

3) Students are strongly urged to discuss their plans for outside employment/activities with their advisor before making definite plans and commitments. Often it is difficult to judge how much a student can work outside the program while still making adequate progress within the program. Advisors can help to decide which course of action, all things considered, is optimal for training.

3) All students are required to be fulltime students in their preinternship years; in fact, the program does not allow a student to be part-time. Students must inform the Program Director each quarter of any
outside activities (related or not) which entails 10 hours or more of work/activity. Such activities could raise questions about whether the student is a fulltime student.

4) What students do outside of the Program reflects on the Program whether one wants it to or not. Thus, it is the student’s 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 program-related duties as well as non-program employment or activities. Students should be aware that any violations of statutes and ethical guidelines could affect their status in the program and later license eligibility status. If there is any ambiguity, students should seek advice from the DCT about whether the work is appropriate to do without having the credentials of a psychologist.

5) Students are also responsible for informing those associated with the outside activities that their work is unrelated to their university affiliation and insure that no public claim of a relationship is permitted.

6) 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.

7) After completing their internships, students may need to take a paid position for financial position. It is important to remember, however, that there is an 8 year limit for completing all requirements, and taking such a position—especially a fulltime position—may jeopardize one’s ability to complete all requirement and may ultimately prove to be unwise financially as well.

Disabilities

1. If a student has a disability/medical issue protected under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act and need to request accommodations, please make an appointment with the Disability Services Program (DSP); 303.871.2372/2278/7432; located on the 4th floor of Ruffatto Hall; 1999 E. Evans Ave. Information is also available online at http://www.du.edu/disability.dp. See the Handbook for Students with Disabilities.

2. Often accommodations are done at the individual course level. Because the Ph.D. in psychology involves a systematic and sequential program of training, accommodations can be also considered from an overall programmatic perspective. If a student is requesting this kind of accommodation, they should follow the procedure described in the prior paragraph and then contact the Director of Clinical Training. Accommodations are rarely granted on a retroactive basis.

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

Students cannot present herself as a psychologist or offer psychological services until they have received a Ph.D. and become licensed (or are being supervised for licensure). They cannot present themselves 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 by their classmates to serve on the Clinical Area Committee.

2. Students do not participate in decisions regarding student evaluations, support decisions or similar issues involving specific students.

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

4. Students provide input in curricular decisions, but the faculty ultimately determines the curriculum and requirements.

**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 NRSAs, individual APA Minority Fellowships, or other fellowships/grants described in this handbook. 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 LRPs target researchers who are or will be conducting nonprofit biomedical or behavioral research, and the application cycle opens September 1. The five extramural LRPs 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.
PSYC 4999: Independent Study: Supervision/Consultation

1. All clinical students do a 1-credit hour Independent Study on Supervision and Consultation sometime during their 3rd or 4th year. The instructor should be the faculty member who is supervising the supervision/consultation experience. If the experience is on an outside placement, the DCT will assign a DU clinical faculty member to evaluate the student’s performance.

2. Students are required to indicate in writing that they have read all the attached articles/chapters.

3. All students complete at least 1 experiential supervision and 1 consultation activity before going on internship (potential options are listed below). Area approval of the experiential components is required. Students should submit a proposal to the area, which delineates the experiences, including detailed information about the nature and extent of the supervision/consultation. It is strongly recommended that this proposal be submitted prior to carrying out the experiences.

4. To demonstrate their competency, students will write: a) case summary of their consultation experiences that demonstrates how the approaches to consultation and consultation skills gained from the readings were integrated into their experiential activity, b) case summary of their supervision experiences that demonstrates how the approaches to supervision and supervision skills gained from the readings were integrated into their experiential activity.

5. Consultation and supervision experiences may take place in different contexts at different times. In these cases, students should register for the course at the time of the second experience, but no later than their fourth year.

Course Readings


Current Options for Supervision or Consultation Experiences

- Neuropsych or CFC assessment team students can go to a school to participate during an IEP conference and/or to work with a client’s teacher on implementing a behavior management program.
- Students who have completed the CFC assessment team can supervise some parts of the CFC assessment process with a newer student (e.g., review DVDs and give feedback; revise first draft of assessment report, etc.).
- The Assessment course TAs (i.e. Cognitive Assessment and Psychosocial Assessment) can supervise practice assessments that students conduct during their assessment classes.
- Advanced students working on the Twin Project, GEM project, and other research studies can supervise junior students by training and supervising them to administer assessments (e.g., diagnostic interviews).

Other Options that Could Count for Supervision or Consultation with Slight Tweaking

- The advanced CAs in the CFC and the Neuropsychology clinic can supervise clinical work by junior students in those clinics.
- The advanced neuropsychology assessment students can supervise incoming neuropsych assessment students in a more formal way than they are currently doing.
- The advanced couples therapist can provide some formal supervision for the junior couples therapist with whom they are conducting co-therapy.
- The advanced student-therapists who are graduating from the CFC can do some formal supervision and co-therapy with junior student-therapists if they need to transfer their clients to a new therapist as they graduate from the CFC.
- Advanced student-therapists are paired with junior CFC student-therapists and work together with a family (e.g., parents who need PMT and their kid who also needs to learn emotion regulation skills). The advanced student does some formal supervision of the junior therapist, and both student-therapists then meet together with the faculty supervisor in a single supervision slot.
- Advanced student-therapists supervise a junior student-therapist who is administering a manual-based protocol that they have already used with a client. Both students meet with a faculty supervisor once every 3 weeks.
- Students can go to schools to do teacher trainings in behavior management techniques.
- Students could conduct a workshop or seminar for other students on a clinical skill they have expertise in (e.g. TBCBT).
- A graduate student therapist could serve as a case consultant on a case presentation in which another student presents relevant details of his/her case to other graduate students. The consultant would make her comments and facilitates a consultative discussion.
- A graduate student could provide supervision to a senior, undergraduate student who is completing the Field Experiences class and its associated clinical internship.
- On externship, a student could engage in supervision on more junior trainees.

If the student would like to develop one of these options into the supervision/consultation experience,
they should petition the area. If it is approved, the option will be added to the course list.

**Academic Honesty**
You are expected to abide by DU’s academic honor code ([http://www.du.edu/studentlife/ccs/sanctions.html](http://www.du.edu/studentlife/ccs/sanctions.html)). All work you submit should be entirely your own and produced exclusively for this course. The use of sources (ideas, quotations, paraphrases) must be properly acknowledged and documented. Violations will be taken seriously and may result in course failure. For the consequences of academic dishonesty, refer to the University of Denver website on Citizenship and Community Standards ([http://www.du.edu/studentlife/ccs/sanctions.html](http://www.du.edu/studentlife/ccs/sanctions.html)). If you are in doubt regarding any aspect of these issues as they pertain to this course, please consult with the instructor before you complete any relevant requirements of the course.

**Students with Disabilities**
If you have a disability and anticipate needing accommodations in this course, please make arrangements to meet with the instructor near the beginning of the quarter. Please contact University Disability Services at 303-871-2372 or via [http://www.du.edu/studentlife/disability/index.html](http://www.du.edu/studentlife/disability/index.html) for the Learning Effectiveness Program (LEP) and/or the Disability Services Program (DSP)