

**GUIDE TO THE UNIVERSITY OF OREGON
CLINICAL PSYCHOLOGY DOCTORAL PROGRAM**

A Companion to the Doctoral Student Handbook



UNIVERSITY
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Clinical Psychology Doctoral Program Overview

The Clinical Psychology Program at the University of Oregon has a strong tradition of clinical science research training on topics of relevance to both theory and practice of psychology. Accredited by the American Psychological Association, 750 First Street NE, Washington DC 20002-4242, 202-336-5979, since 1958, the program has graduated over 200 doctorates in clinical psychology. The program has been a member of the Academy of Psychological Clinical Science since the Academy's beginnings in 1995 and was accredited by the Psychological Clinical Science Accreditation System in 2013.

The objective of our program is to educate and train clinical psychologists to expand the scientific understanding of psychological problems and their treatment. The program's philosophy is based on the clinical scientist model. As such, research and clinical training provide a matrix of information essential for posing meaningful research questions designed to develop a better understanding of human behavior. The particular emphasis of the program is research on the causes, correlates, and consequences of psychopathology and human distress, and the use of such knowledge to develop informed and effective interventions. While experiences in interventions and prevention constitute an important element of the training mission at Oregon, these experiences serve primarily to inform the student's understanding of the basic psychological problems and to inform his or her research on the topic. The program is not designed for students whose primary goals are in clinical service, and such students are not likely to find the program to be satisfying in terms of the philosophy embraced or the breadth of clinical training offered.

A guiding principle of the Clinical Psychology Program is that the graduate experience be relatively flexible to permit a program of study tailored to the individual's interests. Most simply viewed, the training comprises four stages:

The first stage corresponds with the first year in which students complete an intensive year of coursework, and their First Year Project (for which they receive their master's degree). These experiences are designed to provide foundational skills necessary for the research and clinical training they will receive during the remainder of the program.

The second stage, which corresponds with years 2 and 3, focuses on extending students' research breadth and depth. Students will immerse themselves in their area of research that culminates in the Major Preliminary Exam, while also expanding their research knowledge by completing the Supporting Area Requirement. Students should also prepare and submit their First Year Project for publication during this time and begin work on other manuscripts that will be submitted for publication. Clinically, by the end of their third year, students will have completed two years of departmental practicum.

The third stage, typically completed in years 4-5, is dedicated primarily to the student's dissertation research, which culminates in their Doctoral Dissertation. Students work with their advisor and other faculty and students with whom they are collaborating to prepare and submit additional manuscripts for publication during this time (both as first and secondary author). In addition, students continue to participate in practicum training during this time, including the departmental practicum as well as external practica (which provide supplemental training in areas of interest such as addictions treatment, psychological assessment, and family-based interventions).

The fourth stage is the student's completion of an APA-approved clinical internship.

The formal requirements are minimized to maximize time for developing close working relationships with one's advisor and other faculty, and for establishing one's own scholarly specialty and research program. Overall, the program of training is designed to facilitate (1) the acquisition of comprehensive knowledge about psychology as a science; (2) the integration of issues and matters of specific relevance to clinical psychology; and (3) the pursuit of research questions within the student's designated area of expertise from a broad perspective informed by theory, empirical research, and clinical involvement.

This handbook emphasizes the requirements and procedures unique to doctoral training in clinical psychology, and is intended to supplement the *Doctoral Student Handbook*, which describes the general rules and requirements of the doctoral graduate program in Psychology at the University of Oregon.

In addition, a separate document, the *Clinical Practicum Guide*, contains information about clinical training requirements and protocols for the University of Oregon Clinical Psychology Doctoral Program.

The purpose of this handbook is to clarify the content of the Clinical Psychology Program, as well as to provide the rationale for its structure and content. Also included is information on other matters of potential interest (e.g., sources of financial support, program governance, etc.). This information is intended to clarify the pathway to completion of the doctoral training in the Oregon program.

A checklist of the requirements for the clinical program, which should be used for Annual Student Review Meetings, is contained in Appendix A.

In addition to grades in their courses, students in the clinical program receive ratings regarding core competencies when completing program requirements such as core courses, clinical practica, first year project, supporting area and prelims. These ratings are part of the APA accreditation process for the Clinical Program and allow the clinical faculty to insure that students meet minimum qualifications in key areas (See Appendix B).

DESCRIPTION OF PROGRESS THROUGH THE CLINICAL PSYCHOLOGY DOCTORAL PROGRAM AND REQUIREMENTS

The following information lays out the timeline for completion of coursework, practicum experiences, and other requirements students will accomplish during their graduate training.

***PLEASE NOTE:** Prior to commencing their enrollment, all students are required to submit a state and nationwide criminal background check (See Appendix C). Prior to enrollment in practica, evidence of immunizations and required trainings (See Appendix D).

FIRST YEAR REQUIREMENTS

In the first year, students are primarily focused on completing required coursework and their first year research project, the write-up of which serves as the master's degree thesis (see Doctoral Student Handbook for details about the first year project). The first year clinical science course sequence is designed to provide students with the foundational skills they will need to begin seeing clients in practica in their second year of training and beyond. Student do not participate in clinical practica in their first year.

Coursework

Fall

Data Analysis I
Ethics
First Year Res Prac
Sem Clinical Brownbag
Research credits
Psychopathology

Winter

Data Analysis II
Intervention Science
First Year Res Ethics
Sem Clinical Brownbag
Research credits
Departmental Core Course

Spring

Data Analysis III
Assessment & Diagnosis
First Year Res Prac
Sem Clinical Brownbag
Research credits
Departmental Core Course

Description of Courses

The coursework for the first year involves intensive exposure to many facets of psychology as a science in general, as well as to clinical psychology as a specialty field within psychology. This provides much of the breadth necessary for the student's background as a psychologist, and is in accord with the APA guidelines for accredited training in clinical psychology.

Clinical Science Sequence (Psy 610: Ethics, Intervention Science, Assessment and Diagnosis) is a 3-course sequence for clinical psychology students only, designed to introduce students to the theories, methods, and ethics of clinical assessment, diagnosis, and intervention. It is designed to meet APA requirements in a number of domains. The sequence, which is team taught by the clinical faculty, will provide students a common foundation of understanding and experience with diverse clinical methods used in contemporary clinical psychology research and practice. As such, completion of this sequence is required prior to students participating in clinical practica in their second year and beyond.

Psychopathology (Psy 620) is an APA requirement for clinical students. This course explores theories of psychopathology and diagnostic criteria of various disorders. Taking this core course meets one of the departmental core course requirements and fulfills a clinical requirement.

Clinical Psychology Seminar (Brownbag) (Psy 607) provides an opportunity for all clinical students and faculty to meet together to discuss issues related to professional development, current topics in clinic science, and clinical skill development. The agenda for the series is organized by the Director of Clinical Training. This seminar is required of all clinical students in all terms during the first three years in the program.

Data Analysis I, II, III (Psy 611, 612, 613) is a 3-course sequence for all psychology doctoral students that provides students with a solid grounding in theory and methods of statistical analyses appropriate for research questions in psychology.

Psychology Doctoral Program Core Courses. All clinical students are required to take four out of the five core courses. The five courses will be assigned to two qualitative groups (Group A: Systems Neuroscience and Cognitive Neuroscience; Group B: Social/Personality, Developmental, and Psychopathology*). For clinical students, one course from Group A and all three courses from Group B must be taken to fulfill this requirement. To remain in good standing in the program, at least two of the four required core courses must be completed by the end of spring term of their first year. The third and fourth core courses must be completed by the spring of their second year.

*Because Psychopathology is offered as a departmental Core course, it can meet two requirements.

First Year Res Prac/Ethics (Psy 607) is a 3 term sequence designed to educate all psychology doctoral students around research theory and ethics. This course will assist students toward completion of their first year projects.

Research Credits (Psy 601) accounts for the research activity students will engage in for the completion of their first year projects. The students' advisor serves as the instructor for this credit.

Note: All required clinical courses must be taken for a grade, not Pass/No Pass. A minimum grade of "B–" is required for satisfactory performance.

Some students entering the program may have a masters or completed graduate coursework relevant to the University of Oregon Psychology program. When relevant, these students may, with approval of their primary mentor, fill out a petition to waive coursework, which must be approved by the DCT.

In addition to coursework, students in their first year will receive tuition and a financial stipend through a Graduate Employee (GE) position as either a Teaching or Research Assistant.

Summer between years 1 and 2

Students will continue working on their First Year Project. Some students will also have a summer GE assignment.

REQUIREMENTS TO ADVANCE TO CANDIDACY (YEARS 2-3)

The second and third years continue to be devoted to fulfilling required coursework, beginning to participate in clinical practicum training, and continuing research activities. Owing to the likelihood that not all departmental and clinical required courses will be offered each year, students will have to alternate taking required courses with electives as the schedule permits during years 2-3. A prototypic coursework schedule for 2nd and 3rd years are listed below.

TYPICAL 2nd year

Fall

History & Systems
Practicum
Sem Clinical Brownbag
Research credits

Winter

Cultural Diversity
Departmental Core Course
Practicum
Sem Clinical Brownbag
Research credits

Spring

Psychobiology
Practicum
Sem Clinical Brownbag
Research credits

Additional progress: Form Supporting Area committee; begin preparation for completion of Preliminary Requirement

TYPICAL 3rd year

Fall

Clinical Core Course
Practicum
Sem Clinical Brownbag
Research credits

Winter

Clinical Core Course
Supervision & Consult
Practicum
Sem Clinical Brownbag
Research credits

Spring

Clinical Core Course
Practicum
Sem Clinical Brownbag
Research credits

Additional progress: Complete Preliminary Requirement; complete Supporting Area Project requirement; form Dissertation Committee

Coursework

To advance to candidacy, students must complete all clinical and departmental program requirements (except dissertation and internship). There are typically 4 remaining clinical psychology classes after the first year course sequence is completed. These are:

Clinical Psychobiology (PSY 621) surveys understanding of contemporary central nervous system neuroanatomy, neurophysiology, and neurochemistry and its implications for understanding major mental disorders and emotional functioning.

Cultural Diversity (PSY 610) provides students with an understanding of theory, research and practice with respect to diversity as it applies to assessment, diagnosis, and treatment.

History & Systems (PSY 610) provides a history of psychology as a scientific discipline and is an APA requirement for clinical students.

Supervision & Consultation (PSY 610) introduces theoretical models of supervision and consultation and provides students with practice supervisory experience. This course is reserved for students in their 3rd year and beyond.

In addition, during years 2 & 3 and prior to advancing to candidacy, it is necessary for students to complete the requirements for Psychology Doctoral Program (description listed under first year requirements).

Additionally, 2nd and 3rd year students will enroll in Clinical Psychology Seminar (Brownbag) each term.

Elective classes. Students should consult with their mentors about enrolling in additional optional courses to facilitate the completion of their Supporting Area Project. Taking additional courses can be excellent ways of advancing other skills and areas of expertise (ex. statistical modeling classes).

Students should refer to the Doctoral Student Handbook on the steps and timeline during years 2 and 3 for completing the supporting area project and preliminary exam.

In summary, by October 15th of fourth year, students should have achieved these milestones:

1. Completion of Major Preliminary Examination.
2. Completion of Supporting Area requirement.
3. Formation of Doctoral Dissertation Committee and proposal preparation.

Practicum Training

Also in the second year, students will initiate participation in internal practicum (see Practicum Guide). Students will continue to enroll in internal practicum in years 3 and 4.

In years 3 and 4, students also may enroll in external practicum and should consult with their advisor and other clinical faculty about choosing external practica options. In order to take an outside practicum, the student and the externship supervisor must complete forms (see Appendix E) detailing (1) how the outside practicum fits with the student's overall training objectives; (2) the specific clinical activities in which the student will be engaged; (3) the nature of the supervision the student will receive (i.e., type of supervision, frequency and duration of supervision, qualification of supervisor); and (4) the procedures for feedback and evaluation (including evaluative communications between student and supervisor, between supervisor and the clinical program, and between the student and the clinical program). This proposal must be submitted to the Director of Clinical Training. Please be aware that any practicum placement outside of the departmental practica must be approved by the DCT, regardless of whether or not it is being taken for credit.

Before starting an outside practicum, please be sure to review Appendix D regarding required Immunizations, Screenings, Trainings, and Insurance & Liability Coverage.

Professional and general liability insurance for external practica: Prior to beginning to work in an external practicum, students must submit proof to the DCT of liability coverage. Student therapist insurance can be obtained through the APA Insurance Trust at

<http://www.trustinsurance.com/products/studentliability/>.

Summer between years 2 and 3; 3 and 4

Students can use summers to advance their progress on their SAP, preliminary exam, dissertation work, other research activities, and accruing additional clinical hours. Students may also have a GE assignment.

DOCTORAL DISSERTATION WORK (YEARS 4-5)

In years 4 and 5, students will complete any remaining coursework (although typically all coursework is completed prior to year 4), and continue with practicum experiences to accrue hours for internship. Typically, students are encouraged to enroll for 16 credits, comprised of any remaining required classes, elective classes, practicum credits, and research/dissertation credits. The major milestone during these years is the completion of the dissertation.

Dissertation

Clinical students must have an approved dissertation proposal prior to applying to internship. In order for a proposal to be approved, students are required to have:

- 1) A written proposal
This document must include the background and significance, the method, and the plan for data analysis.
- 2) A meeting of all committee members.
A meeting attended by the student and all committee members must be held to discuss the proposal. At the end of the meeting, a decision will be made regarding the proposal. The decision may be one of the following:
 - 1) approved as is; 2) approved with specified changes; or 3) not approved because it requires sufficient reworking to necessitate another meeting.
- 3) Signed dissertation proposal approval form (available from the department secretary). A dissertation proposal approval form must be signed by the student and each committee member. In essence, this serves as a contract as to what everyone has agreed will constitute the student's dissertation.

STUDENTS SHOULD HAVE COMPLETED THEIR DISSERTATION PRIOR TO BEGINNING THEIR INTERNSHIP YEAR. ONLY IN THE RAREST INSTANCES, AND WITH A CLEAR TIMELINE IN PLACE FOR COMPLETION, SHOULD STUDENTS LEAVE FOR INTERNSHIP WITHOUT A COMPLETED DISSERTATION.

Other activities

Preparing for and applying to clinical internships. Students should begin surveying information on clinical internships during the summer prior to the internship application process. The applications for internship are due as early as the end of October in the Fall Term, and the process of applying can require a good deal of time. Additionally, students must have their dissertation proposal approved prior to November 1 of the year they are applying for internship. Students should also arrange to have the appropriate letters of recommendation sent. It is advisable for the student to assemble packets of information pertaining to the (1) requirements met for the program; (2) the practica taken; (3) assessment experiences; and (4) other information of potential relevance (e.g., specialization interests) for all the faculty providing recommendations.

Summer between years 4 and 5

Students can use this summer to make significant progress on their dissertation work. Students should also begin researching internship sites and familiarizing themselves with the internship application process and requirements.

CLINICAL INTERNSHIP (YEAR 6)

Completion of a clinical internship is the final stage of the program. Specifically, all students are required to spend a minimum of one-year on clinical internship (approximately 2000 hours). The type of the internship selected should be based upon the student's research and clinical specialty (e.g., child or adult; particular types of psychopathology; neuropsychology specialty). While it is advantageous to obtain an APA accredited internship, there may be circumstances that necessitate a student completing a non-accredited internship. Students should consult with their mentors and DCT about this decision. Students must petition to go to a non-accredited internship.

The internship must be completed before the Ph.D. degree is awarded. If the student has not yet finished the dissertation, it should be completed during this year. Students on internship need to familiarize themselves with the UO registration policy for internship year (Appendix H).

CLINICAL PROGRAM GENERAL INFORMATION

Clinical Program Governance

Governance of the Clinical Program is overseen by the Clinical Faculty. This is true even in instances in which a student has a non-clinical faculty member as a primary advisor (see Appendix F).

A clinical student representative is elected yearly at the beginning of Fall Quarter by the clinical students, and actively participates in all Clinical Faculty meetings (with the exception of yearly student evaluations). Whenever important program changes are considered, feedback and input are sought from current students via the student representative. While responsibility for the program ultimately rests with the DCT and Clinical Faculty, the system is designed to be open for student awareness and sensitive to student input.

The Clinical Faculty will conduct an annual review of all clinical students' progress at the end of the academic year. The Director of Clinical Training will write a letter to each student detailing their accomplishments and areas for improvement, if any. A copy of the letter will be given to the Graduate Secretary to be placed in the student's file.

Clinical Psychology Doctoral Student Ethical Guidelines

All students in the clinical doctoral program must adhere to the APA Guidelines for Ethical Behavior, as well as to the program's ethical guidelines (contained in Appendix G)

Program and Professional Participation

In addition to program requirements, students are encouraged to participate in the various activities of the Clinical Program and the Department. There are a variety of such experiences offered throughout the year, including formal colloquia, informal research talks by Department or Visiting faculty, job candidate colloquia, and other specialty interest study groups. These are very useful ways to learn about the process of doing research, from the early phases of developing an idea and formalizing it through the final phases of public communication.

Psychology as a science and as a profession is in a continuing state of development. Although basic training at Oregon encompasses many of the major issues and themes in the field, there is a wide range of topics that can only be touched upon given the unavoidable limitations of faculty size and community resources. Students are encouraged to become aware of the broader issues involving the field through a variety of means. Most obvious is that students attempt to keep abreast of major scientific developments through the scholarly journals of psychology and related disciplines that bear upon their particular research issues. More generally, there are a number of publications, particularly by the American Psychological Association, that pertain to current issues in psychology (e.g., the *APA Monitor*; *APA Standards for Providers of Psychological Services*; *APA Standards for Educational and Psychological Testing*; *APA Ethical Principles*; *APS Bulletin*).

A number of professional associations hold annual meetings where research findings are communicated, and other important professional activities take place (e.g., symposia, workshops, and other continuing education activities). In addition to absorbing the most recent information on topics of interest, student can gain valuable experiences in presenting findings from their own projects. Again,

there are a variety of such organizations, ranging from the large annual APA and APS conventions, to more specialized meetings (e.g., Society for Research in Psychopathology; Society for Research in Child Development). There are limited funds in the Department and the Graduate School to help support students involvement with such activities.

Teaching

Although not required, teaching experience is strongly recommended for all students. The major goal of the program is to train research scholars. Additionally, virtually any setting a student may eventually work in entails some form of teaching, so preparation in effective communication skills pertaining to technical and substantive matters is an important adjunct to the core training. There are a variety of opportunities available, and the Department attempts to rotate support for students through teaching assistantships and fellowships.

Work Outside of the Department of Psychology

Because Clinical Psychology is a profession as well as an academic program, the Clinical Faculty is responsible to the public and the profession of psychology to ensure that students demonstrate responsible professional behavior. Consequently, students may not engage in work of a psychological nature (e.g., psychotherapy or counseling, testing, teaching psychology, or research) without prior approval of the DCT. This includes any part-time or full time position of a psychological nature until the doctorate is awarded.

Students must not portray themselves to the public as psychologists or as someone offering psychological services; they must work only under appropriate supervision. Supervision outside of the Clinical Program must comply with Oregon licensing law and be by a licensed psychologist, or by an arrangement for dual supervision involving a licensed psychologist.

Clinical Program Student Grievance Procedures

Most problems that arise are handled readily in discussions between the involved parties. Occasionally, however, this may not be the best vehicle for handling a grievance. When more serious problems arise, students should not hesitate to pursue more structured appeal procedures (as outlined below).

In terms of handling more minor matters, the grievance should first be addressed within the Department. If the problem concerns matters specific to the Clinical Program (e.g., clinical courses, instructors, or activities), the student should consult with the faculty member most closely involved first, then the Director of Clinical Training. If the problem is with nonclinical matters in the Department (e.g., general teaching, research), the student should consult with the faculty member most closely involved, the Director of Clinical Training, Chair of Graduate Education Committee, or the Department Head. If the student remains unsatisfied, he or she may contact the Graduate School for further information on official University grievance procedures. If the matter pertains to teaching assistantships, grievance steps are stipulated in the Graduate Teaching Fellows Federation (GTFF) union contract with the University. Other information can be obtained from the Office of Student Advocacy.

Information for Students with Prior Graduate Coursework and University of Oregon Coursework Substitutions

Master's Degree credit is determined by the Department (via the student's 3 member advising committee and the Graduate Education Committee). The basis for this determination is that the student has completed a research thesis based upon empirical data which meets Departmental standards for scholarly content and ethical guidelines. If this is successfully negotiated, the First Year Research Practicum can be waived.

Waivers of other course requirements should be discussed with the Director of Clinical Training. Students should prepare a short statement requesting the waiver and evidence of equivalent coverage. Information essential for determining the applicability of the prior coursework includes course syllabi, reading materials used, assignments, grading system, and overall level of sophistication of the course structure and content. Most often, the faculty member teaching the particular course in the Department also will judge the suitability of the prior course for the objectives of the Departmental or Clinical Program requirement. For all waivers of Departmental requirements, the Graduate Education Committee must make a final approval; for all waivers of Clinical Program requirements, the Clinical Faculty must make a final approval. Petitions for waivers must be submitted in writing, with places for endorsement by the Director of Clinical Training, by the person in charge of the course requested to be waived, and by the person from the appropriate final decision committee (i.e., the Director of the Clinical Program or the Chair of the Graduate Education Committee). The waiver must be included in the student's file.

On other occasions, a student might elect to take courses elsewhere in the University that have obvious relevance for required clinical courses (e.g., an assessment or therapy course offered by another department). Under these conditions, the student should petition the clinical faculty to formally approve the substitution and it should be entered into his or her file.

Further Information

Information on current issues involving licensure and mental health legislation nationally is available in the *APA Monitor*, and statewide in *The Oregon Psychologist*. More specific information on licensure in Oregon can be obtained from the Board of Psychological Examiners, 695 Summer Street, NE, Salem, OR 97310.

Information pertaining to APA accreditation of the clinical psychology program by the Commission on Accreditation of the American Psychological Association can be obtained from the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242 (telephone: 202-336-5979).

Information pertaining to Psychological Clinical Science Accreditation System accreditation of the clinical psychology program can be obtained from PCSAS, 1101 East Tenth Street, IU Psychology Building, Bloomington, IN 47405-7007 or from their website at www.pcsas.org.

The Graduate Secretary has on file a number of other brochures and forms concerning various aspects of the department, procedures, and special circumstances. These are listed in an appendix of *The Doctoral Student Handbook*. There is also a *Manual of Clinic Procedures*, which all students should consult; it is available from the Clinic Director.

APPENDIX A - Clinical Ph.D. Checklist (for use in Annual Student Review Meetings)

First year committee*: 1) _____ 2) _____ 3) _____
 Advising committee*: 1) _____ 2) _____ 3) _____

First year required courses

	Grade		Grade
Data Analysis I (611)	_____	1 st Year Res Prac F,W,S	_____
Data Analysis II (612)	_____	Clin Brownbag (1 st yr) F,W,S	_____
Data Analysis III (613)	_____		
Core Course I _____	_____	Intervention Science	_____
Core Course II _____	_____	Clinical Ethics	_____
Core Course III _____	_____	Assessment and Diagnosis	_____
Core Course IV _____	_____		

First year project:

Title _____
 Oral presentation (date): _____ Written report completed (date): _____

Second year and beyond courses and practica

	Grade	Term/Year
Psychopathology (Core Course) (620)	_____	_____
Clinical Psychobiology (621)	_____	_____
Cultural Diversity (610)	_____	_____
History and Systems (PSY 610)	_____	_____
Supervision and Consultation (610)	_____	_____
Other _____	_____	_____
Other _____	_____	_____

	Academic Year	Int Hours to Date	Assmt Hrs to Date
Clinic Prac (609) F,W,S (Year 2)	_____	_____	_____
Clinical Prac (609) F,W, S (Year 3)	_____	_____	_____
Clinical Prac (609) F,W, S (Year 4)	_____	_____	_____
External Practicum _____	_____	_____	_____
External Practicum _____	_____	_____	_____
External Practicum _____	_____	_____	_____
External Practicum _____	_____	_____	_____
Clinical Brownbag (2 nd year) F,W,S	_____		
Clinical Brownbag (3 rd year) F,W,S	_____		

Supporting Area: (Deadline*)**

Committee: 1) _____ 2) _____ 3) _____

Optional Courses:

1) _____ Term/Year _____

2) _____ Term/Year _____

Project: _____

Prelims (Deadline*)**

Committee**: 1) _____ 2) _____ 3) _____

Paper option: Title: _____ Date: _____

Exam option (date of exam): _____

Advancement to Candidacy (date): _____**Dissertation:**

Committee*: 1) _____ 2) _____ 3) _____ 4) _____

Title: _____

Proposal Approved (date): _____ (must be approved prior to internship application)

Defense (date): _____

Internship:

Site: _____ Dates: _____

* At least one must be clinical faculty member

** At least two must be clinical faculty member

*** Either the Supporting Area or the Prelim Exam must be completed by May 15th of the third year with the remaining requirement completed by October 15th of the fourth year.

Appendix B: Assessment of Student Competencies (required by APA)

Policy: In compliance with the APA Committee on Accreditation requirement for clinical psychology doctoral programs to gather objective ratings of students in areas of competency deemed necessary for training as a clinical psychologist, students will be rated in 9 profession-wide competencies: Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional values, attitudes, and behaviors; Communication and Interpersonal Skills; Assessment; Intervention; Supervision; and, Consultation and Interprofessional/Interdisciplinary Skills.

The rating forms for each of these competency areas follow. The policy for ratings is that, if a student receives a rating of 1 or 2 on any objective on any form the student and his/her primary advisor (an when appropriate, the practicum supervisor) will make a formal written plan with respect to the activities that the student will engage in to achieve a rating of 3 or higher on this objective. This written plan will be signed by the advisor, the student, and the DCT, and placed in the student's file.

Assessment of Clinical Trainee Clinical Science Research Competencies

Date: _____ Student: _____ Year in doctoral program: _____

Check one: First-Year Project _____ Supporting Area _____ Preliminary Exam _____

Rater (chair of committee): _____

Goal: Clinical psychology graduate students will display competency in clinical science research, defined as a psychological science directed at the promotion of adaptive functioning; the assessment, understanding, amelioration, and the prevention of human problems of behavior, affect, cognition or health.

Please rate the clinical student's performance in the research competencies listed below, taking into account her/his developmental level in the program. Note: Ratings of 2 or 1 require an explanation and a remediation plan that is agreed upon by the student, his/her advisor, and the DCT.

- 1 = Inadequate Performance
- 2 = Marginal Performance
- 3 = Good Performance
- 4 = Very Good Performance
- 5 = Outstanding Performance
- N= No basis for Rating

1. Ability to formulate a research question and related hypotheses based on research

literature (e.g., is the research question (a) answerable, (b) relevant to society, and (c) useful to the field and/or society? Reflect a conceptual argument (rather than just an annotated bibliography), and does it suggest a mechanism or process (rather than just a descriptive association)? Does the conceptual argument shape into a hypothesis? Is an operational prediction provided in the methods? Are operational definitions of constructs provided so they can be measured?)

1 2 3 4 5 N

Comments:

2. Demonstration of familiarity with and the ability to synopsze research literature (e.g., is literature reviewed current while also recognizing appropriate history of the idea and what has already been known and done? Are appropriate data bases searched to answer relevant questions?)

1 2 3 4 5 N

Comments:

- 3. Ability to apply relevant research design, methodology, and data analytic methods** (e.g., is measurement reliability and validity adequately reflected, appropriately justified, and alternatives considered? Is best practice in terms of measurement considered and utilized or is argument based on convenience? Are “best practices” of data analysis implemented, missing data appropriately handled and covariates appropriately selected? Are non-independent data appropriately handled? Do analyses reflect the hypotheses and predictions described in the introduction?)

1 2 3 4 5 N

Comments:

- 4. Ability to interpret data** (e.g., Are conclusions reflective of the findings? Do conclusions and discussion adequately consider related findings to which this speaks? Does discussion discuss the results rather than only other topics or studies? Are limitations appropriately considered?)

1 2 3 4 5 N

Comments:

- 5. Shows integrative knowledge of basic discipline specific content areas** (e.g., Integration of knowledge across two or more of the following domains; affective, biological, cognitive, developmental, and/or social aspects of behavior?)

1 2 3 4 5 N

Comments:

Rater's Signature _____ Date _____

Assessment of Clinical Trainee Evidence-Based Treatment Competencies

Date: _____

Clinical Trainee: _____

Yr. Level in doctoral program: ____

Supervisor: _____

Yr. in practicum ____

Type of Client(s) [Circle all that apply]: Adolescent; Adult; Couple; Group

Mode of Supervision [Circle all that apply]: Individual; Group; Co-therapy; Live supervision; Review of session audiotapes/ videotapes.

Please rate the Clinical Trainee’s performance in the competencies listed below, taking into account her/his developmental level in the program (e.g., 2nd yr, 3rd yr, or pre-internship). *If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.*

- 1 = **Inadequate Performance** (Consistently below expectations)
- 2 = **Marginal Performance** (Meets expectations at times, but not consistently)
- 3 = **Good Performance** (Consistently meets expectations)
- 4 = **Very Good Performance** (Exceeds expectations at times)
- 5 = **Outstanding Performance** (Exceeds expectations consistently)
- N= **No basis for Rating**

1. General Professional Behavior (e.g., professional demeanor & attire, interactions with peers/staff/supervisors, adopts professional role with clients)

1 2 3 4 5 N

Comments:

2. Preparation (e.g., punctuality, availability, preparation for group training and supervision, reliability, organization)

1 2 3 4 5 N

Comments:

- 3. Assessment Skills** (*e.g., observational skills, interviewing skills, knowledge and use of appropriate assessment instruments, pinpointing presenting problem(s) in quantifiable and observable terms within a CBT model, knowledge of relevant diagnostic criteria, appropriate use of DSM diagnoses, effective feedback of assessment results to client*)

1 2 3 4 5 N

Comments:

- 4. Case Formulation** (*e.g., presents a conceptual model for the presenting problem(s) by identifying etiological factors and correlates, pertinent learning history, course, stressors, individual and contextual maintaining factors, contingencies/ consequences, treatment goals and expectations*)

1 2 3 4 5 N

Comments:

- 5. Treatment Planning** (*e.g., formulating treatment goals, strategies and techniques, session-to-session planning and preparation*)

1 2 3 4 5 N

Comments:

- 6. Treatment Implementation** (*e.g., explaining treatment rationale and process, ability to effectively employ treatment strategies and techniques, collaborative implementation, directing and managing a session, effective use of homework, handling problematic issues within sessions, monitoring client's progress and response to therapy/outcome in quantifiable terms*)

1 2 3 4 5 N

Comments:

7. Quality of the therapeutic relationship

(a) Collaborative Rapport

1 2 3 4 5 N

(b) Facilitative Conditions (*Warmth, Empathy, Genuineness*)

1 2 3 4 5 N

(c) Effective Listening

1 2 3 4 5 N

(d) Control of the session w/o being intrusive

1 2 3 4 5 N

(e) Tolerance of the client's negative affect

1 2 3 4 5 N

(f) Utilization of the client's negative affect to promote change

1 2 3 4 5 N

(g) Ability to recognize and make therapeutic use of own emotional reactions toward the client

1 2 3 4 5 N

(h) Ability to recognize and repair ruptures in the therapeutic alliance

1 2 3 4 5 N

Comments:

8. Knowledge of Relevant Literature (*e.g., assessment and treatment of a given disorder, knowledge of the theory and interventions associated with the treatment approach, indications and contraindications for a given treatment intervention, knowledge of clinical treatment outcome research*)

1 2 3 4 5 N

Comments:

9. Confidence and comfort with the therapist role

1 2 3 4 5 N

Comments:

- 10. Cultural and Diversity Issues** (*e.g., flexibly attends to and incorporates client's cultural/diversity context in case conceptualization, treatment planning and interventions, demonstrates awareness of own cultural context, incorporates knowledge about culture/diversity as appropriate, demonstrates respect for aspects of diversity and identity*)

1 2 3 4 5 N

Comments:

- 11. Clinical record-keeping** (*e.g., timely and accurate documentation of intake reports, case notes, termination reports, phone contacts, informed consent, releases of information, appointment record, client payments, consultations, outside letters and reports, quality assurance checklists*)

1 2 3 4 5 N

Comments:

- 12. Ethics** (*e.g., demonstrates knowledge of APA ethical guidelines, identifies potential ethical obligations and conflicts, seeks appropriate consultation for ethical dilemmas or issues, documents ethical decision making and actions in client records, awareness of own limits & boundaries, demonstrate reasonable judgment regarding ethical dilemmas/issues*)

1 2 3 4 5 N

Comments:

- 13. Does the student develop an effective working alliance with their assessment client(s)?**

1 2 3 4 5 N

Comments:

- 14. Does the student demonstrate the ability to communicate the results of an assessment orally and in writing?**

1 2 3 4 5 N

Comments:

15. Does the student administer assessment reliably and with fidelity?

1 2 3 4 5 N

Comments:

16. Does the student actively seek and utilize supervision in the assessment process?

1 2 3 4 5 N

Comments:

17. Participation in didactics.

1 2 3 4 5 N

Comments:

18. Responsiveness to Supervision (*e.g., providing audio/videotapes of sessions, openness to and acceptance of supervisory feedback, implementing supervisors' suggestions*)

1 2 3 4 5 N

Comments:

19. Rating of overall potential as a clinician.

1 2 3 4 5 N

Comments:

20. Please list all forms of Direct Observation of the student's clinical practice have formed the basis of this valuation (i.e., live or videotaped observation, feedback from other supervisors, review of clinical records, discussions in supervision, participation in meetings, and audiotape review of clinical work).

List: _____

Please list the clinical trainees' major assets.

Please list problem areas (if any) that should be attended to by next supervisor (Be as specific as possible).

Did you communicate the content of this evaluation to the clinical trainee?

Yes

No

If yes,

Trainee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Assessment of Clinical Trainee Assessment and Diagnosis Competencies

Date: _____

Clinical Trainee: _____ Rater: _____

Please rate the Clinical Trainee's performance in the assessment and diagnosis competencies listed below. *If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.*

- 1 = **Inadequate Performance** (Consistently below expectations)
- 2 = **Marginal Performance** (Meets expectations at times, but not consistently)
- 3 = **Good Performance** (Consistently meets expectations)
- 4 = **Very Good Performance** (Exceeds expectations at times)
- 5 = **Outstanding Performance** (Exceeds expectations consistently)
- N = **No basis for Rating**

1. Does the student adopt a scientific/empirical approach to client assessment

1 2 3 4 5 N

Comments:

2. Does the student know how to create an answerable assessment or diagnostic question?

1 2 3 4 5 N

Comments:

3. Does the student know how to locate and evaluate evidence-based assessment tools and practices?

1 2 3 4 5 N

Comments:

4. Does the student have an awareness of professional and ethical issues related to the practice of psychological assessment?

1 2 3 4 5 N

Comments:

5. Does the student have awareness of assessment issues with culturally diverse populations?

1 2 3 4 5 N

Comments:

Did you communicate the content of this evaluation to the clinical trainee?

Yes No

If yes,

Trainee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Assessment of Clinical Trainee Cultural Competencies

Date: _____

Clinical Trainee: _____ Yr. Level in doctoral program: ____

Instructor/Rater: _____ Yr. in practicum ____

Please rate the Clinical Trainee's performance in the competencies listed below, taking into account her/his developmental level in the program (e.g., 2nd yr, 3rd yr, or pre-internship). *If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.*

- 1 = **Inadequate Performance** (Consistently below expectations)
 2 = **Marginal Performance** (Meets expectations at times, but not consistently)
 3 = **Good Performance** (Consistently meets expectations)
 4 = **Very Good Performance** (Exceeds expectations at times)
 5 = **Outstanding Performance** (Exceeds expectations consistently)
 N= **No basis for Rating**

1. Awareness that culture is created with and within many intersecting identifying identities and social locations (including national origin, race/ethnicity, religion, sexuality/orientation, gender, ability, SES, etc.)

1 2 3 4 5 N

Comments:

2. Awareness that each person has a worldview (beliefs, attitudes, values) that is culturally conditioned and not universal. Student has skills to identify and address a lack of knowledge about certain cultures, personal biases, blind spots and thus knowledge that cultural competency includes both a stance of humility and regular, ongoing education/learning.

1 2 3 4 5 N

Comments:

3. Knowledge about how these identities and social locations are related to power and privilege and awareness that a person's experience and worldview is influenced by the intersection of each of their social locations/identifiers (including national origin, race/ethnicity, religion, sexuality/orientation, gender, ability, SES, etc.)

1 2 3 4 5 N

Comments:

4. Knowledge of how mainstream Western models of psychopathology may discriminate against and pathologize culturally appropriate responses to events/situations; Knowledge that mainstream Western models of psychopathology are culturally-specific and that there is evidence of psychopathology specific to other cultures; Knowledge that most of the existing evidence base for theory, research, and applications in clinical science is not culturally diverse.

1 2 3 4 5 N

Comments:

5. Knowledge of the evidence that culturally-adapted clinical interventions often produce better outcomes than unadapted clinical interventions.

1 2 3 4 5 N

Comments:

6. Skills in implementing multicultural approaches in theory, research, and clinical applications.

1 2 3 4 5 N

Comments:

Did you communicate the content of this evaluation to the clinical trainee?

Yes No

If yes, Trainee's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Assessment of Clinical Trainee Ethical Competencies

Date: _____

Clinical Trainee: _____ **Yr. Level in doctoral program:** ____

Instructor/Rater: _____ **Yr. in practicum** ____

Please rate the Clinical Trainee’s performance in the competencies listed below, taking into account her/his developmental level in the program (e.g., 2nd yr, 3rd yr, or pre-internship). *If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.*

- 1 = Inadequate Performance** (Consistently below expectations)
- 2 = Marginal Performance** (Meets expectations at times, but not consistently)
- 3 = Good Performance** (Consistently meets expectations)
- 4 = Very Good Performance** (Exceeds expectations at times)
- 5 = Outstanding Performance** (Exceeds expectations consistently)
- N= No basis for Rating**

1. Knowledge of the American Psychological Association’s Code of Ethical Conduct

1 2 3 4 5 N

Comments:

2. Knowledge of relevant Oregon State statutes and Federal laws governing the practice of psychology

1 2 3 4 5 N

Comments:

3. Awareness of relevant professional guidelines established by the profession

1 2 3 4 5 N

Comments:

4. Knowledge of models of ethical decision making for Psychologists

1 2 3 4 5 N

Comments:

5. Ability to apply the ethics code, state statutes, and relevant professional guidelines in discussions of issues faced by psychologists in practice, research, and teaching/training

1 2 3 4 5 N

Comments:

6. Practice ethical decision-making by applying models of decision making to hypothetical clinical and research scenarios

1 2 3 4 5 N

Comments:

Did you communicate the content of this evaluation to the clinical trainee?

Yes No

If yes, Trainee's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Assessment of Clinical Trainee Intervention Science Competencies

Date: _____

Clinical Trainee: _____ Rater: _____

Please rate the Clinical Trainee's performance in the Intervention Science competencies listed below. *If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.*

- 1 = **Inadequate Performance** (Consistently below expectations)
 2 = **Marginal Performance** (Meets expectations at times, but not consistently)
 3 = **Good Performance** (Consistently meets expectations)
 4 = **Very Good Performance** (Exceeds expectations at times)
 5 = **Outstanding Performance** (Exceeds expectations consistently)
 N = **No basis for Rating**

1. Does the student adopt a scientific/empirical approach to intervention?

1 2 3 4 5 N

Comments:

2. Does the student know how to formulate and treatment plan using evidence from the scientific literature?

1 2 3 4 5 N

Comments:

3. Does the student know how to locate and evaluate evidence-based intervention approaches?

1 2 3 4 5 N

Comments:

4. Does the student have an awareness of professional and ethical issues related to the practice of psychological intervention?

1 2 3 4 5 N

Comments:

5. Does the student have awareness of intervention and treatment issues with culturally diverse populations?

1 2 3 4 5 N

Comments:

Did you communicate the content of this evaluation to the clinical trainee?

Yes No

If yes,

Trainee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

**Assessment of Clinical Trainee
Supervision and Consultation Competencies**

Date: _____

Clinical Trainee: _____ **Rater:** _____

Please rate the Clinical Trainee’s performance in supervision and consultation competencies listed below. *If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.*

- 1 = **Inadequate Performance** (Consistently below expectations)
- 2 = **Marginal Performance** (Meets expectations at times, but not consistently)
- 3 = **Good Performance** (Consistently meets expectations)
- 4 = **Very Good Performance** (Exceeds expectations at times)
- 5 = **Outstanding Performance** (Exceeds expectations consistently)
- N= **No basis for Rating**

1. **Knowledge of Relevant Literature pertaining to supervision models** (*e.g., theories on various models of supervision including developmental models, process models, and various theoretical models; modes of supervision including individual, group, live, audio/video*)

1 2 3 4 5 N

Comments:

2. **Knowledge of Relevant Literature Pertaining to Consultation** (*private practice models, case consultation in training settings, consultation models in treatment approaches including DBT; awareness of consultation in school and medical settings*).

1 2 3 4 5 N

Comments:

3. **Understands and is able to identify the APA ethics codes that pertain to supervision and consultation** (*exs. 7.06-Assessment Student and Supervisee Performance; 7.07- Sexual Relationships with Students and Supervisees; 3.05 Multiple Relationships; 4.06 Consultations*)

1 2 3 4 5 N

Comments:

4. Preparation for supervisory role (during mock supervision, student supervisor articulates preparation, strategy, and approach to being a supervisor.

1 2 3 4 5 N

Comments:

5. Quality of Supervisory role

(a) Professionalism

1 2 3 4 5 N

(b) Collaboration with student therapist

1 2 3 4 5 N

(c) Applies supervisory theory to supervisory role

1 2 3 4 5 N

Comments:

Did you communicate the content of this evaluation to the clinical trainee?

Yes No

If yes,

Trainee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

APPENDIX C. POLICY FOR CRIMINAL BACKGROUND CHECKS FOR ALL CLINICAL STUDENTS

All students are required to submit a State and Nationwide criminal background check prior to enrolling in the clinical psychology doctoral program. The purpose of the background check is to ensure the safety of clients with whom the student will be working while in training in the doctoral program. Should a student have a record of prior criminal activity, the student is encouraged to disclose it prior to submitting the background check to the department.

In cases in which a student does have prior record of criminal activity, the Director of Clinical Training, in consultation with the clinical faculty, will make a determination whether this activity (a) poses no apparent risk to clients while the student is enrolled in the program, or (b) does potentially pose a risk to clients. In cases in which faculty determine that the nature of the prior history of criminal activity is highly unlikely to pose any risk to treating clients, the student will be permitted to participate in practicum training. In cases where it is determined that there may be a potential risk to clients, students will be required to obtain an evaluation of fitness to provide treatment services. This evaluation will be conducted at the expense of the student by a psychologist with no ties to the University of Oregon. In order to enroll in the clinical program, the student must sign a release of information allowing the Psychology Department Head, the Director of Clinical Training, the student's advisor, and the Associate Director of Clinical Training and the Psychology Clinic Director to view the fitness evaluation.

If the fitness evaluation deems the student able to provide treatment services, the student will be permitted to enroll in the program and participate in practicum training. If the evaluation deems that an ongoing risk to clients exists that cannot be mitigated, the student will not be permitted to enroll in the clinical program. In some instances, the fitness evaluation may suggest a specific course of action (e.g., additional training) to facilitate fitness. In such instances, the student, DCT, and the student's advisor may craft an agreement outlining a course of action that would result in the student being cleared to enroll in the program and see clients. The Department Head will be informed about the details of this agreement, and will receive notice when the student has met the conditions of the agreement and is able to participate in clinical training.

In all instances in which a criminal record is revealed, all faculty involved in addressing and resolving the issue will be discrete and sensitive to issues of privacy; and will endeavor to resolve the situation in a timely manner. No information will be shared with other students by involved faculty, and other faculty will be informed of details only on a need to know basis. The first priority in these matters is the safety of prospective clients; however, faculty also recognize the importance of protecting the privacy of students.

Guidelines:

1. State and nationwide criminal background checks must be:
 - a. Performed by a vendor that is accredited by the National Association of Professional Background Screeners (NAPBS); or
 - b. Performed by a vendor that meets the following criteria:
 - i. Has been in the business of criminal background checks for at least two years;
 - ii. Has a current business license and private investigator license, if required in the company's home state; and

- iii. Maintains an errors and omissions insurance policy in an amount not less than \$1 million; or
 - c. Conducted through an Oregon health professional licensing board, if required for students by such Board. (For example, students of pharmacy are required by the Oregon Board of Pharmacy to obtain an intern license prior to engaging in clinical training and must undergo a national fingerprint-based background check.)
2. A criminal records check must include the following:
- a. Name and address history trace;
 - b. Verification that the student's records have been correctly identified, using date of birth and a Social Security number trace;
 - c. A local criminal records check, including city and county records for the student's places of residence for the last seven years;
 - d. A nationwide multijurisdictional criminal database search, including state and federal records;
 - e. A nationwide sex offender registry search;
 - f. A query with the Office of the Inspector General's List of Excluded Individuals/Entities (LEIE);
 - g. The name and contact information of the vendor who completed the records check;
 - h. Arrest, warrant and conviction data, including but not limited to:
 - i. Charges;
 - ii. Jurisdictions; and
 - iii. Date.
 - i. Sources for data included in the report.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

Hist.: OHP 8-2013, f. 9-30-13, cert. ef. 7-1-14; OHP 4-2015, f. & cert. ef. 7-1-15

NAPBS: <http://www.napbs.com/resources/about-screening/>

An OHA recommended site is [Fieldprint](#) or

https://www.fieldprintfbi.com/FBISubPage_2col.aspx?ChannelID=266

APPENDIX D. POLICY FOR REQUIRED IMMUNIZATIONS, SCREENINGS, TRAININGS, AND INSURANCE & LIABILITY COVERAGE

Students that plan to undergo clinical training opportunities or externships at an off-site facility in Oregon, have new standardized requirements established under [Oregon Administrative Rules 409-030-0100](#).

For additional information, documentation requirements, and exceptions, please see Oregon Administrative Rules [409-030-0100 to 409-030-0250](#).

Immunizations:

Evidence requires documented receipt of vaccine or documented immunity via titer or valid history of disease, or a record from the Oregon ALERT Immunization Information System. Per CDC guidelines.

- ✓ *Required* Hepatitis B (Hep B)
- ✓ *Required* Measles, mumps and rubella (MMR)
- ✓ *Required* Tetanus, diphtheria, pertussis (Tdap)
- ✓ *Required* Varicella
- ✓ *Recommended* Polio
- ✓ *Recommended* Influenza (seasonal flu)

Screenings:

- ✓ Tuberculosis (TB)
 - Facility choice of skin test or IGRA Blood test in accordance with CDC guidelines
- ✓ Substance Abuse
 - 10-panel drug screen, which must include screens for the following eight substances: Amphetamines, including methamphetamines; Barbiturates; Benzodiazepines; Cocaine; Marijuana; Methadone; Opiates; phencyclidine.
- ✓ State/Nationwide Criminal Background Check (see Appendix C):
 - Must include Social Security Number trace, state/national criminal background history, sex offender registry check, and OIG LEIE check.

Trainings:

- ✓ CPR/Basic Life Support (BLS) for healthcare providers. It is recommended that trainings comply with the American Heart Association standard
- ✓ Bloodborne Pathogen training (OSHA)
- ✓ OSHA-recommended safety guidelines, including the following. Schools must verify student familiarity or exposure to topics:
 - Fire and electrical safety;
 - Personal protective equipment;
 - Hazard communications; and
 - Infection prevention practices.
- ✓ *Site-specific* privacy and confidentiality practices. Will occur at EACH facility.
- ✓ *Site-specific* orientation and on-boarding. For example, facility-specific protocols for safety, security, standards of behavior, etc. Will occur at EACH facility.

Insurance and Liability Coverage:

Students or health profession programs must demonstrate that students have:

- ✓ Professional liability insurance coverage and general liability insurance coverage, or
- ✓ A combined policy that includes professional and general liability coverage.

The coverage must remain in place for the entire duration of each placement. The health profession program may offer coverage for students through a self-insurance program or the student may obtain

coverage individually. It is also recommended but not required that the student obtain some form of health insurance coverage.

Required Documentation:

The departmental Graduate Secretary is required to maintain records and documentation that each requirement above has been met by each student. Before you turn in your documentation, **you must redact** (completely block out, obscure, hide) **your Social Security Number** if it is on any of the documents. If a training facility contacts the PSY Program about whether you have met these requirements, the program will indicate that you **have** (or **have not**) met the requirements but will not provide the RESULTS for any of these below unless you **ask** us to do so and sign a FERPA release form giving us **permission** to do so.

Exemptions for Clinical Facilities:

A number of facilities have requirements that are set at the federal level (e.g., Department of Veterans' Affairs facilities) or are otherwise separately developed (e.g., state prisons and correctional facilities). If you wish to do a clinical rotation at those sites, you will need to meet the administrative requirements set forth by those facilities.

Additionally, if the clinical facility has fewer or less stringent requirements for newly hired, non-student employees, it may request an exemption from specific categories of these rules. For example, if it does not require a new hire at the facility to complete a background check, the facility may request an exemption from the rules so that students do not have to complete a background check either. However, students would still need to follow these requirements for the other categories (immunizations, trainings, and evidence of insurance policies).

Background:

As dictated in [SB 879 \(2011\)](#), the standardized set of administrative requirements was determined through a comprehensive and extensive process that involved experts, a wide variety of stakeholders, and public input. The intention of SB 879 was: to mitigate inconsistencies that currently exist across clinical facilities; to promote efficient solutions to reduce costs for students, health profession programs and clinical facilities; and to ensure patient, clinical staff and student safety.

For more background information, including a list of FAQs, please visit:

<http://www.oregon.gov/oha/OHPR/Pages/sct.aspx>

**APPENDIX E. UNIVERSITY OF OREGON CLINICAL PSYCHOLOGY DOCTORAL PROGRAM
EXTERNAL PRACTICUM FORMS**

**University of Oregon Clinical Psychology Doctoral Program
Student Request for Approval for External Practicum**

Student Name:

Year in Program:

Academic Advisor:

Completed in-house practica:

Site of proposed clinical work:

Period of proposed work:

Site supervisor:

Site address:

Phone:

Email:

1. Description of clinical activities:

(Please include clients, assessments, treatment format and modality, manuals to be used, report writing, etc)

2. Approximate number of face to face client hours per week:

3. Supervision agreement:

(Please include name of supervisor, credentials of supervisor, supervision format, frequency of supervision)

4. Other activities at site (e.g. team meetings, etc.):

5. Please describe how your clinical work at this site would be consistent with our clinical scientist training model.

6. Please describe how clinical work at this site would support and further your individual training needs and goals.

Student signature: _____

Date: _____

University of Oregon Department of Psychology
Supervision Agreement for Clinical Psychology Doctoral Student
Off-Campus Clinical Work

A student in our doctoral program in clinical psychology is requesting approval for clinical work under your supervision at your site. Please review the student's request and indicate your agreement.

I have read and agreed with this proposal for clinical work. It is understood that the student has not completed the PhD program and is not licensed as a psychologist. Therefore, neither the student nor the practicum site will represent the student as a psychologist. The site or the student will inform clients that the graduate student is providing services as part of professional training.

The site is in compliance *with APA Ethical Principles of Psychologists and APA Standards for Providers of Psychological Services.*

Supervisor name: _____

Supervisor signature: _____

Licensed psychologist's name, if supervisor is not a licensed psychologist:

Licensed psychologist's signature: _____

Date: _____

Approval from current Director of Clinical Training:

DCT's name: Nicholas B. Allen, PhD

DCT's signature: _____

Date: _____

Health Care Facility Exemption Request
Administrative Requirements for Health Profession Student Clinical Training
[Oregon Administrative Rules 409-030-0100](#)

OAR 409-030-0150(2): Clinical facilities that have fewer or less stringent administrative requirements for newly hired non-student employees may request exemption from specific provisions of OAR 409-030-0170 through 409-030-0240 for students performing clinical placements at that site. However, clinical facilities may only request exemptions from the specific category or section of these rules in which their requirements for newly hired, non-student employees are less (such as immunizations, screenings, trainings). Clinical placement sites with an exemption to a specific category of the administrative requirements must still abide by all other sections of these rules.

Health Care Facility Exemption Request form can be obtained from the Graduate Secretary or Canvas.

Appendix F

Students in the Clinical Training Program with Non-Clinical Faculty Advisors

Some Psychology graduate students whose advisors are not members of the Clinical Faculty may want to be in the clinical training program. The goal of the program is to train clinical scientists for research careers. Admission to our clinical program is not appropriate for a student who is seeking a career as a clinician or may have ambivalence about a research career.

The Clinical Faculty members have final say on admission to the clinical training program. Clinical Faculty members and practicum supervisors have professional and ethical responsibilities to protect the welfare of clients. Clinical students must be able to work effectively with clients, supervisors, and colleagues in clinical practica, in their internship, and in other clinical settings. Thus, academic and intellectual credentials are not the sole criteria for admission to the clinical program. If the Clinical Faculty members determine that a prospective student does not have the ability to work effectively with clients, supervisors, and colleagues, they will not be admitted to the clinical training program. If difficulties arise with the student's clinical training after they are admitted to the clinical training program, the procedures described in Appendix M (Guidelines for Professional Ethics at the University of Oregon) of the Guide to the Clinical Psychology Program will be followed.

In allowing their students to be admitted to the clinical training program, faculty outside the clinical training program agree to respect the judgment and decisions of the Clinical Faculty members and practicum supervisors regarding students' clinical training. Faculty outside the clinical training program who allow their students to be admitted to the clinical training program also agree to support their students with their additional clinical training responsibilities and to support and consult with the Clinical Faculty and practicum supervisors who provide the clinical training.

Appendix G

Guidelines for Clinical Psychology Doctoral Program Professional Ethics

Overview

A priority in clinical training at the University of Oregon is to teach, supervise, and support growth in the ethical and professional integrity of clinical psychologists and scientists. Clinical psychologists often work with vulnerable clients, whose welfare is of utmost importance. While it is recognized that students are training to become clinical psychologists, student training needs must not compromise the welfare and safety of clients.

The clinical psychologist is often faced with complex if not difficult decisions and communications related to ethical and professional behavior, which often require discussion and consideration of multiple perspectives. As an APA accredited program, we adhere to the ethical principles articulated by APA (revised and effective June 1, 2003 including 2010 and 2016 Amendments). This code can be found on the internet at <http://www.apa.org/ethics/code/index.aspx>. In general, it is expected that students and faculty will refer to the APA ethics code for guidance and problem solving when confronted with questions regarding professional and ethical behavior while engaged in clinical training, including clinical work, research, coursework, and teaching, at the University of Oregon.

It is not unusual for questions, ambiguities, and potential disputes regarding ethical and professional behavior to emerge in the course of clinical training. In fact, questions regarding ethical and professional behavior provide an ongoing opportunity for growth and development in a doctoral training program. Discussions of these issues between faculty and students, among students, and among faculty are encouraged. However, graduate, academic, and professional careers are often vulnerable to informal communications regarding ethical and professional behavior, or the lack thereof. In this sense, discussions about ethics and professional behavior can have inadvertent, unintended long-term effects on individuals as well as undermine a supportive climate for clinical training. In order to facilitate an environment that promotes professional and personal growth as well as one that promotes the discussion of norms and values related to professional conduct, we offer the following guidelines and principles.

Communication Principles

In general, discussions, questions, and concerns about ethical and professional behavior in the course of clinical training are to be localized within the training context in which they occur. In the spirit of clinical training, such questions should first be discussed directly with the person(s) involved. If the concerns or questions require faculty guidance, then the faculty directly responsible for the clinical training context is first consulted. Under most circumstances, concerns about ethical and professional behavior will be resolved between the student and the faculty member responsible for the clinical training. Students are responsible for informing faculty of any of their actions that may have potential ethical implications.

In the event that a situation is ambiguously unethical or unprofessional, or other consultation is desired (e.g., seeking best strategies for raising the issue with involved individuals), students and faculty may discuss the situation with the faculty member responsible for the clinical training. If such a situation arises, it should be presented to the faculty member as hypothetical and extreme care should be exercised to keep the identity of the involved individual(s) anonymous. In some cases, after these

communications have occurred, it may be necessary to discuss these with the Director of Clinical Training (DCT), or other relevant faculty members. In general, the clinical training program at the University of Oregon does not support the following communication practices:

- 1) Informal discussion of ethical and professional behavior that cultivate unsubstantiated impressions of misconduct;
- 2) Submitting anonymous reports or allegations that are ill informed, or that have not been discussed with the individuals directly involved;
- 3) Discussions that promote unsubstantiated or incorrect information, or distortions of ethical and professional behavior;
- 4) In cases where misconduct is substantiated, informal discussion of such misconduct.

Given the mission of clinical training, the majority of discussions and questions about ethical and professional behavior are seen as educational opportunities. In rare cases, concerns about ethical and professional behavior may not be resolved simply as an education or training issue, but turn into a more formal allegation requiring remediation, and possible action by the DCT and the clinical faculty as a whole.

Addressing Misconduct Issues

If a concern or allegation of ethical or professional misconduct requires attention by the DCT, the following serve as guidelines for addressing these concerns:

1. When a concern is raised with the DCT about a graduate student, the DCT will notify the student and the student's advisor. The student may consult an advocate other than their advisor (e.g., another faculty member, university advocate). Moreover, if the student's advisor is the DCT, the student may consult with another faculty member.
2. If the concern involves clear evidence of serious professional or personal misconduct that requires the attention of the Clinical Faculty, the DCT will discuss the concern at a meeting of the Clinical Faculty. Upon request through the Director of Clinical Training, the student may be invited to appear before the Clinical Faculty to present her/his side of the issues. Serious professional misconduct is an issue of concern to all the Clinical Faculty because such behavior could be grounds for dismissal from the program.
3. If the evidence for the concern is not clear, the DCT will decide whether the issue warrants discussion by the Clinical Faculty.
4. At any stage after a concern is raised, the DCT may consult with relevant department administrators (e.g., Clinic Director, Chair of the Graduate Education Committee, Department Head).

Remediation Procedures

Due process is utilized in resolving concerns about a student's behavioral, academic, or ethical performance. The general remediation procedure is outlined below:

1. Review the concerns regarding the student.
2. Request and receive, where appropriate, further written evaluations from faculty and supervisors.
3. Convene, when necessary, a meeting in order that the faculty member(s) and student may share concerns and arrive at a specific program of remediation.
4. Review the student's standing, making a recommendation that the standing be maintained or changed. The student will be notified in writing of this recommendation.
5. Notification of recommendation to the student, should remedial action be deemed appropriate, including possible probation, dismissal or a leave of absence. Specific expectations that the student must meet before the student is reconsidered for reinstatement to full status in the program will be clearly outlined in the letter.

The letter will be written in consultation with the Director of Clinical Training, the Chair of the Graduate Education Committee, and the Department Head. It will include:

- a. A description of the issues to be addressed
 - b. A plan for addressing each issue
 - c. A description of any previous efforts to address or prevent each issue
 - d. Criteria for determining that the issues have been remedied or resolved
 - e. A timeline for review
6. Determine the nature, type, and frequency of subsequent reviews.
 7. If the student, having notification of the faculty member(s)'s recommendations, believes the procedure unjust or this decision unfair, or that new information could lead to a different decision, they may present an appeal in writing to the Director of Clinical Training. The appeal will be maintained in the student's permanent file.
 8. If a student is to be suspended from participation in training, they must be notified in writing. The letter will state the time frames and limits of the temporary suspension and its rationale. A copy of the letter is to be maintained in the student's permanent file.

All College of Arts and Sciences and University policies and procedures regarding student grievance rights (<http://officeofstudentadvocacy.org/>) apply throughout the review and remediation process described here.

Student Termination

Clinical psychologists often work with vulnerable individuals. Thus, adherence to ethical standards is particularly important in clinical psychology, and problems involving professional competence are taken seriously. Student training needs must not compromise the welfare and safety of clients. Students encounter three types of problems that could lead to program termination:

1. Behavioral problems that include the student's inability or unwillingness to follow directions, to accept and respond appropriately to feedback, to work successfully with others, or extreme social insensitivity or mental health situations that affect the student's ability to be a successful psychologist.

2. Academic factors that may include the student's inability or unwillingness to acquire and demonstrate competence in program content, or to comply with the program, Department, College, and University procedures.
3. Legal/ethical factors that may include the student's use of inappropriate language or actions, or violation of university rules or violation of state laws, all of which demonstrate the student is not meeting professional standards.

Such serious problems may preclude the consideration of remediation until it is determined whether the student will be allowed to continue in the clinical program. When such a problem or problems occur, program faculty must review the student's behavior at the next available program meeting. Prior to this meeting, the faculty person involved (e.g., advisor, supervisor, or Director of Clinical Training) will notify the affected student as to the issues and concerns. The student may choose to work with this faculty person, or another faculty person, to present information to the faculty. Information may be presented in verbal or written form. Upon request through the Director of Clinical Training, the student may be invited to appear before the Clinical Faculty to present her/his side of the issues.

After presentation of information by all parties involved, the Clinical Faculty in consultation with the Chair of the Graduate Education Committee and the Department Head, will first establish whether unethical or unprofessional behavior is present. If a majority vote does not support a judgment that unethical or unprofessional behavior is present, the issue will be dropped without prejudice to the student, and no reference to the behavior will be made in the student's records. If the faculty votes that there is evidence of unethical or unprofessional behavior, then they will vote to determine whether the behavior warrants dismissal. A majority vote that includes participation of the Chair of the Graduate Education Committee and Department Head, is necessary to dismiss the student. If the student is not dismissed, the faculty must specify the specific contingencies for retention including the behavioral change necessary, the criteria and process to be used in evaluating progress, and the dates by which change must be evidenced. The Director of Clinical Training will be responsible for monitoring the retention program and bringing information back to the faculty within the guidelines and time lines established. Failure to satisfactorily complete the remediation program will result in dismissal from the program.

Appendix H

UO Registration Policy for Required Internship Year

The American Psychological Association requires that Clinical, Counseling, and School Psychology doctoral students complete a 1-year internship before being awarded the doctoral degree. The UO Graduate School has created an oral defense and dissertation submission policy that allows students in these programs to defend, submit, and receive final Graduate School approval of the dissertation before the internship begins and then delay graduation until the internship has been completed.

Students who have successfully defended, submitted, and received final Graduate School approval of the dissertation and received an internship assignment can apply for up to four terms of “On Leave” status. These students will not be required to pay tuition or fees during these terms and their degree term is the term in which the internship ends.

Students who have not defended and completed the dissertation before embarking on an internship must continue to follow the continuous enrollment policy (3 graduate credits each term) until they successfully defend, submit, and receive final Graduate School approval of the dissertation. If students are using services or faculty assistance they must be enrolled for at least three credits. This policy includes students not in residence while writing a thesis or dissertation, but using faculty assistance, university services or facilities such as sending chapters to an adviser by mail or email for feedback. Once the student has successfully defended and the dissertation has received final Graduate School approval these students become eligible for On Leave status as described above.

Students also are responsible for complying with all other applicable Graduate School deadlines and requirements related to dissertations and graduation. The On Leave terms associated with the internship requirement are in addition to the six terms of leave status that are available to all doctoral students.

EXAMPLES

Student A defends, submits, and receives final Graduate School approval of the dissertation in Spring term before the internship year. Student can be On Leave for up to four terms, depending on which term student completes the internship.

Student B defends, submits, and receives final Graduate School approval of the dissertation in Winter term of the internship year and will complete the internship during the following Summer term. Student registers for at least 3 credits of Dissertation during Fall term if working with the committee or advisor. Student will register for at least 3 credits of Dissertation during Winter term, will be On Leave for Spring and Summer term.

Student C defends, submits, and receives final Graduate School approval of the dissertation in Spring term, which is the last term of the internship year. Student will register for at least 3 credits of Dissertation during Fall and Winter terms if working with the committee or advisor. Student registers for 3 credits of Dissertation during Spring term.