CLINICAL TRAINING MANUAL

Department of Psychology

The University of Alabama

Revised August, 2021

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I. BACKGROUND

This manual is designed to facilitate the student's progress through the clinical psychology training program at The University of Alabama. It is part policy, part recommendation, and part collected information not otherwise readily available. The manual is intended to supplement other important published material in the Graduate Catalog, the Department of Psychology Graduate Brochure, the Department Policy Handbook, the Graduate Student Handbook, and the Psychology Clinic Manual. Clinical students are also assigned faculty advisors and are encouraged to use the advising system throughout their residency. Students are expected to remain aware of various deadlines and other significant dates publicized by the Department of Psychology and the Graduate School.

The present document supersedes all previously dated versions.

Students are required to sign a statement indicating that they have read the Clinical Training Manual (including the APA Ethics Code) and will abide by the standards within the manual (including the APA Ethics Code). This signed statement will be kept in the student's file. See Appendix L.

An Overview of the Clinical Program

The clinical psychology doctoral program embraces the scientist-practitioner (Boulder) model of training. Graduates are expected to be able to contribute to the science of psychology, to infuse their clinical functioning with empirical findings and theoretical concepts, and to achieve a high level of expertise in the delivery of psychological services. These goals are addressed through an interrelated program of academic coursework, research experiences, and clinical practica. Students also participate in other less structured opportunities available including colloquia, community projects, professional association activities, paper presentations, agency assignments, interdisciplinary campus events, departmental governance, and peer advising. Thus, the student not only completes a rigorous academic program but also becomes a member of the psychological community, interacting with faculty, staff, other professionals, and fellow students on both a scholarly and more personal level.

Although a specific curriculum has been designed and common experiences are required for all clinical students, a considerable degree of diversity is also encouraged. Students vary widely in their clinical interests and career goals. Research interests are similarly diverse as reflected by the range of dissertation topics and faculty/student research projects undertaken in the past several years. Program unity is achieved through the general and clinical core curricula, the basic practicum sequence, and the research experience. Beyond that, the student is free to select specialty training and electives and to pursue any clinical and research interests that are available in or through the Department.

Accreditation

The clinical psychology program has been accredited by the Commission on Accreditation of the American Psychological Association (APA) since 1959. The aim of accreditation is to promote program excellence and to provide professional and objective evaluation of programs as a service to the public, prospective students, and the profession.

To maintain its accreditation, the Department submits an annual report summarizing the year's activities with respect to accreditation criteria. Every three to ten years, the program undertakes a more detailed self-study followed by a site visit from an accreditation team. The last such visit was conducted in March 2016 with 5 years of accreditation awarded in May 2017. Students contribute information to the self-study process and are requested to be available to site visitors for discussion and feedback. The Department's annual reports, the accreditation report, and related

materials are available for inspection to matriculated students from the Director of Clinical Training (DCT).

II. ACADEMIC AND CLINICAL EXPERIENCE

Curriculum

Reflecting APA standards, the curriculum for the clinical training program provides instruction in the fundamental areas of psychology. These include discipline- specific knowledge such as affective, biological, cognitive, developmental, and social aspects of behavior, as well as history and systems of psychology, advanced integrated knowledge of basic content areas, and research and statistical analysis (including psychometrics). Further, students develop profession-wide competencies in areas such as research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and inter-professional/interdisciplinary skills. These topics are covered by a combination of courses and program experiences. The number of credit hours required for graduation varies by concentration; specific courses are listed on pages 8-10 and on the Curriculum Checklists, Appendix A. The coursework can usually be completed within 4-5 years with a full-time course load. Additionally, the student must undertake **a minimum of 6 credit hours of thesis research** and a minimum of **24 credit hours of dissertation research**, typically in the third, fourth, and fifth years. Credit hours per semester are determined by the amount of time devoted to the research.

The clinical core includes substantial instruction and practicum components in the areas of psychological assessment and diagnosis and psychological intervention procedures. Clinical students also select an area of concentration (clinical health, geropsychology, clinical child, or psychology & law) and/or a series of advanced clinical and general electives. Specialty courses are open to all clinical students provided prerequisites have been met and course instructor approval has been obtained. Students may also apply to the University of Alabama at Birmingham (UAB) MPH (Master of Public Health) program as an adjunct to their doctoral work. Areas of clinical concentration are described later in this manual. Students may also pursue coursework and/or a graduate minor outside the department. A minor in Statistics is available in the department (see details in the Graduate Student Handbook.)

Students enroll for supervised research experiences as early as practical. A master's thesis is required prior to beginning a dissertation project. Students entering the program with a master's degree may request departmental approval to waive the thesis requirement.

The curriculum presumes that students have had the requisite undergraduate training including courses in introductory psychology, statistics, general experimental, and abnormal psychology. Delays in taking certain graduate courses may be experienced if prerequisites have not been met.

An outline of the typical curriculum sequence for clinical students is presented on page 5. Most courses are taught only once per year or every two years. Summer coursework is typically reserved for deficiencies, specialty courses, and research activities. A complete list of courses available in the Department can be found in the Graduate Catalog.

A student curriculum checklist of courses and a Student Activity Report Form (SAR) are included in the appendices. The student should use the curriculum checklist (Appendix A) as a reference and record-keeping aid. The student will complete the Student Activity Report (Appendix C) and provide one copy to his/her Advisor and one copy to the DCT prior to the year-end evaluation. An updated copy of the Report will be maintained in the student's clinical program file. Students will keep electronic records of all of their clinical contact hours using Time2Track software. Hard-copy print-outs will be included as part of the Student Activity Report on a yearly basis and will be kept in the student's file.

Research Experience

At Alabama, the Doctor of Philosophy (Ph.D.) degree in psychology is a research-oriented degree. As scientist-practitioners, clinical psychologists contribute to furthering knowledge in the field and maintain an awareness of scientific developments. They are equipped with the knowledge and skills both to conduct research and to intelligently interpret the work of others. The student gains and demonstrates research competence through the master's thesis and the doctoral dissertation (see Graduate Student Handbook for guidelines). Specific coursework, apprenticeships, assistantships, and independent projects are also used to foster the necessary skills.

Active faculty-student collaboration typically begins in the first year. Students' advisors (mentors) are selected to best match students' stated research interests. During the first year, students develop research ideas and work on joint projects with faculty and advanced students. Several first-year core courses in both general experimental and clinical psychology require papers and/or a research prospectus. First year students may also engage in a variety of research-related activities.

Beginning in the spring of the first year, clinical students may enroll for one or more hours of thesis credit (a total of six thesis hours is required). Faculty supervision is provided and tangible evidence of progress is required. **Students must have successfully defended their thesis research project by the end of the fall semester of their third year to continue course registration in the doctoral program. Should the student fail to do so, he or she must petition the clinical faculty for permission to take coursework during the spring semester of the third year and subsequent semesters until the thesis is completed.**

- **Third-year deadline: Master's thesis defense**. Students must pass their master's thesis defense by the last day of the spring final exam period of their third year in the Clinical Psychology graduate program. If a student fails to do so, s/he will not be allowed to continue on to the Ph.D. The student will be allowed a maximum of one additional year to complete the thesis and the M.A. degree. However, the student will no longer be in good standing and will not be eligible for funding in subsequent semesters. (effective August 2014)

The doctoral dissertation is normally begun during the third year. Detailed guidelines are given to each new student and are contained in the department's Graduate Student Handbook.

Student research efforts are recognized at the University level. Clinical students have competed favorably for Graduate Council Research Fellowships, which support their research. Assistantship support or funding through specific research grants may depend in part on students' prior research performance. The Graduate School also supports student research through competitive small grants and travel awards. Announcements for application are routinely distributed.

Faculty-student joint publications are common prior to graduation. Based on a recent analysis, 10-12 co-published articles per year are typical for the department. It is also not unusual for 15-20 clinical students to present papers at state and regional meetings each year (Limited financial assistance is available for those students presenting first-authored papers.). Follow-up studies of our graduates indicate that a sizable number publish at a high rate after graduation.

Clinical Psychology Course Sequence – 4/5 Year Plan with Internship

Year One

Fall	Spring	Summer
PY 607 Research Methods (3)	PY 608 Introduction to Ethics (3)	PY 621 PoP Lab (1)***
PY 602 Statistics I (3)	PY 603 Statistics II (3)	
PY 658 Psychopathology (3)	PY 619 Principles of Psychotherapy (3)	
PY 609 Psych Assessment I (4)	PY 610 Psych Assessment II (3) OR (PY 666 or PY 612 (3; Child Students))	
PY 6XX Pro Seminar (1)	PY 6XX Pro Seminar (1)	
PY 664 Psychometrics (1)	PY 599 Thesis (1-3)*	

Year Two

Fall	Spring	Summer
PY 631 Basic Practicum (3)	PY 631 Basic Practicum (3)	PY 631 Basic Practicum (1)
PY 629 Biological Bases (3)	PY 630 Affective Neurophysiology (3)	
PY 650 or PY 672 (3)	PY 690 Cultural Competency (3)	
Concentration course (if offered; 3)	Concentration course (if offered; 3)	
PY 6XX Pro Seminar (1)	PY 6XX Pro Seminar (1)	
PY 599 Thesis (1-3)*	PY 599 Thesis (1-3)*	

Year Three

Fall	Spring	Summer
PY 695 Teaching of Psychology? (3)	PY 695 Teaching of Psychology? (3)	**
PY 650 or PY 672 (3)	PY 617 OR PY 652 (3)	
Concentration course (if offered; 3)	Concentration course (if offered; 3)	
3 hour Req Option/Elec?	3 hour Req Option/Elec?	
PY 699 Dissertation (3 or more)	PY 699 Dissertation (3 or more)	

Year Four/Five

Fall	Spring	Summer
3 hour Req Option (3)?	PY 617 OR PY 652 (3)	**
Concentration course (if offered; 3)	Concentration course (if offered; 3)	
3 hour Req Option/Elec (3)?	3 hour Req Option/Elec?	
PY 699 Dissertation (3 or more)	PY 699 Dissertation (3 or more)	

Year Five/Six: Internship

General Requirement Options (all 3 hour courses):
Stats III (several options available)
PY 617 Supervision, Consultation, Interprofessional Skills
PY 629 Biological Bases of Behavior
PY 630 Affective Neurophysiology (PY 629 prerequisite)
PY 650 Cognition and Learning
PY 652 Life-Span Affect and Developmental
PY 672 Advanced Social
PY 690 Cultural Competency
PY 695 Teaching of Psychology (requires completion of master's thesis)

Concentration Requirement Options (see Appendix A):
PY 610 Psychological Assessment II (Adult students)
PY 612 Psychological Assessment III (Child students)
PY 666 Child Treatment (Child)
PY 676 Forensic Assessment (Law)
PY 678 Forensic Psychology (Law)

PY 687 Clinical Psych of Aging (Gero)
PY 694 Health Psychology/Behavioral Medicine (Health)

Required Options continued (variable):
PY 669/679/688 Pro Seminar (1 hr/4 semesters required)
PY 639/637/641/642 Advanced Practica (1-3 hours; required hours varies by concentration)
PY 641 Advanced Clinical Placement (1-3; external placements)

Additional courses, practica, and seminars are available as electives.
*hours vary dependent on when student anticipates defending thesis; contact DCT for advising
**students receiving summer funding must be registered for at least one credit hour (tuition not paid)
***Cannot place out of PoP Lab (effective 9/2018)
Note: Subject to Change

Practicum Experience

Students shall have a copy of Ethical Principles of Psychologists and Code of Conduct and the Psychology Clinic Manual for study and discussion in various seminars and classes. **Students are required to abide by the APA Ethical Principles, and they must sign a statement affirming that they have read and will abide by the Standards (see Appendix L).** A copy of this signed statement will be kept in the student's clinical program file.

During Year 1, students receive an orientation to the clinic to acquaint them with current clinic and program policies on such issues as record keeping, confidentiality, and room assignments. Training for intakes starts during the spring of Year 1 in Principles of Psychotherapy (PoP) and continues through Summer 1 in PoP Lab. Intake duty begins fall, Year 2, and students serve as the intake person on call on a rotating basis continuing through Summer 2.

Beginning in the fall (Year 2), clinical students take one full year of Basic Practicum in the Psychology Clinic. Students are assigned cases for assessment and intervention and are supervised by clinical faculty each term. The direct contact hour goal for Basic Practicum is approximately 100 hours for the 3-semester sequence. Four to five active clients per week are needed to achieve this level of contact. As appropriate for the needs of the client, students are expected to arrange for termination or transfer of their clients by the end of the summer semester or to continue as the primary therapist into the fall term.

Supervision in the psychotherapy practicum typically involves an individual weekly meeting with one's supervisor(s) and a small group supervision meeting. This latter meeting is helpful for planning for the Spring Case Conference presentation. Instructors vary in their style, emphasizing problem-solving, case formulation, coverage of specific techniques, and discussion of therapeutic issues (e.g., ethics, termination, resistance, specific treatment questions). Most assign didactic materials.

Individual supervision typically involves at least one hour per week during the fall and spring semesters and includes reviewing case files, direct observation (i.e., listening to audio or video recordings or live observation), and additional methods deemed most appropriate by the supervisor. **As per APA accreditation guidelines, direct observation via audio, video, or live observation is required at least once per student per evaluation period**. For supervisors using audio and video recordings for direct observation, students are expected to regularly record their sessions. Case review and notetaking is expected of the student prior to supervision.

Although our program does not typically use telesupervision, such an approach may be needed in certain circumstances (e.g., COVID-19 in 2020 and 2021). See appendix K for our program's telesupervision policy.

Students will also present at a Clinical Case Conference during the spring semester. Faculty and other practicum students attend these conferences. **Attendance is required** for practicum students, supervisors, and designated clinical faculty. Others are invited to attend. A schedule is distributed during the spring semester. Guidelines for case conferences are contained in the Psychology Clinic Manual.

In addition to Basic Practicum, students take an additional 3 or more semester hours of advanced practicum usually within a concentration (specialty) area or an approved practicum in the Clinic. A variety of off-campus placements are also available to clinical students. See Appendix F for additional practicum information.

Clinical Placements

Advanced students (usually 3rd year and beyond) may be afforded an opportunity to work part-time in a clinical setting for remuneration. These paid clinical placements are not meant to provide all or most of the required clinical training. However, they give students an opportunity to receive financial aid while performing some duties of clinical relevance. Students will also be provided access to training facilities as unpaid workers. In some cases, these paid and unpaid clinical placements may also serve as meeting advanced practicum requirements. A partial listing of sources is included in Appendix E. **Students taking paid and unpaid placements must register for at least one hour of advanced clinical placement (PY 641), including the summer terms if the placement is 12 months. Students interested in multiple placements/practica MUST discuss this with the DCT and/or Associate DCT. If approved, the DCT and/or Associate DCT will determine the appropriate course registration, and documentation will be placed in the student's program file.**

Placement negotiations are made only through the DCT. Placement decisions are made by the DCT, through consultation with the sponsoring agency and the coordinator of the student's specialty area. It is the norm that clinical placements are for a one-year (or 9-month) period. This guideline is in the best training interest of the student, because it maximizes student exposure to a broad range of clinical experiences. Also, limiting placements to one year terms maximizes the number of students provided the opportunity to be placed at particular agencies.

ANY clinical work engaged in by a graduate student, paid or unpaid, must be approved by the DCT and/or Associate DCT and must be supervised by a licensed psychologist. A description of the activities, including a memorandum from the supervisor detailing the supervision arrangement, shall be provided by the student to the DCT and/or Associate DCT for the student's file. This includes any volunteer or paid work done that might be construed as "psychological" in nature. The host agency is expected to provide a professionally sound training setting for the student, which includes adherence to the Standards for Providers of Psychological Services. Students should expect to receive feedback from their supervisors on a regular basis. End of term (fall, spring, summer) feedback is solicited by the Department and becomes a part of the student's clinical program file (see example in Appendix G).

Paid clinical practica do not usually carry a tuition grant as part of the contract. Because of this, the DCT has negotiated a higher salary rate in order to help defray the cost of the tuition the student will have to pay.

Internships

A full-year pre-doctoral clinical internship is required of all students. Unless an exceptional case can be presented, students must intern at APA-accredited training sites (see Appendix M for more details). Although application during the fourth or fifth year is typical, students are eligible to begin applying to internship sites in their third year of residency assuming all core courses will have been completed by the end of that year. **Students must have passed the preliminary doctoral examination by October 1 of the year they apply for internship. Furthermore, students must have their initial mini-proposal meeting 8 weeks prior to the October 1st deadline.**

Students eligible for internship meet with the DCT and the Associate DCT to receive information about the application process. Extensive information about internship sites is available from the APPIC website: http://www.appic.org.

A list of recent internship sites is located on our program website. The Department solicits feedback from internship programs at 6 months and at the end of training. The internship training

director typically provides a detailed letter regarding the intern's progress, strengths, and weaknesses. A copy of this evaluation is maintained in the student's clinical file.

Students MUST have completed the internship before the University will confer the degree. The Graduate School will provide a "Completion of Degree" if needed in order for the student to be eligible for a post-doc or employment before the degree is conferred. **The department also requires that the student submit a CD containing appropriately labeled dissertation raw data and final dissertation prior to being cleared by the department for graduation. The student must present a bound copy of the dissertation to his or her dissertation chair(s) unless the chair(s) inform the student that a bound copy is not required.

Clinical Concentration Areas

All students complete the same clinical and research core:

Clinical Core:
- Psychological Assessment I (4 hours)
- Psychometrics (1 hour)
- Psychopathology (3 hours)
- Principles of Psychotherapy (3 hours) and lab (1 hour)
- Introduction to Ethics (3 hours)
- Cultural Competency (3 hours)
- Supervision, Consultation, and Interprofessional Skills (3 hours)
- Pro-Seminar (specific to concentration; 4 semesters)
- Basic Practicum (minimum 3 semesters including the summer; 7 hours)

Research Core:
- Research Methods (3 hours)
- Advanced Stats I (3 hours)
- Advanced Stats II (3 hours)
- Advanced Stats III (3 hours – several options available)

In addition to general clinical training, four clinical concentration areas are currently offered. These are clinical health, geropsychology, clinical child, and psychology & law. The general core varies slightly by concentration and is listed in the sections following, as are the advanced courses required of each concentration.

A concurrent PhD/MPH (Master of Public Health) is also available to students in any concentration, provided they have applied for and been accepted into the program. Regardless of area of concentration, all students share the common core curricula and are free to enroll in any elective or specialty course as long as prerequisites are met. Advanced practicum or field placement experiences in hospital, institutional, and community settings are available to all clinical students.

The concentrations are characterized by additional course requirements, research projects, specific faculty involvement, work and practicum placements, informal meetings, and professional interactions, all designed to give the student entry level competence in the specialty area. To a large extent, the areas of concentration build upon and integrate with a student's general clinical training. The following descriptions provide brief summaries of the concentration areas.

Clinical Health Psychology

Students in the **clinical health psychology** concentration will receive additional training in health psychology and behavioral medicine. They will take a one-semester course geared toward psychological assessment and advanced treatment of medical patients, Advanced Health Psychology practicum in the Psychology Clinic (or in other locations, as available), and attend all semesters of the one-hour Health Psychology Seminars.

In addition to the general, clinical, and research cores, the curriculum in clinical health psychology includes:

- Health Psychology/Behavioral Medicine
- Psychological Assessment II (Adult Assessment)
- Advanced Health Practicum

Clinical Geropsychology

Clinical geropsychology has emerged as a new and growing specialization to meet the needs of the increasing population of older adults. The psychology department at The University of Alabama offers a geropsychology concentration to prepare professionals for research and service with older adults. Training opportunities are available at, but not limited to, Mary Starke Harper Geriatric Psychiatry Center, Elder Law Clinic, local primary health care clinics, Hospice of West Alabama, and the Alabama Research Institute on Aging (ARIA).

In addition to the general, clinical, and research cores, the curriculum in geropsychology includes:

- Psychological Assessment II (Adult Assessment)
- Clinical Psychology of Aging: Assessment and Intervention
- Advanced Geropsychology Practicum

Clinical Child Psychology

Students in the **clinical child** concentration receive additional clinical training and coursework focused on children and their families. Students take specialty courses in assessment, intervention, and practicum. Child practicum involves therapy/consultation placements at multiple sites including University Medical Center's (UMC) Attention-Deficit/Hyperactivity Disorder Clinic in the Department of Pediatrics and the UA Psychology Clinic. This practicum is supervised by one of the clinical child faculty members. Advanced students have additional opportunities to receive training supervised by adjunct faculty members at Brewer-Porch Children's Center (e.g., Short Term Treatment and Evaluation Program), the UA Autism Clinic, and the University of Alabama at Birmingham's Child Neuropsychology Clinic. Specific agencies may vary from year to year.

In addition to the general, clinical, and research core, the curriculum in clinical child psychology includes:

- Psychological Assessment III (Child Assessment - 3 hours)
- Child Treatment (3 hours)
- Advanced Child Practicum (4 semesters/12 hours)

Students enrolled in the clinical child concentration area may choose to take additional coursework in the area of child and adolescent forensic psychology. This emphasis offers students a unique opportunity to bridge two concentration areas within the clinical psychology program: Clinical Child and Psychology & Law.

In addition to the coursework required for the general clinical child concentration, this emphasis area requires:

- Child and Adolescent Forensic Psychology
- Psychology & Law Pro Seminar (2 semesters)
- Practicum in Child and Adolescent Forensic Psychology (one semester of Advanced Child Practicum should be with this specialty population)

Psychology & Law

Students in the Psychology & Law area take graduate seminars, conduct research, and receive supervised experience with a range of agencies, clients, and issues related to law and justice. These include courts, police, offenders, juries, and prison systems. Relationships with several agencies facilitate training in this area including: Taylor Hardin Secure Medical Facility, the Tuscaloosa Juvenile Court, the University of Alabama Law School, and individual attorneys and judges. Periodic opportunities also exist to become involved in jail and prison facilities and in actual court cases.

In addition to the general, clinical, and research cores, the curriculum in Psychology & Law includes:

- Psychological Assessment II (Adult Assessment)
- Forensic Psychology
- Forensic Assessment OR Practicum in Psychology VII (Forensic)

Concurrent MPH Program

The doctoral student in clinical psychology who elects to pursue a concurrent Master's degree in Public Health (from the University of Alabama at Birmingham) may choose from any of several tracks within public health. Requirements for the MPH vary somewhat dependent on the track selected, but all students take courses in Public Health in such areas as:

- Epidemiology
- Environmental Health
- Health Care Organization and Policy
- Health Behavior
- International Health and Global Studies
- Administration and Policy
- Maternal and Child Health
- Public Health Law

Some MPH requirements will be satisfied by coursework taken in the psychology curriculum. Further information regarding the program and the application process is available from the DCT.

Other Requirements for the Ph.D.

Specific course requirements are listed in the previous section and on the Curriculum Checklists (Appendix A). Statements regarding the master's thesis, the preliminary doctoral examination, and dissertation guidelines are contained in the Department of Psychology Graduate Student Handbook, which is available on the Psychology Department website.

The Graduate School requires that only courses taken during a 9-year period at the University will be accepted toward the Ph.D., and for students entering with a master's degree (thesis approved for acceptance), the time limit is 6 years (See pg. 12 for transfer credit guidelines). Thus, if a student is permitted to continue in the program beyond 9 years, he/she will be required to re-certify all out-of-date coursework via examination or retaking the course. **In most cases, students who do not finish all requirements for the Ph.D. by the end of the 9th year, including the successful defense of the dissertation and formal acceptance of their document by the**

Graduate School, will not be permitted to continue in the program (see Graduate School policy in the Graduate Catalog for time limits).

Scholastic Requirements

As noted in the Graduate Catalog, a "B" (3.0) average is required for continuation and graduation. Students admitted unconditionally are placed on "academic warning" if their average goes below a 3.0, and they must raise their overall average to a 3.0 or better during 12 hours of graded coursework immediately following the period in which the warning status was incurred. Students admitted conditionally must achieve a 3.0 average in their first 12 hours of graded coursework. (see Graduate Catalog)

The Department of Psychology also requires that doctoral students receive no more than two "C"s (or lower) in graduate courses. This requirement is called the "3 C Rule." If a student receives an "F" in a pass-fail course, this failing grade is factored into the "3 C Rule." Grades of "D" or "F" do not receive graduate credit. "A course that is required in a student's curriculum in which a grade of 'D' or 'F' is earned may be repeated for credit, upon the recommendation of the major department or program area and the dean of the Graduate School. Both grades will be considered in the computation of the grade point average." (Graduate Catalog)

The Department of Psychology also requires that clinical students obtain grades of B or higher to demonstrate competency in key training areas. If a student receives a grade of C or lower in a course, they will be required to complete remediation activities to bring the level of performance up to a B based on the instructor's evaluation of performance on remediation activities. Their grade will still be recorded as a "C", though, and the 3 C Rule still applies.

At the discretion of the student's advisor and in consultation with the DCT and the Director of Graduate Studies, students with special needs may be assigned a remedial activity (activities) as part of their academic load. Possibilities include the Writing Lab, auditing such courses as undergraduate Experimental Psychology or Statistics, or other such specific plans that address deficit areas.

Students will occasionally run into deadline problems that necessitate negotiating an "Incomplete" in a particular graduate class. The clinical faculty is flexible regarding such student needs, but we believe that such accommodations should be infrequently implemented. If you find that you need to negotiate an "incomplete" in a course (or drop the course altogether), consult the instructor as well as the DCT.

Related Policies

400/500 Level Courses

A few courses in the Department are offered at the combined 400/500 level, enrolling both qualified senior undergraduate students and beginning graduate students. Graduate students are reminded to sign up for the graduate level number (500 level). Appropriate additional work will be required for graduate credit.

Continuous Full-time Enrollment

The Department does not admit part-time students. The typical load is considered to be 12 hours. A 9-hour maximum is sometimes imposed on students with certain graduate fellowships, particularly graduate research fellowships (i.e., thesis and dissertation fellowships). Although it is most wise to remain in full-time residence (i.e., maintain a residence in Tuscaloosa, be on the University campus at least several times per week, have regular, face-to-face contact with

dissertation chair) until after successfully defending the dissertation, **students must remain in full-time residence until after successful completion of their preliminary exam**.

Enrollment for dissertation credit must be continuous once the dissertation project is begun. This means that once a student has passed his/her prelims, **he/she must register for a minimum of 3 dissertation hours during subsequent fall and spring semesters, including the internship year, until the dissertation has been successfully defended and submitted to the Graduate School. See the <u>Graduate Catalog</u> policy on "Final Semester Dissertation Minimum Registration…" to determine dissertation research hour registration requirements once the dissertation has been <u>submitted</u> to the Graduate School. An exception regarding registration in the final semester is granted to those students on internship whose dissertation has been approved by the Graduate School prior to the final semester.** Specific guidelines for number of hours in relation to amount of anticipated work are detailed in the Graduate Catalog.

Transfer of Graduate Credit

Clinical students may receive partial credit for previous graduate work in psychology. The Graduate School has specific requirements and limitations for awarding such credit as noted in the Graduate Catalog. The student with prior graduate work that encompasses part of the typical first year curriculum will be placed in a slightly different course sequence. For clinical students, the DCT will make a recommendation to the Director of Graduate Studies on the amount of credit to be transferred. Final approval is granted by the Dean of the Graduate School.

For the doctoral degree, a maximum of 50% of the required coursework will be accepted for transfer. For students with master's degrees in psychology, 12-24 hours is more typical. The student desiring transfer of graduate credits should contact the Graduate Programs Assistant to initiate the process, then 1) consult with the faculty member(s) with particular course responsibility to evaluate the equivalence of coursework taken elsewhere*; 2) obtain an email or written note that the faculty member judges the course to be equivalent; 3) give the DCT, the Director of Graduate Studies, and the Graduate Programs Assistant a copy of the notes confirming the equivalency of each course for which he/she wishes to receive transfer credit; 4) contact the Graduate Program's Assistant to see that all pre-approved* courses have been included on the Request for Transfer Credit. The Graduate Programs Assistant will submit the paperwork to the Graduate School and provide the student with a copy of the final approval. The student should check to be sure the coursework has been listed on his or her transcript after receiving a copy of approval. If coursework is approved for transfer credit, a maximum of 2 years will be counted toward the 9-year graduate school deadline (see pg. 10).

*Note: Pre-approval of a course does not guarantee final approval for transfer. The clinical faculty will vote on the acceptability of the course transfer. In addition, both the DCT and the student's faculty mentor must grant final approval of the transfer before the request for transfer will be made to the Graduate School.

Guidelines for Accommodating Students with Disabilities

For students with a disability who wish accommodations, the process begins with the DCT and is considered with the help of the Office of Disability Services (ODS). While it is possible for the program to informally accommodate students without using ODS, it is preferable to involve them in the process. Since the Ph.D. in clinical psychology involves a systematic and sequential program of training, accommodations are considered from an overall programmatic perspective rather than from an individual course perspective. Accommodations are rarely granted on a retroactive basis. One may contact ODS by calling 348-4285.

III. RESOURCES

Facilities

The Department occupies approximately one-half of Gordon Palmer Hall including classrooms, laboratories, and office space. The Psychology Clinic occupies one wing of the McMillan Building and is the primary practicum site for the clinical program. Research space is distributed throughout the building.

Four campus libraries are of major interest to psychology graduate students. These are the Gorgas (main library), Rodgers (science), Health Sciences Library, and McClure (education). The main library includes most of the major psychology journals, abstracts and indices, and reference works. Reading and reserve rooms are also located there. Occasionally, a specialty journal will be located in one of the other libraries. Computer searches of Psychological Abstracts and other sources are readily accessible.

The Psychology Clinic

The Psychology Clinic serves as a psychological resource agency for the campus and community. Supervised services are provided by students in graduate training. These include intellectual and personality assessments, psychotherapy, and psychological consultation. The Psychology Clinic is considered a professional organization, and student trainees are expected to maintain a high level of ethical and professional conduct.

Students enrolled in Basic Practicum will see a majority (if not all) of their clients through the Clinic. In this undertaking, students are guided not only by the course requirements but also by the policies and procedures of the Clinic. A Clinic Manual is available and should be referred to frequently.

IV. PROGRAM PHILOSOPHY AND OBJECTIVES

Clinical Training Aims

The general aims of the program are listed below. We have also formulated specific competencies which more clearly state what is expected of all students.

Within the capabilities of the clinical training program, the student is provided the means by which to meet these objectives (e.g., through coursework, research activities, clinical placements, etc.). Internship training will serve to enhance and broaden the student's clinical skills. Aims and competencies are listed on the following page.

Training Aims and Competencies

Aim 1: Acquire a general knowledge base in the discipline of psychology, broadly construed.

Competencies Expected for Aim 1:

•	Competency 1.1: Students will demonstrate graduate-level understanding of history and systems of psychology.
•	Competency 1.2: Students will demonstrate graduate-level understanding of affective aspects of behavior.
•	Competency 1.3: Students will demonstrate graduate-level understanding of biological aspects of behavior
•	Competency 1.4: Students will demonstrate graduate-level understanding of cognitive aspects of behavior.
•	Competency 1.5: Students will demonstrate graduate-level understanding of developmental aspects of behavior.
•	Competency 1.6: Students will demonstrate graduate-level understanding of social aspects of behavior.
•	Competency 1.7: Students will demonstrate graduate-level knowledge that entails integration of multiple basic discipline-specific content areas (e.g., integration of two of: affective, biological, cognitive, social, or developmental aspects of behavior).
•	Competency 1.8: Students will demonstrate graduate-level understanding of research methods.
•	Competency 1.9: Students will demonstrate graduate-level understanding of statistical analysis.
•	Competency 1.10: Students will demonstrate graduate-level understanding of psychometrics.

Aim 2: Develop profession-wide competencies as part of preparation for practice in health service psychology.

Competencies Expected for Aim 2:

•	Competency 2.1: Students will demonstrate graduate-level understanding of the current body of knowledge in ethical and legal standards.
•	Competency 2.2: Students will demonstrate graduate-level understanding of issues of individual and cultural diversity.
•	Competency 2.3: Students will demonstrate graduate-level understanding of assessment.
•	Competency 2.4: Students will demonstrate graduate-level understanding of intervention.
•	Competency 2.5: Students will demonstrate graduate-level understanding of supervision.
•	Competency 2.6: Students will demonstrate graduate-level understanding of consultation and inter-professional/interdisciplinary skills.

Aim 3: Develop the knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.

Competencies Expected for Aim 3:

•	Competency 3.1: Students will demonstrate a graduate-level understanding of how to develop a research question and relate it to the existing literature.
•	Competency 3.2: Students will demonstrate a graduate-level understanding of how to utilize methodological sophistication sufficient to address the research question.

•   Competency 3.3: Students will demonstrate a graduate-level understanding of how to adequately measure the constructs of interest (e.g., reliability, validity).

•   Competency 3.4: Students will demonstrate a graduate-level understanding of how to provide detailed analysis, interpretation, and discussion of results.

•   Competency 3.5: Students will demonstrate a graduate-level ability to critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including host institution), regional, and national level.

Aim 4: To promote professional values, attitudes, and behaviors (including communication and interpersonal skills) that are critical for practice in health service psychology.

Competencies Expected for Aim 4:

•   Competency 4.1: Students will demonstrate graduate-level professional values, attitudes, and behaviors.

•   Competency 4.2: Students will demonstrate graduate-level communication and interpersonal skills.

Methods of Evaluation of Goal Attainment

Course work is evaluated by the instructor of each course, in accordance with the instructor's grading policies. The clinical work of students is evaluated by core clinical faculty who lead teams in the Psychology Clinic, by adjunct clinical faculty who are active clinicians in the local community, and by on-site supervisors in community practicum placements. We request a written evaluation of each student at the end of each semester. The evaluation of theses and dissertations are made by thesis and dissertation committees appointed by the Director of Graduate Studies (More information on appointment of committees is available in the Graduate Student Handbook.). Members of these committees must be appointed members of the University of Alabama graduate faculty. The student's work on internship is evaluated by the internship directors and staff. We request a written evaluation of each student twice a year. In the overall evaluation of each student, the faculty consider grades in courses, comments of course instructors, evaluations from clinical supervisors, evaluations from thesis and dissertation committee members, reports from students of scholarly activity during the year, reports from internship directors, and timeliness of progress through the program. Yearly evaluative summaries are co-written by the student's advisor and the DCT and provided to each student, as well as included in the student's program file.

For more specific details on our evaluation processes including the minimum level of achievement for each student, please see Appendix H.

Course/Teaching Evaluations

The Department uses the Student Opinion of Instruction (SOI) evaluation system, and most instructors provide students with more open-ended and detailed opportunities to critique courses each semester. Specific forms have been devised to elicit feedback for the Psychotherapy Practica. Otherwise, instructors may use a range of standardized or self-designed formats. Students' opinions are valued and constructive feedback is genuinely appreciated.

Students should also expect to be given a fairly detailed syllabus indicating course requirements, expectations, and grading policies. Inquiry is invited when such matters are unclear. Students in practicum also receive detailed evaluation (both oral and written) of their performance (strengths, weaknesses, etc.) as part of the course contract.

V. STUDENT CONCERNS AND INTERESTS

Advising and Evaluation

Each clinical student is assigned an advisor who is available to discuss program requirements and who supervises the student's initial research activities. The advisor may be any member of the clinical training committee which includes all clinical faculty as well as several non-clinical faculty members. In addition, the students may expect to have frequent contact with the Director of Graduate Studies and the DCT, both of whom have substantial involvement in matters of curriculum, financial assistance, and program requirements.

It is the general expectation that students will remain with their initial research advisor for at least the first year and probably through the completion of their master's thesis. However, we recognize that there are some circumstances in which the student may want to change advisors during an academic year or before the end of the master's thesis. When any potential switch is considered during the year, it will be necessary to consider the source of the student's funding and how such a switch would impact the student as well as the faculty member. For example, if the student is funded on a faculty member's grant, it will be important to work out a plan that does not entail a sudden abandonment of the student's job responsibilities. It is not always the case that an alternative source of financial aid can be offered to the student at mid-year. We encourage students to discuss any concerns with their advisor, to be specific, and to ask directly for what they want and need. If a student is considering options for switching to another research advisor, it is acceptable to talk with other potential faculty mentors. However, once a student has made a decision to switch advisors, it is important to inform the faculty advisor about it first. If the student is uncomfortable, or unclear about how to do this, meeting with the DCT, Associate DCT, the Director of Graduate Studies, or the Department Chair for planning purposes can be helpful.

Student progress is evaluated continuously. Multiple criteria are used depending on the level (year) of the student. These include: (1) performance in coursework, (2) clinical functioning, (3) research progress, (4) thesis and thesis defense, (5) preliminary examination (and dissertation proposal), (6) dissertation and oral defense, and (7) ethical and professional functioning.
At the end of each academic year, the faculty evaluate student progress toward achieving the Ph.D. The primary purpose of this evaluation is to provide an opportunity to update the entire faculty about students' accomplishments during the past year. Additionally, a yearly evaluation provides an opportunity to remedy any situations that may lead to future difficulties and recommend a course of action that would allow students to earn a degree and obtain the type of job that they want.

To facilitate the evaluation process, each student is asked to submit an updated VITA, completed Student Activity Report (Appendix C), and Time2Track Logs for the year. The activity report is designed to update each student's primary advisor about his/her activities during the past year and will allow all faculty to learn about the progress of students who are not under their direct supervision. This is also a good opportunity for students to reflect on their progress in the program and to develop personal goals for the upcoming year. The Student Activity Report (SAR) form is comprehensive in that it includes opportunities for students to describe their coursework, research, clinical training, teaching, assistantships, and service activities during the past year. It is not expected that students will have participated in all of these activities during the past year. The list is comprehensive to allow students to describe the particular areas that they focused on during the year. In addition to the SAR, students are expected to provide copies of their clinical evaluations and teaching performance ratings from the past year. Supervisors are expected to supply students with these evaluations at the end of each semester so that they can be attached to the activity report. Students are encouraged to ask their supervisors for a copy of the written evaluation at the end of each semester. Students are required to give the completed SAR

(including copies of teaching and clinical evaluations), their completed Training Logs, and their VITA to their primary advisor on or before **April 30th** of the year.

The faculty meet to discuss student progress during May each year. During this meeting, faculty advisors will use the SAR and their own observations to present a brief overview of each student's progress in the areas of research, clinical training, teaching, service, and coursework. The entire faculty will then share information about each student's strengths and any suggestions for improvement. Following this meeting, faculty advisors will write a letter for each of their students detailing the student's accomplishments during the past year and any suggestions from the faculty for the future year. Faculty advisors will then obtain the signature of the DCT on the letters and contact each student to schedule a meeting to discuss the letter and to provide an opportunity for the student to discuss any of his or her ideas or concerns. If the advisor does not schedule such a meeting in a timely fashion, the student is encouraged to either remind the faculty member to schedule this meeting or to discuss the problem with the DCT. At the meeting with his or her advisor, the student will be given an opportunity to write any comments at the bottom of the letter and will be asked to sign the letter. A copy of the signed letter will be placed in the student's file along with the SAR, VITA, and Training Logs. The original, signed letter will be returned to the student by the Graduate Program's Assistant.

After meeting with his or her advisor, if a student desires additional feedback about his or her performance in the program, he or she is encouraged to schedule a meeting with the DCT. Also, if there are significant concerns about a student's progress, the DCT will meet with the student and the student's advisor. In the event that remediation and/or dismissal recommendations are made by the faculty, the policies outlined in the Graduate Student Handbook will be followed.

Although this more formal evaluation only occurs annually, more frequent informal feedback meetings typically occur throughout the year. Faculty members are encouraged to meet with students regularly to provide both positive feedback and suggestions for improvement. Students are encouraged to ask faculty for feedback regarding their performance.

The clinical training faculty meets monthly during the academic year at which time students may be discussed. The student's advisor conveys to the student the fact that he/she was discussed and the content of the discussion. The student may also receive a letter indicating that certain problems have been identified. If problems are perceived, the student may also be counseled as to possible courses of action. In some cases, remediation will be advised. In the rare case where the magnitude of the problem is such that the faculty considers remediation unfeasible, the student will be counseled out of the clinical program. The procedure for these steps is outlined in the Graduate Student Handbook.

Registration

Contact with one's advisor, concentration coordinator, and the DCT is part of the registration process. Early registration allows faculty and students to plan in advance for the subsequent semester. Students should consult with their advisors and/or concentration coordinators during the pre-registration period, prior to actually registering for coursework. **To facilitate the Department's allocation of instructional resources, all on-campus graduate students are required to pre-register. Necessary changes in schedules can always be made at a later date.**

Financial Assistance

Clinical students receive financial assistance through a variety of sources. Although some stipends may be sufficient to support a student fully for a given year, it is more typically the case that loans, personal savings, and other resources are used by students during their graduate training.

Students compete at the University level for fellowships awarded through the Graduate School. They are nominated by the Department based on grade point average, national test scores, and (in the case of Research Fellows) research proposals. Other fellowships may be available through Federal training grants awarded to the Department or research grants awarded to individual faculty.

Teaching and research assistantships are awarded within the Department and require from quarter-time (10 hrs/wk) to half-time (20 hrs/wk) service. Duties of teaching and research assistants are assigned at the beginning of each semester. Also, a number of opportunities are available for students to work part-time in a clinical setting for remuneration (Page 7, "Clinical Placements").

Recommendations for fellowships and assistantships are made by the Director of Graduate Studies in consultation with the DCT. Clinical placement decisions are made by the DCT through consultation with the sponsoring agency and the coordinator of the student's specialty area. Priority for financial assistance is made based on the student's progress through the program and specific training needs.

Whenever possible, assignments are rotated to provide a variety of opportunities for each student. The clinical training program has as an important goal to provide financial assistance for as many students as possible. Maintaining as many degrees of freedom toward assigning assistantships and placements increases the likelihood of achieving this goal. Thus, students who are qualified for two sources of funding may sometimes be asked to take their second choice so that a student who is qualified for only one of the two sources of funding can be given financial assistance. Also, there may be circumstances when a student is reassigned to the same source of funding for an additional year, usually where certain qualifications exist and no other qualified student is available.

Summer financial support for students not on 12-month appointments is often available. Students should plan accordingly to apply for the limited fellowships, assistantships, and clinical clerkships that may be announced. Work study and student loan opportunities should also be explored.

Tuition Grants

Assistantships and fellowships carry partial or full tuition grants as specified in the memorandum of appointment. Note that although departmental GRAs and GTAs carry both out-of-state and in-state tuition grants, not all federally-supported GRAs carry out-of-state tuition, and some carry no tuition grants whatsoever. **Do not assume that your assistantship carries a tuition grant unless your memorandum of appointment specifically states this is so.**

Student Office Space

Students are assigned offices on a temporary yearly basis. Typically, this is shared space, usually without telephones. Assignments are made by the Graduate Program's Assistant at the beginning of each academic year. Space is sometimes allocated to students based on their research or training interests (e.g., health, geropsychology, child, psychology & law). Due to University regulations, students may not paint their offices. **Offices are University property and thus, considered public. Therefore, students should be mindful of the appropriateness of anything written or displayed in these offices.**

Social Communication and Public Professionalism Policy

Increasingly, as information becomes more publicly available, lines between public and private information are blurring. Many students have websites, blogs, email signature lines, and voicemail messages that are entertaining and reflect their personal preferences and personalities. However, students should consider the potential impact of this information on their professional image. For

example, if the student uses his/her personal telephone or email account for professional purposes, clients, research participants, and potential employers may view the student as less professional than desired. (See **Appendix J** for our policy.)

Memberships

Students are encouraged to become members of various psychological associations, including the American Psychological Association and the American Psychological Society. Almost all associations have a student or affiliate type membership category at greatly reduced dues. The benefits may include publications (or discounts), conference discounts, and newsletters.

The APA has a number of divisions (e.g., clinical; social; health; children and youth; psychology and law) that might be of interest to students as well as a graduate student association within APA (APAGS). In addition, many students join the Southeastern Psychological Association (SEPA) and the Alabama Psychological Association (aPA). Historically, many faculty and students attend the annual SEPA meetings in March, usually presenting papers. aPA has an annual meeting in late spring and a mid-winter conference. Student papers are encouraged, and cash awards are given for outstanding papers. Student membership is also available in such groups as the Association for Behavioral and Cognitive Therapies (ABCT), the Society of Pediatric Psychology, and the American Association of Correctional Psychologists. Check with faculty for further details. Membership application forms are available on the organization's web page.

Contacts with Graduates

The Clinical Program, as well as the Department as a whole, attempts to maintain contact with graduates. First jobs, moves, elections, licensure, promotions, publications, and the like are of interest to faculty and fellow graduates. The Department publishes a periodic newsletter/directory which shares this information. We ask graduates to maintain contact with the Department by informing us of address and job changes. In turn, we attempt to keep graduates abreast of developments in the Department. Copies of the most recent Newsletter are available from the Department Chair's secretary.

Books and Materials

The clinical program maintains a limited library of materials including directories, catalogs, and guidelines (e.g., APA Accreditation Handbook, Directory of State Licensing Requirements for Psychologists, Internship Directory) which is available from the DCT. The Psychology Clinic also has a limited reference library as well as an extensive collection of professional training resources available on a check-out basis.

Each instructor provides a course syllabus which lists required books and materials. Textbooks and readings are selected both for their immediate relevance and their usefulness as a later reference source.

Additional materials that may not be assigned to specific courses are also required for clinical students. These should be purchased (some are free) upon entry into the clinical program.

APPENDICES

Appendix A
Clinical Child Psychology Curriculum Checklist

Name: _____ CWID: _____ Date Entered: _____ Mentor:_____

General Psychology Core (21)	Sem/Yr	Grade	Cr. Hrs.
PY 652 Affect & Lifespan Development	_____	_____	_____
PY 650 Cognition & Learning	_____	_____	_____
PY 672 Advanced Social	_____	_____	_____
PY 695 Teaching of Psychology	_____	_____	_____
*PY 671 History & Systems (if needed)	_____	_____	_____
PY 629 Biological Bases of Behavior	_____	_____	_____
**PY 630 Affective Neurophysiology	_____	_____	_____

Research

PY 698 Graduate Research (1-3 P/F)

Sem/Yr	Grade	Hours
_____	_____	_____

PY 599 Thesis Research (min **6 hrs**.)

Sem/Yr	Grade	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Research Skills Core (12)			
PY 607 Research Methods	_____	_____	_____
PY 602 Advanced Stats I	_____	_____	_____
PY 603 Advanced Stats II	_____	_____	_____
Stats 3 approved option:			
_____			

Date defended: _____

Stats Minor (optional):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Title: _____

_____

Stats Minor – 3 additional courses or 2 additional courses, teaching a section of 211   _____
        or TAing for a section of Graduate Stats (5+1)

Clinical Core (19 + 2 P/F)			
PY 609 Psychological Assessment I (4 hrs)	_____	_____	_____
PY 658 Psychopathology	_____	_____	_____
PY 619 Principles of Psychotherapy	_____	_____	_____
PY 621 Psychotherapy Lab (1 hour P/F)	_____	_____	_____
PY 608 Introduction to Ethics	_____	_____	_____
PY 690 Cultural Competency	_____	_____	_____
PY 617 Supervision, Consultation	_____	_____	_____
and Inter-professional Skills			
PY 664 Psychometrics (1 hour P/F)	_____	_____	_____

Date M.A. received: _____

PY 699 Dissertation Res (min **24 hrs**.)

Sem/Yr	Grade	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Advanced Coursework in Clinical Child Psychology (6 + 4 P/F)			
PY 612 Psychological Assessment III	_____	_____	_____
PY 666 Child Treatment	_____	_____	_____
PY 669 Seminar in Clinical Child Psych	_____	_____	_____
(4 semesters required – P/F)	_____	_____	_____

Prelim: _____

Candidacy: _____

Practica (10+)			
PY 631 Practicum in Psychology I (P/F)	_____	_____	_____
(2nd year: fall – 3 hrs; spring – 3 hrs;	_____	_____	_____
Summer – 1 hr; 7 credit hrs required)	_____	_____	_____
***PY 631 Peer Supervision (1 semester)	_____	_____	_____
PY 639 Practicum in Psychology IX	_____	_____	_____
(Adv. Child Practicum -	_____	_____	_____
4 semesters required – P/F)	_____	_____	_____
(one semester of PY 639 forensic; if applicable)_____	_____	_____	
PY 641 Advanced Clinical Placement	_____	_____	_____
(1-3 hr – may have multiple semesters	_____	_____	_____
-- for external placements – P/F)			

Defense: _____

Other Coursework:

PY _____   _____

PY _____   _____ _____

PY _____   _____ _____

PY _____   _____ _____

PY _____   _____ _____

* PY 671 not required if student received a B or higher in History & Systems at their undergraduate institution.
** PY 629 is a PY 630 prerequisite. ***Serving as a peer supervisor in PY 639 can replace this requirement.

Appendix A
Clinical Geropsychology Curriculum Checklist

Name: _____ CWID: _____ Date Entered: _____ Mentor: _____

General Psychology Core (21)	Sem/Yr	Grade	Cr. Hrs.
PY 652 Affect & Lifespan Development	_____	_____	_____
PY 650 Cognition & Learning	_____	_____	_____
PY 672 Advanced Social	_____	_____	_____
PY 695 Teaching of Psychology	_____	_____	_____
*PY 671 History & Systems (if needed)	_____	_____	_____
PY 629 Biological Bases of Behavior	_____	_____	_____
**PY 630 Affective Neurophysiology	_____	_____	_____

Research Skills Core (12)			
PY 607 Research Methods	_____	_____	_____
PY 602 Advanced Stats I	_____	_____	_____
PY 603 Advanced Stats II	_____	_____	_____
Stats 3 approved option:			
_____	_____	_____	_____
Stats Minor (optional):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stats Minor – 3 additional courses or 2 additional courses, teaching a section of 211 or TAing for a section of Graduate Stats (5+1)

Clinical Core (19 + 2 P/F)			
PY 609 Psychological Assessment I (4 hrs)	_____	_____	_____
PY 658 Psychopathology	_____	_____	_____
PY 619 Principles of Psychotherapy	_____	_____	_____
PY 621 Psychotherapy Lab (1 hour P/F)	_____	_____	_____
PY 608 Introduction to Ethics	_____	_____	_____
PY 690 Cultural Competency	_____	_____	_____
PY 617 Supervision, Consultation and Inter-professional Skills	_____	_____	_____
PY 664 Psychometrics (1 hour P/F)	_____	_____	_____

Advanced Coursework in Clinical Geropsychology (9+ 4 P/F)			
PY 610 Psychological Assessment II	_____	_____	_____
PY 687 Clin Psych of Aging	_____	_____	_____
PY 688 Seminar in Geropychology (1 hr)	_____	_____	_____
(4 semesters required – P/F)	_____	_____	_____

Practica: (10+)			
PY 631 Practicum in Psychology I (P/F)	_____	_____	_____
(2nd year: fall – 3 hrs; spring – 3 hrs;	_____	_____	_____
Summer – 1 hr; 7 credit hrs required)	_____	_____	_____
***PY 631 Peer Supervision (1 semester)	_____	_____	_____
PY 642 Practicum in Psychology XI (1-3 hr)	_____	_____	_____
(2 years required, including	_____	_____	_____
summers – P/F)	_____	_____	_____
PY 641 Advanced Clinical Placement	_____	_____	_____
(1-3 hr – may have multiple semesters -- for external placements – P/F)	_____	_____	_____

Research

PY 698 Graduate Research (1-3 P/F)

Sem/Yr	Grade	Hours
_____	_____	_____

PY 599 Thesis Research (min **6 hrs**.)

Sem/Yr	Grade	Hours
_____	____	____
_____	____	____
_____	____	____
_____	____	____
_____	____	____
_____	____	____

Date defended: _____

Title: _____
_____
_____

Date M.A. received: _____

PY 699 Dissertation Res (min **24 hrs**.)

Sem/Yr	Grade	Hours
_____	____	____
_____	____	____
_____	____	____
_____	____	____
_____	____	____
_____	____	____
_____	____	____
_____	____	____

Prelim: _____

Candidacy: _____

Defense: _____

Other Coursework:
PY _____   _____
_____   ____ ____
PY _____   _____
_____   ____ ____
PY _____   _____
_____   ____ ____

* PY 671 not required if student received a B or higher in History & Systems at their undergraduate institution.
** PY 629 is a PY 630 prerequisite.
***Serving as a peer supervisor in PY 642 can replace this requirement.

Appendix A
Clinical Health Psychology Curriculum Checklist

Name: _____ CWID: _____ Date Entered: _____ Mentor: _____

General Psychology Core (21)	Sem/Yr	Grade	Cr. Hrs.
PY 652 Affect & Lifespan Development	_____	_____	_____
PY 650 Cognition & Learning	_____	_____	_____
PY 672 Advanced Social	_____	_____	_____
PY 695 Teaching of Psychology	_____	_____	_____
*PY 671 History & Systems (if needed)	_____	_____	_____
PY 629 Biological Bases of Behavior	_____	_____	_____
**PY 630 Affective Neurophysiology	_____	_____	_____

Research

PY 698 Graduate Research (1-3 P/F)

Sem/Yr	Grade	Hours
_____	_____	_____

PY 599 Thesis Research (min **6 hrs**.)

Sem/Yr	Grade	Hours
_____	____	____
_____	____	____
_____	____	____
_____	____	____

Research Skills Core (12)			
PY 607 Research Methods			
PY 602 Advanced Stats I	_____	_____	_____
PY 603 Advanced Stats II	_____	_____	_____
Stats 3 approved option:	_____	_____	_____
_____	_____	_____	_____
Stats Minor (optional):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date defended: _____

Title: _____

_____

_____

Stats Minor – 3 additional courses or 2 additional courses, teaching a section of 211
or TAing for a section of Graduate Stats (5+1)

Date M.A. received: _____

Clinical Core (19 + 2 P/F)			
PY 609 Psychological Assessment I (4 hrs)	_____	_____	_____
PY 658 Psychopathology	_____	_____	_____
PY 619 Principles of Psychotherapy	_____	_____	_____
PY 621 Psychotherapy Lab (1 hour P/F)	_____	_____	_____
PY 608 Introduction to Ethics	_____	_____	_____
PY 690 Cultural Competency	_____	_____	_____
PY 617 Supervision, Consultation	_____	_____	_____
and Inter-professional Skills			
PY 664 Psychometrics (1 hour P/F)	_____	_____	_____

PY 699 Dissertation Res (min **24 hrs**.)

Sem/Yr	Grade	Hours
_____	____	____
_____	____	____
_____	____	____
_____	____	____
_____	____	____
_____	____	____
_____	____	____

Advanced Coursework in Clinical Health Psychology (6 + 4 P/F)			
PY 693 Health Psychology/Behavioral	_____	_____	_____
Medicine (3 hrs)			
PY 610 Psychological Assessment II	_____	_____	_____
PY 688 Seminar in Health Psych (1 hr)	_____	_____	_____
(4 semesters required; P/F)	_____	_____	_____
	_____	_____	_____

Prelim: _____

Candidacy: _____

Practica: (10+)			
PY 631 Practicum in Psychology I (P/F)	_____	_____	_____
(2nd year: fall – 3 hrs, spring – 3 hrs;	_____	_____	_____
Summer – 1 hr; 7 credit hrs required)	_____	_____	_____
PY 631 Peer Supervision (1 semester)	_____	_____	_____
	_____	_____	_____
PY 641 Adv Health Psych Practicum	_____	_____	_____
(1-3 hrs – two sems required – may	_____	_____	_____
have multiple semesters (P/F)	_____	_____	_____

Defense: _____

Other Coursework:

PY _____   _____

PY _____   ____ ____

PY _____   _____

PY _____   ____ ____

* PY 671 not required if student received a B or higher in History & Systems at their undergraduate institution.
** PY 629 is a PY 630 prerequisite.

Appendix A
Psychology & Law Curriculum Checklist

Name: _____ CWID: _____ Date Entered: _____ Mentor: _____

General Psychology Core (21)	Sem/Yr	Grade	Cr. Hrs.
PY 652 Affect & Lifespan Development	_____	_____	_____
PY 650 Cognition & Learning	_____	_____	_____
PY 672 Advanced Social	_____	_____	_____
PY 695 Teaching of Psychology	_____	_____	_____
*PY 671 History & Systems (if needed)	_____	_____	_____
PY 629 Biological Bases of Behavior	_____	_____	_____
**PY 630 Affective Neurophysiology	_____	_____	_____

Research Skills Core (12)			
PY 607 Research Methods	_____	_____	_____
PY 602 Advanced Stats I	_____	_____	_____
PY 603 Advanced Stats II	_____	_____	_____

Stats 3 approved option:
_____ _____ _____ _____

Stats Minor (optional):
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Stats Minor – 3 additional courses or 2 additional courses, teaching a section of 211
          or TAing for a section of Graduate Stats (5+1)

Clinical Core (19 + 2 P/F)			
PY 609 Psychological Assessment I (4 hrs)	_____	_____	_____
PY 658 Psychopathology	_____	_____	_____
PY 619 Principles of Psychotherapy	_____	_____	_____
PY 621 Psychotherapy Lab (1 hour P/F)	_____	_____	_____
PY 608 Introduction to Ethics	_____	_____	_____
PY 690 Cultural Competency	_____	_____	_____
PY 617 Supervision, Consultation and Inter-professional Skills	_____	_____	_____
PY 664 Psychometrics (1 hour P/F)	_____	_____	_____

Advanced Coursework in Clinical Psychology & Law (9 + 4 P/F)			
PY 610 Psychological Assessment II	_____	_____	_____
PY 676 Forensic Assessment	_____	_____	_____
***PY 678 Forensic Psychology	_____	_____	_____
PY 679 Seminar in Psychology & Law (4 semesters required; P/F)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Practica: (10+)
PY 631 Practicum in Psychology I (P/F)   _____ _____ _____
(2nd year: fall – 3 hrs; spring – 3 hrs;   _____ _____ _____
 Summer – 1 hr; 7 credit hrs required)
PY 631 Peer Supervision (1 semester)   _____ _____ _____
***PY 637 Practicum in Psychology VII   _____ _____ _____
PY 641 Advanced Clinical Placement   _____ _____ _____
(may have multiple sems -
          for external placements – P/F)   _____ _____ _____

Research
PY 698 Graduate Research (1-3 P/F)

Sem/Yr	Grade	Hours
_____	_____	_____

PY 599 Thesis Research (min **6 hrs**.)

Sem/Yr	Grade	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date defended: _____

Title: _____
_____
_____

Date M.A. received: _____

PY 699 Dissertation Res (min **24 hrs**.)

Sem/Yr	Grade	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prelim: _____

Candidacy: _____

Defense: _____

Other Coursework:
PY _____   _____
PY _____   _____
PY _____   _____ ___
PY _____   _____
_____   _____ ____

* **PY 671 not required if student received a B or higher in History & Systems at their undergraduate institution.**
** **PY 629 is a PY 630 prerequisite.**
*** **Please note that students may choose between PY 678 OR PY 637 to fulfill the concentration-specific course requirement.**

Appendix B

Policies for Evaluation of Student Progress
(Revised August 16, 2020 – MAJ)

At the end of each academic year, the faculty in the program evaluate student progress toward achieving the Ph.D. The primary purpose of this evaluation is to provide an opportunity to update the entire faculty about students' accomplishments during the past year. Additionally, a yearly evaluation provides an opportunity to remedy any situations that may lead to future difficulties and recommend a course of action that would allow students to earn a degree and obtain the type of job that they want.

To facilitate the evaluation process, we ask that students submit a copy of their VITA and complete a Student Activity Report (SAR) for the year, including with it copies of their clinical evaluations and teaching performance ratings from the past year. Supervisors are expected to supply students with these evaluations at the end of each semester. Additionally, as of Jan. 1, 2005, students are being asked to keep a cumulative record of the therapy and assessment activities using Time2Track logs, and we are asking students to submit those logs with their SARs. The activity reports are designed to update each student's primary advisor about his or her activities during the past year and will allow all faculty to learn about the progress of students who are not under their direct supervision. This is also a good opportunity for students to reflect on their progress in the program and to develop personal goals for the upcoming year. The SAR form is comprehensive in that it includes opportunities for students to describe their coursework, research, clinical training, teaching, assistantships, and service activities during the past year. It is not expected that students will have participated in all of these activities during the past year. The list is comprehensive to allow students to describe the particular areas that they focused on during the year. **Students are expected to give the completed activity report (including copies of clinical evaluations) and their VITA to their primary advisor and the Director of Clinical Training on or before April 30 of the year.**

The faculty meets to discuss student progress during May each year. During this meeting, faculty advisors will use the SAR, written evaluations, therapy/assessment logs, VITAs, and their own observations to present a brief overview of each student's progress in the areas of research, clinical training, teaching, service, and coursework. The entire faculty will then share information about each student's strengths and any suggestions for improvement. Following this meeting, faculty advisors will write a letter summarizing the student's accomplishments during the past year and any suggestions from the faculty for the future year. When the letter is completed, faculty advisors will contact each student and schedule a meeting to discuss the letter and to provide an opportunity for students to discuss any of their ideas or concerns. Students are encouraged to remind faculty members to schedule this meeting! At this meeting, each student will be given a copy of his or her detailed feedback letter. Students will be given the chance to write any comments at the bottom of the letter and will be asked to sign the letter. A copy of the SAR, VITA, and feedback letter will be placed in each student's file.

After meeting with his or her advisor, if a student desires additional feedback about his or her performance in the program, he or she is encouraged to schedule a meeting with the Director of Clinical Training. Also, if there are significant concerns about a student's progress, the Director of Clinical Training will meet with the student and his/her advisor. In the event that remediation and/or dismissal recommendations are made by the faculty, the policies outlined in the Graduate Student Handbook will be followed.

Although this more formal evaluation only occurs annually, more frequent informal feedback meetings are encouraged throughout the year and **students are evaluated throughout their training regarding their attainment of competencies at the minimal level of achievement (see Appendix H for details).** Faculty members are encouraged to meet with students regularly to provide both positive feedback and suggestions for improvement. Students are encouraged to ask faculty for feedback regarding their performance.

Appendix C

University of Alabama
Clinical Psychology Program
Yearly Student Activity Report (May 1 - April 30)
Attach Copy of Vita

Student: _____   Academic Year: 2020-2021

Area (child, health, gero, law): _____   Research Supervisor: _____

Year in Program: _____   Date Degree Expected: _____

GENERAL REQUIREMENTS

Courses Taken and **Grades** in Past 12 Months (other than thesis or dissertation):

Summer   Fall   Spring

Coursework Planned for Next 12 Months (other than thesis or dissertation):

Summer   Fall   Spring

Awards Received or Other Accomplishments in Past 12 Months:

RESEARCH ACTIVITIES

Progress of Thesis or Dissertation Research in Past 12 Months:

Publications (indicate if Submitted, Accepted, or Published)

Conference Presentations:

Clinical Training Manual Appendices

Other Work in Progress (Title, supervisor, work accomplished in past 12 months):

Research Assistantships in Past 12 Months:

CLINICAL ACTIVITIES

Practicum Placements and Supervisors in Past 12 Months
(Attach Copy of Placement Evaluations):

Clinical Assistantships in Past 12 Months (Include Copy of Supervisor's Evaluation):

Other Clinical Activities and Supervisors:

Therapy and Assessment Hours (**include Time2Track printout**):

	This Year	Cumulative
Assessment		
Intervention		
Supervision		

TEACHING ACTIVITIES

Courses Taught in Past 12 Months:

Student Feedback (Include Numerical Evaluations if Available):

Teaching Assistantships in Past 12 Months:

SERVICE ACTIVITIES (e.g., committees, SGA offices held, volunteer efforts, etc)

GOALS FOR THE COMING YEAR (include timetable)

Research:

Are you interested in applying for a competitive GRA position for the next academic year?   Y   N

If so, please provide your plans for how you would use a funded GRA position to further your research productivity?

Clinical:

Teaching:

Service:

INITIAL CAREER OBJECTIVES (e.g., post doc, private practice, hospital, academic)

STUDENT COMMENTS ON PROGRESS IN PAST 12 MONTHS
(Provide your own self-evaluation of your performance in the research, clinical, teaching, and service areas. Are there any specific areas or concerns that you would like to discuss with your advisor during your meeting?)

MENTORSHIP

Please discuss **at least one** positive aspect of your relationship with your mentor this past year:

Please discuss **at least one** area for improvement in the mentor-mentee relationship this next year:

Student Signature: _____   **Date:** _____

Advisor's Signature: _____   **Date:** _____

Appendix D

Guidelines for External Practicum Placement
(Paid or unpaid)
The University of Alabama
Clinical Psychology Training Program

Designated graduate students in the clinical psychology doctoral program at the University of Alabama shall be permitted to provide psychological services to clients of cooperating agencies. Such services shall be provided only under the following condition:

1.	All external practica shall be negotiated and approved by the Director of Clinical Training.

2.	The student shall be registered for supervised Practicum or Advanced Clinical Placement.

3.	The agency and/or sub-unit shall have identified a primary agency contact person (licensed psychologist) to whom the student is responsible.

4.	The student shall enter treatment notes or make other such oral and/or written information available as required by the agency's policies.

5.	The student's role in providing psychological services shall be considered as secondary. That is, primary responsibility for clients remains with the sponsoring agency. Accordingly, the student role may be terminated at any time at the discretion of the agency.

6.	The student will maintain contact with clinical psychology faculty (usually the Director of Clinical Training or Associate Director of Clinical Training) for purposes of training and feedback.

7.	The faculty supervisor (usually the Director of Clinical Training or the Associate Director of Clinical Training) and the agency psychologist will maintain contact as needed.

8.	At no time will agency records that the student is permitted to review be taken from the agency premises. Notes relevant to case consultation from departmental faculty may be developed using code names or numbers.

9.	All contacts with clients shall be at approved/designated locations within the agency.

10.	The designated or agency supervisor will provide weekly supervision to the student. The supervision will cover all of the student's duties.

11.	The purpose of external placements is to provide clinical training for the assigned student and should be considered educational opportunities. Thus, the student should not be treated like or expected to carry the workload of agency staff.

12.	Other safeguards that the agency deems to be in the best interests of client protection and welfare shall be followed.

Appendix E

Sources of Financial Support
The University of Alabama
Clinical Psychology Training Program

Awarded through the Department (usually includes a grant for some or all of tuition)
- Graduate Teaching Assistantships - require up to half-time teaching and equivalent support of the instructional program
- Provost Enhanced Research Assistantships ("White Paper") - support for up to half-time research and related departmental activities
- Psychology Clinic Assistantships - a training stipend for advanced students to provide service and teaching assistance in the Psychology Clinic
- Clinical Traineeships - when available through the federal grants, to support students enrolled in designated areas of study
- Research Traineeships and Assistantships - when available through faculty grants, to support trainees in specific research activities and projects
- Margaret S. Quayle Scholarship - tuition assistance for a female graduate student with an outstanding graduate record

Awarded through the Graduate School (upon nomination by the Department/includes a grant for all tuition during academic year)
- Graduate Council Fellowship - for first-year students with an outstanding record. Nonrenewable; competitive campus-wide
- Graduate Council Research Fellowships - support for advanced students engaged in thesis or dissertation research. Competitive campus-wide
- National Alumni Association Graduate Fellowship - for Alabama residents who plan careers in health professions. Competitive campus-wide.
- McNair Fellowship – for under-represented student groups and first-generation college students; two-year fellowship. Competitive campus wide.

External Fellowship
- Southern Regional Education Board - 3-yr. fellowships for minority students

Paid Clinical Placements/UA facilities (usually includes a grant for some or all of tuition costs)
- Brewer-Porch Children's Center - half-time service for advanced students in the clinical child training program
- Student Counseling Center - half-time service for advanced students
- University Medical Center - half-time service for advanced students in child and adult testing; individual group, and family therapy; medical populations.

Paid Clinical Placements with Cooperative Programs/Community sites (does not include tuition)
- Taylor Hardin Secure Medical Facility - half-time service for students 2nd year and beyond in evaluating and treating legal offenders
- Bryce Psychiatric Hospital – half-time service in admissions unit
- Mary Starke Harper Geriatric Center – half-time service for advanced students in psychiatric care of geriatric patients

Other opportunities for paid placements occur on a regular basis.

Note: Support is usually awarded/designated for periods of one year or less, although some awards carry with them a 2-3 year guarantee of financial assistance. Certain awards carry limitation on the minimum or maximum course load expected of the student. State and Federal taxes are deducted from assistantships and placement stipends.

Appendix F

Practicum Requirements
University of Alabama
Clinical Psychology Training Program

(Consult individual course syllabi, Clinical Training Manual, and Psychological Clinic Manual for additional details)

Assessment and Diagnosis
  [1st & 2nd year]

PA I, II, & III (2 required; PA I for all students)
Each has practicum component which includes assessments, diagnostic interviews, report writing, and supervision.
      [6-9 semester hours credit]

Psychotherapy/Intervention
  [2nd year]

Basic Practicum
Fall/Spring (2nd year) - Familiarization with Clinic policies, intakes, observation of and joint sessions and supervision with advanced students, initial assumption of cases 3-5 clients weekly, ordinarily in the Psychology Clinic; group and individual supervision; case conferences and seminars.
      [3 semester hours credit/semester]

Summer (2nd year) -. Continuation of Basic Practicum to complete the 100 client contact hours
      [1 semester hour credit]

Goal: 100* client contact hours plus case notes and summaries, (plus approx. 30 hours supervision and case conferences). Students receive written feedback at the end of each semester.

*Up to 25 clinical hours may be counted toward basic practicum hours from settings outside the Clinic but require **approval from the DCT. These hours can be accrued during the first or 2nd year.**

Advanced/Specialty Practicum
  [3rd or 4th year]

Practicum III-XI
May be taken in the Clinic and/or other approved practicum facility. Course requirements specified in syllabus.

Goal: 60 hours direct client contact, plus approximately 40 hours of supervision and related activities appropriate to the setting or services (e.g., staffing conferences, case consultation, treatment planning, training seminars). Specialty practica have included Advanced Child Practicum, Forensic Practicum, and Geropsychology Practicum. Students receive written performance feedback. For clinical child students, at least one semester of advanced child practicum MUST be supervised by a clinical child faculty member.
      [1-3 hrs. credit]

Note: With prior approval, a student may receive credit (up to 3 semester hours) for a Specialty Practicum while serving as a paid clinical trainee in a sponsoring agency. The student must be registered for the appropriate practicum course, and the placement must fulfill the objectives of the specialty practicum as determined by the Clinical Committee and the faculty responsible for each

specialty practicum. Supervision arrangements, either by program faculty or adjunct faculty, must be consistent with those guidelines noted above.

Advanced Clinical Placements (Optional) [3rd/4th year]	These experiences are typically stipend placements funded by the sponsoring agency. They range from quarter-time to half- time. The student is an "employee" of the host agency, and all clinical work is supervised (via individual and group meetings, case consultations, staff meetings, and other forms of feedback and training). Students receive written and oral feedback via evaluation forms each semester from adjunct faculty supervisor(s) and performance is reviewed by clinical faculty.

Though these experiences are optional, most students have at least one year of Advanced Clinical Placement prior to internship. It is the goal of the program to provide access to such experiences to every student. Students on Advanced Clinical Placements must register for 1 hr. of PY 641 each semester, including summer, unless they are receiving practicum coursework credit for the summer.

ALL work of a clinical nature outside the assigned placement MUST be approved by the DCT.

The student must be registered for practicum/placement credit during any semester in which he/she performs work of a clinical nature.

Appendix G

Readiness for Practicum Level Rating Form

Demographic Information

Trainee Name

Year in Doctoral Program (e.g., 2nd year):

Name of Course/Experience

Date Evaluation Completed (e.g., 10/25/17)

Name of Person Completing Form (please include highest degree earned):

Licensed Psychologist

Yes   No

32

Was this trainee supervised by individuals also under your supervision?

Yes   No

Please list their name(s):

[   ]

Review Period:

Fall   Spring   Summer

Dates of Training Experience this Review Covers (e.g., 8/20/17-12/5/17):

[   ]

Foundational Competencies

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

0 = no evidence of the competency or displays slightly but very infrequently.

1 = displays some evidence of the competency but infrequently and **below the minimal level for basic practicum readiness.**

2 = displays moderate evidence of the competency; **at the minimal level for basic practicum readiness.**

3 = mostly displays evidence of the competency; above the minimal level for basic practicum readiness.

4 = very often displays evidence of the competency; well above the minimal level for basic practicum readiness.

If you have not had the opportunity to observe a behavior in question, please indicate this by clicking "No Opportunity to Observe" [N/O].

*Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.

1A. Integrity - Honesty, personal responsibility and adherence to professional valuesUnderstands

professional values; honest, responsible

0 = Not at All/Slightly	1 = Somewhat	2 = Moderately	3 = Mostly	4 = Very	[N/O]

1B. Deportment

Understands how to conduct oneself in a professional manner

0 = Not at All/Slightly	1 = Somewhat	2 = Moderately	3 = Mostly	4 = Very	[N/O]

1C. Accountability

Accountable and reliable

» 0 = Not at All/Slightly	» 1 = Somewhat	» 2 = Moderately	» 3 = Mostly	» 4 = Very	» [N/O]

1D. Concern for the welfare of others

Demonstrates awareness of the need to uphold and protect the welfare of others

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

1E. Professional Identity

Demonstrates beginning understanding of self as professional; "thinking like a psychologist"

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

2. Individual and Cultural Diversity: Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language,and socioeconomic status) **and Context**

Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

2B. Others as Shaped by Individual and Cultural Diversity and Context

Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context

Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others

» 0 = Not at
All/Slightly

» 1 =
Somewhat

» 2 =
Moderately

» 3 = Mostly

» 4 = Very

» [N/O]

2D. Application based on Individual and Cultural Context

Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as definedby

APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional

psychology work (e.g., assessment, treatment, research, relationships with colleagues)

» 0 = Not at
All/Slightly

» 1 =
Somewhat

» 2 =
Moderately

» 3 = Mostly

» 4 = Very

» [N/O]

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues

regarding professional activities with individuals, groups, and organizations.

3A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines

Demonstrates basic knowledge of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical

decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply

to practice while place at practicum settings

» 0 = Not at
All/Slightly

» 1 =
Somewhat

» 2 =
Moderately

» 3 = Mostly

» 4 = Very

» [N/O]

3B. Awareness and Application of Ethical Decision Making

Demonstrates awareness of the importance of applying an ethical decision-making model to practice

» 0 = Not at
All/Slightly

» 1 =
Somewhat

» 2 =
Moderately

» 3 = Mostly

» 4 = Very

» [N/O]

3C. Ethical Conduct

Displays ethical attitudes and values

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

II. RELATIONAL

4. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.

4A. Interpersonal Relationships

Displays interpersonal skills

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

4B. Affective Skills

Displays affective skills

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

4C. Expressive Skills

Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

Functional Competencies

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very

0	1	2	3	4

0 = no evidence of the competency or displays slightly but very infrequently.

1 = displays some evidence of the competency but infrequently and **below the minimal level for basic practicum readiness.**

2 = displays moderate evidence of the competency; **at the minimal level for basic practicum readiness.**

3 = mostly displays evidence of the competency; above the minimal level for basic practicum readiness.

4 = very often displays evidence of the competency; well above the minimal level for basic practicum readiness.

If you have not had the opportunity to observe a behavior in question, please indicate this by clicking "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

FUNCTIONAL COMPETENCIES

III. APPLICATION

5. Evidence-Based Practice: *Integration of research and clinical expertise in the context of patient factors.*

5A. Knowledge and Application of Evidence-Based Practice

Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention, and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology

0 = Not at All/Slightly	1 = Somewhat	2 = Moderately	3 = Mostly	4 = Very	[N/O]

6. Assessment: *Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.*

6A. Knowledge of Measurement and Psychometrics

Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

6B. Knowledge of Assessment Methods

Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

6C. Application of Assessment Methods

Demonstrates knowledge of measurement across domains of functioning and practice settings

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

6D. Diagnosis

Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of humandevelopment and diversity

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

6E. Conceptualization and Recommendations

Demonstrates basic knowledge of formulating diagnosis and case conceptualization

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

6F. Communication of Assessment Findings

Demonstrates awareness of models of report writing and progress notes

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

7. Intervention: *Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.*

7A. Intervention planning

Displays basic understanding of the relationship between assessment and intervention

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

7B: Skills

Displays basic helping skills

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

7C. Intervention Implementation

Demonstrates basic knowledge of intervention strategies

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

7D. Progress Evaluation

Demonstrates basic knowledge of the assessment of intervention progress and outcome

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

IV. EDUCATION

8. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

8A. Expectations and Roles

Demonstrates basic knowledge of expectations for supervision

» 0 = Not at All/Slightly » 1 = Somewhat » 2 = Moderately » 3 = Mostly » 4 = Very » [N/O]

8B. **Skills Development**

Displays interpersonal skills of communication and openness to feedback

» 0 = Not at All/Slightly » 1 = Somewhat » 2 = Moderately » 3 = Mostly » 4 = Very » [N/O]

Narrative Evaluation

Overall Assessment of Trainee's Current Level of Competence
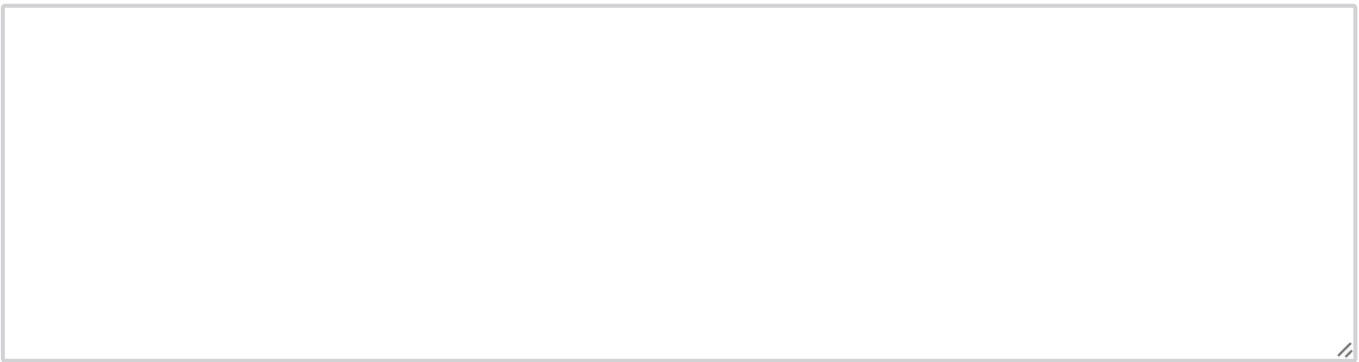
Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

What are the trainee's particular strengths and weaknesses?

Do you believe that the trainee has reached the level of competence expected by theprogram at this point in training?

```



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If applicable, is the trainee ready to move to Basic Practicum?

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```

Readiness for Internship Level Rating Form

Demographic Information

Trainee Name

[   ]

Year in Doctoral Program:

1   2   3   4   5   6   7

Name of Placement

[   ]

Date Evaluation Completed (e.g., 8/15/18)

[   ]

Name of Person Completing Form (please include highest degree earned):

[   ]

Licensed Psychologist

          Yes   No

Was this trainee supervised by individuals also under your supervision?

Yes   No

Please list their name(s):

[   ]

Dates of Training Experience this Review Covers (e.g., 8/20/17-12/5/17):

[   ]

Supervision Mode

Individual   Group   Both

Type of Supervision (% of each)
Video, audio, or live supervision should occur at least once during the evaluation period.

Video and audioAudio	0
only	0
Live	0
Post-Hoc Discussion	0
Total	0

Type of Cases (# of each)

Assessment [0]

Individual Therapy [0]

Coupl[es] Therapy

Famil[0] Therapy

Grou[0] Therapy

Optional: Provide any unique details about this placement that are not captured by the previous questions.

Foundational Competencies

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

0 = no evidence of the competency or displays slightly but very infrequently.

1 = displays some evidence of the competency but infrequently and **below the minimal level for practicum and/or clinical placement functioning**.

2 = displays moderate evidence of the competency; at the minimal level for practicum and/or clinical placement functioning; **below the minimal level for internship readiness**.

3 = mostly displays evidence of the competency; at the minimal level for internship readiness.

4 = very often displays evidence of the competency; above the minimal level for internship readiness

If you have not had the opportunity to observe a behavior in question, please indicate this by clicking "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

*Students in their 2nd year and beyond are expected to obtain ratings of 2 (moderately) or higher, and students preparing to go on internship are expected to obtain ratings of 3 (mostly) or higher on rated dimensions. If a student scores below these expected values, they will be given a semester to improve. If not, additional remediation activities will be implemented to improve on these competencies.

Please indicate your understanding by clicking 'Agree' below:

Agree   Disagree

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.

1A. Integrity - Honesty, personal responsibility and adherence to professional values

Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values

0 = Not at   1 = Somewhat   2 = Moderately   3 = Mostly   4 = Very   [N/O]
All/Slightly

1B. Deportment

Communication and physical conduct (including attire) is professionally appropriate, across different settings

0 = Not at   1 = Somewhat   2 = Moderately   3 = Mostly   4 = Very   [N/O]
All/Slightly

1C. Accountability

Accepts responsibility for own actions

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

1D. Concern for the welfare of others

Acts to understand and safeguard the welfare of others

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

1E. Professional Identity

Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional

development

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

2. Individual and Cultural Diversity: Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and Context**

Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

2B. Others as Shaped by Individual and Cultural Diversity and Context

Applies knowledge of others as cultural beings in assessment, treatment, and consultation

» 0 = Not at
All/Slightly

» 1 =
Somewhat

» 2 =
Moderately

» 3 = Mostly

» 4 = Very

» [N/O]

2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context

Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others

» 0 = Not at
All/Slightly

» 1 =
Somewhat

» 2 =
Moderately

» 3 = Mostly

» 4 = Very

» [N/O]

2D. Application based on Individual and Cultural Context

Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment,

treatment, and consultation

» 0 = Not at
All/Slightly

» 1 =
Somewhat

» 2 =
Moderately

» 3 = Mostly

» 4 = Very

» [N/O]

*3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues
regarding professional activities with individuals, groups, and organizations.*

3A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines

Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other

relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations.

» 0 = Not at
All/Slightly

» 1 =
Somewhat

» 2 =
Moderately

» 3 = Mostly

» 4 = Very

» [N/O]

3B. Awareness and Application of Ethical Decision Making

Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision

making to a dilemma

» 0 = Not at
All/Slightly

» 1 =
Somewhat

» 2 =
Moderately

» 3 = Mostly

» 4 = Very

» [N/O]

3C. Ethical Conduct

Integrates own moral principles/ethical values in professional conduct

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

4A. Reflective Practice

Displays broadened self-awareness; utilizes self- monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

4B. Self-Assessment

Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)

Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice

» 0 = Not at All/Slightly   » 1 = Somewhat   » 2 = Moderately   » 3 = Mostly   » 4 = Very   » [N/O]

4D. Participation in Supervision Process

Effectively participates in supervision

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]

All/Slightly   Somewhat   Moderately

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.

5A. Interpersonal Relationships

Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

5B. Affective Skills

Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

5C. Expressive Skills

Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

Functional Competencies

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

0 = no evidence of the competency or display slightly but very infrequently.

1 = displays some evidence of the competency but infrequently and **below the minimal level for practicum and/or clinical placement functioning**.

2 = displays moderate evidence of the competency; at the minimal level for practicum and/or clinical placement functioning; **below the minimal level for internship readiness**.

3 = mostly displays evidence of the competency; at the minimal level for internship readiness.

4 = very often displays evidence of the competency; above the minimal level for internship readiness

If you have not had the opportunity to observe a behavior in question, please indicate this by clicking "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

FUNCTIONAL COMPETENCIES

III. APPLICATION

6. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.

6A. Knowledge and Application of Evidence-Based Practice

Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences

0 = Not at All/Slightly	1 = Somewhat	2 = Moderately	3 = Mostly	4 = Very	[N/O]

7. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with

individuals, groups, and/or organizations.

7A. Knowledge of Measurement and Psychometrics

Selects assessment measures with attention to issues of reliability and validity

» 0 = Not at All/Slightly
» 1 = Somewhat
» 2 = Moderately
» 3 = Mostly
» 4 = Very
» [N/O]

7B. Knowledge of Assessment Methods

Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment

measures as well as related technological advances

» 0 = Not at All/Slightly
» 1 = Somewhat
» 2 = Moderately
» 3 = Mostly
» 4 = Very
» [N/O]

7C. Application of Assessment Methods

Selects appropriate assessment measures to answer diagnostic question

» 0 = Not at All/Slightly
» 1 = Somewhat
» 2 = Moderately
» 3 = Mostly
» 4 = Very
» [N/O]

7D. Diagnosis

Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development

and diversity

» 0 = Not at All/Slightly
» 1 = Somewhat
» 2 = Moderately
» 3 = Mostly
» 4 = Very
» [N/O]

7E. Diagnosis

Demonstrate understanding of contextual influences on human behavior (e.g., family, social, societal, and cultural), including

consideration of client strengths

» 0 = Not at All/Slightly
» 1 = Somewhat
» 2 = Moderately
» 3 = Mostly
» 4 = Very
» [N/O]

7F. Conceptualization and Recommendations

Utilizes systematic approaches of gathering data to inform clinical decision-making

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

7G. Communication of Assessment Findings

Writes adequate assessment reports and progress notes and communicates assessment findings effectively to a range of

audiences

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

8. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

8A: Intervention Relationships
Establishes and maintains effective relationships with clients

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

8B: Intervention planning

Formulates and conceptualizes cases and plans interventions utilizing to address client goals

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

8C. Intervention Implementation

Implements evidence-based interventions that are informed by assessment findings, cultural considerations, and contextual

variables

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

8D. Incorporation of Research

Applies relevant research literature to clinical decision-making

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

8E. Modifications

Demonstrates ability to modify or adapt evidence-based approaches when an evidence-base is lacking for a particular client

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

8F. Progress Evaluation

Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

9. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

9A. Role of Consultant

Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

9B. Addressing Referral Question

Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]

All/Slightly   Somewhat   Moderately

9C. Communication of Consultation Findings

Identifies literature and knowledge about process of informing consultee of assessment findings

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

9D. Application of Consultation Methods

Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

IV. EDUCATION

10. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

10A. Expectations and Roles

Demonstrates knowledge of, purpose for, and roles in supervision

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

10B. Processes and Procedures

Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]
All/Slightly   Somewhat   Moderately

10C. Skills Development

Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals

» 0 = Not at   » 1 =   » 2 =   » 3 = Mostly   » 4 = Very   » [N/O]

All/Slightly   Somewhat Moderately

10D. Supervisory Practices

Provides helpful supervisory input in peer and group supervision

» 0 = Not at All/Slightly » 1 = Somewhat » 2 = Moderately » 3 = Mostly » 4 = Very » [N/O]

V. SYSTEMS

11. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

11A. Knowledge of the Shared and Distinctive Contributions of Other Professions

Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals

» 0 = Not at All/Slightly » 1 = Somewhat » 2 = Moderately » 3 = Mostly » 4 = Very » [N/O]

11B. Functioning in Multidisciplinary and Interdisciplinary Contexts

Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning

» 0 = Not at All/Slightly » 1 = Somewhat » 2 = Moderately » 3 = Mostly » 4 = Very » [N/O]

11C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes

Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals

» 0 = Not at All/Slightly » 1 = Somewhat » 2 = Moderately » 3 = Mostly » 4 = Very » [N/O]

11D. Respectful and Productive Relationships with Individuals from Other Professions

Develops and maintains collaborative relationships and respect for other professionals

» 0 = Not at » 1 = » 2 = » 3 = Mostly » 4 = Very » [N/O]

All/Slightly   Somewhat   Moderately
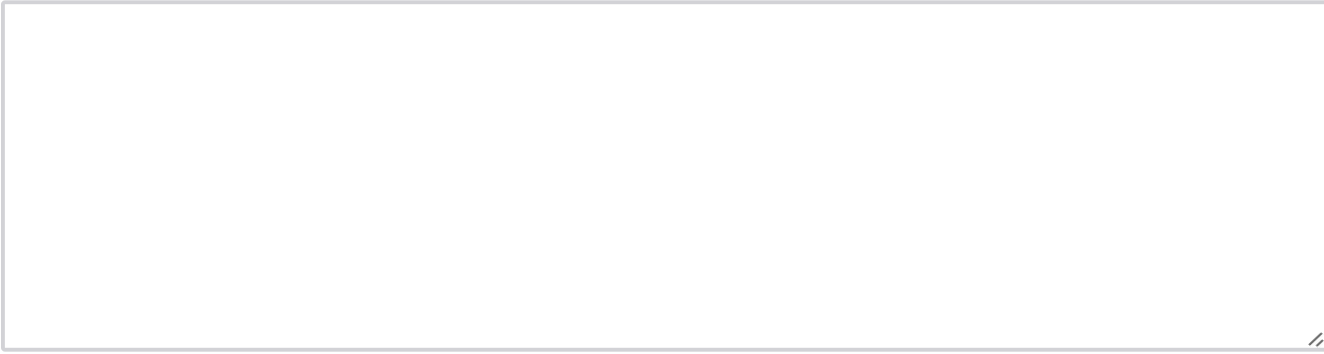
Narrative Evaluation

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

What are the trainee's particular strengths and weaknesses?

Do you believe that the trainee has reached the level of competence expected by the program at this point in training?

If applicable, is the trainee ready to apply for internship?

Thank you for completing the form. Your responses will be emailed to you when you click submit. **Please print out the response form, review with your supervisee, and obtain signatures.** Please return to:

Sara Stromeyer, PhD
Box 870348, Department of PsychologyThe
University of Alabama
Tuscaloosa, AL 35487

Please let us know if you have any questions.

Supervisee signature:

_____

Supervisor signature:

_____

Date:

_____

Please type in your email address:

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Appendix H

Assessment Table (Proximal Data – Revised; Implemented Fall 2017)

Aim 1: Acquire a general knowledge base in the discipline of psychology, broadly construed.
Competencies:
- Competency 1.1: Students will demonstrate graduate-level understanding of history and systems of psychology.
- Competency 1.2: Students will demonstrate graduate-level understanding of affective aspects of behavior.
- Competency 1.3: Students will demonstrate graduate-level understanding of biological aspects of behavior
- Competency 1.4: Students will demonstrate graduate-level understanding of cognitive aspects of behavior.
- Competency 1.5: Students will demonstrate graduate-level understanding of developmental aspects of behavior.
- Competency 1.6: Students will demonstrate graduate-level understanding of social aspects of behavior.
- Competency 1.7: Students will demonstrate graduate-level knowledge that entails integration of multiple basic discipline-specific content areas (e.g., integration of two of: affective, biological, cognitive, social, or developmental aspects of behavior).
- Competency 1.8: Students will demonstrate graduate-level understanding of research methods.
- Competency 1.9: Students will demonstrate graduate-level understanding of statistical analysis.
- Competency 1.10: Students will demonstrate graduate-level understanding of psychometrics.

Competency	How Measured	Minimum Level of Achievement (MLA)
1.1 History and Systems	1.1 Course Grade in PY 671 History & Systems of Psychology	Students attain a grade of B or higher.
1.2 Affective Aspects	1.2 (a) Integrative paper on affect and development in PY 652: Affect and Lifespan Development course.	Students attain 80% of points or higher for the Content & Support component of the paper.
	1.2 (b) Behavioral observation papers in PY 652: Affect and Lifespan Development course.	Students attain grades of "Proficient" or higher on the grading rubric for "identifies normative emotions and behaviors for age period with observed examples."
	1.2 (c) Proposal paper in PY 630: Affective Neurophysiology course.	Students attain 80% of the points or higher for the Content & Support component of the paper.
1.3 Biological Aspects	1.3 Course Grade in PY 629 – Biological Bases of Behavior	Students attain a grade of B or higher.
1.4 Cognitive Aspects	1.4 Course Grade in PY 650 – Cognition & Learning	Students attain a grade of B or higher.
1.5 Developmental Aspects	1.5 Course grade in PY 652 – Affect and Lifespan Development	Students attain a grade of B or higher.
1.6 Social Aspects	1.6 Course Grade in PY 672 – Advanced Social	Students attain a grade of B or higher.

	Psychology	
1.7 Integrative Knowledge	1.7 Course Grade in PY 630 – Affective Neurophysiology	Students attain a grade of B or higher.
1.8 Research Methods	1.8 (a) Course grade in PY 607 – Research Methods in Psychology	Students attain a grade of B or higher.
	1.8 (b) Master's Thesis and Dissertation Rubrics for "methodological sophistication sufficient to address questions."	Students obtain scores of 3 (i.e., "developing scholarship") or higher on the thesis defense rubrics and scores of 6 (i.e., "developed scholarship") or higher on the dissertation defense rubrics.
1.9 Statistical Analysis	1.9 (a) Course grades in PY 602 – Advanced Statistics I and PY 603 – Advanced Statistics II	Students attain grades of B or higher.
	1.9 (b) Master's Thesis and Dissertation Rubrics for "detailed analysis, interpretation, and discussion."	Students obtain scores of 3 (i.e., "developing scholarship") or higher on the thesis defense rubrics and scores of 6 (i.e., "developed scholarship") or higher on the dissertation defense rubrics.
1.10 Psychometrics	1.10 (a) Course Grade in PY 664 - Psychometrics	Students attain a grade of B or higher.
	1.10 (b) Master's Thesis and Dissertation Rubrics for "adequately measure the constructs of interest (e.g., reliability, validity)"	Students obtain scores of 3 (i.e., "developing scholarship") or higher on the thesis defense rubrics and scores of 6 (i.e., "developed scholarship") or higher on the dissertation defense rubrics.

Aim 2: Develop profession-wide competencies as part of preparation for practice in health service psychology.
- Competency 2.1: Students will demonstrate graduate-level understanding of the current body of knowledge in ethical and legal standards.
- Competency 2.2: Students will demonstrate graduate-level understanding of issues of individual and cultural diversity.
- Competency 2.3: Students will demonstrate graduate-level understanding of assessment.
- Competency 2.4: Students will demonstrate graduate-level understanding of intervention.
- Competency 2.5: Students will demonstrate graduate-level understanding of supervision.
- Competency 2.6: Students will demonstrate graduate-level understanding of consultation and interprofessional/interdisciplinary skills.
-

Competency	How Measured	Minimum Level of Achievement (MLA)
2.1 Ethical/Legal	2.1 (a) Course grade in PY 608 – Ethics	Students attain a grade of B or higher.
	2.1 (b) Practicum evaluation items within Section 3 of the Readiness for Practicum and Readiness for Internship forms (i.e., Ethical Legal Standards and Policy).	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 3 of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on Section 3 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 3 of the Readiness for Internship Form will be required the semester before applying for internship.
	2.1 (c) Case presentation rating form score for "Ethics and Diversity"	Students obtain a score of 2 (i.e., addressed many of the required elements; organized; at the minimal expectation for stage of training) or higher.
2.2 Diversity	2.2 (a) Course grade in PY 690 – Cultural Competency	Students attain a grade of B or higher.
	2.2 (b) Practicum evaluation items within Section 2 of the Readiness for Practicum and Readiness for Internship forms (i.e., Individual and Cultural Diversity).	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 2 (Individual and Cultural Diversity) of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on Section 2 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 2 of the Readiness for Internship Form will be required the semester before applying for internship.
	2.2 (c) Case presentation rating form score for "Ethics and Diversity"	Students obtain a score of 2 (i.e., addressed many of the required elements; organized; at the minimal expectation for stage of training) or higher.
	2.2 (d) Master's Thesis and Dissertation Rubrics for "consideration of relevant issues of diversity."	Students obtain scores of 3 (i.e., "developing scholarship") or higher on the thesis defense rubrics and scores of 6 (i.e., "developed scholarship") or higher on the dissertation defense rubrics.
2.3 Assessment	2.3 (a) Course grade in PY 609 - Psychological Assessment	Students attain a grade of B or higher.

	I; PY 658 – Psychopathology; PY 610 - Psychological Assessment II (Adult students) OR PY 612 - Psychological Assessment III (Child students).	
	2.3 (b) Practicum evaluation items within Section 9 (i.e., Assessment) of the Readiness for Practicum and Readiness for Internship forms.	Students obtain a score of 2 (i.e., moderately) or higher on items 9A-9C and item 9F on the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 609 – Psychological Assessment I and PY 664 – Psychometrics instructor. Students obtain a score of 2 (i.e., moderately) or higher on items 9D and 9E on the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 658 – Psychopathology instructor. Students will be expected to obtain a score of 2 or higher on Section 9 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 9 of the Readiness for Internship Form will be required the semester before applying for internship.
	2.3 (c) Case presentation rating form score for "Psychological Assessment"	Students obtain a score of 2 (i.e., addressed many of the required elements; organized; at the minimal expectation for stage of training) or higher.
2.4 Intervention	2.4 (a) Course grades in PY 658 - Psychopathology, PY 619 - Principles of Psychotherapy, and PY 621 - Principles of Psychotherapy Lab.	Students attain a grade of B or higher or P or higher (Principles of Psychotherapy Lab).
	2.4 (b) Practicum evaluation items within Section 10 (i.e., Intervention) of the Readiness for Practicum and Readiness for Internship forms.	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 10 of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on Section 10 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 10 of the Readiness for Internship Form will be required the semester before applying for internship.
	2.4 (c) Case presentation rating form score for "Intervention"	Students obtain a score of 2 (i.e., addressed many of the required elements; organized; at the minimal expectation for stage of training) or higher.
2.5 Supervision	2.5 (a) Course grade in PY 617 - Supervision, Consultation, and Interprofessional Skills	Students attain a grade of B or higher.
	2.5 (b) Practicum evaluation items within Section 11 (i.e., Supervision) of the Readiness for Practicum and Section 13 of the Readiness for Internship forms.	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 11 of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on item 13D of the Readiness for Internship Form from the first

		semester of practicum on.
2.6 Consultation/ Interprofessional	2.6 (a) Course grade in PY 617 - Supervision, Consultation, and Interprofessional Skills	Students attain a grade of B or higher.
	2.6 (b) Practicum evaluation items within Sections 11 (i.e., Consultation) and Section 14 (i.e., Interdisciplinary Systems) of the Readiness for Internship form.	Students obtain a score of 2 (i.e., moderately) or higher on items 11A-11C and items 14A-14C on the Readiness for Internship form as rated by the PY 617 – Supervision, Consultation, and Interprofessional Skills instructor. For students participating in placements that involve consultation and/or interprofessional skills, students will be expected to obtain a score of 2 or higher on items 11D and 14D.

Aim 3: Develop the knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.

Competencies:

- Competency 3.1: Students will demonstrate a graduate-level understanding of how to develop a research question and relate it to the existing literature.
- Competency 3.2: Students will demonstrate a graduate-level understanding of how to utilize methodological sophistication sufficient to address the research question.
- Competency 3.3: Students will demonstrate a graduate-level understanding of how to adequately measure the constructs of interest (e.g., reliability, validity).
- Competency 3.4: Students will demonstrate a graduate-level understanding of how to provide detailed analysis, interpretation, and discussion of results.
- Competency 3.5: Students will demonstrate a graduate-level ability to critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including host institution), regional, and national level.

Competency	How Measured	Minimum Level of Achievement (MLA)
3.1 Develop a research question and relate it to the existing literature	3.1 Master's Thesis and Dissertation Rubrics for "development of research question," "thoroughness of literature review," and "incorporation of existing theories."	Students obtain scores of 3 (i.e., "developing scholarship") or higher on the thesis defense rubrics and scores of 6 (i.e., "developed scholarship") or higher on the dissertation defense rubrics.
3.2 Utilize methodological sophistication sufficient to address the research questions	3.2 Master's Thesis and Dissertation Rubrics for "methodological sophistication sufficient to address questions"	Students obtain scores of 3 (i.e., "developing scholarship") or higher on the thesis defense rubrics and scores of 6 (i.e., "developed scholarship") or higher on the dissertation defense rubrics.
3.3 Adequately measure the constructs of interest (e.g., reliability, validity)	3.3 Master's Thesis and Dissertation Rubrics for "adequately measure the constructs of interest (e.g., reliability, validity)"	Students obtain scores of 3 (i.e., "developing scholarship") or higher on the thesis defense rubrics and scores of 6 (i.e., "developed scholarship") or higher on the dissertation defense rubrics.
3.4 Provide detailed analysis, interpretation, and discussion of results.	3.4 Master's Thesis and Dissertation Rubrics for "detailed analysis, interpretation, and discussion of results."	Students obtain scores of 3 (i.e., "developing scholarship") or higher on the thesis defense rubrics and scores of 6 (i.e., "developed scholarship") or higher on the dissertation defense rubrics.
3.5 Critically evaluate and disseminate research	3.5 Number of peer-reviewed publications, non-peer-reviewed publications, national presentations, regional presentations, and local presentations.	Consistent with the Council of University Directors of Clinical Psychology (CUDCP) Expectations for Internship Eligibility, students are expected to: a) Publish an article in a refereed journal or a book chapter as an author

		or co-author, or b) Presenting at least three papers/posters/workshops at regional, national, or international conferences or meetings.

Aim 4: To promote professional values, attitudes, and behaviors (including communication and interpersonal skills) that are critical for practice in health service psychology.

Competencies:

- Competency 4.1: Students will demonstrate graduate-level professional values, attitudes, and behaviors.
- Competency 4.2: Students will demonstrate graduate-level communication and interpersonal skills.

Competency	How Measured	Minimum Level of Achievement (MLA)
4.1 Professional values, attitudes, and behaviors	4.1 Practicum evaluation items within Section 1 of the Readiness for Practicum and Readiness for Internship forms (i.e., Professionalism).	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 1 of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on Section 1 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 1 of the Readiness for Internship Form will be required the semester before applying for internship.
4.2 Appropriate communication and interpersonal skills	4.2 (a) Course grade in PY 621 - Principles of Psychotherapy Lab	Students attain a passing grade.
	4.2 (b) Practicum evaluation items within Section 5 of the Readiness for Practicum and Readiness for Internship forms (i.e., Relational).	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 5 of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on Section 5 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 5 of the Readiness for Internship Form will be required the semester before applying for internship.
	4.2 (c) Master's Thesis and Dissertation Oral Exam Rubrics for "delivery" and "ability to answer questions."	Students obtain scores of 3 (i.e., "developing scholarship") or higher on the thesis defense rubrics and scores of 6 (i.e., "developed scholarship") or higher on the dissertation defense rubrics.
	4.2 (d) Case presentation rating form score for "Presentation."	Students obtain a score of 2 (i.e., addressed many of the required elements; organized; at the minimal expectation for stage of training) or higher.

Appendix I
Case Presentation Rating Form

Trainee _____   Date: _____

Rater: _____

Rating Scale
1 = omitted many essential elements; poorly organized; skills below the minimal expectation for stage of training
2 = addressed many of the required elements; organized; at the minimal expectation for stage of training
3 = addressed almost all of the required elements; well organized; above the minimal expectation for stage of training
4 = thoroughly addressed all essential elements; extremely well organized, well above the minimal expectation for stage of training.
Student must score at the level of 2 or above on ALL content areas.

ESSENTIAL COMPONENTS	RATING	COMMENTS
Background Information • Case description and identifying information • Description of presenting problem(s) • Description of referral source • Description of social/educational/occupational history • Description of history of psychological problems and/or treatment • Description of pertinent medical history • Description of current and history of medications and substance use (if applicable)		
Score	____ / 4	
Psychological Assessment • Choice of measures • Rationale for choice of measures • Description of assessment findings • Discussion of assessment findings		
Score	____ / 4	
Case Conceptualization • Description of case conceptualization • Accuracy of diagnosis • Rationale for diagnoses (differential diagnoses) • Discussion of case conceptualization		
Score	____ / 4	

Intervention • Choice of intervention (including overview of the evidence base) • Rationale for choice of intervention (including consideration of strengths and weaknesses) • Description of intervention (including pertinent process and/or outcome data) • Discussion of intervention		
Score	____ / 4	
Ethics and Diversity • Adherence to ethical standards • Confidentiality of the client protected during the presentation • Consideration of pertinent diversity issues		
Score	____ / 4	
Presentation • Preparation for the presentation • Organization of presentation • Clarity of presentation • Level of interest generated by presentation • Use of audiovisual material(s) • Oral presentation skill		
Score	____ / 4	
Total Score	____ / 24	

Comments:

Student must score at the level of 2 or above on ALL content areas. Remediation for performance falling below the minimal requirement may include repeated case presentation experience(s) in order to obtain the required rating.

Content adapted from: Tempel, A. B., Costello, A. H., & McNeil, C. B. (2011). Clinical competency and case presentation from the behaviorist's perspective. *The Behavior Therapist, 34,* 26-28.

Appendix J

Social Communication and Public Professionalism Policy
The University of Alabama
Clinical Psychology Doctoral Training Program

Increasingly, as information becomes more publicly available, lines between public and private information are blurring. Many students have websites, blogs, email signature lines, and voicemail/answering machine messages that are entertaining and reflect their personal preferences and personalities. However, students should consider the potential impact of this information on their professional image. For example, if the student uses his/her personal telephone or email account for professional purposes, clients, research participants, and potential employers may view the student as less professional than desired.

The Council of University Directors of Clinical Psychology has recently been discussing the implications of trainee information conveyed through public social communication. These mediums may include personal websites and blogs, social networking sites (e.g., MySpace, Facebook, etc.), email content, email signatures, answering machine or voicemail messages, and listserv postings, among others. The purpose of this policy is to provide some guidelines about any public representation of you or the program. As technology changes, one part of professional training is to become aware of the implications such information might have, including the following:

- Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.

- Clients are conducting web-based searches on trainees' names and finding information about therapists (and declining to come to clinics based on what they find).

- Employers are conducting on-line searches of potential employees prior to interviews and job offers.

- 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.

- Postings to a variety of listservs might reflect poorly on oneself and the program.

- Although signature lines are ways of indicating your uniqueness and philosophy, one is not in control of where the emails will end up and might affect how others view you as a professional. Quotations on personal philosophy, religious beliefs, and political attitudes might cause unanticipated adverse reactions from other people.

- Greetings on answering machines and voicemail messages that might be entertaining to your peers, express your individuality, and be indications of your sense of humor may not portray you in a positive professional manner. If you use your cell phone or home telephone for professional purposes (research, teaching, or clinical activities), be sure your greeting is appropriate and professional in demeanor and content.

Information that seems to be fun, informative, and candid might put the program and the student in a bad light. What might be seen as "private" self-disclosure indicating your perceptions of yourself among friends is actually very public. Anything on the World Wide Web is potentially available to all who seek. There are now a number of negative episodes in training programs where graduate students, faculty members, and clients have been negatively affected by material on websites, emails, and answering machine messages posted by graduate students.

Obviously if your webpage/blog/voicemail/email signature/other public social communication does not include any mention or indication of the fact that you are a clinical psychology doctoral student or that you are part of The University of Alabama community, what you communicate and how you represent yourself personally is none of the program's business. However, increasingly, universities, internship sites, and even patients are seeking out information about people on the web before they make faculty offers, final match decisions, or even decide to see someone clinically. There are now numerous anecdotes of well-qualified Ph.D. graduates not getting post-doc or faculty offers because someone viewed something that was considered to be inappropriate or objectionable on the candidate's webpage; similar stories about internship sites deciding not to match

someone also exist. For your own potential future, we would advise that before you put anything up on the web as representing yourself, you seriously consider how that material may be viewed by future employers, internship sites, or clients. We advise that you be mindful of how you represent other students in public forums. Do not post pictures or information about other students that may negatively affect their potential future. Further, it is an official policy of our program that graduate students not extend or accept "friend requests" from clients on social networking sites such as Facebook or MySpace, whether or not you indicate on your page that you are a student at The University of Alabama.

If your webpage/blog/voicemail/email signature/other public social communication does identify you as a clinical psychology graduate student or as affiliated with The University of Alabama, or if the communication reveals information relevant to the graduate program (e.g., disclosing confidential client or research information, etc.), then the program does indeed have some responsibility for how you (or it) is portrayed. Your webpage/blog/voicemail/email signature/other public social communication will then become part of your program-related behavior and may be used in student evaluations, including decisions regarding probation or termination. Your communications relevant to the program must meet all legal and ethical guidelines from the American Psychological Association, must be professional in its content, and must not contain objectionable material. We will not actively search out students' public communications. However if we become aware of a page, blog, email, voicemail answering message, or any other public social communication that identifies you as a clinical psychology student, as a student in the program, or contains information directly relevant to the program, and that communication is considered by the Clinical Faculty to be unethical, illegal, or to contain objectionable material, we will follow existing procedures for dealing with student misconduct and/or unethical behavior. Please note that even though your social networking site pages may have privacy settings, and therefore not be readily accessible by the majority of the public, it is possible for information you have posted to be accessed in the public domain (e.g., someone on your "friend" list who has access to your page may find something you've said or done unethical or inappropriate and they may report you).

As a preventive measure, the Program advises that students (and faculty) approach public communications carefully. Students should attend to what content they reveal about themselves in these forums, and whether there is any personal information that they would not want program faculty, employers, or clients to read, view, or hear. Students who use these media should consider how to protect the security of private information.

**Adapted from policies adopted by the University of Kansas Clinical Child Psychology Program, the University of Missouri Clinical Program, San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, the University of Nebraska Clinical Psychology Program.

Appendix K

Telesupervison Policy (Effective March 2020)

The following applies to telesupervision, defined as supervision of clinical activity, involving a supervisor, peer consultants, and supervisees, that is conducted via telephone, video conference program, or mediums other than in-person meeting.

The primary mode of supervision is to be in-person physically. That is, telesupervision may occur when a typically-present supervisor is out of town, ill, or otherwise prevented from meeting in person physically; or likewise, when a supervisee is unable to be present. Certainly, brief telesupervision for acute situations is acceptable, as it allows for more timely feedback and optimal client care. However, on the whole, telesupervision does not optimize recognition of nonverbal or affective cues, smooth exchange of feedback, and other important aspects of supervision. Thus, telesupervision is not to be the primary mode of supervision (i.e., no more than 49% of supervision may be conducted as telesupervision, and ideally far less).*

If and when telesupervision occurs, both supervisor and supervisee are responsible for identifying a private location to conduct the activity. When possible, the non-remote party will conduct telesupervision from the practicum location. Telesupervision must be conducted in a HIPAA- and FERPA-compliant manner (i.e., both the device, any software used, and internet connection must maximize confidentiality of both client and student).

Although the off-site supervisor maintains full professional responsibility for clinical cases, if a student is seeing clients while a supervisor is physically unavailable, it is incumbent upon that supervisor to designate a physically-available back-up in case of emergency. This back-up is typically the Director of the Psychology Clinic or the Director of Clinical Training. Students are provided with emergency contact information for these individuals and/or another identified back-up.

*Please note that emergency situations such as COVID-19 in 2020 might require more prolonged telesupervision to preserve faculty, student, and client safety.

Appendix L

APA Ethical Principles of Psychologists and Code of Conduct

https://www.apa.org/ethics/code/principles.pdf

Appendix M

Unaccredited Internship Policy (Effective 8/11/21)

In order to evaluate the *nature and appropriateness of training activities* at a non-accredited internship site, the DCT initiates contact with the internship training director and requests the following information for review: a) the internship handbook, b) a description of programmatic training experiences (including mandatory or optional rotations) and related intern schedule, and c) any other program brochures or materials that clarify training activities during the internship year. The DCT and clinical faculty collectively review these materials during a clinical faculty meeting and vote as to the appropriateness of these activities and identify any other training needs to be communicated to the internship site. The DCT additionally remains in email or phone contact with the intern to ensure that training opportunities are commensurate with what is stated in internship program materials.

To evaluate the *frequency and quality of supervision*, the DCT reviews the program materials provided by the internship (see above) and confirms with the internship training director the frequency with which the intern will receive individual and group supervision. It is expected that the intern will receive a minimum of two hours of face-to-face individual supervision per week, and an additional two hours per week of either individual or group supervision. The DCT and clinical faculty review the supervision plan in a clinical faculty meeting and vote on the appropriateness and adequacy of supervision. The DCT additionally confirms supervision frequency with the intern periodically throughout the training year.

To verify that internship supervisors are *appropriately credentialed* (i.e., licensed, doctoral-level psychologists), the DCT contacts the internship training director to verify the training and credentials of supervisors with whom the student will meet for primary supervision during the course of the internship training year. Clinical faculty are made aware of the credentials of internship supervisors during discussions of supervision frequency and the nature of internship experiences.

To ensure that *how the internship evaluates student performance* is commensurate with the University of Alabama's evaluation procedures and the Standards of Accreditation, the DCT requests copies of blank evaluation forms from the internship training director. The DCT and clinical faculty then meet to review these forms and determine if they sufficiently assess expected competencies during the internship training year and adequately communicate intern progress. If it is determined that the internship program's planned evaluation procedures are insufficient, we request that the internship use our own *Readiness for Internship Form* that has been applied each semester during the student's clinical training in our program. The DCT communicates this to the internship site and requests completed copies of the form at the internship mid- and end-points.

To examine *how interns demonstrate competency at the appropriate level*, the DCT obtains from the internship training director the internship handbook and rotation-related information as well as evaluation forms. The DCT and clinical faculty review these materials at a clinical faculty meeting and vote on whether or not expected internship competencies are appropriate based on the nature of training experiences, manner of evaluation of student performance, and our own programmatic expectations regarding the student's expected competencies at the completion of internship (i.e., obtaining ratings at the "mostly" level on the University of Alabama's *Readiness for Internship Form* by the completion of internship). The DCT then communicate the faculty's decision regarding demonstration of competency to the internship training director, and the DCT monitors evaluation outcomes as the training year progresses.

All correspondence with the internship training site and mid- and end-point *evaluations of student performance are documented* within the University of Alabama student files.

Student Evaluation of Training and Supervision

Please complete the following questions about your supervisor(s) and placement

Name (please note that name will only be used to track submissions; to ensure con>dentiality, data from this form will only be made available in an aggregated form (i.e. over multiple students and semesters)

```
[                    ]
```

Placement/Practicum Name:

```
[                    ]
```

Placement Type

9-month placement

12-month placement

Summer placement

Practicum

Supervisor(s):

```
[                    ]
```

Did you have input into how clients/groups were assigned to you?

Yes

No

Format of supervision

Individual

Group

Both

A. INDIVIDUAL INTERACTION

INDIVIDUAL INTERACTION

0=Inadequate (Poor)	I=Marginally Adequate (Fair)	2=Adequate, but still did not meet my expectations (Good)	3=Met my expectations (Very Good)	4=Exceeded my expectations (Excellent)	N/A=InsuHcient basis for rating (Not Applicable)
Amount/Regularity of supervision time					
○	○	○	○	○	○
Availability of supervisor					
○	○	○	○	○	○
Rapport with supervisor					
○	○	○	○	○	○
Amount of encouraging/supporting feedbackConstructive					
○	○	○	○	○	○
nature of corrective feedback					
○	○	○	○	○	○

B. LEADERSHIP

LEADERSHIP

» 0=Inadequate (Poor)	» 1=Marginally Adequate (Fair)	» 2=Adequate, but still did not meet my expectations (Good)	» 3=Met my expectations (Very Good)	» 4=Exceeded my expectations (Excellent)	» N/A=InsuHcient basis for rating (Not Applicable)

Demonstration of integration of science and practice (e.g., applies scienti>c knowledge base and concepts that inUuence practice)

| ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

Clarity of goal-setting and assignments

| ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

Modeling of professional tasks and effective problem-solving

| ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

Fosters collegiality between supervisor, students, and staff

| ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

Effective use of group time/ability to facilitate/structure group

| ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

C. DEVELOPMENT

DEVELOPMENT

» 0=Inadequate (Poor)	» 1=Marginally Adequate (Fair)	» 2=Adequate, but still did not meet my expectations (Good)	» 3=Met my expectations (Very Good)	» 4=Exceeded my expectations (Excellent)	» N/A=InsuHcient basis for rating (Not Applicable)

Encouragement of critical thinking/evaluation of clinical techniques and theoretical issues

| ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

Assistance with ethical and legal issues

| ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

Consideration of individual and cultural diversity issues

| ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

Exposure to didactic training

   ◯   ◯   ◯   ◯   ◯   ◯

D. BREADTH OF EDUCATION/EXPERIENCES

BREADTH OF EDUCATION/EXPERIENCE

» 0=Inadequate (Poor)	» 1=Marginally Adequate (Fair)	» 2=Adequate, but still did not meet my expectations (Good)	» 3=Met my expectations (Very Good)	» 4=Exceeded my expectations (Excellent)	» N/A=InsuHcient basis for rating (Not Applicable)

Variety of clinical training experiences

   ◯   ◯   ◯   ◯   ◯   ◯

Opportunities for interdisciplinary work/consultation

   ◯   ◯   ◯   ◯   ◯   ◯

Exposure to varying theoretical models

   ◯   ◯   ◯   ◯   ◯   ◯

Training in empirically-validated assessment and/or treatment

   ◯   ◯   ◯   ◯   ◯   ◯

E. WORK ENVIRONMENT

WORK ENVIRONMENT

» 0=Inadequate (Poor)	» 1=Marginally Adequate (Fair)	» 2=Adequate, but still did not meet my expectations (Good)	» 3=Met my expectations (Very Good)	» 4=Exceeded my expectations (Excellent)	» N/A=InsuHcient basis for rating (Not Applicable)

Manageable clinical load (including paperwork)

   ◯   ◯   ◯   ◯   ◯   ◯

Receptivity of site to student training (vs. "cheap labor")

○   ○   ○   ○   ○   ○

Adequacy of resources (e.g., tests, equipment, workspace)

○   ○   ○   ○   ○   ○

F. GLOBAL IMPRESSIONS

GLOBAL IMPRESSIONS

» 0=Inadequate (Poor)	» 1=Marginally Adequate (Fair)	» 2=Adequate, but still did not meet my expectations (Good)	» 3=Met my expectations (Very Good)	» 4=Exceeded my expectations (Excellent)	» N/A=InsuHcient basis for rating (Not Applicable)

Acquisition of new knowledge

○   ○   ○   ○   ○   ○

Extent to which experience acquired through placement is relevant to personal goals regarding internship and career

○   ○   ○   ○   ○   ○

Overall rating of placement

○   ○   ○   ○   ○   ○

Overall rating of supervisor

○   ○   ○   ○   ○   ○

Would you recommend this placement to other students?

0 = DeBnitely Not

1 = Probably Not

2 = Maybe

3 = Probably Yes

4 = DeBnitely Yes

Additional Comments

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