CLINICAL PROGRAM HANDBOOK

Department of Psychological & Brain Sciences

Washington University in St. Louis

See also: *Graduate Student Handbook (GS Handbook)*, which provides policies and procedures for graduate students in the Department of Psychological & Brain Sciences with the exception of distribution requirements for students entering the program from 2017 on. The *Clinical Program Handbook (CP Handbook)* is a supplement to that guide and covers specific courses and practicum experiences which are required for students in the Clinical Science training program. From 2017 on, the *CP Handbook* also describes how the program handles distribution requirements.

Students are held to the requirements stipulated by the edition of the *GS Handbook* and the *CP Handbook* that were active at the time of their entry into the program, unless otherwise indicated; however, students are strongly encouraged to adopt the requirements of the most current *GS Handbook* and *CP Handbook* when feasible and permitted.

This program is accredited by the American Psychological Association and by the Psychological Clinical Science Accreditation System.

American Psychological Association, Office of Program Consultation and Accreditation, 750 First Street, NE Washington, DC 20002-4242 Phone: 202-336-5979

Revised: Jan 2020. Various issues clarified regarding curriculum and requirements. Science of Behavior reclassified as broad cog course. Aug 2019. What you can expect of your research mentor added, diversity requirement for post 2019 students added, description of competencies on transcript added to licensure section, various updates and bug fixes. (Information about previous updates available from DCT.)

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Training Philosophy of the Clinical Science Program

The clinical science program is devoted to the promotion of an integration of science and practice. It is based on the clinical science model, with a clear emphasis on research. Our primary goal is to train clinical scientists who will lead the search for new knowledge regarding the assessment, understanding, and treatment of psychological disorders.

Research activities in the clinical area are closely tied to basic science areas in our Department. Our Department includes leading investigators in the psychology of aging, cognitive neuroscience, personality psychology, and social psychology. The clinical area also has significant ties to psychologists in the Medical School who are concerned with psychological issues associated with medical problems (such as cardiovascular disease and Parkinson disease) as well as genetic factors and mental illness.

We are training a new generation of investigators to apply concepts and methods from basic behavioral science to the study of clinical problems, such as schizophrenia, personality disorders, eating disorders, social anxiety, depression, and problems of aging. Members of the core faculty are studying a variety of cognitive, emotional, and motivational processes as well as brain mechanisms that are associated with these phenomena.

Our students do not need to choose whether they will be scientists or practitioners. We see these roles as being inherently intertwined; thus, we believe students must be able to function in both worlds. We emphasize research and academic career goals for our students, consistent with our view of the future needs of our profession. Some students elect careers in applied settings, however, and use their critical thinking skills in applied clinical work.

When you are admitted to the program, you are matched with a *faculty advisor* reflecting your research interests (typically, this is your research mentor; see below). Your faculty advisor, along with the other faculty members in the clinical area, form an *advisory committee* and provide you with a formal written evaluation at least once a year. The advisory committee is your primary source of guidance throughout your graduate training.

What you can Expect of your Research Mentor

Our program focuses on training scientists who advance, apply, and disseminate clinical science. Our students' research development is largely mentor-led, which makes the student-mentor relationship crucial. Mentorship is a complex, multifaceted process. Good mentorship for one student might look very different from good mentorship for another student, which makes defining

all of the best practices for mentoring across the entire program unrealistic. Good mentorship is not a matter of following a specific recipe or checklist. Good mentorship requires the mentor to focus on the spirit and principles of mentorship more broadly; a complementary attitude from the student is also needed for mentorship to truly achieve its aims.

With that said, following the principles of good mentorship usually leads to a set of behaviors that we can define. We believe it is important to define these behaviors to provide both mentors and their students with a broad context for what mentorship looks like when it is functioning well. This outline is not a replacement for mentors and students discussing expectations; nor can it be considered apart from students meeting similar standards for professionalism. We encourage early and frequent discussions between the student and mentor regarding expectations (both the student's and the mentor's) and the best ways to move forward in training.

First, a brief mention of what we mean by *mentor*, because this sometimes gets complicated. The clinical faculty member who invited you to join the program is considered your mentor unless you have agreed to switch mentors. If your primary mentor is not a clinical faculty member, you will have a co-mentor who is a clinical faculty member. In any case, your primary mentor should be a tenured or tenure-track professor, and when the mentor is not a clinical faculty member, the Director of Clinical Training must approve the arrangement. In any case, your clinical faculty mentor is responsible for ensuring the mentorship team pursues appropriate standards of mentorship.

Presence. One of the foundations of the principles of mentorship is that the mentor is available to the student. Students can expect to be given a way to get in touch with their mentors. No mentor can be available every moment of the day, but when mentors will be unavailable for more than a week at a time, students can expect to receive notification ahead of time. Students can expect to meet with their mentors on a regular basis, particularly during their initial years in the program. Students can expect a minimum of one hour in face-to-face time with their mentor each week during their first school year in the program. Different mentors will have different methods for meeting this basic standard of presence. Some mentors might have a more team-based approach, such that some of that time might be in a group meeting (e.g., lab meeting). Even in that case, team meetings cannot take the place of individual meetings entirely; at least one individual meeting per month is a reasonable expectation. Meetings may be less frequent during subsequent years, but students should expect this to occur because they no longer need as much meeting time and not merely as a matter of course. In contrast, some mentors will expect all students to meet with them, individually, on a weekly basis throughout their time in the program.

Responsiveness. A second foundation of good mentorship is responsiveness of the mentor to the student. The most important parts of this responsiveness are hard to put in concrete terms, but we can at least comment on how quickly students should expect responses. When students get in touch with their mentors, they can expect a timely response. During the school year, students can expect a response to shorter questions (e.g., through electronic means) within days rather than a week or more. For responses on manuscripts, students can expect feedback within weeks rather than a month or more. When issues are going to prevent a mentor from meeting these time frames, students can expect to hear from the mentor as soon as the timing issue becomes apparent so they can plan accordingly. Importantly, labs may well have quite specific policies about expectations for responsiveness on the part of student and mentor. As with other aspects of this policy, the existence of this policy is not meant to discourage mentors (and students) from being more responsive than the relative minimum described here.

Interaction Style. A third foundation of mentorship is a commitment to supporting the student's learning. Students can expect mentors to be supportive of them as they pursue the goals that are required or encouraged by the program. They can also expect professional and appropriate interactions with their mentors. Students can expect constructive criticism and guidance, including candid feedback about areas for growth and improvement. Students should not expect that they will be given detailed instruction about every task, but rather enough instruction and guidance to develop their skills. They should expect to do some work independently, with independence increasing as skills improve. Students should not expect hostility, harmful criticism, or boundary-crossing behavior. More specifically on the latter point, students should not expect sexual harassment, personal requests, or for mentors to request directly or indirectly that students help manage the mentor's own tasks that are otherwise unrelated to the student, whether professional or personal.

Practicalities of Research. A fourth foundation of mentorship in clinical science concerns training in the practice and culture of research. Students can expect frequent discussions about research and help with all that is needed to accomplish research. Students can expect conversations about authorship (and author order) on projects they participate in. Students can expect their mentor to do what they can to help students with networking and professional socialization into the community of scholars in the mentor's research area. When students need resources to conduct their research, they can expect that their mentors will do what they can to provide those resources, or else work with the student to facilitate the work being done with the resources available, when feasible.

Students can expect their mentors' support in pursuing resources for their ongoing research. Students can also expect frank, constructive criticism designed to help the student pursue their research program in the best possible way.

Steps Forward. Remember, your mentor is also a human being. There will be issues from time to time that get in the way of all people meeting their own typical minimal standards. If there is a persistent issue that gets in the way of your progress, however, you will want to find a way to address it. Checking in with your mentor is the recommended first step. In cases in which students do not feel they can do so, the Director of Clinical Training and Director of Graduate Studies are additional resources. On the other hand, your mentor may exceed the standards described above. The outline above purposefully describes the floor, or minimum standard of good mentorship, because that is much easier to describe concretely than the heights of mentorship. None of the above should be taken by mentors or students as a barrier to standards that exceed the floor and more fully embrace the principles of mentorship. In that case, it is worth remembering that mentors appreciate positive feedback just as students do.

A Note about Clinical vs. Other Area Requirements

In most respects, the requirements for graduate students in the clinical training program are the same as those for students in other areas of the department. The department's *Graduate Student Handbook* (also referred to simply as the *GS Handbook*) provides a careful description of requirements, milestones, and procedures to be followed. Unless otherwise specified in this document, the department's general guidelines apply to clinical students. These include the Qualifying Research Project, the Subject Matter Exam, the Teaching Requirement, and the Doctoral Dissertation. Please see the department's *GS Handbook* for an explanation of these requirements. For students entering the program in 2017 on, the *GS Handbook* should not be referred to in regard to distribution requirements. The clinical curriculum diverges significantly from the departmental curriculum on the topic of distribution requirements only.

Specific Requirements for the Clinical Training Program

The training program in Clinical Psychology also includes some additional requirements that do not apply to graduate students in other areas of the department. The most important differences are the following: a) requirements regarding relevant courses are more extensive for students in the

clinical program, and b) clinical training, including a series of supervised practicum experiences, is required for students in the clinical program. Details of these components are elaborated below.

Recruitment Procedure

The Clinical Science Program adheres to all Departmental and Graduate School policies regarding recruitment of graduate students. More specifically, the Clinical Science Program has a training program that emphasizes the student-mentor relationship. Accordingly, recruitment of graduate students is largely mentor-led. That said, no mentor uses a strict cut-off on any index or student feature. Instead, all mentors consider such issues as GRE scores, GPA, letters of recommendation, experience with research, and evidence of suitability for a research career. Mentors who are interested in recruiting students in a given year identify applicants and consult with the entire core clinical faculty to determine which of these students to invite for a formal interview. The Director of Clinical Training oversees this process and provides additional review of these potential students.

The Clinical Science Program values the diversity of its students. Potential to contribute to this diversity is therefore one of many considerations in admission. We define diversity across demographic, ideological, and experiential dimensions. We value diversity both at a philosophical level and also on the practice level because diversity contributes to the atmosphere of inclusion and acceptance that we value for our students. The Director of Clinical Training and the head of the Diversity Committee both review student applications, whether initially identified by a mentor or not, for evidence that students would enhance diversity.

Clarification of Residency Requirement and Timeline

The graduate school states that PhD students must be enrolled full-time for one year (suggesting residency of one year) (http://graduateschool.wustl.edu/degree-requirements-0#anchor-group-674). To be clear, at least one year of full-time residence is a requirement of the clinical program. Further, given the required course structure and necessary practicum experiences, students are generally expected to be in residence the first 3 years of study, and most will be here 5 years. Required course work is usually finished within six semesters (3 years). Most students go on internship at the end of the fifth year having already defended their dissertation. Given the required course structure and necessary practicum experiences, all students are essentially required to be in residence the first 3 years of study, and most will be here 5 years. Completion of a one-year

internship is a requirement for the doctoral degree. All students are required to complete requirements for the Ph.D. within 6 years of entering the program, unless they get special permission on the basis of personal reasons (e.g., illness or family responsibilities).

Courses for Students Entering Before 2017

American Psychological Association requirements for courses changed in 2017. Because many students complete courses on an accelerated schedule, all students who entered prior to 2017 should continue with courses as required at the time of matriculation. An exception to this rule is ethics courses, which began modification earlier and applies to all current students as of December, 2016 (see section on Clinical Ethics, below).

A typical semester course load for the first two years is 8-11 credits, unless teaching and/or research responsibilities dictate a 6-7 credits load (e.g., students enrolled in a "mentored teaching experience (MTE) or "mentored research experience (MRE) by the Graduate School (MTE-LGS 600/MRE-LGS 601) may not enroll in more than 6-7 credits per semester). All students are expected to be full-time status while enrolled in the PhD program. Full-time status is at least 9 units of courses OR 1-8 units + the LGS 9000 enrollment OR the LGS 9000 enrollment alone. The LGS 9000 enrollment carries 0 units and must be entered by the Registrar personnel in the GS office. Note that the specific schedule below includes suggested semesters for taking Basic Science courses and Clinical Electives, but these courses are frequently taken earlier or in a different order. Similarly, teaching experiences should be scheduled in a manner that makes sense for the individual student.

TYPICAL CLINICAL CURRICULUM

YEAR	FALL SEMESTER	SPRING SEMESTER
1	Quantitative Methods I	Quantitative Methods II
	Assessment I	Assessment II
	Advanced Psychopathology	Basic Science 1 (e.g., Biological)
	Seminar in Research Ethics	
	TEACHING OF PSYCHOLOGY (Summer after Year 1)	
2	Research Methods	Basic Science 2 (e.g., Cognitive)
	Intro to Psychological Treatments	Clinical Elective 1
	Practicum (at PSC)	Practicum (at PSC)
	Teaching Experience (AI)	Teaching Experience (AI)
	DEVELOPMENTAL FOUNDATIONS (6 weeks summer, following Year 2 or Year 3)	
3	Clinical Elective 2	Basic Science 4 (e.g., Emotional)
	Basic Science 3 (e.g., Social)	Outside Practicum
	Outside Practicum	
4	DISSERTATION RESEARCH	DISSERTATION RESEARCH
	Outside Practicum	Outside Practicum

You are expected to meet the following requirements:

1. Pass four core clinical courses:
   - 5112 Psychological Assessment I
   - 5113 Psychological Assessment II
   - 537 Advanced Psychopathology
   - 545 Introduction to Psychological Treatments
2. Pass two semesters of graduate statistics and one course in research methods. The statistics courses – Quantitative Methods I (Psychology 5066) and Quantitative Methods II (Psychology 5067) – are taken during the first year. The research methods course –

Research Designs and Methods (Psychology 5011) – is taken during the first semester of the second year.

3. A grade of at least B- in one graduate level course at Washington University in each of the following four basic science areas:

   a. Social and Personality Psychology (Psych 503 or Psych 5991)

   b. Emotional (Affective) Aspects of Behavior (for students pre-2014, see Graduate Student guide; for students 2014-2016, acceptable courses are Psych 5453 and Psych 5958; Psych 4555 also counts for Spring 2017 **only,** when graduate students taking that class were offered the same experience as 5958 even though the graduate class number was not offered. In subsequent semesters the same experience is offered as 5958.)

   c. Biological-Neurological Aspects of Behavior (Psych 5373, Psych 5831 or Bio 5651)

   d. Cognitive, Learning, and Perception (Psych 5087)

   Note that clinical students must select courses that have the broadest possible coverage rather than focusing on a narrow band of topics within an area. The title of the course should include strong evidence regarding its content. In the future, licensing boards may consider course titles on your transcript as well as syllabi from courses you have taken in order to determine whether each course fulfills their state's requirements for courses. Courses with titles that include words such as psychopathology or clinical, and titles that mention mental disorders will most often be considered clinical courses rather than "basic science" courses. The courses listed above meet these criteria.

4. Complete the 6-week summer course on Developmental Aspects of Behavior, typically either after your second or third year in the program. You do not need to enroll for this course through the university. You will receive a certificate upon its satisfactory completion.

5. Do one of the following: (1) Complete an advanced course in clinical ethics with a B- or higher or (2) Complete a seminar in research ethics with a grade of B- or higher and a clinical ethics exam with a score of 80% or higher. Students may complete a summer seminar on ethics (potentially among other topics); this seminar is optional and does not satisfy the requirement the way an advanced course does.

6. All students in the clinical training program are required to attend the Clinical Science Seminar (Tuesdays, 4-5 PM during the academic year). Like other students in the department, you are also required to attend at least one other scientific presentation each

week throughout all years of graduate study. These may include departmental colloquia (which are required when they do occur), brown bags hosted by other areas of the department, or presentations at the Medical School (e.g., grand rounds in psychiatry or talks at the Alzheimer's Disease Research Center).

You are responsible for the timely completion of these courses and are expected to maintain at least a B average.

Courses for Students Entering in 2017 or Later

American Psychological Association requirements for courses changed in 2017. The below is a continuing to develop as we and other programs work on implementing these changes.

The schedule below does not include what the *GS Handbook* refers to as "distribution requirements." These requirements are handled in a separate section below. Individual students will take courses on very different schedules for those classes. Note that teaching experiences should be scheduled based on an individual student's needs; the schedule below is only a suggestion.

TYPICAL CLINICAL CURRICULUM (NOT INCLUDING DISTRIBUTION REQUIREMENTS)

YEAR	FALL SEMESTER	SPRING SEMESTER
1	Quantitative Methods I	Quantitative Methods II
	Assessment I	Assessment II
	Intro to Psychological Treatments	Advanced Psychopathology
	Seminar in Research Ethics	
	TEACHING OF PSYCHOLOGY (Summer after Year 1)	
	OPTIONAL: Ethics, Supervision, and Consultation Seminar **or** Diversity Seminar (Summer, each offered every other year)	
2	Research Methods	Clinical Elective 1
	Practicum (at PSC)	Practicum (at PSC)
	Teaching Experience (AI)	Teaching Experience (AI)
	OPTIONAL: Ethics, Supervision, and Consultation Seminar **or** Diversity Seminar (Summer, each offered every other year)	

3	Clinical Elective 2 Outside Practicum	Outside Practicum
4	DISSERTATION RESEARCH Outside Practicum	DISSERTATION RESEARCH Outside Practicum

You are expected to meet the following requirements:

1. Pass four core clinical courses:
   - 5112 Psychological Assessment I
   - 5113 Psychological Assessment II
   - 537 Advanced Psychopathology
   - 545 Introduction to Psychological Treatments
2. Pass two semesters of graduate statistics and one course in research methods. The statistics courses – Quantitative Methods I (Psychology 5066) and Quantitative Methods II (Psychology 5067) – are taken during the first year. The research methods course – Research Designs and Methods (Psychology 5011) – is taken during the first semester of the second year.
3. Complete distribution requirements in the manner described below.
4. Pass the clinical ethics exam, the supervision and consultation exam, and the diversity application paper as described below.
5. All students in the clinical training program are required to attend the Clinical Science Seminar (Tuesdays, 4-5 PM during the academic year). Like other students in the department, you are also required to attend at least one other scientific presentation each week throughout all years of graduate study. These may include departmental colloquia (which are required when they do occur), brown bags hosted by other areas of the department, or presentations at the Medical School (e.g., grand rounds in psychiatry or talks at the Alzheimer's Disease Research Center).

You are responsible for the timely completion of these courses and are expected to maintain at least a B average.

Distribution Requirements for Students Matriculating 2017 or Later

These guidelines concern what the *GS Handbook* refers to as distribution requirements. These are part of the **discipline specific knowledge** areas defined by the American Psychological Association. The areas covered by this section are:

- History of Psychology
- Affective Science
- Biological Psychology
- Cognitive Psychology
- Developmental Psychology
- Social Psychology

For History of Psychology, students must demonstrate knowledge through an appropriate upper-level undergraduate or graduate course, which may be taken before matriculation or after. If taken before matriculation, you should submit the syllabus for the course during the first semester of graduate study. Alternatively, you can take the final exam for Psych 4651 and obtain a B- or higher during your first semester in the program. Otherwise, you must complete Psych 4651 with a B- or higher. A graduate level class in history and systems of psychology may also be acceptable, but no such courses are planned at this time.

The remaining areas (ABCDS) are handled differently. For **each** of these areas, students must pick one of two choices: (1) Declare and demonstrate advanced undergraduate knowledge of the area, and then demonstrate graduate-level knowledge through advanced courses or (2) Choose the broad graduate-level curriculum for the area. Under option 1, students may satisfy multiple areas (up to 3) with a single class. There is no requirement that all students must choose the same option for all areas at this time. Although we expect that most of our students could choose option 1 for most or all areas, we acknowledge that many factors, including concerns about licensure, length of time since undergraduate education, and other issues may lead students to choose option 2 for some or all areas. See the section below on **Planning for Licensure** for more information about licensure concerns.

Upon admission to the program, students will be encouraged to decide ahead of matriculation whether to choose option 1 or option 2 for each area. Students should confer with the DCT and their mentors when making this choice.

Students who choose option 1 for an area have until the end of their first semester in the program to demonstrate their knowledge through one of the following means:

a) Achieving a score at or above a specified cut-off score on an approved standardized subtest (e.g., GRE subject test subtest) designed to measure competence in that area. The GRE Psychology Subject Test is accepted for the Behavioral, Cognitive, Developmental, and Social broad areas. A percentile score of 70 or higher is required.

b) Submitting for approval the syllabus of a course (at the advanced undergraduate or graduate level) covering that broad area in which they achieved a B- or higher; this will be subject to the same review procedure as transfer courses at the undergraduate level, but the course will not actually be transferred for credit through this mechanism. (Graduate courses can be transferred as described by departmental and university policy, but this process has specific requirements and takes at least a year to complete.)

c) Achieving a B- or higher on the final exam for the course that covers that area in the Washington University advanced undergraduate or graduate curriculum (subject to the course instructor making that exam available to the DCT). Final exams are available for Biological, Cognitive, Developmental, and Social broad areas (and, as indicated above, for History).

d) Where the above options are not available or are unsuitable, or where the student has demonstrated competence through some other means, the student may petition the clinical faculty, who will determine whether the demonstration of competence meets the spirit of these guidelines.

Students who meet the option 1 requirement for pre-existing knowledge in an area must then take a graduate-level course that has that area as one of its attributes. Classes can have up to three attributes. All graduate-level classes not on a core clinical topic are tagged with up to three attributes.

At least one course taken must include multiple attribute tags: This will be the required integrative knowledge course (see below). Students who do not submit the required information before the end of their first semester or who do not achieve required scores will default to option 2 for the area in question.

Students who choose option 2 for an area should complete one of the courses or certificates meeting the requirement. Classes that have recently been offered or will be offered soon are listed below; other classes will be added as they are offered. Students should be advised that the relevant courses may be given as infrequently as once every three years, making planning essential. Some areas may also be met through completion of a certificate; at this time the developmental area may be met through a certificate following a summer seminar. Students choosing option 2 must also complete an integrative knowledge course. Option 1 works the best for students when it is selected for at least two areas and an integrative class is taken that involves those two areas.

Students completing either option must also complete an integrative knowledge class. The integrative class should be taken **after** the student has completed at least two broad areas that the integrative course covers. Students fulfill this requirement by earning a B- or higher grade in one of the courses tagged as "integrative" below. Integrative classes can also contribute to meeting option 1 for that area. Thus, a student pursuing option 1 for biological, cognitive, and developmental who takes 5881 will complete all three areas and the integrative component with that single class.

Course Attributes (for students entering 2017 or later)

As classes are offered, their attribute tags will be added here.

Non-Broad Courses (count for option 1 and integrative only):

Psych 519, Advanced Cognitive, Computational and Systems Neuroscience: Biological, Cognitive, Integrative.

Psych 5227, The Science of Close Relationships: Social (not broad)

Psych 5225, The Psychology of Stigma: Social (not broad)

Psych 532, Language and Cognitive Development: Cognitive, Developmental, Integrative

Psych 5881, Psychology of Aging: Biological, Cognitive, Developmental, Integrative

Psych 5958, Emotion Regulation: Affective, Social, Developmental, Integrative

Psych 593, Advanced Topics in Stereotyping and Prejudice: Social (not broad)

Broad Courses:

Psych 5665, The Science of Behavior: Cognitive (broad)

Bio 5651, Neural Systems: Biological (broad)

Psych 5453, Introduction to Affective Science: Affective (broad)

Psych 5373, Neural Systems of Behavior and Psychopathology (broad)

Psych 5087, Advanced Cognitive Psychology: Cognitive (broad)

Developmental Proseminar: Developmental (broad)

Psych 5991, Social Cognition: Memory, Emotion, and Attitude: Social (broad)

Psych 503, Experimental Social Psychology: Social (broad)

Psych 592a, Seminar: Theories of Social Psychology (broad)

Courses with no Tags (Clinical Electives only):

Psych 544, Empirically Supported Treatment in the Clinic

Psych 587, Clinical Psychology of Aging

Psych 5887, Interventions with Older Adults

Presentation Requirements

Students in the clinical program must meet the following presentation requirements. These requirements are designed to help students prepare for future roles as researchers and clinicians. These requirements replace a previous requirement for a case conference in a particular format. Compared to the previous requirement, this requirement focuses on more presentations that are shorter. This is purposeful and meant to correspond to likely roles in future employment. Note that the individuals responsible for planning CSS will work with students to attempt to create sensible group presentations when students wish to present for less than 50 minutes. Students are also encouraged to create their own group presentations; for example, students could present in a symposium format.

These requirements apply to all students matriculating 2017 and beyond. Note that those students matriculating 2016 and earlier must use the case conference guidelines given here but are not required to document the other presentation components.

A. Students must give at least 3 clinical science presentations, where "clinical science" means relating to both research (i.e., empirical findings) and clinical work. For example, a research presentation with clinical implications is a clinical science presentation. Similarly, a description of treatment or assessment of a client with reference to scientific support for the methods used is also a clinical science presentation. Each must be at least 15 minutes long, which can include a question and answer period.

B. At least one must be a research-focused presentation. This must focus, at least in part, on the student's own research. This can be masters or dissertation work. This requirement can be met by conducting the masters defense via the weekly Clinical Science Seminar (CSS).

C. At least one must be a clinically-focused presentation This must focus, at least in part, on the student's own clinical work.

D. The third is free to vary in emphasis. It could be a third talk that fits within B. or C. The third talk can also focus more on dissemination of empirical findings rather than the student's own research or clinical work. For example, teaching a group of clinicians how to use an empirically-supported technique could be the focus, even if there are no examples from the student's clinical work.

E. At least two of these must be presented at CSS; the third can be presented (as a talk, not a poster) at a national conference or to a specific lay audience. In either case, the talk should be planned ahead of time and be open to either attendees of the conference or, in the case of a lay audience, to members of the public. A lay audience does not include a class of students or an organization for students. An event used to fulfill a teaching requirement or a teaching citation requirement cannot also be used for this requirement. The topic and nature of the third presentation should be submitted

to the DCT whenever possible to ensure that it fits the spirit of the requirements. Criteria for the third presentation will be updated in response to student proposals.

F. There is no requirement that any presentation take an entire CSS session. For example, multiple students (i.e., up to three) can present symposia during a single CSS, and each of the symposia would count as a talk if the met the criteria above. If a research-focused talk other than the masters takes an entire CSS session, the student is encouraged to discuss more than one research study (e.g., as a practice for a job talk). Please note that there is no requirement that a research-focused talk centered on a masters or dissertation take the entire 50 minutes either. In particular, for a masters defense, there must be time remaining in the committee's availability to complete the question and answer portion of the defense after the talk.

G. Regarding a clinically-focused presentation, if it is focused only on presenting a case, it should be no more than 20 minutes long and focused on a specific point or question for discussion. Longer presentations should either involve a substantive teaching or training component or integrate science (i.e., student's own research) and practice. Examples include:

- Presentation of a finding from the student's research alongside an illustration of how that finding relates to a clinical case, possibly with discussion of how the experience with the client further informed research.
- Teaching a particular clinical skill to the audience, with experience with a client serving as an example.
- Presenting a clinical case in which idiographic statistical modeling was used to inform treatment or assess response.

Appendix C provides some guidelines about elements that can be included in a clinical case conference, but please note carefully that it is not a checklist of elements that must be included.

H. Students will be provided feedback on at least two of these talks focusing on how they can improve for future presentations from at least two clinical faculty members. Presentations clearly not reflecting a good faith effort in preparation or presentation will not be counted toward this requirement.

I. The presentation requirement must be met prior to the student applying for internship.

Clinical Training

The goals of this program's clinical training are to expose students to a variety of assessment and intervention techniques guided by carefully supervised contact with clients who are grappling with a broad range of personal problems. This includes an exposure in clinical supervision to theory and research that guide the effectiveness of clinical practice and encourages students to develop an appreciation for the critical interplay between clinical research and practice combined with an awareness and sensitivity to the ethical and legal implications of their service commitments.

1. The definition of clinical assessment and intervention is broad; it includes assessments and interventions conducted in both clinical and research settings.
2. Learning about the principles of assessment and intervention is integrated with the students' clinical research training.
3. The focus is on familiarity with general principles of assessment and intervention approaches that can be used and adapted for specific clinical and research purposes.
4. Although course credit for practica is received in a specific semester (e.g., courses 564 and 5121), this is done for accounting purposes only. Clinical training is organized on a continuous basis.

Policy on Diversity Experience in Clinical Training

We expect students to gain experience in clinical work with a diversity of clients, because we believe that such experiences are part of the foundation for excelling in clinical practice. More specifically, we expect and encourage that students will work with individuals who differ from them in demographics, ideologies, and experience to provide empirically-supported assessment and treatment. Accordingly, we do not allow students in our program to restrict the clientele with whom they work to avoid any given individual or group based on demographics, ideologies, or experience. If, upon making a good faith effort to work with an individual, a student and their supervisor jointly conclude that work is not productive, we support the proper referral of clients in

accordance with the American Psychological Association (APA) ethics code. Where feasible, the clinical faculty will work with such students to create a remediation plan to improve the likelihood of successful future work with clients different from themselves. Our policy on this matter is informed by the APA Board of Educational Affairs guidance, which can be found online at: http://www.apa.org/ed/graduate/diversity-preparation.aspx

Clinical Ethics Training

As described above, all students must complete an ethics course that applies to psychology as a broad discipline. Ethical issues specific to clinical work are covered in each required clinical course (5112 Psychological Assessment I; 5113 Psychological Assessment II; 537 Advanced Psychopathology; 545 Introduction to Psychological Treatments). In addition, students must do one of the following: (1) Complete an advanced course in clinical ethics with a B- or higher or (2) Complete a seminar in research ethics with a grade of B- or higher and a clinical ethics exam with a score of 80% or higher. Students may complete a summer seminar on ethics, consultation, and supervision; this seminar is optional and does not satisfy the requirement the way an advanced course does. If students do not pass the ethics exam the first time, they may take it a second time after consulting with the director of clinical training. If the exam is not passed the second time, the student will be placed on probation and a remediation plan will be developed prior to the student making a third attempt. Students who are not able to pass the exam on the third attempt will be asked to leave the program. Students must attempt the exam before the end of the Fall semester of their third year. Regarding these issues, see also the section below on continuous assessment of clinical skills.

Supervision, Consultation, and Diversity Training for 2017 and Beyond

Issues related to supervision, consultation, and diversity specific to clinical work are covered in each required clinical course (5112 Psychological Assessment I; 5113 Psychological Assessment II; 537 Advanced Psychopathology; 545 Introduction to Psychological Treatments). In addition, students entering the program in 2017 and beyond must pass an exam on supervision and consultation with a score of 80% or higher; students must also complete a satisfactory diversity model application paper as graded by a designated clinical faculty member in consultation with the DCT. Students entering 2019 and beyond are required to complete the diversity proseminar (offered every other summer) that will assist them in completing the required paper (before 2019, this was optional). To prepare for the exams in ethics, supervision, and consultation, students may take

optional seminars that are typically offered during alternating summers. The proseminars cover ethics, consultation, and supervision (proseminar 1) and diversity (proseminar 2). Students are also provided with self-study materials for proseminar 1. Finally, regarding these issues, see also the section below on continuous assessment of clinical skills.

Practicum Experiences

You will begin your psychological assessment training in the first semester of your first year and will complete much of it by the end of the first summer. Toward the end of the spring semester of the first year and continuing into the summer, students perform an entire assessment sequence (interview plus assessments of cognition, personality, psychopathology) for a client in the Department's Psychological Services Center (PSC) or another clinical setting and write an integrated report.

Your intervention training also includes a general course (Introduction to Psychological Treatments) that covers fundamental approaches to psychotherapy. This course lays the foundation for a two-semester psychotherapy practicum (564) that begins in the fall semester of your second year and takes place in the Psychological Service Center (PSC). Supervision for these practica is provided by core faculty members. The PSC practicum should consist of no more than 10 hours per week of training in a given academic year. Ten hours is the total amount of time you should spend at the PSC each week, including direct client contact, supervision, and paperwork.

Students may elect to take a second course on interventions (Interventions II) but this is not required. Options include: Empirically Supported Treatment in the Clinic (544), Clinical Interventions with Older Adults (588), and Neuropsychological Assessment and Intervention (5522).

Students are required to complete two years of practicum placement in the community during the third and fourth years of training. The sites for these experiences should be chosen carefully through discussion with your mentor and the Director of the Psychological Services Center. Students should consider the link between their own research interests and the clients with whom they would work at each site. It is also important to develop, across your years in the program, experience working in a variety of clinical settings (e.g., both inpatient and outpatient facilities and with clients who experience a broad range of clinical problems). It is a mistake to become too specialized at this point in your training. Internships value breadth of experience. Each of your required outside practicum experiences should consist of approximately, but no more than, 10 hours per week of training for an entire academic year. Ten hours is the total amount of time you should spend at the practicum each week, including direct client contact, supervision, and paperwork.

Because the emphasis of this program is on training academic clinical researchers and not practicing clinicians, students are expected to accumulate approximately 1,000 to 1,200 total hours of clinical experience during their graduate training. These include direct client contact and supervision that occurs in the context of both clinical practica and research training.

Students are not required to engage in additional practicum experience beyond four years. Nevertheless, that option is available to students following discussion with their mentor and based on arrangements made with the Director of the PSC. Students must register for outside practica each semester (for one unit of credit) in which they are involved. Failure to register is grounds for probationary action.

Practicum Travel

Students should be aware that public transportation options in the St. Louis area, although good along the Metrolink corridors, are not optimal for transportation to other areas. Some of our practicum options fall outside the Metrolink corridors and may be challenging to travel to if students do not have access to a vehicle. For example, public transportation may be available, and free to students, yet take well over an hour in each direction. At the time of writing, obtaining a car temporarily, exclusively for the purpose of practicum travel, can be quite expensive. For example, although the university-sponsored car-share service is helpful in many instances, it could easily run $60 per day (over $3000 per year) for practicum travel, whereas the cost to someone who already owns a car would be closer to $600, based on current gas prices and the official IRS deduction for vehicle use, which quantifies the cost of operating a vehicle on a per-mile basis.

Students who already own a car and use it for practicum travel should be aware that practicum travel is a required aspect of the program, and as such they may be able to deduct their expenses on their tax return. Please note that we base this observation on our reading of IRS publications, and do not claim to be experts on the tax code.

We recognize that the necessity of traveling to a practicum location can represent a significant burden on students who do not already own a car. If a student does not have access to a car, whether permanently or temporarily, and their current practicum site is over 1 hour away by public transportation, the department will defray the cost of additional transportation by up to $1500 in a single year. This transportation assistance is available during one year of the student's training and is available only for required practica (i.e., not an additional practicum not required by the program, such as summer practicum experiences). Students should approach the DCT or Clinic Director if they wish to pursue this option for an upcoming practicum (that is, it should be part of the

discussion of practicum placement). On an emergency basis, students should approach the DCT for approval (e.g., in the case of a vehicle failure).

Students using this assistance must obtain receipts for travel and submit these receipts for reimbursement. This step is necessary to make it clear that the money reimbursed is not income, but rather reimbursement for necessary travel.

This policy was adopted because practicum travel is a required part of the program, and we became aware that this represented a significant expense for some students. We encourage students to continue to communicate (e.g., with the DCT) about this and other aspects of the requirements of the program.

Psychological Service Center (PSC)

Orientation to the PSC is scheduled through a special half-day workshop that informs students of the operating procedures for the PSC. All students attend this workshop prior to the beginning of their second year in the program. A detailed description of policies and procedures governing practice and behavior at the PSC is provided in the *PSC Manual* (**http://www.psych.wustl.edu/psc**). Most clients are seen weekly on a year-round basis (12 months). Therefore, you are advised to organize your vacation schedule so that no more than two consecutive sessions are missed. To aid in supervision, therapy sessions are either audio or video taped, with the written permission of the client.

Confidentiality must be closely monitored at all times. You must be certain that you are in private places before you discuss client information and then only with appropriate individuals. Client names should never be used in such discussions, and tapes must be carefully guarded. Client records are housed in the PSC. If any part leaves the premises, it must be transported and stored in a HIPAA security bag (or another HIPAA-compliant system). Whole charts are never to leave the premises. Please see PSC guidelines for further information (e.g., regarding electronic records).

Continuous Assessment of Clinical Skills

Students are assessed for their clinical skills (a) in any class focusing on assessment or treatment and (b) at all practicum sites. At the end of each class focusing on assessment or treatment, the professor teaching the class will complete a standardized foundational assessment; when any individual rating on this assessment is well below readiness for clinical work (under 30 on a 100 point scale where 50 is ready for clinical work), it will be treated as an “B” on a critical item (see below). When any rating on this assessment is below 50 but above 30, it will be treated as a “R.” Practicum sites will provide ratings on a standard assessment at a minimum of once per year. Where

feasible at the site, this will be done twice per year. Supervisors submit their evaluations of students to the Clinic Director. If critical items (a list is available upon request to the Director of Clinical Training or Clinic Director) are rated as "R," indicating that the student may need remediation to progress, this rating is discussed by the Director of Clinical Training and the Clinic Director. If, upon further review, additional evidence is found that the student indeed requires remediation for this skill, the Director of Clinical Training will describe the recommended remediation process to the student and monitor whether it has been completed. If critical items are rated "B," indicating that the student is not meeting required progress, this rating is discussed by the Director of Clinical Training and the Clinic Director (or the faculty member teaching the course, as applicable), who will consult as needed with the supervisor and student to determine whether a rating of B is accurate. If it is, the student will be placed on probation and a formal remediation plan will be developed in consultation with all stakeholders (including the student's academic advisor). The student will be removed from probation upon successful completion of the remediation plan.

Clinical experiences in the course of research

Students are encouraged to gain additional clinical experience, as appropriate, in research projects conducted by themselves, mentors, and collaborators. We also acknowledge that some research activities could be reasonably construed as being clinical work or not being clinical work depending on context and intent. The following policy is in reference to research activities that are clearly clinical work (e.g., such that students intend to record the work as clinical hours for internship applications). All such clinical work must be supervised appropriately. To protect students and ensure that clinical work is appropriately supervised, students must provide the Clinic Director with a brief description about the nature of the experience, the approximate number of hours a week the experience consists of, the name of licensed supervisor for the experience, and some information about the nature of the supervision provided. Students should do this as soon as they become aware that they will be engaging in clinical work outside of standard practicum experience. The Clinic Director, Director of Clinical Training, and the student's research mentor will review the experience. When such experiences involve more than 5 hours of clinical work a week for more than a month, the student must inform the Clinic Director so that the experience can be handled in the same way as external practica. The student should do so as soon as it becomes clear that the experience involves more than 5 hours per week. In brief, such experiences must involve direct observation of clinical work, as well as appropriate supervision consistent with the type of clinical work performed. A supervisor must review the student's work at least yearly using the program's standard template, and

the Clinic Director will arrange a site visit to ensure the appropriateness of the experience. In all cases the Clinic Director and Director of Clinical Training will work with supervisors and other personnel to ensure that the clinical work students engage in constitutes an appropriate training experience. The student's research mentor will also be included in these discussions. The program reserves the right to refuse to verify an experience as an appropriate clinical experience, whether due to lack of appropriate documentation or the nature of the clinical experience itself. As of June 2019, students engaging in clinical work without the oversight described above can be considered in violation of the program's prohibition of independent practice.

Prohibition of independent practice by students

It is imperative that all students realize that any independent practice by clinical students while enrolled in the Clinical Psychological & Brain Sciences Program of Washington University (e.g., hiring yourself out to give tests for a practice) is unequivocally prohibited because of serious ethical and legal implications for the student, the program, and the profession. This prohibition holds true for students who have previously received or concurrently receive a degree or license in an allied discipline (e.g., social work, counseling psychology, or psychiatric nursing). Students who have any questions as to the applicability of this policy to their own activities must discuss such activities with the Director of Clinical Training before engaging in such.

Internships

Students are expected to apply for internships whose goal is to train academic clinical psychologists. These include programs that belong to the Academy of Psychological Clinical Science (APCS). Such internships strongly value high quality research training, as evidenced by publications and conference presentations, as well as high quality clinical training. As such, the expected 1,000 to 1,200 pre-internship clinical hours (direct clinical contact hours plus supervision hours) will adequately serve to make our students highly competitive for such outstanding internships. Amounts in excess of this target are typically unnecessary and wasteful of personal resources needed for your ongoing research development.

The internship will take place no earlier than the fourth year of your graduate clinical training, with the majority of students participating during their sixth year. Students are strongly encouraged to have completed their dissertation defense prior to departing for internship. This situation allows students to devote full intellectual energy to their internships, thus making them more attractive to these prestigious training centers. Such students are also more likely to be eligible

for postdoctoral fellowships that may become available at their training centers during their year of internship.

Before you may **apply** to, and accept, an APA-approved internship, the following requirements must be met:

1. All required courses are completed. However, where distribution requirements have not been completed primarily because of class scheduling issues, the student (if not on probation) can petition the Director of Clinical Training to complete a required course while applying to internships.
2. All required practica are completed.
3. The qualifying research project is completed.
4. The subject matter exam is passed.
5. Your presentation requirements must be met (see the presentation requirement section).
6. The clinical ethics requirement is completed.
7. The dissertation proposal has been approved. Note that the graduate school or department may institute an earlier deadline, in which case this is a moot point. The graduate school deadline is earlier for most students.
8. If you matriculated in 2017 or later, you must also have passed the supervision and consultation exam and completed a passing diversity application paper
9. You must have completed any remediation plans related to ongoing clinical assessment.

Your dissertation proposal must be approved by October 1 of the year in which you plan to apply for internship. (Or earlier if required by graduate school or department.) The graduate school requires the TSP form to be filed by the first day of the first semester of the fifth year. The graduate school deadline will fall first for most students.

Most recent students have found that 10 to 12 applications are sufficient to obtain one of their top choice internships. Excessive numbers of applications are not only financially burdensome but also detract from your ongoing educational program. Early in the fall semester, the Clinical

Director, as well as interested faculty advisors, meets with the students to assist in the application process. Students should register with APPIC when they are ready to begin this process.

During the internship year, students are required to register each semester for LGS 9000 which carries 0 units and must be entered by the Registrar personnel in the GS office.

Climate of the Training Program

The faculty recognizes the complexity involved in training in clinical psychological & brain sciences and realizes that students learn best in a nurturing environment. Since the process of becoming a skilled clinical scientist is not always linear, students often learn by making mistakes. Such learning, of course, depends on the student's openness to supervision, self-scrutiny, and professional exchange with both supervisors and peers. We emphasize the importance of group collaboration among students and discourage competition. The faculty encourages students to provide emotional and intellectual support to each other during their graduate careers. We further recognize that interactions among students, faculty, and staff should be collegial and reflect the highest standards of the profession. Thus, the program is committed to the University's policy on sexual harassment, found at http://hr.wustl.edu/policies/Pages/SexualHarassment.aspx, with reporting to Kim Webb (kim_webb@wustl.edu), Director of the Relationship and Sexual Violence Prevention Center. The program is also committed to the University's policy on bias, found at https://sites.wustl.edu/diversityinclusion/, with reporting at https://sites.wustl.edu/diversityinclusion/brss/. Any questions regarding boundary violations should immediately be brought to the attention of the Director of Clinical Training.

Ongoing Evaluation, Record Retention, and Disciplinary Procedures

General issues regarding ongoing evaluation and disciplinary procedures are included in the *GS Handbook* and apply equally to students in the clinical program. Similarly, grievance procedures by which students can address complaints or concerns about faculty, the program, or the department are provided in detail by the *GS Handbook*. We would also like to clarify that all students are formally evaluated at least once per year and are provided feedback after this evaluation from their mentor, who provides this feedback on the behalf of the entire clinical faculty and the Director of Clinical Training. Students who are in their first year or who are on academic probation will be evaluated at least twice per year.

Physical student records are maintained in a locked room. These records are in the form of paper files. Some additional information regarding student applications and annual review updates are maintained on a password-protected computer. All files are available for onsite review of site visitors. Student complaints in particular are maintained as hard copies in a physical file (e.g., if those complaints are emailed, those emails are printed).

The *GS Handbook* outlines how disciplinary procedures normally run when the concern is purely academic in nature. Clinical training requires some additional guidelines. This is because the nature of the clinical enterprise is such that training is more complex than many of the academic based skills, involving not only the acquisition of specific skills and techniques, but also the individual's character and innate talent for doing clinical work. Infrequently, students are found to be unacceptably limited in their ability to complete successfully the required clinical work, even though their academic and research skills are more than adequate for completion of the program.

These are the procedures that will be implemented for students experiencing personal, emotional, or personality problems that negatively affect their clinical work or academic performance. When the clinical faculty identifies a student struggling with personal and/or academic deficiencies that are interfering with his or her progress in the clinical program, a special faculty oversight committee will be convened to gather information and recommend appropriate action to the clinical faculty as a whole. The primary procedural steps are as follows:

1. Each spring semester the clinical faculty reviews, along with the student's academic advisor, the student's progress in the program.
2. If the clinical faculty believes that the student's problems are sufficiently serious to warrant action that might result in probation or removing the student from the clinical program, the clinical faculty will vote to convene an oversight committee to investigate the relevant problems and to offer recommendations.
3. A committee composed of faculty members who have not been involved directly with complaints regarding the student's performance will be assembled by the Director of Clinical Training. Every attempt will be made to assure that committee members are as impartial as possible. The committee will be composed of three clinical faculty members, either full-time, part-time, or adjunct.
4. The oversight committee will interview each of the faculty directly involved with the student to develop perspective on the issue[s].

5. The oversight committee will also interview the student in depth about his/her perception of the issue[s]. The committee will indicate to the student that it is empowered to gather information and to make recommendations.
6. After the relevant information has been obtained from different sources, the oversight committee will summarize and evaluate the material and make a recommendation to the Director of Clinical Training.
7. The Director of Clinical Training will place this matter on the agenda for a future clinical faculty meeting.
8. A clinical faculty quorum will discuss the committee's recommendation and vote on a course of action. The possible outcomes are:
    a. No action warranted; student remains in good standing;
    b. Recommendation that student makes significant changes, possibly through assistance of professional help (psychotherapist or counselor);
    c. Probationary status with clearly defined conditions to be met before removal from probation;
    d. Recommendation for a leave of absence for a specified period;
    e. Recommendation for termination from the clinical program.
9. Following this meeting, the Director of Clinical Training will meet with the student to communicate, both orally and in writing, the decision of the clinical faculty and to explain its implications.

The clinical faculty recognizes that these issues are complex and require rigorous adherence to principles of fairness. Disciplinary action (which has been extremely rare) generally arises only after repeated attempts of supervisors and faculty have been unsuccessful in assisting the student to modify problematic aspects of his/her conduct. If termination is recommended, the student may appeal to the Chair of the Department of Psychological & Brain Sciences and/or the Dean of the Graduate School.

Issues involving academic integrity and accusations of plagiarism are dealt with through a standing University committee. Students should study the Graduate School's guidelines on plagiarism carefully, as ignorance is not an acceptable defense.

Issues involving Social Media

If you choose to describe your professional status and activities on social media (e.g., Facebook or LinkedIn), you should indicate that you are a graduate student in the Washington University Department of Psychological & Brain Sciences clinical training program. You should not describe practicum activities, specific skills in which you are trained, or titles that may be assigned to you at placements outside of the program. Any descriptions of that sort could be misconstrued and could unintentionally misrepresent your professional qualifications. Also, please remember that you cannot discuss or quote your clinical interactions with clients or research subjects.

Planning for Licensure

Students should be aware that licensing laws and requirements vary by state. We are not aware of any clinical psychology program that can guarantee that the program meets course requirements for all state licensing boards. This is because such requirements not only vary widely but can be difficult to anticipate in advance. One common issue is a requirement for courses in specific content areas. A few things are worth knowing about these requirements. First, various bodies are advocating to change these requirements in the wake of the 2017 changes to curriculum across programs. It is currently (7/30/19) impossible to say how successful this advocacy may be, but the intent is to have all licensing boards agree that those programs meeting APA requirements should meet all licensing board requirements. However, if this advocacy is not completely successful, some states may continue to require courses that are no longer required by the APA. Licensing boards may consider course titles on your transcript as well as syllabi from courses you have taken in order to determine whether each course fulfills their state's requirements for courses. For students who matriculated 2017 or beyond, competencies will be listed on your transcript in all of APA's required areas (e.g., even if you did not take a course in that area per se). This may or may not help with licensing boards, but we are hopeful it will. Courses with titles that include words such as psychopathology or clinical, and titles that mention mental disorders will most often be considered clinical courses rather than "basic science" courses. Courses that appear to be too specific or cover more than one area may be considered too narrow (for example, some boards may not accept classes on "personality" to be adequate for covering "social psychology"). In addition, individual states might maintain requirements for broad courses that would not be taken by students taking option 1 of the 2017-on curriculum. Second, at the time of present writing, attempting to complete all required courses for all state requirements across the country is neither possible nor recommended, because several states

require highly specific courses. Third, unless you are already certain in which state you will want to be licensed, there are a limited number of ways to plan ahead effectively. All of that being said, the following steps might be practical if you place a high degree of value on avoiding difficulties in obtaining licensure:

1. Adhere to the option 2 curriculum for 2017 and beyond (even if you matriculated before 2017, this curriculum satisfies more licensing board requirements that the curriculum you are required to complete).
2. Pass the exams focusing on clinical issues and ensure that these are reflected on your transcript (this may be useful even if you matriculated before 2017). These competencies will be reflected on your transcript.
3. Review your transcript when you near graduation and ensure that all experiences that should be reflected there are.

Although we anticipate that the above steps may be useful, we cannot guarantee that the licensing process will be without difficulty in all cases. Nevertheless, in all cases we are aware of, graduates who wished to become licensed were ultimately able to do so even if there was some initial difficulty in some cases.

APPENDIX A

MONTHLY CLINICAL SERVICE DATA SHEET

PLACE SEEN _____

(Please state PSC or Outside Practicum)

ONE LOCATION PER FORM PLEASE

STUDENT NAME _____ MONTH _____YEAR _____

1. INTERVENTION

(see last page for definitions)

	Total # of hours face-to-face	**# different individuals, couples, families, or groups**
*a. Individual Therapy		
*1) Older Adults (65+)		
*2) Adults (18-64)		
*3) Adolescents (13-17)		
*4) School-Age (6-12)		
*5) Pre-School Age (3-5)		
*6) Infants/Toddlers (0-2)		
b. Career Counseling		
1) Adults		
2) Adolescents		
*c Group Therapy (Count as one unit)		
*1) Adults		
*2) Adolescents (3-17)		
*3) Children (12 & under)		
*d Family Therapy (Count as one unit)		
*e Couples Therapy (Count as one unit)		
f. School Counseling Interventions		

1) Consultation_____

2) Direct Intervention_____

3) Other_____

g. Other Psychological Intervention

1) Sports Psychology / Performance Enhancement_____

2) Medical / Health Related Interventions_____

*3) Intake Interview / Structured Interview_____

4) Substance Abuse Interventions_____

5) Consultation_____

6) Other Interventions_____

*Data needed for PSC Annual Report. If you don't need these data for your records, then you only need to fill out the items on pages 1, 2, & 3 with * for the PSC.

h. Other Psychological Experience with Students and/or Organizations:

1) Supervision of Other Students_____

2) Program Development/ Outreach Programming_____

3) Outcome Assessment of Programs or Projects_____

4) Systems Intervention / Organizational Consultation / Performance Improvement_____

5) Other_____

2. <u>SUPPORT ACTIVITIES –</u> How much time have you spent in support activities related to your intervention and assessment experience?

a. Case Conferences _____ hours

b. Case Management/Consultation _____ hours

c. Didactic Training/Seminars/Grand Rounds _____ hours

d. Progress Notes/Clinical Writing/Chart Review _____ hours

e. Psychological Assessment Scoring/Interpretation and Report Writing _____ hours

f. Video-Audio-Digital Recording Review _____ hours

Total Support Hours_____

***3. <u>Psychological Assessment Experience:</u>** This is the total number of face to face client contact hours administering and providing feedback to clients/patients. This does not include time spent scoring and/or report writing, which should be included under item #2 (Support Activities).

*a Psychodiagnostic test administration (Include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients.
*Hours Spent with Client_____

*b Neuropsychological Assessment (Include intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving evaluation of multiple cognitive, sensory, and motor functions).
*Hours Spent with Client_____

*c. How many supervised integrated psychological reports have you written for each of the following populations? An integrated report includes a history, an interview, and at least two tests from one or more the following categories: personality assessments (objective, self-report, and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient. An intake report that you write for a PSC client does count as an integrated report.

a. Adults: _____

b. Children / Adolescents: _____

***4. SUPERVISION RECEIVED**

*a. Number of actual hours supervised by a licensed psychologist:

Individual _____ Group (team)_____

b. Number of hours supervised by a licensed allied mental health professional (social worker, LPC, etc.): Individual _____ Group _____

c. Number of hours of other supervision: Individual _____ Group_____

d. Total Supervision Hours: Individual _____ Group _____

*Data needed for PSC Annual Report. If you don't need these data for your records, then you only need to fill out the items on pages 1, 2, & 3 with * for the PSC.

5. TREATMENT SETTINGS: How many hours have you spent in each of the following treatment settings? Please indicate the estimated total number of hours (including intervention and assessment, support, and supervision) spent in each of the following treatment settings for this month.

	Intervention	Assessment
PSC	_____	_____
Child Guidance Clinic	_____	_____
Community Mental Health Center	_____	_____
Forensic/Justice setting (e.g., jail, prison, juvenile court)	_____	_____
Inpatient Psychiatric Hospital	_____	_____
Private Practice	_____	_____
Partial Hospitalization/Intensive Outpatient Program	_____	_____
Medical Clinic/Hospital	_____	_____
Outpatient Psychiatric Clinic/Hospital	_____	_____
University Counseling Center	_____	_____
VA Medical Center	_____	_____
Schools	_____	_____
Residential/Group Home	_____	_____

6. OTHER INFORMATION ABOUT CLINICAL EXPERIENCES

a. Have you led or co-led any types of groups?

b. Do you have experience with Managed Care Systems in a professional capacity? (Yes/No)

c. Audio tape review with your supervisor (Yes/No)

d. Videotape or digital recording review with your supervisor (Yes/No)

e. Live/direct observation by supervisor (Yes/No)

f. Please indicate the number of clients/patients seen for each of the following diverse populations listed below:

Number of Clients Seen this Month

	Intervention	Assessment
African-American / Black / African Origin	_____	_____
Asian-American /Asian Origin / Pacific Islander	_____	_____
Latino-a/Hispanic	_____	_____
American Indian /Alaska Native/Aboriginal Canadian	_____	_____
European Origin / White	_____	_____
Bi-Racial / Multi-racial	_____	_____
Heterosexual	_____	_____
Gay	_____	_____
Lesbian	_____	_____
Bisexual	_____	_____
Physical / Orthopedic Disability	_____	_____
Blind / Visually Impaired	_____	_____
Deaf / Hard of Hearing	_____	_____
Learning / Cognitive Disability	_____	_____
Developmental Disability (include MR & autism)	_____	_____
Serious Mental Illness (Psychotic or major mood disorders that		

significantly interfere with adaptive functioning)	_____	_____
Other	_____	_____
Males	_____	_____
Females	_____	_____
Transgendered	_____	_____

You may download your own copy of the APPIC form from: http://portal.appicas.org/

PSC does not need the info on this page. You should itemize here only for your own personal use.

(APPIC does require this info.)

TEST ADMINISTRATION

Please indicate all instruments used by you in your assessment experience, excluding practice administrations to fellow students. You may include any experience you have had with these instruments such as work, research, practicum, etc., other than practice administrations. To indicate that you administered, scored, interpreted, and wrote a report for a test, count in both columns. Please designate your experiences for the instruments listed below, without changing the sequence in which they are listed. Then, you may add as many additional lines (under "Other Tests") as needed for any other tests that you have administered.

ADULT TESTS

Name of Test	# Clinically Administered and Scored	# of Reports written with this measure	# Administered as Part of a Research Project
Symptom Inventories:			
Adult Manifest Anxiety Inventory	_____	_____	_____
Beck Anxiety Inventory	_____	_____	_____
Beck Depression Scale	_____	_____	
Geriatric Depression Scale	_____	_____	_____
Hamilton Depression Scale	_____	_____	_____
Other Self Report Measures	_____	_____	_____
Diagnostic Interview Protocols:			
DIS	_____	_____	_____
MINI	_____	_____	_____
SADS	_____	_____	_____
SCID	_____	_____	_____
SIDP	_____	_____	_____
Cognitive Assessment:			
Stanford-Binet	_____	_____	_____
TONI-3	_____	_____	_____
WAIS-IV	_____	_____	_____
Neuropsychological Assessment:			
Bender Gestalt	_____	_____	_____
Boston Diagnostic Aphasia Exam	_____	_____	_____
Brief Rating Scale of Executive Function (BRIEF)	_____	_____	_____
Dementia Rating Scale II	_____	_____	_____

California Verbal Learning Test	_____	_____	_____
Continuous Performance Test	_____	_____	_____
Delis Kaplan Executive System	_____	_____	_____
Finger Tapping	_____	_____	_____
Grooved Pegboard	_____	_____	_____
Rey-Osterrieth Complex Figure	_____	_____	_____
Trailmaking A&B	_____	_____	_____
Weschler Memory Scale IV	_____	_____	_____
Wisconsin Card Sort	_____	_____	_____
Other	_____	_____	_____

Measures of Academic Functioning:

Strong Interest Inventory	_____	_____	_____
WIAT	_____	_____	_____
Wide Range Assessment of Memory & Learning	_____	_____	_____
Woodcock Johnson III	_____	_____	_____
WRAT-4	_____	_____	_____
Other	_____	_____	_____

Name of Test	# Clinically Administered and Scored	# of Reports written with this measure	# Administered as Part of a Research Project
Personality Inventories:			
Millon Clinical Multi-Axial III (MCMI)	_____	_____	_____
MMPI-2	_____	_____	_____
Myers-Briggs Type Indicator	_____	_____	_____
Personality Assessment Inventory	_____	_____	_____
Projective Assessment:			
Human Figure Drawing	_____	_____	_____
Kinetic Family Drawing	_____	_____	_____
Rorshach	_____	_____	_____
Sentence Completion	_____	_____	_____
Thematic Apperception Test	_____	_____	_____
Other	_____	_____	_____

CHILD AND ADOLESCENT TESTS

Name of Test	# Clinically Administered and Scored	# of Reports written with this measure	# Administered as Part of a Research Project
Achenbach System of Empirically Based Assessment			
Behavior Assessment System of Children (BASC)			
Other			
Symptom Inventories:			
Barkley-Murphy Checklist for ADHD			
Conner's Rating Scales			
Other			
Diagnostic Interview Protocols:			
DISC			
Kiddie-SADS			
Other			
Cognitive Assessment:			
Bayley Scales of Infant			
Differential Abilities Scale II			
Mullen Scales of Early Learning			
Stanford-Binet 5			
WPPSI-III			
WISC-IV			
Other			
Neuropsych Assessment Measures:			
Bender Gestalt			
Development Test of Visual Motor Integration (Berry)			
BRIEF			
Children's Memory Scale			
Continuous Performance Test			
Delis Kaplan Executive Function System			
NEPSY-II			
Rey-Osterreith Complex Figure			
Measures of Academic Functioning:			

WIAT	_____	_____	_____
Wide Range Assessment of Memory & Learning	_____	_____	_____
Woodcock Johnson III	_____	_____	_____
WRAT-4	_____	_____	_____
Personality Inventories:			
MAPI	_____	_____	_____
MMPI-A	_____	_____	_____
Projectives:			
Human Figure Drawing	_____	_____	_____
Kinetic Family Drawing	_____	_____	_____
Roberts Apperception Test	_____	_____	_____
Rorschach	_____	_____	_____

DEFINITION OF TERMS FOR DOCUMENTING PRACTICUM EXPERIENCE

Only count hours for which you received formal academic training and credit or which were program-sanctioned experiences.

Practicum hour - A practicum hour is a clock hour. A 45 – 50 minute client/patient hour may be counted as one practicum hour. Practicum hours must be supervised. Please round to the nearest whole number.

1. **THERAPY or ASSESSMENT EXPERIENCE –** These are actual clock hours in direct service to clients/patients. Hours should not be counted in more than one category. Time spent gathering information about the client/patient, but not in the actual presence of the client/patient, should instead be recorded under item 2 ("Support Activities").
   For the first column, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours. For the second column, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group.

2. **SUPERVISION RECEIVED** – Supervision provided to less advanced students should be counted in item 1h-1.
   Item 4a: Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student.

APPENDIX B

Practicum Student Evaluation Form (Note: this form is actually completed via Qualtrics whenever possible)

Supervision Evaluation

Student Name: _____ Student Year Level: _____

Supervisor Name: _____

Evaluation Time Period: _____

Number of Clients: _____ Site of clinical work: _____

Supervisor self-ratings

	Yes	No
a) I directly observed this student engaged in clinical work during this year (*live*).		
b) I observed this student's clinical work *via audio recording or videotape* during this year.		
c) I shared my model of supervision with the student, during our feedback session or previously (e.g., a specific model of supervision based on the literature, or an otherwise articulated set of ideas about how supervision is done).		

Note: Either a or b is required. Item c is for information purposes only.

Evaluation of student

N/A = Not applicable or insufficient information to rate
B = Below expectations; student is clearly not meeting the standard of the clinical program. Please provide recommended remediation.
R = Remedial action needed. Please provide recommended remediation.
M = Meets expectations; student has achieved the standard of the clinical program.
E = Exceeds expectations; student has surpassed expected standards.

1. Interpersonal and Communication Skills	NA	B	R	M	E
a) Develops and maintains effective relationships with clients, supervisors, and fellow professionals.					
b) Demonstrates effective interpersonal skills.					
c) Manages difficult communication well.					
d) Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.					
e) Demonstrates a thorough grasp of professional language and concepts.					

Comments:

2. Psychological Assessment Skills	NA	B	R	M	E
a) Utilizes systematic approaches to gathering data to inform clinical decision making.					
b) Integrates assessment data from different sources to formulate diagnoses.					

Comments:

3. Intervention skills	NA	B	R	M	E
a) Appropriately utilizes empathetic listening, reflections, etc.					
b) Effectively formulates and conceptualizes cases.					
c) Plans effective treatments and carries them out.					
d) Demonstrates knowledge of empirically supported treatments.					
e) Routinely assesses treatment progress and outcome.					

Comments:

4. Diversity – Individual and Cultural Differences	NA	B	R	M	E
a) Demonstrates an understanding of how his or her own personal/cultural history, attitudes, and biases may affect understanding and interacting with clients.					
b) Integrates awareness and knowledge of individual and cultural differences in conduct of professional roles.					
c) Articulates an approach to working effectively with diverse individuals and groups (e.g., a specific model of diversity based on the literature, or an otherwise articulated set of ideas about working with diversity that is supported by the literature).					
d) Demonstrates an ability to *apply* the framework above for working effectively with diverse individuals and groups in their professional work (e.g., a specific framework drawn from the literature or a set of evidence-based practices drawn from the literature).					

Comments:

5. Ethics	NA	B	R	M	E
a) Recognizes ethical dilemmas as they arise.					
b) Applies ethical decision-making processes in order to resolve dilemmas.					
c) Conducts self in an ethical manner in all professional activities.					

Comments:

6. Supervision	NA	B	R	M	E
a) Actively seeks supervision when appropriate.					
b) Demonstrates openness and responsiveness to feedback and supervision.					
c) Appropriately increased independence during the rating period.					

Comments:

7. Professional Development	NA	B	R	M	E
a) Conducts self in a way that reflects the values and attitudes of psychology, including integrity and deportment.					
b) Engages in activities to maintain and improve performance and professional effectiveness (e.g., self-study, seeking out new experiences, self-care).					
c) Engages in self-reflection regarding personal and professional functioning.					
d) Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, chart notes, reports).					
e) Arriving promptly at meetings and appointments.					
f) Consults effectively with relevant third parties as appropriate, e.g., mental health professionals (psychiatrists, social workers), primary care physicians, family members (parents, romantic partners), or teachers.					

Comments:

Student's strengths:

Student's areas for growth:

_____ _____

Signature Date

APPENDIX C

Presentation: Case Conference Format

Advice and Outline

ADB 4/10
EML revised 1/18
EML/TLR 8/18

FORMAT FOR CLINICAL CASE CONFERENCE

Please read:

The purpose of the clinical case conference is for you to demonstrate your ability to *apply* clinical science principles to real-life problems. That is, in clinical work, you have a hypothesis about what should work based on the literature, you apply an intervention, and you note the outcome. As such, you should plan to approach this presentation as you would any other clinical science presentation.

As noted on page 13 of the handbook, your clinically-focused presentation may take one of two forms: 1) only presenting a case, in which case your talk should be no more than 20 minutes long and focused on a specific point or question for discussion; or 2) presenting a case that is supplemented with additional material, for instance integrating research findings or teaching a clinical skill. Recommendations for how to integrate the material into version 2 is provided in the paragraph below.

For the foundation of your clinically-focused presentation, consider the usual components of a research talk (e.g., a 15-20 minute symposium talk) and how they might relate to your case presentation. Like Sample, describe your client enough so that the audience can interpret the "results" and knows what generalizations to make. But there's no need to go into deep, questionably relevant detail. Consistent with Measures, briefly describe your assessment instruments to the extent that the audience knows how you are measuring the problem, and maybe even whether those instruments are suitably reliable and valid. Similar to an Introduction, describe what the research already says about this problem; review the literature – what is known about this disorder and its optimal assessment or treatment? This is also where you can present your own research findings if you are presenting that version of the expanded clinical case conference format. Provide any hypotheses you formulated based on this existing research. Describe your intervention (not necessarily so that someone could replicate it exactly)! This may be where you teach the audience about that clinical skill if you are doing that version of the expanded case conference talk. Then describe your Results. Provide evidence – how do we know that decrease in BDI is meaningful, for instance? Or perhaps the intervention only partially worked. Do you have hypotheses about what went wrong? Did you generate a new set of hypotheses about what would improve the condition from this point? If so, you may need to loop back to additional literature review and a new set of results. If you are presenting idiographic statistical model as part of an expanded format case conference, they should go in this section. Finally, wrap up with any Discussion, Limitations, or Future Directions.

Other general notes:

i. Make sure you review your clinical case conference presentation with your clinical supervisor at least a week in advance. **You should *not* be giving your clinical supervisor the talk the**

night before; nor should your supervisor be surprised to find you are presenting on the day you present.

ii. Please plan announce at the beginning of your presentation that this case conference is intended for clinical psychology students and faculty only, and that – although you've protected the patient's privacy to the extent possible – all information discussed in the case conference should be kept strictly confidential.

iii. To protect the patient's anonymity, use a fake name or a fake initial. There may be other details you want to leave out or change to make sure the patient cannot be identified.

iv. Keep in mind that you are trying to teach something (as opposed to sharing frustrations about a complicated or difficult case). It's often a good idea to focus on a case with a positive outcome to illustrate the use of a valid assessment device or an effective treatment procedure. Remember that many of the people in the audience will have little clinical experience. However, bringing up a specific point for discussion is perfectly appropriate as a focus of a talk. You should expect to lead this discussion, however; it should be a discussion and not a supervision session for you.

v. Consider aspects of the case that were influenced by diversity, were relevant to the problem, or were incorporated into the treatment. In this way, a discussion of diversity factors should be woven throughout your presentation.

****This is not an outline intended to be followed point by point for case conference presentations. It is not a checklist. These are simply things that will be discussed with some frequency that may be worth considering for your case. Please only pull out components as needed and relevant to your case.****

As stated above, please plan to start the presentation with a statement about confidentiality. You may even wish to have a slide up, while audience members are walking in, stating that this presentation is intended for clinical students and faculty only.

A. Relevant Data **(note that even in the expanded case conference option, sections A, B, D, & E should take 15 minutes or less combined)**

1. Age, sex, race/ethnicity, education, intelligence, occupation, current family status, religion, sexual orientation.
2. Reason for and details of coming to therapy and referral source.
3. Any other information necessary at this point for proper orientation of the audience.

B. Present Problems

1. Major symptoms, patient's chief complaint (in the patient's own words), informants' reports.
2. Behavioral observations, including mental status, level of cooperativeness.
3. Onset and course of disorder.
4. Obvious or documented etiological factors or precipitating events. (What were the circumstances that led the patient to seek professional help at the time s/he did? Often

the problem existed for a period of time but the decision to seek help is precipitated by a very recent event.)

5. Previous hospitalizations and/or treatment for present disorder. Include medications.
6. Concomitant of complicating organic disease.

C. Rationale for Presenting this Case

1. What unique or special features does this case demonstrate? What data from the professional and scientific literature bear on the issues raised by this case? A brief review of the pertinent literature is appropriate at this point.
2. What questions are raised but not answered by the psychological and other data available concerning the patient?
3. What specific questions are raised to be discussed or answered?

D. Past History: Describe pertinent details in the following major areas of the patient's life history. Note the patient's age at the time of the significant events.

1. Childhood: family, siblings, other important figures, peer relationships, neurotic symptoms (enuresis, fire setting, cruelty to animals, nightmares, fears, temper tantrums).
2. School: academic performance, disciplinary problems, relationships with teachers and peers.
3. Vocational Experience: frequent job changes, periods of unemployment, problems at work.
4. Military Service: branch of service, adjustment, advancement, disciplinary problems, type of discharge.
5. Sexual Experience: orientation, problems, concerns.
6. Relationship History: intimate relationships, children, separations, problems, dissatisfactions.
7. Religion/Spirituality: childhood experience, current practices and beliefs.
8. Medical History: head injuries, other neurological problems, significant medical illnesses, operations, current medications.
9. Drug and Alcohol History: first use, most recent use, previous treatment, related social/legal problems.
10. Psychiatric History: previous treatment and outcome, modality and therapeutic orientation.
11. Other areas of importance in the patient's life: current social situation, living arrangements, etc.
12. Diversity: Is there a cultural context in which the patient's troubles/concerns take place? Or can you address this as a source of strength for the patient?

E. Family History: Nervous or emotional illnesses in family of origin; other illnesses; also age, occupation, educational and economic status of parents and siblings; circumstances of any deaths in the family, especially suicides.

F. Psychological Assessment in Reasonable Detail (test data)

1. Intellectual functioning
2. Personality (generally the major area to be covered). In presenting and interpreting the psychometric data, reference to recent research and other literature bearing on test

interpretation, etc., is quite appropriate at this point. This could include data from structured interviews or MMPI results.

3. Symptom – specific assessments (such as BDI, BAI, etc.)

G. Diagnostic Impressions

1. State the most likely DSM-5 diagnosis
2. Any rule-out diagnoses?
3. Any medical conditions that are important to understanding the diagnosis?
4. Case Conceptualization: Discuss a theoretical formulation on the nature of the patient's difficulties (i.e., what is wrong and how you think it got that way). Be concise.

H. Treatment Plan

1. Make a list of about 3-5 specific problems that should be improved with therapy (e.g., inability to sleep, excessive drinking, inability to work, hopelessness, low self-esteem, unresolved grief, unresolved feelings of anger, unresolved dependency needs, etc.)

2. Treatment plan (based on the problem list above):
    i. Describe the goals and specific theoretical approach used. Think in terms of an empirically supported treatment or an evidence based practice model.
    ii. Describe specific procedures or interventions that will be used (or were used).
        1. Did any of the client's aspects of diversity influence your choice of interventions or the way they were implemented? How and why?
    iii. Suggested course (i.e., prognosis, and likely timing of improvements).
    iv. Unresolved questions.

I. Course of Treatment

1. If you are far along into the course of treatment with the patient, describe what happened.
2. Assessments used to document treatment progress.

APPENDIX D

Option Declaration Form (Version as of 8/2019)

For Distribution Requirements (Partial Completion of DSK)

And Tracking Form for All Requirements (as of 2017)

Option Declaration Form for Distribution Requirements (Partial Completion of DSK)

Name:

Date:

Instructions: After discussing the issue with your advisor and the Director of Clinical Training as necessary, select your course of study for each distribution area. In each case, make your choice known by bolding the relevant electronic type, circling by hand, placing an X in front of the choice, or whatever other clear means you have at your disposal.

Once you have completed this form and submitted it, you will be supplied with any additional information needed. For example, if you elect to take a final exam, you will be supplied with the syllabus of the course and a timetable for completion of the exam.

If any new options become available prior to the end of your first semester in the program, you will be informed of this change and will be given the opportunity to select that option.

History of Psychology (office use only, completion date: _____)

Choose one of the following:

1. I have already taken an upper-level undergraduate or graduate class in this topic and have received a B- or higher. I am including a copy of my transcript and the syllabus for the course.

OR

2. I will take the final exam for the Washington University version of this class and score a B- or higher.

OR

3. I will take the appropriate course during my graduate study in the program: L33 Psych 4651, History and Modern Systems of Psychology, typically offered every two years (next expected Spring 2021).

For each of the remaining, choose one the following two options:

(1) Declare and demonstrate advanced undergraduate knowledge of the area (using one of the options available below that choice) prior to the end of your first semester in the program, and then demonstrate graduate-level knowledge through advanced courses. ***Your graduate-level courses can then complete your requirements for multiple areas! See the Clinical Handbook.*** Alternatively, (2) choose the broad graduate-level curriculum for the area.

Affective Science (office use only, completion date: _____)

Choose one of the following:

1. I declare advanced undergraduate knowledge to be demonstrated by:
    a. Submission of a syllabus for my completed undergraduate course in this area together with my transcript showing a B- or higher.
    b. An alternative means for which I will petition the clinical faculty (please see the Clinical Program Handbook).

    OR

2. I choose the broad graduate-level curriculum for the area: L33 Psych 5453, Introduction to Affective Science, typically offered once every two years (next expected Fall 2019)

Biological Psychology (office use only, completion date: _____)

Choose one of the following:

1. I declare advanced undergraduate knowledge to be demonstrated by:
    a. Submission of a syllabus for my completed undergraduate course in this area together with my transcript showing a B- or higher.
    b. Completion of the final exam for the Washington University version of the relevant undergraduate course with a B- or higher
    c. Completion of the Psychology GRE Subject Test upon which I scored in the 70th percentile or higher in the subtest for this area
    d. An alternative means for which I will petition the clinical faculty (please see the Clinical Program Handbook)

    OR

2. I choose the broad graduate-level curriculum for the area (you are not required to commit to a course at this time):
    a. L33 Psych 5373, Neural Systems of Behavior and Psychopathology (next expected Spring 2019)
    b. Bio 5651, Neural Systems, typically taught each year.

Cognitive Psychology (office use only, completion date: _____)

Choose one of the following:

1. I declare advanced undergraduate knowledge to be demonstrated by:
    a. Submission of a syllabus for my completed undergraduate course in this area together with my transcript showing a B- or higher.
    b. Completion of the final exam for the Washington University version of the relevant undergraduate course with a B- or higher
    c. Completion of the Psychology GRE Subject Test upon which I scored in the 70th percentile or higher in the subtest for this area
    d. An alternative means for which I will petition the clinical faculty (please see the Clinical Program Handbook).

OR

2. I choose the broad graduate-level curriculum for the area (you are not required to commit to a course at this time):
    a. L33 Psych 5087, Advanced Cognitive Psychology, typically taught each year
    b. L33 Psych 5665, The Science of Behavior, typically taught each year

Developmental Psychology (office use only, completion date: _____; notes about developmental period:

_____)

Choose one of the following:

1. I declare advanced undergraduate knowledge to be demonstrated by:
    a. Submission of a syllabus for my completed undergraduate course in this area together with my transcript showing a B- or higher.
    b. Completion of the final exam for the Washington University version of the relevant undergraduate course with a B- or higher
    c. Completion of the Psychology GRE Subject Test upon which I scored in the 70th percentile or higher in the subtest for this area
    d. An alternative means for which I will petition the clinical faculty (please see the Clinical Program Handbook).
2. Note, if the demonstration of knowledge involves only a single developmental period, this will be noted above, and the student's graduate experience must involve developmental transitions.

OR

3. I choose the broad graduate-level curriculum for the area: Developmental Proseminar, a summer educational experience usually taught every two years (next expected 2019)

Social Psychology (office use only, completion date: _____)

Choose one of the following:

1. I declare advanced undergraduate knowledge to be demonstrated by:
    a. Submission of a syllabus for my completed undergraduate course in this area together with my transcript showing a B- or higher.
    b. Completion of the final exam for the Washington University version of the relevant undergraduate course with a B- or higher
    c. Completion of the Psychology GRE Subject Test upon which I scored in the 70th percentile or higher in the subtest for this area
    d. An alternative means for which I will petition the clinical faculty (please see the Clinical Program Handbook).

    OR

2. I choose the broad graduate-level curriculum for the area, and will take one of the following (you are not required to commit to a course at this time):
    a. L33 Psych 503, Seminar: Experimental Social Psychology, an old name for. . .
    b. L33 Psych 529, Seminar: Theories of Social Psychology, the new course name of 503, currently taught every other year
    c. L33 Psych 5991, Social Cognition, currently taught at least every other year

Appendix E

Clinical Program Progress Tracking Form

Name: _____ Year of Entry (2017 or later): _____

Distribution Requirements

_____ **Affective Science**

1. Demonstrated knowledge (exam/coursework/other): _____Tagged class:_____
2. Psych 5453, Introduction to Affective Science
   Grade: _____ Semester Completed: _____

_____ **Biological Psychology**

1. Demonstrated knowledge (exam/coursework/other): _____Tagged class:_____
2. Psych 5373, Neural Systems of Behavior and Psychopathology OR
   Bio 5651, Neural Systems
   Course: _____ Grade: _____ Semester Completed: _____

_____ **Cognitive Psychology**

1. Demonstrated knowledge (exam/coursework/other): _____Tagged class:_____
2. Psych 5087, Advanced Cognitive Psychology OR Psych 5665, The Science of Behavior
   Grade: _____ Semester Completed: _____

_____ **Developmental Psychology**

1. Demonstrated knowledge (exam/coursework/other): _____Tagged class:_____
2. Developmental Proseminar
   Grade: _____ Semester Completed: _____

_____ **Social Psychology**

1. Demonstrated knowledge (exam/coursework/other): _____Tagged class:_____
2. Psych 503, Seminar: Experimental Social Psychology OR
   Psych 5991, Social Cognition OR Psych 529, Seminar: Theories of Social Psychology
   Grade: _____ Semester Completed: _____

_____ **History of Psychology**

1. Demonstrated advanced knowledge (exam/coursework/other): _____
2. Psych 4651, History and Modern Systems of Psychology
   Grade: _____ Semester Completed: _____

_____ **Integrative Knowledge**

Course: _____ Grade: _____ Semester Completed: _____

Note: for "Demonstrated knowledge," Course = undergraduate coursework approved by DCT; Exam = WUSTL exam passed; GRE = GRE subject test area passed; if other, append explanation.

General Department Requirements

_____Master's (Qualifying Research Project)

_____Subject Matter Exam

_____Teaching Requirement

_____Doctoral Dissertation

Professional Development

_____ 5 Talk Sessions OR

_____ 5015 course

_____ Grade _____ Semester

Profession-Wide Competencies

Clinical Course Requirements

_____5112: Psychological Assessment I

_____5113: Psychological Assessment II

_____5066: Quantitative Methods I

_____5067: Quantitative Methods II

_____537: Advanced Psychopathology

_____5405: Research Ethics

_____545: Introduction Psychological to Treatments

_____5011: Research Design & Methods

_____565: Teaching in Psychology (summer semester)

Other Requirements

_____Supervision Exam

_____Consultation Exam

_____Ethics Exam (date passed: _____)

_____Diversity Paper

_____Diversity Proseminar – Summer Attended

Clinical Supervisor Ratings—When all are "Meets" PWC elements are met

Year	**Check if All Meets Expectations**	**Any Remediation Needed**	**Notes on remediation and outcome**
2			
3			

4			
5			
6			

Presentation Requirements

Talk	**Date**	**Venue**
Clinically-Focused		Clinical Science Seminar
Science-Focused		Clinical Science Seminar
3rd Talk		

Appendix F

Helpful Information and Where to Find it

Across University, Department, and Program Resources (see next page)

Item	Document(s) in which policy appears	Program-level	Department/ Institution-level
Academic recruitment and admissions, including general recruitment/admissions and recruitment of students who can contribute to the diversity of our program	Graduate School Website ("Start your application now")		https://graduateschool.wustl.edu/apply
	Departmental Website		http://psychweb.wustl.edu/graduate-alternative/admission-financial-aid https://psychweb.wustl.edu/about/diversity
	Clinical Program Handbook (pages 4-5)	Clinical Program Handbook (pages 4-5)	
Degree requirements	Graduate Student Handbook		Graduate Student Handbook

	(pages 3-8 and 9-20)		(pages 3-8 and 9-20)
	Clinical Program Handbook (pages 3-4, 5-18)	Clinical Program Handbook (pages 3-4, 5-18)	
Administrative and financial assistance	Graduate School (“Focused on Financial Support”)		https://graduateschool.wustl.edu/funding-support
	Graduate Student Handbook (pages 23-26)		Graduate Student Handbook (pages 23-26)
Student performance evaluation, feedback, advisement, retention, and termination decisions	Graduate Student Handbook (pages 20-22)		Graduate Student Handbook (pages 20-22)
	Clinical Program Handbook (pages 19-21)	Clinical Program Handbook (pages 19-21)	
Due process and grievance procedures	Graduate Student Handbook (page 22-23)		Graduate Student Handbook (page 22-23)
Student rights, responsibilities, and	Gradcareers website (policies and resources for professional		https://gradcareers.wustl.edu/

professional development	development)		
	Judicial Code (Graduate Students Rights and Responsibilities)		https://wustl.edu/about/compliance-policies/academic-policies/university-student-judicial-code/
Nondiscrimination policies	University Policy		https://diversity.wustl.edu/framework/policies/
Diversity and Inclusion	Departmental Website		https://psychweb.wustl.edu/about/diversity https://psychweb.wustl.edu/node/1883
	University Policy		General: diversityinclusion.wustl.edu/ Bias Reporting: brss.wustl.edu
Sexual Assault and Harassment	University Policy		https://titleix.wustl.edu/student/