

**Department of Psychology
West Virginia University**

The Doctoral Training Program in Clinical Psychology

Introduction and Description

The Clinical Training Program is one of four doctoral programs in the Department of Psychology. The other three include Behavior Analysis, which emphasizes basic experimental analysis of behavior and includes non-clinical applied behavior analysis; Life-Span Developmental, which represents several theoretical perspectives and methodological approaches to life-span development; and Clinical-Child, which is similar to the Clinical program in its model of training. The Clinical and Clinical-Child Programs constitute a clinical training program that has been continuously accredited by the American Psychological Association since 1966. For any questions regarding accreditation of this or any other program, please contact the accrediting agency, the Office of Program Consultation and Accreditation of the American Psychological Association, 750 First Street, NE, Washington, DC 20002. Phone Number: (202) 336-5979; Website: <http://www.apa.org/ed/accreditation>.

The Clinical Program at West Virginia University prepares students for entering the profession of clinical psychology, but given the myriad of different and changing requirements across jurisdictions cannot assure that graduates of the program will meet course requirements for licensure in all states, territories, or other entities.

The Clinical Doctoral Training Program operates on the scientist-practitioner, or "Boulder" model of training in which the clinician is trained as both researcher and practitioner (Raimy, 1950). Consistent with the consensus statement issued by the National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology (Belar & Perry, 1992), a graduate of our training program "is uniquely educated and trained to generate and integrate scientific and professional knowledge, attitudes, and skills so as to further psychological science, the professional practice of psychology, and human welfare," and as such, "is capable of functioning as an investigator and as a practitioner, and may function as either or both, consistent with the highest standards of psychology" (p. 72).

The overall goals of the Clinical Program are to train clinical psychologists with the following characteristics:

1. They are empiricists. They value the role of science in society, and thus they value data-based theory and evidence based practice (treatment, assessment, education, training, prevention, etc.). They are skeptical of assertions that are not supported with credible data, and theories that are not well-founded in basic research. They value, conduct, and encourage research that advances our understanding of and/or our ability to influence constructive human behavior.

2. They are consumers of research in terms of both substance and methodology. They can critically evaluate the scientific evidence provided by a study or group of studies.
3. They are producers of knowledge and behavioral assessment, treatment, and prevention strategies via the scholarly avenues of research, development, and writing. They contribute routinely to the body of knowledge known as the discipline of psychology (or to an allied discipline).
4. They are well socialized professionals. They conduct their work in an ethical fashion, in a manner that takes into account the rights and needs of the individuals with whom they are directly involved and other members of society. Further, they are involved in professional organizations at local, state, and national levels.
5. They are direct-service clinicians, competent in addressing a variety of problems and in providing direct services to a broad range of clients.
6. They are indirect-service clinicians. They can develop new programs and direct existing programs. They can train and supervise direct service staff and/or teach college courses. They view services in a systems context and develop workable, effective services while recognizing that problems are the product of many interactive influences.
7. They conceptualize issues regarding clinical psychology (e.g., assessment, treatment, prevention, training, supervision) from a behavior analytical perspective in which a functional analysis is critical. At the same time, their conceptual models are not closed; they are familiar with other major approaches and can understand and use the observations and concepts from these viewpoints. They also can incorporate the empirically supported practices of other approaches into their own repertoire.
8. They are self-directed. They are skilled at independent problem-solving, planning, decision-making, and research.
9. They demonstrate sensitivity to and skills in dealing with multicultural issues and diversity, broadly defined, that influence human behavior.

References for Program Model:

Belar, C. D., & Perry, N. W. (1992). National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology. *American Psychologist, 47*, 71-75.

Raimy, V. C. (1950). *Training in clinical psychology*. New York: Prentice-Hall.

We believe that the following training methods, departmental values, and student characteristics facilitate the achievement of the above goals:

- a. Applicants are preferred who have practical experience in service-delivery.
- b. Although Graduate Record Examination scores of applicants are a consideration--with Verbal and Quantitative scores in the 600's and above being preferred--grades, reputation of the department(s) where previously educated, experience, and letters of recommendation are weighed heavily in considering the credentials of an applicant. Those with the most outstanding paper credentials are invited to an "interview weekend" so that we can meet them and they can likewise meet us.
- c. The degree to which applicant interests and goals match those of the Department, faculty, and current students is weighed heavily in selecting future students.
- d. The first year of training typically is comprised of required course work, a Quin Curtis Center practicum, research, and an assistantship, often as a teaching assistant for a departmental course. Thereafter, the student is largely free to pursue individual interests and develop practical clinical, research, and teaching skills. The required course work covers basic learning phenomena and procedures, research methods, behavior pathology, assessment, intervention methods, biological bases of behavior, social bases of behavior, developmental psychology, and history of psychology. Aside from these topics, the student may choose to develop further skills and knowledge in theory, basic research, research methodology, clinical service, human development, geropsychology, behavioral medicine, program evaluation or various other areas of interest.
- e. Each student develops an individual Plan of Study that permits selection of several elective courses and other activities (i.e., research and practicum experiences) oriented toward his or her own particular interests (e.g., behavioral medicine, forensic psychology, geropsychology). The Plan of Study also requires, however, that these activities be coordinated into a realistic temporal sequence to ensure a timely graduation. For full-time doctoral students, the Plan of Study should permit completion of all on-campus work within four years for those entering the program with a bachelor's degree and within three years for those entering with master's degrees and approved theses. This is followed by a one-year internship at an APA-approved internship site. The Plan of Study is approved by the Clinical Training Committee.
- f. Student representatives serve on every committee in the Department and have a genuine voice in decisions. Many significant improvements in Department functioning have been initiated by students, who are viewed as junior colleagues.
- g. Students are encouraged to attend conferences and conventions and to present professional papers and posters.

- h. All full-time clinical students are provided the opportunity for financial support by the Department, University Fellowships, graduate assistantships, or a contract with an agency in which they are gaining practical experience ("practicum").
- i. Students get considerable practical experience. A wide range of practica are available and students are expected to sample a variety of them. Practica include community mental health centers, the Quin Curtis Center for Psychological Service, Training, and Research (in the Life Sciences Building), the Robert C. Byrd Health Sciences Center, William Sharpe Hospital, Kennedy Federal Correctional Institution, and other state and regional mental health agencies. In addition to therapy experience, students are encouraged to get involved in activities such as staff training or supervision, consultation to agencies, program evaluation, development or use of management information systems, personnel recruitment, and grant writing. Each student's performance on practicum is evaluated by his or her supervisor(s) each semester.
- j. Students are expected to get involved in research beyond the thesis and dissertation required by the Department and University, beginning in their first semester.
- k. Nearly all students present papers at conferences, and many publish before leaving WVU.
- l. Students are evaluated by the Clinical Training Committee (CTC) at the end of each year, and are provided with feedback based on the Committee's conclusions. First year students also are evaluated after the end of the Fall Semester. This evaluation covers academic work, research, practicum performance, and professional behavior (e.g., serving on Department or University committees, making guest presentations in classes, organizing or hosting Interview Weekend activities, serving in a professional organization).
- m. There is considerable collaborative work throughout the Department; none of the programs are isolated or self-contained.
- n. The doctoral-qualifying "preliminary examination" (prelim) currently consists of writing a publication-quality conceptual or review paper in an area that is relevant to the student's professional goals.
- o. Advanced students determine the places they apply for internships with the advice of the faculty and the approval of the Director of Clinical Training. Each student is expected to take an internship that is approved by the American Psychological Association.
- p. The Clinical Psychology training program provides a diversity of faculty and peers with whom to associate and work. At the same time, it is small enough so most of the faculty know most of the students.

Program- and Track-Specific Guidelines and Requirements

Track Description

The Clinical Psychology Program is designed for students who enter with either a Bachelor's or Master's degree. Students who enter with a Bachelor's degree spend four years on-campus and then complete a one-year full-time APA-approved internship off-campus and typically out-of-state. Students who enter with a Master's degree spend two to three years on-campus, followed by the same type of one-year internship.

Foci of the Program and Specialty Areas

The Clinical Psychology faculty have a variety of research and clinical emphases, which may change over time. Among other areas, anxiety, behavioral medicine and behavioral dentistry, forensics, geropsychology, psychophysiology are included. Faculty in other programs (i.e., Clinical-Child Psychology, Behavior Analysis, and Life-Span Developmental) have other specialties which overlap or complement those of the Clinical Psychology faculty. Students can specialize in these or related areas by focusing their research, coursework, and clinical practica, in consultation with their advisor and advising committee. In addition, the University offers a Gerontology certificate, as well as a certificate in Developmental Disabilities which some students with interests in those areas choose to pursue. Students may also choose to complete a specializations in Behavior Analysis, Life-Span Developmental Psychology, or Health Psychology (see descriptions below).

Admission

Admission into the Clinical Psychology training program is based on a variety of applicant factors, as well as the availability of faculty and program resources. Applicants' history of academic performance and credentials are considered, as are letters of recommendation, research and clinical experience, standardized test scores (e.g., Graduate Record Examination), personal statement, and other submitted written materials. Those applicants with the strongest qualifications on paper are invited to interview, at which time additional information is gathered (and shared) by faculty and current students. Interpersonal skills allowing effective interaction with clients/patients and professional colleagues also are considered in regard to admission, as is each applicant's overall orientation, research, and clinical "match" with the program/track. The decision to offer admission is based also on year-to-year changes, such as faculty work load, sabbaticals, number of faculty available to supervise students' research and clinical work, availability of funding (e.g., teaching and other assistantships, practicum placements), as well as opportunities for clinical practicum training.

Interview Weekend

Each spring semester, the Department sponsors a weekend of interviews and activities for the most highly qualified applicants for each program/track. This event allows for further assessment of each of these applicants' fit with the program/track, and provides an opportunity for the applicant to learn more about the track/program, Department, and University, as well as the local and surrounding communities. Attendance and other involvement by hosting and participating in events at Interview Weekend is expected of all graduate students. If a student is unable to attend because of a conflicting professional or personal engagement, s/he should notify his/her advisor and the Coordinator of the Clinical Training Program well in advance. Students

document their attendance and involvement in Interview Weekend in their annual activity reports.

Course and Thesis Waivers

For students who have prior graduate credit or a thesis, all waivers must be completed no later than September 1 of the first year, to allow the student to formulate his/her Plan of Study, and to allow the Program and Department to project course needs in future semesters. For students who will request waiver of courses that are offered in their first (Fall) term, it is necessary that they complete the waiver process for these classes prior to the start of the fall term. It is recommended that students begin the waiver process for such classes as soon as possible after their admission.

Colloquia

The Department sponsors colloquia on Mondays from 4:00 - 5:00 p.m. Other Program-wide or Department-wide meetings are sometimes scheduled during this time as well. Although not every Monday is booked with colloquia or large meetings, students are expected to keep this time available on an as-needed basis. Students are expected to attend all colloquia and document their attendance in their annual activity reports. If a student has a professional engagement (e.g., teaching or class attendance) that will interfere regularly with attendance for a period of time (e.g., an academic semester), then s/he must consult with his/her advisor, inform the Coordinator of the Clinical Training Program, and explain the reason for their nonattendance in their annual activity report.

Wednesday Noon Clinical Conferences

On Wednesdays, from 12:00 p.m. - 1:00 p.m., during the fall and spring semesters, the Clinical and Clinical-Child training programs meet regularly. The Noon Clinical Conference includes presentations on research topics, clinical case presentations, ethical principles, and administrative activities. Students are expected to attend these conferences. If a student has a professional engagement (e.g., teaching or class attendance) that will interfere regularly with attendance for a period of time (e.g., an academic semester), then s/he must consult with his/her advisor, inform the Coordinator of the Clinical Training Program, and explain the reason for their nonattendance in their annual activity report. Students document their attendance and involvement in Wednesday Noon Clinical Conferences in their annual activity reports.

Clinical Case Presentations

Clinical case presentations are important activities in the professional development of clinical psychologists. In preparation for clinical work, the program considers opportunities to present case material during graduate training extremely important. To achieve competency in presenting clinical cases, each student in the Clinical Training Program is required to present two (2) clinical cases during their graduate training years. At least one of these case presentations must be conducted individually and observed and evaluated by at least three faculty members. The other case presentation can occur as part of a team of presenters. The easiest way to complete this requirement is to volunteer to present clinical case material during one of the Wednesday Noon Clinical Conferences, although other methods of meeting this requirement can be approved by the Clinical Training Committee (e.g., case conferences at an external practicum site). Students are responsible for requesting feedback from at least three faculty members, but

feedback from all faculty and students in attendance is encouraged. Students must complete this requirement before the faculty will endorse their application for internship.

Admission to Doctoral Candidacy

After completion of the preliminary examination, student performance on that examination, as well as their performance to date overall in the doctoral program, is reviewed by the Clinical Training Committee's core and associate members. The Committee then either recommends the student for admission to doctoral candidacy for consideration by the departmental faculty as a whole, or does not issue that recommendation. For students who are not recommended, then remediation may be required, possibly leading to a later positive endorsement. Conversely, the student may be recommended for termination from the program.

Dissertation and Internship Application Deadlines

Students must have passed the preliminary examination by May 15 of the previous spring semester and completed an approved dissertation proposal prior to their submitting internship applications. Moreover, the dissertation proposal must be approved prior to the Clinical Training Committee core faculty and Director of Clinical Training submit their letters of recommendation on behalf of the student for internship. An "approved dissertation proposal" is defined as having a proposal meeting in which the committee members pass the student and sign his/her proposal document, and the student sending a follow-up memo to the committee noting any changes to the proposal. This memo must be approved by the dissertation committee chair, and must be submitted to all committee members, prior to recommendation letters being sent by the Clinical core faculty and Director of Clinical Training. Also, students may submit internship applications only after meeting this requirement, except with special permission of the Clinical Training Committee, and with the knowledge of the internship sites to which the student is applying. As noted later in this document, the deadline for having an approved dissertation proposal is December 15 (year 3 for students entering with a Master's degree; year 4 for students entering with a Bachelor's degree).

Enrollment Requirements

Students are required to be enrolled continuously during their entire graduate training, including students on their clinical internship. Graduate assistantships typically cover the cost of tuition and some fees during graduate training for doctoral students who are in good standing and making progress in their academic area of concentration. Doctoral Students who do not complete degree requirements in 4 years (5 for clinical training programs) are still required to be enrolled continuously until the degree has been conferred, but will be expected to cover the associated cost of tuition and fees.

Guidelines for Assignment of Practica Placements and Voluntary Clinical Experiences

According to Department policy, “students who miss the probation date for a milestone in a particular year or who are on probation for other reasons at the end of an academic year will receive lower priority for the next year’s assignments of teaching (including summer), practica, and offices (to the extent practicable)” (Reprinted from page 52 of the Graduate Student Handbook).

In addition to these guidelines stipulated by the Department, the following guidelines are used by the Director of Clinical Training, in consultation with the Clinical Training Committee, in making assignments for practica and voluntary clinical experiences.

1. The training needs of students will be the primary consideration in making assignments to practica sites. Based upon the endorsement of the Clinical and Clinical-Child Training Committees of the need for all doctoral clinical students to receive training with both adult and child cases, this includes consideration of Clinical-Child students requesting experience with adult cases and Clinical students requesting experience with child cases.
2. The program’s needs to continue high quality practica sites for future students from year-to-year will be considered.
3. Seniority of the student will be considered, with higher years having greater priority for doctoral students in years 2 through 4. If there are 5th year students, their funding priority is below that of 1st year students. (Each year, students who have entered the program with a master's degree will have the rank that is consistent with the next highest year, i.e., 2nd year students will be considered to be 3rd year students, 3rd year students will be considered to be 4th year students, 4th year students will be considered to be 5th year students.)
4. Prior year(s) placements will be considered. Students who were assigned to a less preferred site in the previous year may be given greater consideration for a more preferred site.
5. The student's ability to travel to practicum sites (e.g., having an automobile) will be a consideration.
6. Student preferences for particular sites, outside of their training needs, will be considered.
7. Preferences of supervisors at the practicum site will be considered. Note that supervisors have the right to request additional assessment (i.e., interview, drug test, criminal check) and have the right to decline to have a particular student in a practicum slot.
8. Length of time on probation during the previous year will be considered.

Policy on External Training Experiences (including Voluntary Clinical Experiences)

On occasion, some students may wish to participate in external (out-of-department) experiences in order to provide breadth and depth of training. These experiences may be paid or voluntary, and may involve research collaborations, clinical (practical) training, instruction of a class, or consultation, among other professional development activities. For purposes of this policy, External Training Experience is defined as an educational or professional development

opportunity conducted at an external site and supervised by a person who is not currently a faculty member in the Department of Psychology. All training activities directly sponsored and supervised by departmental faculty, conducted either in the Life Sciences Building or at external locations, are not covered under this policy.

Approval Process. Students who are interested in engaging in an External Training Experience are required to work through the DCT to arrange them. The following sequence outlines the approval process:

1. Identification of External Training Experiences. External Training Experiences are typically identified through one of the following ways:
 - a. Student Initiation. If a student becomes aware of a particular external training experience, the student should notify the DCT of his/her interest. In some cases, the DCT can assist the student in identifying specific external training experiences that match the student's training needs.
 - b. Faculty Initiation. If a faculty member becomes aware of a particular training experience that would benefit a student trainee, the faculty member should notify the DCT. In many cases, the faculty member already has a student in mind for the experience. If there is no student in mind, the DCT will send a description of the experience to all graduate students to determine the level of interest for the position. In cases where there is more than one interested student for the position, the DCT will consult with the Clinical and/or Clinical Child Training Area Committees regarding which student should be selected.
 - c. External Site Initiation. Unsolicited notifications of the availability of External Training Experiences from external sites that are forwarded to the DCT are sent to all graduate students to determine the level of interest for the position. In cases where there is more than one interested student for the position, the DCT will consult with the Clinical and/or Clinical Child Training Area Committees regarding which student should be selected.
2. Advisor Approval. Once a student has been identified for a designated External Training Experience, the DCT will instruct the student to discuss the benefits and costs of the experience with his or her academic advisor and obtain his or her approval. Faculty advisors should only approve external training experiences for students in good standing.
3. Site Approval. After obtaining approval of the advisor, the student will complete an External Training Experience Application and Agreement form in consultation with external site personnel, including the external training experience supervisor. Students may be required to participate in and interview for the position by site personnel prior to completion of the Agreement form. The Agreement form stipulates training goals and experiences, as well as various logistical details (e.g., number of hours per week, amount and type of supervision, vacation and professional leave time). Agreements with external sites will typically include some time for holidays, vacation, and professional leave (e.g., conferences, internship interviews).
4. Training Area Committee Approval. Once the Agreement form has been completed and signed by both the student and external site supervisor, the DCT will present it to the student's

training area committee for approval. Once the Agreement is approved, the DCT will sign the form and the supplementary external activity may begin.

Selection of students and sites. The first priority for approving an external research, clinical, or teaching experience is the students' training needs. Other priorities will include, in order of importance: (a) seniority (i.e., more advanced students have higher priority; doctoral students in the 5th year or beyond have the lowest priority); (b) current practicum placement and prior year(s) placement(s) (i.e., students who already had an experience at a site will have lower priority; students who were assigned a less preferred site will be given higher priority); (c) preferences of students; and (d) preferences of supervisor(s). Only those placements that have reasonable evidence of being able to provide a good training experience, as determined by the Clinical and/or Clinical Child Training Committees, will be accepted as external training sites. Student's progress in the training program, primarily progress on program milestones, will be considered in approving participation in external activities.

Possible conflicts with other activities, paid practica. In terms of the good of all students, including future students, voluntary external experiences will be cautiously arranged to avoid lessening the probability of securing paid slots at these agencies. For students who receive a stipend for other work (e.g., teaching), its scheduling will have priority over arrangements for external experiences.

Structure of External Experiences. External training experiences will typically be no more than 8 hours per week. These experiences will typically be at least one semester in duration, and may last an entire academic year or 12 month period. Students' commitment to working at the agency will be the same as in any professional endeavor.

External Clinical Practicum Experiences. Students engaged in clinical (practical) training activities at external agencies must enroll in at least one hour of academic credit in PSYC 660 (section 1) or 670 (section 1) each semester (i.e., Fall, Spring, Summer) in which they are involved in an approved clinical training experience. Student enrollment in one of these courses enables the student to count hours accrued as part of the external training experience as "practicum" hours and assures that their activities are covered by the State's liability coverage plan.

Expectations of external sites. Sites will provide all necessary supervision. The WVU Department of Psychology will typically not provide faculty consultation. Evaluations of the student will be completed by the external training experience supervisor(s); the student will complete evaluations of the supervisor, site, and experience as appropriate at the end of the Fall and Spring semesters.

Comprehensive Evaluation Policy

Faculty, training staff, supervisors, and administrators of the Clinical Psychology Training Program at West Virginia University have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainee's knowledge or skills may be assessed (including, but not limited to, emotional stability and well being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure, insofar as possible, that the student-trainees who complete

our Program are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of our administrative authority, our faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that the faculty, training staff, and supervisors of this Program will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, preliminary examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts in which evaluation would appropriately occur (e.g., coursework, practica, supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a student-trainee's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student-trainee, (b) raises questions of an ethical nature, (c) represents a risk to public safety, or (d) damages the representation of psychology to the profession or public, appropriate representatives of our Program may review such conduct within the context of the Program's evaluation processes.

Adapted from the Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs statement developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC), (<http://www.apa.org/ed/graduate/cctc.html>), approved March 25, 2004.

Specialization in Behavior Analysis for Ph.D. Students in Clinical Psychology

Eligibility: Any student in the doctoral track of the Clinical Program is eligible for the specialization by stating on their Plan of Study their plans for pursuing the specialization in behavior analysis.

Requirements: Students must complete the following requirements (note that the stated requirements are the minimum for certification in the specialization, additional courses may be taken):

(1) Completion of six hours of courses from the following list:

Psychology 532--Human Behavior

Psychology 611--Single-Subject Design

Psychology 736 or 737--Special Topics in Experimental Analysis of Behavior and Applied Behavior Analysis, respectively. These special topics courses require the prior approval of the Behavior Analysis Training Committee as being within the specialization requirements.

Psychology 732--Behavior Theory and Philosophy

Psychology 630--Reinforcement and Punishment

Psychology 733--Stimulus Control and Memory

(2) Completion of one additional course from the above list OR completion of a substantive Psychology 795 course under the supervision of a Behavior Analysis Program primary (core) faculty member that would involve active participation in a laboratory group and completion of a research project supervised by the faculty member.

(3) Inclusion of a Behavior Analysis Program primary (core) faculty member on the student's dissertation committee as the non-clinical Department of Psychology member.

It also is recommended, but not required, that a Behavior Analysis Program primary (core) faculty member serve on the student's advising committee.

Certification: Certification of completing the specialization is done by the advising committee during a meeting held for that purpose in the student's last year in the program. It is the student's responsibility to arrange this meeting. Upon approval of the specialization, the Advising Committee Chair notifies the Director of Graduate Training that the certification requirements have been met. The certification requirements then are checked off as complete on the student's plan of study.

Guidelines for a Specialization in Developmental Psychology
REQUIREMENTS AND APPLICATION

Clinical students may complete a Developmental Specialization to supplement their graduate training. The requirements for the Developmental Specialization are as follows:

1. The Clinical Training Committee approves participation in the Developmental Specialization by signing this form.
2. It is recommended that the student's thesis and dissertation committees include a Developmental faculty member.
3. The student completes nine credit hours from the list below. Three of the nine credit hours must be earned in Infant Development, Child Development, Adolescent and Young Adult Development, or Adult Development and Aging.
 - a. Infant Development - Psychology 541
 - b. Child Development - Psychology 542
 - c. Adolescent and Young Adult Development - Psychology 543
 - d. Adult Development and Aging - Psychology 544
 - e. Conceptual Issues in Developmental Psychology - Psychology 545
 - f. Methodological Issues in Developmental Psychology - Psychology 546
 - g. One relevant Seminar in Life-Span Development - Psychology 745
 - h. 3 credit hours of Independent Study under the supervision of a core member of the Developmental faculty - Psychology 795

Student: _____ Date: _____

APPROVAL OF ADVISING COMMITTEE:

Advisor: _____ Area: _____ Date: _____

Member: _____ Area: _____ Date: _____

Member: _____ Area: _____ Date: _____

ROUTING:

After obtaining approval from the Clinical Training Committee, the form is routed to the Coordinator of the Life-Span Developmental Program for approval and then submitted to the Student Records Office to be placed in the student's file.

Clinical Coordinator: _____ Date: _____

Developmental Coordinator: _____ Date: _____

Guidelines for a Specialization in Health Psychology

Purpose: The purpose of the Health Psychology Specialization is to provide interested students in Clinical Psychology with a training background in health psychology. The specialization is designed to supplement education in clinical psychology. Students choosing this specialization will complete all departmental and Clinical Program requirements in addition to those presented in this document.

Description of the Specialization: The Health Psychology Specialization will allow the student to develop specialized skills to work with individuals with health-related issues through coursework, clinical practicum, research activities, and internship. Skills may include but are not limited to: behavioral, psychophysiological, and neuropsychological assessment; rehabilitative and preventive clinical work with individuals who have health-related problems, and consultation with physicians, dentists, and other health care providers. Research projects may target populations of persons with health-related problems or through analog studies. Coursework in the Health Psychology Specialization is intended to give the student knowledge of the current research methods and findings in health psychology, behavioral medicine, basic physiology, psychopharmacology, and disease states. Students selecting the Health Psychology Specialization should have some undergraduate background in the basic sciences (biology, chemistry, and/or physiology).

Requirements: Graduate requirements for the Health Psychology Specialization are in four areas: coursework, clinical experience, research activities, and internship.

A. Coursework. Students must take all required courses in the Clinical Programs in addition to choosing 3 elective courses from the following list.

Departmental Courses

Psychology 723 Psychophysiology
Psychology 762 Seminar in Clinical Psychology: Behavioral Medicine
Psychology 762 Seminar in Clinical Psychology: Neuropsychological Assessment
Psychology 762 Seminar in Clinical Psychology: Behavioral Approaches to Pain
Psychology 762 Seminar in Clinical Psychology: Open Topic in Behavioral Medicine
Psychology 754 Clinical Psychopharmacology

Non-Departmental Courses

Physiology 341: Fundamentals of Physiology
Physiology 746: Neurophysiology
Pharmacology and Toxicology 449: Principles and Applications for Drugs and Medicines
Anatomy 708: Neuroanatomy
OHSE 621: Epidemiology: Principles and Practice

Instead of the courses listed here, students may arrange on an individual basis to take courses which meet special interests (For example, students interested in sports psychology may want to consider courses offered through the School of Physical Education.). Courses not included on the above list must be approved by the area training committee.

B. Clinical Practicum. The Clinical Programs have several established practicum sites (e.g., Robert C. Byrd Health Sciences Center) in the area of health psychology. A number of different training experiences are available at each of these training sites. Students specializing in health psychology should plan to spend at least one year at a health psychology practicum site. If funded practicum positions are not available, students can arrange a voluntary clinical experience to fulfill this requirement.

C. Research. Students in the Health Psychology Specialization are expected to complete their thesis and dissertation research in an area pertaining to health psychology. Most students in the specialization are involved in additional research during their graduate career. This additional research is typically accomplished through involvement with any of the number of faculty who are currently active in research within the area of health psychology. Research activities with faculty outside of the primary clinical faculty also are easily arranged and supported.

D. Internship. The final requirement for a student in the Health Psychology Specialization is the completion of at least one rotation in a health psychology or behavioral medicine area during their one-year internship.

PROGRAM AND DEPARTMENTAL REQUIREMENTS CHECKLIST
 Clinical Psychology Doctoral Program

(This checklist is a working document for the use of the student, advisor, and advising committee, and is not formally submitted elsewhere.)

<u>Required Courses</u>	Projected Completion	Completion
661 Adult Behavior Therapy	_____	_____
671 Child Behavior Therapy	_____	_____
653 Behavioral & Psych Assessment 1	_____	_____
654 Behavioral & Psych Assessment 2	_____	_____
531 Experimental Analysis of Behavior	_____	_____
652 Clinical Interviewing	_____	_____
607 Ethical & Legal Issues in Psychology	_____	_____
722 Biological Aspects of Behavior	_____	_____
651 Behavior Pathology	_____	_____
One Course in Social Bases of Behavior	_____	_____
721 History and Systems	_____	_____
511 Research Design & Data Analysis 1	_____	_____
512 Research Design & Data Analysis 2	_____	_____
755 Seminar on Clinical Supervision	_____	_____
One Advanced Methodology Course	_____	_____
One Developmental Psychology Course	_____	_____
Practica: (<u>At least</u> 18 hours of 670/660 is required. <u>At least</u> two academic years of practica must be through a Quin Curtis Center Clinical Team)		
660 Clinical Practicum	_____	_____
Prelim	_____	_____
698 Master's Thesis	_____	_____
790 Teaching Practicum (Optional)	_____	_____
798 Doctoral Dissertation	_____	_____
750 Clinical Internship	_____	_____

**Clinical Psychology Doctoral Training Program
Sample Curriculum**

YEAR 1

Year 1 - Fall Semester

<u>Course</u>	<u>Title</u>	<u>Credits</u>
Psychology 511	Research Design and Data Analysis 1	3 hrs.
Psychology 651	Behavior Pathology	3 hrs.
Psychology 652	Clinical Interviewing	3 hrs.
Psychology 653	Behavioral and Psychological Assessment 1	3 hrs.
Psychology 660	Practicum (Quin Curtis Center Clinical Team)	1 hr.
Psychology 603	Professional Issues in Psychology	1 hr.
Psychology 606	Seminar on Teaching Psychology	<u>1 hr.</u>
Total Hours:		15 hrs.

Year 1 - Spring Semester

Psychology 512	Research Design and Data Analysis 2	3 hrs.
Psychology 795	Directed Studies (Research)	1 hr.
Psychology 654	Behavioral and Psychological Assessment II	4 hrs.
Psychology 660	Practicum (Quin Curtis Center Clinical Team)	1 hr.
Psychology 790	Teaching Practicum	1 hr.
Psychology 661	Adult Behavior Therapy	<u>3 hrs.</u>
Total Hours:		13 hrs.

Year 1 - Summer Semester

Psychology 795	Directed Studies (Research)	2 hrs.
Psychology 698	Master's Thesis	2 hrs.
Psychology 660	Practicum (Quin Curtis Center Clinical Team)	<u>2 hrs.</u>
Total Hours:		6 hrs.

YEAR 2

Year 2 - Fall Semester

Psychology 531	Experimental Analysis of Behavior	3 hrs.
	Elective or Upper Level Required Course	3 hrs.
	Elective or Upper Level Required Course (Opt)	(3 hrs.)
Psychology 698	Master's Thesis	3 hrs.
Psychology 660	Practicum (Clinical Team)	<u>3 hrs.</u>
	Total Hours:	12 - 15 hrs.

Year 2 - Spring Semester

Psychology 671	Child Behavior Therapy	3 hrs.
Psychology 607	Ethics and Legal Issues in Psychology	3 hrs.
	Elective or Upper Level Required Course (Opt)	(3 hrs.)
Psychology 698	Master's Thesis	3 hrs.
Psychology 660	Practicum (Clinical Team)	<u>3 hrs.</u>
	Total Hours:	12 - 15 hrs.

Year 2 - Summer Semester

Psychology 795	Directed Studies (Research)	3 hrs.
Psychology 660	Practicum (Clinical Team)	<u>3 hrs.</u>
	Total Hours:	6 hrs.

YEAR 3

Year 3 - Fall Semester

Psychology 795	Directed Studies, Prelim (Research)	3 hrs.
	Elective or Upper Level Required Course	3 hrs.
	Elective or Upper Level Required Course	3 hrs.
Psychology 660	Practicum (External Site or Clinical Team)	<u>6 hrs.</u>
	Total Hours:	15 hrs.

Year 3 - Spring Semester

Psychology 795	Directed Studies, Prelim (Research)	3 hrs.
	Elective or Upper Level Required Course	3 hrs.
	Elective or Upper Level Required Course	3 hrs.
Psychology 660	Practicum (External Site or Clinical Team)	<u>6 hrs.</u>
	Total Hours:	15 hrs.

Year 3 - Summer Semester

Psychology 795	Directed Studies (Research)	3 hrs.
Psychology 660	Practicum (External Site or Clinical Team)	<u>3 hrs.</u>
	Total Hours:	6 hrs.

YEAR 4

Year 4 - Fall Semester

Psychology 755	Seminar on Clinical Supervision	1 hr.
	Elective or Upper Level Required Course	3 hrs.
	Elective or Upper Level Required Course (Opt)	(3 hrs.)
Psychology 660	Practicum	6 hrs.
Psychology 798	Dissertation	<u>3 hrs.</u>
	Total Hours:	13 - 16 hrs.

Year 4 - Spring Semester

Psychology 755	Seminar on Clinical Supervision	1 hr.
	Elective or Upper Level Required Course	3 hrs.
	Elective or Upper Level Required Course (Opt)	(3 hrs.)
Psychology 660	Practicum	6 hrs.
Psychology 798	Dissertation	<u>3 hrs.</u>
	Total Hours:	13 - 16 hrs.

Year 4 - Summer Semester

Psychology 798	Dissertation	3 hrs.
Psychology 660	Practicum (External Site or Clinical Team)	<u>3 hrs.</u>
	Total Hours:	6 hrs.

YEAR 5

Year 5 - Fall, Spring, and Summer Semesters

Psychology 750	Clinical Internship	1 - 3 hrs.
Psychology 798	Dissertation	<u>0 - 2 hrs.</u>
	Total Hours:	1 - 5 hrs

Clinical Doctoral Program and Departmental Time lines

Clinical Program Time lines. One of the program goals is to assist students in the timely movement through the curriculum. Toward this end, the Clinical Training Committee has established time lines for meeting certain milestones in the graduate program. These time lines appear in students' Plan of Study and progress in the program will be measured against them. If a student misses any of the time lines, the student will automatically be placed on academic probation for failure to make satisfactory progress in the program. If a student is placed on probation, a second deadline will be given to the student by the Clinical Training Committee. This second deadline will take into consideration any extenuating circumstances. Failure to meet the second deadline is grounds for dismissal from the graduate program. Students must change their plan of study to reflect a new time line. A new time line, and changing the plan of study, does not remove the student from academic probation. The student remains on probation until the milestone is achieved.

Departmental Time lines. The Department also has deadlines for three major academic steps (i.e., thesis proposal, thesis submission, dissertation proposal). If a student fails to meet the departmental deadlines, the student has one academic semester to meet the deadline (the funding termination date). If the student fails to meet the deadline by the funding termination date, the student is ineligible for departmental funding the following academic year and the Graduate Training Committee recommends to the Clinical Training Committee that the student be terminated from the program (See page 49-51 of the Departmental Handbook).

If you have any questions about these deadlines, please speak with your adviser. We hope that these deadlines will clarify our expectations and increase the likelihood that you will proceed through the program in a timely fashion. If you believe at any point in time that your progress is inadequate, please talk with your adviser as soon as possible. Your adviser will assist you in problem-solving with the goal of moving you back on schedule.

Year 1

September 1 - Completion of all waiver requests, including thesis and courses (if applicable).

October 1 - Submission of name of adviser to the Student Records Office.

October 15 - Submission of Plan of Study Form to the Clinical Training Committee

January 15 - Submission of Plan of Study Form to the Student Records Office.

Year 2

For students entering with a Bachelor's degree:

December 15 - Submission of an approved thesis proposal to the Student Records Office.

For students entering with a Master's degree:

November 1 - Completion of an approved Preliminary Examination outline.

February 1 - Submission of a completed Preliminary Examination paper to the readers. (If this time line is not met, then the student is not eligible to apply for internship in the fall semester of the subsequent academic year.)

Year 3

For students entering with a Bachelor's degree:

December 15 - Submission of an approved thesis to the Student Records Office. If a second deadline is required due to probation, it shall be no later than **May 15** of the following semester.

November 1 - Submission of an approved Preliminary Examination outline.

February 1 - Submission of a completed Preliminary Examination paper to the readers. (If this time line is not met, then the student is not eligible to apply for internship in the fall semester of the subsequent academic year.)

For students entering with a Master's degree:

Prior to submitting internship applications, and prior to core faculty and Director of Clinical Training submitting letters of recommendation for internship, or **December 15** - Submission of an approved dissertation proposal and follow-up memo to the Student Records Office.

Year 4

For students entering with a Bachelor's degree:

Prior to submitting internship application, and prior to core faculty and Director of Clinical Training submitting letters of recommendation for internship, or **December 15** - Submission of an approved dissertation proposal and follow-up memo to the Student Records Office.

For students entering with a Master's degree:

August 31 (end of the 4th year) - Successful completion of internship.

August 31 (end of the 4th year) - Submission of an approved dissertation to the Student Records Office.

Year 5

For students entering with a Bachelor's degree:

August 31 (end of the 5th year) - Successful completion of internship.

August 31 (end of the 5th year) - Submission of an approved dissertation to the Student Records Office.

The Clinical Psychology Doctoral Preliminary Examination Paper

Goals

The primary goal of the preliminary examination paper is to serve as a doctoral candidacy examination that evaluates the student's scholarly abilities. In this paper, the student either critically reviews a body of empirical literature and conceptualizes it in terms of its future development, or develops a conceptualization of a single theoretical or empirical issue in the field of psychology. In addition to the evaluative component of the preliminary examination, additional benefits include providing a learning opportunity for the student to focus in depth on a body of research, and enhancing the student's professional development by providing exposure to a review process that is similar to that encountered when one submits an article for publication to an American Psychological Association journal.

Content and Structure

The fifth (or most current) edition of the Publication Manual of the American Psychological Association will be used as a guide in writing and evaluating the preliminary examination paper. The "quality of content," "expressing ideas," and "APA editorial style" sections will be used, among others, in evaluating the papers. The preliminary examination will be a "review article," a "theoretical article," or a "methodological article," and not a "report of empirical study" or "case study," as defined in the fifth (or most current) edition of this publication manual. The paper should be in the general area of psychology, and specifically related to the field of clinical psychology.

Reviewers

The preliminary examination committee will consist of three faculty who are members of the graduate faculty. One faculty member (the preliminary examination advisor) will be selected by the student and will work closely with the student in the discussion of ideas and identification of pertinent literature, so as to allow the student to create an outline from which he/she may work independently. After the outline is submitted, the student functions independently.

In addition to the preliminary examination advisor, there will be one additional primary reviewer and a "tie-breaker" reviewer. The primary and tie breaker reviewers will be selected randomly by the Area Coordinator in the student's presence from pools of available core clinical faculty. The advisor's name will be temporarily ineligible in both pools. First, a name will be drawn from the primary reader pool and not replaced. The name of this primary reviewer will be temporarily ineligible in the tie-breaker pool. Once the primary reviewer has been determined, the tie-breaker reviewer will be drawn from the tie-breaker pool and not replaced. In this way, all clinical faculty will eventually be drawn from both the primary reviewer and tie-breaker reviewer pools. Once a pool has been exhausted, all faculty names are re-entered into the pool.

Role of the Preliminary Examination Advisor

The preliminary examination advisor assists the student in developing an outline for the examination based upon the topic the student has chosen. Additionally, all correspondence between the student and reviewers occurs through the advisor. The student submits the initial and revised submissions of the preliminary examination and associated reviewer response forms to the advisor in triplicate. The advisor then distributes a copy of the submission and review form to

the primary reviewer and informs him or her of the due date. Reviews are completed by the advisor and primary reviewer independently. Once both have been completed, the primary reviewer shares his/her decision with the advisor. If there is consensus regarding the decision, the advisor writes a cover letter to the student outlining the decision of the committee, providing the rationale for the decision, and providing instructions for revising the document (if the decision was to revise and resubmit). In the case where each reviewer casts a different vote, the advisor immediately distributes a copy of the submission to the tie-breaker reviewer who is asked to read and evaluate the paper. The vote of the majority of reviewers (i.e., 2 out of 3) determines the outcome. In the case where each reviewer casts a different vote (i.e., one vote each for “accept,” “revise & resubmit,” and “reject”), the decision is “revise and resubmit.”

Outline

The outline will be no longer than two pages, not including references. This outline will conform to APA style in all respects (e.g., double spaced). The outline should begin with a brief statement describing how the paper will contribute to the literature. The student's preliminary examination committee will review only the two-page outline. The student will submit the outline to all three reviewers for their approval and signature on the Preliminary Examination Outline Approval Form. If disagreements among reviewers regarding the content and organization of the outline cannot be resolved, the student is permitted to assemble the committee for purposes of obtaining agreement on the outline. Once approved, the outline serves as the basis for evaluation of the preliminary examination. In evaluating the exam, reviewers cannot make suggestions that alter the content of the outline; however, suggestions regarding organization of content are permissible. Students are not required to complete the preliminary examination paper as proposed in the outline, but increasingly deviating from it carries increased risk of a negative outcome.

Deadline for Outline Submission, Length of Time Allowed to Complete the Preliminary Examination

In year 3 for students entering with a Bachelor's degree, and in year 2 for students entering with a Master's degree, the student must have an approved outline no later than **November 1**. Up to 3 months will be allowed to complete the paper. The time limit begins on the date all committee members have signed their approval of the final outline.

Length of Document

The body of the document, as initially submitted, can be no longer than 30 pages of text using 12 point font in either Times Roman or Courier font. If a revision is submitted, it can be no longer than 35 pages using 12 point font in either Times Roman or Courier font. One inch margins should be used and lines should be double spaced. The title page, abstract, references, author notes, footnotes, tables, figure captions, and figures are not included in these page limits.

Possible Outcomes

A. Acceptance without revisions, except for minimal copy-editing. In this case, the student passes the preliminary examination after minimal copy-editing changes. The completed document, the summary letters from the advisor, and all reviews, are submitted by the advisor to the Area Coordinator for approval by the Clinical Training Committee, and then, pending

approval based upon progress in the program, submission to the full faculty for the student's advancement to doctoral candidacy.

B. Revise and resubmit. (This category is a combination of the two categories in the APA Style Manual referred to as "acceptance, conditional on satisfactory revision" and "rejected encouraging revision.") If this is the first "revise and resubmit" decision, the student is allowed to make changes and submit the preliminary examination again. If this is the second "revise and resubmit" decision, the preliminary examination is failed. If this is the first failed preliminary examination, the student is allowed to work on a second preliminary examination that focuses on a different topic. If this is the second failed preliminary examination, then the student is automatically terminated from the program by the Clinical Training Committee.

C. Rejection. In this case, the preliminary examination is failed. "Serious Deficiency" ratings on item 1, 2, or 3 on the Preliminary Examination Review Form automatically result in a recommendation of rejection. If this is the first failed preliminary examination, the student is allowed to work on a second preliminary examination that focuses on a different topic. If this is the second failed preliminary examination, then the student is automatically terminated from the program by the Clinical Training Committee.

Revisions

There will be **seven** consecutive calendar days allowed for a revision. The student will designate what day of the week he/she wants the paper returned during the week the paper was due to be returned, to allow for integrating preparation of the revision in his/her schedule.

Other Issues

1. Reviewers will not read preliminary examination papers or approve preliminary examination outlines in the summer months (i.e., May 16 through August 15). University holidays, including Thanksgiving, Christmas, and Spring Breaks are not counted for purposes of calculating review periods of the faculty reviewers.
2. Students are encouraged to work closely with their preliminary examination advisor in construction of the outline.
3. Following approval of the outline, students are expected to work independently. Students receiving feedback on the written work or assistance of any kind from faculty, other graduate students, or any other source during the preliminary examination will automatically fail the preliminary examination and be recommended for termination from the program.

Preliminary Examination Deadlines

	<u>Prelim 1</u>	<u>Prelim 2</u>
Prelim outline approved	Nov 1	May 15
Writing of prelim (up to 3 months)	3 mo.	3 mo.
Prelim submitted to reviewers	Feb 1	Aug 16
Review of prelim due to advisor (up to 2 weeks)	Feb 14	Aug 30
Review of prelim by tie breaker, if needed (up to 10 days)	Feb 24	Sept 9
Prelim advisor gives letter and reviews to student	Feb 28	Sept 13
Student revises prelim if necessary (up to 7 days)		
Student submits revision	Mar 7*	Sept 20
Review form (and review, if failed) of prelim revision due to advisor (up to 10 days)	Mar 17*	Sept 30
Review of prelim by tie breaker, if needed (up to 7 days)	Mar 24	Oct 7
Prelim advisor gives letter (and reviews, if failed) to student	Mar 24	Oct 7
Copies of all letters, reviews, forms, and final version of the preliminary examination paper are given to the Area Coordinator by the advisor	Mar 24	Oct 7

* Exact dates may vary depending upon Spring Break.

Note. Spring break days are not calculated as part of the preliminary examination time line.

Steps

1. The student identifies a preliminary examination advisor and a topic.
2. The student meets with the Area Coordinator to select the other two reviewers for the preliminary examination randomly.
3. The student produces an outline.
4. After all three reviewers approve the outline, these individuals sign the “Approval of Outline by Student’s Preliminary Examination Committee” form. The student then attaches a copy of the outline to the form and submits it to the Area Coordinator. The student has up to 1.5 months to complete the preliminary examination paper.

5. Upon completion of the preliminary examination paper, the student submits 3 copies, along with 3 copies of the “Preliminary Examination Review Form,” to the advisor. The prelim must be submitted to the advisor or designee on a work day, during work hours (8:30 am to 4:45 pm). The student should communicate with the advisor to arrange a time and date that the document will be delivered to him/her.
6. Within 24 hours of receipt, the advisor forwards a copy of the paper and review form to the primary reviewer, and informs him or her of the two-week deadline for his/her review.
7. The advisor and primary reviewer each independently produce a written review, very similar to a formal journal review, within two weeks after the student submits the paper. The primary reviewer gives his or her review and completed Review Form to the advisor.
8. The advisor promptly determines whether the advisor and primary reviewer agree regarding their decision. If the two decisions are in agreement, the advisor drafts a decision letter. If there is disagreement, the advisor distributes the third copy of the submission immediately to the tie-breaker reviewer and informs him or her of the deadline in 10 days. The tie-breaker reviewer then reads the submission and independently produces a written review, very similar to a formal journal review within 10 days and gives the completed Review Form to the advisor.

If the decision on the first draft is “revise and resubmit,” the advisor forwards a copy of the proposed decision letter and all reviews to each reviewer within 48 hours. The reviewer(s) will examine the letter and the other reviews and communicate any disagreements that he or she has with the suggested changes to the advisor within 48 hours. If no disagreements are reported within 48 hours, the advisor forwards the decision letter and attached reviews to the student. If a disagreement is reported, the advisor will communicate the nature of the disagreement to the other reviewer(s), discuss it, and have a vote on whether to include the disputed suggestion in the feedback to the student. In the case of a disagreement between advisor and primary reviewer regarding a disputed suggestion that results in a tie vote, the tie-breaker reviewer will be enlisted to cast the determining vote. Based upon the outcome of the vote (majority rules), the advisor will edit the accepted plan of revision in the decision letter to the student.

Because the advisor has only 4 days to draft the letter to the student and resolve any disagreements among reviewers, should a tie-breaker reviewer be necessary, it is critical that all reviewers adhere to the two-week (or 10-day) period in which to read the prelim and write their reviews. Failure to adhere to the two-week (or 10-day) period of time by a faculty member will be reported to the Area Coordinator.

9. The advisor sends the decision letter to the student, indicating the outcome, and enclosing a copy of all reviews and a Cumulative Review Form. This letter is sent to the student no later than three weeks after submission of the paper. Copies of all these materials and the review forms are also sent to the Area Coordinator for placement in the student’s departmental file. The review forms are not given to the student to protect the anonymity of the review process.

10. (a) If the decision on the first draft is “acceptance without revisions, except for minimal copy-editing,” the completed document, the summary letter from the advisor, all review forms, and all reviews, are submitted by the advisor to the Area Coordinator for consideration of approval by the Clinical Training Committee, and then, pending approval based upon progress in the program, submission to the full faculty for the student’s advancement to doctoral candidacy.
 - (b) The Area Coordinator brings the materials to a meeting of the Clinical Training Committee to propose that the student be considered for admission to doctoral candidacy by the full faculty. The student’s overall progress in the program, including research and clinical competencies, is reviewed. Students who have passed the preliminary examination and who have made satisfactory progress in developing research and clinical competencies will be considered for admission to doctoral candidacy.
 - (c) The Area Coordinator proposes the student to the full faculty for admission to doctoral candidacy.
11. (a) If the decision on the first draft is “revise and resubmit,” the student has up to seven days to complete the revisions. During these seven days, all communication with the student should be done through the advisor. If a student has a question regarding a specific suggestion, he or she should consult with the advisor. The advisor, in turn, should consult the other reviewer(s) before answering the question, if the answer is not readily apparent. The student then submits 3 copies, along with 3 copies of the “Preliminary Examination Review Form,” to the advisor. The prelim must be submitted to the advisor or designee on a work day, during work hours (8:30 am to 4:45 pm).
 - (b) The advisor forwards the revised draft to the primary reviewer within 24 hours of receipt of the materials, who then reviews the revised paper within 10 days. Each of them completes a “Preliminary Examination Review Form” and a written review (if failed on the revised draft). The advisor promptly determines whether the advisor and primary reviewer agree regarding their decision. If the two decisions are in agreement, the advisor drafts a decision letter. If there is disagreement, the advisor distributes the third copy of the submission immediately to the tie-breaker reviewer and informs him or her of the deadline in 7 days. The tie-breaker reviewer then reads the submission and independently completes a written review (if failed) within 7 days and gives the completed Review Form to the advisor. The advisor then writes a letter to the student outlining the decision and enclosing any reviews. This letter will be given to the student no later than three weeks after re-submission of the paper.
 - (c) If the decision based upon the review of the revised document is “acceptance without revisions, except for minimal copy-editing,” see 10a, 10b, and 10c above.
12. If the decision is “rejection” on the initial submission or the revised document (and the preliminary examination has not been previously failed), the student can work on a second preliminary examination focusing on a different topic, following these same steps. For “rejected” preliminary examinations, a copy of the examination, summary letter(s) from the

advisor, all original review forms (including Cumulative Review Forms), and all reviews, are submitted by the advisor to the Area Coordinator.

Approval of Outline by Student's Preliminary Examination Committee
Form 10-1-2005

The preliminary examination paper may be review, theoretical, or methodological article, but the student must specify ahead of time which alternative is chosen. Check one:

_____ A review article is a systematic, rigorous critical review of relevant research in a circumscribed area of empirical psychological investigation related to clinical psychology. The review should have a statistical, methodological, or theoretical framework with clearly specified criterion for evaluating individual studies. Meta-analytic techniques may be used if appropriate.

_____ A theoretical article focuses on a single theoretical issue that is relevant to clinical psychology. A theoretical article will review relevant empirical work, but only as it pertains to theoretical issues. A theoretical article can either present a new theory or compare and contrast two theoretical perspectives .

_____ A methodological article focuses on the description of the applications of methodological approaches to an area of research related to clinical psychology. A methodological article will review relevant empirical work, but only as it pertains to methodological or data analytic issues. A methodological article can either present a new data analytic approach or the modification of existing methodological approaches.

The student shall attach a copy of the preliminary examination paper outline to this document

The signatures of the student and committee indicate their agreement that the outline of the preliminary examination paper, which is attached to this form, covers a topic which:

- a) can be addressed adequately within a maximum of 30 APA style pages;
- b) is relevant to the student's Plan of Study and significant to psychology;
- c) has not been recently covered, to our knowledge, from a similar perspective in recent literature; and
- d) could provide a valuable contribution to research and understanding.

Student's printed name

Signature

Date

Prelim Advisor printed name

Signature

Date

Primary Reviewer printed name

Signature

Date

Tie-Breaker Reviewer printed name

Signature

Date

Preliminary Examination Review Form
Form 8-27-2008

Reviewer: A B C Student's Name: _____

Preliminary Examination Paper Title: _____

Circle one: First Submission Resubmission

Date given to the Preliminary Examination Advisor: _____

The student completes the above information and attaches a copy of this form
to each of the 3 copies submitted to the Preliminary Examination Advisor

Satis- factory	Minimal Deficiency	Serious Deficiency	
_____	_____	<input type="checkbox"/>	1. The student showed professional level skill at collecting, organizing, and integrating existing information, including relevant literature directly addressing the topic and, where appropriate, literature indirectly related to the topic and/or basic research.
_____	_____	<input type="checkbox"/>	2. The student was skillful, at a professional level, at identifying and enumerating major strengths, problems, and limitations of individual studies and of entire research areas or subareas, from both conceptual and methodological perspectives.
_____	_____	<input type="checkbox"/>	3. The student incorporated identified strengths and limitations into conclusions and recommendations for future research, as appropriate.
_____	_____	<input type="checkbox"/>	4. The student skillfully identified and described important, feasible, and needed further research, and/or conception.
_____	_____	_____	5. The student's technical communication skill was appropriately professional, including: (a) use of APA format (final publication style), (b) careful proofreading, (c) correct use of terms, (d) correct grammar and spelling, (e) appropriate professional style, (f) clear expression, and (g) concise expression, did not exceed 30 pages on the first submission, or 35 pages on the resubmission.

**Satis-
factory** **Minimal
Deficiency** **Serious
Deficiency**

6. Overall, the paper makes enough contribution (by organizing, summarizing, conceptualizing, identifying issues of limitations, suggesting badly needed research, and/or whatever else is appropriate) to the science and technology to merit publication.

Reviewer's Comments

Please attach comments to this document.

Reviewer's Recommendation (**NOTE: Serious deficiencies for items 1-4 automatically result in a recommendation of "Reject"**)

Circle one: Acceptance without revision, except for minimal copy-editing

 Revise and resubmit (applies only to the first submission)

 Reject

Reviewer's printed name

Signature

Date