University of Vermont

Clinical Psychology Ph.D. Program

Policies and Procedures Manual
(Blue Book)

2026-2027

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Welcome

…to the Ph.D. Program in Clinical Psychology at the University of Vermont, and to a new academic year! We are so glad you have decided to come learn with us and to experience the beautiful surroundings Vermont has to offer! Please read this document carefully as it serves as your "road map" to a successful journey through our program's requirements and academic milestones. It helps to re-read it at least once a year. The forms/policies included here represent the most recent versions available at the time you entered the program.

Be sure to contact me if you need support, have any questions, or have any concerns. Thanks, and have a great year.

Matthew Price, Director of Clinical Training
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Program Philosophy

The program in clinical psychology at the University of Vermont is based on the scientist-practitioner model of training originally outlined at the 1949 Boulder Conference. The program is designed to develop competent professional psychologists who can function in applied, academic, or research positions. We emphasize clinical practice that is empirically based, research that is clinically relevant, and a balance in clinical and research training.

To train clinical psychologists who are scientist-practitioners, our program emphasizes the integration of research and clinical training, as well as some exposure to and training in teaching. Our model of training stresses the simultaneous early exposure to clinical activities, research training relevant to clinical problems, and coursework to learn the fundamentals of research and clinical interventions. Additionally, gaining experience in teaching occurs during your educational experience.

In many graduate programs, students' clinical activities are divorced from their research activities. It is therefore not surprising that upon their departure from an academic setting, many clinical graduates stop doing research. Clearly, one reason for this is that the student has not had the opportunity and training to develop research skills relevant to clinical issues and populations. We provide opportunities to conduct clinical research to prepare students for careers in the sciences and the clinic.

Research and clinical training, along with coursework, begin in the first year of our program. Students are expected to become involved in research with their faculty mentor immediately upon entering graduate school, often through a funded research assistantship. Research training at a more advanced level occurs through the Master's Thesis Project, which involves a proposal, a final written document, and a formal defense before a committee. This training continues with the dissertation research in subsequent years. Clinical training begins with coursework in psychopathology, assessment, and intervention in students' first year. In their first and second years, students are involved in a vertical practicum supervision team, beginning with exposure to advanced students' clinical work in the first semester of their first year and taking increasing responsibilities over the next year. This is followed by more advanced training in the form of a 10-hour-per-week clinical placement in our clinic, Vermont Psychological Services (VPS), which continues into the fourth year. Students may also pursue off-campus training during this period. The program culminates in an APA-approved internship in the sixth year. Thus, both research and clinical training are carefully sequenced throughout the program.

The "learning to teach" experience is less structured; however, all students are involved in a teaching activity at some point in their graduate training. Teaching activities may include being a teaching assistant for a course, serving as an instructor of record after completing your Master's Thesis, or any of several other activities (see Doctoral Portfolio).

Aims, Knowledge, and Competencies

Consistent with the philosophy of an integration of research, clinical, and instructional training, the University of Vermont Clinical Psychology Program prepares students for entry-level practice as a Clinical Psychologist. The program is guided by the following aims:

Program Aims

Aim 1: Graduates will have strong foundational knowledge in basic psychology, research methodology, and clinical psychology.

Aim 2: Graduates will have strong clinical skills that allow them to serve the broader public as clinical psychologists through the delivery of evidence-based assessments and clinical practice.

Aim 3: Graduates can independently create, develop, and evaluate empirical findings and contribute to the scientific literature upon graduation.

Aim 4 (Program Specific Aim): Graduates are able to provide high-quality instruction in the field of clinical psychology.

Discipline Specific Knowledge

To achieve the above aims and objectives, students will receive training in the following areas of **Discipline Specific Knowledge**. In a manner consistent with the American Psychological Association Standards of Accreditation, doctoral students gain mastery of the following areas of knowledge through classroom learning and practical application:

- History and Systems of Psychology
- Affective Bases of Behavior
- Biological Bases of Behavior
- Cognitive Bases of Behavior
- Developmental Bases of Behavior
- Social Bases of Behavior
- Advanced Integrative Knowledge
- Research Methods
- Quantitative Methods
- Psychometrics

Profession Wide Competencies

The profession-wide competencies (PWCs) are the critical knowledge and skills that all graduates from clinical psychology programs are expected to possess. Consistent with the Standards of Accreditation, students must demonstrate competency at the level of readiness for internship before leaving for their internship and must be competent for entry-level practice upon graduation. Doctoral students are expected to, at a minimum:

Research

- Demonstrate the substantially independent ability to conduct research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Critically evaluate and disseminate research or other scholarly activity via professional publication or presentation at the local (including the host institution), regional, or national level.

Ethical and legal standards

- Be knowledgeable of and act in accordance with each of the following:
    - the current version of the APA Ethical Principles of Psychologists and Code of Conduct

  - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
  - relevant professional standards and guidelines
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Individual and cultural diversity
- Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service.
- Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences, including intersectionality, in articulating an approach to working effectively with diverse individuals and groups.
- Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews differ with their own.

Professional values and attitudes
- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, the integration of science and practice, professional identity, accountability, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.

Communication and interpersonal skills
- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Manage difficult communication well.

Assessment
- Demonstrate current knowledge and application of knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity considerations and contextual influences (e.g., family, social, societal, and cultural) of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Intervention
- Establish and maintain effective relationships with the recipients of psychological services.
- Develop and implement evidence-based intervention plans specific to the service delivery goals informed by the current scientific literature, assessment findings, diversity considerations, and contextual variables. This includes the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing progress evaluation.

Supervision
- Demonstrate knowledge of supervision models and practices.
- Demonstrate knowledge of contemporary evidence-based supervision literature.

Consultation and interprofessional/interdisciplinary skills
- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Demonstrate knowledge of consultation models and practices.

Program Specific Competencies

The doctoral program also aims to ensure that students receive sufficient training to teach courses in psychology at both the undergraduate and graduate levels. Doctoral students are expected to, at a minimum:
- Demonstrate a general value for teaching as a core part of professional development in psychology (e.g., complete teaching tasks on time, with care, and take initiative).
- Engage professionally with students, faculty, and fellow teaching assistants.
- Design and develop syllabi for courses, including lab-based instruction.
- Develop and organize course lectures aligned with instructional goals.
- Create exams and other assessments to evaluate student learning.
- Teach students from diverse backgrounds, including backgrounds different from their own.
- Awareness and integration of inclusive teaching practices.
- Provide timely and constructive feedback on exams and assignments; keep students informed of their academic standing.
- Respond to student inquiries accurately and follow up as needed.
- Maintain availability by setting office hours and responding to student requests.
- Effectively facilitates discussions in class or lab settings.
- Integrate current research into teaching through readings, lectures, and classroom activities.

General Policies and Procedures

Program Standings

The clinical faculty considers all first-year students in good standing in the program. After that, we consider the following criteria:

1. **Coursework.** Has the student completed the standard courses for their year in the program with no incompletes? What was the quality of coursework?

2. **Clinical work**. Did the student receive a positive evaluation from their clinical supervisor(s)? What was the quality of their clinical work?

3. **Teaching**: Did the student receive a positive evaluation from teaching supervisors (if serving as a GTA) and/or from faculty observers of any guest lectures? Is the student progressing on Doctoral Portfolio teaching requirements in a timely fashion? Ideally by the end of their third year, students should have completed the teaching experience requirement (see Doctoral Portfolio). Students *must* complete the Doctoral Portfolio, including teaching requirements, prior to preliminary orals being held on the dissertation proposal.

4. **Research**. Did the student receive a positive evaluation from their research mentor? What is the quality of their research? Is the student progressing on program and Doctoral Portfolio research requirements in a timely fashion? By the end of their first year, we expect students to be starting their Master's research project. By the end of their second year, we expect students to have completed this project or, if not, to complete it in the third year. In the third year, we expect students to begin their dissertation proposal. By the fall of the fourth year (at the latest, fall of the fifth year), students should have proposed their dissertation so that they can complete all or most of their research before starting their internship. Students *must* complete the Doctoral Portfolio, including research requirements, prior to preliminary orals being held on the dissertation proposal. In addition, it is expected that students will be involved in other research activities throughout their graduate school education.

5. **Professional and ethical behavior**. Students should engage in professionally appropriate and ethical behavior at all times.

Retention and Notification Policy

For students who fall behind schedule in meeting program milestones, or do not engage in professionally appropriate and ethical behavior, the program developed several levels of action, which are communicated to students at the beginning of their first semester of residence and in the annual evaluation letter. It is not necessary to progress through the levels of action sequentially as an initial behavior may warrant an advanced level warning or decision.

"Level 0: Cautionary Pre-warning": A level 0 warning may be issued to a student who is slightly behind schedule and/or if there are concerns in the following areas:

- Emotional stability and maturity to handle the challenges of graduate training to the point they have reached in the program.
- Theoretical/academic foundations necessary for effective counseling/clinical work.
- Skills necessary for translating theory into integrated practice.
- Awareness of, and practices according to, the current ethical guidelines for psychologists.
- Participating in supervision constructively and modifying behavior in response to feedback.

These domains are the criteria by which students are evaluated for internship readiness and thus are continually reviewed during a student's time in the program. The issuance of a level 0 warning for any of these reasons outlined above would require majority support by the clinical psychology faculty. The specific domains that need to be corrected are delineated in the letter as well as recommendations for an action plan.

"Level 1 Warning": When a student is clearly "behind schedule," or the student does not engage in professionally appropriate and ethical behavior. The following would constitute "clearly behind schedule"

- Has not proposed the Master's Thesis project by end of second year.
- Has not defended the Master's Thesis project by end of third year.
- Has not fulfilled doctoral portfolio requirements by end of third year.*
- Has incompletes in courses that have not been removed in one year.
- Has not completed course work by end of fourth year (unless the necessary courses have not been offered).
- Has not passed the Comprehensive Exam by the end of the fourth year.
- Has not proposed dissertation by the end of the fourth year.
- Is not fulfilling clinical training contract with the Director of the VPS (or other clinical placements).
- Has not engaged in professionally appropriate and ethical behavior.**

Any of these would result in a Level 1 warning, specifying guidelines on how to avoid progressing to Level 2; asking the student, in conjunction with the major professor, to develop a plan with a timeline within three weeks for addressing the problem areas; and stating clearly that "failure to meet these guidelines within the time period stated in the Level 1 warning will result in a Level 2 warning, the formal notice of probation." The warning will be communicated in writing and in person by the Director of Clinical Training.

"Level 2 Warning": A notice of probation. If the student still does not make significant progress, the evaluation letter states that: "Given that you did not meet the requirements outlined in the Level 1 Warning letter, which are stated again below, you are being given a Level 2 warning, which is a notice that you are considered on probation within the Clinical Program. You will need to make the progress within the time period specified in this letter or you will be placed on inactive status in the Clinical Program. You need to develop a plan in conjunction with your major professor and the Director of Clinical Training (DCT) within three weeks. The plan should specify steps to take to address problem areas and a timeline for each of the steps. The major professor and the DCT will monitor progress and report to the clinical faculty. During the period of probation, you remain eligible to take courses, and are considered for funding with the same priority as other students in your class year, but we strongly encourage you to focus on meeting the departmental milestones outlined below. Failure to do so will result in your being placed on inactive status." A Level 2 Warning may also be issued immediately (without a prior Level 1 Warning) in the case of serious violations of academic/professional and ethical standards, to be determined on a case-by-case basis by the clinical faculty.

"Level 3 Warning": A notice to the student that we now consider him or her as "inactive", usually by virtue of not producing the work that was required to be removed from probation. The subsequent evaluation letter, that may be issued at the point in which the goals in the plan were not met, then says: "Because you did not meet the requirements outlined in the Level 2 Warning letter, which are stated again below, you are now officially on inactive status within the Clinical Program. Students on inactive status may petition the clinical faculty to return to active status by presenting a detailed plan and timetable for meeting departmental milestones, along with justification for its feasibility. The decision to grant the petition, however, will be at the discretion of the clinical faculty."

*Note: The teaching requirement may not be met in this time frame as students may be waiting for the opportunity to teach their own course, which is acceptable.

**Note: As an APA accredited program, we adhere to the ethical principles articulated by APA. This code can be found here: http://www.apa.org/ethics/code/index.aspx. In general, it is expected that students and faculty

will refer to the APA ethics code for guidance and problem solving when confronted with questions regarding professional and ethical behavior while engaged in clinical training, including clinical work, research, coursework, and teaching, at the University of Vermont. Legal/ethical factors may include, but are not limited to, the student's use of inappropriate language or actions, violation of university rules, or violation of state laws, all of which demonstrate the student is not meeting professional standards.

The Appeal and Grievance Process

In situations of grievance or conflict, students are generally expected to first try to work out the situation with the department member(s) involved, relying on assistance from the student's advisor as appropriate. If necessary, three additional steps of a grievance process would be as follows: (1) The complaint would be presented first to the Director of Clinical Training (DCT) who would develop an action plan in conjunction with input from the remainder of the core clinical faculty. (2) If this fails, the grievance would be presented to the Department Chair who would develop an action plan with appropriate input from the general psychology faculty as well as the clinical faculty. This might include the appointment of a select committee to investigate the matter. (3) Issues that cannot be resolved within the Department are referred to the Graduate College for the formal student grievance appeal. While the Dean of the Graduate College is the final arbiter of Graduate College regulations, a student grievance procedure applicable to all students at the University of Vermont may have jurisdiction where the student alleges one of the following: a violation of due process; no rational basis for a decision or an abuse of discretion; sexual harassment; or a violation of fundamental rights. This policy also applies to student/advisor conflicts where the student is considering changing labs (see also the section, "Research Mentoring Guidelines").

The Nine-Year Rule

The Graduate College accepts coursework that is nine or fewer years old. Most students complete the program in five years plus their internship year, so this is not an issue. The nine-year rule becomes a problem when (a) students come in with a master's degree from another program and transfer credits that are already several years old; or (b) students do not complete their dissertations on time, and remain ABD ("all but dissertation") for several years after their internship.

International Students

International students on student visas (this includes Canadian students) must take care not to jeopardize their student status. Student visas limit international students to no more than 20 hours of work per week at a university-related setting, plus one year of 40 hours per week (it is important to save that year of full-time work for the internship). International students may, however, work full time during the summer (defined as the day after the UVM graduation takes place until the day before classes start in the fall) in university-related settings.

The 20-hour weekly limit may become a problem because of the requirements of our program that students should be actively involved in research and clinical work, and our recommendation that students obtain teaching experience. The INS makes exceptions to the 20-hour rule when students' extra hours are an integral part of "curricular requirements." Thus, it is extremely important that you check with me and with the Office of International Education before you begin any paid research, clinical, teaching, or other paid activities. The Office of International Education is an important resource for any questions related to international student status. Be sure to contact that office before you leave the U.S. for any reason (e.g., visiting Montreal, taking a leave of absence that requires leaving the U.S., international travel to psychology conferences) and also before you change your visa status in order to complete your clinical or research post-doctoral fellowships).

International students and students who have green cards must notify the INS whenever they move (including within Burlington). The Office of International Education has forms that you can fill out for this purpose.

International students who conduct any clinical practicum work outside of Vermont Psychological Services (VPS) will need to submit a CPT (curricular practicum training) request to the DCT to authorize this work.

Placements (Funding)

Along with the General/Experimental Program, the Clinical Program is committed to funding every graduate student in our department each year that he or she is in the program and on campus for the first 4 years, and we have been successful in doing so every year since 1969. We want to ensure that students from all socioeconomic backgrounds apply to the graduate programs in our department, and also that funded placements provide meaningful training in teaching, research, clinical work, or prevention services.

Graduate student placements are designed: (a) to provide the student with training that contributes in a meaningful way to her/his/their overall educational and professional objectives; (b) to partially fulfill teaching, research, or clinical training requirements of the doctoral program; (c) to provide the student with funding; and (d) to provide services to Department faculty, the University, and the State of Vermont. Because student placements are designed to satisfy more than one objective, some compromise is unavoidable. For example, if training was the only goal, we would be able to match students to placements that are completely compatible with their training needs. Only placements that are dedicated to graduate training would be utilized. And if funding was irrelevant, many other potentially excellent training sites that cannot afford to hire a graduate student could be included in the placement system. However, in reality, the types of placements and freedom to match students are significantly constrained by our desire to fund all students.

Please notify the Director of Clinical Training if you encounter any issues with your placement. You will be evaluated by your placement supervisor at the end of the fall semester and at the end of the year. (See section titled Evaluations).

The Graduate College does not allow you to have placements totaling over 20 hours unless you are in your third year or beyond, are making satisfactory academic progress, and the additional placement will enhance your education. In this case, with faculty approval, the student can petition the Graduate School for a one-time exception for placements totaling at maximum 30 hours. Please note that CE (Continuing Education) courses are considered an outside source; you do not have to petition the Graduate School to teach a CE course and hold a 20-hour placement. The student must complete the Graduate College's additional work request form and get Grad College approval for the work.

Teaching Experience

The Doctoral Comprehensive Portfolio delineates the minimum teaching experience requirements in the Clinical Program. You may well want experiences beyond these requirements. Some of the formal teaching options are delineated below.

Graduate students can serve as GTAs (graduate teaching assistants) for some courses (e.g., Introductory Psychology, Abnormal Psychology, Statistics, Research Methods).

Our department requires that you have a Master's degree or equivalent in order to teach your own course. If you came in with a Master's degree, you can apply to teach any time. Students must have completed the Master's degree at the time they apply to teach. Typically, a call for applications to teach summer courses comes out the preceding fall. Therefore, if your Master's Thesis project is still in process, you cannot apply to teach, even if you expect to defend it before the summer term begins.

Graduate students usually teach courses via CE (continuing education) in the summer. You will receive a memo early in the fall about summer courses. The department committee responsible for CE courses gives first priority to faculty, followed by graduate students, and last to members of the community who want to teach courses. Few faculty members typically teach CE courses, which means that graduate students have

opportunities to teach. CE will cancel a course if there is not enough enrollment. Courses that are typically needed are introductory psychology, social psychology, abnormal psychology, developmental psychology, research methods, introduction to clinical psychology, and behavior disorders of childhood, but graduate students have taught many specialty courses over the years as well. Because CE courses are considered an outside source, you do not need to petition the Graduate College to teach CE courses if you have a regular placement.

Licensing

Each state of the U.S. has its own requirements for licensing. Many states accept a degree from an APA-approved clinical Ph.D. program and APA-approved clinical internship (plus passing the licensing exam and completing post-doctoral clinical experience) as adequate for licensing. Other states have very specific course requirements. There is no way that any one clinical program can offer enough courses to meet licensing requirements for all 50 states. If you already know the geographic area in which you want to locate after graduation, it helps to look at licensing requirements for that state early in your tenure as a graduate student.

Keep copies of all your graduate course syllabi, including the reading lists. Some states require this information for clarification of course content.

Note that most U.S. states require some post-doctoral supervised clinical experience before you can apply for licensing. You will not be considered a post-doc until you have defended your dissertation and submitted the final copy to the Graduate College. This is why it's best to do all of your dissertation work before going on internship. Many students continue working as post-docs at their internship site and others go elsewhere. These hours of clinical experience will not count for the post-doctoral period until the dissertation is completed—you cannot be a post-doc until you are a "doc!"

Policy on Residency Requirements and Requests for Exceptions

Graduate students enrolled in our doctoral program are expected to remain in residence at UVM until they depart to fulfill the internship requirement. The program recognizes that individual circumstances may warrant the need to make exceptions to the residency requirements policy. Therefore, this policy outlines the minimum requirements and procedures for requesting exceptions to the residence requirements policy.

APA Residency Requirement: In accordance with the American Psychological Association Standards of Accreditation, all students are required to spend a minimum of three full years in residence at the doctoral program.

Eligibility Criteria to Request Remote Status: Students may apply for remote status after they spend a minimum of three full years in residence, agree to remain enrolled as a full-time student while they are remote, and the following milestones have been (or will be) met by the time their remote work is scheduled to begin:

- **Academic Coursework:** All required classroom-based didactic courses must be successfully completed.
- **Research Milestones:** The student must have successfully defended their Master's Thesis and completed the Comprehensive Doctoral Portfolio.
- **Clinical Readiness:** Students must demonstrate they have obtained sufficient clinical experience in preparation for the pre-doctoral internship. This includes meeting program-specific benchmarks for Total Direct Contact Hours, Total Therapy Hours, and Integrated Psychological Reports. Adequate attainment of these benchmarks will be determined at the time of application.

Enrollment Requirement: Students who are working remotely must remain enrolled as full-time students. The student is responsible for any tuition and fees associated with maintaining full-time status. Tuition and fees associated with full-time status are found here: https://www.uvm.edu/studentfinancialservices/graduate-college-tuition-and-fees.

Funding During Remote Status: Students with remote status may be funded by Graduate Research Assistantships (GRAs) pending the availability of a position and the agreement of the PI. Remote status will likely reduce the likelihood of receiving funding through Graduate Teaching Assistantships.

Clinical Training Requirements: Students who intend to pursue additional clinical training during remote status must have their training approved as a practicum by the doctoral program. Such a practicum requires:

- **Supervision:** Supervision must be provided by a doctoral-level licensed clinical psychologist a minimum of one hour per week for every 20 hours of clinical work conducted. The name, credentials, and contact information of a supervisor must be provided to the Director of Clinical Training. The supervisor may be required to obtain an affiliation with the program.
- **Evaluation:** The supervisor must agree to complete semester evaluations of the student based on the program's evaluations of clinical competencies.
- **Program Review:** The supervisor of the practicum site must ensure that the clinical training is of quality commensurate with current practicum opportunities. The supervisor must agree to communicate regularly with the Director of Clinical Training to ensure the practicum continues to meet program requirements.
- **Approval of Program and University:** The practicum opportunity is subject to the approval of the College of Arts and Sciences and the University of Vermont policies regarding students completing external practica.

Request for Exception Process: A transition to remote status requires formal authorization. Students must secure:

1. **Faculty Mentor Support:** The faculty member must verify that the above eligibility criteria have been met. They must also agree to support and supervise their dissertation work during this period. This support must be provided in writing to the student.

2. **Letter of Request:** The student will submit, in writing, a formal request to the doctoral program outlining the following:

    - The rationale for the request to complete the program remotely.
    - Evidence that the above criteria have been met. This evidence should include the dates in which academic coursework was completed, the dates of a successful master's thesis defense, the date on which the doctoral portfolio was completed, and a listing of clinical hours and integrated reports.
    - An acknowledgement of the funding and tuition expectations for the period of remote work.
    - A detailed plan for how the remaining requirements for completion of the doctoral program will be met. This plan must address current research progress, including dissertation research and any ongoing projects.
    - If additional clinical training is pursued, provide information about the training opportunity that is consistent with the above guidelines.

3. **Doctoral Program Review:** The clinical faculty will review the request within the next two clinical faculty meetings, usually within 60 days. Meeting the minimum requirements to request an exception is necessary but not sufficient for the request to be approved.

Program Requirements During Remote Status: Students who transition to remote status must continue to adhere to all procedures and policies associated with the doctoral program, ethical guidelines, and registration requirements. They are expected to maintain regular communication with their mentor and participate in virtual program activities as required.

Failure to maintain satisfactory progress toward the dissertation or clinical milestones while remote may result in a revocation of remote status and a required return to campus.

Research Mentoring Guidelines

These are general guidelines for mentoring graduate students. The most important part of the mentoring process is a match between mentoring style and the graduate student. Therefore, one size does not fit all; as long as both the faculty member and the graduate student are effectively communicating and satisfied with progress, then mentoring is effectively occurring.

Our goals with research mentoring of graduate students are as follows: (1) To develop research skills and in-depth knowledge in selected areas of the literature; (2) to become collaborators with faculty and other students; (3) to be consumers and producers of research; (4) to be exposed to the grant process; and (5) to serve as mentors themselves for more junior students.

1. Research teams will generally meet once a week.

2. Faculty member will have individual meetings with each member of the team on at least an every-other-week basis. When meetings have to be cancelled, they will be made up as soon as possible. Progress toward research goals can be assessed and deadlines can be revisited during these meetings.

3. By the beginning of the second year, graduate students will be involved not only in the conceptualization of conducting research but also in writing papers for submission and presentations for conventions. Faculty members generally will provide extensive feedback on drafts of papers and convention presentations within two weeks (and earlier if possible).

4. Students will be encouraged to pursue and receive help developing: (1) NRSA applications when appropriate; (2) other internal and external grant funding; and (3) venues for participation in professional organizations.

5. As graduate students progress through the program, they should begin serving as mentors for junior members of their research team, including less advanced graduate students and undergraduate students.

Here are some general tips for building out a strong mentorship team and having a great mentorship relationship.

- Stay in touch. It's common for students to hesitate reaching out to faculty, worrying they might be bothering them or feeling unsure about how to engage. However, **building strong professional relationships with faculty, staff, and peers is an essential part of doctoral training**—not just for your development, but also for accessing opportunities, mentorship, and support.

  In today's academic environment, staying engaged doesn't always mean being physically present in the department every day—but **being professionally visible and responsive matters**. Whether it's through regular check-ins (in person or virtual), participating in department events, attending talks or workshops, or simply saying hello when you're around—these small actions build connection and trust.

  Faculty are more likely to share professional opportunities—research collaborations, teaching assignments, networking events—with students who are engaged and communicative. When faculty and staff know you beyond your name on a roster, they can better support your goals and advocate for you.

  Make it a priority to:
  - Attend department events, meetings, or social gatherings when possible
  - Communicate regularly with your advisor and mentors
  - Use informal moments (like after a meeting or during office hours) to check in or ask questions
  - Engage with staff, who are often your best resource for navigating department logistics

    - Build relationships with fellow students—they are collaborators, friends, and part of your academic network

- Building a coalition of colleagues. The model of the isolated scientist or solo practitioner is outdated. Today's research, clinical practice, and academic careers are increasingly collaborative and network-driven. Most faculty are embedded in national and international professional networks—and as a doctoral student, you're beginning your own professional network right now.

  You should never find yourself unable to form a dissertation committee or unsure whom to ask for feedback on your work because you haven't built relationships. Similarly, being known to faculty and peers increases access to funding, mentorship, and collaborative opportunities. Committees that award travel funds or research grants can better support you if they know who you are and what you're working on.

  Your peers are also essential to your professional future. Many of your fellow graduate students will go on to lead in psychology—as members of licensing boards, APA committees, grant review panels, editorial boards, and more. Building genuine connections now means you'll have a strong network of colleagues and collaborators for decades.

- Gaining a professional identity. Although coursework and other requirements are important for you to complete in order to get your Ph.D. (and also for licensing), your real priorities in graduate school are developing your research, teaching, and clinical interests for your future career. The faculty wants you to be qualified for future jobs, and so it is important that you communicate your career goals to us. In this age of specialization, it is often too late to prepare for a career during the last year of graduate school. If you have specific clinical interests, you need to accumulate the necessary clinical hours, network with clinicians in your field of interest, and possibly give workshops/write articles on this topic. If research and/or teaching is a career goal, you will need to have a number of publications (not just your dissertation and one other research project) by the time you graduate. It also helps to have grants and teaching experience.

  Finally, please keep in mind that for most of your life, you will be asked to provide the names of 3-5 references for jobs, awards, promotions, etc. That will certainly be the case for any job you take after graduate school. Be sure to start thinking about your list of potential references, and keep these individuals in touch with your progress in graduate school.

Policy on Changing Mentors

Occasionally, a student or the faculty member may decide the "fit" is not a good one or a student's interests change as they progress through the program. In such cases, options may be available to change research mentor, depending on a variety of factors, including the student's source of funding and the availability of an alternative mentor. The student in this situation should start by having a conversation with the research advisor about the difficulty to problem-solve ways to address it. In the event that a student wishes to pursue changing labs, they should follow the program's grievance policy, going first to the Director of Clinical Training (DCT) and progressing to higher levels (second, the Department Chair; third, the Graduate College, etc.) only if there is unsatisfactory resolution at lower levels of intervention. Students cannot skip stages of this policy, unless the student in question is a student in the DCT's or Chair's lab. (See The Appeal and Grievance Process).

The Clinical Training Program: Model Ph.D. Program Schedule

The Department recognizes that timelines may vary depending on the nature of the individual's research. Note: After the first year, many courses are taught in alternating years; therefore, the model program will have to be adapted for when courses are offered.

Students entering the program with graduate course work in psychology from another university often can transfer credits to fulfill program requirements. Students with a completed Master's Degree from another university might complete their coursework one year sooner than those times indicated below. Guidelines for developing and completing the Master's thesis and dissertation are as follows:

- Begin to develop the Master's thesis research proposal during the first year and formally propose the project at the end of the Fall semester of year two.
- Recommended: Defend the Master's project by the start of the third year.
- Complete your doctoral portfolio at the end of the third year.
- Formally propose the Ph.D. dissertation at the start of the fourth year, and no later than October 15 of the year you intend to apply for internship.
- Recommended: Defend the Ph.D. dissertation during the fifth year.

Year	Semester	Research	Courses	Clinical Cases
1	Fall	MA work	Adv Statistics I	V-Team
1	Fall	Assist in Research Lab	Psychological Assessment (Child or Adult)	Clinic Cluster
1	Fall		Adv Psychopathology or Biobehavioral Proseminar	
1	Fall		Clinical Skills	
1	Spring	MA work	Adv Statistics II	V-Team
1	Spring	Assist in Research Lab	Cognitive & Behavioral Therapy (Child or Adult)	Clinic Cluster
1	Spring		Ethics or Research Methods	
2	Fall	MA work (Propose)	Psychological Assessment (Child or Adult)	3 Contact Hours
2	Fall	Assist in Research Lab	Adv Psychopathology or Biobehavioral ProSem	V-Team
2	Fall		Elective Course	Clinic Cluster
2	Fall			Evaluation Service
2	Spring	MA work	Cognitive & Behavioral Therapy (Child or Adult)	Receive Peer Supervision
2	Spring	Assist in Research Lab	Developmental Proseminar	Evaluation Service
2	Spring		Ethics or Research Methods	3 Contact Hours
3	Fall	MA work (Defend) and Dissertation work	History of Psychology	6 Contact Hours
3	Fall		Physiological Systems, Social Relationships, and Health Across the Life Span	

3	Fall	Assist in Research Lab		V-Team
3	Fall			Clinic Cluster
3	Fall			Individual Supervision
3	Fall			Evaluation Service
3	Spring	Dissertation Work	Supervision and Consultation (1 Credit)	6 Contact Hours
3	Spring	Assist in Research Lab		V-Team
3	Spring			Provide Peer Supervision
3	Spring			Clinic Cluster
3	Spring			Individual Supervision
3	Spring			Evaluation Service
4	Fall	Dissertation Work (Propose)		6 Contact Hours at VPS or Off Campus Training
4	Fall	Complete Doctoral Portfolio		V-Team
4	Fall	Assist in Research Lab		Clinic Cluster
4	Fall			Individual Supervision
4	Fall			Evaluation Service
4	Spring	Dissertation Work		6 Contact Hours at VPS or Off Campus Training
4	Spring	Assist in Research Lab		V-Team
4	Spring	Complete Doctoral Portfolio		Clinic Cluster
4	Spring			Individual Supervision
4	Spring			Evaluation Service
5	Fall	Dissertation Work		50/50
5	Fall	Assist in Research Lab		V-Team
5	Fall	Apply for Internship		Clinic Cluster
5	Fall			Eval (3 hours per week)
5	Spring	Dissertation Work (Defend)		50/50
5	Spring	Assist in Research Lab		V-Team
5	Spring			Clinic Cluster

Importantly**, NO STUDENT CAN APPLY FOR INTERNSHIP** (that is, they will not receive endorsement of their application from the Director of Clinical Training) **IF THEY HAVE NOT HAD THEIR DISSERTATION PROPOSAL FORMALLY APPROVED BY OCTOBER 15 OF THAT YEAR.** There are no exceptions to this rule.

Sixth Academic Year

If on internship, sign up for PSYS 6991 Internship in Clinical Psychology (0 hours credit) both semesters. Students on internship who have loans, should also register for 6 credits of GRAD 9020 to maintain half-time status and defer loans.

If not done already, complete and defend dissertation.

Notes

1. VPS = Vermont Psychological Services, our training clinic

2. A total of 6 Master's Thesis research credit hours is required for the Master's degree and (subsequently) a total of 20 dissertation research credit hours is required for the Ph.D. degree. When the 20 hours of PSYS 7491 should be taken will vary depending on type of financial support, course requirements, and other factors. Taking as many of these hours as soon as possible is important!

3. All funded students can take up to 5 credits in the summer without paying for them. If you have Master's or dissertation credits left to take, use your summer credits towards those totals. If you have no remaining research credits to take, register for 5 credits of GRAD 9020 Continuing Registration.

4. Electives need to add up to 9 hours. Electives can consist of 1-, 2-, or 3-hour courses. One elective must be a 3-credit treatment course.

Course Registration Guidelines

1. Full-time graduate student status is 9 credit hours for each semester.

2. Funded students must be enrolled for at least 9 credits/semester.

3. GTAs (graduate teaching assistantships) come with 12 credits of tuition remission per semester. GTA work is done during the 9-months of the academic year and over the 3 summer months.

4. GRAs (graduate research assistantships) also come with 12 credits of tuition remission per semester.

5. If you get a bill for out-of-state tuition, call the Graduate College at 656-1467, and explain that you are funded and should receive the in-state tuition reimbursement.

6. If a student has completed enrollment in all course and research credits, but hasn't yet completed all degree requirements such as dissertation defense/internship (or a course that is not yet offered), the student should register for GRAD 9010 (1-4 credits), GRAD 9020 (5-8 credits), or Grad 9030 (9 credits) to reach the required number of credits and pay the associated continuous registration fee ($100 for 9010, $200 for 9020, and $300 for 9030).

Credits Needed	Course #	Fee
1-4	9010	$100
5-8	9020	$200
9-12	9030	$300

7. For example: If you are taking 0-4 hours of classes in a semester and are funded: You must enroll for 9 or more credits. Only students in Year 3 or beyond would possibly be in this situation, and you will need one credit of 6220 Practicum and one credit of 6200 Full Practicum Sequence (if you are still seeing clients), then you should take any remaining 7491 Dissertation credits, and fill in the rest with GRAD 9010/9020/9030 to reach 9 total.

8. While on internship, sign up for PSYS 6991 (0 credits) both semesters and, if you need to defer payment on any student loans, you will probably also need to register for 5 credits of GRAD 9020 so you can maintain half-time status. Federal regulations usually require 5 credits (half-time status) to defer loan repayment, even during internship. However, we recommend that you ask Student Financial Services (SFS) how many credits/semester you need to be enrolled in for your particular loans not to go into repayment based on federal regulations.

9. Is it necessary to sign up for GRAD 9010, 9020, or 9030 in summer if you are not taking any course credit hours?

   YES – FICA comes out of your paycheck if you are not registered for at least 5 credits during the summer. So, you can pay FICA in June, July, and August or take GRAD 9020 ($200 fee) or take five (5) 7491 Dissertation credits if you have not reached 20 total yet. All funded students (GTA or GRA or combination) can take 5 credits during the summer as part of their funding. Note: International Students should always clarify their summer registration requirements with the Office of International Education.

10. Advanced clinical practicum is a 0.5-credit required introductory course in the first year and subsequently a one-credit course that students are required to take each semester when seeing clients in the second year and beyond, as long as they are seeing clients in our clinic or at another site. What does this course accomplish? This course documents your practicum training on your transcript. By the time you have completed your first and second year of this course (at a minimum of 500 hours as part of the vertical team supervision model) and completed two years of a half-time clinical placement (10-hours per week) when

enrolled in this course, your clinical hours should position you to apply for an APA internship. Students in Year 2 and beyond also register for one-credit of PSYS 6200 Full Clinic Practicum Sequential Series each semester, which involves required attendance at monthly clinic meetings where case presentations, orientations, safety trainings, and special topic presentations occur. First-year students attend full clinic meetings as part of their introduction to clinical training, but do not register for PSYS 6200.

11. Students need to take a total of 6 Master's Thesis research credits. You will typically receive a grade of "SP: (satisfactory progress) until all of the following occur: you defend your Thesis, your mentor approves the final version including all required revisions), and you upload the final copy to the Graduate College. Then it is considered passed.

12. Students need to take a total of 20 dissertation credits. You will typically receive a grade of "SP" (satisfactory progress) for these until all of the following occur: you defend your dissertation, your mentor approves the final version (including all required revisions), and you upload the final copy to the Graduate College. Then it is considered passed.

13. In our program, we have a comprehensive exam to advance to Masters candidacy and a separate comprehensive exam to advance to doctoral candidacy. See the specific sections of the manual for details about these requirements.

14. The total credits required by the Graduate College to earn a doctorate is a minimum of 75. Our own list of requirements totals more required credits than this.

Record of Courses and Requirements

GRADUATE STUDENT RECORD OF COURSES AND REQUIREMENTS
CLINICAL PSYCHOLOGY PROGRAM
DEPARTMENT OF PSYCHOLOGICAL SCIENCE
(Entering 2025 or after)

Course	Credits	Semester/Year Completed
Statistics		
Statistics I: PSYS 6000	3	
Statistics II: PSYS 6005	3	
Proseminars		
Biobehavioral: PSYS 6400	3	
Developmental: PSYS 6600	3	
Assessment		
Child and Adolescent Psychological Assessment: PSYS 6710	3	
Adult Psychological Assessment: PSYS 6725	3	
Intervention		
Child and Adolescent Behavior Therapy: PSYS 6715	3	
Adult Cognitive-Behavioral Therapy: PSYS 6730	3	
Psychopathology		
Advanced Psychopathology: PSYS 6720	3	
Research Methodology: PSYS 6010	3	
Ethics: PSYS 6740	3	
History of Psychology: PSYS 6900	3	
Electives		
Elective: _____	3	
Supervision and Consultation: PSYS 6230	1	
Total Course Credits Thus Far:		
Master's Thesis Research Credit (6 maximum)		
Dissertation Thesis Research Credit (20 maximum)		
Total Credit Hours:		

	Pending	Completed	Date Completed
Proposed Master's Thesis (Master's Comprehensive Exam)			
Defended Master's Thesis			
Doctoral Portfolio Overall (If pending, complete next lines)			
Doctoral Portfolio – Research			

Doctoral Portfolio – Teaching			
Proposed Dissertation (Doctoral Comprehensive Exam)			
Defended Dissertation			

History of Psychology (PSYS 6900) Completion Policy:

The History and Systems of Psychology Course (PSYS 6900) is a required course for completion of all students in the clinical psychology doctoral program. This course differs in many ways from other courses that we offer as part of our doctoral program. It is offered online and includes readings, interactive digital activities, videos, writing exercises, and other activities. You will review materials and complete assignments through Brightspace that will be graded by the DCT.

- For students who began the program in or after the Fall of 2025, PSYS 6900 is expected to be completed, with a passing grade, by the end of the Spring semester of the student's third year in the program.
    - It is anticipated that students will formally enroll in and formally submit their assignments in either the Fall or Spring semester of their third year.

- Assignments must be submitted when the student is formally enrolled in the course, which will likely occur in the Fall or Spring semester of their third year.

- All assignments must be submitted by the Wednesday of Finals Week of the semester in which the student is enrolled.

- If assignments are not submitted by the established due date, the student will receive an incomplete for the semester. They will have one additional semester, plus corresponding semester breaks (winter/summer), to complete the remaining assignments. If assignments are not completed within that time, the student will receive a failing grade and be required to complete a remediation plan, in addition to repeating the entire course.
    - Students enrolled in the Fall would have until the start of the following academic year (Winter Break -> Spring Semester -> Summer -> Assignments Due) to complete all remaining assignments.
    - Students enrolled in the Spring would have until the start of the next spring semester (Summer -> Fall Semester -> Winter Break -> Assignments Due) to complete all remaining assignments.

- Students who do not complete PSYS 6900 by the end of their third year must submit a written explanation of why assessments were not completed and a completion plan to the DCT. The plan must include a timeline for taking the course and receive DCT approval.

Notice on use of distance mediated education technologies

The University of Vermont is fully authorized to provide distance education by its institutional accreditor, the New England Commission of Higher Education (NECHE), and the state jurisdictional authority, the Vermont Agency of Education.

To protect student privacy and ensure positive identity verification, the program utilizes the UVM Learning Management System (Brightspace) in conjunction with the university's Single Sign-On (SSO) system for all online coursework and assignment submissions.

There are no additional or associated fees incurred by students for the use of distance mediated education or identity verification systems. This course counts as part of the student's degree requirements and is included in the standard tuition waiver. Enrollment in this course is limited to students enrolled in the UVM Clinical Psychology Doctoral Program who meet the residency requirements.

Course Substitution Policy

Students who wish to substitute a course for the required course in the Clinical Psychology doctoral curriculum must obtain approval from the doctoral program. Substitutions are considered on a case-by-case basis and should be approved in advance. Approval can be made by the DCT, but in may require approval from the full faculty in certain cases. Students are encouraged to consult with the DCT before enrolling in any alternative course.

Our courses meet the APA requirements for discipline-specific knowledge in the biological bases of behavior, affective bases of behavior, cognitive bases of behavior, developmental bases of behavior, and social bases of behavior. Each of these courses also meets the APA requirement for coursework that demonstrates and evaluates integration between at least two of these areas. Thus, we may be unable to substitute certain required courses as the substitution may not meet these APA requirements.

Note: Students may only substitute graduate-level courses for course requirements. Courses that are not at the graduate level will not be allowed as a substitution.

Procedure:

- The student must submit the syllabus of the proposed substitute course to the Director of Clinical Training (DCT).
- The DCT, in consultation with relevant faculty, will evaluate whether the course meets the program's expectations for required coursework, including coverage of Minimum Level of Achievement (MLA) areas.
- Approval is based on the course's alignment with program competencies, content depth, and relevance to clinical training standards.
- If approved, the substitution is formally documented using the program's *Course Substitution Request Form (Next Page)*.
- A copy of the form and the approved syllabus are retained in the student's academic file.

Clinical Psychology Doctoral Program
Course Substitution Request Form

Instructions: Please complete this form and submit it to the Director of Clinical Training (DCT) along with a copy of the full syllabus for the proposed substitute course.

- Attach the full syllabus for the proposed substitute course.

- Undergraduate-level courses cannot be used to fulfill doctoral program requirements.

- Approval is not valid until signed by the DCT.

Student Information
Name: _____

95 Number: _____

Course to Be Replaced (Required Course)
Course Title: _____

Course Number: _____

Proposed Substitute Course
Course Title: _____

Course Number (e.g., PSYS 1234): _____

CRN: _____

Semester & Academic Year to Be Taken: _____

Instructor Name: _____

For Program Use Only
Reviewed By: _____

Decision: ☐ Approved ☐ Not Approved

Comments:

Signature – Director of Clinical Training: _____

Date: _____

NOTE: A PDF is available on the Departmental Webpage.

Academic Credit Hours, Registration, and Summer Registration

1. Funding Sources and Tuition Remission

- **Graduate Teaching Assistantships (GTA) & Graduate Research Assistantships (GRA):**
  - Students on full-time (20 hours/week) GTAs, full-time GRAs, or split funding (½-time GRA and ½-time GTA) receive tuition remission for a maximum of 12 credit hours per semester during the Fall and Spring (24 credits total for the academic year).
  - Masters and Dissertation credits count toward these totals and are fully covered.
  - Summer Allowance: You may take a maximum of 5 credit hours during the summer as part of this funding.

- **Clinical Placements:**
  - Placements (e.g., VPS and Champlain Valley Physicians Hospital) currently provide the same stipend and level of tuition remission as GTAs and GRAs.

- **Fellowships, Traineeships, and NRSA Awards:**
  Rules for these awards depend entirely on the terms of the specific grant.
  - Your Principal Investigator (PI) must email Student Financial Services (sfs@uvm.edu) with your name, student ID number, the semester, the amount to be paid directly from the grant, and the respective chartstring. The College determines on a case-by-case basis whether to cover tuition beyond what the grant includes. They have covered these costs historically.

2. Registration Deadlines and Compliance

Maintaining your student status for registration is critical to accessing university services and benefits.

- **Add/Drop Deadline (Deactivation Risk):** You must be registered for courses (including dissertation research credits) by the end of the add/drop period. Failure to do so will result in deactivation. If deactivated, you will immediately lose access to services tied to your CAT Card, including the library, labs, and bus transportation, and will need to undergo a reactivation process.

- **Late June Deadline (Health Insurance Risk):** You must register for your Fall courses before the end of June. Failure to register by this time may result in a temporary loss of your student health insurance in August.

3. Summer Enrollment and FICA Tax Exemption

While summer enrollment is not required to maintain your "Full-Time Student Status" or financial aid eligibility, it is required to protect your summer earnings from federal tax deductions. FICA (Federal Insurance Contributions Act) taxes fund Social Security and Medicare. Under IRS guidelines, student employees are exempt from FICA taxes only during periods of active enrollment or during school breaks of five weeks or less. Because the standard summer break exceeds five weeks, students employed by the University (via stipends, assistantships, or hourly work) will have FICA taxes withheld from their summer paychecks unless officially registered for credits.

Registration Guidelines to Avoid FICA Withholding: To maintain your tax exemption, you must utilize your 5-credit summer funding allowance. Please prioritize your registration in the following order:

- Priority 1 | Master's (MA) Credits: Enroll in these first if you have not yet reached the 6-credit cap. (Maximum Total: 6 Credits)
- Priority 2 | Dissertation Credits: Enroll in these if MA credits are completed, up to the 20-credit cap. (Maximum Total: 20 Credits)
- Priority 3 | GRAD 9020: Enroll in 5 credits of GRAD 9020 only if you have maxed out both MA and Dissertation credits.

Transfer Credits

If you came in with graduate coursework from another program, you need to work with the Director of Clinical Training (not your advisor) to receive transfer credit. There are three ways courses can transfer. If the course is the same as a required course we offer, you will receive credit for a specific required course. If the course is not one we require (e.g., adolescent psychology), you will receive credit for an elective. Finally, we can "waive" requirements. In that case, you do not get credits for taking the course, but you don't have to take the course. For example, if you took graduate statistics ten years ago, we might waive the graduate statistics requirement (this means you don't have to take statistics again, but you won't get transfer credit for such an old course). We waive the Master's Thesis project requirement for students who completed a research-based master's thesis that meets our program's criteria (see policy).

The Graduate College will not give more than 24 transfer credits, and you will still need to take at least 60 credits in our program (20 hours of this 60 are dissertation research credits). If we have waived several courses, you may need to take extra electives to meet the minimum course credits required for graduation. You have to have received a grade of B or better for a course to transfer, and you cannot receive transfer credit for courses that were taken pass/fail or satisfactory/unsatisfactory (however, the Graduate College will accept letters from your former professors indicating what grade you would have received had the course had a letter grade). The Director of Clinical Training will submit a transfer request form to the Graduate College and they will eventually let us know if they confirm the transfer credits. Remember that licensing boards will examine your list of required courses very carefully. That means you are better off taking a course again if the title of the course you took is not exactly what APA requires.

Clinical Training Guidelines

Vermont Psychological Services Caseload and Compensation Guidelines

Year	Payment	Caseload
1	Learning experience – no pay	0
2	Learning experience – no pay	3
3	½ Time GRA for 10 hours / week	Funded on ½ GRA: 6 Otherwise funded: 4
4	½ Time GRA for 10 hours / week	Funded on ½ GRA: 6 Otherwise funded: 4
5	50/50 Agreement (See Below)	Student determination

Clinical Program Policy on Advanced Students Working 50/50 in the VPS Clinic

Students who already have a full-time funded placement and wish to see clients at 50/50 in the clinic will need to get formal approval of their primary research mentor to do this and to set a limit on how much is permitted. The rationale is that this work is extra work on top of your 20-hours/week funded placement, and your top priority should be staying on track with academic milestones. At the start of a new contract year (July 1), discuss this with your mentor and the clinic director.

On the 50/50 arrangement in the Clinic, you typically get to keep 50% of the revenue you generate. Students who gain approval for 50/50 work must submit the Additional Work Application to the Graduate College to proceed with the work.

Clinical Program Policy on Students Doing External Clinical Practicum Placements

Students who are fully funded (for 20-hours/week) on an external clinical practicum placement (e.g., at Champlain Valley Physicians Hospital; CVPH) should not concurrently be seeing any clients in our training clinic (Vermont Psychological Services).

The rationale for this is the external placement is a full-time clinical placement, and students should not be doing extra clinical work on top of it (beyond the 20-hours/week placement allowed by the Graduate College). We want to ensure that the student stays on track with academic milestones, completing the doctoral portfolio, and making dissertation progress. Once a student is assigned to an external practicum placement, they should work with the VPS Director and their immediate supervisor to transfer cases to other clinicians as quickly and efficiently as possible, so that arrangement is in place by the time they start the new placement.

Psychological Work Outside of Placements

Work of a psychological nature outside of the Clinical Program and the VPS is only allowed when it is determined to enhance the clinical training of students, and must meet the following conditions:

(a) have prior approval of the clinical faculty (the Director of Clinical Training will take a vote), the VPS Director, and the student's major professor/advisor;
(b) be supervised by an appropriately credentialed psychologist (e.g., licensed in the case of clinical work) who is a faculty member (e.g., Clinical Educator status) or adjunct faculty member in the UVM Psychological Science Department;
(c) have training as the primary objective; and
(d) have a formal Memorandum of Understanding (MOU) in place between the placement site and the program, department, or university.

The rationales for this policy are as follows:

(a) being a student in the UVM Clinical Program is considered a full-time position;
(b) outside work of a psychological nature can open the University to possible litigation; and
(c) students are provided placements through the Psychological Science Department.

Students cannot moonlight without the clinical faculty's awareness, and they cannot set up a practicum for themselves without formally requesting the clinical faculty's permission even if their mentor knows about it. Doing so is not a program-sanctioned training activity and therefore invalidates their student malpractice insurance (setting them up for personal liability) and does not count as hours towards internship. Students should submit a written request describing the work they wish to do, where, who will supervise (must be a licensed psychologist), and that their mentor supports their decision to do the extra work in light of their academic progress (assuming that is true). If the faculty approves, the supervisor needs an appointment as Clinical Educator, which requires support of the full faculty.

A student who gains formal faculty approval for extra clinical work (beyond any 20 hours/week placement) must complete the Graduate College's additional work request form and get Grad College approval for the work.

Additional Clinical Experience Information

By the time clinical students in our program apply for internship, they have accumulated clinical experience with a variety of clinical populations through our clinic Vermont Psychological Services (VPS) and, for some students, other placements.

- Students are required to take out malpractice insurance via APA each year that they are involved in any clinical activities, which is every year for most students. You need to become a student member of APA and then the Department will cover the cost of malpractice insurance. When you have completed the form (see me if you need copies), give it to the secretaries and they will handle the cost.

- Be sure that you are being supervised by a doctoral-level licensed psychologist with a UVM faculty appointment (e.g., Clinical Educator). This is our agreement with each placement.

- IMPORTANT—keep track of all your clinical hours/activities beginning in your first year of graduate school. This is now required for internship training. There are a number of great resources available, some at no charge, for dealing with exactly this issue. See the APPIC.org site for details.

- Internship Preparation: Clinical hours toward internship are accumulated beginning in your first year in graduate school. Each year in May, you are asked to report these hours (please see Internship Preparation: Reporting Year Data and Timeline for Final Six Months).

- Assessment Hours: One of the things that has come to the attention of the faculty is that it is important to have adequate clinical hours conducting assessments. When you apply for internship, you are asked not only about intervention hours but about assessment/testing hours. Obviously, you do assessments with every clinical case. These hours, as well as other hours that you do any assessment work, should be documented. In addition, it is important that you do some comprehensive assessments, which include multiple cognitive and/or personality testing instruments as well as write-ups of these data in an integrated report. In general, it appears that students who have applied successfully for internship have had a minimum of 100-150 face-to-face assessment/testing hours as well as at least 10 comprehensive evaluation reports. Please see Internship Preparation: Reporting Yearly Data and Timeline for Final Six Months and also Integrated Reports.

Telesupervision Policy

Telesupervision is the supervision of psychological services provided through a synchronous, real-time audio and video format where the supervisor is not in the same physical facility as the trainee. This policy applies specifically to supervision provided to clinical psychology doctoral students who are engaged in clinical work as part of their training in the clinical psychology doctoral program, regardless of their placement.

Rationale for Using Telesupervision
Telesupervision is utilized as a formal alternative to in-person supervision to ensure the continuity of high-quality training when in-person meetings are not practical, feasible, or safe (e.g., public health emergencies, extreme weather, or off-site location provision). It allows trainees access to supervisors whose expertise aligns with the program's aims but who may be geographically distant. Given that Vermont is a predominantly rural state with a small population, it is not feasible to require supervision to occur consistently in-person.

Consistency with Overall Aims and Training Outcomes
The use of telesupervision aligns with the program's training aims by fostering trainee development and ensuring uninterrupted oversight of patient care. Telesupervision allows supervisors to be available for supervisees and to foster trainee development when in-person interactions are not possible. Given the rural landscape of the state of Vermont, regular in-person interaction can prove significantly burdensome. Telesupervision allows students to work with supervisors with multiple and varied perspectives in their training by allowing access to supervisors spread throughout our region who have values and expertise consistent with the values and aims of our training program. Telesupervision also enables supervisees to provide in-person patient care in rural areas of our state, thereby expanding services to marginalized patient groups. Thus, telesupervision is consistent with our Program's training aims. Furthermore, the COVID-19 pandemic fundamentally altered the manner in which psychological services are delivered, and supervision is provided by widely expanding the use of telehealth and telesupervision practice. To ensure students attain competency in skills relevant to modern clinical practice, we provide telesupervision to our trainees to deliver high-quality training in this modality while addressing feasibility concerns.

How and When Telesupervision is Utilized in Clinical Training
Telesupervision is utilized in place of in-person supervision strictly when physical meetings are not feasible for the supervisor and the supervisee. It is used for both individual and group supervision formats. Telesupervision does not replace or exempt the requirement for direct observation associated with the supervision requirements for practicum training. Direct observation can be conducted through live simultaneous audio-video streaming of the clinical session or via screen-sharing of securely recorded audio/video sessions during telesupervision. Supervisors will discuss the inherent challenges of telesupervision with each trainee and collaboratively identify strategies for maximizing what can be done in this format. This can include discussion of potential for: miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. Supervisors set clear expectations and learning objectives at the outset of supervision and regularly check in on these throughout the supervisory relationship. Telesupervision is implemented
via a secure version of Zoom. Supervisors and supervisees may access telesupervision either from their individual offices, from Vermont Psychological Services, and in some cases, when indicated, from secure and confidential spaces such as their home.

Determining Trainee Participation
All trainees will be afforded the opportunity to have telesupervision as an option for receiving supervision when telesupervision is indicated or reasonable as determined by the supervisor. Trainees will not be able to solely make the decision to receive telesupervision.

Establishment of the Supervisory Relationship
The program ensures that a strong working alliance between the supervisor and trainee is established at the onset of the experience. This is done, ideally, through an initial in-person meeting. If an in-person meeting is

impossible, the relationship is formally established during a mandatory, synchronous "Orientation and Onboarding" video conference during the first week of the practicum. During this meeting, both parties must collaboratively complete the Goals and Expectations form that outlines clinical goals and expectations for the training relationship. Supervisors providing telesupervision must have at least two in-person meetings with their supervisee(s) each semester.

Professional Responsibility for Patient Care
The supervisor maintains full professional and legal responsibility for all clinical cases, regardless of the modality in which supervision is provided. Supervisors have access to clinical records via electronic health records and are expected to comply with all documentation standards specific to the practicum training site.

Management of Non-Scheduled Consultation and Crisis Coverage
All supervisors, including those providing telesupervision, are expected to remain highly accessible to trainees outside of scheduled supervision sessions. Supervisors are available via secure email, HIPAA-compliant messaging, or phone for informal case consultation. In the event of a clinical emergency (e.g., risk of harm to self or others), the trainee must immediately contact the designated supervisor as determined by the practicum policy via their designated emergency phone number. If necessary, the supervisor will synchronously join the session via telehealth to co-facilitate crisis intervention or will coordinate directly with local emergency services or an on-site proxy supervisor. In the event of a crisis or emergency situation in which an on-call supervisor provides immediate supervision, the student's primary supervisor is required to review and approve all crisis management and risk assessment plans as soon as possible.

Assurance of Privacy and Confidentiality
Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality can be assured, regardless of setting. If confidentiality cannot be assured, the parties who are not in a confidential space must attempt to find a confidential space or reschedule the supervision session. Lack of access to a confidential space at the time of scheduled supervision is not an excuse to miss supervision for that week. The videoconferencing platform, a secure version of Zoom, provides end-to-end encryption and advanced security standards compared to traditional videoconferencing.

Technology, Quality Requirements, and Required Education
Telesupervision must be conducted over a designated HIPAA-compliant videoconferencing platform (i.e., Secure Zoom for Healthcare) that features end-to-end encryption. In the clinic orientation meeting provided by the VPS Director, students receive dedicated training on the use of Zoom for Health, Telehealth, and Telesupervision protocols. During their orientation to the doctoral program, students are provided a copy of this policy, and it is reviewed with them by the DCT. During their first semester in the program, supervisees are trained in telehealth and telesupervision via review and discussion of the *APA Guidelines for the Practice of Telepychology* (https://www.apa.org/practice/guidelines/telepsychology-revision.pdf). The VPS Director will present information from *A Compendium for the 2024 Guidelines for the Practice of Telepsychology: Guideline Applications and Resources* (2026). Moreover, each year during the clinic orientation, the Telehealth Protocol for VPS clinicians is reviewed.

Psychological Science Department Policy on Students Scheduling Committee Meetings and Defenses during Summer

Note: This policy applies to scheduling Master's Thesis and Dissertation proposal meetings and defenses.

Thesis and Dissertation proposal meetings, defenses, and comprehensive examination committee meetings (including the initial proposal review) shall not occur during the summer months, defined as the period beginning 1 week after commencement and ending 1 week before the start of fall semester classes, except in extraordinary circumstances, because of which a summer meeting or defense cannot be avoided.

Under these circumstances, the student may request a waiver of this policy from their Program Director (Director of Clinical Training for clinical students; General/Experimental Director for G/E students). This request must include a description of the extenuating circumstances that make a summer meeting or defense necessary. This request should be made to the Program Director as soon as the student anticipates the need for a summer meeting or defense. The Program Director will poll the committee and grant a waiver only if each member of the committee agrees to the meeting.

In the rare circumstance that a defense is approved by the committee, the student must still follow the Department's Intent to Defend process and form (this form is not required for proposals). This includes a signature from the research mentor indicating that he/she has reviewed and approved a high-quality and complete draft at least 6 weeks before the earliest possible defense date. Approval for a summer defense does not imply permission to schedule the actual defense date before the mentor has approved a high-quality and complete draft.

Master Theses

Master's Thesis Proposal Guidelines

The purpose of a Master's thesis is for a graduate student to demonstrate her/his/their ability to conceptualize, design, and analyze a meaningful piece of research with guidance from a mentor. The following is a review of the criteria for a Master's Thesis Proposal. Refer to the section Masters Proposal and Defense Process Steps for the procedural steps to complete the Master's Thesis Proposal and Defense.

A knowledge of the relevant literature and theory, the ability to integrate the proposed study into the existing literature and theory, and an ability to recognize the limitations, strengths, and implications of the study also are critical parts of the second-year project proposal. Publication of the project in a peer reviewed journal is typically a goal.

1. A Master's Thesis proposal and oral defense of the project should be the work of a graduate student with the guidance of a faculty mentor. Students who work with existing data are expected to conceptualize a novel research question as opposed to addressing the primary question(s) the Principal Investigator designed the original project to answer (i.e., the study aims).

2. The proposal should be in the best shape possible prior to submission to a 3-person committee (consisting of the faculty mentor, a chairperson, and one other). See the Department's Master's Defense Committee policy for committee member requirements and roles.

3. The candidate should know her/his/their data analytic plan and be able to justify it.

4. The Master's Thesis proposal should consist of the following: (a) a 4-6 page introduction, rationale, and hypotheses; (b) a Method section; and (c) proposed data analyses.

5. The candidate should present an oral overview of the proposal that should last approximately 10-15 minutes. A brief literature review, rationale for and hypotheses of the study, methods, and data analytic strategies should be presented.

6. The great majority of the proposal meeting should focus on committee member questions for the candidate.

7. A final meeting among committee members without the candidate present should occur to make one of the following decisions:
    a. Proceed with the study;
    b. Proceed with the study with a list of changes to the proposal;
    c. Re-write aspects of the proposal and re-submit to committee members.
    d. Re-write aspects of the proposal and hold another proposal meeting;
    e. Hold another proposal meeting;
    f. Start on a new proposal.

8. The proposal meeting should be no longer than one hour.

9. Timeline: We encourage students to begin on the Master's Thesis during their first year in graduate school. The proposal and oral defense cannot occur during the summer, defined as beginning one week after commencement in May and ending one week before classes start in August.

Comprehensive Exam to Advance to Master's Candidacy

In our Clinical Psychology Ph.D. program, students are expected to earn a Master's degree "en route" to the doctoral degree, unless this requirement is waived for a student who entered the program with a Master's degree. The Graduate College requires a "comprehensive exam" to advance to Master's candidacy in the same way they require a comprehensive exam to advance to doctoral candidacy (See Ph.D. Comprehensive Exam in Clinical Psychology).

In our Clinical Psychology doctoral program, the comprehensive exam to advance to Master's candidacy consists of (1) a written examination (i.e., a Master's Thesis proposal that is deemed satisfactory by the 3-person Master's Thesis committee) and (2) an oral examination (i.e., a committee decision of "pass" at the Master's Thesis proposal meeting).

When the Graduate College asks you for the date upon which you passed your Master's comprehensive examination, which they will do when you complete your intent to graduate form for conferral of your Master's degree, you should report the date upon which you held a successful proposal meeting or the date upon which your Committee approved any required changes to your written proposal—whichever comes last.

The official UVM Graduate College Catalog description of this requirement is much more succinct and follows:

Comprehensive Examination

A written thesis proposal and an oral examination of the proposal serves as the comprehensive examination. The Comprehensive Examination requirement should be completed by the end of the first semester of the second year in the program.

Requirements for Advancement to Candidacy for the Degree of Master of Arts

Satisfactory completion of the comprehensive examination.

Documented Completion of Comprehensive Exam to Advance to MA Candidacy:
If a student receives a Pass, they must complete the "Proof of Successful Completion of Comprehensive Exam" form from the Graduate College via inforeadly. This form can be completed by the mentor at: https://submit.uvm.edu/#gradcollege using the "Successful Completion of Comprehensive Examination" option.

Master's Thesis Defense Guidelines

The Master's Thesis defense is an opportunity for the candidate to demonstrate her/his/their knowledge of the study she/he has conducted. The following is a review of the criteria for a Master's Thesis Defense. Refer to the section Master's Proposal and Defense Process Steps for the procedural steps to complete the Master's Thesis Proposal and Defense.

In the defense presentation, the candidate should be fully versed in the empirical and theoretical basis for the study, the methods used, the data analytic procedures used, whether the hypotheses were or were not supported, and the limitations, strengths, and implications of the study.

The final Master's Thesis should consist of the following: (a) an abstract; (b) an introduction, including the rationale and hypotheses; (c) a methods section, including data analyses, (d) results, and (e) a scholarly discussion. The document should resemble a research report in a peer-reviewed journal.

1. The defense consists of two parts: (1) a 15 to 20 minute presentation, and (2) a question and answer part. Others beside the committee are welcome to attend the presentation but must leave before the second part of the defense.

2. Following the question and answer period, the committee will meet without the candidate to decide one of the following:

    a. Pass with no revisions to the document.
    b. Pass with minor revisions to the document.
    c. Orals and/or question and answer section not passed.
    d. Document is not acceptable.

3. The defense meeting should be no longer than one hour.

4. Timeline: The Master's Thesis should be completed no later than the end of the second academic year (one week after commencement in May).

Master's Proposal/Defense Committee

The committee must consist of three members:

- The mentor (thesis advisor). Mentors must be members of the Graduate Faculty.
- A chairperson, who must not have a core (primary) or affiliated (secondary) appointment in the Department of Psychological Science or in the advisor's home department and is a member of the Graduate Faculty.
- A third member who is also a member of the graduate faculty.

Additionally, at least one committee member must be a core faculty member in the student's academic cluster (e.g., clinical, social, developmental, or biobehavioral*).

*Note: See the department website for a list of core and affiliated faculty.

Proposals for Master's research must be approved by the full committee in advance of substantive work on the project. Changes in plans following the proposal are to be discussed with the committee for approval as the research is in progress. It is the responsibility of the student to keep her/his/their committee up to date.

Master's thesis defenses are publicly held. The student must complete the department's Intent to Defend Form at least six weeks before the defense. The student must follow all Graduate College requirements and deadlines. Defenses must take place during the academic year, which spans the week before classes start in the fall semester through the week after spring commencement. A request must be made to the Department Chair for a defense outside of these dates and will only be approved in exceptional circumstances and with the unanimous support of the defense committee.

*A core faculty member from any of the academic clusters in the Department of Psychological Science (i.e., clinical, social, developmental, or biobehavioral) will fulfill this requirement for students in the Human Behavioral Pharmacology subprogram.

Updated 7/24/2025

Policy to Waive Masters Requirement for Students in the Clinical Psychology Doctoral Program

Students with a Masters degree who are admitted to the clinical psychology doctoral program may waive the requirement to complete a Masters Thesis if the following criteria are met:

- The student has successfully defended a master's thesis at the institution where they obtained their Masters degree.

- The thesis work is the product of a systematic and scholarly research study that includes at a minimum, an introductory literature review, a description of the research participants, methodological procedures, and results, a literature-informed discussion of the findings and their implications, and a list of references. Case-study theses will not be considered research, but single subject experiments may qualify.

- The thesis was written in APA style and defended orally in front of a faculty committee who graded the work (i.e., the original manuscript along with the masters-thesis guidelines or rules that were followed).

The student will submit the final thesis document, defined as the document that was successfully defended, the masters-thesis guidelines or rules that were followed, and evidence that the thesis was successfully defended (transcript, thesis defense form, and/or signed cover page) to the director of clinical training (DCT).

The DCT will review the submitted materials and determine whether or not to waive the Masters Thesis requirement. The DCT may consult with other faculty or request additional documentation from the student when making this determination. The DCT will strive to communicate the decision in writing within 30 working days of receiving the request and documenting evidence.

The possible outcomes of the review are:

- **Thesis Waived:** The prior thesis is sufficient. The current thesis requirement is waived.
- **Thesis Not Waived:** The prior thesis is not sufficient. The student is required to complete a Masters Thesis according to the guidelines within the clinical program. The DCT will provide the student a rationale for this decision in writing.

Master's Proposal and Defense Process Steps

Proposal

1. Form Your Committee
Work with your mentor to assemble your proposal committee.

- **Mentor (Thesis Advisor):** Must be a member of the Graduate Faculty.
- **Chairperson:** Must be a member of the Graduate Faculty but **cannot** hold a core (primary) or affiliated (secondary) appointment in the Department of Psychological Science or your advisor's home department.
- **Third Member:** Must be a member of the Graduate Faculty.
- *Note: At least one committee member must be a core clinical psychology faculty member. Please consult the blue binder to identify current core faculty.*

2. Write Your Proposal
Draft your proposal document with ongoing support and guidance from your mentor and committee.

3. Schedule Your Proposal Defense
Coordinate with your committee to find a date and time for your oral defense.

- Determine the format of the meeting: remote (via Teams), in-person, or hybrid.
- If meeting in-person or hybrid, contact the support staff (Heather or Denise) to reserve a room.

4. Submit Your Proposal Document
Deadline: 2 weeks before your oral defense date
Distribute your document to your committee. It should follow APA format for the current edition of the Publication Manual of the American Psychological Association.

5. Complete Your Oral Defense
Successfully defending your proposal counts as your comprehensive exam. The meeting typically follows this structure:

- **Presentation:** A brief (~20 minute) presentation of your proposal.
- **Public Q&A:** Questions from visitors.
- **Closed Session:** Questions from the committee.
- **Decision:** The committee will determine the success of your defense.

6. Finalize Proposal Paperwork
If you pass, ensure your mentor officially logs the completion of the comprehensive exam portion via InfoReady.

Defense

1. Complete Your Master's Project
Complete your proposed research project with the aid of your mentor and committee.

2. Submit an Intent to Defend Form
Deadline: At least 6 weeks before your defense

Submit the Intent to Defend Form to the Director of Clinical Training (DCT) and Heather Godsey.

3. Submit the Defense Committee Membership Form
Review the Electronic Thesis and Dissertation Guidelines and submit the required committee membership form.

4. Schedule Your Thesis Defense
Coordinate a date and time for the oral defense of your completed thesis with your committee.

- Determine the meeting format (Teams, in-person, or hybrid).
- If meeting in-person or hybrid, contact support staff (Heather or Denise) to reserve a room.

5. Submit a Defense Notice
Deadline: At least 3 weeks before your defense date
Submit a Defense Notice to the Graduate College and provide a copy to Heather Godsey. You can find the Defense Notice Template under the "Thesis/Dissertation Forms" section at the UVM Graduate Resources page.

6. Complete a Format/Record Check
Deadline: Prior to defending
Send a PDF or Word document of your thesis to gradcoll@uvm.edu for a format check. *Note: You cannot defend without completing this step, but a draft version of your document is perfectly acceptable!*

7. Submit Your Final Thesis Document
Deadline: 2 weeks before your defense date
Distribute your document to your committee. It should follow APA format for the current edition of the Publication Manual of the American Psychological Association.

8. Complete Your Oral Defense
The final defense follows a similar structure to your proposal:

- **Presentation:** A brief (~20 minute) presentation.
- **Public Q&A:** Questions from visitors.
- **Closed Session:** Questions from the committee.
- **Decision:** The committee will determine the outcome of your defense.

9. Post-Defense Paperwork & Revisions

- **Within 3 days of defense:** Ensure the signed **Defense Examination Record** is submitted to the Graduate College. The Graduate College will provide your chairperson with this blank form before the defense.
- **Make Revisions:** Complete any edits or revisions requested by your committee during the defense.
- **Final Submission (Within 6 weeks of defense OR before the Graduate College deadline—whichever is first):** Once all revisions are approved, submit an electronic copy of your final thesis to the Graduate College.
    - *Note on Permissions:* You will need a completed **Electronic Thesis and Dissertation Rights and Permissions** form signed by your committee and advisor. The Graduate College will send

this link to your chair. If your committee requested revisions, they may wait to sign this until the edits are made to their satisfaction.

10. Celebrate! You have obtained your Masters

The Doctoral Comprehensive Portfolio

The Comprehensive Portfolio is designed to insure that all students develop a **minimum** level of research and teaching skills/competencies. The third area (clinical skills) is developed and evaluated by students progressing through the training sequence delineated below, receiving satisfactory clinical evaluations, and a passing grade in Advanced Clinical Practicum (PSYS 6220).

1. First semester, first year: Participate on a vertical team.
2. Second semester, first year: Serve as a co-therapist on 2 to 3 cases.
3. Second year: Participate on a vertical team and carry 2 to 3 cases at most times.
4. Third year: Have a ½-time placement at VPS.
5. Fourth year: Have a ½-time placement at VPS or an external placement.

The goal is to have at a minimum the equivalent of one full-time placement over the course of years 3 and 4. The sequence is one that most, but not necessarily all, students will follow.

Purpose of Comprehensive Portfolio

The purpose of the Comprehensive Portfolio is to have students document how they have developed their research and teaching skills through their experiences in the clinical psychology doctoral program. They will integrate the knowledge they obtain from their courses and other experiences into the materials contained in the portfolio. Publications, conference presentations, and teaching experiences are crucial skills in our field and for obtaining academic or non-academic positions following the completion of the doctoral degree; therefore all students should do these things as an integral part of their activities in the doctoral program. Through the materials assembled in the portfolio, students demonstrate their knowledge of the clinical psychology field and their specialized knowledge in a certain area of clinical psychology, their research skills, and their teaching promise. Because the ability to integrate knowledge in one's specialty area and the ability to conduct and report research are especially important, all students are required to complete research requirements 1 or 2 below. Students choose (in consultation with their advisor) other items to include in their portfolios to foster their own professional development.

Timeline for Completion of the Portfolio

1. During the student's first semester, one clinical faculty member (not the student's primary mentor) will be randomly assigned to each student to evaluate the portfolio when it has been completed.

2. The student will turn in to the Director of Clinical Training and to the assigned clinical faculty member by December 15th the checklist indicating items you plan to complete. These can be changed at any point in time.

3. Completion and approval of the portfolio should occur by the end of the fourth year at the latest and *must* occur prior to preliminary orals being held on the dissertation proposal.

Doctoral Portfolio REQUIREMENTS

One of the first two items is required. Choose three additional items (or 2 additional items if you complete 1 and 2) to complete the research part of the Portfolio. The choices should be made in consultation with your advisor. The faculty evaluation person will provide their evaluation on the Portfolio within 4 weeks of receiving it from the student.

Research

1. Interpretive or review article/chapter for field of specialization. This paper is expected to be longer than a typical seminar paper, and it should be of *publishable quality*. The review article must be first or sole authored by the student and submitted or accepted for publication. This paper may serve as the basis of the introduction to the dissertation but should be written as a review paper (e.g., integrative conclusions but no hypotheses for a proposed study).

2. First authored published journal article or article submitted for publication to a peer-reviewed journal. Note: Results must be viewed as publishable by mentor.

3. An additional first or co-authored article or chapter published or submitted for publication. Articles should be published in peer reviewed journals and chapters should be published in reputable academic publishing houses or university presses. Co-authorship means having one's name on the chapter or article. If the contribution is a chapter, it must be a full length.

4. First-author conference presentation or poster presentation. An abstract of the presentation or poster also should be provided.

5. First or co-authored paper designed to disseminate psychology to other disciplines or the public, published or submitted for publication. Co-authorship means having one's name on the paper.

6. Review of an article for a journal, or review of a published data-based paper. Submit the article reviewed and your review. (Note: This can be satisfied by co-reviewing an article with a faculty member as long as the student makes a substantial contribution to the content and writing of the submitted critique).

7. Submitted grant proposal (with the student as the PI/trainee) to the National Institute of Health (NIH) or the National Science Foundation (NSF) (or other mechanism if approved by the clinical faculty). Other external grant mechanisms that are typically processed through UVM'S Sponsored Projects Administration (SPA) and include an independent research strategy and/or training plan will be considered upon approval of the clinical faculty (direct a request to the Director of Clinical Training). CAPTR grants do not satisfy this requirement.

Teaching

Three of seven items is required. Either number 1 or 6, but not both, can be used to fulfill the teaching requirement.

1. Complete at least three (3) workshops at the Center for Teaching and Learning and type a separate half-page summary of what you learned for each workshop you attend. (If you also choose #7, you must select workshops that were not part of the Graduate Teaching Program).

2. Serve as a Teaching Assistant in a course offered by a faculty member. This can be a formal (receive a TA placement) or informal (not receive a TA placement) appointment. A course syllabus and a clear delineation of your responsibilities should be presented.

3. Teach a course, typically through Continuing Education. Include course number, title, syllabus, and number of students enrolled.

4. Guest lecture in a formal course at least 3 times.

5. Mentor two or more undergraduates in your lab by setting up a course of learning and a syllabus.

6. Take and pass a "Teaching Psychology" course, approved by the Director of Clinical Training.

7. Complete the University of Vermont's Graduate Teaching Program.

Submission of the Portfolio

Portfolios are first submitted to the advisor for initial approval, and then to the faculty member appointed to evaluate the portfolio.

The student should create a binder with dividers for each of their items, and should provide a cover letter describing the contents of the portfolio, how the portfolio reflects the student's content area, and a vita. ***Include the Portfolio checklist in the binder.*** Paper copies of all materials should be provided, along with citations for published papers, conference presentations, and chapters.

Doctoral Portfolio PROCEDURES

1. Student meets with advisor to plan comprehensive portfolio during the student's first semester of the first year of the program. The faculty member who will conduct the evaluation also will be assigned in the first semester of the first year.

2. The advisor and student decide on the set of items to go into the portfolio. They use the checklist to keep track of progress on the different items. Students should receive feedback from their advisor before submitting items to the faculty member who will conduct the evaluation. This is particularly the case for the literature review or journal article. It is expected that the advisor reads the literature review or journal article several times after revisions before it is included in the portfolio and submitted for evaluation.

3. Students compile the portfolio, which should include an up-to-date vita and the Portfolio checklist, for submission for evaluation. A paper copy of each item should be provided, along with citations for published papers, conference presentations, and chapters. Portfolios are first submitted to the advisor for initial approval, and then to the faculty member for full evaluation. The student should provide a cover letter describing the contents of the portfolio and how the portfolio reflects the student's content area.

4. The faculty evaluation person evaluates each item in the portfolio. Articles accepted for publication in reputable journals or books, papers presented at national conferences, grants submitted to reputable agencies or foundations, and reviews submitted to reputable journals do *not* have to be evaluated further. Articles submitted and other items not judged by outside agencies will be read and evaluated by the evaluator. The student's advisor determines the appropriateness of the specific journals and granting agencies for the portfolio requirements.

5. The faculty evaluation person evaluates each item separately and decides if it meets the requirements or needs to be revised and resubmitted. For items judged as needing revision, a second faculty member will be asked by the DCT to provide a second opinion. If there is a difference of opinion, the two faculty members will resolve the difference of opinion. ALL items must meet the requirements for the portfolio to be judged acceptable.

    a. For all items except the required one, an item judged as needing revision can either be revised, or students can opt to submit another item in its place.
    b. If the required item is judged as needing revision, the student cannot replace it with another item but must submit a revised version.
    c. Students unable to revise item(s) successfully will not be allowed to complete the doctoral program.

<u>Timeline for Completion of the Evaluation of the Portfolio</u>

1. The faculty member will provide her/his/their evaluation on the Portfolio within 4 weeks of receiving it from the student.

<u>Monitoring of Student Progress</u>

As part of the annual evaluation which occurs in October, students shall complete a progress report that they submit to the DCT. This report will summarize their progress toward completing the portfolio.

The faculty member reading the portfolio will assign one of the following recommendations:

A. PASS. Accept as is (no revisions).

B. PASS WITH REVISION. The faculty member has relatively minor comments and feedback that should be addressed by the student.

C. DOES NOT PASS. Reject and revise the portfolio according to comments from the faculty portfolio committee.

The faculty member sends her/his/their evaluation to the student (using the designed evaluation form on the next page), the student's Advisor, and the DCT.

Doctoral Portfolio Checklist

STUDENT'S NAME: ADVISOR:
DATE: FACULTY REVIEWER:

One of the first two Research items below is required. Choose three additional Research items (or 2 additional items if you complete numbers 1 and 2) to complete the portfolio. Choose three of seven Teaching items to complete. The choices should be made in consultation with your advisor. ***Consult the Portfolio Procedures and Portfolio Requirements documents for more details on the criteria for each item.*** Place a check next to the item that you are submitting. Please submit the checklist to your assigned faculty reviewer by December 15 of your first semester in graduate school to indicate items you plan to complete as part of your Portfolio. Advise the DCT of any changes in items you plan to complete as part of your Portfolio. Include the checklist in your submitted Portfolio.

Research

1. First authored interpretive or review article/chapter for field of specialization, accepted or submitted for publication.

___Completed. Title:

2. First authored published journal article, or article submitted for publication to a peer-reviewed journal.

___Completed. Title:

3. An additional first or co-authored article or chapter accepted or submitted for publication.

___Completed. Title:

4. First authored or co-authored conference presentation or poster presentation.

___Completed. Title:

5. First or co-authored published or submitted for publication paper designed to disseminate psychology to other disciplines or the public.

___Completed. Title:

6. Review of an article for a journal or review of a data-based published paper.

___Completed. Title:

7. Submitted grant proposal (with the student as the PI/trainee) to the National Institute of Health (NIH) or the National Science Foundation (NSF) (or other mechanism if approved by the clinical faculty). Other external grant mechanisms that are typically processed through UVM'S Sponsored Projects Administration (SPA) and include an independent research strategy and/or training plan will be considered upon approval of the clinical faculty (direct a request to the Director of Clinical Training). CAPTR grants do not satisfy this requirement.

___Completed. Title:

Teaching (Complete at least 3 of 7. Either number 1 or 6, but not both, can be used).

1. Complete three workshops at the Center for Teaching and Learning (CTL) and write a one-half page summary of what you learned in each workshop. (If you also choose #7, you must select workshops that were not part of the Graduate Teaching Program).

___Completed. CTL workshop titles (3):
___Completed: Summaries (provide a separate summary for each workshop):

2. Serve as a Teaching Assistant.

___Completed. Course:

3. Teach a course.

___Completed. Title:

4. Guest lecture in formal course at least 3 times.

___Completed. Courses lectured in: _____, _____, and _____.

5. Mentored 2 or more undergraduates in lab.

___Completed.

6. Complete a “Teaching Psychology” course, approved by the Director of Clinical Training.

___Completed.

7. Complete the University of Vermont’s Graduate Teaching Program.

___Completed.

Evaluation of Doctoral Portfolio Checklist by Faculty Reviewer

Student:

Faculty Reviewer:

EVALUATION

Recommendation of the faculty member reviewing the Portfolio checklist:

____PRPOSED PLAN IS ACCEPTABLE. Checklist is acceptable as is (no revisions).

____PROPOSED PLAN IS UNACCEPTABLE. *The faculty member has comments and feedback that should be addressed by the student (see below).

Comments to be addressed:

*The Portfolio checklist should be resubmitted to the faculty reviewer (along with a clean copy of this form) after revision in accord with the comments.

Faculty Reviewer: Please submit a copy of this completed form to the student, the student's advisor, and the Director of Clinical Training.

_____ _____

Faculty Reviewer Signature Date

Evaluation of Doctoral Portfolio by Faculty Reviewer

Student:

Faculty Reviewer:

Timeline: The faculty reviewer will provide her/his/their evaluation on the Portfolio within 4 weeks of receiving it from the student. The faculty reviewer will then send a copy of his/her/their evaluation to the student, the student's advisor, and the Director of Clinical Training.

EVALUATION

Recommendation of the faculty member reviewing the Portfolio:

____PASS. Accept as is (no revisions).

____PASS WITH REVISION*. The faculty member has relatively minor comments and feedback that should be addressed by the student (see below).

____DOES NOT PASS*. Reject and revise the portfolio according to comments (see below).

Comments to be addressed:

*The Portfolio should be resubmitted to the faculty reviewer (along with a clean copy of this form) after revision in accord with the comments.

_____ _____

Faculty Reviewer Signature Date

Faculty Reviewer Signature Date

Dissertation Guidelines

Dissertation Proposal Guidelines

The purpose of a dissertation is the opportunity for a graduate student to demonstrate her/his/their ability to independently conceptualize, design, and analyze a meaningful piece of research. A knowledge of the relevant literature and theory, the ability to integrate the proposed study into the existing literature and theory, the ability to develop research hypotheses, and an ability to recognize the limitations, strengths, and implications of the study also are critical parts of the dissertation proposal. For a thorough list of the steps required to complete the dissertation proposal, please consult the Dissertation Proposal and Defense Process Steps section.

1. A dissertation proposal should be the work of a graduate student with the guidance of a faculty mentor. It should include a *comprehensive* literature review leading to specific research hypotheses and a detailed method section. Because the length of the literature review can vary by topic, the scope of the literature review, including its length, should be determined though consultation with the student's advisor and dissertation committee as early in the process as possible. The Department of Psychological Science does not accept dissertation proposals (or dissertations) in manuscript/journal article format, even if appended with a full literature review.

2. The proposal should be in the best shape possible prior to submission to the committee. The role of committee members is to evaluate the proposal and the candidate, <u>not</u> to design the study, help write the proposal, or help design data analytic approaches.

3. The candidate should know her/his/their data analytic plan and be able to justify it.

4. The oral defense of the dissertation proposal is the task of the candidate, <u>not</u> the primary faculty mentor.

5. The candidate should then present an oral overview of the proposal that should last approximately 15 minutes. A brief literature review, rationale for and hypotheses of the study, methods, data analytic strategies, and preliminary data if available should be presented.

6. The great majority of the proposal meeting should focus on committee member questions for the candidate.

7. A final meeting among committee members without the candidate present should occur to make one of the following decisions:

    a. Proceed with the dissertation study;
    b. Proceed with the dissertation study with a list of changes to the proposal;
    c. Re-write aspects of the proposal and re-submit to committee members.
    d. Re-write aspects of the proposal and hold another proposal meeting;
    e. Hold another proposal meeting;
    f. Start on a new proposal.

Doctoral Comprehensive Exam in Clinical Psychology

The Comprehensive Exam is an opportunity for a student to develop expertise in an area of clinical psychological science. It also serves as a demonstration of a student's written and oral ability to review, integrate, and evaluate a large body of empirical research; to propose testable hypotheses that stem from that research; and to design a study to test those hypotheses, including appropriate statistical analyses. The purpose of this process is to determine that a student is prepared for a career as a doctoral-level clinical psychologist, wherein these skills constitute essential competencies.

In our Clinical Psychology doctoral program, the comprehensive exam to advance to Ph.D. candidacy consists of (1) a written examination (i.e., a written dissertation proposal document that is deemed satisfactory by the 5-person dissertation committee) and (2) an oral examination (i.e., a committee decision of "pass" at the dissertation proposal meeting).

Please see the Department of Psychological Science's "Dissertation Proposal Guidelines" for specific instructions to prepare for (1) and (2).

In accordance with Graduate College rules, should the candidate fail the examination, only one re-examination is permitted; and the comprehensive examination must be passed by the candidate at least 6 months before the final dissertation is submitted to the Graduate College.

Failure of the comprehensive examination is defined as the following scenarios, with one re-examination allowed at each step (written and oral exam components). Pass/fail is defined by consensus agreement by the committee members.

(1) Upon submitting the proposal to the committee, the committee deems that the proposal is not satisfactory and a meeting should not occur, commensurate with #5 in the Department's Dissertation Proposal Guidelines. This would mean the written exam was failed; the student has one more chance to submit a satisfactory document to the committee.

(2) Based on the Department's Dissertation Proposal Guidelines (#9) regarding committee deliberations after a proposal meeting:

a. "Re-write aspects of the proposal and re-submit to committee members." (This would mean the written part of the exam was, in part, failed, but could be turned to a pass with revisions deemed satisfactory by the committee).
b. "Re-write aspects of the proposal and hold another proposal meeting." (This would mean the written part of the exam, in part, was failed, but could be turned to a pass with revisions deemed satisfactory by the committee, and the changes were deemed substantial enough to warrant holding another oral exam, deferring the pass/fail decision on the oral exam until another meeting occurs).
c. "Hold another proposal meeting." (This would mean the oral exam was failed; the student has one more chance to hold another meeting deemed successful by the committee).
d. "Start on a new proposal." (This would mean the written and oral exam were both failed on the first attempt. In practice, the expectation is that this would be detected by the committee in advance of holding an oral exam, and the committee would inform the student not to proceed with a meeting. See (1), above. After rewriting the proposal, if the written product is deemed satisfactory (passed oral exam on second attempt), the student would still need to hold another proposal meeting on the revised proposal and pass the oral exam on the second attempt to pass the comp).

Documented Completion of Comprehensive Exam to Advance to Doctoral Candidacy
If a student receives a Pass, they must complete the "Proof of Successful Completion of Comprehensive Exam" form from the Graduate College. Form available at:
https://www.uvm.edu/sites/default/files/compexammemo.pdf

Doctoral Dissertation Committee

The dissertation committee must consist of **five** members with the following composition and qualifications:

- **Three** members, including the dissertation advisor, must be both:
  - Members of the Graduate Faculty
  - Core faculty in the Department of Psychological Science
- The fourth member serves as the Chair of the Dissertation Defense Committee. This person must:
  - Not have a core (primary) or affiliated (secondary) appointment in the Department of Psychological Science
  - Not have a core or affiliated appointment in the dissertation advisor's department
  - Be a member of the Graduate Faculty
- The fifth member may come from within or outside the Department of Psychological Science and is not required to be a member of the Graduate Faculty.

Additional criteria:

- At least one member must be a core faculty member in the student's academic cluster (clinical, social, developmental, or biobehavioral*).
- It is strongly recommended that one member be from outside the student's cluster.

*Refer to the department website for a list of core and affiliated faculty.

Proposals for thesis or dissertation research must be approved by the full committee in advance of substantive work on the project. Changes in thesis or dissertation plans are to be discussed with the committee for approval as the research is in progress. It is the responsibility of the student to keep her/his/their committee up to date.

Thesis and dissertation defenses are publicly held. The student must complete the department Intent to Defend Form at least at least six weeks prior to the defense. The student must follow all Graduate College requirements and deadlines. Defenses must take place during the academic year, which spans the week before classes start in fall semester through the week after spring commencement. A request must be made to the Department Chair for a defense outside of these dates and will only be approved in exceptional circumstances and with the unanimous support of the defense committee.

*A core faculty member from any of the academic clusters in the Department of Psychological Science (i.e., clinical, social, developmental, or biobehavioral) will fulfill this requirement for students in the Human Behavioral Pharmacology subprogram.

Dissertation Defense Guidelines

The dissertation defense is an opportunity for the candidate to demonstrate her/his/their knowledge of the study she/he has conducted. In the dissertation defense presentation, the candidate should be fully versed in the empirical and theoretical basis for the study, the methods used, the data analytic procedures used, whether the hypotheses were or were not supported, and the limitations, strengths, and implications of the study.

1. The defense consists of two parts: (1) a 25 to 30 minute presentation and brief question and answer part that is open to the "public", and (2) a question and answer part limited to the candidate and the committee. The entire dissertation defense should be scheduled for 2 hours. Students should give careful consideration to whom they invite to the public part of the defense. See attached for issues to consider.

2. Following the question and answer period, the committee will meet without the candidate to decide one of the following:

    a. Pass with no revisions to the document.
    b. Pass with minor revisions to the document.
    c. Orals and/or question and answer section not passed.
    d. Document is not acceptable.

NOTE on public portion of defense: Based on the advice of students and faculty who have been through this process, we would like to offer a few thoughts to inform the decision of who to invite to the *public* portion of one's dissertation defense, with the caveat that there is no right or wrong decision. Some students may only wish to have the committee present and, perhaps, a few other colleagues within the department who have been involved in the student's training, research, etc. As has happened in the past, other students may also elect to invite significant others and/or family members from out of town to be present for the defense, which is then often followed by a small celebratory gathering after the "closed" portion of the defense. There are a number of reasons why this may appeal to some and we certainly want to make clear that we acknowledge that the support of family and friends is important throughout the process of obtaining an advanced degree. However, it is also important for candidates to know that the dissertation defense is not simply a formality; that is, there is a <u>small</u> possibility that the candidate's committee will need to see major revisions to the dissertation before it can be passed, thus postponing the time for celebration. We set these comments within the context that it is expected that the student's advisor will not allow them to defend when there are serious problems that might prevent the candidate from passing. In other words, the process leading up to the defense should preclude such a scenario from ever happening at all, but these are things that each student may want to consider in planning for the defense.

Dissertation Proposal and Defense Process Steps

Proposal

1. **Enroll in Dissertation Research**: You must enroll in a minimum of 20 credits of dissertation research.

2. **Form Your Committee**: Work with your mentor to assemble your proposal committee. The dissertation committee must consist of five members with the following composition and qualifications as found in: Doctoral Dissertation Committee

3. **Write Your Proposal:** Draft your proposal document with ongoing support and guidance from your mentor and committee. Please consult the "Dissertation Proposal Guidelines" section of the blue binder to determine the exact criteria for a dissertation proposal.

4. **Schedule Your Proposal Defense:** Coordinate with your committee to find a date and time for your oral defense.
    - Determine the format of the meeting: remote (via Teams), in-person, or hybrid.
    - If meeting in-person or hybrid, contact the support staff (Heather or Denise) to reserve a room.

5. **Submit Your Proposal Document Deadline: 2 weeks before your oral defense date**
   Distribute your document to your committee. It should follow APA format for the current edition of the *Publication Manual of the American Psychological Association*.
    - Serious concerns about the readiness of the written proposal for a committee meeting must be shared, via email, with the committee at least 24 hours prior to the scheduled meeting. The meeting may be rescheduled at the discretion of the committee chair.

6. **Complete the Oral Defense of your Proposal:** Successfully defending your proposal counts as your comprehensive exam. Please refer to "Doctoral Comprehensive Exam in Clinical Psychology" in the blue binder for specific procedures and policies related to this component. The meeting typically follows this structure:
    - **Presentation:** A brief (~20-minute) presentation of your proposal.
    - **Public Q&A:** Questions from visitors.
    - **Closed Session:** Questions from the committee.
    - **Decision:** The committee will determine the success of your defense.

7. **Finalize Proposal Paperwork:** If you pass, ensure your mentor officially logs the completion of the comprehensive exam for the dissertation via InfoReady.

Defense

1. **Complete Your Dissertation Project:** Complete your proposed research project with the aid of your mentor and committee.

2. **Submit an Intent to Defend Form**.
   Deadline: At least 6 weeks before your defense.
   Submit the Intent to Defend Form to the Director of Clinical Training (DCT) and Heather

Godsey. Along with this document, please send the DCT an email with the full title of your dissertation and the date of your defense.

3. **Submit the Defense Committee Membership Form:** Review the UVM Electronic Thesis and Dissertation Guidelines and submit the required committee membership form.

4. **Schedule Your Dissertation Defense**: Coordinate a date and time for the oral defense of your completed dissertation with your committee.
    - Determine the meeting format (Teams, in-person, or hybrid).
    - If meeting in-person or hybrid, contact support staff (Heather or Denise) to reserve a room.

5. **Submit a Defense Notice**

    Deadline: At least 3 weeks before your defense date

    Submit a Defense Notice to the Graduate College and provide a copy to Heather Godsey. You can find the Defense Notice Template under the "Thesis/Dissertation Forms" section at the UVM Graduate Resources page.

6. **Complete a Format/Record Check**
    Deadline: Prior to defending
    Send a PDF or Word document of your **dissertation** to gradcoll@uvm.edu for a format check.
    Note: You cannot defend without completing this step, but a draft version of your document is perfectly acceptable!

7. **Submit Your Final Dissertation Document**
    Deadline: 2 weeks before your defense date
    Distribute your document to your committee. It should follow APA format for the current edition of the *Publication Manual of the American Psychological Association*.

8. **Complete Your Oral Defense:** The final defense follows a similar structure to your proposal:
    - **Presentation:** A brief (~20-minute) presentation.
    - **Public Q&A:** Questions from visitors.
    - **Closed Session:** Questions from the committee.
    - **Decision:** The committee will determine the outcome of your defense.

9. **Post-Defense Paperwork & Revisions**
    - **Within 3 days of defense:** Ensure the signed **Defense Examination Record** is submitted to the Graduate College. The Graduate College will provide your chairperson with this blank form before the defense.
    - **Make Revisions:** Complete any edits or revisions requested by your committee during the defense.
    - **Final Submission (Within 6 weeks of defense OR before the Graduate College deadline—whichever is first):** Once all revisions are approved, submit an electronic copy of your final **dissertation** to the Graduate College.

- *Note on Permissions:* You will need a completed **Electronic Thesis and Dissertation Rights and Permissions** form signed by your committee and advisor. The Graduate College will send this link to your chair. If your committee requested revisions, they may wait to sign this until the edits are made to their satisfaction

10. **Celebrate!** You have successfully defended your Dissertation!

Psychological Science Department Forms and Requirements

In addition to the Graduate College requirements, the Department of Psychological Science has the following requirements for Master's and Dissertation defenses.

- Defenses must take place during the academic year, which spans the week before classes start in fall semester through the week after spring commencement. A request must be made to the Department Chair for a defense outside of these dates and will only be approved in exceptional circumstances and with the unanimous support of the defense committee.

- Form your master's and dissertation committees well in advance of the defense. Your committee is meant to serve as an important resource for you as you develop your research ideas. At least 1 committee member must have a primary appointment in Psychological Science and be a member of the cluster in which you are specializing (i.e., biobehavioral, clinical, developmental, or social cluster).

- Note that the initiation of departmental processes cannot begin until your advisor has seen a **complete** draft of your thesis and anticipates that the thesis will be ready to submit to the committee for review at least 2 weeks before the defense date. **This means that, at a minimum, a high quality and complete draft should have**

DEPARTMENT OF PSYCHOLOGICAL SCIENCE INTENT TO DEFEND FORM
MA THESIS -- Ph.D. DISSERTATION

This form has a lot of formatting and cannot be cut-and-pasted here. Please see the most up-to-date version at:
https://www.uvm.edu/cas/psychology/graduate-forms

Developmental Psychopathology Specialization Requirements

Developmental Psychopathology Specialization can be completed through the completion of a core set of courses in addition to the requirements for the clinical program. These courses include:

Core Clinical Courses

1. PSYS 6705 - Psychopathology I: Child Psychopathology
2. PSYS 6740 - Professional Affairs & Ethics

Core Developmental Courses

1. PSYS 6600 - Developmental Professional Seminar
2. Two Additional Developmental Seminar Courses as offered by the department. Historical topics have included:
    - **a.** Social Development
    - **b.** Emotional Development & Temperament
    - **c.** Psychology of Gender
    - **d.** Other courses as deemed appropriate by the developmental faculty
3. One Additional Development Course from the following:
    - **a.** PSYS 6710 – Child and Adolescent Psychological Assessment
    - **b.** PSYS 6715 – Child and Adolescent Behavior Therapy
    - **c.** Other developmental courses as deemed appropriate by the developmental faculty

Advanced Statistical Models: One of the following courses

1. PSYS 6015: Analysis of Longitudinal Data
2. PSYS 6020: Structural Equation Modeling
3. Approved directed readings on advanced statistical modeling

Clinical/Developmental Training Program Requirements

The primary goal of the Clinical/Developmental training program is to provide graduate students in Psychology with training in the area of developmental psychopathology. Developmental psychopathology is concerned with the origins and progression of patterns of adaptive and maladaptive behavior across the lifespan. Training in this area is based on the following principles:

1. Maladaptive functioning or disorder results from a failure to successfully negotiate developmentally-appropriate tasks.
2. The behavioral difficulties resulting from a particular stressor may differ depending on when the stressor happens.
3. Knowledge of normal developmental processes is essential for understanding the emergence of a disorder, associated impairments, and accumulating comorbidities over time.
4. Understanding adaptation over the life course requires the integration of several scientific traditions, including developmental psychology and clinical psychology.

Integrating research and theory from both child clinical psychology and developmental psychology, developmental psychopathology requires a knowledge base in both areas and provides a framework for studying typical and atypical developmental processes.

Students completing the Clinical/Developmental Psychology program will meet the requirements for both the Clinical program and the Developmental. These additional requirements will generally result in an additional semester of coursework. Only the program in clinical psychology has been reviewed and approved by the APA.

To complete this specialization, students will need to complete the following coursework in addition to all of the required coursework of the clinical psychology doctoral programs:

1. **Attend PSYS 6600 - Developmental Professional Seminar** each semester while enrolled in the program
2. **Complete Two Additional Developmental Seminar Courses** as offered by the department. Historical topics have included:
    - **a.** Social Development
    - **b.** Emotional Development & Temperament
    - **c.** Psychology of Gender
    - **d.** Other courses as deemed appropriate by the developmental faculty
3. **Complete Advanced Statistical Modeling Course**: One of the following courses
    - **a.** PSYS 6015: Analysis of Longitudinal Data
    - **b.** PSYS 6020: Structural Equation Modeling
4. **Complete the developmental psychology comprehensive exam.**
    - **a.** Information about this exam can be found here: https://site.uvm.edu/psych/?page_id=69

Internship Policy

The University of Vermont Clinical Psychology Program has a requirement that all students complete an APA-accredited clinical internship or CPA-accredited clinical internship.

IMPORTANT NOTE: You must pass your dissertation proposal defense before you can apply for internship. October 15th is the deadline.

To confirm that you are eligible to apply for internship, please submit the following information to the DCT using the following link: https://qualtrics.uvm.edu/jfe/form/SV_ea4wEJ7fdeRzQSG

Please Note: Completing an internship at a CPA-accredited, but not APA-accredited, internship may impact one's ability to obtain licensure in the United States. When choosing an internship site, students should check the licensure requirements for locations in which they may choose to work to inform their decision making.

Internship Match Registration Policy

The Clinical Faculty adopted this policy to ensure that our graduate students who register for the internship match end up participating in the match rather than withdrawing. To register to participate in the APPIC Match, Clinical Psychology graduate students must have already successfully defended their dissertation proposal before their committee by October 15th of the year they intend to apply. The October deadline recognizes that many internship sites have early application deadlines.

Internship Course Registration Policy

While on internship, you must register both semesters for the zero-credit course PSYS 6991 (Internship in Clinical Psychology). In order to maintain active student status so that loans are deferred, you also need to register for continuing registration (GRAD) and pay the associated fee while on internship. (Please see written document titled "Clinical Students: Graduate College Rules).

Recommended Internship Application Timeline

1. Total intervention and assessment hours and number of integrated reports each May.

2. April/May (before October you are applying for internship):
    a. Attend internship meeting
    b. Begin to identify sites
    c. Review your total hours/number of reports

3. End of July
    a. Have primary sites identified
    b. Begin on essays (pass them back and forth with your mentor)

4. Month of September
    a. Determine who will write your letters of recommendation (ask them by September 1)
    b. Attend internship meetings
    c. Finalize site list by ~ September 15
    d. Complete application form
    e. Complete essays; submit complete drafts to Keith and DCT by September 30

5. Early October
    a. Attend internship meetings
    b. Complete online application (other than essays and cover letters) by October 5, so DCT can fill out required form and letter writers can submit letter of reference

6. Mid-October
    a. Finalize essays and cover letters; proof and submit online application

Policy on Integrated Reports

The definition of an integrated report is a report that includes a history, an interview, and at least two tests from one or more of the following categories: personality assessment (objective, self-report, and/or projective), intellectual assessment, cognitive assessment, and neuropsychological assessment.

Please carefully review this definition as it answers the question of what should be included in a report to have it satisfy the requirement of an integrated report.

A decision about whether a report meets the criteria for an integrated report will be made by the clinical supervisor and graduate student.

Psychological Assessment Experience
(From APA Internship Application)

Psychological Assessment Experience
In this section, you will summarize your practicum assessment experience in providing psychodiagnostic and neuropsychological assessments. You should provide the estimated total number of face-to-face client contact hours administering instruments and providing feedback to clients/patients. You should not include the activities of scoring and report writing, which should instead be included in the "Support Activities" section.

Do not include any practice administrations. Testing experience accrued while employed should not be included in this section and may instead be listed on a curriculum vita. You should only include instruments for which you administered the *full* test. Partial tests or administering only selected subtests are NOT to be included in this accounting. You should only count each administration once.

Adult Assessment Instruments / Child and Adolescent Assessment Instruments
In this section, you should indicate all psychological assessment instruments that you used as part of your practice experiences with actual patients/clients (columns one and two) or research participants in a clinical study (column three) through October 15. If the person you assessed was not a client, patient, or clinical research participant, then you should not include this experience in this summary. Do not include any practice administrations.

You may include additional instruments (under "Other Measures") for any tests not listed. You can include as many instruments as you would like.

For each instrument that you used, specify the following information:

1. *Number Clinically Administered/Scored:* The number of times that you both administered *and* scored the instrument in a clinical situation (i.e., with an actual client/patient).

2. *Number of Clinical Reports Written with this Measure:* The number of these instruments for which you also wrote a clinically interpretive report.

3. *Number Administered as Part of a Research Project:* The number of instruments that you administered as part of a research project.

Integrated Reports
In this section, provide the number of integrated assessment reports you have written for adults and the number written for children and adolescents. The definition of an integrated report is a report that includes a history, an interview and at least two tests from one or more of the following categories: personality assessment (objective, self-report, and/or projective), intellectual assessment, cognitive assessment, and neuropsychological assessment. Please carefully review this definition as it answers the question of what should be included in a report to have it satisfy the requirement of an integrated report.

Our Program Requirements to Apply for Internship

In addition to the requirement that you defend your dissertation proposal by October 15 of the year you intend to apply, the UVM Clinical Psychology doctoral program enforces the following in order to apply for internship:

Minimum Number of Intervention Hours: ***500***

Minimum Number of Assessment Hours: ***100***

Minimum Number of Integrated Reports: ***10***

TQCVL Verification Process

The Trainee Qualifications and Credentials Verification Letter (TQCVL) is a letter that DCTs are required to certify (i.e., sign) and submit to the VA on behalf of each health professions trainee (HPT) who will be working at the VA. The letter contains personal and medical information (e.g., vaccination status) to which the DCT is customarily not privy.

The following is a set of guidelines for handling this VA requirement to protect the privacy and respect the self-determination of clinical psychology students as they decide if they wish to pursue VA training opportunities. This process is also in place to ensure that the DCT feels comfortable signing a document that attests to information not appropriate for a DCT to review or evaluate. For this documented policy, the term "DCT" refers to the current Director of Clinical Training (Program Director of the Clinical Psychology Ph.D. Program at the University of Vermont) or an Acting DCT who has been appointed the role in the absence or unavailability of the current DCT.

The following are mandatory requirements set by the VA. The DCT has no ability to waive or modify them. Of course, the decision to pursue training at the VA is at the sole option of the student, and a student who does not wish to comply with these requirements may seek training at a non-VA facility.

It is the student's responsibility to notify the DCT of TQCVL requests and their deadlines and to supply the DCT with the information needed to certify the TQCVL. Students should get an early start on collecting relevant information and making doctor's appointments (if needed).

1. The TQCVL VA requirement will be made transparent to all program students, including the option not to pursue VA training if students wish not to disclose information required by the TQCVL letter; this information, including this written policy, will be included in detail in the
    a. clinical psychology program's policy and procedures handbook.
    b. practicum training orientation and materials (if VA externships are offered).
    c. clinical internship training orientation and materials.

2. Students pursuing VA training and for whom the VA has requested a DCT-endorsed TQCVL must, per the VA, provide the DCT with the following information so the DCT can certify each of the following:
    a. Evidence or self-certification of satisfactory physical condition based on a physical examination in the past 12-months (get the provider to write a letter stating your physical health is satisfactory to engage in a VA psychology internship);
    b. Evidence or self-certification of up-to-date vaccinations for healthcare workers as recommended by Centers for Disease Control (CDC) and VA https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html to include:
    Hepatitis B
    Seasonal Influenza, before November 30 of influenza season
    Measles, Mumps, & Rubella
    Varicella
    Tetanus, Diphtheria, Pertussis
    Meningococcal
    c. Evidence of tuberculosis screening and testing per CDC health care personnel guidelines https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm;
    d. Identification documents to meet VA security requirements; https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf; and
    e. Results of screening against the Health and Human Services' List of Excluded Individuals and Entities (LEIE). https://exclusions.oig.hhs.gov/. (You can also give the DCT permission to screen your name against this list).

3. Students who were born male and who are US citizens, immigrants to the US, or are otherwise required by law to register, must also provide the DCT with evidence that they have registered with the Selective Service System. https://www.sss.gov

4. Non-US citizen trainees must also
    a. Provide the DCT with documented proof of current immigrant or non-immigrant status. This may include visa status documents, permanent resident card, Deferred Action for Childhood Arrivals (DACA) trainee Employment Authorization Document (Form I-766), and other forms as requested by the VA during this process.
    b. Sign a statement that permits the DCT to provide this documented proof of current immigrant or non-immigrant status along with the TQCVL to the VA.

5. To protect the privacy and security of the information required to be collected for the TQCVL, the following protocols will be followed:
    a. Any information collected by the DCT for the purposes of completing your TQCVL will be reviewed only by the DCT for purposes of completing the TQCVL or verifying information on the TQCVL. No other faculty, staff, or students will have access to this information.
    b. The information for completing the TQCVL will be stored in a locked filing cabinet in the office of the DCT (if in hard copy) or in the DCT's password-protected folder on the UVM Network (if electronic copy). Other than the DCT, no other faculty, staff, or students will have access to the TQCVL information at the University of Vermont.
    c. Information for the TQCVL will be stored for 1 year passed the date of earning the Ph.D. or otherwise discontinuing from the program. At this time, the TQCVL will be destroyed (via secure shred if hard copy) or deleted (if electronic copy) by the DCT.

Effective June 1, 2021

UVM Individual Development Plan

The GRA contract and Annual Self Evaluation will be used to Satisfy the requirements for the UVM Individual Development Plan (IDP). These two evaluations allow students to evaluate their agency, self-development, and self-efficacy in the program. https://www.uvm.edu/graduate/individual-development-plan

Annual Evaluation

Each year in October, there is an annual evaluation of clinical students in their second year and beyond who are on campus. This is an opportunity for you to self-evaluate what you have accomplished and to receive feedback from the faculty on your progress.

The GRA contract and Annual Self Evaluation will be used to Satisfy the requirements for the UVM Individual Development Plan (IDP). These two evaluations allow students to evaluate their agency, self-development, and self-efficacy in the program. https://www.uvm.edu/graduate/individual-development-plan

Record Retention Policy

The program documents and maintains accurate records of each student's education, training experiences, and evaluations for future reference and credentialing purposes. Records of student education and credentialing (e.g., transcripts, proof of degree conferral) are retained by the Graduate College indefinitely. Furthermore, records of students' progress through the program, such as annual evaluations and clinical competency forms, are retained indefinitely on the program's secure SharePoint server to ensure the DCT can verify training experiences for future alumni credentialing requests. Additionally, the program maintains records of all formal complaints and grievances filed against the program or its associated individuals. These grievance records are retained securely and held for the longest period required by APA Commission on Accreditation, institutional, state, and federal policies

Annual Self-Report of Clinical Psychology Graduate Students

University of Vermont

Name:_____Research Advisor:_____

Month and Year:_____Year in Program:_____

Clinical Supervisor:_____

Please attach a copy of your current CV to this reply

Research Milestones

	Pending	Completed	Date Completed
Proposed Master's Thesis			
Defended Master's Thesis			
Doctoral Portfolio Overall (If pending, complete next lines)			
Doctoral Portfolio – Research			
Doctoral Portfolio – Teaching			
Proposed Dissertation			
Defended Dissertation			

Please include the number of:	Total	Since Arriving at UVM
First Author Publications		
Coauthored Publications		
Book Chapters & Non-Peer Reviewed Publications		
Conference Presentations		
Manuscripts Under Review at Peer-Reviewed Journals		
Manuscripts in Preparation		
	Total	Funding Agencies
Grants Funded		
Grants Submitted		

Please use this space to describe your current research project(s), research-related activities you have undertaken in the past year, or any other research-related information you would like to share.

Clinical Milestones

The following are the hours that will be requested on the AAPI (internship application).

Total Number of Intervention Hours: face-to-face with actual clients; includes individual/group/family therapy, intake interviews, parent training, and consultation	
Total Number of Assessment Hours: face-to-face with actual clients; includes administering test instruments and feedback; full tests only	
Total Number of Integrated Reports: complete write-up of intake, history, and 2+ cognitive/personality tests designed to answer specific referral question[s]	
Total Supervision Hours:	

Please list the clinical placements you have completed thus far:

Please share any additional clinical-related experiences including caseload, trainings attended, etc.:

Teaching Milestones

Please list the courses for which you have served as a GTA:

Please share any additional teaching-related experiences including guest lectures given and trainings/workshops that you may have attended:

Academic Progress

Please indicate your progress on the program course requirements

Course	Credits	Semester/Year Completed
Statistics		
Statistics I: PSYS 6000	3	
Statistics II: PSYS 6005	3	
Proseminars		
Biobehavioral: PSYS 6400	3	
Developmental: PSYS 6600	3	
Assessment		
Child and Adolescent Psychological Assessment: PSYS 6710	3	
Adult Psychological Assessment: PSYS 6725	3	
Intervention		
Child and Adolescent Behavior Therapy: PSYS 6715	3	
Adult Cognitive-Behavioral Therapy: PSYS 6730	3	
Psychopathology		
Advanced Psychopathology: PSYS 6720	3	
Research Methodology: PSYS 6010	3	
Ethics: PSYS 6740	3	
History of Psychology: PSYS 6900	3	
Electives		
Elective: _____	3	
Supervision and Consultation: PSYS 6230	1	
Total Course Credits Thus Far:		
Master's Thesis Research Credit (6 maximum)		
Dissertation Thesis Research Credit (20 maximum)		
Total Credit Hours:		

General Information Related to Semester Evaluations and Other Forms

Evaluation Procedure, Goal-Setting, and Contracts

Each semester you will be evaluated in terms of your academic courses (i.e., grades), research, clinical work, and, if you are a GTA, teaching. Your supervisors in research, clinical, and teaching activities will complete the evaluation, review it with you in a meeting where you have the opportunity to provide input, and then turn in to the DCT. These evaluations are examined by the DCT and considered at the Annual Review of Graduate Students. You also provide evaluations of your research, clinical, and teaching supervisors each semester. Your evaluations can be confidential or shared directly by you with your supervisor – this is your choice. In either case, the Director of Clinical Training will not share your individual comments/ratings with a supervisor but, instead, provide more general feedback based on all evaluations of the supervisor by graduate students.

The purpose of evaluations is for the faculty member and graduate student to provide feedback to each other in a constructive format and in a systematic way across the Clinical Psychology Program. All graduate students should be involved in research and clinical work every semester. The purposes of involvement in research are: (1) to learn research by doing research; (2) to become competent as a researcher; and (3) to complete, at a very minimum, a high quality second year/Master's Thesis project and a dissertation. The purpose of the clinical work is to ensure adequate development according to the profession-wide competencies for becoming a clinical psychologist.

1. Goals will be developed each semester for each clinical psychology graduate student. Use the Graduate Student-Advisor Expectations Agreement Form. The student will initiate the process by delineating her/his/their goals and then meet with the faculty supervisor to discuss and, if necessary, modify the goals. Both the graduate student and the faculty supervisor will sign the agreement and turn it in to the DCT.

2. At the end of each semester, the faculty member will complete an evaluation form on the graduate student. A meeting will occur between the graduate student and the faculty member in which the following occurs in the order specified:

    a. Use the Competency-Based Evaluation form. Goals are reviewed and goals for the upcoming semester developed;

    b. The faculty supervisor reviews the evaluation form she/he completed on the graduate student, both sign indicating they have reviewed the evaluation together, and the form is turned into the Director of Clinical Training.

3. At the end of each semester, the graduate student completes an evaluation form on the faculty supervisor and turns it in to the Director of Clinical Training. The Director of Clinical Training will tabulate the responses across all graduate students working with the faculty member and, as long as at least 3 graduate students complete the evaluation, provide feedback to the faculty member without identifying any individual student.

Competency-Based Evaluation Forms
Research Competencies Rating Form

Name of Student:

Date:

Research Supervisor:

Evaluation Criteria

PLEASE EVALUATE THE STUDENT IN YOUR LABORATORY USING THE SCALE BELOW. PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES THE TRAINEE'S COMPETENCE. CONSIDER THE TRAINEE'S LEVEL OF TRAINING (I.E., YEAR IN PROGRAM) WHEN MAKING YOUR RATINGS. EACH ITEM MAY INCLUDE SOME SPECIFIC BEHAVIORAL EXAMPLES OF THE COMPETENCE AREA IN QUESTION, WHICH WHILE NOT AN EXHAUSTIVE LIST, SHOULD PROVIDE GENERAL GUIDELINES TO FACILITATE YOUR RATINGS.

1. Competence is below expectations for level of training. Student's competence may be acceptable at times, but may be inconsistent or her/his skill set is below an acceptable level for her/his year in program. This rating should improve to an acceptable level with further training, remediation, and/or increased student effort.

2. Competence meets expectations for level of training. The student has shown some basic mastery of the competency or skill and is at a level expected for someone at her/his level of training.

3. Competence exceeds expectations level of training.

N. Not applicable. The competency or skill set is not applicable to the student or there was no opportunity to rate/observe.

COMPETENCY AREA	RATING
1. **Valuing research** – Student demonstrates behavior that is consistent with positively valuing the role of research as a component of their training in professional and scientific psychology. For example, the student completes assignments on time, is careful in his/her/their work (e.g., written assignments are free of typographical errors; data entry and management is done carefully), and takes the initiative on assignments (e.g., student seeks out research projects rather than waiting for them to be given to her/him).	☐ ☐ ☐ ☐ N 1 2 3
2. **Professional interaction** –Interacts appropriately with other staff on a research team and with research participants. For example, collaborates well with others on joint projects and works well with other lab/staff members. In rating, please consider your own observations of the student's behavior, which can include how well he/she collaborates with others on joint projects, as well as input from other lab/staff members.	☐ ☐ ☐ ☐ N 1 2 3
3. Ethical issues – Demonstrates knowledge of ethical principles when conducting research. For example, writes an IRB proposal (including a consent form), addresses HIPAA issues, displays familiarity with the ethics of research design, and maintains participant confidentiality.	☐ ☐ ☐ ☐ N 1 2 3
4. Theoretically based – Uses theory to inform the conceptualization, design, and interpretation of research. For example, grasps the theoretical literature in relevant areas, discusses this literature in individual and lab meetings, and integrates theory and literature into scientific writing and presentations.	☐ ☐ ☐ ☐ N 1 2 3
5. Research design – Generates novel hypotheses and designs a study that follows from those hypotheses. For example, skillfully critiques others' research, shows initiative/independence on thesis/dissertation.	☐ ☐ ☐ ☐ N 1 2 3
6. Data analytic skills - Demonstrates familiarity and proficiency in basic data analytic procedures. For example, demonstrates knowledge and proficiency in conducting and interpreting correlational analyses, ANOVAs, MANOVAs, Multiple Regression, and procedures relevant to research area.	☐ ☐ ☐ ☐ N 1 2 3
7. Critical thinking skills – Critically evaluates own and others' research. For example, identifies limitations in the research literature or design of a specific study, effectively critiques a manuscript, and "makes psychological sense" of own data.	☐ ☐ ☐ ☐ N 1 2 3
8. Scientific writing – Demonstrates a scholarly writing style appropriate for journal submissions and thesis/dissertation write-up. For example, follows APA guidelines and style, skillfully integrates research findings, skillfully writes research and grant proposals, and writes in a clear and organized manner.	☐ ☐ ☐ ☐ N 1 2 3
9. Manuscript preparation – Writes a manuscript suitable for publication in a peer-reviewed journal.	☐ ☐ ☐ ☐ N 1 2 3
10. Presentation skills – Prepares and presents one's own research at a scientific conference, at brown bag presentations, and/or in lab meetings.	☐ ☐ ☐ ☐ N 1 2 3
11. *Review an article – Writes a critique of a manuscript submitted for publication as a published data-based paper.	☐ ☐ ☐ ☐ N 1 2 3
12. *Prepare and submit a grant – Prepares and submits an application for grant funding.	☐ ☐ ☐ ☐ N 1 2 3

*Rate this only if it is selected as part of the research requirement of the Doctoral Portfolio. Otherwise, rate as N (not applicable).

Please comment below on the student's particular strengths in research:

Please comment below on any areas of development for the student in research (for example, as indicated by ratings of 1 in any area) and recommendations for the clinical program faculty on how this will be remediated:

_____ _____

Research supervisor's signature Student's signature

The above signatures indicate that the student has read this feedback form and that the supervisor and student have discussed it verbally. The signatures do not necessarily imply total agreement on the student's performance.

Student: Supervisor:

Clinical Competencies Rating Form

Expected Competencies of Practicum Students

Competency #1	**To develop effective communication and interpersonal skills.** *Training Objective for Competency #1:* A practicum student exhibits the ability to develop rapport and build professional alliances (with colleagues and communities). A practicum student works effectively with colleagues, supervisors, and mentors, and engages with feedback constructively.
Competency #2	**To incorporate research and theory in clinical practice**. *Training Objective for Competency #2:* A practicum student can incorporate theory, scientific knowledge, and research when providing evidence-based techniques in clinical practice.
Competency #3	**To provide proficient and effective psychological interventions grounded in evidence-based principles.** *Training Objective for Competency #3:* A practicum student can formulate case conceptualizations, select appropriate interventions, and implement evidence-based treatment strategies in a flexible manner. A student can also effectively conduct oral case presentations regarding intervention.
Competency #4	**To complete comprehensive psychological assessments and accessible assessment reports.** *Training Objective for Competency #4:* A practicum student can develop and understand a referral question, choose appropriate, well-validated assessment tools, assess clients in a valid and reliable manner, write clear, useful, and accessible assessment reports, and disseminate assessment findings to appropriate parties.
Competency #5	**To practice psychology with sensitivity to diversity matters and diverse individual backgrounds.** *Training Objective for Competency #5:* Practicum students attend to a broad range of diversity dimensions (e.g., age, gender, gender identity, race, ethnicity, culture, national origin, religion, disability, sexual orientation, language, mental illness, socio-economic status), consider diversity matters when choosing assessment and intervention strategies, and adapt case conceptualization and services based on diversity considerations.
Competency #6	**To advance clinical research skills and scholarly inquiry.** *Training Objective for Competency #6:* Practicum students will develop and build upon their analytic and research skills, while contributing to the clinical research community.
Competency #7	**To gain knowledge regarding theories and methods of supervision and gain direct experience providing supervision**. *Training Objective for Competency #7:* A practicum student understands models of supervision, and is able to supervise more junior doctoral-level graduate students.

Competency #8	**To gain knowledge regarding theories and methods of consultation and gain direct experience providing consultation.** *Training Objective for Competency #8:* A clinical VPS Practicum Student is able to provide professional assistance and consultation services to others in response to client, family, or community needs. A student also seeks out interdisciplinary consultation as needed.
Competency #9	**To develop a thorough understanding of ethical practice in the context of professional psychology and to implement such practice.** *Training Objective for Competency #9:* Practicum students develop ethical decision-making skills, conduct themselves in accordance with the APA "Ethical Principles of Psychologists and Code of Conduct," HIPPA, and uphold their primary ethical obligation to protect the welfare of the client/patient.
Competency #10	**To adhere to professional demeanor in interactions with clients, peers, supervisors, and allied professionals.** *Training Objective for Competency #10:* Practicum students maintain professional appearance, engage in appropriate interactions, and adhere to business practices of psychology (e.g., notes, billing, attendance).
Competency #11	**To develop and maintain self-care practices.** *Training Objective for Competency #11:* Practicum students understand the importance of self-care, maintain awareness of self-care practices and stressors, and engage in self-care practice.
Competency #12	**To develop and maintain appropriate clinical responsiveness.** *Training Objective for Competency #12:* A practicum student demonstrates strong relational skills, including empathy, maintenance of therapeutic alliance, goal consensus and collaboration, positive regard, and genuineness. A practicum student also exhibits self-reflection, understands the impact of the clinician on the therapeutic relationship, and responds appropriately to this knowledge.

Self-Evaluation

PURPOSE:
The self-evaluation is conducted each semester in order to encourage students and supervisors to align clinical training efforts with clinical training goals. The self-evaluation is not used to make decisions about students' standing in the program, but rather is used to inform future training efforts with individual students and larger cohorts. Therefore, the self-evaluations will be reviewed only by the Clinic Director and each student's individual/vertical team supervisor(s). Self-evaluations will be retained only by the Clinic and will not be shared outside of the persons listed above.

Student's Self-Evaluation of Clinical Competencies

COMPETENCY #1: TO DEVELOP EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

Training Objective for Competency #1: A practicum student exhibits the ability to develop rapport and build professional alliances (with colleagues and communities). A practicum student works effectively with colleagues, supervisors, and mentors, and engages with feedback constructively.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Establishes and maintains relationships with other professionals (e.g., individuals, groups, and/or communities).	1. Respectful and engaging communication with other professionals.	1 2 3 NA
2. Works effectively with colleagues.	2. Respectful and engaging communication with colleagues.	1 2 3 NA
3. Works effectively with supervisors and mentors.	3. Respectful and engaging communication with supervisors and mentors.	1 2 3 NA
4. Engages with feedback constructively.	4. Receives feedback without defensiveness and responds appropriately.	1 2 3 NA

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SELF-RATING:

Please indicate above the degree to which you believe you meet each benchmark, as demonstrated by each behavioral anchor (1 = Does not meet competency, 2 = Meets competency, 3 = Exceeds competency). It is expected that students will identify some areas where they do not yet meet benchmarks, so please take this as an opportunity to reflect on your current development as a trainee.

SELF-REFLECTION:

In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!

STRENGTHS:

Areas for improvement:

Competency #2: To incorporate research and theory in clinical practice.

Training Objective for Competency #2: A practicum student can incorporate theory, scientific knowledge, and research when providing evidence-based techniques in clinical practice.

BENCHMARKS	BEHAVIORAL ANCHORS	RATING
1 = Does not meet competency	2 = Meets competency competency	3 = Exceeds
1. Knowledge of core psychological science.	1. Demonstrates advanced level of scientific knowledge of human behavior.	1 2 3 NA
2. Independently applies scientific knowledge to practice.	2. Discusses theory and research with clinical supervisors and develops treatment plans and intervention strategies based on theory, research and measurable outcomes.	1 2 3 NA
3. Independently pursues continued knowledge of advances in clinical science.	3. Reads and remains up-to-date on relevant clinical research and applies scientific knowledge and skills appropriately and habitually to the solution of problems.	1 2 3 NA

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SELF-RATING:

Please indicate above the degree to which you believe you meet each benchmark, as demonstrated by each behavioral anchor (1 = Does not meet competency, 2 = Meets competency, 3 = Exceeds competency). It is expected that students will identify some areas where they do not yet meet benchmarks, so please take this as an opportunity to reflect on your current development as a trainee.

SELF-REFLECTION:

In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!

STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #3: To provide proficient and effective psychological interventions grounded in evidence-based principles.

Training Objective for Competency #3: A practicum student can formulate case conceptualizations, select appropriate interventions, and implement evidence-based treatment strategies in a flexible manner. A student can also effectively conduct oral case presentations regarding intervention.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Applies knowledge of evidence-based practice in treatment and case presentation.	1. Writes clear case notes and summaries grounded in evidence-based practice and provides rationale in notes, supervision, and formal clinical case presentation for intervention strategies utilizing empirical support.	1 2 3 NA
2. Conducts thorough and sensitive initial assessment with attention to functional assessment, treatment goals, and valid measurement.	2. During initial assessment, builds rapport with client, conducts functional assessment, develops treatment goals, and utilizes valid and reliable assessment methods.	1 2 3 NA
3. Engages in independent intervention planning.	3. Independently conceptualizes case and selects appropriate intervention.	1 2 3 NA
4. Applies sound clinical judgment.	4. Uses good judgment in crises, consults with supervisors as needed, and appropriately refers clients to alternative or additional services.	1 2 3 NA
5. Implements effective intervention with fidelity to empirical principles, while being flexible as appropriate.	5. Independently implements a range of appropriate intervention strategies with sensitivity to each individual client's needs and progress.	1 2 3 NA
6. Evaluates treatment progress and modifies treatment plans as indicated.	6. Critically evaluates own clinical work and relevant client outcomes, and adapts treatment when necessary.	1 2 3 NA

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SELF-RATING:

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SELF-REFLECTION:

In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!

STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #4: To complete comprehensive psychological assessments and accessible assessment reports.

Training Objective for Competency #4: A practicum student can develop and understand a referral question, choose appropriate, well-validated assessment tools, assess clients in a valid and reliable manner, write clear, useful, and accessible assessment reports, and disseminate assessment findings to appropriate parties.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Independently selects and implements multiple methods and means of evaluation with responsiveness to diversity and context.	1. Demonstrates competent use of appropriate and culturally sensitive instruments, seeks consultation as needed, and acknowledges limitations of assessment data, as reflected in written reports.	1 2 3 NA
2. Independently understands strengths and limitations of diagnostic approaches and interpretation of results from multiple measures.	2. Accurately and consistently selects, administers, scores and interprets assessment tools with appropriate flexibility, such that diagnostic questions are addressed and the report leads to clinical formulation and appropriate treatment plan, while including limitations of measures.	1 2 3 NA
3. Demonstrates knowledge of psychometrics of measures and integrates data effectively from a variety of assessment methods.	3. Accurately reports psychometric properties of assessment instruments, when appropriate.	1 2 3 NA
4. Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.	4. Writes an effective, comprehensive and conceptually framed report, and effectively communicates results verbally.	1 2 3 NA
5. Demonstrates the ability to base written evaluation on psychological assessment literature.	5. Writes report consistent with guidelines provided in Groth-Marnat (2009), Sattler (2008), and Sattler & Ryan (2009)[1]	1 2 3 NA

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SELF-RATING:

Please indicate above the degree to which you believe you meet each benchmark, as demonstrated by each behavioral anchor (1 = Does not meet competency, 2 = Meets competency, 3 = Exceeds competency). It is expected that students will identify some areas where they do not yet meet benchmarks, so please take this as an opportunity to reflect on your current development as a trainee.

SELF-REFLECTION:

In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!

STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #5: To practice psychology with sensitivity to diversity matters and diverse individual backgrounds.

Training Objective for Competency #5: Practicum students attend to a broad range of diversity dimensions (e.g., age, gender, gender identity, race, ethnicity, culture, national origin, religion, disability, sexual orientation, language, mental illness, socio-economic status), consider diversity matters when choosing assessment and intervention strategies, and adapt case conceptualization and services based on diversity considerations.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency competency	3 = Exceeds
1. Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation.	1. Independently articulates, understands, and monitors own cultural identity in relation to work with others, and initiates consultation or supervision when uncertain about diversity issues.	1 2 3 NA
2. Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation.	2. Independently articulates, understands and monitors other cultural identities in relation to work with others, and initiatives consultation or supervision when uncertain about diversity issues.	1 2 3 NA
3. Integrates diversity dimensions with case conceptualization, treatment plan, and case presentations.	3. Formulates and presents case conceptualizations and treatment plans with respect for and attention to diverse client background.	1 2 3 NA
4. Independently and creatively adapts intervention to match client's background and needs, and considers diversity when selecting evidence-based intervention.	4. Demonstrates adaptation of case formulation and intervention with responsiveness to diversity domains. Critically evaluates representation of diversity in clinical research and therefore appropriately modifies intervention.	1 2 3 NA

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SELF-RATING:

Please indicate above the degree to which you believe you meet each benchmark, as demonstrated by each behavioral anchor (1 = Does not meet competency, 2 = Meets competency, 3 = Exceeds competency). It is expected that students will identify some areas where they do not yet meet benchmarks, so please take this as an opportunity to reflect on your current development as a trainee.

SELF-REFLECTION:

In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!
STRENGTHS:

AREAS FOR IMPROVEMENT:

COMPETENCY #6: TO ADVANCE CLINICAL RESEARCH SKILLS AND SCHOLARLY INQUIRY.

Training Objective for Competency #6: Practicum students will develop and build upon their analytic and research skills, while contributing to the clinical research community.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency competency	3 = Exceeds
1. Applies a scientific approach to clinical work.	1. Applies scientific method and knowledge to the monitoring of client progress and outcomes.	1 2 3 NA
2. Participates in clinical research (e.g., clinical data collection).	2. Assists with clinical research efforts within VPS.	1 2 3 NA
3. Integrates clinical knowledge with own research program.	3. Applies clinical experiences and training to own research and dissemination.	1 2 3 NA

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SELF-RATING:

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SELF-REFLECTION:

In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!
STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #7: To gain knowledge regarding theories and methods of supervision and gain direct experience providing supervision.

Training Objective for Competency #7: A practicum student understands models of supervision, and is able to supervise more junior doctoral-level graduate students.

BENCHMARKS	BEHAVIORAL ANCHORS	RATING
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Understands the complexity of the supervisor role, including ethical, legal, and contextual issues.	1. Prepares supervision contract (verbal or written) and demonstrates knowledge of limits of competency, and constructs plans to deal with areas of limited competency.	1 2 3 NA
2. Knowledge of procedures and practices of supervision.	2. Articulates a philosophy or model of supervision and reflects on how this model is applied in practice.	1 2 3 NA
3. Engages in professional reflection about relationship with supervisee, as well as supervisee's clients.	3. Articulates how to use supervisory relationships to enhance development of supervisees and clients.	1 2 3 NA
4. Understands other individuals and groups and intersection of diversity in the context of supervision practice.	4. Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision with clients, supervisees, and self as supervisor.	1 2 3 NA
5. Gains skills in providing monitored supervision to junior colleagues.	5. Provides supervision to less advanced trainees, with meta-supervision from licensed psychologists, and seeks consultation as needed.	1 2 3 NA

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SELF-RATING:

Please indicate above the degree to which you believe you meet each benchmark, as demonstrated by each behavioral anchor (1 = Does not meet competency, 2 = Meets competency, 3 = Exceeds competency). It is expected that students will identify some areas where they do not yet meet benchmarks, so please take this as an opportunity to reflect on your current development as a trainee.

SELF-REFLECTION:

In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!

<u>STRENGTHS:</u>

AREAS FOR IMPROVEMENT:

Competency #8: To gain knowledge regarding theories and methods of consultation and gain direct experience providing and obtaining consultation.

Training Objective for Competency #8: A clinical VPS Practicum Student is able to provide professional assistance and consultation services to others in response to client, family, or community needs. A student also seeks out interdisciplinary consultation as needed.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Appropriately seeks consultation from interdisciplinary providers as needed.	1. Recognizes situations in which consultation is needed (e.g., from educators, psychiatrists, other medical professionals, lawyers, cultural consultants), contacts consulting professionals, and resolves consultation questions.	1 2 3 NA
2. Selects appropriate assessment/data gathering that answers consultation referral question(s).	2. Demonstrates ability to gather necessary information, and clarifies and refines referral questions based on analysis of question.	1 2 3 NA
3. Provides effective assessment feedback, articulates recommendations, and advocates for client as appropriate.	3. Provides clear consultation reports and verbal feedback to consultee and offers appropriate recommendations.	1 2 3 NA
4. Applies literature to provide consultation in routine and complex cases	4. Implements consultation based on assessment findings and meets consultee needs.	1 2 3 NA

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SELF-RATING:

Please indicate above the degree to which you believe you meet each benchmark, as demonstrated by each behavioral anchor (1 = Does not meet competency, 2 = Meets competency, 3 = Exceeds competency). It is expected that students will identify some areas where they do not yet meet benchmarks, so please take this as an opportunity to reflect on your current development as a trainee.

SELF-REFLECTION:

In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!

STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #9: To develop a thorough understanding of ethical practice in the context of professional psychology and to implement such practice.

Training Objective for Competency #9: Practicum students develop ethical decision-making skills, conduct themselves in accordance with the APA "Ethical Principles of Psychologists and Code of Conduct," HIPPA, and uphold their primary ethical obligation to protect the welfare of the client/patient.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Routine command and application of the APA Ethical Principles and Code of Conduct, HIPPA, and other relevant standards and guidelines in the profession.	1. Reliably identifies complex ethical and legal issues, analyzes and addresses them, and is aware of the obligation to confront ethical dilemmas.	1 2 3 NA
2. Commitment to integration of ethics knowledge into professional work.	2. Applies ethical principles and standards in writings, presentations, teaching, training and research when applicable.	1 2 3 NA
3. Determines when it is appropriate to seek information for an ethical issue.	3. Uses supervision to discuss ethical dilemmas.	1 2 3 NA
4. Independently and consistently integrates ethical and legal standards with all other clinical competencies.	4. Uses all domains of clinical competence to inform ethical/legal decision-making, and uses ethical/legal standards to inform all clinical decisions.	1 2 3 NA

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SELF-RATING:

Please indicate above the degree to which you believe you meet each benchmark, as demonstrated by each behavioral anchor (1 = Does not meet competency, 2 = Meets competency, 3 = Exceeds competency). It is expected that students will identify some areas where they do not yet meet benchmarks, so please take this as an opportunity to reflect on your current development as a trainee.

SELF-REFLECTION:

In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!

STRENGTHS:

AREAS FOR IMPROVEMENT:

COMPETENCY #10: TO ADHERE TO PROFESSIONAL DEMEANOR AND INTERACTIONS WITH CLIENTS, PEERS, SUPERVISORS, AND ALLIED PROFESSIONALS.

Training Objective for Competency #10: Practicum students maintain professional appearance, engage in appropriate interactions, and adhere to business practices of psychology (e.g., notes, billing, attendance).

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Understands and adheres to professional values such as honesty, personal responsibility, and accountability.	1. Proactively adheres to professional values and demonstrates ability to discuss failures and lapses in adherence to professional values with peers and supervisors as appropriate.	1 2 3 NA
2. Maintains professionally appropriate communication and conduct across settings including attire, language and demeanor.	2. Utilizes appropriate language and demeanor in professional setting and understands impact of these behaviors on clients, public, and profession.	1 2 3 NA
3. Adheres to business practices of psychology in a timely manner.	3. Maintains notes, billing, and other documentation.	1 2 3 NA

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SELF-RATING:

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SELF-REFLECTION:

In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!

STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #11: To develop and maintain self-care practices.

Training Objective for Competency #11: Practicum students understand the importance of self-care, maintain awareness of self-care practices and stressors, and engage in self-care practice.

BENCHMARKS	BEHAVIORAL ANCHORS	RATING
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Understands the importance of self-care.	1. Demonstrates understanding of self-care across wellness domains.	1 2 3 NA
2. Monitors self-care and sources of stress.	2. Openly communicates with peers, supervisors, and/or appropriate others regarding (1) self-care practices and (2) clinical and other stressors and their impact on clinical work.	1 2 3 NA
3. Engages in self-care practices and intervenes early in response to stressors.	3. Openly communicates with supervisor regarding interruptions to self-care and seeks appropriate feedback.	1 2 3 NA
4. Proactively seeks support for self-care in response to major stressors.	4. Proactively responds to major stressors by seeking support personally and from clinical advisors as appropriate.	1 2 3 NA

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SELF-RATING:

Please indicate above the degree to which you believe you meet each benchmark, as demonstrated by each behavioral anchor (1 = Does not meet competency, 2 = Meets competency, 3 = Exceeds competency). It is expected that students will identify some areas where they do not yet meet benchmarks, so please take this as an opportunity to reflect on your current development as a trainee.

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In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!

STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #12: To develop and maintain appropriate clinical responsiveness.

Training Objective for Competency #12*:* A practicum student demonstrates strong relational skills, including empathy, maintenance of therapeutic alliance, goal consensus and collaboration, positive regard, and genuineness. A practicum student also exhibits self-reflection, understands the impact of the clinician on the therapeutic relationship, and responds appropriately to this knowledge.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency 3 = Exceeds competency	
1. Develops strong relational skills, including empathy, maintenance of therapeutic alliance, goal consensus and collaboration, positive regard, and genuineness.	1. Exhibits strong relational skills, including empathy, maintenance of therapeutic alliance, goal consensus and collaboration, positive regard, and genuineness.	1 2 3 NA
2. Self-reflects on own emotions, cognitions, behavior, values, strengths, and challenges in the therapeutic context.	2. Discusses relationship between own emotions, cognitions, behavior, values, strengths, and challenges to treatment with supervisor.	1 2 3 NA
3. Monitors the impact of therapist behavior on client, therapeutic relationship, and treatment progress.	3. Discusses the impact of therapist behavior on client, therapeutic relationship, and treatment progress with supervisor and with client, as appropriate.	1 2 3 NA
4. Responds appropriately to knowledge gained from self-reflection and clinical assessment to further therapeutic relationship and treatment progress.	4. In the service of treatment progress and therapeutic relationship, appropriately maintains and modifies style, intervention, and other therapy-relevant behavior in response to supervision, self-reflection, and clinical assessment.	1 2 3 NA

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SELF-RATING:
Please indicate above the degree to which you believe you meet each benchmark, as demonstrated by each behavioral anchor (1 = Does not meet competency, 2 = Meets competency, 3 = Exceeds competency). It is expected that students will identify some areas where they do not yet meet benchmarks, so please take this as an opportunity to reflect on your current development as a trainee.
SELF-REFLECTION:
In the space below, please describe your strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Complete sentences and accurate grammar/spelling are discouraged, while honest self-feedback is strongly encouraged!
STRENGTHS:

AREAS FOR IMPROVEMENT:

Clinical Supervisor's Evaluation of Student Competencies

COMPETENCY #1: TO DEVELOP EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

Training Objective for Competency #1: A practicum student exhibits the ability to develop rapport and build professional alliances (with colleagues and communities). A practicum student works effectively with colleagues, supervisors, and mentors, and engages with feedback constructively.

BENCHMARKS	BEHAVIORAL ANCHORS	RATING
1 = Does not meet competency competency	2 = Meets competency	3 = Exceeds
1. Establishes and maintains relationships with other professionals (e.g., individuals, groups, and/or communities).	1. Respectful and engaging communication with other professionals.	1 2 3 NA
2. Works effectively with colleagues.	2. Respectful and engaging communication with colleagues.	1 2 3 NA
3. Works effectively with supervisors and mentors.	3. Respectful and engaging communication with supervisors and mentors.	1 2 3 NA
4. Engages with feedback constructively.	4. Receives feedback without defensiveness and responds appropriately.	1 2 3 NA

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RATING:
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REFLECTION:
In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!
STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #2: To incorporate research and theory in clinical practice.

Training Objective for Competency #2: A practicum student can incorporate theory, scientific knowledge, and research when providing evidence-based techniques in clinical practice.

BENCHMARKS	BEHAVIORAL ANCHORS	RATING
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Knowledge of core psychological science.	1. Demonstrates advanced level of scientific knowledge of human behavior.	1 2 3 NA
2. Independently applies scientific knowledge to practice.	2. Discusses theory and research with clinical supervisors and develops treatment plans and intervention strategies based on theory, research and measurable outcomes.	1 2 3 NA
3. Independently pursues continued knowledge of advances in clinical science.	3. Reads and remains up-to-date on relevant clinical research and applies scientific knowledge and skills appropriately and habitually to the solution of problems.	1 2 3 NA

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REFLECTION:
In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!
STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #3: To provide proficient and effective psychological interventions grounded in evidence-based principles.

Training Objective for Competency #3: A practicum student can formulate case conceptualizations, select appropriate interventions, and implement evidence-based treatment strategies in a flexible manner. A student can also effectively conduct oral case presentations regarding intervention.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency 3 = Exceeds competency	
1. Applies knowledge of evidence-based practice in treatment and case presentation.	1. Writes clear case notes and summaries grounded in evidence-based practice and provides rationale in notes, supervision, and formal clinical case presentation for intervention strategies utilizing empirical support.	1 2 3 NA
2. Conducts thorough and sensitive initial assessment with attention to functional assessment, treatment goals, and valid measurement.	2. During initial assessment, builds rapport with client, conducts functional assessment, develops treatment goals, and utilizes valid and reliable assessment methods.	1 2 3 NA
3. Engages in independent intervention planning.	3. Independently conceptualizes case and selects appropriate intervention.	1 2 3 NA
4. Applies sound clinical judgment.	4. Uses good judgment in crises, consults with supervisors as needed, and appropriately refers clients to alternative or additional services.	1 2 3 NA
5. Implements effective intervention with fidelity to empirical principles, while being flexible as appropriate.	5. Independently implements a range of appropriate intervention strategies with sensitivity to each individual client's needs and progress.	1 2 3 NA
6. Evaluates treatment progress and modifies treatment plans as indicated.	6. Critically evaluates own clinical work and relevant client outcomes, and adapts treatment when necessary.	1 2 3 NA

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REFLECTION:
In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!
STRENGTHS:
AREAS FOR IMPROVEMENT:

Competency #4: To complete comprehensive psychological assessments and accessible assessment reports.

Training Objective for Competency #4: A practicum student can develop and understand a referral question, choose appropriate, well-validated assessment tools, assess clients in a valid and reliable manner, write clear, useful, and accessible assessment reports, and disseminate assessment findings to appropriate parties.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Independently selects and implements multiple methods and means of evaluation with responsiveness to diversity and context.	1. Demonstrates competent use of appropriate and culturally sensitive instruments, seeks consultation as needed, and acknowledges limitations of assessment data, as reflected in written reports.	1 2 3 NA
2. Independently understands strengths and limitations of diagnostic approaches and interpretation of results from multiple measures.	2. Accurately and consistently selects, administers, scores and interprets assessment tools with appropriate flexibility, such that diagnostic questions are addressed and the report leads to clinical formulation and appropriate treatment plan, while including limitations of measures.	1 2 3 NA
3. Demonstrates knowledge of psychometrics of measures and integrates data effectively from a variety of assessment methods.	3. Accurately reports psychometric properties of assessment instruments, when appropriate.	1 2 3 NA
4. Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.	4. Writes an effective, comprehensive and conceptually framed report, and effectively communicates results verbally.	1 2 3 NA
5. Demonstrates the ability to base written evaluation on psychological assessment literature.	5. Writes report consistent with guidelines provided in Groth-Marnat (2009), Sattler (2008), and Sattler & Ryan (2009)[1]	1 2 3 NA

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RATING:
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REFLECTION:

In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!

STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #5: To practice psychology with sensitivity to diversity matters and diverse individual backgrounds.

Training Objective for Competency #5: Practicum students attend to a broad range of diversity dimensions (e.g., age, gender, gender identity, race, ethnicity, culture, national origin, religion, disability, sexual orientation, language, mental illness, socio-economic status), consider diversity matters when choosing assessment and intervention strategies, and adapt case conceptualization and services based on diversity considerations.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation.	1. Independently articulates, understands, and monitors own cultural identity in relation to work with others, and initiates consultation or supervision when uncertain about diversity issues.	1 2 3 NA
2. Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation.	2. Independently articulates, understands and monitors other cultural identities in relation to work with others, and initiatives consultation or supervision when uncertain about diversity issues.	1 2 3 NA
3. Integrates diversity dimensions with case conceptualization, treatment plan, and case presentations.	3. Formulates and presents case conceptualizations and treatment plans with respect for and attention to diverse client background.	1 2 3 NA
4. Independently and creatively adapts intervention to match client's background and needs, and considers diversity when selecting evidence-based intervention.	4. Demonstrates adaptation of case formulation and intervention with responsiveness to diversity domains. Critically evaluates representation of diversity in clinical research and therefore appropriately modifies intervention.	1 2 3 NA

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REFLECTION:
In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!
STRENGTHS:

AREAS FOR IMPROVEMENT:

COMPETENCY #6: TO ADVANCE CLINICAL RESEARCH SKILLS AND SCHOLARLY INQUIRY.

Training Objective for Competency #6: Practicum students will develop and build upon their analytic and research skills, while contributing to the clinical research community.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency competency	2 = Meets competency	3 = Exceeds
1. Applies a scientific approach to clinical work.	1. Applies scientific method and knowledge to the monitoring of client progress and outcomes.	1 2 3 NA
2. Participates in clinical research (e.g., clinical data collection).	2. Assists with clinical research efforts within VPS.	1 2 3 NA
3. Integrates clinical knowledge with own research program.	3. Applies clinical experiences and training to own research and dissemination.	1 2 3 NA

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REFLECTION:
In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!
STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #7: To gain knowledge regarding theories and methods of supervision and gain direct experience providing supervision.

Training Objective for Competency #7: A practicum student understands models of supervision, and is able to supervise more junior doctoral-level graduate students.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency competency	2 = Meets competency	3 = Exceeds
1. Understands the complexity of the supervisor role, including ethical, legal, and contextual issues.	1. Prepares supervision contract (verbal or written) and demonstrates knowledge of limits of competency, and constructs plans to deal with areas of limited competency.	1 2 3 NA
2. Knowledge of procedures and practices of supervision.	2. Articulates a philosophy or model of supervision and reflects on how this model is applied in practice.	1 2 3 NA
3. Engages in professional reflection about relationship with supervisee, as well as supervisee's clients.	3. Articulates how to use supervisory relationships to enhance development of supervisees and clients.	1 2 3 NA
4. Understands other individuals and groups and intersection of diversity in the context of supervision practice.	4. Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision with clients, supervisees, and self as supervisor.	1 2 3 NA
5. Gains skills in providing monitored supervision to junior colleagues.	5. Provides supervision to less advanced trainees, with meta-supervision from licensed psychologists, and seeks consultation as needed.	1 2 3 NA

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REFLECTION:
In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!
STRENGTHS:

AREAS FOR IMPROVEMENT

Competency #8: To gain knowledge regarding theories and methods of consultation and gain direct experience providing and obtaining consultation.

Training Objective for Competency #8: A clinical VPS Practicum Student is able to provide professional assistance and consultation services to others in response to client, family, or community needs. A student also seeks out interdisciplinary consultation as needed.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency competency	2 = Meets competency	3 = Exceeds
1. Appropriately seeks consultation from interdisciplinary providers as needed.	1. Recognizes situations in which consultation is needed (e.g., from educators, psychiatrists, other medical professionals, lawyers, cultural consultants), contacts consulting professionals, and resolves consultation questions.	1 2 3 NA
2. Selects appropriate assessment/data gathering that answers consultation referral question(s).	2. Demonstrates ability to gather necessary information, and clarifies and refines referral questions based on analysis of question.	1 2 3 NA
3. Provides effective assessment feedback, articulates recommendations, and advocates for client as appropriate.	3. Provides clear consultation reports and verbal feedback to consultee and offers appropriate recommendations.	1 2 3 NA
4. Applies literature to provide consultation in routine and complex cases	4. Implements consultation based on assessment findings and meets consultee needs.	1 2 3 NA

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REFLECTION:
In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!
STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #9: To develop a thorough understanding of ethical practice in the context of professional psychology and to implement such practice.

Training Objective for Competency #9: Practicum students develop ethical decision-making skills, conduct themselves in accordance with the APA "Ethical Principles of Psychologists and Code of Conduct," and uphold their primary ethical obligation to protect the welfare of the client/patient.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency competency	2 = Meets competency 3 = Exceeds	
1. Routine command and application of the APA Ethical Principles and Code of Conduct and other relevant standards and guidelines in the profession.	1. Spontaneously and reliably identifies complex ethical and legal issues, analyzes and addresses them, and is aware of the obligation to confront ethical dilemmas.	1 2 3 NA
2. Commitment to integration of ethics knowledge into professional work.	2. Applies ethical principles and standards in writings, presentations, teaching, training and research when applicable.	1 2 3 NA
3. Determines when it is appropriate to seek information for an ethical issue.	3. Uses supervision to discuss ethical dilemmas.	1 2 3 NA
4. Independently and consistently integrates ethical and legal standards with all foundational and functional competencies.	4. Demonstrates awareness, integrates and understands that ethical-legal standards are informed by all competencies.	1 2 3 NA

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REFLECTION:

In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!

<u>STRENGTHS:</u>

<u>AREAS FOR IMPROVEMENT:</u>

COMPETENCY #10: TO ADHERE TO PROFESSIONAL DEMEANOR AND INTERACTIONS WITH CLIENTS, PEERS, SUPERVISORS, AND ALLIED PROFESSIONALS.

Training Objective for Competency #10: Practicum students maintain professional appearance, engage in appropriate interactions, and adhere to business practices of psychology (e.g., notes, billing, attendance).

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency competency	2 = Meets competency 3 = Exceeds	
1. Understands and adheres to professional values such as honesty, personal responsibility, and accountability.	1. Proactively adheres to professional values and demonstrates ability to discuss failures and lapses in adherence to professional values with peers and supervisors as appropriate.	1 2 3 NA
2. Maintains professionally appropriate communication and conduct across settings including attire, language and demeanor.	2. Utilizes appropriate language and demeanor in professional setting and understands impact of these behaviors on clients, public, and profession.	1 2 3 NA
3. Adheres to business practices of psychology in a timely manner.	3. Maintains notes, billing, and other documentation.	1 2 3 NA

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REFLECTION:
In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!
STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #11: To develop and maintain self-care practices.

Training Objective for Competency #11: Practicum students understand the importance of self-care, maintain awareness of self-care practices and stressors, and engage in self-care practice.

BENCHMARKS	BEHAVIORAL ANCHORS	RATING
1 = Does not meet competency competency	2 = Meets competency	3 = Exceeds
1. Understands the importance of self-care.	1. Demonstrates understanding of self-care across wellness domains.	1 2 3 NA
2. Monitors self-care and sources of stress.	2. Openly communicates with peers, supervisors, and/or appropriate others regarding (1) self-care practices and (2) clinical and other stressors and their impact on clinical work.	1 2 3 NA
3. Engages in self-care practices and intervenes early in response to stressors.	3. Openly communicates with supervisor regarding interruptions to self-care and seeks appropriate feedback.	1 2 3 NA
4. Proactively seeks support for self-care in response to major stressors.	4. Proactively responds to major stressors by seeking support personally and from clinical advisors as appropriate.	1 2 3 NA

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RATING:

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REFLECTION:

In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!

STRENGTHS:

AREAS FOR IMPROVEMENT:

Competency #12: To develop and maintain appropriate clinical responsiveness.

Training Objective for Competency #12: A practicum student demonstrates strong relational skills, including empathy, maintenance of therapeutic alliance, goal consensus and collaboration, positive regard, and genuineness. A practicum student also exhibits self-reflection, understands the impact of the clinician on the therapeutic relationship, and responds appropriately to this knowledge.

BENCHMARKS	**BEHAVIORAL ANCHORS**	**RATING**
1 = Does not meet competency	2 = Meets competency	3 = Exceeds competency
1. Develops strong relational skills, including empathy, maintenance of therapeutic alliance, goal consensus and collaboration, positive regard, and genuineness.	1. Exhibits strong relational skills, including empathy, maintenance of therapeutic alliance, goal consensus and collaboration, positive regard, and genuineness.	1 2 3 NA
2. Self-reflects on own emotions, cognitions, behavior, values, strengths, and challenges in the therapeutic context.	2. Discusses relationship between own emotions, cognitions, behavior, values, strengths, and challenges to treatment with supervisor.	1 2 3 NA
3. Monitors the impact of therapist behavior on client, therapeutic relationship, and treatment progress.	3. Discusses the impact of therapist behavior on client, therapeutic relationship, and treatment progress with supervisor and with client, as appropriate.	1 2 3 NA
4. Responds appropriately to knowledge gained from self-reflection and clinical assessment to further therapeutic relationship and treatment progress.	4. In the service of treatment progress and therapeutic relationship, appropriately maintains and modifies style, intervention, and other therapy-relevant behavior in response to supervision, self-reflection, and clinical assessment.	1 2 3 NA

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RATING:

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REFLECTION:

In the space below, please describe the student's strengths and areas for improvement within this competency domain. Please use the benchmarks and behavioral anchors above to guide your reflection. Honest feedback is strongly encouraged!

STRENGTHS:

AREAS FOR IMPROVEMENT:

_____ _____ _____

Student Signature Supervisor Signature Date

Teaching Competencies Rating Form

Name of Student:

Date:

Teaching Supervisor:

Evaluation Criteria

PLEASE EVALUATE THE STUDENT USING THE SCALE BELOW. PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES THE TRAINEE'S COMPETENCE. CONSIDER THE TRAINEE'S LEVEL OF TRAINING (E.G., YEAR IN PROGRAM) WHEN MAKING YOUR RATINGS. EACH ITEM MAY INCLUDE SOME SPECIFIC BEHAVIORAL EXAMPLES OF THE COMPETENCE AREA IN QUESTION, WHICH WHILE NOT AN EXHAUSTIVE LIST, SHOULD PROVIDE GENERAL GUIDELINES TO FACILITATE YOUR RATINGS.

4. Competence is below expectations for level of training. Student's competence may be acceptable at times, but may be inconsistent or her/his skill set is below an acceptable level for her/his year in program. This rating should improve to an acceptable level with further training, remediation, and/or increased student effort.

5. Competence meets expectations for level of training. The student has shown some basic mastery of the competency or skill and is at a level expected for someone at her/his level of training.

6. Competence exceeds expectations level of training.

N. Not applicable. The competency or skill set is not applicable to the student or there was no opportunity to rate/observe.

COMPETENCY AREA	RATING
1. **Valuing teaching** – Student demonstrates behavior that is consistent with generally valuing teaching as a component of their training in professional and scientific psychology. For example, the student completes teaching-related assignments on time, is careful in their work (e.g., written work is free of typographical errors), and takes the initiative on teaching-related duties (e.g., student seeks out opportunities to teach rather than waiting for them to be given to her/him).	☒ ☐ ☐ ☐ N 1 2 3
2. **Professional interaction** – Interacts appropriately with students who she/he is teaching, other teaching assistants, and professors.	☐ ☐ ☐ ☐ N 1 2 3
3. **Syllabus Design and Development** – Designs and develops a syllabus for a course.	☐ ☐ ☐ ☐ N 1 2 3
4. **Lecture Development** –Develops lectures for a course.	☐ ☐ ☐ ☐ N 1 2 3
5. **Exam Development** – Develops exams for a course.	☐ ☐ ☐ ☐ N 1 2 3
6. **Grading** – Grades exams/papers promptly, provides students with feedback and current standing in class.	☐ ☐ ☐ ☐ N 1 2 3
7. **Responding to Questions** – Responds to questions posed by students and, if necessary, finds answers.	☐ ☐ ☐ ☐ N 1 2 3
8. **Availability** – Sets office hours and responds to student requests within 48 hours.	☐ ☐ ☐ ☐ N 1 2 3
9. **Facilitating Discussion** – Sparks class/lab discussions and keeps them going.	☐ ☐ ☐ ☐ N 1 2 3
10. **Research Integration** – Integrates research into teaching activities, including lectures, readings, and class discussions.	☐ ☐ ☐ ☐ N 1 2 3

Note: Some competencies may only be relevant if selected as part of the Doctoral Portfolio teaching requirements and/or if the student has engaged in formal classroom teaching activities (e.g., teaching one's own course, serving as a Graduate Teaching Assistant, or guest lecturing).

Please comment below on the student's particular strengths in teaching:

Please comment below on any areas of development for the student in teaching (for example, as indicated by ratings of 1 in any area) and recommendations for the clinical program faculty on how this will be remediated:

Involvement in Teaching:

Contributes knowledge to the field: Below, please indicate each activity during the past semester.

# of workshops on teaching:

Served as a TA: ___Yes ___No

Taught a course: ___Yes ___No

# of guest lectures: ___

Mentored undergraduates in lab: ___Yes ___No

Took and passed a "Teaching Psychology" course: ___Yes ___No

_____ _____

Teaching supervisor's signature Student's signature

The above signatures indicate that the student has read this feedback form and that the supervisor and student have discussed it verbally. The signatures do not necessarily imply total agreement on the student's performance.

Graduate Student-Research Advisor Expectations Agreement

Date:_____ Semester & Year: _____

Advisor name:_____ Graduate student name: _____

Student's year in the program:_____ Student's placement: _____

The purpose of the Graduate Student-Advisor Expectations Agreement is to facilitate a productive, open conversation between graduate students and their faculty advisors regarding general expectations for the roles, duties, and goals of both parties.

General Considerations:

1. The purpose of this document is not to create strict or non-negotiable rules for either party. The content of this agreement will likely differ between labs, between students within the same lab, and between programs.
2. As a student progresses through the program, it is likely that their roles and duties will change, and expectations and general guidelines should be discussed and updated as needed. **Upon completion, this document may carry over into additional semesters, pending continued review and revisions as necessary. (This document should still be submitted each semester).**
3. Have non-laboratory related responsibilities that the student has this semester been discussed?

Communication:

1. How often is the **student** expected to check and respond to emails during work hours? **2x/day** ☐ **1x/day** ☐ **other:**
2. How often is the **advisor** expected to check and respond to emails during work hours? **2x/day** ☐ **1x/day** ☐ **other:**
3. How often is the **student** expected to check/respond to emails on weekends and outside of work hours? **2x/day** ☐ **1x/day** ☐ **other:**

4. How often is the **advisor** expected to check/respond to emails on weekends? **2x/day** ☐ **1x/day** ☐ **other:**

5. What is the minimum frequency with which the student and advisor will meet individually? (excluding lab meetings).

6. Is texting (and other forms of communication) an acceptable way to contact the graduate student or advisor? ? **Y** **N**
   Are there any stipulations (e.g., business hours only, before/after a time of day, etc.)?

7. Does the advisor and/or student have planned absences or anticipated scheduling conflicts this semester/year?
   Is there an expectation to reschedule all missed meetings/lab time? ? **Y** ☐ **N** ☐

8. How should unplanned absences (such as illness) be communicated between student and advisor?

9. Are there any communication goals that the advisor and/or student would like to see improved on? ? **Y** ☐ **N** ☐

10. When and how will the advisor provide feedback to the student?

11. When and how will the student provide feedback to the advisor?

12. How long should the advisor expect for completion of assignments from the student (such as drafts, proposals, and data analysis)?

13. How long should the student expect to wait for feedback on such assignments?

Lab-Related Duties

1. What are the graduate students' responsibilities in the lab?

2. Approximately how many hours a week is the student expected to spend on lab-related tasks (including lab meetings)?

3. Is the graduate student expected to be on site/in the building for specified hours?? **Y** ☐ **N** ☐

4. What are the expectations of the **student** regarding undergraduate RA training/supervision/project completion?

5. What are the expectations of the **advisor** regarding undergraduate RA training/supervision/project completion?

6. What roles will the student and advisor play in drafting/revising/submitting IRB/IACUC-related paperwork and other administrative tasks?

7. How often will lab meetings occur? What is the graduate student's role in these meetings?

Career/Professional Development

1. How do students gain authorship on lab manuscripts, publications, and/or presentations? **[open field]**
2. What is the minimum frequency that the student is expected to present at research conferences? Are there funding opportunities through the lab?
3. Is the student looking for any teaching opportunities in the near future? **Y** **N**
   In what ways could the advisor help facilitate this (e.g., guest lecture in a course the advisor is teaching, create a syllabus for undergrads in the lab)?
4. How could the advisor support networking opportunities or professional development for the student?
5. Will the student be funded for the summer through the lab? ? **Y** **N**
6. Is the student expected to attend department colloquia? **Y** **N**

Graduate Student Goals:

Faculty Member's Goals for Graduate Student:

Milestones

Please give month and year that each milestone was completed, or is anticipated to be completed.

1. Master's Thesis Proposal Approved: _____
2. Master's Thesis Completed and Defended: _____
3. Comprehensive Exam/Prelim Completed: _
4. Dissertation Proposal Approved: _____
5. Dissertation Completed and Defended: _____
6. Teaching Requirements Fulfilled (please also specify how it was fulfilled): _____

Student Signature: Faculty Signature:

Date: Date:

Graduate Student Evaluation of Faculty Research Mentor

Name_____ (Check one) Mid-Year_____
End-of-Year_____

Research Mentor_____

Were Research Goals Set? _____ Yes
_____ No

1. Were your research goals met? _____ Yes _____ No

2. What do you like about your research experience and supervision?

3. What do you not like about your research experience and supervision?

4. What are some changes which would improve your research experience and supervision (mid-year only)?

Please complete this form on the primary faculty member with whom you are doing research and leave in the Director of Clinical Training's box by _____.

Responses will be tabulated for all graduate students working with a faculty member and provided to the faculty member without identification of individual students.

Clinical Evaluations Procedure and Goal-Setting

Preamble: The purpose of clinical evaluations is for the supervisor and graduate student to provide feedback to each other in a constructive format and in a systematic way across the Clinical Psychology Program. The purposes of involvement in clinical work are: (1) to learn clinical skills by engaging in clinical work; (2) to become competent as a clinician; and (3) to offer services to clients.

1. Clinical placements are typically for 12 months. Clinical goals should be developed jointly by the graduate student and supervisor each six months. The goals should be signed by both the graduate student and faculty member and each should retain a copy of the goals.

2. Each semester, the supervisor will complete an evaluation form on the graduate student. A meeting will occur between the graduate student and the supervisor in which the following occurs:

    a. Use the Clinical Competency-Based evaluation form. Goals are reviewed and goals for the upcoming semester developed;

    b. The faculty supervisor reviews the evaluation form she (he) completed on the graduate student, both sign indicating they have reviewed the evaluation together, and the form is turned into the Director of Clinical Training.

3. Each semester, the graduate student completes an evaluation form on the faculty supervisor and turns it into the Director of Clinical Training. The Director of Clinical Training can choose to give feedback to the faculty member as long as anonymity of the student is maintained.

Clinical Goals and Expectations

Graduate Student Name:_____ Semester & Year:_____

Faculty Member Name:_____

Graduate Student Goals:

Faculty Member's Goals for Graduate Student:

Graduate Student Expectations of Faculty Member:

Faculty Member Expectations of Graduate Student:

Signatures:_____ and _____

Date:_____

Evaluation of Clinical Supervisor by Graduate Student
(Turn in to Director of Clinical Training)

Supervisor:_____ Intern:_____

Date: _____ (Check one) Mid-Year_____ or Final_____

Performance Ratings: 1 – poor; 2 – fair; 3 – average; 4 – very good; 5 – excellent
For Ratings of 1 or 2, please indicate how you attempted to address the issue with your supervisor.

Knowledge/skill base:

__ Knowledge in relevant areas
__ Has relevant clinical experience

Comments:

Rating:_____

Professionalism:

__ Maintains and models professional demeanor
__ Demonstrates an interest in and commitment to optimal clinical service
__ Models awareness of ethical issues
__ Maintains appropriate interpersonal distance

Comments:

Rating:_____

Supervision:

__ Interested in intern's professional development
__ Understands intern's professional goals
__ Helps intern develop own style
__ Has clear goals and expectations for intern's development
__ Promotes autonomy
__ Varies style
__ Gives regular, honest feedback

Comments:

Rating:_____

Teaching:

__ Imparts basic fund of knowledge
__ Teaches technical skills and psychotherapy skills
__ Brings together assessment and treatment
__ Promotes case/diagnostic formulation
__ Serves as clinical model

Comments:

Rating:_____

Interpersonal:

__ Available
__ Approachable
__ Supportive
__ Respectful when offering criticism

Comments:

Rating:_____

Overall, what is your rating of your supervisor/instructor **Rating_____**

Overall, what is your rating of your practicum course? **Rating_____**

Teaching Evaluations Procedure, Goal-Setting, and Contracts

Preamble: The purpose of teaching evaluations is for the supervisor and graduate student to provide feedback to each other in a constructive format and in a systematic way across the Clinical Psychology Program. The purposes of involvement in teaching are: (1) to learn teaching skills by engaging in teaching; (2) to become competent as a teaching; and (3) to provide knowledge to students.

1. Teaching placements are for 12 months (the 9-month academic year, plus an assignment to assist with teaching over the summer). Teaching goals should be developed jointly by the graduate student and supervisor each semester. Use the Supervisor-GTA Contract form, which is disseminated to GTA-funded students and faculty supervisors at the start of each semester. The contract should be signed by both the graduate student and faculty member and submitted to the DCT.

2. At the end of each semester, the supervisor will complete an evaluation form on the graduate student. A meeting will occur between the graduate student and the supervisor in which the following occurs:

    a. Goals are reviewed and goals for the upcoming semester developed;

    b. The faculty supervisor reviews the evaluation form she/he/they completed on the graduate student, both sign indicating they have reviewed the evaluation together, and the form is turned into the Director of Clinical Training.

3. At the end of each semester, the graduate student completes an evaluation form on the faculty supervisor and turns it into the Director of Clinical Training. The Director of Clinical Training can choose to give feedback to the faculty member as long as anonymity of the student is maintained.

Please Note: Teaching placements with faculty supervisors who are outside the Clinical Psychology program may be evaluated by other instruments or in other ways.

Supervisor-GTA Contract

Course: Click or tap here to enter text.
Semester: Click or tap here to enter text.
Instructor(s): Click or tap here to enter text.
Graduate Teaching Assistant(s): Click or tap here to enter text.

Preamble: The goal of this form is to facilitate communication between supervisors and graduate teaching assistants (TAs) in the Department of Psychological Science.

General Guidelines

1. Prior to the start of the semester, the faculty member and graduate TA should meet to discuss the expectations outlined in this form and revise as needed. Discussion should also address issues related to specific semester schedules, including what times during the semester the TA and/or supervisor will be out of town or otherwise unavailable as well as which weeks the TA can expect to have a higher workload (e.g., after a writing assignment is due).
2. Faculty are encouraged to review the duties assigned by other professors who teach the same course, as well as other courses with graduate TAs to gain a sense of reasonable expectations for a graduate TA. Faculty should keep in mind that tasks will likely take a TA longer to complete than it would take to do it themselves when assigning duties. Faculty should be thoughtful about what duties are appropriate to ask TAs to complete, and for higher-level requirements (e.g., exam preparation; giving lectures; developing grading rubrics; running lab sections) should be sure to provide adequate scaffolding and support, such as examples (e.g., test bank access; prior exam questions or rubrics) and opportunities to discuss questions.
3. If duties need to be changed due to course needs or special circumstances, changes must be discussed together as soon as the faculty member or graduate TA anticipates them. The time needed to implement any changes should be negotiated between the TA and faculty member; faculty should generally take responsibility for dealing with workload increases due to any last-minute changes.
4. For written assignments, faculty supervisors are expected to develop grading rubrics. This can be done collaboratively with the TA, if desired, but faculty should at a minimum review and approve grading rubrics, and be available to address questions during grading. Faculty are encouraged to use Blackboard for student submission of written assignments and to use Blackboard rubrics to increase grading efficiency. Faculty should also plan to norm grading with TAs (e.g., grade the first few assignments together and discuss how to make grading decisions).
5. Faculty should regularly check in with their TAs regarding issues surrounding workload, particularly during relatively high workload weeks (e.g., grading a written assignment). TAs should keep track of their hours and let the faculty supervisor know if they are going over an average of 20 hours per week. Due to the nature of managing a large enrollment course, it is likely that TAs will go over their hours some weeks. However, if TAs are averaging more than 20 hours per week across the semester, or have weeks that greatly exceed 20 hours of work (e.g., more than 25 hours) in a given week, please speak with the faculty supervisor, Program Director, or Department Chair as soon as possible so that the issue can be addressed.
6. If either the professor or the TA have concerns about this agreement, or either party is not fulfilling their responsibilities as outlined here, they can either set up a time with their supervisor, the Department Chair, or their Program Director to meet to discuss these concerns. These meetings should be scheduled as soon as possible. The Program Directors and Department Chair are committed to addressing concerns in a timely manner.

Faculty: please answer the following questions regarding course expectations:

1. How should TAs access emails related to this class? Please check all that apply: ☐Class email address; ☐Personal email address; ☐other: Click or tap here to enter text.
2. How frequently do you expect the graduate TA to check and respond to class-related emails during the workweek? ☐2x a day; ☐1x a day; ☐ other: Click or tap here to enter text.
3. How frequently do you expect the graduate TA to check and respond to class-related emails over the weekend? ☐ weekend email is not expected; ☐1x on the weekend; ☐2x or more on the weekend, ☐with justification for why this frequency is necessary: Click or tap here to enter text.
4. How frequently can the graduate TAs expect YOU to check and respond to class-related emails during the workweek? ☐2x a day; ☐1x a day; ☐other (if less than once a day, please justify why): Click or tap here to enter text.
5. How frequently can the graduate TAs expect YOU to check and respond to class-related emails over the weekend? ☐weekend email is not expected; ☐1x on the weekend; ☐2x or more on the weekend; ☐, with justification for why this frequency is necessary: Click or tap here to enter text.
6. In case of issues or concerns that require immediate attention (e.g., a student in crisis), how should the graduate TA get in contact with the faculty supervisor? Click or tap here to enter text.
7. Will you have a regularly scheduled meeting reserved for your graduate TA to discuss course progress as needed? ☐Yes ☐No
    a. If yes, how often will you reserve time to meet with your graduate TA? Once every Click or tap here to enter text. days
    b. If no, what mechanism will be in place for discussions regarding course-related issues that cannot be managed via email? Click or tap here to enter text.
8. Will there be any undergraduate TAs for this course? ☐Yes ☐No (IF YES: have undergrad TA column below and supervision section)
    a. If yes, how many? ☐TBD, ☐1, ☐2, ☐3, ☐4, ☐other: Click or tap here to enter text.
    b. If TBD, when will this be decided? Click or tap here to enter text.
9. Will there be writing assignments for this course? ☐Yes ☐No
    a. If yes, how many? Click or tap here to enter text.
    b. Please detail the length of each assignment: Click or tap here to enter text.
    c. Are students restricted to this length? ☐Yes ☐No
        i. If yes, how? Check all that apply: ☐docked points for going over, but still graded; ☐TA allowed to stop reading after a certain page; ☐other: Click or tap here to enter text.
    d. Anticipated enrollment for this course: Click or tap here to enter text.
    e. How long do you anticipate grading each assignment to take? Click or tap here to enter text.
    f. What support is provided to assist new TAs in developing good grading strategies? Check all that apply: ☐rubrics, sample answers; ☐ norming meetings, faculty availability to address grading questions; ☐other: Click or tap here to enter text.
    g. What turnaround time do you expect for grading? Click or tap here to enter text. days
10. Is the graduate TA expected to attend class? ☐Yes ☐No

a. If yes, how often? Click or tap here to enter text.

ll. How many hours per week are each of the following expected/contracted to spend on the course?

a. Professor: = Click or tap here to enter text. hours/week
b. Graduate TA = Click or tap here to enter text. hours/week
c. Undergrad TAs = Click or tap here to enter text. hours/week

Below, the **faculty supervisor** should check who he/she anticipates will be responsible for each of the following tasks related to your course.

	Professor	Grad TA(s)	Undergrad TA(s)	Not Applicable
Developing Course Materials				
Lectures	☐	☐	☐	☐
Exams	☐	☐	☐	☐
Homework assignments	☐	☐	☐	☐
Study Guides	☐	☐	☐	☐
Grading Rubrics	☐	☐	☐	☐
Creating multiple versions of multiple choice exams	☐	☐	☐	☐
Other course material tasks: Click or tap here to enter text.	☐	☐	☐	☐
Lab Sections				
Running lab sections	☐	☐	☐	☐
Grading lab activities	☐	☐	☐	☐
Developing lab lectures, activities, and assignments	☐	☐	☐	☐
Other lab tasks: Click or tap here to enter text.	☐	☐	☐	☐
Grading and Grade Management				
Grading exam essays/short answer questions	☐	☐	☐	☐
Grading homework assignments	☐	☐	☐	☐
Scantron/Akindi Management	☐	☐	☐	☐
Responding to Grade Disputes	☐	☐	☐	☐
Management of iClicker points	☐	☐	☐	☐
Other grading tasks: Click or tap here to enter text.	☐	☐	☐	☐
Supervision				
Train undergraduate TA(s)	☐	☐	☐	☐
Grade undergraduate TA academic products	☐	☐	☐	☐
Other supervision: Click or tap here to enter text.	☐	☐	☐	☐
In-Class Management				
Delivering Lectures	☐	☐	☐	☐
Bring extra iClickers to class daily; register loaners for students	☐	☐	☐	☐

Sit randomly throughout the room and monitor laptop use and student behavior	☐	☐	☐	☐

Exam days: bring exam materials (e.g., exams, scantron/Akindi forms; pencils)	☐	☐	☐	☐
Exam days: proctor exams; answer student questions related to exams	☐	☐	☐	☐
Other in-class management tasks: Click or tap here to enter text.	☐	☐	☐	☐
Meeting with Students				
Holding regular office hours	☐	☐	☐	☐
By appointment meetings with students	☐	☐	☐	☐
Running review sessions prior to exams	☐	☐	☐	☐
Questions about Grading	☐	☐	☐	☐
Questions about Course Material	☐	☐	☐	☐
Questions about how to improve course performance	☐	☐	☐	☐
Go over exams with students	☐	☐	☐	☐
Make-up Exam Administration	☐	☐	☐	☐
Special Requests or Circumstances (e.g. extensions)	☐	☐	☐	☐
Other: Click or tap here to enter text.	☐	☐	☐	☐
Responding to Emails from Students				
Questions about missing class	☐	☐	☐	☐
Questions about special circumstances/extensions	☐	☐	☐	☐
Questions about course material	☐	☐	☐	☐
Other: Click or tap here to enter text.	☐	☐	☐	☐
Blackboard				
Posting Lecture Notes	☐	☐	☐	☐
Posting Study Guides	☐	☐	☐	☐
Posting Grades and Managing Gradebook	☐	☐	☐	☐
Setting up Blackboard Assignments/Tests	☐	☐	☐	☐
Other Blackboard tasks: Click or tap here to enter text.	☐	☐	☐	☐
Photocopying				
Syllabus, Exams	☐	☐	☐	☐
Other: Click or tap here to enter text.	☐	☐	☐	☐
Student Accessibility Services (SAS) Management				
Corresponding with students regarding accommodation implementation	☐	☐	☐	☐
Confirming receipt of SAS letters	☐	☐	☐	☐

Making determinations about accommodation requests and communicating these decisions to students	☐	☐	☐	☐
Emailing SAS exams to EPC at least 24 hours before exam	☐	☐	☐	☐
Serve as a class notetaker	☐	☐	☐	☐
Other: Click or tap here to enter text.	☐	☐	☐	☐
Student Athlete Management				

Collect, scan, and file letters	☐	☐	☐	☐
Submit athlete progress reports	☐	☐	☐	☐
Reschedule and give exams as needed	☐	☐	☐	☐
Other: Click or tap here to enter text.	☐	☐	☐	☐

Other duties or comments not specified above:
Click or tap here to enter text.

Faculty Member: What goals do you have to advance the graduate TA's training as a teacher? Click or tap here to enter text.

Graduate TA: What goals do you have to advance your training as a teacher? Click or tap here to enter text.

Signatures: Date:

Graduate Student Evaluation of Faculty Supervisor for Teaching Assistant

Name_____ (Check one) Mid-Year_____
End-of-Year_____

TA Supervisor_____

Were Research Goals Set? _____ Yes
_____ No

1. Were your teaching goals met? _____ Yes _____ No

2. What do you like about your teaching experience and supervision?

3. What do you not like about your teaching experience and supervision?

4. What are some changes which would improve your teaching experience and supervision (mid-year only)?

Please complete this form on the primary faculty member with whom you are doing research and leave in the Director of Clinical Training's box by _____.

Responses will be tabulated for all graduate students working with a faculty member and provided to the faculty member without identification of individual students.

Tuition and Student Health Insurance Information for Funded Graduate Students in Psychology

Graduate Student Tuition

Graduate students are charged tuition based upon their residency, in-state or out-of-state, and credit hour enrollment. Residency for tuition purposes is determined by the Residency Officer. The residency regulations are outlined in the online Graduate Catalog and are also available from the Office of the Registrar. Questions may be directed to the Residency Officer at 802-656-8515.

Receipt of a fellowship, traineeship, assistantship or other award in most cases it will provide tuition remission benefits, as outlined below for various types of awards.

Graduate Teaching Assistants

Full Graduate Teaching Assistants (20-hours/week appointments with a stipend at the Graduate College minimum or more/9 months) receive a tuition scholarship from the College of Arts and Sciences covering a maximum of 12 credit hours per semester during the term of the GTA appointment. If you decide to take more than 12 credits in a semester, you will pay for any additional credits out-of-pocket at the in-state tuition rate (even if your residency is out-of-state). Students funded as Graduate Teaching Assistants can also take up to 5 credits during the summer term, which can be used for Master's Thesis or Dissertation Research credits.

Graduate Research Assistants

Clinical program graduate students funded as Graduate Research Assistants (20-hours/week appointments at the Graduate College minimum or more for 9 months or 12 months) may take up to 12 credit hours per semester during the term of the GRA appointment. If you decide to take more than 12 credits in a semester, you will pay for any additional credits out-of-pocket at the in-state tuition rate (even if your residency is out-of-state). Students funded as Graduate Research Assistants can also take up to 5 credits during the summer term, which can be used for Master's Thesis or Dissertation Research credits.

Student Health Insurance

All funded students with an annual stipend of at least the Graduate College minimum for 9 months or 12 months are eligible to have the University pay 100% of the single UVM student health insurance premium. This is an increase (UVM used to cover 75% of the premium) and saves each graduate assistant enrolled in the plan over $700 annually. The health insurance premium is resourced through a fringe benefit rate on the stipend. This benefit rate is charged to the same budget (general fund, grant or gift, etc.) that pays the stipend. To receive this premium support, students must enroll in the Student Health Insurance Plan through the Center for Health and Wellbeing. You must enroll annually to receive premium support.

Fellowships, Traineeships, NRSA Awards

The details of the specific traineeship or fellowship grant will dictate how tuition is paid. These awards are handled differently than GRAs and GTAs because the fellow/trainee is considered an employee of the granting agency (such as NIH), not of UVM. If you are funded on a training grant, you will need to find out the specifics of the stipend level and financial aid package (e.g., tuition remission per semester, whether it covers a portion of the student health insurance premium) from the Principal Investigator on the grant. If you are funded on a National Research Service Award (NRSA), you will need to work with UVM's Sponsored Programs Office to set up your project budget in accord with current standards. There are times that the grant may not be finalized prior to tuition becoming due. In such cases, close communication with the Graduate College and Student Financial Services can often save students from late fees.

If you came to the State of Vermont to go to graduate school (that is, did not work in the State for one year preceding enrolling in graduate school), NRSAs may have tuition rates at the out-of-state rate. On the other hand, if you are a resident of the State of Vermont and have worked for a year preceding graduate school, then you are considered in-state and the NRSA pays tuition at the in-state rate. The Registrar's office determines your residency status upon your application to the program, and tuition is charged accordingly.

Procedures and Criteria for Doctoral Clinical Students Walking in May Commencement

Clinical Psychology students who have completed all other program requirements* for the Ph.D. except for completion of the internship, will be permitted to walk in the May graduation ceremony on the following conditions:

- Internship is to be completed prior to August 24th of the same year.
- Students receive an Incomplete for the second semester of Internship, which will be changed to passing upon successful completion.
- Students may not register for any credits or continuous registration in the summer in which they are completing the internship following walking in the ceremony.
- Student names will not be printed in the commencement booklet as they will officially be August graduates.
- If the internship is not completed, students will not graduate.

*Requirements include a successful dissertation defense and uploading a final revised copy of the dissertation to ProQuest and Graduate College approval of that submission by the published deadline of the Graduate College for the May graduation date that term.