

Doctoral Student Handbook 2015-2016

The University of Kansas Clinical Psychology Doctoral Training Program



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THE CLINICAL PROGRAM AT THE UNIVERSITY OF KANSAS

Welcome to the University of Kansas Clinical Psychology Program. The Clinical Psychology Graduate Training Program was established in the mid-1940s, and was represented at the original Boulder Conference in 1949. That same year the program was accredited by the American Psychological Association, and was in fact among the first wave of clinical programs to be accredited by the APA. The program has been continuously accredited since. The Clinical Program is a member of the Council of University Directors of Clinical Training, the Council of Clinical Health Psychology Training Programs, and the Academy of Psychological Science. Our Clinical Training Program has produced hundreds of graduates who have spread the Kansas influence throughout the world. Welcome to the long and proud tradition of Jayhawk Clinical Psychology.

As you participate in our Program, you should be mindful that we are part of a much larger institution. The University of Kansas was established in 1865 with three faculty members and 55 students. Two years later the first recognizable psychology course, “mental philosophy”, was taught by newly named chancellor John Fraser. It is fitting that the Department of Psychology is currently located in Fraser Hall. Psychology was part of the Department of Philosophy until 1916 when the Department of Psychology was formed, although the first clinical course, “psycho-therapy” was offered in 1910. Today the Department of Psychology has more than 1000 majors, over 30 faculty members, and offers Doctoral Programs in clinical, cognitive, developmental, quantitative, and social psychology. The University has grown to its present faculty of almost 2,000 with approximately 30,000 students, over 6,000 of whom are in the Graduate School. Accredited by the North Central Association of Colleges and Schools, the University also belongs to the select American Association of Universities, which reflects quality graduate education and research. Also, because of its emphasis on graduate education and research, the University is rated as a Carnegie I Research University.

Program Philosophy and Training Model

The program adheres to the “Boulder Model” and strives to not only strike a balance between the scientist and practitioner features of clinical psychology, but also focuses on the integration of science and practice. We believe that competent clinical practitioners must understand, appreciate, and apply the science associated with effective clinical interventions, and that competent clinical researchers must have first-hand experience with clinical disorders that is both broad and in-depth. Accordingly, we aim to produce professionals who demonstrate mastery of knowledge in the field of scientific psychology and who will have (1) the ability to generate new scientific knowledge and theory related to the field of psychology, and (2) can make independent contributions to the evolving base of skills and scientific knowledge required for clinical practice. In line with these objectives, students may take elective coursework or practica to augment either or both clinical/applied and academic/research skills. Our goal is to prepare students to work in academic, research, and practice settings. Moreover, our objective is to train graduates who approach all their work from a strong ethical foundation.

THE STRUCTURE OF THE CLINICAL PSYCHOLOGY PROGRAM

The Clinical Program is composed of the General Program and the Clinical Health Specialty. The Director of Clinical Training oversees the entirety of the clinical program, and administers the policies and procedures approved by the Clinical faculty. The Program Director delegates various responsibilities, including committee appointments, to one or more members of the Clinical faculty

and graduate student body. The Program Director consults with the faculty and student representatives about matters ranging from advising and colloquia to curricular decisions. Issues involving Program policy decisions are taken to meetings of the entire Clinical faculty and the graduate student representatives. Graduate student representatives also participate on all major committees in the Program. Committee memberships are announced by the Program Director at the beginning of each fall semester.

It is important to note that the Clinical Psychology Doctoral training program at the University of Kansas values cultural and individual diversity in all their manifestations (e.g., age, disability, ethnicity, sex, gender identity, national origin, race, religion, culture, sexual orientation, and socio-economic status). Not only does the program not discriminate in any aspect of educational training, it also does not restrict any aspect of program access or completion of the program based on cultural or individual diversity. Indeed, the program welcomes diversity of all types.

Residency Policy

The clinical program requires that students spend a minimum of 3 full-time academic years at the University of Kansas. During that time the student must be engaged in full time study at this institution.

Major Area of Study in Clinical Health Psychology

Clinical health psychology is concerned with the contributions that psychologists can make to understanding health and illness, frequently in collaboration with other health professionals, including physicians. The Major Area of Study in Clinical Health Psychology at the University of Kansas is designed to be completed in conjunction with the requirements for the clinical program. A number of faculty members, located within the Department of Psychology and other departments at the Lawrence campus and the University of Kansas Medical Center, provide the teaching and supervisory support for the health area. Practicum in clinical health psychology, conducted during the third and fourth program year is obtained at the University of Kansas Medical Center and other locations specializing in health service delivery. Additional coursework is also available through the Department of Preventive Medicine and its Master's program in public health at the University of Kansas Medical Center. The Student Handbook for the Major Area of Study in Clinical Health Psychology is located in Appendix C.

WHERE TO FIND INFORMATION: BLACKBOARD AND BEYOND

Blackboard (abbreviated Bb) is an online course management system that is used by instructors as a source for online tools and resources for teaching. Instructors frequently use blackboard to post lecture materials, assignments, announcement, grades, and other class materials. The Clinical Program maintains a Blackboard site that contains the proseminar schedule, master's theses, dissertations, various forms, and other relevant material (<https://courseware.ku.edu>). Additionally, once you enroll in a class, if your instructor is using a Blackboard site you will be able to access it at (your online ID and password are needed to sign in). More generally, a guide to resources and getting started at the University of Kansas is included in Appendix A.

PROGRAM FACULTY MEMBERS

Core Clinical Faculty members supervise research and develop, modify, and approve program policies and procedures. In addition, the program benefits from a number of affiliated faculty

members who may supervise clinical work and/or research and who participate in the program to differing degrees. Affiliated faculty members are located in a variety of different settings that include the KU Medical Center, the main campus, and a number of other sites.

Main Campus Core Clinical Faculty

- Ruth Ann Atchley, Ph.D., Professor, Department Chair (University of California, Riverside, 1997)
- Tamara Baker, Ph.D., Associate Professor (Penn State University, 2001)
- Kelsie Forbush, Ph.D., Assistant Professor, (University of Iowa, 2011)
- Nancy Hamilton, Ph.D., Associate Professor, Coordinator, Health Psychology (Arizona State University, 2001)
- Steve Ilardi, Ph.D., Associate Professor (Duke University, 1995)
- Rick Ingram, Ph.D., Professor; Director, Clinical Program (University of Kansas, 1983)
- David Johnson, Ph.D., Associate Professor (Washington University of St. Louis, 2003)
- Sarah Kirk, Ph.D., ABPP Director, KU Psychological Clinic; Assistant Director, Clinical Program (University of Kansas, 1998)
- Charlene Muehlenhard, Ph.D., Professor (University of Wisconsin, 1981)
- Amber Watts, Ph.D., Assistant Professor (University of Southern California, 2009)

Main Campus Clinical Supervisors

- Cyd Schnacke, Ph.D., Instructor
- Bruce Liese, Ph.D., ABPP, Instructor

KU Medical Center Faculty

Faculty who regularly supervise students' research or clinical activities

- Martha Barnard, Ph.D., Clinical Associate Professor, Behavioral Pediatrics, KU Medical Center
- Christy Befort, Ph.D., Assistant Professor, KU Medical Center, Department of Preventive Medicine & Public Health
- Lisa Sanderson Cox, Ph.D., Research Assistant Professor, Preventive Medicine & Public Health, KU Medical Center
- Ann McGrath Davis, Ph.D., MPH, ABPP, Assistant Professor, Behavioral Pediatrics, KU Medical Center
- Meagan Dwyer, Ph.D., Clinical Assistant Professor, Cancer Center KU Medical Center
- Jessica Hamilton, Ph.D., Clinical Assistant Professor, Cancer Center KU Medical Center
- Jennifer Klemp, M.P.H, Ph.D., Clinical Psychologist/Cancer Risk Counselor; KU Medical Center; Program Manager, Breast Cancer Survivorship Center
- Monica Kurylo, Ph.D., ABPP Clinical Assistant Professor, Psychology and Rehabilitation, Psychology and Neuropsychology, KU Medical Center
- Laura Martin, Ph.D., Assistant Professor, Preventive Medicine and Public Health, KU Medical Center
- Eve-Lynn Nelson, Ph.D., Assistant Director of Research, Center for TeleMedicine & TeleHealth, KU Medical Center
- Nicole Nollen, Ph.D., Assistant Professor, Preventive Medicine & Public Health, KU Medical Center
- Michael Rapoff, Ph.D., Ralph L. Smith Professor of Pediatrics, University of Kansas Medical Center Department of Pediatrics

PROGRAM REQUIREMENTS

For students entering the program with a B.A. degree, the Clinical program is designed to be completed in 5 to 6 years, including a one year predoctoral internship. For a variety of reasons, sometimes students take longer to complete the program. It is important to note that the Program requires that all degree requirements will be completed by the end of the student's **8th year** in the program. The Graduate School also sets a limit on the number of semesters that a student may receive GTA funding. The chart below illustrates the expected date for various program requirements, along with the deadline in which they *must* be completed.

Please note that, except for courses that are graded on a Satisfactory/Fail basis, all courses must be passed with grades of B- or higher. Courses graded C+ or less must be re-taken and passed with grades of B- or higher. Receiving grades of C+ or less in two or more courses is potential grounds for dismissal from the program.

Expected Completion Dates and Deadlines

The following deadlines are set for successful completion of the doctoral training process:

COMPLETION EXPECTED		COMPLETION DEADLINE*
Master's Thesis & Oral Defense	Year 2 (by the end of the summer term)	Year 4 (by the end of the summer term)
Comprehensive Oral Exam	Year 4 or 5 (by the end of the summer term)	Year 7 (by September 15)
Dissertation & Final Oral Defense	Year 5 or 6 (by the end of the summer term)	Year 8 (by the end of the summer term)
All Program Requirements (Including Internship*)	Year 6 (by the end of the summer term)	Year 8 (by the end of the summer term)*

** The Program ordinarily requires that all degree requirements will be completed by the end of the student's eighth year in the program, but recognizes that internships that begin in the fall semester of year 8 cannot be completed until the summer or fall semester of year 9.*

The Program stays informed regarding students' progress via the Program's annual (spring) advising and student evaluation process, and informs students in writing if they are in danger of missing deadlines for completing aspects of the curriculum. Students who fail to meet a completion deadline are considered on an individual basis, with Program Faculty reserving the right to exercise the option deemed most appropriate for the given case. Students are informed, in writing, of missed deadlines and the associated consequences. In unusual circumstances, missed deadlines may be extended, but students should anticipate that the more common outcome is dismissal from the Program. As with all adverse decisions affecting them, students terminated from the program or otherwise sanctioned for missing a deadline have the right to appeal (see section below entitled: "Student Appeal and Grievance Rights and Procedures").

Students Entering the Program with a Master's Degree

Students who are admitted into the Clinical Program with a Masters Degrees are nonetheless required to fulfill all program requirements. If the student completed an empirical thesis for his or her MA program, the thesis may be submitted to the Program Director for an evaluation of its equivalency to theses that are performed by students in our program. The Program Director submits the thesis to a subcommittee of program faculty who evaluate it. If the thesis is judged to be equivalent, the student

is credited for having completed the program's empirical thesis requirement. If the thesis is not judged to be equivalent, or if the student did not do an empirical thesis, the student is required to complete an empirical thesis as a part of our program. In such a case, the same Master's Thesis and Oral Defense deadlines above apply.

Likewise, if MA students have completed graduate coursework that they believe is the equivalent of the Clinical Program's required courses, they may receive up to 30 credits for this coursework. Each course substitution must be approved by the instructor of the comparable KU course; the comparability of the courses must be documented in a manner that is satisfactory to the course instructor. Course instructors may also consider the grade the student received.

Students wishing to receive credit for previous courses, and the Master's degree, should use the *Course and Master's Thesis Waiver and Substitution form* to obtain the necessary faculty signatures and submit to the Program Director. These can be found on Bb.

You must be a full time student in residence at the University of Kansas for three years. In reality, the program is structured in such a way that it is not possible to successfully complete the program without at least three full time years in residence at the University of Kansas. Full time residence includes time spent at the University of Kansas Medical Center.

CURRICULUM

The objectives of the KU Clinical Psychology Program are to educate students about the content issues that presently define the knowledge base in clinical psychology and the processes of learning and problem-solving that may be used across the span of students' subsequent professional careers.

The curriculum proceeds from core courses providing an educational foundation to more specialized topics geared toward students' individual interests. Although students, depending on their prior experience (e.g., those entering with an MA degree) sometimes take courses in a different order, typically during the first year of the program, students complete courses aimed at ensuring basic knowledge in psychopathology, research methodology, psychological assessment, statistics, and biological foundations of psychopathology. Also during the first year, students begin attending colloquia and other professional issues-related presentations designed to acquaint them with current research in the field, to orient them to current ethical and professional issues in the field, and to further the process of professional enculturation.

During their second year, students begin seeing clients in the KU Psychological Clinic, having been prepared for this by a comprehensive clinic orientation during the summer of their first year. Second-year students should be working on completing their master's theses, as well as taking other core psychology and clinical psychology courses.

The "task requirement" is a central feature of the third year. The Task may take the form of a literature review, documentation of a clinical intervention, or a program evaluation project. Course work during the third year comprises both elective and required classes, and students continue their practicum training in the KU Psychological Clinic (or the KU Medical Center for students in the Clinical Health Track).

Fourth-year students generally have completed most of their course work and their required practica, and focus on the doctoral dissertation. Also, during the fall of the fourth (or fifth) year, most students complete the application process for the predoctoral internship, thereafter spending their final year in the program at an internship site.

Coursework and program requirements are composed of General Core Requirements for Clinical Psychology, Clinical Course Requirements, Research Requirements, the Task, and the Internship. Some of these requirements are met in a different fashion for Health students. These are noted as they apply to the description below, and in the following and in the description of the Major Area of Study in Clinical Health Psychology Handbook in Appendix C.

General Core Requirements for Clinical Psychology

A. Quantitative Analysis of Behavior

Completion of two courses:

PSYC 789: Psychological Statistics: Foundations and Applications

Or

PSYC 790: Statistical Methods in Psychology I

AND

Completion of *one* of the following:

PSYC 790: Statistical Methods I (only if not counted above)

PSYC 791: Statistical Methods in Psychology II

PSYC 795: Computing & Psychology

EPSY 810: Regression Analysis

EPSY 811: Statistical Methods II

PSYC 879: Applied Nonparametric Statistical Methods

PSYC 887: Factor Analysis

PSYC 892: Test Theory

PSYC 893: Multivariate Analysis

PSYC 894: Multilevel Modeling

PSYC 895: Categorical Data Analysis

PSYC 896: Structural Equation Modeling

B. Cognitive Bases of Behavior

Completion of *one* of the following courses

PSYC 723: Advanced Cognitive Psychology

PSYC 725: Cognitive Neuroscience

PSYC 870: Cognitive Development

C. Social Bases of Behavior

Completion of *one* of the following courses:

PSYC 774: Advanced Social Psychology I

PSYC 775: Advanced Social Psychology II - Current Issues

PSYC 956: Social Neuroscience

D. Developmental Bases of Behavior

Completion of *one* of the following courses:

PSYC 870: Cognitive Development

EPSY 705: Human Development Through the Lifespan

E. Affective Bases of Behavior

Completion of:

PSYC 860: Affective Science

Clinical Requirements for Clinical Psychology

A. History, Ethics and Diversity

Completion of *two* of the following courses:

History

PSYC 810: History and Ethics in Psychology

Or

EPSY 998: History of Psychology

Or

ABSC 921: The History and Systems of Psychology

Or

PSYC 975: Professional & Ethical Problems in Psychology

AND

Diversity

PSYC 888: Diversity Issues in Clinical Psychology

Or

EPSY 875: Cross Cultural Counseling

B. Psychopathology

Completion of:

PSYC 960: Advanced Psychopathology

PSYC 961: Biological Foundations of Psychopathology

C. Assessment

Completion of:

PSYC 850: Assessment I: Foundations of Psychological Assessment

PSYC 855: Assessment II: Integrative Psychological Assessment

D. Psychotherapy

Completion of the following two courses

PSYC 946: Theories and Methods of Psychotherapy

PSYC 950: Supervision and Consultation: Theory and Research

E. Professional and Ethical Issues

Completion of *two* of the following two courses

PSYC 810: History and Ethics in Psychology

Or

EPSY 880: Legal, Ethical, and Professional Issues

Or

PSYC 975: Professional & Ethical Problems in Psychology

AND

PSYC 898: Prof Issues in Clinical and Health Psychology

F. Supervision and Consultation

Completion of:

PSYC 950: Supervision and Consultation: Theory and Research

G. Clinical Practicum Requirements for Clinical Psychology

The program requires at least 450 clinical contact hours. The primary training site for students is the KU Psychological Clinic. General students must complete at least 275 hours in the clinic, while the remaining 175 hours can be completed in the clinic or in another approved community or university setting. Health students must complete 125 hours in the clinic and at least 150 hours in a KUMC practicum. For the remaining hours, health students are required to enroll in health related practicum experiences – see Handbook in Appendix C.

The practicum requirement of 450 hours needs to be fulfilled by completion of at least five courses:

PSYC 964: Clinical Practicum I -- One fall semester of supervised practicum experience within the KU Psychological Clinic.

PSYC 965: Clinical Practicum II -- One spring semester of supervised practicum experience within the KU Psychological Clinic.

PSYC 966: Clinical Practicum III -- One summer semester of supervised practicum experience within the KU Psychological Clinic.

AND

PSYC 969: Clinical Practicum IV -- One fall semester of advanced supervised practicum within the KU Psychological Clinic

OR

PSYC 835: Clinical Practicum IV: Health -- One fall semester of advanced supervised clinical health practicum at the KU Medical Center.

AND

PSYC 970: Clinical Practicum V -- one spring semester of advanced supervised practicum experience within the KU Psychological Clinic

OR

PSYC 836: Clinical Practicum V: Health-- one spring semester of advanced supervised clinical health practicum at the KU Medical Center.

H. Professional Issues and Ethics

PSYC 898: Professional Issues in Clinical and Health Psychology

The Clinical Program maintains an active proseminar series aimed at exposing students and faculty alike to historical, current, and emerging professional issues in clinical and clinical health psychology. This proseminar series consists of a variety of presentations and activities including such things as faculty colloquia, visiting speakers, student research presentations, etc. Such activities are planned to occur, on average, approximately once every two weeks during the academic year.

Students *enroll in one hour* of PSYC 898 *in each of 6 different semesters* and are expected to attend a minimum of 75% of scheduled proseminar activities in *each* of those semesters. Beyond these requirements, students are encouraged to attend as many proseminar activities as possible.

Ethical Principles

Our program is bound by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct. In addition, we are bound by other ethical and professional principles promulgated by APA. Any breach of any part of these principles is grounds for dismissal from the program without further qualification. All students receive a copy of the ethical principles when they enter the program. Additionally, the ethical principles can be found online at: <http://www.apa.org/ethics/code/index.aspx>

In our APA-accredited program, we are committed to a training process that ensures graduate students develop the knowledge, skills, and professional competencies to work effectively with members of the public who have varying demographics, attitudes, beliefs, and values. When graduate students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all clients/patients. For some trainees, integrating personal beliefs or values with professional competence in working with all clients/patients may require additional time, training, and faculty support. Ultimately, however, to complete our program successfully, all graduate students must be able to work with any client/patient placed in their care in a beneficial and non-injurious manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, graduate students do not have the option to avoid working with particular client populations or refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values and may not discriminate against clients/patients based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law or University policy

I. Electives

In consultation with their advising committee, students are required to take 6 credit hours of elective credits.

J. Research

The research minimum requirements fall into three categories: coursework, the Master's thesis (6 hours), and the dissertation (12 hours)

Coursework

Students must complete:

PSYC 968: Research Methods in Clinical Psychology

Master's Thesis

All students are required to complete an empirical Master's Thesis and to defend it in an oral defense. The final document can be written in a form suitable for journal submission. The thesis is expected to be completed by the end of the second year, and unless the faculty judge that there is a compelling reason, cannot be completed after the end of the student's fourth year in the program.

Students must establish a 3 member thesis committee composed of their advisor and two additional faculty members from the Department of Psychology. Once this committee is established, the student and faculty members sign the Thesis Committee Membership Form and the student turns it in to the Director of Clinical Training.

Thesis Proposal

The thesis advisor assists the student in preparing a thesis proposal and in selecting the other two faculty members comprising the Master's Thesis Committee. Once the thesis advisor judges the thesis proposal to be sufficiently developed, the student schedules a meeting of the thesis committee to review the proposal and to ensure that it is acceptable to the committee members. Only after the thesis proposal has met with the committee's approval can the student proceed to conduct the thesis research.

The "Thesis Rule"

Given that our program encourages students to begin the thesis process in the first year of the program, they generally are expected to complete the thesis no later than October 1 of the third year. The "thesis rule" states that a student who has not completed the oral defense of the master's thesis by October 1 of his or her third year in the program may only enroll in thesis-related or specifically required practicum coursework in subsequent semesters until such time as the thesis has been successfully defended. The intent of the rule is to encourage students to make steady progress toward completion of the thesis. If the thesis has not been defended by October 1, the student must petition for an extension of the program's "Thesis Rule" if he or she wishes to enroll in non-thesis related coursework in the subsequent spring and summer sessions.

Successful petitions for extension of the "thesis rule" typically involve extenuating circumstances related to equipment needs or procuring research participants. The progress of students both receiving and not receiving thesis rule extensions for the third year of the program is reviewed each subsequent semester until the thesis has been defended. Students whose petition requests for the third year are granted must petition again if the thesis has not been defended by the beginning (August 15) of their fourth year in the program if they wish to continue enrolling in non-thesis supporting hours. Students should consider, however, that thesis rule extensions for the fourth year in the program are unlikely to be granted. Failure to complete and defend the thesis by the beginning (August 15) of the student's fifth year in the program is considered grounds for dismissal from the program.

The Thesis Defense

Once the thesis project is completed, it is defended in a two-hour Thesis Defense Oral Exam. The three members of the oral exam committee are the members of the thesis committee. Should the student not pass the oral defense, the exam committee may require a new thesis project, may require the student to make specified improvements in the thesis write-up before being allowed to sit for a second (and final) thesis defense, or may recommend that the student be dismissed from the program. Once the thesis has been successfully defended, the student is awarded the M.A. degree.

Post-MA Thesis Defense Evaluation

Regardless of the thesis defense outcome, at the first regularly scheduled faculty meeting after a student stands for the oral defense of the master's thesis, the Clinical Program faculty reviews all aspects of the student's performance (including academic, clinical, research and interpersonal dimensions). (Evaluation forms can be found in Appendix D). The faculty evaluates the student's potential for completion of the Ph.D. degree at an expected high level of quality in all domains such that the student would be able to receive positive recommendations for internships, postdoctoral

fellowships, and employment positions. The faculty will provide feedback to the students about the outcome of the evaluation, which will include a decision about the students' continuation in the program leading to doctoral candidacy and the Ph.D.

Dissertation

The dissertation is expected to be a substantial empirical project that should make a contribution to the literature. In undertaking this project, students work closely with their dissertation chairperson who provides constructive feedback as the student prepares the formal dissertation proposal document and orally defends the dissertation.

Composition of the Dissertation Committee

The Dissertation Committee chairperson must specifically be authorized to chair dissertations. Additionally, at least two members of the dissertation committee must be from the Clinical Program graduate faculty. When a Clinical Program doctoral student's potential dissertation chairperson is from a department other than Psychology, or does not have at least a 50% appointment within the Department of Psychology, the potential chair must either be specifically approved by the clinical program, or the student must have a co-chairperson from within the clinical program. In those instances where a clinical program co-chairperson is required, the clinical program co-chairperson will be the chairperson of record (i.e., the person who signs a "Do-All" form certifying the exam outcomes). Please note that students seeking program approval for a dissertation chairperson who is not a psychology department faculty member should contact the Director of Clinical Training.

Comprehensive Oral Exam/Dissertation Proposal

From the KU Policy File:

When a doctoral aspirant has completed the major portion of the course work at a level satisfactory to the graduate degree program and school and met all other program, school, and general requirements prerequisite to the comprehensive oral examination, including the research skills requirement as appropriately applied and established for the student's particular program, the degree program must request the Graduate Division of its school to schedule the comprehensive oral examination. It should be determined that the student is in good academic standing (3.0 or higher grade-point average) before scheduling the examination. The examination request must be submitted in advance of the examination date by at least the period specified by the Graduate Division, normally a minimum of two weeks. The Graduate Division ascertains whether all pertinent requirements have been satisfied and if reports of any previously scheduled comprehensive oral examinations have been properly submitted and recorded.

The committee for the comprehensive oral examination must consist of at least five members, all of whom must be members of the Graduate Faculty. Its members are appointed by the Graduate Division of the school or college on the basis of nominations submitted by the graduate degree program. At least one member must be from a department other than the aspirant's major department. This member represents Graduate Studies and must be a regular member of the Graduate Faculty. The Graduate Studies representative is a voting member of the committee, has full right to participate in the examination, and reports any unsatisfactory or irregular aspects of the examination to the committee chair, department chair, Graduate Division, and Graduate Studies. The examination may be scheduled provided that at least five months have elapsed from the time of the aspirant's first enrollment at KU.

The comprehensive oral examination covers the major field and any extradepartmental work for which the program wishes to hold the aspirant responsible. For every scheduled examination, the degree program reports a grade of Honors, Satisfactory, or Unsatisfactory. If the aspirant receives a grade of Unsatisfactory on the comprehensive oral examination, it may be repeated on the recommendation of the degree program, but under no circumstances may it be taken more than three times. In any case, the examination may not be repeated until at least 90 days have elapsed since the last unsuccessful attempt.

Beyond the policy outlined above, the Clinical Program Policy is that, should the student not pass the Comprehensive Oral Exam, the exam committee may fail the student and require a totally new dissertation project. The committee may require the student to make specified improvements in the dissertation proposal before being allowed to sit for a second (and final) Comprehensive Oral exam, or it may recommend to the program that the student be dismissed from the program. If a student fails the initial Comprehensive Oral Exam but is not recommended for dismissal from the program, he or she may schedule another (and final) Comprehensive Oral Exam date no sooner than 60 days following the original exam date. Failure to pass a second comprehensive Oral Exam results in dismissal from the program, that is, the program will not support a petition to attempt the exam a third time.

Advancing to Doctoral Candidacy

The Clinical Psychology Training Program at the University of Kansas enrolls students with the intent that they complete the Ph.D. However, students do not officially become doctoral candidates until they are advanced to doctoral candidacy” Once a student passes the Comprehensive Oral Exam, he or she is advanced to doctoral candidacy. Students may enroll in dissertation credits during the semester they anticipate completing the Comprehensive Oral Exam requirement.

Final Oral Exam

Although the graduate school requires only a three-member dissertation committee, students typically continue with the 5 faculty members who formed the oral exam committee. This committee is responsible for evaluating the student's write-up and oral defense of the dissertation during a required two-hour Final Oral Exam (i.e., the dissertation defense).

The 18-hour Rule

The "18-hour rule" is a graduate school requirement relating to post-comprehensive (oral) exam enrollment. Once a person has passed the comprehensive oral exam, she or he must be continuously enrolled, including summer sessions, until all degree requirements have been completed. During this time, until all degree requirements have been completed or until 18 post-comprehensive exam hours have been completed (whichever comes first), the candidate must enroll for a minimum of 6 hours per semester and 3 hours per summer session. After the 18-hour requirement has been satisfied (and until all degree requirements have been met) the individual must be continuously enrolled, but may enroll in whatever number of hours is deemed appropriate, given their level of use of university resources. Because of this rule, many students, especially those expecting to be on internship during the next academic year, find it useful to enroll in as many dissertation (or other) hours as possible during the semester in which they plan to schedule their comprehensive oral exam. The reason for this is that all hours taken during the semester of the comprehensive oral exam count toward the 18-hour rule.

K. Comprehensive Exam: The Task Requirement

In lieu of traditional written comprehensive exams, each student in the Clinical Program must propose and demonstrate competency in one task or project. Tasks are intended to be substantial work products that demonstrate both independence and competence. Ideally, the task should be completed in the student's third year, following completion of the MA thesis. The task must be completed before the student's Comprehensive Oral Exam can be scheduled. Tasks may be in one of three areas: (A) Clinical Demonstration, (B) Research/Methodology, or (C) Program Evaluation. Students must submit a "Task Appropriateness form" (found on Blackboard). Students are encouraged to work closely with their advisors in generating a task idea and in developing their task appropriateness proposal. Once the proposal is approved, no further faculty input is permitted in writing the task. Task manuscripts should be written in APA style.

Student should consult Appendix B for additional Information on the task system and requirements.

L. Internship

Students are required to complete an American Psychological Association (APA) approved pre-doctoral clinical psychology internship. Students should enroll in PSYC 974 for 1 credit hour in each for three consecutive semesters, including one summer.

In order to apply for internships, students must pass their Oral Comprehensive Exam (dissertation proposal defense) by **September 15** of the year they intend to apply. This means that the students will have completed all program requirements, save their final dissertation defense and internship, prior to applying for internship. Although it is not a program rule, the faculty believes that students are best served by completing the dissertation, including the final oral defense if possible, prior to beginning the internship. Taking this approach enables students to concentrate on maximizing the internship experience and makes it unlikely that students will fail to complete their dissertations in a timely manner following their internships.

The Clinic Director coordinates internship matters to help students prepare for the internship application process. In yearly workshops, every aspect of applying for internships is covered, including role-plays of potential interview situations that students might encounter. Students also are counseled individually about their particular needs regarding internships. Additionally, current or former interns often conduct a workshop for our aspiring interns to give their first-hand impressions about the application, recruitment, and selection process, as well as what it is like to be on internship (e.g., the hours, types of assignments, etc.). Although students typically obtain one of their top internship choices in recent years obtaining a good internship has become a more competitive process, and we encourage students to start thinking about internship well ahead of the actual application time.

M. Responsible Scholarship Requirement

Satisfying this requirement includes completing :

PSYC 968: Research Methods in Clinical Psychology

AND

PSYC 810: History and Ethics in Psychology

OR

EPSY 880: Legal, Ethical, and Professional Issues

OR

PSYC 975: Professional & Ethical Problems in Psychology

AND completing

- An online tutorial for Responsible Scholarship from Research and Graduate Studies
- An online tutorial for IRB (institutional Review Board)
- An online tutorial for HIPAA data (completed annually)

A SAMPLE SEQUENCE OF PROGRAM REQUIREMENTS 2016-2017

The following represents **one example** of a set of courses reflecting the previous description. It is just one example of a sequence.

1st YEAR	Credits
<u>Fall Semester</u>	
•PSYC 789: Psychological Statistics: Foundations & Applications	3
•PSYC 850: Assessment I: Foundations of Psych. Assessment	3
•PSYC 898: Professional Issues in Clinical & Health Psychology	1
•PSYC 968: Research Methods in Clinical Psychology	3
•PSYC 899: Thesis	0-1
•Psychology General Core Requirement	3
<u>Spring Semester</u>	
•PSYC 790: Statistical Methods in Psychology I (Or an alternative to satisfy the quant analysis requirement.)	3-4
•PSYC 855: Assessment II: Integrative Psych Assessment	3
•PSYC 898: Professional Issues in Clinical & Health Psychology	1
•PSYC 946: Theories and Methods of Psychotherapy	3
•PSYC 960: Advanced Psychopathology	3
•PSYC 899: Thesis	0-1
<u>Summer Semester</u>	
•PSYC 899: Thesis	0-1
•Elective (PSYC 977-Prep for beginning practicum)	0-1
 2nd YEAR	
Credits	
<u>Fall Semester</u>	
•PSYC 898: Professional Issues in Clinical & Health Psychology	1
•PSYC 964: Clinical Practicum I	3
•PSYC 899: Thesis	2
•Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives	3-6
<u>Spring Semester</u>	
•PSYC 898: Professional Issues in Clinical & Health Psychology	1
•PSYC 965: Clinical Practicum II	3
•PSYC 961: Biological Foundations of Psychopathology	3
•PSYC 899: Thesis	2-3
•Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives	3-6

Summer Semester

- PSYC 966: Clinical Practicum III 3
- PSYC 899: Thesis 0-1

3rd YEAR**Credits**Fall Semester

- PSYC 969: (or PSYC 835) Clinical (Health) Practicum IV 3
- PSYC 898: Professional Issues in Clinical & Health Psychology 1
- Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives 3-6

Spring Semester

- PSYC 898: Professional Issues in Clinical & Health Psychology 1
- PSYC: 810:History and Ethics in Psychology 3
- PSYC 950: Supervision & Consultation: Theory & Research 1
- PSYC 970: (or PSYC 836) Clinical (Health) Practicum V 3
- PSYC 999: Dissertation 3-6
- Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives 3-6

Summer Semester

- PSYC 999: Dissertation 3

4th YEAR**Credits**Fall Semester

- PSYC 999: Dissertation 3-6
- *Clinical Health Students – enroll in PSYC 848 Clinical Health Practicum 3
- Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives 3-6

Spring Semester

- PSYC 999: Dissertation 3-6
- *Clinical Health Students – enroll in PSYC 849 Clinical Health Practicum 3
- Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives 3-6

Summer Semester

- PSYC 999: Dissertation 0-3

5th YEAR**Credits**Fall, Spring, & Summer Semesters

- PSYC 974: Internship (one credit hour per semester) 3

MINOR OPTIONS

Two minors are available for clinical students: A minor in Quantitative Psychology and a minor in Cognitive Psychology.

Cognitive Minor in Clinical Psychology

Cognitive theories, data, and methods offer an important perspective for understanding clinical phenomena. In recognition of the role cognition plays in clinical psychology, the Clinical Psychology Training Program offers a minor designed to facilitate the development of expertise in cognitive approaches to clinical psychology.

Students may complete this minor with the consultation and approval of their advisory committee, and with the recommendation of the cognitive program. To complete the minor, students must complete all requirements for the clinical program, and must complete a minimum of three core cognitive courses. Additionally, students in this minor are encouraged to have clinical and cognitive co-chairs for all committees.

Required Coursework

- PSYC 723: Advanced Cognitive Psychology
- PSYC 725: Cognitive Neuroscience
- One additional cognitive course of the student's choosing

Cognitive Core Courses

- PSYC 723: Advanced Cognitive Psychology
- PSYC 725: Cognitive Neuroscience
- PSYC 737: Topics in Psycholinguistics
- PSYC 757: Theories of Perception
- PSYC 831: Advanced Human Learning and Memory
- PSYC 870: Cognitive Development

Quantitative Minor

A minor in quantitative psychology is offered for graduate students in any of the department's major programs. The quantitative minor is an addition to the regular program and does not replace any existing or future requirements of the student's major program.

The minor consists of advanced course work in statistics, measurement, and methodology. The quantitative minor provides the student with elevated levels of quantitative expertise and requires five courses in quantitative methodology beyond PSYC 790. The classes normally are taken in the department, but can come from other departments with approval of the Quantitative Program Director. Advanced Topics in Quantitative Psychology seminars with varying topics. Currently available courses include Categorical Methods, Nonparametric Statistics, Multivariate Methods, Multilevel Modeling I, Structural Equation Modeling I and II, Test Theory, Factor Analysis, and regularly offered

ADVISING AND EVALUATION

Our goal is for each student to succeed in obtaining the Ph.D. degree. Students are evaluated and must meet performance standards, of course, but we want our students to be successful and try to help in whatever way is best suited to the individual student's needs. This supportive stance does not preclude dismissing students from the program if their performance warrants it.

Advisor

Our model is mentor system in which each student is matched to an advisor upon admission to the program. Students should expect to meet with their advisor on a regular basis. We attempt to match students to advisors, but sometimes interest change and, by mutual agreement, students may change major advisors.

Advisory Committee

All students must form an advising committee by February 15 of their first year in the program. This committee consists of two or three members of the clinical faculty or contributing faculty (at least one member must be a clinical program faculty member) and is commonly, but not always, chaired by the student's thesis advisor. Advising committee members are typically selected from among those faculty who are most closely associated with the student's academic, research and professional interests. The advising committee must meet at least yearly with the student for both advising and ongoing evaluation. Once the committee is selected the student should submit an Advising Committee Membership form.

Changing Advisors

In consultation with their advising committee chair, students may change any members of the committee, including the chair, when appropriate. To make an advising change, students must submit a Change of Advising Committee Membership Form.

Student Evaluations

During the latter half of each spring semester, the clinical program faculty meet to evaluate all students who have not yet applied for and been accepted for internship. In preparation, the Program Director sends a memo to students and faculty alerting them to the upcoming evaluations and instructing students to begin preparing by meeting with their advising committees. Students then meet with their advising committee and submit a current curriculum vita, an updated ARTS form (i.e., unofficial transcript), an updated GAPS form (a form for recording one's academic progress), an updated record of their clinical practicum contact hours, and a summary of their program related activities over the past year. Students are welcome to attend the program meeting in which their performance is evaluated by the program faculty, but they are not required to do so. In this meeting they are represented by their advising committee. Following the program evaluation meeting, the student receives feedback from the meeting via a completed Annual Evaluation Form. A copy of the completed form is placed in the student's file. (Evaluation forms are in Appendix D).

A summary of some of the key issues in evaluations may help to give you an overall sense of what we expect from our students. The evaluations take into account students' grades, research progress, clinical performance, response to supervision, ethical and professional and peer relations, and general progress through the program. Although there are no absolute markers for evaluation feedback, and the faculty members consider many aspects of the student's performance in providing feedback, the student generally is expected to (1) maintain mostly A grades and relatively few B grades; (2) have few or no incompletes; (3) make timely progress and achievement on the master's thesis and dissertation; (4) demonstrate satisfactory clinical skills and judgment in working with clients (including issues related to ethical and diversity matters); (5) maintain appropriate interpersonal relationships; (6) abide by the current APA code of ethics; and (7) maintain close contact with the advisory committee, the research mentor, and the faculty more generally so that a thorough sense of progress, openness to feedback, and personal demeanor may be accurately assessed.

Post-MA Thesis Defense Evaluation

As noted in the thesis description, at the first regularly scheduled faculty meeting after a student stands for the oral defense of the master's thesis, the Clinical Program faculty reviews all aspects of the student's performance.

Internship Evaluations

Students receive formal feedback while on internship. Internship directors and supervisors deliver quarterly or semi-annual feedback about the student's progress. Although our students routinely are evaluated positively, there may be rare instances where the student's internship performance raises serious concerns about deficiencies in skill or professional conduct. On such occasions, the clinical program meets to review input from all parties involved, with the goal of developing an appropriate course of action.

Special Student Evaluations

Any time sufficient concerns are raised about a student's performance, special Clinical Program meetings may be scheduled, sometimes with the student attending, to discuss the student's status in the program and possible remediation. In the past, remediation plans have included, first-and-foremost, intensified and/or additional advising relationships and specific skill remediation experiences. On occasion, one- or, perhaps, two-year leaves of absence are recommended in order for students to address personal or health problems.

If the concerns arising from any student evaluation are such that the faculty does not regard remediation as adequate or appropriate, the student is notified of his or her termination from the program, both in person (if possible) and via a formal letter from the Program Director. Through that letter, the student is also informed that she or he can request a reconsideration of the termination decision. In such an appeal meeting, the student may attend, may bring supporting written information, and may speak as to why the decision should be reversed. If the Clinical faculty does not support the appeal, the student is so notified (by letter and in person, if possible), and is given information about the next level of appeal (if appropriate).

POLICY ON PUBLIC PROFESSIONALISM AND ELECTRONIC MEDIA

As communication channels proliferate, the lines between public and private information blur. Personal websites, blogs, email signature lines, answering machine and cell phone messages, Twitter, Facebook (and even Newspapers and Television interviews), afford numerous avenues for personal expression and increasingly call for discretion and good judgment in how they are used. **As a doctoral student, you represent both the University of Kansas and the KU Clinical Training Program.**

Consider that:

- Internship programs conduct web searches on applicants' names.
- Prospective clients conduct web-based searches on potential therapist names.
- Clients often approach therapists via networking sites and email.
- Employers conduct on-line searches prior to interviews and job offers.
- Legal authorities review personal websites for evidence of illegal activities.

When program members reveal information about themselves or the program in various media outlets, this information becomes part of their program- and profession-related behavior and may be used in student evaluations. In particular, information relating to unethical or unprofessional behavior

(e.g., disclosing confidential client or research information), will factor into program decisions regarding student probation, remediation or termination.

Students are encouraged to carefully review and monitor their use of all electronic media. Particular attention should be addressed to what they reveal about themselves in these forums, and whether there is personal information they would not want program faculty, clients or future employers to view. What happens on the Web stays on the Web forever. A good rule of thumb is that of you do not want to see it in the headlines of a newspaper, don't post it.

STUDENT APPEAL AND GRIEVANCE RIGHTS AND PROCEDURES

Whenever the Program makes decisions regarding a student's progress, the student is encouraged to talk with the Program Director and the student's advisory committee. Students have the right to appeal any adverse decisions and to ask the Clinical faculty to reconsider. The student is informed that he or she can attend the appeal meeting and present his or her material orally, in writing, or both. If a student's appeal is not upheld at this stage, the student is informed in person (if possible) and via letter of the decision and the reasons for it. Such students also are informed of their next level of appeal. This usually involves contacting the University Ombudsman, although the student may choose to immediately move to a higher appeal level.

If the Ombudsman is recruited by the student, the Ombudsman reviews the case and speaks with those who may be involved. The role of the Ombudsman is to find solutions that are agreeable to both the student and the Program. If no compromise can be reached, the student is informed by the Program Director that an appeal may be made to the Psychology Department Chairperson. The specific procedure for that appeal can be obtained from the Clinical Program Director or the Psychology Department Chairperson. Descriptions of these procedures, in the form of this program description, are given to all graduate students when they first enter the program. Basically, the Psychology Department Chair establishes a special committee formed of uninvolved Psychology Department faculty. If the decision of this Committee is adverse to the student, the Psychology Chairperson apprises the student of the reasons for the decision and the subsequent appeals procedures that may be available. (A full exposition of students' rights and responsibilities is contained in each semester's university timetable of classes.)

To summarize, the steps available to students who appeal academic decisions made about them are:

- (1) If the Clinical Psychology faculty makes a decision about a student, that student is apprised of the decision and any available appeal process in both written form and in person by the Program Director.
- (2) The student can present an appeal in person, via a written document, or both, to a full meeting of the Clinical Psychology Faculty members. The student can attend that meeting.
- (3) If the student's appeal at the Clinical Program level is not upheld, the student is informed of the reasons (in writing and in person) and of the next step in the appeal process -- mediation by the University Ombudsman. The student may bypass this step and go directly to step #4.

(4) If mediation is unsuccessful or is not pursued, the student may appeal to the Psychology Department Chairperson who appoints an appeals committee comprised of uninvolved faculty from other programs in the Department.

(5) The Psychology Department Appeals Committee conveys its written decision to the student. If the decision is adverse, the student is informed of appeal steps available at the University level.

In the instance of other grievances brought by students, the steps outlined in the Department of Psychology Grievance Procedure would be taken. If students are dissatisfied with the outcome of this process, or wish to move immediately to a higher level, they may file a grievance with the College of Liberal Arts and Sciences. Psychology and CLAS Grievance procedures are contained in Appendix E.

STUDENT SUPPORT SERVICES

The first line of students' support comes from their advisors, course instructors, and Clinical Program Director. At the Program level, there is a fund that can provide modest amounts of financial assistance to help students defray such expenses as thesis and dissertation costs, travel expenses for conferences.

For students who might seek psychotherapy, here are some available resources in the community and at KU that students have utilized in the past:

KU Office of Student Success (<http://www.vpss.ku.edu/vpss.shtml>). Strong Hall, Rm. 113. Phone: 785-864-4060.

Counseling and Psychological Services (CAPS; <http://www.caps.ku.edu/>) at Watkins Health Center--864-2277 (students must have paid the student health fee and be enrolled).

Bert Nash Community Mental Health Center (<http://www.bertnash.org/>)--843-9192.

In addition to these resources, the Clinic Director, Dr. Sarah Kirk, maintains a list of local private practitioners who have been willing to work with our students on a sliding fee basis.

The KU Endowment Association also will supply short-term, no-interest loans to our students. For students with disabilities, the Office of Services for Students with Disabilities offers assistance in an attempt to level the playing field so that persons with disabilities can succeed more readily. Support services available on campus include:

- Career Counseling
- Child Care
- Commuting Assistance
- Computer Help
- Computer Labs
- Counseling & Psychological Services
- Edna Hill Child Development Center
- Educational Testing and Evaluation
- Emily Taylor Resource Center (women's issues)
- English Proficiency Assistance
- Ermal Garinger Academic Resource Center
- Financial Aid
- Foreign Study Programs
- Gay, Lesbian, Bisexual & Transgender Services
- Graduate School Office

- Health Insurance
- Housing/Family Student
- International Student Services
- KU Alumni Association
- KU on Wheels (Bus service, lift van)
- KU Student Government
- KU Veterans Service
- KU Writing Center and Roosts
- Legal Aid
- Mediation
- Domestic Violence and Rape Victim Support
- Recreation Services
- Resume Writing
- SAFE Ride
- Stress Management
- Typing Services
- Schiefelbusch Speech-Language-Hearing Clinic
- Office of Multicultural Affairs
- Student Union Activities

FINANCIAL AID

Various types of financial assistance are available to students in the Clinical Program. These include University Fellowships administered through the Graduate School, and teaching assistantships funded through the Department of Psychology, and research assistantships. Although the Clinical Program has been able to offer financial assistance to all of its entering students and nearly all of its continuing graduate students in recent years, we cannot guarantee this in the future. However, it is expected that a reasonable supply of paid, part-time positions of a psychological nature in various programs of the University and surrounding areas will be available for advanced students, along with research assistantships on faculty grants. Students are encouraged to explore other sources of financial aid for their graduate education as well.

SOME FREQUENTLY ASKED QUESTIONS

Graduation Procedures and Guidelines FAQs

Q: How do I go about applying for graduation after I have completed the requirements for the MA and Ph.D. degrees?

A: Information concerning graduation requirements, application procedures, and deadlines is available on-line.

Q: If I have completed all degree requirements except the internship and my internship ends in August or September, when do I officially graduate?

A: If you have completed your dissertation, and you will finish your internship by August, you may file for August graduation and you can petition to participate in the end of Spring Graduation ceremonies (e.g., hooding). If you are unable to graduate in August, you will officially graduate at the end of the Fall semester (i.e., in December).

Q: If I can't graduate until the end of the Fall semester following my (August or September ending) internship, what do I do about jobs that require that applicants have completed the Ph.D.?

A: Almost without exception potential employers will accept a letter from the Program Director stating that, once the internship has been completed (and the final copy of the dissertation has been submitted), the student will have (or has) completed all degree requirements. In effect, the official graduation date is a formality. This is not a problem that is unique to our program, so most potential employers have encountered it before.

Q: When I am ready to submit my completed Master's thesis or Doctoral dissertation to the Graduate School so that I may graduate, what are the formatting requirements? Also, who do I submit copies to and how many copies do I give them?

A: This information (and lots of other useful items of information concerning theses and dissertations) is available on-line at:

<http://www.ku.edu/~graduate/Students/Current/index.shtml>. Also, see Thesis & Dissertation Related Rules.

General Internship Issues FAQs

Q: Are there any exceptions to the rule that students must have their comprehensive oral exam (dissertation proposal defense) completed by September 15 to be eligible to apply for internships that begin in the next calendar year?

A: Yes. If a student is unable to schedule his or her comprehensive oral exam because of scheduling difficulties associated with getting all members of his or her dissertation committee together, exceptions can be and have been made. Except in extremely rare circumstances, such schedule-induced delays should never extend beyond one week past September 15. Delays that are due to the student's failure to have the dissertation proposal ready to defend are not eligible for exception.

Q: What kind of experiences are internship sites looking for in potential interns?

A: Your best bet here is to go straight to the Association of Psychology Postdoctoral and Internship Centers (APPIC) web site (www.appic.org) where they answer this and other important questions regarding internships and the application process.

Q: Will my student loans still be deferred when I am enrolled for internship credits?

A: The KU Financial Aid Office regards one hour of internship enrollment (PSYC 974) to be full-time enrollment for loan repayment deferral purposes.

Q: Will I be charged for campus fees and standard tuition rates while I am on internship?

A: Students who are enrolled only in coursework taught by appointment and who reside and complete all academic work outside Lawrence may apply for special "Field Rates." The application must be submitted each semester special field rate fee adjustments are requested. The Special Rates Application form for Field Rates may be obtained from the KU Registrar at <http://www.registrar.ku.edu/pdf/fieldapp.pdf>.

Internship Enrollment and Graduation FAQs

Q: What do I need to enroll in for Internship?

A: You must enroll in one credit for each semester in which you are on internship (Summer, Fall, and Spring; total of 3 credits). Enrollment in one credit is considered full time enrollment during the internship year.

Q: In which summer should I enroll – the summer I begin or the summer I finish?

A: You may choose either the summer that your internship begins or the summer your internship ends to enroll. If you choose to enroll during the summer that your internship begins you will be more likely to be able to participate in graduation activities (e.g., the Spring Hooding Ceremony).

Q: If I enroll during the summer the my internship begins, am I finished with all program requirements in May (i.e., the end of the Spring semester)?

A: Not quite. At the conclusion of the Spring Semester you will receive an "Incomplete" grade. When you have finished all internship requirements, the "I" grade will be removed. At that point, assuming you have completed the dissertation, you will be finished with all program requirements.

Q: So I only need to enroll in a total of 3 credits over the internship year?

A: Maybe. If you have not completed your dissertation you must also enroll in one dissertation credit, up to and including the semester in which you complete your dissertation. It is thus possible that you will need to enroll in 6 credits over the internship year. This is finically disadvantageous because if you are not a Kansas resident you will have to pay the out-of-state rate for 6 credits rather than 3. Completing your dissertation before you leave for internship will save you money.

Leave of Absence FAQs

Q: What is a "leave of absence?"

A: On occasion, it is necessary for a student to take some time off from the direct pursuit of their KU degree. When this happens, it is important that the student take a "leave of absence" rather than simply "dropping out." There are at least two compelling reasons for this. First, a person who is on leave does not have to reapply for admission into the program in order to resume his or her degree pursuit. Second, the "clock stops" insofar as university and graduate school rules regarding the maximum number of years a student may take to complete his or her degree program are concerned. For example, the graduate school stipulates that a student entering a Ph.D. program at KU has a maximum of 8 years from beginning to end in order to complete a Ph.D. degree. (Students completing a master's degree at KU and then proceeding toward the Ph.D. have a total of 10 years to complete all degree requirements.) A student who takes a 1-year leave of absence during his or her time at KU will have an additional year (i.e., s/he will have either 9 years or 11 years) to complete the degree. Leaves of absence are granted for a maximum of 1 year at a time. Once a student has had 5 consecutive years of leave, she or he must reapply for admission to the program in order to resume his or her studies.

Q: How does a person go about applying for an official "leave of absence" from the program/university?

A: You may obtain the LOA petition form from the Psychology Department Graduate Secretary or from the College Graduate Office. You also may download the form at: http://www.graduate.ku.edu/pdf/applications/Revised_Petition_form_0205.pdf. Submit the completed form to the Program Director. If the program approves the appeal the student's academic advisor and the Program Director sign the appeal form and forward it to the College Graduate Office. So long as the program approves the request, it is pretty much a

"done deal" insofar as the College Graduate Office is concerned. Leaves of absence are approved for no more than one year at a time unless there are extraordinary circumstances. It is possible for a student to return before the end of the requested leave period.

Q: If I have a tuition waiver owing to a Teaching Assistantship appointment and I need to take a leave of absence in the middle of the semester, what happens to my tuition? Do I have to pay it back? Would I also have to give back any pay I received for my TA duties prior to taking the leave?

A: You will be assessed tuition at the rate appropriate to your status (i.e., either resident or nonresident). Depending on the time of the semester when you drop your classes, you may be eligible for some percentage of tuition refund. For example, were you to drop your classes before the date at which tuition refunds go from 50% to 0%, you would be refunded 50% of the tuition you were asked to pay. There is an appeal process. Although there is no guarantee that the appeals committee would approve an appeal to have 100% of your tuition waived (for example), in general the odds of having such an appeal approved go up the earlier in the semester the leave is taken and if there are compelling medical grounds for the leave. Such appeals are directed at the University Associate Registrar for Enrollment Services. With regard to the question of having to repay any TA salary you may have received prior to taking a mid-semester leave of absence, the answer is that you would not have to repay if you continued performing your TA duties up until the time you took the leave. If, however, you ceased functioning as a TA prior to taking the leave, technically you would be expected to repay any salary you had received for the time you were not performing your TA duties.

Appendix A

Resources and Getting Started at the University of Kansas

Creating a KU Online ID

In order to access online services at KU, such as email, online class resources, and enrollment, you will need to create an online ID. Go to this website, <http://technology.ku.edu/personal-accounts>, and click on “Create New Online ID.” You will need to know your 7-digit student ID number that was assigned to you when you first were accepted; if you do not know this number, call the Registrar’s office at 785-864-4423. After creating your KU online ID you can then add online services, such as personal web site space, your non-KU email address, and email aliases. Go to <https://myidentity.ku.edu/services> to manage these services.

Enrolling in Classes

You will need your online ID before you are able to enroll in classes. If you wish to browse the list of open classes before enrolling, view the Schedule of Classes at <https://classes.ku.edu>. Check the enrollment calendar at www.registrar.ku.edu and Enroll and Pay at <https://sa.ku.edu> to see when you are allowed to enroll. To enroll, go to the Enroll and Pay system at <https://sa.ku.edu> and sign in with your KU online ID. Click on “Enrollment” and then “Add Classes,” and you will be prompted through the process of enrollment. Additional information about enrollment can be found at the new Student Enrollment page at <http://www.registrar.ku.edu/enrollment/new.shtml>.

Getting Your Student ID

Your Student ID card is your official identification card at the University of Kansas. Your card can be used to check out library books, be admitted to University events, accessing health and legal services, access newspapers, and load and use for food purchases. Your card should be carried with you at all times while on campus.

You must enroll in classes before you can be issued a student ID card. You can obtain your card at the KU Card Center which is located at the Union on the fourth floor. Bring a valid, government-issued photo ID. One of the following will be accepted (no exceptions): driver's license, passport, military ID or State ID.

Using Blackboard

Blackboard (abbreviated Bb) is an online course management system that used by instructors as a source for online tools and resources for teaching. Instructors frequently use blackboard to post lecture materials, assignments, announcement, grades, and other class materials. Once you enroll in a class, if your instructor is using a Blackboard site you will be able to access it at <https://courseware.ku.edu/> (your online ID and password are needed to sign in). In addition, the Clinic Program maintains a Blackboard site that contains the pro seminar schedule, master’s theses, dissertations, various forms, and other relevant materials. You can find more information about Blackboard at <http://ids.ku.edu/content.php?layer=2&page=bb>.

Where to Get Keys

Keys are needed in order to access your office, clinic rooms, as well as in order to get into Fraser on the weekends. Please check with the main Psychology Office, Fraser 426. Each key requires a \$10 deposit.

Psychology Office Services

The main Psychology Office, located in Fraser 426, offers numerous services, including photocopying requests, printing and scanning requests, mailing services, package pickup, faxes, office supplies, storage of class and research materials, and media checkout. See http://psych.ku.edu/resources/grad_student_resources/ for more details.

Parking and Transportation

The main options in Lawrence for transportation are driving and bus service. A parking permit is required to park on campus. Parking is restricted based on the specific parking pass you buy. The most common parking permits bought in our program are for the Yellow lots and for the Mississippi Street parking garage. Permits are also need for motorcycles and scooters. Parking permits can be bought online In order to buy a parking permit, go to the KU Portal at <http://portal.ku.edu> and click on “Services” and then “KU Parking Permits.” Your permit will be mailed to you. You can find more information about parking, including a map of lots, at www.parking.ku.edu.

The second option for transportation on campus is take the bus. Bus service on campus is free with your student ID card. Check here for more information and for routes: www.kuonwheels.ku.edu. The KU bus system works in conjunction with the Lawrence transit system to coordinate routes. The Lawrence transit system is also free for KU students with a valid KU card. Information about the Lawrence public transit system can be found at <http://www.lawrencetransit.org/>.

Services on Campus

Health Services

Student health services are provided by Watkins Memorial Health Center, located on campus. Watkins offers a wide variety of services, including general medicine, lab services, pharmacy, mental health services, and many more. General appointments during business hours are free for students who pay their student fees.

When you first come to KU you will be asked to provide your vaccination records to Watkins Memorial Health Center. Failure to provide your records will prevent you from enrolling for subsequent semesters. For more information, or if you need vaccinations, please contact the Student Health Center. Visit its website, www.studenthealth.ku.edu for more information.

Watkins Health Center also offers student insurance. For more information on KU student health insurance, visit Watkins Health Center’s website.

Exercise Services

KU provides a wide variety of recreational services on campus, which are primarily located at Ambler Student Recreation Fitness Center and Robinson Center Gym. Services provided include cardiovascular and resistance training equipment, racquetball courts, basketball and volleyball courts, aerobics and martial arts studios, a suspended walking/jogging track, pools, and a 42 foot rock climbing wall. There is also an Intramural Sports program and numerous Sports Clubs. The Student Recreation Center is free to students who pay their student fees. Visit the KU Recreation Services website at <http://recreation.ku.edu/> for more information.

APPENDIX B

Task Information, Guidelines, and Requirements

In lieu of traditional written Comprehensive Examinations, students must demonstrate professional competency in one of three areas of professional activity. This is known as the Program's "Task Requirement."

Tasks may be in one of three areas: Area A: **Clinical Demonstration**, Area B: **Research/Methodology**, or Area C: **Program Evaluation**. Tasks are intended to be substantial work products that demonstrate both independence and competence.

Consistent with the philosophy behind the task system, it is recommended that tasks be planned and conceptualized prospectively in the educational setting. Although certain tasks may be carried out in areas where students are employed, work products from another setting are unlikely to be suitable. Such products typically lack the comprehensive scope and detailed documentation that must characterize a successful task. Once the task proposal is approved, no further faculty input is permitted in writing the task. Task manuscripts should be written in APA style.

Considerations in Choosing and Completing a Task

Clinical Demonstration Tasks: Students proposing clinical demonstration tasks should inform their prospective clinical supervisor(s) of the activities that they wish to use as a task, and should offer to provide a formal task proposal for the supervisor should he/she want one. The supervisor should determine at the outset whether the proposed task would be an appropriate one, in terms of both its content and the student's ability to perform the task "independently". A statement to the effect that the clinical supervisor agrees that the proposed task represents a feasible and appropriate demonstration should accompany the task proposal that is submitted to the Program Director.

Program Evaluation Tasks: Students proposing program evaluation tasks should seek the approval of any agency or organization that will be involved in or affected by the prospective task's activities or outcomes. Statements of approval and support from any affected agency or organization administrators should accompany the task proposal that is submitted to the Program Director.

Research/Methodology Tasks: The Research/Methodology task should be a work of synthesis, which provides the context for the student's own investigations. In the literature review, students should clarify their understanding of the field, evaluate the results of previous research, define key concepts, theories, and ideas, identify relevant methodological issues, and identify research in related areas that is generalizable or transferable to the topic. Writing a literature review also provides practice in critical thinking and allows students to develop their own theoretical perspective. Students proposing literature reviews for their tasks are required to demonstrate that the planned review is sufficiently distinct from the MA Thesis literature review that its completion will significantly enhance their breadth of scholarship. This demonstration will entail the student's securing an attestation from his or her MA Thesis advisor to the effect that the proposed task literature review is not merely derivative of the MA Thesis and is sufficiently distinct that it represents a different area of scholarship.

Task Appropriateness

Student must submit a "Task Appropriateness form (found on Blackboard). Students are encouraged to work closely with their advisors in generating a task idea and in developing their task appropriateness proposal. Using the form and attachments, the student indicates the type of task being proposed, provides the requisite certifications/attestations and provides a summary and/or

outline of the task's nature and scope. Students are advised to provide thorough descriptions so that the task review committee will not need to seek additional elaboration.

Once the Task Appropriateness Form has been completed, the student submits it to the Program Director in electronic form (Microsoft Word), along with any supporting documentation (e.g., the certifications & attestations described above, also in electronic form if possible). The Program Director distributes proposals to a two-person task review committees. Task review committees are ordinarily asked to render their appropriateness judgments within 2 weeks of receiving a request. Notice of task review committees' decisions are returned to the student through the Program Director.

Once a task proposal is approved, the approval will apply irrespective of the subsequent composition of the task review committee. Whenever possible, however, the committee members who approved the proposal will also review the completed task. If a proposed task is not approved, it may be modified and resubmitted, depending on the committee's recommendation. Copies of all documents pertaining to a particular task and the initial approval or disapproval regarding appropriateness (including the Task Appropriateness Form) are retained in the student's file.

Submitting Completed Task Manuscripts for Review

Although, as noted above, students often consult with a supervisor or advisor during the planning and, for clinical demonstrations and program evaluations, the implementation stages of a task, the task manuscripts themselves are to be the independent work of the student. Program faculty are not allowed to be involved in writing, reviewing or editing task manuscripts prior to their submission. When the manuscript is completed, it is submitted electronically (as a Microsoft Word document) to the Program Director, along with a "statement of independence" from any faculty consultant who was involved with the task. When they are appropriate, these statements describe the nature of the advisor's or supervisor's input (if any) into the final product. Task reviewers are ordinarily asked to provide their evaluations of tasks within one month of receiving them. If the committee members render a "split" decision regarding a task's acceptability, the Program Director will advise the student about the steps needed to resolve the disagreement. No task proposal will be approved for execution without the approval of two task evaluators.

Because tasks are conceived as demonstrations of competence rather than as iterations in a process of successive approximations to mastery, task reviewers typically provide summary judgments rather than detailed feedback regarding the acceptability of completed tasks. Accordingly, students may expect to receive the reviewers' summary judgments and comments (if any), along with a statement from the Program Director indicating the review committee's decision.

Students whose tasks are judged to be unacceptable, insofar as satisfying the program's task requirement are concerned, may either petition the faculty to be allowed to prepare a revision, or may prepare a different task for submission. If the student elects to prepare a different task, he or she will need to re-initiate the task appropriateness approval process described above. Only one resubmission (or different task submission) is possible. A second decision is the final decision.

It should be noted that, at the Program Director's discretion, even manuscripts that are judged to satisfy the program's task requirement may be returned to the author for minor editing or corrections (e.g., grammatical or typographical errors) prior to final acceptance.

PDF copies of all tasks are made available to program members on the Clinical Program Blackboard web site.

Task Requirements and Guidelines

Area A: Clinical Demonstration

A client intervention demonstrating a particular theoretical model and its application:

A written document is required describing the introduction, progress, and summary of treatment outcome. The written document must also contain the most relevant and up to date reviews of the chosen approach from peer reviewed journals and appropriate book chapters. The review should provide a brief historical overview, definition of theory and approach, and review of outcome literature regarding approach. The written documentation should be approximately 15-20 pages of text written in APA style (page count does not include Figures, Tables, Appendices or References) and be modeled after case studies that appear in various journals (See Dr. Kirk for examples).

Students should submit videotape footage of the entire application. Footage length may vary depending on the application but should be at least 4 sessions in length and no longer than 12 sessions. Additionally, one copy of the original signed informed consent statement indicating that the client is aware that his/her sessions are being recorded for purposes of the therapist's satisfying a program requirement, and that the tapes will be reviewed at least two clinical faculty members before being erased. (This consent statement will be separated from the task write-ups by the Clinic Director and retained securely until the task review is completed. Once the task review is completed, the Program or Clinic Director will destroy both the DVD's and the consent statement copy. Only the de-identified write-ups are retained on file for clinical demonstration tasks.

Area B: Review Paper Demonstration

The student will prepare a review article about a topic directly relevant to clinical psychology. The review article should be of the form and quality of those suitable for submission to Psychological Bulletin, Psychological Review, or to one of the more specialized journals that also accept review. The focus of the paper may be empirical, theoretical, or methodological. Students proposing literature reviews for their tasks are required to demonstrate that the planned review is sufficiently distinct from the MA Thesis literature review that its completion will significantly enhance their breadth of scholarship. This demonstration will entail the student's securing an attestation from his or her MA Thesis advisor to the effect that the proposed task literature review is not merely derivative of the MA Thesis and is sufficiently distinct that it represents a different area of scholarship. Students, however, may use the task as the basis for their dissertation introduction and discussion.

The final review is to be prepared in APA style, approximately 20-30 pages in length (not including Figures, Tables, or References).

The completed manuscript should be submitted for review to the Program Director in electronic form (Microsoft Word).

Area C: Program Evaluation Demonstration

Develop or expand a clinical or community program of service. This project would entail program development for the clinical community and the associated outcome evaluation. This may involve the KU Psychological Clinic or another agency or community.

The reports include an analysis of the community need (why the program is needed) and the relevant literature regarding the particular program development. The reports further include a description of the program and process of implementation. Outcome data are required to be collected and reported. The report should also include (in Appendices) outcome measures used.

The written documentation should be approximately 20 pages of text written in APA style (page count does not include Figures, Tables, Appendices, or References) and be modeled after program evaluation studies that appear in various journals (See Dr. Kirk for articles/examples).

The completed manuscript should be submitted to the Program Director in electronic form (Microsoft Word).

Appendix C

Major Area of Study in Clinical Health Psychology (CHP) Program Handbook Overview

Our program's broad and general training is subsumed under the Major Area of Study of Clinical Psychology and offers an additional **Major Area of Study in Clinical Health Psychology (CHP)**. CHP also offers learning opportunities at the **Exposure level** which can be achieved either as part of the **Health Psychology Certificate Program**.

Leadership in the Program

The Director of the CHP is **Nancy Hamilton, Ph.D.** and the Co-Director is **Michael Rapoff, Ph.D.** **Sarah Kirk, Ph.D.** is the Practicum and Curriculum Coordinator.

Nancy A. Hamilton, Ph.D. - Director of Clinical Health Psychology and the Certificate Program in Health Psychology, Associate Professor, Psychology Department
nancyh@ku.edu

785-864-9827

Fraser Hall, Room 426

Research Areas: Clinical Health Psychology

Research interests: Sleep, pain, and other health psychology research

Michael A. Rapoff, Ph.D. - Co-Director of Clinical Health Psychology

Ralph L. Smith Professor of Pediatrics

Professor of Psychology

913-588-6373

Department of Pediatrics, Miller Building, KUMC

mrappoff@kumc.edu

Research/clinical interests: Pediatric psychology, applied behavior analysis, pain management, psychosocial adjustment to chronic pediatric diseases, and adherence to medical regimens

Sarah Kirk, Ph.D. - Director of the KU Psychological Clinic

Assistant Clinical Psychology Program Director

Co-Director of Certificate Program in Health Psychology

Practicum and Curriculum Coordinator for CHP

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Fraser Hall, Room 347

The University of Kansas Clinical Health Psychology Faculty

Tamara Baker, Ph.D. Associate Professor

Nancy A. Hamilton, Ph.D. Associate Professor

David K. Johnson, Ph.D. Associate Professor

Sarah Kirk Ph. D. Assistant Clinical Psychology Program Director

Michael A. Rapoff, Ph.D. Professor
Amber Watts, Ph.D. Assistant Professor

The University of Kansas Medical Center Clinical Health Psychology Faculty
Faculty below provide clinical supervision and research mentorship

Martha Barnard, Ph.D. Clinical Professor
Christie Befort, Ph.D. Associate Professor
Ann McGrath Davis, Ph.D., MPH, ABPP, Professor
Kathleen Davis, Ph.D. Associate Professor
Meagan Dwyer, Ph.D. Clinical Assistant Professor
Jessica Hamilton, Ph.D.
Monica Kurylo, Ph.D., ABPP Associate Professor
Stephen Lassen, Ph.D. Associate Professor
Laura Martin, Ph.D. Assistant Professor
Eve-Lynn Nelson, Ph.D. Professor
Susana Patton, Ph.D. Associate Professor

The University of Kansas Medical Center Associated Clinical Health Psychology Faculty
Faculty below provide Research Assistantship Opportunities

Jennifer Klemp, Ph.D., MPH Associate Professor
Nicole Nollen, Ph.D.
Lisa Sanderson Cox, Ph.D. Research Associate Professor

Curriculum Overview

Clinical health psychology is concerned with the contributions that psychologists can make to understanding health and illness, frequently in collaboration with other health professionals, including physicians. The Major Area of Study in Clinical Health Psychology (CHP) at the University of Kansas is designed to be completed in conjunction with the requirements for the clinical program. A number of faculty members, located within the Department of Psychology and other departments at the Lawrence campus and the University of Kansas Medical Center (KUMC), provide the teaching and supervisory support for the specialty. Practicum in clinical health psychology, conducted during the third and fourth program years are usually obtained at KUMC. Courses required to complete the CHP are obtained on the KU Main campus and the KUMC campus.

Clinical health psychology (CHP) students are **required** to take PSYC 833 Clinical Health Psychology: Acute and Chronic Illness (3 credit hours) and PSYC 834 Clinical Health Psychology: Physical Aspects of Health and Disease (3 credit hours) and these courses are in addition to clinical psychology program requirements. CHP students are also **required** to take 2 Clinical Health Elective courses (6 credit hours). The electives also satisfy the clinical program requirement. Lastly, CHP students are **required** to enroll in PSYC 834, 835, 848 & 849 (4 semesters of required clinical health practicum to be completed in Year 3 and 4). The total number of CHP hours is 18 hours (6 hours of

required coursework, 6 hours of electives (also completes clinical program requirement) and 6 hours of required clinical practicum in health psychology and 3 of those hours also satisfy clinical practicum for clinical psychology program requirement). See **Road Map** table after descriptions here:

Course availability of Required Courses– 6 credit hours

Spring Even Years - PSYC 833: Clinical Health Psychology: Acute and Chronic Illness (taught at KUMC) 3 credit hours

Fall Even Years - PSYC 834: Clinical Health Psychology: Physical Aspects of Health and Disease (taught at KUMC) 3 credit hours

Course availability of Elective Courses – 6 credit hours required

Fall Even Years - PSYC 839: Palliative Care in Health Psychology (taught at KUMC) 3 credit hours

Spring Odd Years - PSYC 832: Clinical Health Psychology: Health Promotion and Disease Prevention (Lawrence Campus) 3 credit hours

Elective Courses available at variable times or online

ABSC 705: Pediatric Psychology (in Dole building) 3 credit hours

ABSC 710: Community Health and Development (in Dole building) 3 credit hours

PRVM 800: Principles of Epidemiology (at KUMC) 3 credit hours

PRVM 827: Public Health Administration (at KUMC) 3 credit hours

PRVM 830: Environmental Health (at KUMC) 3 credit hours

PRVM 869: Grant-Writing (KUMC) 3 credit hours

PSYC 832: Clinical Health Psychology: Health Promotion and Disease Prevention 3 Credit hours

PSYC 838: Pain and its Management (online) 3 credit hours

PSYC 840: Psychology of Women's Health 3 credit hours

PSYC 841: Stress and Coping 3 credit hours

PSYC 843: Behavioral Pharmacology 3 credit hours

PSYC 844: Mental Health and Aging 3 credit hours

PSYC 864 Clinical Neuropsychology

PSYC 993: Human Behavioral Genetics 3 credit hours

PSYC 993: Social Determinants of Aging and Life Course 3 credit hours

PSYC 993: Treatment of Eating Disorders (with permission of instructor) 3 credit hours

**Students may also petition the Director of CHP to take an alternative course offered and not listed here for elective credit. Letters of petition should be directed to the Curriculum and Practicum Director who will send on to Director of the CHP.*

General Requirements for 3rd and 4th Year Practicum at KUMC

Prerequisites/Skills Needed

Must have taken PSYC,964, 965 and 966 unless course waivers in place for M.A. students. Need to have completed 835 and 836 and 250 hours of direct contact hours before starting 4th year required practicum.

Enrollment & Student Qualifications

This practicum experience has the ability to accommodate several graduate trainees; however, there will be times when the practicum fills to capacity. The decision to cap the number of graduate trainees will rest in the hands of the practicum supervisor, in consultation with the Clinical Psychology Health Track director and the other participating 4th year clinical supervisors. In the event that practicum slots must be capitated, then a prioritization of trainees will proceed based on their program affiliations:

- All Health Psychology tracked doctoral candidates in Clinical Psychology are able to register for this practicum experience.
- General Tracked Clinical Psychology and Child Clinical Psychology doctoral candidates will be accepted until remaining training slots have been filled.
- Counseling Psychology doctoral candidates can petition the supervisor and may be accepted until the remaining training slots have been filled. Special permission from their PRE Counseling supervisor will also be needed.

Diversity Statement. All students will be treated with respect as a human being – regardless of gender, race, ethnicity, national origin, religious affiliation, sexual orientation, gender identity, political beliefs, age, or ability. Additionally, diversity of thought is appreciated and encouraged, provided you can agree to disagree. It is the expectation that ALL students will experience this classroom as a safe environment. In fact, perhaps most important task is to facilitate the creation of a safe environment, given this is a practicum class. Our ultimate success as a group and as a class rests on this outcome.

Disability Statement. The staff of Services for Students with Disabilities (SSD), 135 Strong, 785-864-2620, coordinates accommodations and services for KU courses. If you have a disability which affects the full expression of your abilities, you may request accommodation in KU classes and should contact SSD as soon as possible. Please see the practicum supervisor privately in regard to this course.

Non-academic requirements before enrollment

- **Background Check.** In order to be placed at a practicum site, students must have received clearance via a security background check completed upon admission to the program. The program reserves the right to request that you complete another background check at any time before or during practicum. Failure to do so may result in temporary suspension from or revocation of the practicum placement. *Some KUMC and VA practicum sites may require additional procedures for background check and security clearance.
- **Liability Insurance.** Students are required to purchase student liability insurance. Evidence of insurance coverage is to be provided to the practicum instructor no later than the second week of class. You may not engage in counseling until you have secured student liability insurance. This is a program requirement that stands in effect regardless of the practice and policies of the practicum site.

- **Transportation.** The student is expected to provide personal transportation to and from their practicum site.

Brief overview of Health Psychology Practicum team didactic philosophy

Problem Statement. Health and illness are influenced by a wide variety of factors. While contagious and hereditary illness are common, there are many behavioral and psychological factors that can impact overall physical well-being and various medical conditions.

Background. Health psychology is a specialty area that focuses on how biology, psychology, behavior and social factors influence health and illness. Biological factors include inherited personality traits and genetic conditions. Psychological factors involve lifestyle, personality characteristics and stress levels. Social factors include such things as social support systems, family relationships and cultural beliefs. Understanding the interaction among these facets of health promotes wellbeing and the prevention and treatment of disease and illness. According to the biospsychosocial perspective of illness and health, poor treatment outcomes result of an understandable and preventable interaction among factors.

Health psychologists specifically focus on understanding how people react, cope and recover from illness. Other health psychologists work to improve the health care system and the government's approach to health care policy. Division 38 of the American Psychological Association is devoted to health psychology.

Health Psychology differs from these other fields of psychology. Many clinical health psychologists are truly health psychology scientists; because many health psychologists are also linked to semi-applied, but not clinical, disciplines such as epidemiology; and because Division 38 and the other groups that support education and training in this area (e.g., Society of Behavioral Medicine) are historically both clinical and nonclinical professionals working towards a common goal (inherently multidisciplinary).

The mission of the 4th year practicum is to train advanced doctoral candidates in Health Psychology by providing students focused training in the competencies developed by APA Division 38. These competencies are founded in the Arden House “blueprint” for both clinical and non-clinical doctoral training in health psychology. Competencies were conceived and developed by Division 38 over a span of 2-years across 3 conferences. The first in Tempe, AZ (March 1-2, 2007, resulting in the France et al.; 2008 report), and a subsequent meeting of the Council of Clinical Health Psychology Training Programs (CCHPTP; January 2008) and the final Riverfront Conference (Division 38 & the National Cancer Institute; resulting in the Masters et al., 2009 report).

Goal & Aims. Goal of developing trainee competence in providing psychological services within an integrated research-one university hospital is best described as a practitioner-scholar training program (stemming from the Vail Conference, 1973). The KU 4th Year Advanced Clinical Practicum prepares trainees with advanced training and skills for best practices in clinical psychology, in the context of integrated health care settings. Trainees are instructed and

supervised in the biopsychosocial model (Engel, 1980) with a focus on evidence-based practice and research in behavioral medicine. Interdisciplinary teamwork, cultural competency, ethics, and professionalism are emphasized throughout the training.

On-Site Supervision and In-Class Consultation

Your on-site supervisor will provide your case-specific supervision. In addition to that on-site supervision, we will meet weekly as a class to focus on skill development. While we will be discussing specifics of your sessions, we will be trying to develop or improve skills you are using in your work generally. Responsibility for supervision of your CASES is completely in the hands of your on-site supervisor, and if anything that gets suggested in class should ever conflict with anything your site supervisor is telling you, it is YOUR responsibility to let know that at once. None of us can afford for you to be receiving mixed signals about how you are to be handling your cases. The focus in our class sessions is on generic skill development, though we are using your cases as a starting point.

Come to each class session prepared to review your cases with the group! This requires some preparation on your part. In particular, be prepared to provide (a) a summary of each of your cases to date, and (b) your conceptualization of the cases. Be prepared to discuss what you think is going on with your clients and why, what you are doing with your clients and why, and what sort of help or assistance you think you need in order to work more effectively (and efficiently) with your clients. Review your sessions and identify those areas/interactions/issues that concern you and on which you want the help of the group.

At this stage of your professional development, each of you should be personally and professionally able to share and receive information, suggestions, and other constructive comments with your professional colleagues. It is my expectation that each of you will share in the consultation and instruction of each other throughout the semester.

The success of practicum class depends mostly on our ability to create a safe environment in which we can try out and practice skills. Often these are new skills, so the expectation is not that you are expert in them. Willingness to try out new skills in front of the group is what is needed, as well as the willingness and ability to give constructive and sensitive feedback.

Practicum site expectations

The clinical and professional opportunities available to students on-site will differ among the various sites. Since this is a clinical health psychology practicum, it is expected that the bulk of your time onsite will be direct contact with patients --either in individual sessions or in groups.

Practicum requires that you member of the service in which you are rotating, you will attend/participate in multiple substantive clinical aspects and culture of your rotation including, but not limited to: (a) attending case/staff conferences, (b) familiarizing yourself with the assessment tools and practices used in your setting, (c) involving yourself in programs the setting has in progress, (d) participating in organizational/administrative functions, (e) consulting with other personnel, and (f) familiarizing yourself with the setting's referral sources.

Time Commitment

Students can and do spend 8-16 hours per week at any practicum site (a minimum of 8 hours is required). More time spent in clinic will result in the students' increased accrual of client direct-contact hours and advanced training opportunities. Often more intensive experiences also present opportunities for greater access to clinic data and resources for research projects such as theses and dissertations.

Holidays and Breaks. During the semester, students receive several days of holidays/breaks. Your supervisor and your clients may expect that you will be available on these days or that you will make additional times available for sessions missed due to holidays. Please discuss your schedule with your site supervisor early during the semester to avoid problems.

Intersession. As the semester winds to a close, it is your responsibility to talk with your supervisor about providing continuity of care for clients over the break. You are strongly encouraged to continue at your site over the semester break (intersession) with monitoring provided by the Practicum Coordinator. Again, discussing this with your site supervisor (and clients) early and often will lead to the best outcome.

Focused in-team discussion of cases

Practicum class will focus on case review and presentation which requires:

- (a) Sharing with others the kinds of clients with whom you are working, your style and strategies as a counselor in training, and the particular difficulties that you experience in your work with clients;
- (b) Receiving support and assistance in developing skill areas;
- (c) Receiving feedback concerning possible effects you are having on your clients;
- (d) Allowing others to learn from you; and
- (e) Work toward extinguishing the anxiety each of us feels about presenting our work to others.

Formal in-class presentation and discussion of cases. Each student is required to make one 60-minute formal case presentations. The practicum supervisor will provide you with an example. These should be written up and should include:

- (a) A brief introduction to the case—including a de-identified description of the client and the circumstances that brought him/her to therapy;
- (b) A summary and conceptualization (theoretical integration) of the case to date, which includes:
 1. A summary of the psychological, social, medical, etc. factors relevant to the case;
 2. An integrative summary of an assessment information acquired – including profiles/protocols (One of the presentations must include assessment data)
 3. A de-identified summary analysis of what you have done and what you are doing to assist the client with her/his concerns and why (i.e. a case process conceptualization);
 4. An analysis of the effects of your interventions; and
 5. A cultural conceptualization of the client and his/her situation.

Intake case presentation. Each student is required to make at least one 30-minute de-identified intake case presentation. This will be a more informal case presentation during which you will present a client in the initial stage of therapy. The student will provide practicum peers with a brief outline of what you know about your client so far and your initial thoughts about treatment planning. Through group discussion, we will discuss our initial conceptualizations of your client and what therapeutic approaches might be helpful. There is no transcript or write-up required for this case.

Typical class structure

- A. Therapist Development Self-Rating Form. Fill it out, go around for about 2 minutes each, identify one success over the past week, and one thing you identified (or re-identified, or was identified for you) that you need to work on, including an estimate of how much time you believe you'd like us to dedicate to that.
- B. Formal Case Presentation
- C. Reading discussion: Presenter facilitates brief conversation of their chapter Cliff notes.
- D. Discussion of other issues identified from A above or as needed.
- E. Fill out and briefly discuss the Practicum Class Session Feedback

Required Clinical Health Practicum Sequence 3rd Year

CHP Students in their 2nd year complete one year of required practicum in the KU Psychological Clinic (PSYC 964, 965, & 966). 3rd year CHP students complete the following required practicum sequence and enroll in **PSYC 835 & 836 with Michael Rapoff, Ph.D.** See **Appendix A for description of 3rd Year Required Practicum.**

Required Clinical Health Practicum Sequence 4th Year

Fourth year CHP students complete the following required practicum sequence and enroll in **PSYC 848 & 849 with David Johnson, Ph.D.**

See Appendix B for description of 4th Year Required Practicum.

Year 4 Health Psychology Clinical Practicum VI & VII PSYC 848 & 849

During the 4th year of required practicum you will concurrently enroll in PSYC 848 or 849 and PSYC 842 for your specialized health practicum

***For PSYC 842 you must contact the instructor to make sure they have availability for enrollment.**

***Enroll in PSYC 842 Advanced Health Practicum with the corresponding supervisor or Dr. Kirk during 4th year in addition to PSYC 848 & 849. You will need a total of two semesters but may choose to enroll in two semesters in practicum with the same supervisor or one semester and then switch.**

Practicum Selection
2015 List of Fourth Year Health Psychology Practicum Options
**See Appendix C for full descriptions*

- Telemedicine Outreach Clinic – Enroll with Eve Lynn Nelson, Ph.D.
- Advanced Practicum in Alzheimer Disease Center at the KU Clinical Research Center – Enroll with David Johnson, Ph.D.
- JayDoc Student-Run Free Clinic – Enroll with Sarah Kirk, Ph.D.
- Primary Care Practicum at KUMC – Enroll with Wendi Born, Ph.D.
- Health Care Access Clinic – Enroll with Sarah Kirk, Ph.D.
- Perinatal Maternal Health Practicum – Enroll with Stephen Lassen, Ph.D.
- Topeka VA Practicum – Primary Care – Enroll with Sarah Kirk, Ph.D.
- Kansas City VA Neuropsychology Practicum – Enroll with Dean Skadeland, Ph.D.
- KUMC Neuropsychology – Enroll with Erik Ecklund-Johnson, Ph.D.
- Women’s Gynecological Health – Enroll with Rhonda Johnson, Ph.D.

***With Permission of Instructor and if space available:**

- Behavioral Pediatrics Clinic – Enroll with Mike Rapoff, Ph.D. or Martye Barnard, Ph.D.
- Inpatient Pediatric Consultation Service – Enroll with Stephen Lassen, Ph.D.
- Multidisciplinary Endocrinology Clinic – Enroll with Susan Patton, Ph.D.
- NeuroRehabilitation Psychology Inpatient Consult Service and or NeuroRehabilitation Psychology Outpatient Clinic - Enroll with Monica Kurylo, Ph.D.
- Transplant Service and Cancer Center – Enroll with Meagan Dwyer, Ph.D.

A Sample Sequence of Program Requirements

The following represents one example of a set of courses reflecting the previous description. It is merely one example of a sequence.

1st YEAR	Credits
<u>Fall Semester</u>	
• PSYC 789 Psychological Statistics: Foundations & Applications	3
• PSYC 850: Assessment I: Foundations of Psych. Assessment	3
• PSYC 898 Professional Issues in Clinical & Health Psychology	1
• PSYC 968 Research Methods in Clinical Psychology	3
• PSYC 899 Thesis	
• PSYC 960 Advanced Psychopathology	3
<u>Spring Semester</u>	
• •PSYC 790 Statistical Methods in Psychology I (Or an alternative to satisfy the quant analysis requirement.)	3-4
• PSYC 898 Professional Issues in Clinical & Health Psychology	1
• PSYC 855: Assessment II: Integrative Psych Assessment	3
• PSYC 946 Theories and Methods of Psychotherapy	3
• Psychology General Core Requirement	3

- PSYC 899 Thesis 0-1

Summer Semester

- PSYC 899 Thesis 0-1
- Elective (PSYC 977-Prep for beginning practicum) 0-1

2nd YEAR

Credits

Fall Semester

- PSYC 898 Professional Issues in Clinical & Health Psychology 1
- PSYC 964 Clinical Practicum I 3
- PSYC 834: Clinical Health Psychology: Physical Aspects of Health and Disease 3
- PSYC 899 Thesis 2
- Psychology General Core Requirement and/or Clinical Course Requirement, and/or Health Electives 3-6

*Taking PSYC 834 will depend on the year of entry in the program.

Spring Semester

- PSYC 898 Professional Issues in Clinical & Health Psychology 1
- PSYC 961: Biological Foundations of Psychopathology 1
- PSYC 965 Clinical Practicum II 3
- PSYC 899 Thesis 2-3
- PSYC 833: Clinical Health Psychology: Acute and Chronic Illness 3
- Psychology Core Requirements or Health Electives 3-6

*Taking PSYC 833 will depend on year of entry into the program.

Summer Semester

- PSYC 966 Clinical Practicum III 3
- PSYC 899 Thesis 0-1

3rd YEAR Credits

Fall Semester

- PSYC 835 Clinical Health Practicum 3
- PSYC 898 Professional Issues in Clinical & Health Psychology 1
- PSYC 834: Clinical Health Psychology: Physical Aspects of Health and Disease 3
- Psychology Core Requirements or Health Electives 3

*Taking PSYC 834 will depend on the year of entry in the program.

Spring Semester

- PSYC 810 History and Ethics 3
- PSYC 833: Clinical Health Psychology: Acute and Chronic Illness 3
- PSYC 898 Professional Issues in Clinical & Health Psychology 1
- PSYC 950 Supervision & Consultation: Theory & Research 1
- PSYC 836 Clinical Health Practicum 3
- PSYC 999 Dissertation 3-6
- Psychology Core Requirements or Electives 3-6

*Taking PSYC 833 will depend on year of entry into the program.

Summer Semester

- PSYC 999 Dissertation 3
- Consider PSYC 842 Specialized Health Practicum 1-3

Students in the health specialty may also at times run into scheduling issues and be taking PSYC 833 or 834 in the 4th year. That is not advised but does sometimes occur.

4th YEAR

Credits

Fall Semester

- PSYC 848 Clinical Health Practicum 3
- PSYC 842 Specialized Health Practicum 1-3
- PSYC 999 Dissertation 3-6
- Psychology Core Requirements or Electives 3-4

Spring Semester

- PSYC 849 Clinical Health Practicum 3
- PSYC 999 Dissertation 3-6
- Psychology Core Requirements or Electives 3-4

Summer Semester

- PSYC 999 Dissertation 0-3
- Electives. 0-1

5th YEAR

Credits

Fall, Spring, & Summer Semesters

- PSYC 974 Internship) (one credit hour per semester) 3

Optional Experiences to consider while in the CHP program during your 3rd year or Beyond:

Mini-Medical with [Eve-Lynn Nelson, Ph.D.](#)

Take a mini-tour of Telemedicine to be arranged with Eve Lynn Nelson, Ph.D. A checklist will be given to you in order to observe and participate in a variety of telemedicine opportunities. We would strongly encourage distance education/telehealth patient support experiences.

Sample Schedule

Telemedicine Schedule, 2014-2015

Behavioral Peds Telemedicine Clinic – Dr. Nelson Alternating 2nd & 4th Wednesdays, 11-4; Home based sessions as needed

Other mental health specialty clinics via telemedicine, Requires prior approval from Dr. Nelson & clinic provider:

Dr. Nelson/psychology interns Day varies/semester, two half days/week

Dr. Jane Sosland 4th Monday 11a-3p

Dr. Susana Patton 1st Tuesday 8a-10:15a

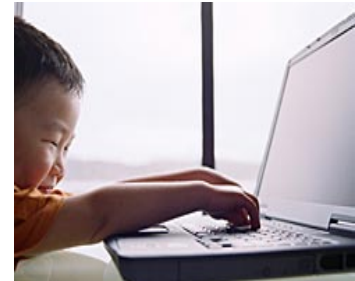
Dr. Barnard & Lassen Fridays Ad hoc

ADC/Problem Behavior Clinic – Drs. Ellerbeck & Jamison Tuesday 1p-4p

ADC/Problem Behavior Clinic – Dr. Smith and Carole Prather 1st and 3rd Weds 1p-3 p

Psycho-Oncology, Dr. Susan Krigel Monday & Tuesday Ad Hoc

Adult Psychology/Geriatrics – Dr. Penick Thursday 8a-12p



Health-related clinics for observation only, Requires prior approval from Dr. Nelson & clinic provider:

Child Psychiatry – Dr. Sharp Mondays 1-4p

Child Psychiatry – Dr. Cain & Fellow 1st and 3rd Tuesday 8a-Noon

Child Psychiatry – Dr. Sonnenschein Tuesday 10:30a-Noon, Thursday 12:30-2

Pediatric Neurology – Dr. Chaves 4th Tuesday of month, 1-3p

Healthy Hawks –Dr. Davis' team Wednesdays Ad Hoc

Feeding Clinic—Dr. Davis' team Fridays Ad Hoc

Adult Psychiatry – Dr. Liskow 1st Wednesday 8a-12p

Neurology –Ad hoc consults with Alzheimer's clinic, Epilepsy clinic, others

Pain Management – Dr. Long 2nd Thursday 2-4p

Genetic counseling – Dr. Klemp Ad hoc

Other ad hoc consultations may be available

Psychoeducational Opportunities

Pediatric Epilepsy ECHO Tuesdays Noon-1p

Palliative Care Distance Education – Drs.Redford & Porter-Williamson Thursday 8-10a

Turning Point groups Wednesdays Ad Hoc

Smoking Cessation Groups Ad Hoc

Kitchen Therapy 3rd Thursday Noon-1p

****CONFIRM SCHEDULES/ROOMS THROUGH Joy Williams, (913) 588-2226****

Palliative Care Mini-Medical—Contact [Kathy Davis, Ph.D.](#)

Dr. Davis has a number of psychoeducational, interprofessional care, palliative care delivery, and ethics training available. You are able to learn about all of the psychosocial and medical aspects of palliative care and attend rounds with an interprofessional team. You will work alongside Dr. Davis and a medical resident. Dr. Davis is also very involved with interprofessional training at KUMC and you may be able to engage in a number of those training opportunities.

Appendix A**KU MEDICAL CENTER HEALTH PSYCHOLOGY PRACTICUM****(Psych 835 and 836) Revised 07-20-15**Clinical Settings**A. Pediatrics (See Behavioral Pediatrics Staff Schedule July 2015 for days and times for the following rotations):**

Behavioral Pediatrics Clinic: Children and adolescents (with or without chronic disease) who present with internalizing disorders (depression, anxiety, anger, etc.), externalizing disorders (attention deficit hyperactivity disorder, oppositional-defiant disorder, etc.), and chronic disease-related adjustment problems (nonadherence to medical regimens, pain, and coping difficulties) are seen in these clinics. Patients are referred by physicians, other therapists, teachers, or parents refer themselves. See attached schedule for clinic times and location. Intake information is sent to the parents prior to the first appointment and they bring this information with them to the clinic. Short-term, cognitive-behavioral treatment is offered, with each patient having between 2 and 10 visits in the clinic. Minimum of 8 hours per week required and 4 direct contact hours. Contact: Mike Rapoff, Ph.D. or Martye Barnard, Ph.D.

Inpatient Pediatric Consultation Service: Consults can be called in at any time from the general pediatric or subspecialty inpatient services. The pediatric inpatient units are on the 4th floor of Bell Memorial. The Pediatric Intensive Care Unit is on the 4th floor of Bell Memorial. Occasionally we are also consulted by the Burn Unit, which is on the 5th floor of Bell Memorial. We may be asked to assess and provide recommendations for children and adolescents who are having behavioral or adjustment problems or to provide support for parents and children. We may also be involved in providing advice and support to the nursing or medical staff. Inpatient consultations are directly multidisciplinary in that we are part of the medical and nursing team that is treating the child and we have frequent interactions with the staff. In addition, we are involved in adult palliative care services for the purpose of providing family counseling. Minimum of 8 hours per week required and 4 direct contact hours. Contact: Stephen Lassen, Ph.D.

Telemedicine Outreach Clinic: The telemedicine clinic uses televideo technology to deliver the same behavioral pediatrics evaluation and treatment services described above to families across Kansas. Children present with internalizing and externalizing concerns as well as parents seeking child management strategies and assistance with coping with loss. In addition to working with the child and parent/guardian, therapists work closely with school faculty and other community resources to implement recommendations. Minimum of 8 hours per week required and 4 direct contact hours. Contact: Eve Lynn Nelson, Ph.D.

Multidisciplinary Elimination or Endocrinology Clinic: Children who have encopresis (soiling in clothing) with or without constipation are seen in the Elimination Clinic. Children and adolescents who present with an endocrinology-related disorder (.e.g., diabetes, idiopathic short stature, Turner’s syndrome) are seen in the Endocrine Clinic. We are asked to work with the child or adolescent to treat an internalizing disorder (e.g., adjustment disorder, depression, anxiety, etc), externalizing disorder (e.g., attention deficit hyperactivity disorder), and chronic illness-related adjustment problems (e.g., coping difficulties, adherence problems). Patients are typically referred by the respective clinic teams or parents refer their child. In many cases, our work with patients is directly multidisciplinary in that we are part of the elimination and endocrinology team that is treating the child and we consult with our colleagues during the clinic as time permits. This clinic is located in Medical Office Building, Pediatrics, 3rd Floor. Minimum of 8 hours per week required and 4 direct contact hours. Contact: [Susan Patton, Ph.D.](#)

B. Rehabilitation Medicine:

NeuroRehabilitation Psychology Inpatient Consult Service: The neurorehabilitation psychologist and postdoctoral fellow provide services (assessment of cognition, mood, and pain management, individual psychotherapy) to adults with diverse diagnoses, including traumatic and non-traumatic brain and spinal cord injury, stroke, brain tumor and other cancer diagnoses, organ transplant, burn, amputation, and other medical conditions requiring rehabilitation services. The inpatient rehabilitation unit is a 29 bed acute and short-term rehabilitation unit for people with physical and cognitive difficulties resulting from trauma and/or disease. The unit is staffed by a multidisciplinary team including rehabilitation medicine physicians (physiatrists), rehabilitation nurses, occupational and physical therapists, speech language pathologists, a social worker, a nutrition specialist/dietician, a recreational therapist, and the neurorehabilitation psychologist. The team meets twice weekly on Tuesdays and Wednesdays at 10 am to discuss patients currently on the unit and determine treatment goals, plan of care, and discharge. The neurorehabilitation psychology service also provides consultation to burn, trauma, surgery, and medicine services within the medical center. The neurorehabilitation psychologist and postdoctoral fellow also participate in weekly multidisciplinary burn unit staff meetings on Wednesdays at 2 pm. As a member of the teams, the neurorehabilitation psychologist and postdoctoral fellow evaluate and monitor mood, cognition, and pain/pain management, administers cognitive screens, gives feedback and education to patients, families and staff, and provides brief focused psychological interventions (e.g., CBT, relaxation training, supportive counseling). The neurorehabilitation psychology service is called to other units in the hospital for similar consultative services. Minimum of 8 hours per week required and 4 direct contact hours. Contact: Monica Kurylo, Ph.D., ABPP

NeuroRehabilitation Psychology Outpatient Clinic (Optional and by discretion of Dr Kurylo): On Tuesdays and Thursdays beginning at 8:15 am, neuropsychological evaluations of adults and children with physical and cognitive disabilities (e.g., stroke, brain injury, other neurological diagnoses, and/or psychiatric diagnoses) are performed. The clinical interview (starts at 8:30 am) is led by the neuropsychologist with the extern or intern and the psychometrist also present. The interview is followed by the testing which is typically administered by the psychometrist. Feedback sessions on this testing are performed on Monday and Thursday afternoons at 1 and 2

pm. Minimum of 8 hours per week required and 4 direct contact hours. Contact: Monica Kurylo, Ph.D., ABPP

C. Psycho-Oncology Service: Psychologists on this service can be called for a consult at any time from one of the subspecialty oncology outpatient clinics. The outpatient clinics are located at the Westwood campus, 2330 Shawnee Mission Parkway. There is also a radiation oncology outpatient clinic at the main hospital, and inpatient oncology floors within the hospital. We may be asked to assess and provide recommendations for primarily adults, but also some children and adolescents who are having behavioral or adjustment problems in reaction to their cancer diagnosis or treatment; or to provide support for caregivers of those with cancer. We may also be involved in providing advice and support to the nursing or medical staff. Consultations are multidisciplinary in that we are part of the medical and nursing team that is treating the patient. Each oncology disease site team meets once weekly to discuss patients who are pending treatment to determine plans of care. As a member of the team, the psychologist evaluates, monitors, and treats mood, anxiety, adjustment concerns, and cognition, administers cognitive screens, and provides psychological treatment (e.g., CBT, solution-focused therapy, relaxation training, and supportive counseling), gives feedback and education to patients, families and staff, and provides psychological treatment. Group supervision is from 12:00 to 1:30pm and clinic times are 9am to noon and then from 1:30pm to 4 or 5 pm on Thursdays. Minimum of 8 hours per week required and 4 direct contact hours. Supervisors: Meagan Dwyer, Ph.D. and Jessica Hamilton, Ph.D.

Team Coordinator/Supervisor

Michael A. Rapoff, Ph.D. is the Ralph L. Smith Professor of Pediatrics in the Department of Pediatrics at KU Medical Center, the Coordinator of the Health Psychology Practicum Team, and is an Adjunct Professor in the Clinical Psychology Program at KU. Dr. Rapoff is a licensed psychologist in Missouri and Kansas and is listed in the National Registry of Health Service Providers in Psychology. He is also a Fellow of Division 54 (Society of Pediatric Psychology) of the American Psychological Association and was President-Elect of Division 54 in 2012, President in 2013, and Past President in 2014. Dr. Rapoff received his PhD in Developmental and Child Psychology from the University of Kansas in 1980. He completed a two-year postdoctoral Fellowship in Behavioral Pediatrics at KU Medical Center in 1982 and joined the staff of the Pediatrics Department as an Assistant Professor in 1982. Dr. Rapoff clinical and research focus is on psychosocial issues in chronic pediatric diseases, including pain, adherence, and coping/adjustment.

Co-Team Leaders/Supervisors

Monica Kurylo, Ph.D., ABPP is an Associate Professor in the Departments of Psychiatry & Behavioral Sciences and Rehabilitation Medicine at KUMC. She received her doctoral degree in clinical psychology (health/rehabilitation emphases) at the University of Kansas, and has internship and postdoctoral experience in rehabilitation and health psychology and neuropsychology. Dr. Kurylo is the Chair of the Committee for the Advancement of

Professional Practice (CAPP) of the American Psychological Association (APA), Treasurer of the Kansas Psychological Association, and a member of the Kansas Licensed Psychologists Advisory Committee to the Behavioral Sciences Regulatory Board. She has been active in many APA Division 22 (Rehabilitation Psychology) activities, including serving as the Treasurer, as a Member-at-Large on the Executive Board, and on the program committee for the annual mid-winter conference. She has served in the past as liaison for Division 22 to CAPP, the Board for the Advancement of Psychology in the Public Interest (BAPPI), and the Committee for Disability Issues in Psychology (CDIP). She also belongs to Divisions 40 (Neuropsychology), Section 1 of Division 22 (Pediatric Psychology), 38 (Health), 12 (Society of Clinical Psychology), Section 8 of Division 12 (Association of Psychologists in Academic Health Centers (APAHC), 35 (Society for Women), and 31 (State, Provincial, and Territorial Psychological Association Affairs) of APA, the Kansas Psychological Association, and Women in Medicine and Science (Kansas University Medical Center chapter). Her research interests include stress among professional and family caregivers.

Eve-Lynn Nelson, PhD: is a Professor in the Department of Pediatrics and is a licensed psychologist in the state of Kansas. She earned her BA from the University of Missouri-Kansas City and her PhD in clinical psychology from the University of Kansas, with a health emphasis. She completed her internship through the University of Miami Center for Child Development/Jackson Memorial Hospital and through a KUMC rural outreach post-doctoral fellowship. She is the Director of the KU Center for Telemedicine and Telehealth and research lead for the Institute for Community Engagement. She leads a number of projects evaluating technology in patient care across the lifespan, including the Extension of Community Healthcare Outcomes (ECHO) initiative. As a telepsychologist, Dr. Nelson sees patients over interactive televideo through schools participating in the TeleKidcare program and through rural sites across Kansas. Her primary clinical and research interest is increasing access to psychology services through telemedicine.

Robert Twillman, Ph.D. is a former Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at KU Medical Center. He is currently Executive Director for the American Academy of Pain Management. Dr. Twillman is a licensed psychologist in the states of Kansas, California, and Pennsylvania. He obtained his PhD in Clinical Psychology from UCLA in 1989 and completed a one-year postdoctoral fellowship in Behavioral Medicine and Anxiety Disorders at the Neuropsychiatric Institute at UCLA. Dr. Twillman's clinical and research focus is on psycho-oncology and the assessment and treatment of pain.

Supervisor

Martye Barnard, Ph.D., R.N., M.N. is a Clinical Professor and Division Chief of Behavioral Pediatrics in the Department of Pediatrics at KU Medical Center. She is also a Professor in the School of Nursing at KU Medical Center and an Adjunct Professor in the Department of Human Development and Family Life at the University of Kansas. Dr. Barnard is a licensed pediatric

nurse practitioner and a licensed psychologist in the state of Kansas. She received her master's degree in Nursing in 1968 from the University of Florida and her PhD in Developmental and Child Psychology in 1985 from the University of Kansas. She completed a two-year postdoctoral fellowship in Behavioral Pediatrics at KU Medical Center in 1987. Dr. Barnard has specialized in the care of children and their families with chronic or life limiting illnesses. In addition to several other issues, her practice includes children and adolescents with depression, anxiety disorders, oppositional defiant disorder, ADHD, posttraumatic stress disorders and factitious disorders.

Ann McGrath Davis, Ph.D., MPH, ABPP is a Professor in the Department of Pediatrics at KU Medical Center and Vice-Chair for Research and Scholarship. Dr. Davis is a licensed psychologist in the state of Kansas. She received her Ph.D. in Clinical Psychology in 1999 from Western Michigan University and completed a Pediatric Psychology Fellowship at Children's Hospital Medical Center, Cincinnati, OH, in 2001. Dr. Davis is the psychologist for the Feeding Team and the psychologist and Co-Director of the Healthy Hawks program to treat pediatric obesity. Her research focuses on childhood obesity.

Meagan Dwyer, Ph.D. is a Assistant Professor of Psychology in the Department of Psychiatry & Behavioral Sciences at KU Medical Center. Dr. Dwyer is a licensed psychologist in the states of Kansas and Missouri. She received her Ph.D. in Clinical Psychology from Saint Louis University, completed an APA approved internship at the Southeast Veterans Health Care System in New Orleans, LA, and then completed an APA approved post-doctoral fellowship at the Alvin J. Siteman Cancer Center at Washington University School of Medicine/Barnes-Jewish Hospital in St. Louis, MO. She is currently involved as a health psychologist in various clinical aspects of KU Medical Center and Cancer Center including Blood and Marrow Transplant, Liver Transplant, and Consultation Liaison Service. Dr. Dwyer's areas of clinical and research interests are in psycho-oncology, trauma, health psychology, end of life issues, and intersections of trauma and health.

Jessica Hamilton, Ph.D. is an Assistant Professor of Psychology in the KUMC Department of Psychiatry and Behavioral Sciences and a licensed psychologist in the states of Kansas. Dr. Hamilton obtained her Bachelor of Arts degree in Psychology (summa cum laude with departmental honors) from Park University (2002-2005) followed by her Master of Arts in Clinical Psychology (2006-2009) at the University of Missouri-Kansas City. She then completed her Doctor of Philosophy in Clinical Psychology (2009-2013) at the University of Missouri-Kansas City. She attended an APA accredited internship at the University of Kansas Medical Center (2012-2013), with a focus on behavioral medicine. Dr. Hamilton then became the Psycho-Oncology Post-Doctoral Fellow at the University of Kansas Cancer Center (2013-2014). She joined the faculty at the University of Kansas Medical Center in the Summer of 2014. Dr. Hamilton is a member of the American Psychological Association (APA) and the American Psychosocial Oncology Society (APOS). Dr. Hamilton has research and clinical experience and

interests focused on emotion regulation and health psychology, particularly oncology. She is also interested in end-of-life issues, quality of life, and the interrelationships between psychological and physical health. Dr. Hamilton has recently focused her research into head and neck cancer and well-being, including cognitive abilities, distress, emotion regulation, and physical health outcomes. She is also engaged in adapting, developing, and implementing distress screening for both academic and clinical application. Currently, Dr. Hamilton serves as a psychologist in several services including oncology/Bone and Marrow Transplant, Liver Transplant, and consultation liaison. She enjoys teaching applications of psychological science in the practice of health care, and regularly supervises psychology practicum students, clinical psychology interns, and psychology post-doctoral residents.

Stephen Lassen, Ph.D. is an Associate Professor in the Department of Pediatrics at KU Medical Center. Dr. Lassen received his Ph.D. in Clinical Child Psychology from the University of Kansas in 2006. He completed his residency in Clinical Child Psychology/Pediatric Psychology at Harvard Medical School and his postdoctoral fellowship in Pediatric Psychology at the University of Washington School of Medicine. Dr. Lassen specializes in the care of children with chronic or life-limiting illnesses and their families. In addition, his practice includes children and adolescents with a range of behavioral and emotional concerns. Dr. Lassen has primary responsibility for the neonatal intensive care unit (NICU).

Susana R. Patton, PhD, CDE is an Associate Professor in the Department of Pediatrics and is a licensed psychologist in the state of Kansas. She earned her Ph.D. in Clinical Psychology from MCP Hahnemann University (Philadelphia, PA) in 2000 and completed a Pediatric Psychology Fellowship at Cincinnati Children's Hospital Medical Center in 2002. From 2002-2004, Dr. Patton completed an NIH-supported research fellowship (Ruth L. Kirschstein National Research Service Award) in type 1 diabetes at Cincinnati Children's Hospital Medical Center. From 2004-2010, Dr. Patton was on faculty at the University of Michigan Medical School. She joined the faculty at KUMC in 2010. Dr. Patton is the psychologist for Pediatric Endocrinology. Her research focuses on the management of diabetes in youth. Dr. Patton became a Certified Diabetes Educator in 2009.

Maura W. Wendland, Ph.D. is a Clinical Associate Professor in the Department of Pediatrics at KU Medical Center. Dr. Wendland is a licensed psychologist in the state of Kansas. She received her Ph.D. in Clinical Child Psychology from the University of Kansas and completed her internship at Shands Hospital at the University of Florida. Dr. Wendland also completed a one-year postdoctoral fellowship at the University of Kansas Medical Center in Developmental Disabilities and Behavioral Pediatrics. Her clinical interests include caring for hospitalized children and families with chronic illness or trauma-related events. Her practice also includes working with children with oppositional defiant disorder, developmental disabilities, ADHD, anxiety, depression, and medical adherence issues.

Phone and Pager Numbers (area code: 913) and Email Addresses

Dr. Rapoff: Office: 588-6373; Pager: 917-7889; mrapoff@kumc.edu

Dr. Barnard: Office: 588-6341; Pager: 917-9099; mbarnard@kumc.edu

Dr. Davis: Office: 588-5928; Pager: 917-3476; adavis6@kumc.edu

Dr. Dwyer: Office: 588-6402; Pager: 917-0960; mdwye2@kumc.edu

Dr. Hamilton: Office: 588-6463; Pager: 917-1385; jhamilton2@kumc.edu

Dr. Kurylo: Office: 588-6463; Pager: 917-4969; mkurylo@kumc.edu

Dr. Lassen: Office: 588-4169; Pager 917-0126; slassen@kumc.edu

Dr. Nelson: Office: 588-2413; Pager: 917-3000; enelson2@kumc.edu

Dr. Patton: Office: 588-0513; Pager: 917-4278; spatton2@kumc.edu

Dr. Twillman: rtwillma@kumc.edu

Dr. Wendland: Office: 588-0334; Pager: 917-2006; mwendland@kumc.edu

Supervision

Supervision will be provided individually and as a group. Individual supervision sessions will be arranged with specific supervisors and group supervision will take place on Wednesday morning from 10:00 to 11:30 at KU Medical Center in the Department of Pediatrics, Room 2036 HC Miller Bldg.

Practicum Requirements

You are expected to meet the following requirements. Feedback will be provided periodically and those interns not meeting requirements will be given individual corrective feedback as needed. Specific requirements are:

1. Attend assigned clinics and be on time. Initially you will observe assessment and

Treatment procedures but will gradually be asked to assume more clinical responsibilities. You will also be asked to chart visits using the standard SOAP system (Subjective, Objective, Assessment, and Plan)

2. We are very sensitive about patient and family rights of confidentiality and you are asked to avoid discussing specific patients and families outside our supervision sessions. Also, please do not provide information to other staff or referral sources without prior review and approval by your supervisor. We have legal, ethical and moral responsibilities for patients and have to be involved in all aspects of patient care.

3. Attend all supervision sessions and keep records of patient contact hours (see practicum log). This is essential for you to receive proper credit for your clinical activities. You will not be given credit for patient contact hours that have not been recorded on the log form and submitted to Dr. Rapoff (keep a duplicate log form so you have a backup).

4. Complete assigned readings and prepare clinical presentations to the group. You will be given specific readings that are relevant to the types of psychosocial and medical problems that we encounter. You can avail yourself to the medical center and pediatrics department libraries to obtain additional information of interest. You will be asked to make clinical presentations to the group on specific patients or on a topic determined by the group. The format of these presentations will be discussed with your supervisor. Please be assertive in seeking out new knowledge and information by reading on your own and asking questions. Ask and you shall find.

In addition, we strongly recommend that you take advantage of the many educational opportunities here at KUMC, particularly Grand Rounds and Grand Attending Rounds. Please take advantage of the schedule through the KUMC web calendar and through your supervisor's suggestions.

We hope you have a good experience. At various times during the practicum (and formally at the end) we will ask for your feedback which will be very helpful in revising the practicum. Please be specific and candid with us in providing this needed feedback.

Performance Objectives: KUMC Health Psychology Practicum

Rotation One: Pediatrics

1. Independently conduct an intake interview with children who present with behavioral, affective, adjustment, pain, or toileting problems and their parents in outpatient pediatric psychology clinic.
2. Dictate initial intake report from outpatient pediatric psychology clinic that includes elements specified by supervisor.
3. Discuss and demonstrate to patients and families the following therapeutic protocols:
 - Cognitive Restructuring
 - Deep Breathing and Guided Imagery
 - Enuresis Treatment
 - Encopresis Treatment
 - Negotiating and Contracting Skills
 - Progressive Muscle Relaxation

Time-in and other parenting strategies

Time-out

Token System

Cognitive-Behavior Strategies for Mood Management

4. Independently conduct initial inpatient consultation for children and adolescents who present with acute or chronic disease-related psychosocial issues (e.g., nonadherence to medical regimens, pain, adjustment and coping problems).
5. Write up initial inpatient consultation (after discussing with supervisor) and discuss with medical team.
6. Conduct literature search and summarize literature on topic related to clinical case as assigned by supervisor.

Telemedicine

1. Review online and written rotation materials concerning outreach and psychology practice with technology.
2. Complete assessment and treatment components complementing the Pediatrics performance objectives. Note similarities and differences in the telemedicine setting, particularly related to working with underserved communities.
3. Review online materials concerning case history examples specific to the TeleHelp clinic. Write initial intake report following this format.
4. Reflect understanding of skills needed to work in an interdisciplinary team providing outreach.
5. Observe one additional telemedicine clinic related to health psychology.
6. Complete literature review and presentations as described in the Pediatrics objectives.

Rotation Two: Rehabilitation Psychology

1. Independently conduct a neuropsychological screening evaluation. Write an evaluation report including elements provided by the supervisor and formulate a treatment plan.

2. Independently conduct an evaluation of psychological functioning. Write an evaluation report including elements provided by the supervisor and formulate a treatment plan.
3. Conduct a literature search and summarize current knowledge related to specific cases as assigned by the supervisor.
4. Observe other therapy sessions (speech, physical, and occupational therapies).
5. Optional: Provide a verbal summary of the assessment findings on specific inpatient(s) to the inpatient treatment team during weekly staffing conference.
6. Optional: Observe outpatient neuropsychological evaluation interview and testing. Observe neuropsychological evaluation feedback session.

Rotation Three: KUMC Psycho-oncology Service

1. Independently conduct an intake interview with a patient presenting with a behavioral, cognitive or affective disorder.
2. Independently conduct a follow-up interview with a patient followed in the Oncology Clinic.
3. Independently conduct an intake interview with a patient referred for emotional/psychological distress related to their cancer diagnosis or treatment. Dictate or write an initial intake report based on this interview.
4. Understand and accurately discuss with patients/families the distinctions among substance abuse/addiction, physical dependence, and tolerance.
5. Demonstrate ability to instruct a patient in the use of guided imagery, progressive muscle relaxation, or other relaxation technique.
6. Understand and discuss with supervisor the basic mechanisms of action, side effects, and therapeutic efficacy of the major classes of antidepressants, anxiolytics, opiates, and anticonvulsants, and factors to consider in choosing a particular medication within each class.
7. Understand and discuss with supervisor and/or patient the distinctions between normal mood changes related to medical conditions and their treatments, adjustment disorder, and clinical mood or anxiety disorders.

Appendix B

Year 4 Health Psychology Clinical Practicum VI & VII
PSYC 848 & 849

Instructor: David K. Johnson, PhD
 Associate Professor, Psychology and Gerontology
[Email: dkj@ku.edu](mailto:dkj@ku.edu)
 Phone: 785-864-0669
 Cell: 785-342-2778
 Office Hours: 2:15-3:15 Tuesdays
 Office 1: 449 Fraser Hall
 Office 2: Suite 3093 Dole Human Development Bldg.

Course Description from the Graduate Catalog. Intensive clinical psychology practice, including group and individual supervision that may be taken either through Clinical Psychology or an approved site outside of the university. Focus is on the acquisition and demonstration of advanced therapy skills with a focus on acquiring core Health Psychology competencies (cf. APA Division 38). Two consecutive semesters (Fall, Spring) of enrollment are required of doctoral students. Responsibility to the site is for a continuous nine months, with fall semester responsibilities ending on the first day of spring semester classes. Graded on a Satisfactory/Fail basis. The primary purpose of this course is for doctoral students to continue to develop a broad range of basic and advanced skills. In addition to individual skills, students are also encouraged to participate in group counseling and other counseling/psychology related activities within their particular setting. Prerequisite: PSYC 835 & 836 and graduate student in clinical health psychology specialty. FLD.

Course Objectives

Practicum students are expected:

1. To be able to develop and sustain a basic helpful relationship with clients that is characterized by respect, trust, warmth, and regard for the client as a person.
2. To be able to focus and work on the central concerns of the client and not get lost in peripheral issues.
3. To be able to locate and use appropriate sources of information (e.g., test information, Empirically Supported Treatments, occupational/educational information, referral sources) needed to assist the client.
4. To be able to separate your concerns and agendas from those of the client.
5. To understand and honor individual and cultural diversity issues as they present themselves in your work with clients and supervisors.
6. To be able to establish and manage with clients clear and attainable therapeutic goals.
7. To be able to conceptualize the process and direction single counseling interviews take, as well as the overall direction of work with a client.
8. To give and receive constructive comments regarding your work as well as that of other students in practicum.
9. To learn to apply Evidence Based Practice in appropriate and purposeful ways. In particular, apply the Partners for Change Outcomes Management System (PCOMS) with several of your clients, in consultation with your site supervisor.
10. To develop a clear sense of professional and ethical conduct in your work.

Meeting Times

The meeting time will be arranged with the instructor David Johnson, Ph.D.

Prerequisites/Skills Needed

Must have taken PSYC 835, 836, 964, 965 and 966 unless course waivers in place for M.A. students. Need 250 hours of direct contact hours before starting 4th year practicum.

Appendix C

Integrated Primary Care Practicum at Health Care Access

Health Care Access offers non-emergency, chronic and acute health care. The primary providers at the Clinic are Advanced Practice Registered Nurses (APRN) with additional services provided by volunteer local physicians, nurse practitioners, physician assistants and nurses who donate their time and services. As part of the mission to provide services that positively impact overall wellness of patients, Health Care Access staff and graduate students provide solution-focused, patient-centered mental health counseling and psychotherapy for a wide variety of mild-moderate mental health concerns. Because mental health is a key component of overall healing and wellness, topics treated at Health Care Access, include, but are not limited to; depression, anxiety, chronic stress, grief and loss. Assessment and direct referral for treatment of substance use disorders is also available. Mental health counseling and psychotherapy services are available to all established, adult patients of Health Care Access. Mental health counseling and psychotherapy offer patients a unique perspective and new skills to help cope with life stressors, to promote the well being of all patients.

Supervisor: Jill Flessing, Licensed Social Worker is the on-site supervisor with additional supervision with Sarah Kirk, Ph.D. Dr. Kirk earned her Ph.D. in clinical psychology with a health and rehabilitation specialization in 1998 from the University of Kansas and is licensed in Kansas and Missouri. Dr. Kirk is the director of the KU Psychological Clinic and is a supervisor in the clinical psychology program.

Contact: Jill Flessing, Flessingj@healthcareaccess.org
 Dr. Kirk at skirk@ku.edu and 785-331-6155 or 785-864-9853

Supervision: Group supervision will be provided with Dr. Johnson weekly in Fraser Hall and individual supervision will take place on hour per week in 347 Fraser and at HCA with Ms. Flessing.

JayDoc Student-Run Free Clinic Practicum at JayDoc Free Clinic

JayDoc Free Clinic is a student-run clinic that provides non-emergency urgent and preventative care to the uninsured and underinsured populations of Greater Kansas City. The clinic is a primary provider for immigrants and non-English speaking patrons. The clinic targets the Latino population of Kansas City and provides integrated on-site interpreters. The general clinic is open Monday and Wednesday evenings from 5:30-8:30pm, and specialty clinics operate on Tuesday evenings. The clinic is supported entirely by volunteers and donations from the community and grant funding, as it does not take payments from patients. This practicum will involve the delivery of services within an interdisciplinary primary care setting including underserved groups. Services will include brief, problem-focused psychological or behavioral health evaluations and delivery of brief education or intervention in the context of an interdisciplinary team (medicine, pharmacy, dietetics, laboratory services). Most interventions will be to individuals presenting for primary care, though some interventions may involve families or couples. There will be an opportunity for delivery of more traditional mental and behavioral health services in this population to a limited number of patients for brief periods of time (2-3 sessions). Psychology practicum students will work with students from other disciplines as part of a cohesive team on

which all members learn from each other.

Supervisor: On-site supervision is provided by the medical preceptor volunteering for the night. Sarah Kirk, Ph.D. is the off-site supervisor. Dr. Kirk earned her Ph.D. in clinical psychology with a health and rehabilitation specialization in 1998 from the University of Kansas and is licensed in Kansas and Missouri. Dr. Kirk is the director of the KU Psychological Clinic and is a supervisor in the clinical psychology program.

Contact: Dr. Kirk at skirk@ku.edu and 785-331-6155 or 785-864-9853

Supervision: One hour face-to-face per week with Dr. Sarah Kirk and additional consultation and supervision from medical faculty on site as needed.

Application Process: Meet with Dr. Kirk to indicate interest and interview will be conducted with Jaydoc Free Clinic's executive board of directors.

Students must do the following: Have personal liability insurance, enroll in the KUMC practicum class.

Practicum Requirements

Required hours: Flexible – 1 night per week (Mon or Wed) 5:30-8:30p

Commitment: Flexible – Prefer two semester commitment starting in fall

1. Be available to consult with medicine and pharmacy professions.
2. Participate in full patient encounters when possible.
3. Provide brief health psychology interventions over 2-3 sessions as needed.
4. Document all contacts in the JayDoc Clinic's medical record.
5. Attend all supervision sessions with Dr. Sarah Kirk.
6. Consult with the medical team and visit with patients in exam rooms for an "on the spot" assessment when the medical team has identified a potential mental health problem
7. Therapists may provide some short and long-term consultation, receive hand-offs from medicine and pharmacy students and preceptors for immediate consultation in primary care setting.
8. Participate in quality improvement projects.

Performance Objectives

1. Conduct individual psychotherapy
2. Conduct diagnostic interviews
3. Participate in interprofessional team during full patient encounters
4. Consult with multidisciplinary staff (medicine, pharmacy students and preceptors)
5. Complete documentation in JayDoc medical record
6. Participate in quality improvement projects

Interprofessional Teaching Clinic Primary Care Practicum in Family Medicine, KU Medical

The Interprofessional Training Clinic (IPTC) meets from 0800-1200 daily and practicum student is assigned to two mornings. This practicum will involve the delivery of services within a primary care setting including underserved groups. Services will include brief, problem-focused psychological or behavioral health evaluations and delivery of brief education or intervention in the context of an interdisciplinary team (family medicine, nursing, pharmacy, and other disciplines, including legal services and physical therapy). Most interventions will be to individuals presenting for primary care. Some interventions may involve families or couples. There will be an opportunity for delivery of more traditional mental and behavioral health services in this population to a limited number of patients. Psychology practicum students will work with students from other disciplines as part of a cohesive team on which all members learn from each other.

Supervisor: Dr. Wendi Born is the on-site supervisor. Dr. Born earned her Ph.D. in clinical psychology from Northwestern University in 2000, and is licensed in the state of Kansas. Dr. Born is a Clinical Assistant Professor at the University of Kansas Medical Center in the Department of Family Medicine.

Contact: Dr. Wendi Born, Ph.D. at wborn@kumc.edu

Application Process: Meet with Dr. Kirk to indicate interest and interview will be conducted with Dr. Born.

Students must do the following: Have personal liability insurance, enroll in the KUMC practicum class.

Practicum Requirements

Required hours: Flexible – 2 half days per week (Mon-Fri mornings, Wed afternoons)

Commitment: Flexible – Prefer two semester commitment starting in fall

1. Be available to consult with medicine, nursing, and pharmacy professions.
2. Participate in full patient encounters as part of team.
3. Provide brief health psychology interventions over 2-3 sessions as needed, and long-term follow-up as part of medical team.
4. Document all contacts in the KUMC medical record.
5. Attend all supervision sessions with Dr. Wendi Born. One hour face-to-face per week and additional on-the-go consultation and supervision. Students will periodically do co-treatment so that the supervisor can directly observe the practicum student.
6. Participate in team ‘huddles’ before and after patient encounter, as well as present to faculty preceptors from various professions.
7. Therapists may provide some short and long-term consultation, receive hand-offs from medicine and pharmacy students and preceptors for immediate consultation in primary care setting.
8. Participate in quality improvement projects.

Performance Objectives

1. Conduct individual psychotherapy
2. Conduct diagnostic interviews
3. Participate in interprofessional team during full patient encounters
4. Present to IPTC faculty preceptors.
5. Consult with multidisciplinary staff (medicine, pharmacy students and preceptors)
6. Complete documentation in KUMC medical record
7. Participate in quality improvement projects

Neuropsychological Practicum at University of Kansas Hospital

The Neuropsychology department provides neuropsychological evaluations for medically referred adults. The majority of cases are outpatient referrals for diagnosis and treatment planning related to traumatic brain injury, dementia, movement disorders, and pre- and post-surgical evaluations (i.e., epilepsy, brain tumors, hydrocephalus, etc. populations). In-patient services include full neuropsychological evaluations on the Epilepsy Monitoring Unit and brief consults throughout the hospital, often related to assessing capacity for decision making or independent living. Neuropsychologists are also involved in Wada testing and cortical mapping; practicum students make participate when the opportunity is available. Students will observe and conduct diagnostic interviews, review medical records and imaging studies, independently administer testing batteries, observe patient feedback, and writing shadow reports. Didactic opportunities include neurology grand rounds (Friday) and epilepsy surgical conference (Tuesday).

Supervisors: Eric Ecklund-Johnson, PhD, ABPP, is a board-certified neuropsychologist. He earned his PhD in counseling psychology with a minor in neuropsychology in 2002. He completed his internship at the University of Florida and post-doc at North Shore University Health System in Evanston, IL. He is the senior clinical neuropsychologist in the KU neuropsychology department. Caleb Pearson, PsyD, is also a clinical neuropsychologist. He received his degree from Argosy University and completed his internship at Mount Sinai Medical Center and his post-doc at Barrow Neurological Institute.

Contact: Eric Ecklund-Johnson, eecklund-johnson@kumc.edu
Caleb Pearson, cpearson2@kumc.edu

Supervision: Individual supervision occurs daily. There is typically 30-60 minutes of individual supervision for each outpatient referral. The daily supervisor is determined by case load and the student's interest in presenting concerns.

Practicum Requirements

Required Hours: 2 days. Hours should be a full day (8-4:30) or half day (8-12, 1-4:30). There may be preferred days of the week based on office space availability.

Commitment: Flexible – prefer full year; 2 semesters also acceptable

1. Attend all scheduled practicum days; provide advanced notice for any absences.
2. Be conscientious in the administration, scoring, and norming of all tests and

questionnaires.

3. Participate in supervision and professional development activities.
4. Attend didactic opportunities (i.e., grand rounds, epilepsy surgical conference).

Performance Objectives

1. Administer, score, and norm neuropsychological testing batteries.
2. Conduct diagnostic interviews and neurobehavioral status exams.
3. Develop familiarity with additional clinical variables (i.e., neuroimaging, Wada testing).
4. Generate shadow reports summarizing the results and impressions from the evaluation.

Neuropsychology Clinic – The Kansas City VA Medical Center, Kansas City, MO

Psychology program and the Neuropsychology Clinic which provides consultation services to a 372 bed general medical, surgical, and psychiatric V.A. hospital. This practicum requires a two semester commitment and is focused on learning basic skills in neuropsychological assessment. There is considerable flexibility in the experience. Students develop with Dr. Skadeland an individualized series of training goals and expectations for the experience during the first two weeks of the practicum. Generally, during the first semester, emphasis is placed on learning to accurately administer and score a wide number of neuropsychological/cognitive measures. During the second semester, development of report writing skills is stressed. A variety of readings are periodically assigned which are targeted to compliment the experiences students are having in the clinic. Considerable access to the neuropsychologist and neuropsychology technician, along with close supervision can be expected. The number of clock hours onsite is somewhat dependent on the number of academic credit hours (1-3) that the student enrolls in at their University.

Supervisor: Dean Skadeland, Ph.D. is the Chief Psychologist and a staff neuropsychologist at the Kansas City VA. Dr. Skadeland earned his Psy.D. degree in clinical psychology from the Florida Institute of Technology. Dr. Skadeland is also an adjunct professor at the University of Missouri Kansas City and the University of Kansas.

Regarding academic credit:

University of Kansas clinical psychology students selected for the experience will enroll in Dr. Skadeland's section of PSYC 977 Specialized Clinical Practicum for 1-3 credit hours.

Contact Information: Dr. Dean Skadeland

Chief Psychologist/Neuropsychologist

KU: drskad@ku.edu UMKC: skadelandd@umkc.edu VA: dean.skadeland@va.gov

816-861-4700 ex 56618

Supervision: One hour per week with Dr. Skadeland face-to-face and as needed consultation.

Practicum Requirements

Required Hours: 8-16 hours dependent on enrollment

1. Complete mental status exams and brief cognitive examinations (may include SLUMS, MOCA, MMSE, and RBANS)
2. Learn and administer various neuropsychological tests. Number and types of testing will

vary with each student.

Performance Objectives

1. Conduct diagnostic interviews
2. Conduct mental status exams and brief cognitive examinations (may include SLUMS, MOCA, MMSE, and RBANS)
3. Complete targeted neuropsychological testing
4. Complete documentation in VA medical record

Perinatal Maternal Health

General Obstetrics and Gynecology

1. **Inpatient Obstetric Consultation Service:** Consults can be called in at any time (in person, email or via O2) from the general obstetric inpatient services; however, the practicum student may only be available to complete the consult on the specified day(s) of service (i.e., Mondays). The psychology practicum student could be asked to assess and provide recommendations for pregnant and postpartum women on the mother-baby unit or labor-delivery unit who present with mood or anxiety problems. The student may be asked to assess and monitor coping for patients on bed rest or those hospitalized for medically complicated pregnancies. The student may “follow” a patient after delivery if her infant is hospitalized in the NICU and continue provision of psychological services during NICU hospitalization. The student may also be involved in providing advice and support to the nursing or medical staff including members of the social work team. Inpatient consultations are directly multidisciplinary in that the student would be part of the medical and nursing team that is treating the patient and would have frequent interactions with the staff. In order to achieve this, the student should expect to attend High-Risk inpatient rounds weekly at 7am led by attending physicians with OB/GYN residents and medical students.

2. **Outpatient OB/GYN Subspecialty Clinics:** Pregnant and postpartum women who present with mood or anxiety disorders (e.g. depression, general anxiety, etc.) would be seen in this clinic. Patients would be referred by physicians, nurses, social workers, or women could refer themselves. Patients may also be referred from another clinical division (e.g. Maternal-fetal medicine, high risk pregnancy) by a physician and/or nurse in that division. These are usually brief contacts to assess and make recommendations about needed psychological services. Short-term, cognitive-behavioral treatment would be offered, with each patient having between 2 and 10 visits in the clinic.

Supervision and contact: Stephen Lassen, Ph.D. is an Assistant Professor in the Department of Pediatrics at KU Medical Center. Dr. Lassen received his Ph.D. in Clinical Child Psychology from the University of Kansas in 2006. He completed his residency in Clinical Child Psychology/Pediatric Psychology at Harvard Medical School and his postdoctoral fellowship in Pediatric Psychology at the University of Washington School of Medicine. Dr. Lassen specializes in the care of children with chronic or life-limiting illnesses and their families. In addition, his practice includes children and adolescents with a range of behavioral and emotional concerns. Dr. Lassen has primary responsibility for the inpatient consultation/liaison service for Behavioral Pediatrics.

Practicum Requirements

Clinical psychology practicum students are expected to meet a number of requirements. The following requirements were established by the team of clinical supervisors, lead by Dr. Michael Rapoff, PhD, who oversee the required clinical practicum located at KUMC. Feedback is provided periodically and those students not meeting requirements are given individual corrective feedback as needed. The same requirements are expected of clinical psychology students who participate in specialized clinical practicum experiences. Specific requirements are:

1. Attend assigned clinics and be on time. Assume clinical responsibilities including assessment and treatment procedures. Chart visits according to the standard format for the clinic. Discuss notes with other medical caregivers involved in the care of the patient.
2. Be sensitive about patient and family rights of confidentiality; avoid discussing specific patients and families outside supervision sessions. Also, do not provide information to other staff or referral sources without prior review and approval from supervisor. Uphold legal, ethical and moral responsibilities for patients necessary to be involved in all aspects of patient care.
3. Attend all weekly one-hour supervision sessions and keep records of patient contact hours. This is essential for students to receive proper credit for clinical activities.

Performance Objectives:

1. Independently conduct an intake interview with a pregnant or postpartum patient presenting with a mood or anxiety disorder symptoms. Independently conduct an intake interview with a patient referred for emotional/psychological distress related to high-risk pregnancy diagnosis.
2. Independently conduct a follow-up interview with a patient followed in the Obstetric Clinic.
3. Write an initial intake report based on these interviews.
4. Understand and discuss with supervisor and/or patient the distinctions between normal mood changes related to pregnancy and the postpartum period, medical conditions and their treatments, adjustment disorder, and clinical mood or anxiety disorders.
5. Demonstrate ability to instruct a patient in the use of guided imagery, progressive muscle relaxation, or other relaxation technique.
7. Understand and discuss with supervisor the basic mechanisms of action, side effects, and therapeutic efficacy of the major classes of antidepressants and anxiolytics, with a focus on factors to consider regarding the use of particular medications in pregnant women and women who are breastfeeding.

Topeka Primary Care Clinic VA, VA Eastern Kansas

This practicum site includes opportunities for individual, couples, and group therapy, as well as psychological and neuropsychological assessment. The population includes mostly outpatients; however, there are some opportunities to work with inpatients on the PTSD treatment unit and with acute psychiatry. Patients can range in age from the early twenties to the elderly with a wide range of psychiatric diagnoses and treatment needs. Students have the opportunity to be supervised with multiple evidence-based psychotherapies for the treatment of PTSD, anxiety, and depression, including Cognitive Processing Therapy, Prolonged Exposure, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, and Integrative Behavioral Couples Therapy.

Supervisor: Supervisors are various Ph.D. and Psy.D. level psychologists depending on year of application.

Regarding academic credit:

University of Kansas clinical psychology students selected for the experience will enroll with Dr. Kirk for PSYC 977 Specialized Clinical Practicum for 1-3 credit hours.

Contact Information:

Supervision: One hour per week with Dr. Skadeland face-to-face and as needed consultation.

Contact information for practicum: For questions, students should contact Dr. Dawn Gettman by telephone at (785) 350-3111, ext. 52169, or by e-mail at dawn.gettman@va.gov.

Practicum Requirements

Required Hours: 8-16 hours dependent on enrollment

1. Participate in evidence based practice and attend primary care clinic appointments
2. Diagnostic interviewing
3. Psychotherapy
4. Limited and targeted assessment
5. Consultation with multidisciplinary staff

Performance Objectives

1. Conduct diagnostic interviews
2. Conduct mental status exams and brief cognitive examinations (may include SLUMS, MOCA, MMSE, and RBANS) as needed
3. Complete targeted assessment when appropriate
4. Complete documentation in VA medical record
5. Utilize protocol based treatment for PTSD and other presenting concerns

Appendix D
Evaluation Forms

ANNUAL PROGRAM REVIEW OF STUDENT PROGRESS

Student Name: _____

Date: _____

1. MA Thesis (PSYC 899): *Thesis Completed* *Progress Satisfactory* *Problems Noted**
 (6 cr. hrs. minimum)

2. Coursework:

Stats/Methods *Requirements Completed* *Progress Satisfactory* *Problems Noted**
 PSYC 789 and/or 790
 PSYC 791,795,879,887,892,893,894,895,896, EPSY 811

Core distribution *Requirements Completed* *Progress Satisfactory* *Problems Noted**
 Cognitive: PSYC 723,725,800,831,863,870 or EPSY 807
 Social: PSYC 774,775,777,825 or 956
 Developmental: PSYC 825,863,870 or EPSY 705

Clinical Core *Requirements Completed* *Progress Satisfactory* *Problems Noted**
 History: PSYC 810 or PSYC 810: History and Ethics in Psychology or
 EPSY 998: History of Psychology or ABSC 921: The History and Systems of Psychology

Assessment: PSYC 850 & 855
 Diversity: PSYC 888 or EPSY 875
 Clinical Content: PSYC 946,950,960,961 & 968
 Ethics/Professional Issues: PSYC 810 or PSYC 975 or EPSY 900
 Proseminar (PSYC 898-six semesters req): Sem #1 _____ Sem #2 _____ Sem #3 _____ Sem #4 _____ Sem #5 _____
 Sem #6 _____

Health Core *Requirements Completed* *Progress Satisfactory* *Problems Noted**
 NA
 PSYC 833, 834
 6 hrs from the following (counts toward electives): PSYC 838,839,840,841,842, ABSC 705, PRVM 800

Electives *Requirements Completed* *Progress Satisfactory* *Problems Noted**
 General Program--6 credit hrs.
 Health Specialty --6 credit hrs.

3. Task: *Task Completed* *Progress Satisfactory* *Problems Noted** *NA*

4. Practicum: (450 Contact Hrs Minimum)

Psych. Clinic *Requirements Completed* *Progress Satisfactory* *Problems Noted**
 NA
 General Program: PSYC 964,965,966,969 & 970
 Clinical Health: PSYC 964,965 & 966
 (125 contact hrs. minimum)

Clinical (Hlth) *Requirements Completed* *Progress Satisfactory* *Problems Noted**
 NA
 Clinical Health : PSYC 835, 836, 848 & 849

Other *Progress Satisfactory* *Problems Noted**

5. Oral Comps: Orals Completed Problems Noted* NA

6. Dissertation (PSYC 999): Dissertation Completed Progress Satisfactory Problems Noted*
NA

(12 cr. hrs. minimum)

Dissert Defense Defense Completed Problems Noted* NA

7. Professional Development: Progress Satisfactory Problems Noted*

* Briefly explain "Problems Noted." Continue below or on page 2 as needed.

Student Name: _____

Date: _____

PROGRAM DECISIONS REGARDING STUDENT STATUS:

____ Continuation--in good standing

____ Concerns noted *(Describe remediation recommendations.)*

____ Continuation--concerns noted *(Describe remediation recommendations.)*

____ Recommend a #____ semester or #____ year *(complete one)* Leave of absence *(Describe remediation recommendations below.)*

____ Require a #____ semester or #____ year *(complete one)* Leave of absence *(Describe remediation recommendations below.)*

____ Recommend ____ or require ____ *(check one)* other action *(describe below).*

____ Terminate from Program effective _____ . *(reasons below)*

(describe date or condition)

REMARKS/COMMENTS/EXPLANATIONS (Continue on back or attach pages as needed):

Program Director:

Name

Signature

Date

ANNUAL ADVISING SUMMARY FORM
 KU Clinical Psychology Program

Student: _____ **Track:** Gen Hlth **Yr in Prog:** _____ **Date:**

Advisory Committee Present:

Major Areas of Performance Review & Advising (describe briefly):

Academics (Coursework):
Noted

Progress Satisfactory *Problems*

Research (Thesis, Task, Dissertation):
Noted

Progress Satisfactory *Problems*

Practicum (Clinic, KUMC, Bert Nash):
Noted

Progress Satisfactory *Problems*

Communication Skills (oral and written):
Noted

Progress Satisfactory *Problems*

Relationships (Peers, faculty, staff):
Noted

Progress Satisfactory *Problems*

Time Management (progress through program):
Noted

Progress Satisfactory *Problems*

Professional Identity & Self-Presentation:
Noted

Progress Satisfactory *Problems*

Other:

- Updated ARTS Form Provided by Student**
- Updated GAPS Form Provided by Student**
- Updated Practicum Activities Record Provided by Student**
- Updated Curriculum Vitae Provided by Student**

Advisor:

 Name

 Signature

 Date

Student:

 Student Signature

 Date

Post-Thesis Progress Toward Competency Review:

Student Name: _____ Faculty Rater: _____

Date: _____

This student has recently completed his/her thesis. Please use the following scale to rate progress toward competency (if in the rater's judgment the student is competent in an area, use "3")

NB = No Basis; 1 = Concerns about progress; 2 = Adequate progress; 3 = Competent

Breadth of Training

____ 1. Progress toward entry-level competence and knowledge base regarding *Biological Aspects of Behavior*

____ 2. Progress toward entry-level competence and knowledge base regarding *Cognitive Aspects of Behavior*

____ 3. Progress toward entry-level competence and knowledge base regarding *Affective Aspects of Behavior*

____ 4. Progress toward entry-level competence and knowledge base regarding *Social Aspects of Behavior*.

____ 5. Progress toward entry-level competence and knowledge base regarding *History and Systems of Psychology*.

____ 6. Progress toward entry-level competence and knowledge base regarding *Individual Differences in Behavior*.

____ 7. Progress toward entry-level competence and knowledge base regarding *Human Development*.

____ 8. Progress toward entry-level competence and knowledge base regarding *Issues of Cultural and Individual Diversity*.

____ 9. Summary: Progress toward overall entry-level competence and knowledge base regarding the broad field of *Psychology*.

____ 10. Summary: Progress toward overall entry-level competence and knowledge base regarding the field of *Clinical Psychology*.

Academic/ Research Training Objectives:

____ 1. Progress toward entry-level competence and knowledge of data analytic concepts and procedures

- ___ 2. Progress toward entry-level competence and knowledge of major research designs and approaches
- ___ 3. Progress toward entry-level competence and ability to write an integrated summary of literature and research.
- ___ 4. Progress toward entry-level competence in the ability to generate and test research hypotheses
- ___ 5. Progress toward entry-level competence and knowledge regarding the role of human diversity in clinical research settings
- ___ 6. Progress toward entry-level competence and knowledge of ethical considerations involved in research with human subjects

Assessment Training Objectives:

- ___ 1. Progress toward entry-level competence in the use of major tests of intelligence, achievement, and ability
- ___ 2. Progress toward entry-level competence in the use of major objective measures of personality
- ___ 3. Progress toward entry-level competence in the use of diagnostic strategies to assess and diagnose dysfunctional behavior
- ___ 4. Progress toward entry-level competence in the use of clinical interviews for assessment purposes
- ___ 5. Progress toward entry-level competence in knowledge of ethical considerations in assessment
- ___ 6. Progress toward entry-level competence in and knowledge of ethnic, cultural, linguistic and sexual diversity as they relate to psychological assessment

Intervention Training Objectives:

- ___ 1. Progress toward entry-level competence in the ability to conceptualize clients' problems and resources for coping and to design appropriate therapeutic interventions
- ___ 2. Progress toward entry-level competence in individual therapy
- ___ 3. Progress toward entry-level knowledge of empirically supported therapeutic intervention techniques and strategies
- ___ 4. Progress toward entry-level competence in consultation and intervention with referral sources, agencies and social systems

- ___ 5. Progress toward entry-level competence in case presentation
- ___ 6. Progress toward entry-level competence in knowledge of ethical considerations in therapeutic interventions
- ___ 7. Progress toward entry-level competence in and knowledge of ethnic, cultural, linguistic and sexual diversity as they relate to therapeutic interventions

Personal Fitness Training Objectives:

- ___ 1. Thus far demonstrates freedom from behavioral and/or personal problems that limit the ability to function effectively as a clinical psychologist.
 - ___ 2. Demonstrates ability to maintain professional behavior consistent with APA ethical standards
 - ___ 3. Progress toward developing commitment to, maintenance and enhancement, across time, of professional standards of career development, skill and knowledge.
 - ___ 4. Progress toward developing attitudes essential for lifelong learning, scholarly inquiry, and professional problem-solving
-

PROGRAM DECISIONS REGARDING STUDENT STATUS:

- ___ Continuation--in good standing
- ___ Continuation--Concerns noted (*Describe remediation recommendations.*)
- ___ Continuation--probationary status (*Describe remediation recommendations.*)
- ___ Recommend a # ___ semester or # ___ year (*complete one*) Leave of absence (*Describe remediation recommendations below.*)
- ___ Require a # ___ semester or # ___ year (*complete one*) Leave of absence (*Describe remediation recommendations below.*)
- ___ Recommend ___ or require ___ (*check one*) other action (*describe below*).
- ___ Terminate from Program effective _____. (*reasons below*)

(describe date or condition)

REMARKS/COMMENTS/EXPLANATIONS for “Concerns Noted” or Probationary Status” (Continue on back or attach pages as needed):

Evaluation of Internship Candidate Competence and Readiness

Student Name: _____ Faculty Rater: _____

Date: _____

The above named student has indicated his/her intention to apply for internship. Please use the following scale to rate this internship candidate on the listed training objectives:

NB = No Basis; 1 = deficient; 2 = marginal; 3 = competent

Breadth of Training

____ 1. Demonstrates entry-level competence and knowledge base regarding *Biological Aspects of Behavior*.

____ 2. Demonstrates entry-level competence and knowledge base regarding *Cognitive Aspects of Behavior*.

____ 3. Demonstrates entry-level competence and knowledge base regarding *Affective Aspects of Behavior*.

____ 4. Demonstrates entry-level competence and knowledge base regarding *Social Aspects of Behavior*.

____ 5. Demonstrates entry-level competence and knowledge base regarding *History and Systems of Psychology*.

____ 6. Demonstrates entry-level competence and knowledge base regarding *Psychological Measurement*.

____ 7. Demonstrates entry-level competence and knowledge base regarding *Individual Differences in Behavior*.

____ 8. Demonstrates entry-level competence and knowledge base regarding *Human Development*.

____ 9. Demonstrates entry-level competence and knowledge base regarding *Issues of Cultural and Individual Diversity*.

____ 10. Demonstrates overall entry-level competence and knowledge base regarding the broad field of Psychology.

____ 11. Demonstrates overall entry-level competence and knowledge base regarding the field of Clinical Psychology.

Academic / Research Training Objectives:

____ 1. Demonstrates entry-level competence and knowledge of data analytic concepts and procedures

____ 2. Demonstrates entry-level competence and knowledge of major research designs and approaches

____ 3. Demonstrates entry-level competence and ability to write an integrated summary of literature and research.

____ 4. Demonstrates entry-level competence in the ability to generate and test research hypotheses

____ 5. Demonstrates entry-level competence and knowledge regarding the role of human diversity in clinical research settings

____ 6. Demonstrates entry-level competence and knowledge of ethical considerations involved in research with human subjects

Assessment Training Objectives:

____ 1. Demonstrates entry-level competence in the use of major tests of intelligence, achievement, and ability

____ 2. Demonstrates entry-level competence in the use of major objective measures of personality

____ 3. Demonstrates entry-level competence in the use of diagnostic strategies to assess and diagnose dysfunctional behavior

____ 4. Demonstrates entry-level competence in the use of clinical interviews for assessment purposes

____ 5. Demonstrates entry-level competence in knowledge of ethical considerations in assessment

____ 6. Demonstrates entry-level competence in and knowledge of ethnic, cultural, linguistic and sexual diversity as they relate to psychological assessment

Intervention Training Objectives:

- ___ 1. Demonstrates entry-level competence in the ability to conceptualize clients' problems and resources for coping and to design appropriate therapeutic interventions
- ___ 2. Demonstrates entry-level competence in individual therapy.
- ___ 3. Demonstrates entry-level knowledge of empirically supported therapeutic intervention techniques and strategies
- ___ 4. Demonstrates entry-level ability to evaluate intervention efficacy.
- ___ 5. Demonstrates entry-level competence in consultation and intervention with referral sources, agencies and social systems
- ___ 6. Demonstrates entry-level competence in supervision skills.
- ___ 7. Demonstrates entry-level competence in case presentation
- ___ 8. Demonstrates entry-level competence in knowledge of ethical considerations in therapeutic interventions
- ___ 9. Demonstrates entry-level competence in and knowledge of ethnic, cultural, linguistic and sexual diversity as they relate to therapeutic interventions

Personal Fitness Training Objectives:

- ___ 1. Demonstrates freedom from behavioral and/or personal problems that limit the ability to function effectively as a clinical psychologist.
 - ___ 2. Demonstrates ability to maintain professional behavior consistent with APA ethical standards
 - ___ 3. Demonstrates entry-level competence in, and commitment to, maintenance and enhancement, across time, of professional standards of career development, skill and knowledge.
 - ___ 4. Demonstrates attitudes essential for lifelong learning, scholarly inquiry, and professional problem-solving
-

Overall, based on my familiarity with this student, I judge him / her to be:

___ **Ready for Internship**

___ **Not Ready for Internship**

Comments/Remarks:

Appendix E



<http://www.policy.ku.edu>

CATEGORY: Grievance and Appeals

POLICY STATUS: Active

POLICY TITLE:	Department of Psychology Grievance Procedure
POLICY PURPOSE:	To articulate the procedure for hearing grievances arising within the Department of Psychology
APPLIES TO:	Faculty, staff, and students within the Department of Psychology

POLICY STATEMENT: Pursuant to Article XIV of the University Senate Code and Articles V and VI of the University Senate Rules and Regulations of the University of Kansas, Lawrence, the Department of Psychology establishes the following procedure to hear grievances arising within the Department. Appeal of a grievance heard at a subordinate unit level is to the Judicial Board, not to the College. This procedure shall not be used to hear disputes assigned to other hearing bodies under USRR Article VI, Section 4.

For disputes involving alleged academic misconduct, see the College of Liberal Arts and Sciences' policy on academic misconduct. For alleged violations of student rights, the initial hearing normally will be at the unit level. There is an option to hold an initial hearing at the Judicial Board level if both parties agree, or either party petitions the Judicial Board chair to have the hearing at the Judicial Board level and the petition is granted. The petition must state why a fair hearing cannot be obtained at the unit level; the opposing party has an opportunity to respond to the petition (USRR 6.4.3.1).

Except as provided in USRR 6.5.4, no person shall be disciplined for using the grievance procedure or assisting another in using the grievance procedure.

The Department of Psychology shall provide a copy of this procedure to anyone who requests it.

1. To start the grievance process, the complainant must submit a written grievance to the Chairperson of the Department of Psychology. The complaint shall contain a statement of the facts underlying the complaint and specify the provision(s) of the Faculty Code of Conduct, University Senate Code, the University Senate Rules and Regulations, the Code of Student Rights and Responsibilities, or other applicable rule, policy, regulation, or law allegedly violated. The complaint shall also indicate the witnesses or other evidence relied on by the complaining party, and copies of any documents relevant to the complaint shall be attached to the complaint.
2. At the time the complaint is submitted to the Department of Psychology, the complaining party shall provide a copy of the complaint, with accompanying documents, to the respondent(s).

3. Upon receipt of the complaint, the Department shall contact the respondent to verify that the respondent has received a copy of the complaint and to provide the respondent with a copy of these procedures.
4. Pursuant to University Senate Code 14.2.d, a respondent has the privilege of remaining silent and refusing to give evidence in response to a complaint. The respondent also has the right to respond and give evidence in response to the complaint.
5. The respondent shall submit a written response to the Department within 14 calendar days of receiving the complaint. The response shall contain the respondent's statement of the facts underlying the dispute as well as any other defenses to the allegations in the complaint. The response shall also identify the witnesses or other evidence relied on by the respondent and shall include copies of any documents relevant to the response. The respondent shall provide a complete copy of the response to the complaining party.
6. Upon receipt of the response, the Department shall contact the complaining party to verify that a copy of the response has been provided.
7. Upon receiving the complaint and response, or if the respondent fails to respond within the 14-day time period, the Department Chairperson shall appoint a faculty committee selected from the current members of the Department to consider the complaint. The committee members shall be disinterested parties who have not had previous involvement in the specific situation forming the basis of the complaint.
8. Pursuant to USRR 6.8.4.2, the chair of the committee may contact other hearing bodies within the University to determine whether a grievance or complaint involving the underlying occurrence or events is currently pending before or has been decided by any other hearing body.
9. Time limits. To use this procedure, the complainant must file the written complaint with the Department within six months from the action or event that forms the basis of the complaint. The six-month time period shall be calculated using calendar days (including weekends and days during which classes are not in session).
10. Upon receiving the complaint, if the chair of the committee determines that any of the following grounds exist, he or she may recommend to the Department Chairperson that the complaint be dismissed without further proceedings. The grounds for such dismissal are: (a) the grievance or another grievance involving substantially the same underlying occurrence or events has already been, or is being, adjudicated by proper University procedures; (b) the grievance has not been filed in a timely fashion; (c) the Department Chairperson lacks jurisdiction over the subject matter or any of the parties; (d) the grievance fails to allege a violation of a University rule; (e) the party filing the grievance lacks standing because he or she has not suffered a distinct injury as a result of the challenged conduct and has not been empowered to bring the complaint on behalf of the University; or (f) the party filing the grievance has been denied the right to file grievances pursuant to USRR 6.5.4.
11. If the chair of the committee determines that a grievance on its face properly should be heard by another body, the chair will recommend that

the Department Chairperson send the grievance to the appropriate hearing body without further proceedings in the Department of Psychology. The Department Chairperson will send a copy of the referral to the complainant(s) and any responding parties.

12. Prior to scheduling a hearing, the parties shall participate in mediation of the dispute unless either party waives mediation. Mediation shall be governed by USRR 6.2.3.
13. If mediation is successful, the mediator will forward to the Department Chairperson, the committee chair, and all parties a letter describing the outcome of the mediation and the terms upon which the parties have agreed to resolve the dispute. This letter shall be a recommendation to the Department Chairperson. The Department Chairperson will notify the mediator, the committee chair, and the parties that the recommendation has been accepted, modified, or rejected.
14. If mediation is not successful, the mediator will notify the Department Chairperson, the committee chair, and the parties that mediation has terminated. If mediation is not successful, or if it is waived by either party, the grievance committee will schedule a hearing no later than 30 calendar days from the written submission of the complaint. The 30-day period may be extended for good cause as determined by the chair of the committee. The 30-day period shall be suspended during the mediation process. The hearing will be closed unless all parties agree that it shall be public.
15. Each party may represent himself or herself or be represented by an advisor or counsel of his or her choice.
16. Each party has the right to introduce all relevant testimony and documents if the documents have been provided with the complaint or response.
17. Each party shall be entitled to question the other party's witnesses. The committee may question all witnesses.
18. Witnesses other than parties shall leave the hearing room when they are not testifying.
19. The chair of the committee shall have the right to place reasonable time limits on each party's presentation.
20. The chair of the committee shall have the authority and responsibility to keep order, rule on questions of evidence and relevance, and shall possess other reasonable powers necessary for a fair and orderly hearing.
21. The hearing shall not be governed by the rules of evidence, but the chair of the committee may exclude information he or she deems irrelevant, unnecessary, or duplicative. Statements or admissions made as part of the mediation process are not admissible.
22. The committee will make an audiotape of the hearing but not of the deliberations of the committee. The audiotape will be available to the parties, their authorized representatives, the committee and the Department Chairperson. If a party desires a copy of the audiotape or a transcript of the tape, that party will pay for the cost of such copy or

transcript. In the event of an appeal, the audiotape will be provided to the appellate body as part of the record of the case.

23. After the presentation of evidence and arguments, the committee will excuse the parties and deliberate. The committee's decision will be a written recommendation to the Department Chairperson. The committee shall base its recommendations solely upon the information presented at the hearing.
 24. The committee will send its written recommendation to the Department Chairperson and the parties as soon as possible and no later than 14 calendar days after the end of the hearing.
 25. Within 14 calendar days of receiving the committee recommendation, the Department Chairperson will notify the parties of the acceptance, modification, or rejection of the recommendation. The Department Chairperson will advise the parties of the procedure available to appeal the decision.
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CATEGORY: CLAS: Grievance & Appeals

POLICY STATUS: Active

POLICY TITLE: Grievance Procedure for the College of Liberal Arts and Sciences

POLICY PURPOSE: To articulate the procedures for hearing grievances arising within the College of Liberal Arts and Sciences.

APPLIES TO: Faculty, staff and students within the College of Liberal Arts & Sciences

POLICY STATEMENT: Pursuant to Article XIV of the University Senate Code and Articles V and VI of the University Senate Rules and Regulations of the University of Kansas, Lawrence, the College Office establishes the following procedure to hear grievances arising within the College of Liberal Arts and Sciences. Certain subordinate units that report to the College must establish unit grievance procedures. Other subordinate units may do so. If a subordinate unit has a grievance procedure, grievances arising within the subordinate unit or its subunits must be heard under the subordinate unit’s grievance procedure unless exceptional circumstances, as determined by the College, make it more appropriate for those grievances to be heard at the College level. Appeal of a grievance heard at a subordinate unit level is to the Judicial Board, not to the College. This procedure shall not be used to hear disputes assigned to other hearing bodies under USRR Article VI, Section 4.

For disputes involving alleged academic misconduct, see the College of Liberal Arts and Sciences policy on academic misconduct. For alleged violations of student rights, the initial hearing normally will be at the unit level. There is an option to hold an initial hearing at the Judicial Board level if both parties agree, or either party petitions the Judicial Board chair to have the hearing at the Judicial Board level and the petition is granted. The petition must state why a fair hearing cannot be obtained at the unit level; the opposing party has an opportunity to respond to the petition (USRR 6. 4.3.1).

Except as provided in USRR 6.5.4, no person shall be disciplined for using the grievance procedure or assisting another in using the grievance procedure.

The College Office shall provide a copy of this procedure to anyone who requests it.

1. To start the grievance process, the complainant must submit a written grievance to the College Office. The complaint shall contain a statement of the facts underlying the complaint and specify the provision(s) of the Faculty Code of Conduct, University Senate Code, the University Senate Rules and Regulations, the Code of Student Rights and Responsibilities, or other applicable rule, policy, regulation, or law allegedly violated. The complaint shall also indicate the witnesses or other evidence relied on by the complaining party, and copies of any documents relevant to the complaint shall be attached to the complaint.

2. At the time the complaint is submitted to the College, the complaining party shall provide a copy of the complaint, with accompanying documents, to the

respondent(s).

3. Upon receipt of the complaint, the College Office shall contact the respondent to verify that the respondent has received a copy of the complaint and to provide the respondent with a copy of these procedures.

4. Pursuant to University Senate Code 14.2.d, a respondent has the privilege of remaining silent and refusing to give evidence in response to a complaint. The respondent also has the right to respond and give evidence in response to the complaint.

5. The respondent shall submit a written response to the College Office within 14 calendar days of receiving the complaint. The response shall contain the respondent's statement of the facts underlying the dispute as well as any other defenses to the allegations in the complaint. The response shall also identify the witnesses or other evidence relied on by the respondent and shall include copies of any documents relevant to the response. The respondent shall provide a complete copy of the response to the complaining party.

6. Upon receipt of the response, the College Office shall contact the complaining party to verify that a copy of the response has been provided.

7. Upon receiving the complaint and response, or if the respondent fails to respond within the 14-day time period, the Dean shall appoint a faculty committee selected from the current members of standing committees of the College to consider the complaint. The committee members shall be disinterested parties who have not had previous involvement in the specific situation forming the basis of the complaint.

8. Pursuant to USRR 6.8.4.2, the chair of the committee may contact other hearing bodies within the University to determine whether a grievance or complaint involving the underlying occurrence or events is currently pending before or has been decided by any other hearing body.

9. Time limits. To use this procedure, the complainant must file the written complaint with the College Office within six months from the action or event that forms the basis of the complaint. The six-month time period shall be calculated using calendar days (including weekends and days during which classes are not in session).

10. Upon receiving the complaint, if the chair of the committee determines that the any of the following grounds exist, he or she may recommend to the Dean that the complaint be dismissed without further proceedings. The grounds for such dismissal are: (a) the grievance or another grievance involving substantially the same underlying occurrence or events has already been, or is being, adjudicated by proper University procedures; (b) the grievance has not been filed in a timely fashion; (c) the Dean lacks jurisdiction over the subject matter or any of the parties; (d) the grievance fails to allege a violation of a University rule; (e) the party filing the grievance lacks standing because he or she has not suffered a distinct injury as a result of the challenged conduct and has not been empowered to bring the complaint on behalf of the University; or (f) the party filing the grievance has been denied the right to file grievances pursuant to USRR 6.5.4.

11. If the chair of the committee determines that a grievance on its face properly should be heard by another body, the chair will recommend that the Dean

send the grievance to the appropriate hearing body without further proceedings in the Dean's Office. The Dean will send a copy of the referral to the complainant(s) and any responding parties.

12. Prior to scheduling a hearing, the parties shall participate in mediation of the dispute unless either party waives mediation. Mediation shall be governed by USRR 6.2.3.

13. If mediation is successful, the mediator will forward to the Dean, the committee chair, and all parties a letter describing the outcome of the mediation and the terms upon which the parties have agreed to resolve the dispute. This letter shall be a recommendation to the Dean. The Dean will notify the mediator, the committee chair, and the parties that the recommendation has been accepted, modified, or rejected.

14. If mediation is not successful, the mediator will notify the Dean, the committee chair, and the parties that mediation has terminated. If mediation is not successful, or if it is waived by either party, the grievance committee will schedule a hearing no later than 30 calendar days from the written submission of the complaint. The 30-day period may be extended for good cause as determined by the chair of the committee. The 30-day period shall be suspended during the mediation process. The hearing will be closed unless all parties agree that it shall be public.

15. Each party may represent himself or herself or be represented by an advisor or counsel of his or her choice.

16. Each party has the right to introduce all relevant testimony and documents if the documents have been provided with the complaint or response.

17. Each party shall be entitled to question the other party's witnesses. The committee may question all witnesses.

18. Witnesses other than parties shall leave the hearing room when they are not testifying.

19. The chair of the committee shall have the right to place reasonable time limits on each party's presentation.

20. The chair of the committee shall have the authority and responsibility to keep order, rule on questions of evidence and relevance, and shall possess other reasonable powers necessary for a fair and orderly hearing.

21. The hearing shall not be governed by the rules of evidence, but the chair of the committee may exclude information he or she deems irrelevant, unnecessary, or duplicative. Statements or admissions made as part of the mediation process are not admissible.

22. The committee will make an audiotape of the hearing but not of the deliberations of the committee. The audiotape will be available to the parties, their authorized representatives, the committee and the Dean. If a party desires a copy of the audiotape or a transcript of the tape, that party will pay for the cost of such copy or transcript. In the event of an appeal, the audiotape will be provided to the appellate body as part of the record of the case.

23. After the presentation of evidence and arguments, the committee will excuse the parties and deliberate. The committee's decision will be a written recommendation to the Dean. The committee shall base its recommendations solely upon the information presented at the hearing.

24. The committee will send its written recommendation to the Dean and the parties as soon as possible and no later than 14 calendar days after the end of the hearing.

25. Within 14 calendar days of receiving the committee recommendation, the Dean will notify the parties of the acceptance, modification, or rejection of the recommendation. The Dean will advise the parties of the procedure available to appeal the decision.

CONTACTS:

Responsible Office:
College of Liberal Arts and Sciences Dean's Office
University of Kansas
Strong Hall, 1450 Jayhawk Boulevard, Room 200
Lawrence, KS 66045
785-864-3661

clasdean@ku.edu

Appendix F

Doctoral training Program in Clinical Psychology at the University of Kansas: Goals, Objectives, and Competencies

<p>Goal #1: To produce graduates who have a fundamental understanding and knowledge base of psychology in general and of clinical psychology in particular.</p>
<p>Objectives for Goal #1A: Students will gain and demonstrate a fundamental understanding and knowledge base regarding the <i>broad field of psychology</i>.</p>
<p>Competencies Expected for this Objective: <i>Competency 1:</i> Students will gain and demonstrate fundamental knowledge of broad and general knowledge of the scientific bases of psychology in the following areas: 1a: Biological bases of behavior (PSYC 961: Biological Foundations of Psychopathology). 1b: Cognitive bases of behavior (PSYC: 723: Advanced Cognitive Psychology, or PSCY 725: Cognitive Neuroscience, or PSYC 807: Cognitive Development) 1c: Affective bases of behavior (previous courses were PSYC 960: Advanced Psychopathology, PSYC 961: Biological Foundations of Psychopathology, PSYC 946: Theories and Methods of Psychotherapy, and practicum experiences. <i>These will be replaced for meeting this requirement in 2015 with PSYC 860: Affective Science</i>). 1d: Developmental (PSYC 870: Cognitive Development or EPSY 705: Human Development Through the Lifespan). 1e: Social (PSYC 774: Advanced Social Psychology I, PSYC 775: Advanced Social Psychology II, or PSYC 956: Social Neuroscience). 1f: History and Systems (PSYC 805: History of Psychology or EPSY 998: History of Psychology or ABSC 921: The History and Systems of Psychology).</p>

<p>Objectives #1B: Students will have a fundamental understanding and knowledge base of <i>clinical psychology</i>.</p>
<p>Competencies Expected for this Objective: <i>Competency 1:</i> Students will gain and demonstrate fundamental knowledge of <i>clinical psychology</i> in the following areas: 1a: Psychopathology (PSYC 960: Advanced Psychopathology and PSYC 961: Biological Foundations of Psychopathology). 1b: Psychotherapy (PSYC 946: Theories and Methods of Psychotherapy) 1c: Clinical Supervision and Consultation (PSYC 950: Supervision and Consultation: Theory and Research). 1d: Professional and ethical problems in clinical psychology (PSYC 975: Professional and Ethical Problems in Clinical Psychology or EPSY 880: Legal, Ethical, and Professional Issues). 1e: Individual and Cultural Diversity (PSYC 888: Diversity Issues in Clinical Psychology or EPSY 875: Cross Cultural Counseling). 1f: Psychological Assessment PSYC 850: Assessment I: Foundations of Psychological Assessment and PSYC 855: Assessment II: Integrative</p>

<p>Psychological Assessment.</p> <p><i>Competency 2:</i> Students will complete the Program’s practicum requirements. These consist of: 2a: Accumulation of at least 450 clinical contact hours. 2b: PSYC 964: Clinical Practicum I, PSYC 965: Clinical Practicum II, and PSYC 966: Clinical Practicum III, <i>and</i> PSYC 969: Clinical Practicum IV <i>or</i> PSYC 835: Clinical Practicum IV: Health, PSYC 970: Clinical Practicum V <i>or</i> PSYC 836: Clinical Practicum V: Health.</p>
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<p>Goal #2: To produce graduates who are capable of benefiting the science and practice of psychology by making independent contributions to the evolving base of skills and scientific knowledge required for ethical practice.</p>
<p>Objective for Goal #2A: Students will demonstrate the theoretical, methodological, and data analytic skills to design, conduct, and evaluate research.</p>
<p>Competencies Expected for this Objective:</p> <p><i>Competency 1:</i> Students will acquire knowledge of research design by completing coursework on psychological measurement and research methodology (PSYC 850, PSYC 855, and PSYC 968: Research Methods in Clinical Psychology) and will thus demonstrate the corresponding assessment and research skills and knowledge.</p> <p><i>Competency 2:</i> Students will gain an understanding of a range of data analytic approaches and concepts that will allow them to conduct and evaluate psychology research. To do so they will complete coursework on data analysis procedures and techniques (PSYC 789: Psychological Statistics: Foundations and Applications <i>or</i> PSYC 790: Statistical Methods in Psychology I <i>and</i> one additional graduate level statistics course). In so doing the student will develop competent data analytic knowledge and skills.</p>
<p>Objectives for Goal #2B: Students will demonstrate mastery of knowledge in the field of scientific psychology and the ability to generate new scientific knowledge and theory related to the field of psychology.</p>
<p>Competencies Expected for this Objective:</p> <p><i>Competency 1:</i> Students will gain the ability, knowledge and skills to summarize, synthesize and integrate diverse sources of scientific literature, both orally and in written format. In so doing they will demonstrate their knowledge of a field of scientific clinical psychology and the ability to communicate this knowledge.</p> <p><i>Competency 2:</i> Students will gain knowledge of research designs that is necessary to formulate, evaluate, and empirically test theoretical propositions.</p> <p><i>Competency 3:</i> Students will gain the knowledge and skills to be able to appropriately identify and perform appropriate statistical analyses to test hypotheses.</p> <p><i>Competency 4:</i> Students will acquire competence in conducting two independent research projects in areas relevant to clinical psychology and thus the skills necessary to generate new scientific knowledge.</p>
<p>Objectives for Goal #2C: Students will gain sensitivity, knowledge, and skills in regard to the role of human diversity in clinical research.</p>
<p>Competencies Expected for this Objective:</p> <p><i>Competency 1:</i> Students will develop knowledge of cultural diversity and how diversity impacts research, clinical practice, teaching and supervision by completing the Program’s required coursework on diversity and multicultural issues in clinical psychology (PSYC 888: Diversity Issues in Clinical Psychology <i>or</i> EPSY 875: Cross Cultural Counseling).</p>

<p><i>Competency 2:</i> Students will gain knowledge of how human diversity should be considered in selecting and using assessment methods for clinical research by taking the Program’s required coursework on psychological assessment; each course covers diversity issues as they pertain to the assessment process (PSYC 850 and PSYC 855).</p> <p><i>Competency 3:</i> Students will gain knowledge of legal, ethical, and professional issues involving human diversity by completing the Program’s required coursework on professional and ethical problems, part of which covers diversity issues in research and applied settings (PSYC 975 or EPSY 880).</p>
<p>Objectives for Goal #2D: Students will develop a working knowledge and appreciation of the APA ethical code and the importance of ethics in research, and will demonstrate their commitment to the ethical conduct of research as well as their ability to apply ethical principles in practical research contexts.</p>
<p>Competencies Expected for this Objective:</p> <p><i>Competency 1:</i> Students will acquire the knowledge necessary to maintain professional behavior as it pertains to research by completing the Program’s required coursework on ethical and professional problems in clinical psychology (PSYC 975 or EPSY 880).</p> <p><i>Competency 2:</i> Students will formulate and submit an application to relevant institutional review boards for the ethical conduct of an empirical Master’s Thesis project, and will thus demonstrate the attitudes, knowledge, and skills to conduct empirical research in an ethical manner.</p> <p><i>Competency 3:</i> Students will formulate and submit an application to relevant institutional review boards for the ethical conduct of research on a Dissertation project and will again demonstrate the attitudes, knowledge and skills to conduct empirical research in an ethical manner.</p>
<p>Objectives for Goal #2E: Students will develop an awareness and appreciation that the ethical practice of psychology involves life-long learning as shown by ongoing efforts to stay abreast of the constantly evolving scientific and professional foundation of knowledge and skills.</p>
<p>Competencies Expected for this Objective:</p> <p><i>Competency 1:</i> Students will complete the Program’s required coursework on professional and ethical issues (PSYC 975 or EPSY 880) where a recurring issue is that an important part of remaining competent and understanding the ethical implications of one’s work is engaging in both formal and informal continuing education.</p>

<p>Goal #3: To produce graduates who have the requisite knowledge, skills, and personal characteristics for entry into the ethical practice of clinical psychology.</p>
<p>Objectives for Goal #3A: Through preparation that is sequential, cumulative, graded in complexity, and designed to prepare students for further training, students will gain and demonstrate knowledge in the scientific, methodological, and theoretical foundations for the practice of clinical psychology, including knowledge in the assessment of individual strengths and weaknesses as well as the assessment and diagnosis of dysfunctional behavior.</p>
<p>Competencies Expected for this Objective:</p> <p><i>Competency 1:</i> Students will acquire knowledge of theories and research on of human dysfunction and its diagnosis by completing coursework relating to psychopathology and its diagnosis (PSYC 960 and PSYC 961).</p> <p><i>Competency 2:</i> Students will demonstrate the corresponding knowledge and skills necessary for the assessment of dysfunction in the practice of clinical psychology by completing the</p>

<p>Program's required psychological assessment coursework relating to the theories and methods of assessing ability, personality, and diagnosis (PSYC 850 and 855).</p> <p><i>Competency 3:</i> Students will complete the Program's practicum requirements and gain the skills necessary to assess and diagnose dysfunctional behavior.</p>
<p>Objectives for Goal #3B: Students will gain and demonstrate knowledge in the conceptualization, design, implementation, case presentation, consultation, and evaluation of both traditional and empirically supported psychological interventions for dysfunctional behavior.</p>
<p>Competencies Expected for this Objective:</p> <p><i>Competency 1:</i> Students will gain knowledge of major theories and methods of clinical intervention by completing the Program's required course in theories and methods of psychotherapy (PSYC 946).</p> <p><i>Competency 2:</i> Students will acquire entry-level knowledge of and competence in supervision and consultation skills by completing the Program's required course in Supervision and Consultation (PSYC 950).</p> <p><i>Competency 3:</i> Students will gain the knowledge and skills to competently conceptualize clients' problems, the ability to conduct therapy, the skills to evaluate therapy effectiveness, and case presentation skills.</p>
<p>Objectives for Goal #3C: Students will develop a working knowledge and appreciation of the APA ethical code and the importance of ethics in psychological practice, and will demonstrate their commitment to ethical conduct and their ability to apply ethical principles in clinical practice.</p>
<p>Competencies Expected for this Objective:</p> <p><i>Competency 1:</i> Students will gain a working knowledge and appreciation of professional and ethical behavior by completing the Program's required coursework on ethical and professional problems in clinical psychology (PSYC 975 or EPSY 880).</p> <p><i>Competency 2:</i> Students acquire knowledge and skills in the ethical conduct of assessment and intervention by completing the Program's practicum requirement sequence.</p>
<p>Objectives for Goal #3D: Students will demonstrate sensitivity, knowledge, and skills in regard to the role of human diversity in clinical practice.</p>
<p>Competencies Expected for these Objectives:</p> <p><i>Competency 1:</i> Students will acquire knowledge of human diversity as it relates and applies to therapeutic assessment and treatment interventions by completing the program's required coursework on diversity and multicultural issues in clinical psychology (PSYC 888 or EPSY 875) and the required practicum sequence.</p> <p><i>Competency 2:</i> Students will gain knowledge of human diversity in the context of ethics by completing the Program's required coursework on ethical and professional problems in clinical psychology (PSYC 975 or EPSY 880).</p> <p><i>Competency 3:</i> Students will acquire knowledge and skills in the role of human diversity in clinical practice by completing the Program's practicum requirement sequence.</p>