



**DOCTORAL PROGRAM IN  
CLINICAL PSYCHOLOGY (PSY.D.)**

# **CLINICAL TRAINING HANDBOOK 2022-2023**

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IMPORTANT NOTE: Handbooks are updated each year. Students must adhere to the current academic year's handbook for all program requirements with the exception of requirements for programs progression outlined in the University Catalog.

Significant updates in this revision of the handbook:

- Throughout, as needed, 3 PSC probes have been removed
- Throughout, as needed, DSM-5 has been edited to “DSM” or “DSM-5-TR”
- Page 16 – Students are permitted to take each probe up to four times
- Page 20 – Milepost / Roadblock updated –Child Clinical and Pediatric Psychology and PSY778 eliminated as requirements. Ethics is pre-requisite for PSC admission
- Page 36 – Clarify that only teaching experiences that involve supervision of clinical experience might qualify as an Advanced Professional Experience
- Pages 43 /44 – Clarify that students must accept contracts for sites to which they are placed by the EPC
- Page 56 – Practica student rights were updated to include the right to work within the bounds of their contract and regularly receive in-person supervision
- Page 67 – Clinical Interviewing probe rubric updated
- Page 96 – Case Presentation probe rubric updated
- Page 103 – Error on Practica Evaluation corrected – this probe is graded on a pass/fail basis
- Page 104 – Advanced Case Presentation probe rubric updated

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## REGENT CLINICAL TRAINING PHILOSOPHY INTRODUCTION

This handbook gives an overview of the clinical skills, practica requirements, procedures, and opportunities available to students in the Doctoral Program in Clinical Psychology (DPCP) at Regent University. This document is adjunct to other Regent University DPCP materials. *All students are responsible for reading and becoming familiar with the clinical skill and field experience requirements of the doctoral program.* This document is subject to ongoing review and revisions and students will receive updates as issued.

The DPCP is designed to provide students with a coordinated, progressive, and logical sequence of clinical training facilitating their development as emerging professionals. The training progression is aimed at fostering specific clinical competencies. A number of these competencies are achieved in the context of formal coursework. Many others are developed through carefully supervised clinical experiences. The clinical training sequence is a planned course of study incorporating didactic and supervised experiential training. The first two years of training occur on campus. During the third and fourth year, the student is typically placed in an off-campus training environment. The pre-doctoral practica sequence affords varied, progressive training opportunities in multiple settings. Practica training is facilitated by intensive supervision provided at training sites combined with secondary “practica” seminars instructed by Regent faculty. While site supervisors retain primary responsibility for the student’s supervision, the practica seminars extend this training with consultative supervision and facilitate extensive exploration of integration issues.

Because of the *practitioner-scholar model* adopted by the doctoral program, a substantial amount of students’ time will be spent applying/refining psychological knowledge and skills in clinical contexts. The DPCP is designed to produce competent practitioners of clinical psychology who are poised to continually enhance their practice with ongoing developments in the field. Although the DPCP does not attempt to produce professionals who function primarily as researcher-scientists, our students are equipped to function as ‘local clinical scientists’ who are capable of providing training, supervision and leadership in their practice contexts. This training model has a number of implications for the clinical competencies students must develop. These are discussed in detail in section two.

A key distinctive of the DPCP at Regent University is the fact that all instruction occurs within the broad outlines of a Christian worldview. While Regent is not affiliated with any specific denomination or sect, it is committed to an evangelical Christian worldview. This broad commitment affords a great deal of variety in both faculty and student approaches to academic development. Our faculty and staff represent a wide range of Christian denominations. The DPCP’s Christian commitment brings with it additional implications for clinical training. First, the religious context is viewed as a ‘*value-added*’ component of clinical

training. Students do not receive a weakened or compromised professional training because of the religious component of the program. Rather a key element of the Christian worldview is the view of vocation as avocation. Since our careers are viewed as service contexts or 'callings' emerging from our more general spiritual commitments, an emphasis on 'excellence' ensues. Second, students are expected to become proficient in working with issues of religious diversity. Ethical and respectful approaches to working with client religious diversity are incorporated throughout the program. Finally, students are required to develop skills in the integration of psychology and Christianity. Although the DPCP does not mandate a specific approach to integration, students are expected to integrate Christian perspectives, practices, or techniques in a professionally competent manner.

## DEFINITIONS

☐ The *pre-internship practica experience* is a minimum of 1600 hours duration. The practica training starts during the first year of the program with the pre-practicum sequence. Students begin by accumulating closely mentored supervised experience in clinical lab courses (interviewing, the basic assessment courses) and through observation activities. Students will accumulate approximately 50 hours of initial clinical experience during the first year. The intensive clinical practica sequence starts in the second year and runs continuously for six semesters (Fall, Spring, Summer). A total of 600 hours of supervised clinical experience per year must be acquired during the second and third year of the program. Students must maintain satisfactory progress in the accompanying seminar (PSY 733-738) each practica semester. During the fourth year, students complete the advanced practicum sequence. During the fall, they complete a clinical lab in conjunction with the Supervision and Consultation course (PSY 763). Students will accrue approximately 8 hours of experience in supervising beginning practica students, another 3 hours in a consultation project, as well as an advanced practica placement consisting of a minimum of 8 hours weekly. The pre-internship practica culminates in an Advanced Practica seminar during the fourth year (PSY 739 & 741). The consultation project is completed in PSY 741. As graduate training is developmental and sequential, each practica series must be completed in order (PSY 733 – 735, Psy 736 – 738, and PSY 739 – 741). If a student takes a break from practica training after a sequence has begun or fails one of the practica courses, the entire practica sequence would be repeated.

☐ A *Faculty Practica Instructor* provides consultation and oversight at the University level as the instructor for Clinical Practica class. Ordinarily, the faculty supervisor is not privy to identifying information about clients seen by students at their practica sites. Consequently, the site supervisor retains primary responsibility for student supervision. The practica instructor monitors student skill development throughout the practica year and conveys information about this to the Director of Clinical Training.

☐ The *Site Supervisor* provides overall supervision at the practica site and may delegate other site personnel to work with the student. Supervisors must be available on site and provide a majority of supervision in person. The site supervisor will typically be a licensed clinical psychologist. However, there may be situations when supervision by another mental

health professional is necessary for a portion of the students training. Such arrangements are acceptable providing the following conditions are met:

- 1) The student does not perform services that are outside of the mental health professionals' regulated scope of practice (e.g., performing psychological testing under the supervision of a psychiatrist).
- 2) The student is obtaining supervised clinical experience in an area contained within the scope of practice for health service psychology.
- 3) The supervisor must be a licensed mental health professional, or under the supervision of such a supervisor.
- 4) The supervised training from a non-psychologist should be a small portion of the student's overall training.

The *Director of Clinical Training* (DCT) has responsibility and authority for the continued development, implementation, and oversight of the clinical training sequence in the DPCP as delegated by the Psy.D. Program Director. The DCT maintains information about student clinical skill development, reflected through practica evaluations, clinical probes, and clinical remediations when needed. The DCT is a liaison with practica and internship agencies, consulting with agencies to develop training programs for students. Other duties include approving students' practica and internship arrangements, serving as a consultant to students and faculty on practica and internship matters, maintaining practica and internship information resources, developing and disseminating all policies and procedures that apply to practica and internships, and interpreting/applying those policies to specific cases. The DCT is assisted by the External Practica Coordinator (Dr. Jones) in the development and maintenance of practica training contracts.

## CLINICAL COMPETENCE

Over the course of the DPCP, the student's status gradually shifts from that of a student to that of an emerging professional. This transition is marked at Regent by the demonstration of a number of specific clinical competencies that are consistent with the Profession Wide Competencies identified by the American Psychological Association's Committee on Accreditation. Assessment occurs at formative and summative levels. The assessment criteria for each of these competencies fall into the following categories:

### Outcome Indicators:

1. Practica Supervisor Evaluations of Student: Eight semester ratings by practica supervisors on the *Practica Student Evaluation Form*, final ratings of 3 or better (3=expected level of competency).
2. Faculty Mentor Ratings: Faculty Mentor ratings indicating competency is present on the *Request for Clearance to Apply for Pre-doctoral Internship* form.
3. Dissertation Research: Student successfully completes a dissertation project and presents the findings.



4. Academic Performance: Passing performance in relevant courses.
5. Clinical Probes: Successful performance on relevant clinical probes.
6. Annual Review: Satisfactory standing at annual review.

A. Research: Demonstrates appropriate knowledge, skills, and attitudes to produce and disseminate scientific research and to make appropriate use of scientific methods and findings in all professional roles.

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Conduct research or other scholarly activities.
- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

Outcome Indicators: 3, 4

B. Ethical and Legal Standards: Demonstrates appropriate ethical and legal knowledge, skills, and attitudes in all professional roles.

- Be knowledgeable of and act in accordance with each of the following:
  - The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels;
  - Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Outcome Indicators: 1, 2, 4, 5, 6

C. Individual and Cultural Diversity: Demonstrates appropriate knowledge, skills, and attitudes about cultural and individual differences in all professional roles.

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from

themselves.

- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

Outcome Indicators: 1, 3, 5

D. Professional Values, Attitudes, and Behaviors: Demonstrates dispositions and engages in behaviors that reflect the values and attitudes of the psychology profession, in all professional roles.

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Outcome Indicators: 1, 2, 4, 5

E. Communication and Interpersonal Skills: Demonstrates ability to communicate effectively, to interact appropriately, and to develop meaningful and helpful relationships in all professional roles.

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and

those receiving professional services.

- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Outcome Indicators: 1, 4, 5

F. Assessment: Demonstrates appropriate knowledge, skills, and attitudes in the selection, administration and interpretation of assessments consistent with the best scientific research evidence and relevant expert guidance.

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context.
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Outcome Indicators: 1, 4, 5

G. Intervention: Demonstrates appropriate knowledge, skills, and attitudes in the selection, implementation and evaluation of interventions that are based on the best scientific research evidence; respectful of clients' values/preferences; and relevant expert guidance.

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Outcome Indicators: 1, 4, 5

H. Supervision: Demonstrates appropriate knowledge, skills, and attitudes regarding the instruction and oversight of trainees and other professionals.

- Demonstrate knowledge of supervision models and practices.
- Demonstrate knowledge of supervision ethics.

Outcome Indicators: 1, 4

I. Consultation and Interprofessional/Interdisciplinary Skills: Demonstrates appropriate knowledge, skills, and attitudes regarding interprofessional and interdisciplinary collaboration in relevant professional roles.

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Demonstrates knowledge of consultation models and practices.

Outcome Indicators: 1, 4, 5

J. Integration: Understand the integration of psychology and a Christian worldview.

- Address religious/spiritual problems.
- Engage psychology from a Christian worldview.

Outcome Indicators: 1, 4, 5

# SEQUENTIAL CLINICAL TRAINING OBJECTIVES

The clinical training experiences provided by the DPCP consist of a planned, progressive and cumulative training sequence. The components of these experiences are discussed in greater detail in subsequent sections. The sequence of training is designed to move students through the following skill development progression:

## FIRST YEAR – PRE-PRACTICUM

Year 1: Establishment of Basic Clinical Skills: During the first year the student completes the basic clinical skills courses and key classes in the assessment sequence. Through a combination of coursework, didactics, and approximately 50 hours of lab work students will gain a variety of foundational skills for the delivery of services. The hours engaged in pre-practica activities outside of class should be entered into Time2Track, so that the student may begin to accumulate clinical training hours. Details on the activities to be completed, as well as the method for entering these activities in Time2Track can be found in Appendices B and C. Students will attain the following clinical skills by the end of their first year in the DPCP:

- Conducting a competent clinical interview  
Outcome Assessment: Clinical Interviewing Probe passed at a satisfactory level (PSY 621).
- Conceptualizing a clinical case from two common therapeutic orientations (behavioral, cognitive-behavioral).  
Outcome Assessment: Case conceptualization Paper (PSY 627).
- Accurately utilizing the DSM-5-TR nosology to perform differential diagnosis  
Outcome Assessment: Psychopathology Probe passed with a grade  $\geq$  B (PSY 638).
- Administration and interpretation of the current version of the Wechsler Adult Intelligence Scale (WAIS).  
Outcome Assessment: Intelligence Testing and Psychometrics Course test administrations (PSY 725) and Intelligence Testing Probe passed with a grade of 90% or better (PSY 725).
- Administration and integrated interpretation of objective personality tests with particular emphasis on current versions of the MMPI and MCMI.  
Outcome Assessment: Personality Assessment and Psychometrics Course test administrations (PSY 726) and Personality Assessment Probe passed with a grade  $\geq$  B (PSY 726).
- Familiarity with the intake process in the Psychological Services Center.

Outcome Assessment: Completion of three supervised PSC intake process observations.

- Increased awareness of the role of multi-cultural and diversity factors in human adjustment.

Outcome Assessment: Attendance at two PSI or diversity luncheon presentations and completion of any requirements as directed by the Multicultural Psychology instructor.

## SECOND & THIRD YEAR – INTENSIVE PRACTICUM SEQUENCE

Year 2: Establishment of Beginning Practice & Integration Skills: In the second year, the student begins the doctoral practica experience with a three-semester placement in the Regent University Psychological Services Center (PSC). During this year, students develop/demonstrate proficiency in basic psychotherapeutics (case conceptualization, treatment planning, and treatment implementation), assessment and report writing and integration of Christianity and clinical practice.

- Amassing supervised clinical experience

Outcome Assessment: 600 hour placement in the PSC. 150 direct client hours required.

- Presenting thorough, complete, and efficient case conceptualizations.

Outcome Assessment: Passing performance of three case conceptualization probes in practica seminar (PSY 733-735)

Outcome Assessment: Passing Psychotherapies II (PSY 628)

- Formulation & implementation of a competent treatment plan

Outcome Assessment: Treatment planning probe passed with a grade  $\geq$  B (PSY 732)

- Designing an assessment battery and conveying results in a high quality integrated psychological report

Outcome Assessment: Passing performance on Integrated Assessment probe (PSC)

- Demonstrating a coherent, ethical and competent integration of Christianity with clinical practice

Outcome Assessment: Not obtaining scores below the “expected level” of competency in the integration domain (VIII) on the practica supervisor evaluation by the final semester of practica experience (PSY 735)

- Demonstrating basic competencies in psychotherapeutics and clinical work

Outcome Assessment: Obtaining scores of “expected level” of competency or better in all domains on the practica supervisor evaluation by the final semester of practica experience (PSY 735)

- Competent handling of diversity issues in clinical practice

Year 3: Consolidation of Clinical Skills: The third year consolidates the clinical training experiences by providing students with advanced practica placements in community settings. Students must display ongoing competency in case presentations. Although all students must complete a minimum of an additional 600 hours of supervised fieldwork over three semesters, students may focus on advanced training opportunities in their areas of interest. A wide range of community placements are available that allow concentrations ranging from neuropsychological testing to residential work.

- Amassing advanced, supervised clinical experience

Outcome Assessment: 600 minimum hour placement at a community site.

- Presenting thorough, complete, and efficient case conceptualizations.

Outcome Assessment: Passing performance of three case conceptualization probes in practica seminar (PSY 736-738), to include the Advanced Case Presentation Probe (PSY 738).

- Demonstrating more advanced competencies in clinical work

Outcome Assessment: Obtaining scores of “expected level” of competency or better in all domains on the practica supervisor evaluation by the final semester of practica experience (PSY 738).

#### FOURTH YEAR – ADVANCED PRACTICUM SEQUENCE – (PSY 739 & 741; TRANSITION TO LEADERSHIP ROLES IN CLINICAL PRACTICE):

The fourth year allows students to refine their clinical skills in preparation for pre-doctoral internship, as well as expand their opportunities for leadership. Students are provided advanced practica placements in community settings. Students may engage in novel clinical experiences, to extend their clinical repertoire, or continue to develop skills in specialty area that they intend to pursue during their internship year. Students must complete a minimum of an additional 300 hours of supervised fieldwork, over the course of the fall and spring semesters. Although students may continue to practice at their assigned practica site passed the end of the spring term, contracts should not extend passed June. In addition to clinical practica, leadership experiences are obtained in the fall term through the provision of supervision to students in the PSC and in the spring term through the completion of a consultation project.

## CLINICAL PROBES

The DPCP has developed detailed criteria for the assessment of specific critical competencies at various stages in the program. The assessment of these competencies occurs through a series of clinical “probes.” These probes are utilized for formative and summative evaluation of the student’s clinical skill. Although the probes are not a formal part of the doctoral candidacy examination, summative probes must all be successfully passed before a student is eligible for candidacy review. Similarly, formative probes must be successfully passed before a student may participate in the internship match. Each of the probes are briefly described below. Scoring rubrics are available for completion by supervisors and course instructors in Time2Track; they are additionally presented in Appendix A. Students will be allowed one opportunity to retake failed probes in the clinical courses. If the student fails a second administration of a probe, they will normally be required to retake the clinical course and pass the probe during the second course enrollment (by the fourth probe administration). *Students are not allowed to retake the probe a fifth time.* Students who fail probes assessed in the campus-training clinic, the Psychological Services Center (PSC), will also be allowed one re-administration of the probe. *Students who fail a PSC probe on its re-administration will be viewed as in unsatisfactory standing during the annual review. Typically, students who fail course-based probes on the fourth administration, or clinic based probes on their second administration, will not be allowed to continue in the doctoral program. Final determination of student standing in such cases remains at the prerogative of the Clinical Training Committee (CTC) and the DPCP Program Director.* When probes are based on actual clinical work (e.g., Practica Case Presentation probe, the Clinical Assessment and Treatment Planning probe), the same case may not be used for a re-administration or for more than **two** probes across the program. It is the student’s responsibility to structure their caseload in a manner that will allow fulfillment of the probe requirements by the deadline.

### FORMATIVE PROBES:

Students must ensure that client confidentiality is protected in all discussion and documentation provided to satisfy course-based probes, since their co-students and faculty instructors will not typically be part of the direct clinical relationship with the client. Ordinarily, the removal of identifying information will accomplish this task, but case details may have to be changed in some instances to protect client privacy. This does not license the student to create unnecessary changes that misrepresent the student’s clinical performance in a particular case.

1. **PSY 621: Clinical Interviewing:** This probe evaluates student ability to conduct a basic clinical interview. Students must obtain a passing rating by their instructor of a video-recorded clinical interview role-play.



2. PSY 638: Psychopathology: Each student must generate current DSM and ICD diagnoses from a clinical case description provided by their instructor. Students will be allowed to use the current version of the DSM to accomplish this task. The probe focuses on successful demonstration of the diagnostic criteria evidenced in the case and competent discussion of the differential diagnostic issues.
3. PSY 725: Intelligence Testing: Students must demonstrate competent administration and scoring of the current version of Wechsler Adult Intelligence Scale.
4. PSY 726: Personality Assessment: Students must write two interpretations of a case in which background information, and multiple personality assessments are reported, specifically a current version of the MMPI test. The first interpretation must be a comprehensive essay (approximately 3 pages) that integrates results from both tests to describe key personality domains. The second interpretation is a single paragraph response designed to answer a referral question from the testing data.
5. PSY 733-737: Practica Case Presentations: Students must demonstrate case presentation and conceptualization skills by obtaining a passing performance on five case presentations during the course of the practica training sequence. Students must present one case during each semester in which they are enrolled in practica. The cases will be drawn from their clinical experience at the practica sites. In the event of a failing performance, students will be allowed one additional attempt to successfully present a case during the same semester. However, a different case must be chosen for the presentation. Students also may not present on the same case for multiple semesters; a case may only be used **twice** throughout their program probe completions. Students are expected to address integration (whenever appropriate) and diversity in their case presentations. Students are expected to progress in their case presentation skills in complexity and nuanced understanding of clinical work from their first semester, PSY 733 to the last semester PSY 738. While the probe requirements remain consistent in PSY 733 – 737, the requirement for PSY 738 is more comprehensive (see below), to allow the student the opportunity to demonstrate this increased level of complexity.
6. PSY 732: Clinical Assessment & Treatment Planning: Students must submit a detailed treatment plan for a case to their course instructor. Treatment plans should make use of empirically supported treatments whenever possible and should incorporate spiritual/religious interventions when appropriate.
7. Integrated Assessment: As part of the PSC training experience, each student will select a battery of tests to address their third assessment client's referral questions and subsequently submit a report of a clinical evaluation based on a minimum of the following information: intake interview data, objective personality testing, projective personality testing, achievement testing, and intellectual assessment. The integrated testing battery rubric identifies the domains of assessment proficiency that must be adequately addressed in the report for competency in assessment and a passing performance. The intake note, part 1 of the probe form, and final report will be submitted to the student's clinical supervisor for evaluation. The probe requirement is

satisfied when the assigned supervisor grades the probe as passing in Time2Track and the student approves the submission in Time2Track.

### **COURSE BASED SUMMATIVE PROBES:**

Two course based probes are utilized to evaluate the student's performance in clinical domains in a summative fashion. In conjunction with the comprehensive exam, and non-course based summative probe, this will allow for an evaluation of knowledge and ability at the level required for internship placement.

1. PSY 738: Practica Advanced Case Presentation: Students must demonstrate advanced level case presentation and conceptualization skills by obtaining a passing performance on a case presentation in the PSY 738 section of practica. The student will conduct a formal case presentation on a client drawn from their clinical experience at the practica sites. In the event of a failing performance, students will be allowed one additional attempt to successfully present a case. However, a different case must be chosen for the presentation. Students also may not present on the same case utilized in a previous semester. Students are expected to address integration issues whenever appropriate in their case presentations.
2. PSY 728: Advanced Assessment Report Writing Probe: Students must demonstrate advanced level report writing skills by obtaining a passing performance on an assigned psychological report. Data will be provided in the Advanced Assessment course, and the student will be expected to appropriately interpret and integrate the findings in a well written assessment report. Although a specific score is not required to pass the probe, passing performance is determined by the course instructor when the probe criteria are met.

### **NON-COURSE BASED SUMMATIVE PROBES:**

An internship readiness portfolio probe is due in the fall prior to internship application. The DCT will schedule a date for submission of the written portion of the probe, which will typically be the first week of the fall semester. The written portion will be submitted to the faculty review team as well as the Administrative Services Manager (send to Psyd@regent.edu), and will include an internship site list, internship essays, self-evaluation, and an overview of Time2Track hours. An integration essay (written in APA format, to include references as needed) is also required. Additionally, the student will meet with a review committee to orally present their materials and address questions regarding their clinical training from a comprehensive and integrated perspective across the competency areas of training and preparedness for internship. Following the submission of the written materials, an appointment must be scheduled (in person through the Academic Services Manager) with the faculty review team. The oral portion of the probe will be held approximately 2 weeks from the date of the written submission. See the probe review form for additional information. The various aspects of the probe will be graded on a four-point scale: (1 = failure; 2 = pass with comments; 3 = pass; 4 = pass with excellence). Receiving a score of at least 2 on each of the domains is required. The probe is considered passed when

the student is evaluated as passed on the rubric and the completed probe rubric is submitted by the faculty committee to the DCT.

## ACQUIRING & SHOWING COMPETENCE: MILEPOSTS & ROADBLOCKS

The various competence objectives, probes, and other outcome indicators function to create a series of mileposts that benchmark successful progress through the clinical training sequence. Alternatively, they also create potential roadblocks that prevent further progression towards degree completion until mastered at the requisite level of skills. The Milepost and Roadblock chart on the following pages outlines the specific ways that outcome indicators function in these twin roles for each of the competencies targeted by the clinical training sequence. If a student demonstrates deficient performance in an academic or clinical area that constitutes a roadblock to further training, the deficiency will be defined in an Academic Remediation Plan (see the DPCP Handbook) or Clinical Remediation Plan (Form in Appendix F). The Clinical Remediation Plan will cite the deficiency, outline a plan of remediation, and state the criteria necessary to resolve the deficiency. The DCT will discuss the plan with the student. The student will either agree in writing to the plan, or indicate in writing their intent to appeal the remediation plan.

It should be noted that this chart does not exhaust all aspects of the program that might serve as mileposts or roadblocks for a student. This table is meant to convey the general way the range of outcome indicators monitored by the program are used to pace student progress based on profession wide competencies in clinical psychology and our program specific competency in Christian integration.

**PROGRAM OUTCOME MILEPOSTS & ROADBLOCKS FOR SPECIFIC COMPETENCIES**

Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
Research	Academic Performance	Grade of $\geq$ B in PSY 617 (Research Design)	Course must be repeated before doctoral comprehensive exams can be taken.
		Passing grade in PSY 718 (Professional Development and Dissertation Proposal Development)  Passing grade in PSY 801 – 803 (Clinical Internship)	Course must be passed before doctoral comprehensive exams can be taken. Dissertation Proposal Continuation (PSY 719) must be taken for consecutive semesters until dissertation proposal has been successfully passed.  If student does not pass internship, another clinical internship must be completed and passed before graduation.
	Dissertation Research	Passing dissertation defense  Passing evaluation for Practitioner-Scholar Research Symposium	Dissertation must be passed before graduation. Dissertation Continuation (PSY 704) must be taken for consecutive semesters until dissertation defense has been successfully passed.  Student must participate in Practitioner-Scholar Research Symposium again in following year. Passing evaluation must be obtained before graduation.
Ethical and Legal Standards	Clinical Supervisor Ratings	Passing practicum section with no substandard performance on all	Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails & must repeat practicum and/or other remediation as indicated by the DCT.

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Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
		three ethics elements by end of placement	
	Annual Review	Satisfactory	Unsatisfactory rating of this competency based on PDFs, multiple notes of concern or other documentation of this competency would cause the student to remediate and not be able to enter doctoral candidacy and internship application.
	Academic Performance	Grade of $\geq$ B in PSY 661 (Ethics)	Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.
		Grade of $\geq$ B in PSY 617 (Research Design)	Course must be repeated before Dissertation Methods Course (PSY 700) can be taken.
		Passing grade in PSY 700 (Dissertation Methods)	Course must be repeated before Professional Development and Dissertation Proposal Development (PSY 719) can be taken.
Passing grade in PSY 801 – 803 (Clinical Internship)	If student does not pass internship, another clinical internship must be completed and passed before graduation.		
Faculty Mentor Rating	Faculty rating $\geq$ 3 on <i>Request for Clearance to Apply for Pre-doctoral Internship form</i> item	DCT does not grant student permission to go on internship until area of concern is remediated	

Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
		4.4 submitted to DCT	
	Clinical Probes	<p>Must pass Advanced Case Presentation Probe to pass PSY 738</p> <p>Passing ethics item of internship readiness portfolio is required for approval to apply for internship.</p>	<p>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT</p> <p>Internship readiness portfolio probe must be passed before student is allowed to apply for internship.</p>
Communication and Interpersonal Skills	Clinical Supervisor Ratings	<p>Passing practicum section with no substandard performance on all three Communications and Interpersonal Skills elements by end of placement</p>	<p>Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</p>
	Academic Performance	<p>Grade of <math>\geq</math>B in PSY 621 (Clinical Interviewing)</p>	<p>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</p>

Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
		Grade of $\geq$ B in PSY 725 (Intelligence Testing)	Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.
		Grade of $\geq$ B in PSY 726 (Personality Assessment)	Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.
Grade of $\geq$ B in PSY 763 (Supervision and Consultation)		Course must be repeated before student is allowed to go on internship.	
Passing grade in PSY 801 – 803 (Clinical Internship)		If student does not pass internship, another clinical internship must be completed and passed before graduation.	
	Clinical Probes	Must pass Clinical Interviewing Probe to pass PSY 621	Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.
		Must pass Integrated Assessment Probe to pass PSY 735	Student fails & must repeat practicum and/or other remediation as indicated by the DCT.
		Must pass Advanced Case Presentation Probe to pass PSY 738	Student fails & must repeat practicum and/or other remediation as indicated by the DCT.

Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
		<p>Must pass Advanced Assessment Report Writing Probe to pass PSY 728</p> <p>Passing communication and interpersonal skills item of internship readiness portfolio is required for approval to apply for internship.</p>	<p>Failure of Advanced Assessment would result in delayed application for internship.</p> <p>Portfolio must be passed in order for students to be given clearance by the DCT to apply for internship.</p>
Intervention	Clinical Supervisor Ratings	Passing practicum section with no substandard performance on all six Intervention elements by end of placement	Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails & must repeat practicum and/or other remediation as indicated by the DCT.
	Academic Performance	<p>Grade of <math>\geq</math>B in PSY 621 (Clinical Interviewing)</p> <p>Grade of <math>\geq</math>B in PSY 627 (Psychotherapies I)</p>	<p>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</p> <p>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</p>



Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
		<p>Grade of <math>\geq</math> B in PSY 732 (Treatment Planning)</p> <p>Grade of <math>\geq</math>B in PSY 628 (Psychotherapies II)</p> <p>Passing grade in PSY 801 – 803 (Clinical Internship)</p>	<p>Student demonstrates failing performance in class &amp; must repeat class. Course must be repeated before doctoral comprehensive exams can be taken.</p> <p>Student demonstrates failing performance in class &amp; must repeat class. Course must be repeated before doctoral comprehensive exams can be taken.</p> <p>If student does not pass internship, another clinical internship must be completed and passed before graduation.</p>
	Clinical Probes	<p>Must pass Clinical Interviewing Probe to pass PSY 621</p> <p>Must pass Treatment Planning Probe to pass PSY 732</p> <p>Must pass Advanced Case Presentation Probe to pass PSY 738</p> <p>Passing Intervention item of internship readiness portfolio</p>	<p>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</p> <p>Course must be repeated before doctoral comprehensive exams can be taken.</p> <p>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</p> <p>Portfolio must be passed in order for students to be given clearance by the DCT to apply for internship.</p>

Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
		is required for approval to apply for internship.	
Assessment	Clinical Supervisor Ratings	Passing practicum section with no substandard performance on all seven Assessment elements by end of placement	Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails & must repeat practicum and/or other remediation as indicated by the DCT.
	Academic Performance	Grade of $\geq$ B in PSY 725 (Intelligence Testing)	Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.
		Grade of $\geq$ B in PSY 638 (Psychopathology)	Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.
		Grade of $\geq$ B in PSY 726 (Personality Assessment)	Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.
		Grade of $\geq$ B in PSY 732 (Treatment Planning)	Student demonstrates failing performance in class & must repeat class. Course must be repeated before doctoral comprehensive exams can be taken.
		Passing performance in PSY	Failure of Advanced Assessment would result in delayed application for internship.

Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
		<p>728 (Advanced Assessment)</p> <p>Passing grade in PSY 801 – 803 (Clinical Internship)</p>	<p>If student does not pass internship, another clinical internship must be completed and passed before graduation.</p>
	<p>Clinical Probes</p>	<p>Must pass Intelligence Testing Probe to pass PSY725</p> <p>Must pass Psychopathology Probe to pass PSY 638</p> <p>Must pass Personality Assessment Probe to pass PSY 726</p> <p>Must pass Treatment Planning Probe to pass PSY 732</p> <p>Must pass Integrated</p>	<p>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</p> <p>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</p> <p>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</p> <p>Student demonstrates failing performance in class &amp; must repeat class. Course must be repeated before doctoral comprehensive exams can be taken.</p> <p>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</p>

Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
		<p>Assessment Probe to pass PSY 735</p> <p>Must pass Advanced Case Presentation Probe to pass PSY 738</p> <p>Must pass Advanced Assessment Report Writing Probe to pass PSY 728</p> <p>Passing assessment and diagnosis item of internship readiness portfolio is required for approval to apply for internship.</p>	<p>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</p> <p>Failure of Advanced Assessment would result in delayed application for internship.</p> <p>Portfolio must be passed in order for students to be given clearance by the DCT to apply for internship.</p>
Individual and Cultural Diversity	Clinical Supervisor Ratings	Passing practicum section with no substandard performance on all four Diversity elements by end of placement	Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails & must repeat practicum and/or other remediation as indicated by the DCT.

Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
	Academic Performance	Grade of $\geq$ B in PSY 621 (Clinical Interviewing)	Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.
		Grade of $\geq$ B in PSY 670 (Multicultural Psychology)	Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.
Passing grade in PSY 801 – 803 (Clinical Internship)		If student does not pass internship, another clinical internship must be completed and passed before graduation.	
	Clinical Probes	Passing diversity item of internship readiness portfolio is required for approval to apply for internship	Portfolio must be passed in order for students to be given clearance by the DCT to apply for internship.
Professional Values, Attitudes, and Behaviors	Clinical Supervisor Ratings	Passing practicum section with no substandard performance on all three Professionalism elements by end of placement	Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails & must repeat practicum and/or other remediation as indicated by the DCT.
	Academic Performance	Grade of $\geq$ B in PSY 600 (Clinical Psychology)	Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.

Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
		<p>Grade of <math>\geq</math> B in PSY 661 (Ethics)</p> <p>Passing performance in PSY 718 (Professional Development and Dissertation Proposal Development)</p> <p>Passing grade in PSYs 801 – 803 (Clinical Internship)</p>	<p>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</p> <p>Course must be passed before doctoral comprehensive exams can be taken.</p> <p>If student does not pass internship, another clinical internship must be completed and passed before graduation.</p>
	Clinical Probes	<p>Must pass Advanced Case Presentation Probe to pass PSY 738</p> <p>Passing professionalism and reflection items of internship readiness portfolio is required for approval to apply for internship.</p>	<p>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</p> <p>Portfolio must be passed in order for students to be given clearance by the DCT to apply for internship.</p>

Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
	Faculty Mentor Rating	Faculty rating $\geq 3$ on <i>Request for Clearance to Apply for Pre-doctoral Internship form</i> item 4.5 submitted to DCT	DCT does not grant student permission to go on internship until area of concern is remediated.
Supervision	Academic Performance	Grade of $\geq B$ in PSY 763 (Supervision and Consultation)  Passing grade in PSY 801 – 803 (Clinical Internship)	Course must be repeated before student is allowed to go on internship.  If student does not pass internship, another clinical internship must be completed and passed before graduation.
	Clinical Supervisor Ratings	Passing practicum section with no substandard performance on two elements in area by end of placement	Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails & must repeat practicum and/or other remediation as indicated by the DCT.
Consultation and Interprofessional / Interdisciplinary Skills	Academic Performance	Grade of $\geq B$ in PSY 763 (Supervision and Consultation)	Course must be repeated before student is allowed to go on internship.
		Grade of $\geq B$ in PSY 774 (Heath Psychology and	Course must be repeated before student is allowed to go on internship.

Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
		Integrated Medicine)  Passing grade in PSY 801 – 803 (Clinical Internship)	If student does not pass internship, another clinical internship must be completed and passed before graduation.
	Clinical Supervisor Ratings	Passing practicum section with no substandard performance in two Supervision, Consultation, and Interprofessional Skills elements by end of placement	Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails & must repeat practicum and/or other remediation as indicated by the DCT.
	Clinical Probes	Must pass Advanced Case Presentation Probe to pass PSY 738	Student fails & must repeat practicum and/or other remediation as indicated by the DCT.
Integration	Clinical Supervisor Ratings	Passing practicum section with no substandard performance on all three Integration elements by end of placement	Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails & must repeat practicum and/or other remediation as indicated by the DCT.
	Academic Performance	Passing integration sequence is	Course must be repeated before being allowed to go on internship.



Specific Competency	Outcome Indicator Category	Milepost for Passing Performance	Roadblock for Non-Passing Performance
		required prior to going on internship (PSY 776, PSY 777, PSY 779 & PSY 780)	
	Clinical Probes	<p>Must pass Advanced Case Presentation Probe to pass PSY 738</p> <p>Passing integration essay on internship readiness portfolio is required for approval to apply for internship.</p>	<p>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</p> <p>Portfolio must be passed in order for students to be given clearance by the DCT to apply for internship.</p>

## PRE-PRACTICUM

The pre-practicum training consists of a variety of didactic, observational, and experiential activities during the first year in the program. These experiences are designed to give the student basic clinical skills that are prerequisite to the starting of the intensive practicum sequence in the second year. The clinical skills include clinical interviewing; diagnostic foundations; basic intellectual, achievement, and personality assessment skills; knowledge of ethics; rudimentary case conceptualization; awareness of diversity and multicultural variables; and familiarity with basic procedures in the Psychological Services Center. In addition to course based didactic and experiential experiences (PSY 621, 622, 627, 638, 661, 670, 725, 726), students must complete the following observational activities:

- Supervised Intake Process Observations: Each student must observe three intakes in the Psychological Services Center (one per semester during the first year) under the supervision of a faculty member. Schedules for these supervised process observations can be obtained from the PSC Clinical Training Coordinator.
- Paradigm Shift Initiative / Cultural Diversity Luncheon Attendance: Each student must attend at least one PSI or CDLS presentation each semester (Fall & Spring). Information about the PSI and CDLS can be obtained from Dr. Rachel Stephens.

## INTENSIVE PRACTICUM SEQUENCE (PSY 733-738)

### CLINICAL PRACTICA INTENSIVE SEQUENCE OVERVIEW

The intensive practica training sequence (PSY 733-738) is a two-year experience designed to complement the coursework of the program. The intensive practica sequence gives students opportunities for developing professional identity, consolidating basic psychotherapy skills, and initiating students in the professional activities basic to the practice of clinical psychology under the supervision of the faculty. All doctoral students, regardless of their background, are required to take the six courses in the intensive sequence. During the two-year experience students are required to attend a weekly, one and one-half (1-1/2) hour, clinical seminar at Regent. Practica placements require approximately 15-20 hours per week over the fall, spring, and summer terms of the academic year, for a minimum total of 600 hours each year. *Students are responsible for maintaining a detailed log of their practica experience in Time2Track.*

Time to Track Requirement: All students are required to maintain an account in the Regent University institutional account for Time2Track ([www.time2track.com](http://www.time2track.com)). Failure to maintain an up-to-date account in Time to Track linked to the Regent University institutional account could result in a Professional Development form and remediation. Students are required to enter their clinical experience hours in T2T on a weekly basis.

Students must plan to take the practica sequence concurrently (e.g., fall, spring and summer semesters). Policy requires that this sequence be followed for a number of reasons:

- 1) APA requires that training be developmental and sequential. Completing the practica sequence, in order, over a discrete period of time allows students to build their skill level over the course of one year in a developmentally appropriate manner
- 2) Because students must become oriented to a placement site before they can begin providing services, it is important to try to keep the number of placements over the six semester sequence to two or three sites.
- 3) An interruption in the practica sequence will generally create the need for an additional placement and thereby reduce the opportunities for clinical experience.
- 4) Students who do not comply with the intended course progression may jeopardize their standing in the program.

Exceptions to the policy must be granted, in advance, through petition to the DCT. Although petitions to interrupt the practica sequence will ordinarily be denied, the student bears full responsibility for any exceptions that are granted. Failing to take practica in six consecutive semesters is expected to extend the time students can become eligible to apply for internship by at least one academic year.

Pre-requisites for beginning the intensive sequence are passing grades and, as appropriate, probes in Clinical Interviewing (PSY 621), Psychopathology (PSY 638), Ethics (PSY 661), Psychotherapies I (PSY 627), Multicultural Psychology (PSY 670), Intelligence Testing (PSY 725), Pre-Practica in Evidence Based Practice (PSY 622), and Personality Assessment and Psychometrics (PSY 726).

## **PRACTICA GRADING**

Practica are graded on a pass/no pass basis. A grade of “P” represents an acceptable level of work. A grade of “NP” signifies unacceptable work. The on-site supervisors recommend grades to the Clinical Practica faculty supervisor who makes the final grade determination. At the beginning of each academic semester, all practica students and supervisors are expected to agree upon goals, competencies, and objectives for that particular semester and supervisory hours and mutual responsibilities should be set. Grades reflect how well agreed upon objectives are met.

## **PRACTICA CLINICAL ACTIVITIES**

Practica opportunities are available at a wide range of sites such as correctional settings, a Veteran’s hospital, private group practices, community mental health settings, inpatient centers, and hospital settings. Students may participate in team meetings, didactics, and oversight training groups which introduce them to the legal and ethical issues of practice, the practical issues of assessment and individual psychotherapy, case management and record

keeping, and the administrative structure and functioning of clinical settings. All clinical activities should be accurately tracked in the student's Time2Track account and associated hours should be reviewed and 'signed off' by an approved supervisor. A list of the activities that can be entered into Time2Track, and examples of such activities, is provided in Appendix C. When questions arise as to how an experience should be documented, the DCT should be consulted. A few broad areas of emphasis will be present throughout most of the practica sites including:

1. **Psychological Assessment:** Students will be expected to become proficient in clinical and psychological assessment as evaluated by their supervisors.
2. **Individual Psychotherapy:** The student may be involved in one-to-one psychotherapy with several clients. The practica may offer experiences in long-term and short-term individual interventions.
3. **Group Work:** The practica student may function in a variety of leadership capacities for various types of groups. This component of the practica will optimally also contain both long-term and short-term group activities. Functioning as a co-leader with a more experienced colleague is both appropriate and encouraged.
4. **Social Systems Interventions:** The student will gain exposure to and have a direct working experience with a variety of social systems including families, educational institutions, social welfare, and the legal system. This work may include consultation and program development, as well as direct intervention within a system such as family therapy or network intervention.
5. **Colloquia/Clinical Practica Classes:** Time spent in clinical practica course sessions and **pre-approved** didactic activities (conferences, clinical colloquia, guest lectures) may be logged as clinical training experiences.
6. **Teaching Assistantships:** Teaching or other purely didactic experiences may not replace any portion of the required practica experience. *However, teaching responsibilities that involve clinical supervision of lower level trainees in their work with clients or volunteers may be counted as "Other Psychological Experience" in Time2Track.* Approval to include such activities in Time2Track must be granted by the DCT, through the use of the Advanced Professional Experiences Contract found in Appendix D.
7. **Other activities:** The student may also function in such roles as consultants, supervisors, administrators, researchers, program developers, and specialized assessment clinicians.

## INTENSIVE PRACTICA SEQUENCE REQUIREMENTS

The fundamental aim of the practica is to provide students with ongoing opportunities for supervised practice in a variety of areas of clinical psychology. In order to achieve this objective, practica sites affiliated with the program agree to serve in a training role with the practica students. Practica site supervisors agree to provide required supervision, training and oversight outlined in this handbook. Site supervisors also have access to continuing education provided by the DPCP and may attend the doctoral program colloquia series.

## Basic Requirements

1. **Time:** The *minimum* requirement of 600 hours of practica experience per year is usually completed over the Fall, Spring, and Summer months of the academic term (late August to mid-July). The expected minimum requirement is 15 hours per week. Credit for the practica can only be awarded after the practica has been satisfactorily completed and all required paperwork is filed. Students are encouraged to exceed the minimum required hours of experience whenever possible. Specifically, students are encouraged to become aware of licensure requirements for states in which they are considering practice as a professional psychologist. It will be important for students to structure their practica experiences to meet these requirements (as 600 hours of practica experience is required to pass PSY 735 and PSY 738; non-practica related clinical hours do not count toward hour totals for practica).
2. **Content:** The entire practica sequence is designed to provide the student with depth and breadth of experience. Each student will be expected, over the course of his or her career at Regent, to experience a range of roles, settings, populations, clients, clinical problems, and techniques.
3. **Direct Experience with Clients:** Students will typically devote large portions of their practica direct service time to assessment and intervention activities. The balance among the intervention modalities will vary according to both student needs and interests and the particular strengths of the practica agency. In some instances, a particular practica agency may not be able to offer training experiences in all of the intervention areas that will typically be a part of the practica experience, but may still be an appropriate practica site because of the overall strength of its training program. Again, students are encouraged to be aware of licensure requirements regarding direct service provision.
4. **On-Site Supervision:** There is a minimum requirement of one hour of individual face-to-face supervision per week. In addition, one hour of group supervision is encouraged. The supervisory group must be small enough and last a sufficient amount of time so that each group member has a chance to regularly present and receive feedback on his or her work. Further, each student must be observed by their primary site supervisor at least once per semester conducting a clinical activity (e.g., therapy, intake, assessment). Beyond these, additional learning experiences such as case conferences, staff or agency meetings, seminars, colloquia, special projects and in-service training programs should be available to the student for professional development purposes.

In all circumstances the primary supervisor must have responsibility for the care provided by the student within the practicum agency. The primary supervisor should (ideally) also be present at all times when the student is at the site. If this is not possible, the supervisor should designate another staff member who is clearly available to the student for consultation.

5. Ethical Practice: It is critical that agencies involved in training students adhere to the highest standards of ethical professional practice, and impart these standards to students in training. In practical, meaningful ways, practicum sites and students must be familiar with the APA Ethical Principles of Psychologists (<http://www.apa.org>) and the laws of the state in which the site is located, and are expected to practice in accordance with these.
6. Documentation: Students are required to maintain careful documentation of their practica experience through their Time2Track account. *The student should maintain personal copies of all of these materials which are to be submitted to the practica course instructor.*
  - a. A Log that is electronically approved or signed by relevant supervisors in Time2Track is to be completed at the end of each semester of practicum placement at each site during the intensive experience (PSY 733 - 738), and the end of the advanced practica semesters (PSY 739/741).
  - b. An annual log, electronically approved or signed by relevant supervisors in Time2Track is to be completed at the end of the clinical training year in second, third and fourth year (PSY 735, 738 & 741).
  - c. As part of PSY 718 (Professional Development) and Internship Readiness Portfolio Probe, students are also expected to complete the current version of the APPIC practica documentation form available at the APPIC web site, summarizing all clinical experience obtained in the program, including the pre-practicum experiences. The APPIC practicum documentation is contained within the uniform internship application and is subject to revision by APPIC. Students should periodically review the APPIC form to make sure they are keeping track of required information as they go through their practicum experiences.
  - d. The student may also complete a site evaluation at the end of the placements and ensure that their supervisor completes a student evaluation each semester which is given to the practica instructors.
  - e. A final log of approved hours should be completed, along with the DCT, prior to the student's departure (typically in the summer of the 4<sup>th</sup> year). To this end, be sure that all hours are submitted in Time2Track and approved by designated supervisors. Work with the DCT to schedule an appointment for a final review of hours.

### **Specific Practica Policies**

1. Practica at the Same Site for More than One Year: It is essential that students be exposed to a variety of training experiences, including varying theoretical perspectives, intervention techniques, populations, supervisors, and different service delivery systems. Thus, it is normally expected that students will complete a practica each year at a different agency. Since all students are placed in the campus clinic, the PSC, for their first year of practica, the second

year typically involves a placement in a community agency. In rare cases, a student may be approved to complete their fourth year at the Psychological Services Center. Typically, this would only occur when an advanced training opportunity emerges.

2. Termination of Clinical Responsibilities Should Coincide with End of Three Semester Practica Sequence: Students must plan their caseload and other clinical responsibilities to terminate client work by the end of the final semester at a practica site. An exception is at the end of the third year external practica; students can continue to work at the site passed the end of the 10 week summer semester if the site is willing to supervise the clinical work. Also, students form real world clinical relationships with clients and all normal professional responsibilities apply. Students must not abandon their clients or prematurely terminate therapy relationships without ensuring an adequate transition to an alternative service provider; this includes during University breaks and holidays. A student who continues to provide supervised clinical experience beyond the end of the academic term due to a lack of minimum hours for the year in which the practica is scheduled to end must obtain permission from the Director of Clinical Training. In such cases, Clinical Practica Faculty will give the student a grade of “IP” (In Progress) and must continue to meet for clinical supervision with their site supervisor.
3. Private Practice as a Practica: Independent solo practices are not typically appropriate sites for 3<sup>rd</sup> year practica experiences, but may be more appropriate for the less intensive 4<sup>th</sup> year practica. Occasionally, practica may be developed within a private group practice, provided that the general requirements for all practica are met, and that the supervisor assumes full responsibility, clinically and financially, for the student’s work. All of these arrangements must be clearly specified in the student’s practica contract, with approval from the EPC and DCT.
4. Compensation: Students may be compensated for the work they perform while in practica. Regent strongly supports the policy of compensating students for practica experience. Compensation should be in the form of a stipend, which is agreed upon prior to the start of the practica.
5. Dual Relationships with Supervisors: It is unethical for students to receive practica supervision from persons when such supervision creates a conflicted dual relationship. This includes receiving supervision from a therapist, spouse, close relative, friend, and employer or employee. It is also unethical to engage in dual relationships of a sexual or romantic nature with a supervisor. As the APA Ethics Code states:

#### 3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationships could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Although faculty supervise students during their first year of practica, the following considerations should be kept in mind. First, there is nothing in the faculty supervision role

that should interfere with the broader faculty relationship to the student. The faculty-student relationship is one that is continuously evaluative, so clinical supervision does not generate a new context for evaluation. Secondly, the evaluative dimension of a clinical training context might be viewed as inhibiting the student's willingness to discuss personal issues which could interfere with therapy. In the event that such issues arise, students will be encouraged to pursue a separate course of therapy to address these concerns. Third, the clinical practice context at the PSC emphasizes clinical modalities that do not focus as intensely on countertransference issues.

6. **Switching Practica Before Completing the Minimum Time Requirement:** The student has an ethical responsibility to fulfill contractual commitments unless relieved of them explicitly by the DCT and the site. Problem solving prior to termination should always be attempted. If, for any reason, a student is unwilling or unable to complete a full rotation at a practicum site, he or she must immediately notify the EPC (External Practica Coordinator) and the DCT. This must be done before terminating with the original placement. The student will not contract with a new practicum placement without the approval of the DCT. *There is no guarantee that community sites will be willing to accept a practica student out of the normal start-up sequence in August.* Therefore, an interruption in the practica sequence may require the student to withdraw from practica until the following year. Furthermore, such unexpected transitions often interfere with the progressive and cumulative nature of clinical training. Consequently, switching practice sites out of sequence will generally not be approved.
7. **Initiating the Practica:** All students are required to follow through on their practica arrangements in a timely manner and commence their practica experience no later than the beginning of the first semester at a site. Any student who, for whatever reason, is unable to do this must immediately notify the DCT. A non-participation report will be filed if the student is unable to commence their practica experience within the first week of the academic term without prior DCT approval.
8. **Dividing Time between Two Placements:** It is optimal to complete a practica experience in one setting for reasons of continuity, integration into an agency, and exposure to a given system. It may be necessary in some rare instances to divide the practica between two placements. The External Practica Coordinator (EPC) and DCT must grant approval for two site placements in one year, prior to the addition of a second site. The addition of secondary sites will be considered in November of each year. A request to the EPC for a secondary site can be made through the Part-time Practicum Placement Request Form found in Appendix B.
9. **Professional Liability Insurance:** All students in practica are required to carry professional liability insurance. Students are required to have liability insurance the entire time they are enrolled in the DPCP. This liability insurance policy provides protection for the student only while he or she is attending the doctoral program and while he or she is on a practica or internship placement. The policy does not cover the student while engaging in non-school related professional activities. *All students registered for Clinical Practica must provide written proof of liability insurance before beginning work on the site.* Failure to comply with this requirement may result in removal from the assigned practicum site.



- 10. Additional Learning Opportunities:** Students participate in an intensive case conference at Regent through the Clinical Practica Class. The Practica class will provide students with the opportunity to receive additional input and feedback regarding the clinical cases they are carrying while on the practica. The Site Supervisor, however, retains authority for case supervision. There should be at least two hours weekly of other types of learning opportunities at the practica site including didactic augmentation of the clinical experience or doing co-therapy with a supervisor. Team meetings, case conferences, classes, grand rounds, group supervision, and seminars are all possible learning opportunities.
- 11. Required Extended Practica:** Occasionally, prior to the internship, a student may be required to do an additional practica during the program in order to augment his or her clinical training and meet minimum hours of training before applying for internship. For instance, it is important that a student participate in a practica placement at the time of internship application and interviews, even if they have already completed all scheduled practica classes (PSY 733-739 & PSY 741). Therefore, if a student extends their program of study, it will be important for the student to complete an additional year of practica training. This can be accomplished by registering for Additional Practica Experience and Additional Practica Experience Continued (PSY 742 and PSY 743) while completing further training at a practica site. In all cases this situation will be mandated as a result of a Special Review by the CTC, and the content and duration of this practica will also be prescribed by the Special Review in consultation with the student.
- 12. Optional Practica Experiences:** Students may sometimes elect to obtain additional practica experiences beyond those required by the DPCP, in order to augment their training or develop specialty interests. Such training opportunities are arranged on a case by case basis at the discretion of the DCT. All optional practica experiences require:
  - a. a practica contract prior to beginning work at the placement,
  - b. supervisor approved log (Time2track) per semester and annually submitted to their practica instructor (PSY 733-741), and
  - c. supervisor evaluation submitted to their practica instructor by the deadline set by the instructor.
- 13. Requests for Exceptions:** All requests for exceptions to the clinical training requirements or sequence must be submitted via an Internal Communication Memo form, typed, with supporting evidence attached, to the Director of Clinical Training.

## PRACTICA SELECTION

All students are placed in the Psychological Services Center during their initial practica year in the intensive sequence. The second year of intensive practica is completed in a community setting and the third practica is a less intensive practica in a community setting. The DPCP has formed training partnerships with a large number of diverse clinical settings. Students are required to apply for sites, during their second and third practica year, which will enhance their skills in areas of interests. For instance, some sites emphasize clinical experiences with specific client groups, types of evaluations, or specific treatment modalities. Students are expected to take a proactive role in tailoring their clinical experiences to their unique patterns

of strengths and interests. Each student must complete the following steps in obtaining a practica placement:

1. Students should always begin the process of practica selection by consulting with their Clinical Practica Faculty and/or Faculty Mentor. These discussions should focus on the clinical experiences that the student should be looking for in the upcoming practica. An example practica site list is provided in Appendix B, which will allow the student to consider possible options for practica. Please note, this list in Appendix B is just an example, and is not a current, or thorough, list of sites that will be available any given time.
2. After decisions have been made regarding the types of experiences appropriate for the student, he or she should search the Practica Site Description Document, which is maintained by the External Practica Coordinator, provided to each cohort in January of the prior academic year. This document contains information on all of the sites that are affiliated with the program and is continually updated. In addition to the information on the site description document, the Department also maintains site evaluations done by previous practica students at the site and by Clinical Practica Faculty after their site visits. Students are to begin their search by exploring possibilities in the sites which are currently affiliated with the program. In general, students are required to go to a Regent affiliated site. Students may explore the possibility of doing a practica at a site that has not yet affiliated with the program, but which has the resources to offer the training experiences which are required for practica. Students wishing to do this must first consult with the EPC (Dr. Jones). **Practica students will not be allowed to enter into a training contract with a site which has not completed the affiliation process. Once prospective sites are identified, the EPC and the DCT will evaluate the site and make the final decision regarding approval.** However, it should be noted that instituting an affiliation agreement can be time consuming, therefore, the processes should be initiated early in the practica selection process.
3. Rising Third year students must then submit a Practica Site Request form, ranking three to five desired practica experiences and describing career goals related to the upcoming practica experience. This form must be submitted to the External Practica Coordinator (EPC) by a date that will be specified each year in a memorandum. The EPC will evaluate the ranking list and goals in conjunction with the DCT. Students will be notified of a site that they may contact for a potential placement. Students are required to contract with the site to which they are placed, if accepted, and are not permitted to pursue any practica placements without prior approval from the EPC.
4. Rising Fourth year students must submit their desired practica experiences to the practica coordinator by a date that will be specified each year in a memorandum. This should occur by early February. The EPC will evaluate the ranking list and

goals in conjunction with the DCT. Students will be notified what site they may contact for a potential placement within two weeks. Students are required to contract with the site to which they are placed, if accepted, and are not permitted to pursue any practica placements without prior approval from the EPC.

5. In general, students can expect to receive approval to pursue at least one of the sites on their request form. It should be noted however that the program reserves the right to assign a student to a different site from those requested by the student based on career goals, training needs, or other factors. ***Students may not contact the site for potential placement until approval has been received from the practicum coordinator.*** Failure to wait for approval may result in delay in securing a placement. Approval to pursue a practica placement does not guarantee that a site will agree to accept a particular student. Practica sites agree to offer practica opportunities to doctoral students on a voluntary basis.
6. Students who are not accepted by the practica site must notify the EPC immediately and pursue alternative placements approved by the EPC. Of note, due to demand, the remaining sites may not have been on the students' original request form. However, the student is still obligated to contact the new site provided to them for placement. Students are not permitted to pursue existing sites without EPC approval, nor develop their own site after the Psy.D. Practicum Site Request Form has been submitted.
7. The student must submit a completed practica contract and all other required materials prior to the end of the summer term immediately preceding the academic term in which the practica is scheduled to begin. A hard copy of this contract must be submitted to the DCT by June 1 for signature. **This completed contract (with DCT signature) must then be turned in to the EPC before the summer term ends.** *Students who fail to have all required agreements and documentation completed prior to this period must withdraw from practica until a subsequent term.* The DCT must approve any extensions beyond the summer deadline.

During the entire process of practica selection students are encouraged to regularly consult with the External Practica Coordinator or the Director of Clinical Training. This is especially important if they are seeking a modification to any of the previously listed practica requirements or if they are requesting approval of a previously unaffiliated site.

## THE PRACTICA CONTRACT

The practica contract (see Appendix B) has two purposes. First, it spells out the three-way agreement being made by the student, the practica site, and the doctoral program regarding the specific training experience. The contract clarifies the objectives, activities, and responsibilities of each of the three parties to the agreement. Importantly, the contract also

specifies the time commitment required of the student at the site. Typically, the practica contract for the 3<sup>rd</sup> year practica is a 15 – 20 hour per week commitment running from the beginning of the fall term (typically beginning in August) until the end of the summer practica course (mid-July) while the 4<sup>th</sup> year practica is an 8 hour per week commitment running from the beginning of the fall term (typically beginning in August) until the end of the spring term (beginning of May). Second, the contract becomes part of the program’s documentation of how a student has structured his or her training experience in the placement setting. The practica contract also contains the ‘learning contract’ completed by the student and the site supervisor prior to the start of the practica experience. The learning contract specifies the amount and types of clinical experiences the site will provide for the student.

## ADVANCED CLINICAL TRAINING SEQUENCE

The advanced clinical training two-semester sequence begins during the fall of the fourth curriculum year. Advanced practica requires:

- a. A completed practica contract by the end of the 8-week summer term of the 3<sup>rd</sup> year,
- b. Supervisor approved log (Time2track) per semester submitted to their Advanced Practica instructor (PSY 739 & PSY 741), and
- c. Supervisor evaluation submitted to their Advanced Practica instructor by the deadline set by the instructor.

Clinical Supervision Training: The sequence includes each advanced student providing hourly peer supervision to students who are beginning their first year of intensive practica experience in the PSC. This peer supervision is secondary to that provided by the faculty supervisor, who remains the PSC practica supervisee’s primary supervisor. Students will accumulate approximately 8 hours of experience in this supervision practicum arrangement. Guidelines and policies for the supervision experience will be provided by the Supervision and Consultation (PSY 763) course instructor, who also acts as the advanced student’s supervisor during the experience.

Clinical Consultation: The second component of the advanced experience is also done in conjunction with PSY 763 in fall and 741 in spring and focuses on clinical consultation. The student is required to design a consultation activity with a community or campus organization in PSY 763 (estimated 3 hours of outside class activity), under the supervision of the course instructor. The student will then implement the consultation project in the spring as part of PSY 741. Consultation projects might range from organizational consulting around mental health issues to designing a focused and time-limited clinical activity in a community setting. Typical projects might be outlining a stress management class tailored to church staff, designing a home-based parent training program to at risk families, or outlining a screening/referral prevention program around a high risk/high volume mental health

problem. Further details about the consultation will be communicated through the PSY 741, Advanced Practica II syllabus

Clinical Services: The third component of the Advanced Practica is providing Clinical Services. The advanced practica experience is coordinated with the External Practica Coordinator (see above) and should consist of at least 8 hours of work weekly over 2 semesters. Students are especially encouraged to select practica sites that expand the student's background and experience in areas that would benefit their preparation for internship.

Students may occasionally be invited to participate on faculty research or clinical projects in a leadership capacity, in order to fulfill the advanced practica requirement. Students may also be directed towards certain types of experience that may be viewed as requiring further development. However, the advanced practica supervisor will be evaluating not only each student's direct clinical performance, but also their skills in program development and implementation. Regardless of the practica experience sought, the advanced practica experience must be approved by the EPC and DCT prior to beginning.

**Policies and procedures for designing and implementing the advanced practica experience will be presented in PSY 763 and PSY 739/741. Students will be required to construct an appropriate consent for organizational consultation form that includes relevant information to allow a potential organizational client to give informed consent. A memorandum of understanding will be created which must be signed by the student, the Advanced Practica instructor, and the appropriate representative of the organization. The memorandum of understanding will serve as an organizational informed consent form but will not eliminate the need for individual clinical consent forms from clients to whom services are directly provided.**

## FIFTH YEAR PRE-INTERNSHIP TRAINING

Occasionally, students may request additional practicum experiences beyond the Advanced Practicum sequence and/or their fourth year of training. These training experiences are not regarded as components of PSY 763 or PSY 739/741. As noted in the section on Extended Practica Experiences (VI.D.11), these experiences are typically required during the internship application process, but must meet training and supervision criteria, and be approved by the DCT. As with all external practica experiences, the following are required:

- a. a practica contract prior to the start of the experience,
- b. supervisor approved log (Time2track) per semester and annually submitted to the DCT, and

- c. supervisor evaluation submitted to the DCT by the deadline set by the DCT.

In order to be regarded as formal practica training, however, the student would need to register for 'Additional Practica'. As the program does not maintain Time2Track accounts for students after their 4<sup>th</sup> year in the program, a Time2Track fee would be attached to this Additional Practica course. In many cases; however, the student simply wishes to accrue additional training and experience without having to register for credits. If that is the case, the training experience still requires a contractual agreement meeting training criteria, and the student would list this as additional training on their curriculum vita, but not formal practicum hours that would count towards licensure.

When the additional training experience involves clinical services in which regular supervision is required, it is expected that the agency will provide acceptable supervision by a licensed psychologist as required in (VI.D.4). Furthermore, a contractual agreement between the site and the university is required. An Advanced Professional Experience Form is used to document and obtain approval for any training experiences outside of a formal practica.

## EXTERNAL EMPLOYMENT IN CLINICAL POSITIONS

Upon arrival at the Psy.D. program, students may have degrees or licenses that make them eligible for outside employment. For example, an individual with an undergraduate degree in psychology or the social sciences may be eligible to work as a hospital psychiatric technician or provide home-based counseling services. By virtue of other training experiences, some students may meet employer criteria to serve as a psychometrician. In some of these types of employment situations, the student will not receive formal supervision from a psychologist or other licensed professional.

**Whenever a student seeks employment outside of the official practice designed by the university training program for a position in which he or she will be asked to provide services that could be construed as clinical services, the student must submit a Student Work Approval Form, found in Appendix D, for authorization from the DCT.** The DCT will review your request to ensure the employment experience is appropriate in terms of hours, responsibilities, and any potential liabilities for the student or university.

This type of outside employment, while hopefully a productive learning experience for the student, is not regarded as formal training sanctioned by the Psy.D. program. While the experience is likely to be documented in a student's curriculum vitae, it will not count toward official training hours in the student's training file, or be reportable as Practicum hours or an Advanced Professional Experience. If a student obtains employment in which

the duties and responsibilities are appropriate for doctoral training in clinical psychology, and supervision will be provided by a licensed psychologist, the student should apply for an Advanced Professional Experience and submit the related request form for approval to the DCT. The student can be paid for their professional experience, but they must be approved by the DCT regardless of income.

For the purposes of this authorization, your employment is not regarded as a component of the Regent University practicum series or training program, unless approved as an official practica. Therefore, your clinical activities will not count toward pre-doctoral Practicum training hours and your performance will not be documented in your clinical training file.

Despite the lack of formal departmental oversight, you are a student in the Regent University Doctoral Program in Clinical Psychology, and the Program is to be made cognizant of any clinical activities that you perform outside of the formal training program, just as the Program is cognizant of and assumes some responsibility for scholarly presentations outside of the school in which you may be identified as a Regent psychology student.

Students must take responsibility to address with their employer the area of clinical and legal liability. Regent University assumes no liability for student performance. Just as Regent practicum students are required to have student liability insurance, students seeking employment are strongly advised to have appropriate liability insurance. Students should check to see if their student liability insurance will be accepted as coverage for non-practica employment settings. Students should also be aware that their supervisors, regardless of level of training or discipline, will assume liability for your professional behavior.

It is mandatory that all Psy.D. students be aware of and operate within the guidelines and standards of the APA code of ethics at all times. If students are asked by their employer to perform activities that are in conflict with the APA code of ethics or outside of their scope of expertise, it is the responsibility of the student to inform their employer of the conflict and obtain suitable resolution in order for the employment to continue. While all APA ethics codes apply to your professional behavior, students are especially cautioned to only work within areas of their professional expertise. For instance, while you might be trained to administer psychological tests, you would not be regarded as qualified to interpret and write psychological reports without first taking the relevant courses, passing the probes, and receiving practica supervision that demonstrate minimal competence in this area. You should also be cautioned against performing any activities of a licensed psychologist (e.g., psychological test administration and interpretation) unless you are being directly supervised by a licensed psychologist.

If you are required to sign patient care documentation as part of your employment, your signature line should list your degree or job title. You are not to use your affiliation with Regent University as a job title or signature line (e.g., Jane Doe, Doctoral Student in Clinical Psychology, Regent University). The only time the Regent affiliations should be used is in official practica work.

Students must make their employers aware of the following:

- Your employment is not regarded as an official university practicum placement.
- Regent University is not responsible for your performance at the worksite and does not provide any support for it.
- You are in training to become a clinical psychologist. Any training or experience you might obtain at the worksite could come in conflict with the values, ethics, and professional practice training you are receiving at Regent.
- Students are responsible to follow the guidelines and principles of the APA code of ethics relevant to the work they are performing in their workplace. At the novice level of the student in training, students can be unaware of ethical and legal obligations.
- Obtaining your PsyD degree necessitates scheduling practica work and other work that may come in conflict with your responsibilities at the outside workplace. The student is expected to negotiate these differences. Moreover, the PsyD program expects students to prioritize their doctoral training activities in such a way that outside work does not interfere with training. This includes students who are “on call” for their outside work. Students cannot miss PsyD program practica, classes, colloquia or other requirements due to outside work responsibilities.

## PRE-DOCTORAL INTERNSHIP

Consistent with APA accreditation policies and state licensing laws, students must complete a one-year internship (or 2-year part-time) in clinical psychology as part of the coursework for the Doctor of Psychology degree.

### REQUESTING APPROVAL TO PURSUE AN INTERNSHIP:

Students must receive approval to apply to pre-doctoral internship. Approval is obtained by completion of a *Request for Clearance to Apply to Pre-doctoral Internship form*, which must be endorsed by the student’s Faculty Mentor and the DCT. The form is contained in Appendix E. It is the intention of DPCP that this internship be completed at an established APA accredited or Association of Psychology and Post-Doctoral Internship



Centers (APPIC) approved internship site. These sites are described in the APPIC Directory (<http://www.appic.org/>).

In order to apply for internship all students must have met minimum requirements for the program to include passing all classes, passing all probes (including the internship readiness portfolio probe), satisfactory standing in the program, passing the comprehensive exam, and proposing the dissertation and receiving HSRC approval for the project. Students must have obtained minimum hours of practica training to include 400 intervention hours and 100 assessment hours by the time the internship applications are to be submitted. However, be aware that these hour requirements are minimums. Students are encouraged to talk with their Faculty Mentor and consider waiting to apply for internship if they are just meeting the minimum hours, dependent on their career goals and internship training preferences. The DCT must also approve the student's breadth and depth of training to be ready to apply for internship.

### APPLYING TO AN INTERNSHIP SITE:

Internship sites listed in the APPIC directory will require students to submit current APPIC *Application for a Psychology Internship (AAPI)*, so the student must go to the web-site to obtain the official application. Students should directly contact each site as needed to determine its specific application procedures. Obtaining an internship is a highly competitive activity. The following recommendations may provide some assistance in this process:

1. Students should apply to a number of internships of varying degrees of competitiveness consistent with their training goals. It is a good idea to apply to a majority of sites that have accepted Regent Students in the past.
2. Students should take great care to ensure that their vita, completed application forms, and written correspondence to potential internship sites are of very high quality. Students should have these materials reviewed by several professionals such as their Faculty Mentor, the DCT, or community supervisors.
3. Be prepared prior to application. Because internship sites receive many applications from strong students, it is important for each student to distinguish his or herself to the best of their ability. Internship sites often differ in the characteristics which they most highly value. For instance, internships at research based clinics will typically value students who have published in a relevant area and who have strong research skills. Community mental health settings may more highly value students who have a broad range of clinical experience prior to the internship. Students can often find out what is most valued at a particular site by talking with current interns and reviewing written materials describing the internship. Students should look for those sites, which seem to be the best 'fit' with their existing strengths. There are a number of useful resources available to assist students in preparing for internships.

Students are encouraged to review materials published on the Internet by the Canadian Council of Professional Psychology Programs at <http://www.ccppp.ca/en/students.html>.

4. Applications must be completed in a timely manner. Maintaining periodic, meaningful and appropriate communication with potential sites is often a helpful way to ensure full consideration. Yet students should be careful to avoid excessive or frivolous contact. Requesting clarification of written material or elaboration of potential training opportunities relevant to student interests are examples of common questions that students may pose during the application process.
5. Submit strong references. Request support from professors or supervisors who will provide positive, detailed and strongly supportive endorsements of your work, via the required reference form provided by APPIC. Provide the reference form to a potential reference provider with as much advanced notice as possible, and discuss your application with him or her to ensure that they can provide a strong endorsement. Additionally, be sure that they are familiar with the current reference form used by APPIC.
6. Students applying for internship the first time are required to meet with the DCT for internship preparation meetings, interview preparation training meetings or any preparation meeting that the DCT deems to be required training and preparation for internship application. This includes working with the DCT to schedule mock internship interviews.

### THE *APPIC* MATCHING PROCESS:

All APPIC sites are required to utilize the matching system to determine intern selections. The matching system does not affect the initial internship application process. Detailed information about the matching process is available both at the APPIC web site ([www.appic.org](http://www.appic.org)) and at the web site for National Matching Services (NMS), who have been contracted by APPIC to conduct the process ([www.natmatch.com](http://www.natmatch.com)). Students are encouraged to subscribe to the APPIC Match-News listserve by sending a blank message to [subscribe-match-news@lyris.appic.org](mailto:subscribe-match-news@lyris.appic.org). A brief summary of the procedures are outlined below:

1. Applicants apply directly to potential internship programs. The applicants and the internship sites evaluate each other independent of the matching process. APPIC directories are available for review at the APPIC site online. The student's application and related materials (including transcripts) should be submitted through APPIC.

2. AFTER OBTAINING DCT APPROVAL, applicants must register with NMS to participate in the matching process. Registration should be completed as early as possible (typically early in October) so that students can place their identifying number on application materials. There is a fee for participating in the matching program which must be paid to NMS by each student.
3. At the end of the application period, each internship site and applicant completes a rank ordering of their preferences. You must include all sites on your rank list and obtain DCT approval prior to submitting your rank list to NMS. After reaching agreement with the DCT for your rank list, you may not change your rank list without DCT notification and approval. This listing is submitted to National Matching Services. *No information about ranking or preferences may be communicated by either the applicant or internship site.*
4. Rank ordered lists for both Phase I and Phase II of the match must be sent to NMS by the date and time specified by APPIC/NMS: Phase I occurs in February and Phase II occurs in March.
5. On the specified date in February (“match day”) students will be informed whether or not they were successfully matched and to what program they were matched. All notifications will be sent from NMS by email, however, the student must also be available by phone as the site is likely to contact the student directly as well.
6. Students who do not match with an internship in Phase I will be expected to submit applications and rankings for Phase II of the match, as specified by APPIC/NMS. Students who do not match with an internship in Phase II may submit applications to internships in the Post-vacancy Match following Phase II. Options for Post-vacancy matches are first announced on Match day for Phase II. New opportunities for internships are posted on the Post-vacancy list from the APPIC website daily, and are typically posted well into the summer.
7. Most students who do not match to an internship in their first year of internship application will have the option to enter the APPIC match the following year.
8. If a student does not match to an internship in their second year of application through the Regent DPCP, they should expect to complete a designed internship outside of the purview of the APPIC internship match system. In most cases, this will mean that the student will not be able to complete an APA accredited or APPIC-approved internship which may negatively impact opportunities for licensure and future employment.

### **DPCP REQUIREMENTS:**

Obtaining an accredited internship is a very competitive process. In 2013, only 56% of the internships listed by APPIC were APA-approved. APPIC reported that 19% of participating applicants in the 2013 match were not matched to a site. In the 2013 Match (Combined Phase I and II), 69% of PsyD students matched. However, students are encouraged to be strategic and remain positive, as match rates have improved in recent years. In 2020, 3,863 internship positions were available through the Match; 3,513 of which were APA accredited. Although only 79% of Clinical Psy.D. students nationally matched to APA accredited sites during Phase I of the Match, 95% of Regent PsyD students matched to accredited sites during Phase I (and 100% by Phase II). Regent University's match rates for the previous years are available on the PsyD website. Consecutive APPIC surveys have revealed that *students who either limited themselves geographically or exclusively to highly competitive sites often had the greatest difficulty being matched*. Students should be prepared for the significant application effort and expense of travel for interviews needed for a successful match. The following procedures must be followed for a student to receive program approval of an internship experience.

- 1.** Students will make a reasonable effort to obtain an APA or APPIC accredited internship site. Minimum indications of a "reasonable effort" to obtain an APA or APPIC internship include the following:
  - a).** Students will apply to at least 15 internship sites of varying degrees of competitiveness. Level of competition for a site is evaluated by a variety of factors, most notably one should consider 1) APA accreditation 2) the ratio of applicants to interns accepted noted in the APPIC directory 3) the site's history of matching with Regent students, and 4) the relative number of PsyD students typically accepted at the site. The sites should be APA accredited or APPIC approved but at least 1 of the sites must be APA accredited, and a minimum of five sites must be evaluated as 'lower competition.'
  - b).** Students will complete all applications in a timely manner and make sure that completed applications have been received by the internship sites prior to the application deadlines.
  - c).** Students will ensure that their applications display high quality in their preparation, thoroughness, and relevance to the goals of the internship site.
  - d).** Students will apply to sites that match their training, background and interests. It is not appropriate to apply to sites if you do not meet their minimum requirements for application or have no experience with the primary focus of the site (e.g., you have no child therapy experience and the site is a child-focused site).
  - e).** Students applying to highly diverse and specialized sites will produce a unique set of essays to appropriately address this diversity. For instance, if a student is seeking placements at UCC sites in addition to other sites (i.e., correctional, medical), a separate

set of essays addressing the unique aspects of clinical work with student populations in the UCC environment will be created.

**f).** Upon DCT approval, students will submit their rank ordered preference list to NMS by the submission deadline.

**2.** If students have not procured an internship on the match day of Phase I, they will meet with the DCT by 3 pm on match day and select at least 10 additional internship sites listed on the APPIC web site ([www.appic.org](http://www.appic.org)) to apply to in Phase II. Students who do not match in Phase II will be expected to discuss Post-vacancy internship options with the DCT, and to apply to appropriate internships as they become available after Phase II.

**3.** Students who do not match the Post-match vacancy phase will discuss their options with the DCT. In most cases, students will continue in advanced training locally and will enter the APPIC Match in the following year. If it is determined that the prospective intern is less competitive for identifiable reasons, and that their competitive stance is unlikely to improve in time for the next match, that student may be advised to seek a designed internship.

Students who do not procure an internship after completing steps 1 and 2, may consider participating in a designed internship experience. In order to develop an internship experience, the following steps have to be followed:

**a).** A particular site (or coordinated group of sites) must be identified that is willing and able to provide a training experience that will meet the internship criteria provided by the School of Psychology and Counseling (See appendix E). These criteria are designed to be consistent with APA and APPIC standards. The site must prepare a memorandum of understanding with the SPC outlining the training experience. The memorandum must indicate how the site will meet each of the 12 items contained in the SPC Internship criteria. The completed memorandum must be submitted to the DCT.

**b).** Students must contact the state licensing board in the jurisdiction in which they desire to be licensed and ensure that completion of the proposed internship will satisfy the licensing demands in that jurisdiction. The student will then prepare a memorandum that outlines the information obtained from the licensing board and submit this to the DCT.

**c).** The Director of Clinical Training will then evaluate the proposed internship experience. If acceptable, the student will be granted permission to pursue the internship. While some designed internship experiences have been approved in the past during a time in which internship application was more competitive, at this point in the program's development approval is unlikely.

**d).** The Psy.D. program reserves the right to revoke approval of the internship. The Director of Clinical Training will perform a re-evaluation of the internship through the use of questionnaires, phone interviews and/or site visits at quarterly intervals. If discrepancies between the proposed training and the actual experience arise, procedures must be initiated to remedy the situation. If such discrepancies cannot be resolved, approval for the internship may be revoked. *Since a partial internship experience will not fulfill the pre-doctoral internship requirement, students are strongly advised to be proactive in immediately resolving difficulties, should they arise.*

**e).** The DCT, in collaboration with the CTC, reserves the right to evaluate whether a student can enter into a designed internship.

It is the student's responsibility to procure the pre-doctoral internship. Since this is a required experience for both completion of the Psy.D. program and licensure in most states, students are strongly encouraged to take a proactive role in this process. While a very limited number of APA approved pre-doctoral internships are available within a commutable distance from Regent, students should realistically expect to relocate for the internship experience. Geographical restrictions to the site list are a major reason nationally that students are not matched, therefore, such restrictions to site lists will not likely be approved by the DCT. *Additionally, students will not be approved for a designed or non-accredited internship experience, if an APA accredited or APPIC approved site is available for the student.*

#### THE INTERNSHIP CONTRACT:

A letter of acceptance from an APA accredited internship will constitute the internship contract, and should be provided by the student to the DCT. A memorandum of understanding must be completed with any non-accredited internship outlining how each of the DPCP internship criteria will be satisfied. The proposed internship site, the DPCP Director of Clinical Training and the student will endorse this memorandum. The memorandum will constitute the internship contract for a non-accredited internship.

#### INTERN EVALUATION FORMS:

Feedback from internship sites, indicating that the student has met the criteria for the internship, is required for students to receive a passing grade for the internship course. For students placed at unaccredited sites, students must also submit a completed mid-year and final Regent *Intern evaluation* form, completed by their primary internship supervisor or training director, to the Regent DCT indicating a passing performance in order to receive a passing grade for the internship course. Mid-year evaluations should be submitted 6 months from the internship start date and the final evaluation should be submitted at the time the internship has been completed.

### **FAILING INTERNSHIP:**

In the unlikely event that a student does not pass their internship, the student must notify the DCT immediately or at most within five days. Failure to pass the internship will be handled on a case-by-case basis and may result in dismissal from the program.

### **INTERNATIONAL STUDENT ISSUES:**

All students who are required to obtain a work permit or green card to complete an internship, due to immigration or other law, must inform the DCT of the status of their ability to work in the United States before applying to any internship sites and keep the DCT informed of their progress towards clearance for internship training. The student must work with the internship site that selects them to ensure all immigration paperwork is complete in a timely manner.

### **PROFESSIONAL PRACTICE INSURANCE:**

Please be aware that professional practice insurance must be maintained per program guidelines. See below (XIII).

## **RIGHTS AND RESPONSIBILITIES**

### **DOCTORAL STUDENTS**

#### **Rights**

1. The student has a right to know the criteria for evaluation in the practica and to receive progress evaluations from the faculty practica supervisor [instructor] on a regular, systematic basis.
2. The student has a right to expect regular in-person supervision and feedback in the management of cases as scheduled by the site supervisor and professional staff.
3. The student has a right to know the procedure for handling emergencies.
4. The student has a right to ask questions regarding the therapeutic process and the correct handling of cases.
5. The student has a right to have the practica field experience rules and guidelines of the Psy.D. Program explained fully.
6. The student should expect to work within the bounds of their practica contract and has the right to obtain an updated contract, should their duties change

#### **Responsibilities**

1. Proactively participating in the practica experience by:
  - a. prompt, regular attendance in practica;

- b. being prepared to spontaneously discuss cases or other aspects of their clinical placements during each weekly practica seminar meeting.
  - c. notifying the practica instructor of any conflicts or situations which may cause an absence from the weekly course seminar meetings. No more than two (2) absences from these meetings will be allowed during the duration of a practica.
2. Practice in a competent manner that does “no harm” to clients. This means that students must:
- a. request additional supervision if needed;
  - b. be self-aware and open about their own limitations;
  - c. expeditiously inform the site supervisor of significant problems with cases or client emergencies;
  - d. seek adjunctive training as needed beyond that which may be provided in the formal structure of the program. This may take the form of additional reading, consultation, or attendance at training seminars.

*Note: It is common for beginning students to feel uneasy about assuming real world clinical responsibilities. Students are not expected to start their practica experience already proficient in professional competencies. However, they should take their clinical responsibilities seriously, operating under appropriate supervision in a teachable, self-aware manner.*

3. Complete administrative requirements of DPCP and the clinical site. Examples include:
- a. Completing client records in a timely and professional manner;
  - b. submitting required practica documentation to the DCT;
  - c. maintaining personal copies of electronic practica documentation through Time2Track and approving Case Presentation Probe submissions from Faculty Practica Instructor in Time2Track by the indicated deadline. Failure to do so will result in an IP grade;
  - d. and being available for required work hours.
4. Adhere to Ethical Standards of the American Psychological Association (APA). These may be obtained from the APA website at: [www.apa.org](http://www.apa.org)

## FACULTY PRACTICA INSTRUCTOR

### **Rights**

1. Having students proactively prepared and invested in the practica experience
2. Receiving required documentation in a timely and appropriate manner
3. Being informed of high-risk situations or significant client problems (without breaking client confidentiality) that might involve liability for the student or the DPCP
4. Having students openly and honestly portray their abilities and performance at the practica site
5. Directing the class discussion and activities as they deem appropriate



## Responsibilities

1. Performing Case Presentation Probe Evaluations in Time2Track
2. Scheduling and evaluating practica case presentations using the case presentation probe checklist
3. Providing the DCT with completed copies of the case presentation probe evaluation worksheet in Time2Track
4. Providing students with feedback about their performance on the probe
5. Monitoring student skill development and informing the student/DCT of any significant areas of deficiency as those become evident
6. Informing the DCT of high-risk clinical or administrative situations
7. Focusing on integration issues in case discussions whenever appropriate
8. Ensuring that all required documentation has been submitted before a passing grade is assigned to a student. This includes the following:
  - a. Write-Up for Case Presentation (after reviewed this may be returned to the student)
  - b. Approved Case Presentation Probe in Time2Track
  - c. Review of approved hours per semester, and annually, in Time2Track
  - d. Ensuring that all required materials are provided to the DCT
9. Evaluating the clinical hours accumulated by the student each semester. NOTE: No student may receive a passing grade for PSY 735, 738, or 741 who has not completed at least 600, 1200, and 1500 hours of accumulated practica experience by the end of the respective semesters! **Although it is the student's responsibility to ensure that they are accumulating adequate hours, it is the practica instructor's responsibility to verify that this has occurred.**

## SITE SUPERVISOR

### Rights

1. Interviewing and approving/rejecting student applicants for the placement at the supervisor's site
2. Having doctoral students available to provide agreed upon clinical services for the contracted number of hours per week
3. Having students operate only in a manner and within a range of activities authorized by the supervisor
4. Attendance at site supervisor training events and the doctoral colloquia series
5. Receiving information about DPCP requirements and administrative procedures required of practica sites
6. Being able to pass on information about the student's performance, the DPCP or any other related concerns to the EPC, DCT and/or the student's practica instructor
7. Assigning the clinically relevant 'didactic' exercises that require use of available Regent University resources (e.g., consultation with faculty in specialty areas, use of the library holdings and internet searches)

## **Responsibilities**

- 1.** Establishing a practica contract with students placed at the site which delineates:
  - a.** the practica work schedule;
  - b.** the range of activities that will occur in the practica experience;
  - c.** and the supervision arrangements.
  
- 2.** Site supervisors must also provide an orientation to the site which addresses relevant topics such as:
  - a.** standard operating procedures of the agency including confidentiality, professional expectations, and ethical standards;
  - b.** schedule of supervision available for the student;
  - c.** and introductions to other personnel at the site
  
- 3.** Completing all required DPCP documentation in a timely manner, ensuring that students are working agreed upon hours
  
- 4.** Adopt a mentoring-training role in relation to the student - Although the students will be expected to provide direct clinical services, an incremental approach to assigning students such tasks is advised
  
- 5.** Each site will provide two hours of supervision that should be given on a weekly basis plus informal consultation as needed. One hour of this supervision must be one-on-one. The other hour may consist of participation in a clinically oriented case conference or clinic staff meeting.

## **CHECKLIST OF STUDENT PRACTICA REQUIREMENTS**

The following requirements must be met by each student prior to starting practica placements:

- Students are expected to read the current version of the Doctoral Program in Clinical Psychology Clinical Training Handbook each year. Students are held responsible for all information contained in the handbook each year.

Prior to the onset of Fall semester submit to Practicum Instructor or Practicum Coordinator:

One Copy Of:

- Ethical Agreement
- Waiver of Liability
- Completed Practica Site Contract

At the conclusion of each semester submit to Practica Instructor [Note: Electronic versions of all forms can be uploaded to Blackboard in lieu of hard copies to instructor]:

☐ All students will submit a **Time2Track Activity Summary PDF** from the beginning to the end of the semester on Blackboard. **This summary must include all APPROVED hours (e.g., practica and extra training experiences approved by the DCT).** This details the number of hours at the site and the activities with which you were engaged.

☐ At the end of the academic year, all students will submit a Time2Track Activity Summary PDF from the beginning to the end of the year on Blackboard. This summary must include all APPROVED hours for the academic year (e.g., practica and extra training experiences approved by the DCT). This details the number of hours at the site and the activities with which you were engaged. This is due one week prior to the end of the semester.

☐ All site supervisors must submit a Practica Student Evaluation form each semester and submit this to the program through Time2Track. It is the student's responsibility to ensure that this has occurred by the deadline set by practica instructors. It is also the student's responsibility to approve the Practica Evaluation electronically by the due date.

☐ All students should complete a Student Site Evaluation during the last semester in which the student is placed at a practicum site.



Student Name: \_\_\_\_\_

Year Entering DPCP: \_\_\_\_\_

Doctoral Program in Clinical Psychology

CLINICAL TRAINING PROGRESSION TRACKING SHEET

Year 1	Year 2	Year 3	Year 4	Year 5
<ul style="list-style-type: none"> <li>* Clinical Interviewing Probe (Psy 621)</li> <li>* Psychopathology Probe (Psy 638)</li> <li>* Intelligence Testing Probe (Psy 725)</li> <li>* Personality Assessment Probe (Psy 726)</li> </ul>	<ul style="list-style-type: none"> <li>* Case Presentation Probe 1 (Psy733)</li> <li>* Case Presentation Probe 2 (Psy734)</li> <li>* Case Presentation Probe 3 (Psy735)</li> <li>* Treatment Planning Probe (Psy732)</li> <li>* Integrated Assessment Probe (PSC)</li> </ul>	<ul style="list-style-type: none"> <li>* Case Presentation Probe 4 (Psy 736)</li> <li>* Case Presentation Probe 5 (Psy 737)</li> <li>* Advanced Case Presentation Probe (Psy 738)</li> </ul>	<ul style="list-style-type: none"> <li>* Internship Readiness Portfolio Probe</li> <li>* Advanced Assessment Report Writing Probe (Psy 728)</li> </ul>	
<ul style="list-style-type: none"> <li>* Pre-Practicum activities completed and Hours submitted for signature in Time2Track</li> </ul>	<ul style="list-style-type: none"> <li>* Submission of required administrative documents by end of summer term:               <ul style="list-style-type: none"> <li>- <i>Ethical Agreement</i></li> <li>- <i>Liability waiver</i></li> <li>- <i>Liability Insurance</i></li> <li>- <i>Practica Contract</i></li> </ul> </li> <li>* ≥600 hours of practica experience obtained. (Psy 733-735)</li> <li>* Three Site Supervisor Evaluations (Psy 733-735)</li> <li>* Weekly entry of experience hours in Time2Track, submitted to relevant supervisor(s) before the end of each semester</li> <li>* Student Site Evaluation (Psy 735)</li> <li>* One ANNUAL Clinical log (Time2track) submitted to practica instructor.</li> <li>* Practica Site Request Form (January)</li> </ul>	<ul style="list-style-type: none"> <li>* Submission of required administrative documents by end of summer term               <ul style="list-style-type: none"> <li>+ <i>Ethical Agreement,</i></li> <li>+ <i>Liability waiver,</i></li> <li>+ <i>Liability Insurance,</i></li> <li>+ <i>Practica Contract</i></li> </ul> </li> <li>* ≥ 1200 hours of practica experience obtained. (Psy 733-738)</li> <li>* Three Site Supervisor Evaluations (Psy 736-738)</li> <li>* Weekly entry of experience hours in Time2Track, submitted to relevant supervisor(s) before the end of each semester</li> <li>* Student Site Evaluation (Psy 738)</li> <li>* One ANNUAL Clinical log (Time2track) submitted to practica instructor.</li> <li>* Practica Site Request Form (February)</li> </ul>	<ul style="list-style-type: none"> <li>* Submission of “Request for Clearance to Apply Pre-doctoral Internship Form” to DCT by October 5.</li> <li>* Weekly entry of experience hours in Time2Track, submitted to relevant supervisor(s) before the end of each semester</li> <li>* One ANNUAL Clinical log (Time2track) Submitted to practica instructor.</li> <li>* Two Site Supervisor Evaluations (Psy 739/741)</li> <li>* Student Site Evaluation (Psy 741)</li> <li>* Applications to at least 15 internship sites.</li> <li>* Updates on internship to DCT</li> <li>* Submission of rank ordering list of internship preferences to DCT &amp; NMS.</li> <li>* Submit internship agreement letter to DCT</li> </ul>	<ul style="list-style-type: none"> <li>* Approved Internship Experience (1500 hours minimum) (Psy 800-802)</li> <li>* Completed Student Internship Training Evaluation Form (SITEF)</li> <li>* Notice from the internship site indicating appropriate completion of the internship [Additional information will be required if the student is completing internship at a non-APA accredited site]</li> </ul>

## LIABILITY INSURANCE

All students in the School of Psychology and Counseling must have a copy of the Proof of Liability Insurance Coverage in their student file maintained by the Academic Services Manager.

Psy. D. students are required to purchase the minimum amount of 2,800,000/7,500,000. Individual practica sites may require higher than the Regent minimum amount. During internships outside of Virginia, students may find that this level of coverage is not available. In such cases, students are to obtain the maximum allowed rate that is less than the 2,800,000/7,500,000 coverage required for Virginia. Alternatively, students may submit proof of lower requirements in their jurisdiction and proof of insurance coverage at those lower rates. Coverage may be provided by the internship site.

Students must submit a copy of their insurance coverage face sheet to the Psy.D. program Academic Services Manager by July 15, prior to the start of each fall term, and immediately upon any change in policy during the academic year. No student may participate in any aspect of the clinical training sequence that has not provided evidence to the program of current insurance coverage.

The following are two common sources of Student Liability Insurance:

1. American Psychological Association Insurance Trust  
<http://www.apait.org>  
750 First Street, NE  
Suite 605  
Washington, DC 20002-4242  
800-477-1200
2. The American Professional Agency, Inc.  
<http://www.americanprofessional.com/>  
95 Broadway  
Amityville, New York 11701  
(800) 421-6694

<p>If your 1 year of coverage lapses before the completion of the internship, you will need to contact the provider to extend your premium and coverage.</p>
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# DISABILITY ACCOMODATIONS POLICY

## Requesting Accommodations

Students with a disability that impacts their ability to meet the expectations for clinical work within the program, or more specifically the practicum experience, may request accommodations. Such a request must begin with the Office of Counseling & Disability Services in Student Services. When a student requests accommodations and services from Regent, a procedure for determining appropriate and reasonable accommodations will take place. This will entail an interactive process between the student and the school. All accommodations are considered on a case by case basis. **Students who think that they might need disability related accommodations should begin this process as soon as possible. Students should be aware that the process for accommodations may take time to be established and implemented.** Some services or accommodations require considerable review of the student's documentation of a disability; therefore it is important for students to plan ahead. Accommodations cannot be provided until formal documentation has been provided to the Director of Clinical Training by Disability Services personnel. Such documentation will be provided in the form of a Learning Support Plan; the nature of the disability will not be disclosed. Accommodations cannot be applied retroactively. Therefore, it is the student's responsibility to begin the process well in advance of the semester in which the accommodations are requested.

## Acquiring Documentation

It is standard practice for a university to require documentation of disabilities when a student raises the issue of disability/need for accommodations. Regent has the right to request documentation of any disability, disabling condition or nature of functional limitations due to the disability, but may choose not to exercise this right in some instances when a disability is readily visible and the student is able to describe the functional limitations. As required, documentation must be provided to the Office of Counseling and Disability Services by a professional qualified to diagnose the disability. It is the responsibility of each student to provide a comprehensive evaluation, verifying the disabling condition resulting in limitations. Documentation should validate the need for accommodations based on the individual's current level of functioning. It is always preferable to have recent documentation. Regent reserves the right to request further documentation at any time. A request for reasonable accommodation does not necessarily mean that Regent University will provide an accommodation for the student.

## Receiving Accommodations

Regent University will make every effort to provide a reasonable accommodation in compliance with the Americans with Disabilities Act (ADA). Students with either permanent or temporary disabilities may be eligible for a variety of support services. Individuals should always ask for any special accommodation they need. For example, software can be provided to assist with certain disabilities and a computer can be programmed to adjust to the needs of a particular person when he or she logs on. However, clinical work may require accommodations quite different from those required or available for academic work. For instance, client confidentiality and prompt service delivery must be maintained regardless of available accommodations. It is important that the student requesting accommodations work with the Director of Clinical Training and his or her individual supervisor to ensure that his or her needs are adequately addressed, while also prioritizing patient care.

Regent University reserves the right to choose among reasonable accommodations as long as the chosen accommodation is effective. If an individual refuses a reasonable accommodation, the university will be deemed to have complied with its obligation under the ADA. If a particular accommodation would be an undue hardship on the university, the university will try to find an alternative accommodation that would not pose such a hardship. If cost is the cause of the undue hardship, the university will consider whether funding for the accommodation might be available from an outside agency. The individual will also be allowed to pay for the accommodation, or any portion of the accommodation, that might constitute an undue hardship on the university.

A practicum or internship site may have a process for determining disability status and the need for accommodations that differs from Regent University. Need for accommodations outside of Regent University should be discussed with the External Practica Coordinator and/or Director of Clinical Training, so that they can assist in this process as needed. Regent University cannot, however, dictate the requirement for specific accommodations to a training site. Therefore, the need for accommodations at a training site should be discussed with the site supervisor as soon as the need is recognized, to allow for adequate time to put accommodations in place. If time permits, it may be possible to offer an alternative placement if a specific practicum site cannot provide needed accommodations.

Similarly, students should take into consideration that the Regent University Office of Counseling & Disability Services may accept documentation that a licensure agent may not. For students that anticipate requesting accommodations for some aspect of the licensure process it is strongly suggested that students consider updating their documentation to confirm that the accommodations they receive in school is consistent

with the licensing agency. This consistency may be important in demonstrating a history of accommodations. Students should contact the license-awarding agency to see what standard might apply to them.

The American Psychological Association has produced a “Resource Guide for Psychology Graduate Students with Disabilities” that contains a compilation of articles that may be useful in considering how a student with disabilities can best prepare beyond the graduate school experience

(<https://www.apa.org/pi/disability/resources/publications/second-edition-guide.pdf>).

## Course Registration

Clinical experiences should be completed in conjunction with course registration - PSY733 – PSY735 for the 2<sup>nd</sup> year PSC experience, PSY736 – PSY738 for the 3<sup>rd</sup> year external practica experience, PSY739 and PSY741 for the 4<sup>th</sup> year Advanced Practica experience, and PSY801 – PSY803 for the 3 semester pre-doctoral internship experience. Students are expected to initiate the course registration process EACH SEMESTER through the use of the online Application for Internship, Practicum, Externship or Field Placement form available in your MyRegent Portal under Registrar, Resources, Graduate Forms ([https://www.regent.edu/it/ESign/intern\\_appl\\_entry\\_v2.cfm](https://www.regent.edu/it/ESign/intern_appl_entry_v2.cfm)).

The information entered on the form must be accurate and must be filled out in reference to your main practica site (this includes students in the PSC). Please look at your program progression to ensure that you indicate the CORRECT course that you are registering for each term. Please note that these courses could be identified by calendar year. For instance, classes for the 2020 – 2021 year may be listed as 2021 (even though the fall term occurs in 2020). A fall course could show the term as 202110 (full) or 202010 (full). Spring would be 202140 and Summer would be 202170. Under Work Schedule: the Start Date should be the first day of that term (see Academic Calendar) and the End Date should be the last day of that term (see Academic Calendar). Number of hours anticipated: should be those required for the term not the entire year. For second and third year students, 600 hours is the requirement for the full year. So, this should be listed as 225 for the fall semester, 225 for the spring semester, and 150 for the summer semester. Advance Practica (for which 300 hours is required for the year) should be listed at 150 hours for each of the two semesters. Please note, Advanced Practica is a 2-semester experience and practica contracts should typically end in mid-May. Internships typically consist of 2000 hours of work, which can be listed as 800 for fall and spring and 400 for the summer (PSY803) semester.

Job Description: Enter “Per Syllabus”.  
For each Objective listed enter “N/A”.







Doctoral Program in Clinical Psychology

## APPENDICES FOR CLINICAL TRAINING HANDBOOK

- Appendix A: Probe Scoring Rubrics
- Appendix B: Initial Practica Forms
- Appendix C: Time2Track Information
- Appendix D: Student Forms
- Appendix E: Internship Forms
- Appendix F: Clinical Progression Remediation Form

# CLINICAL PSYCHOLOGY PRACTICA

## APPENDIX A: PROBE SCORING RUBRICS

CLINICAL INTERVIEWING  
PSYCHOPATHOLOGY  
INTELLIGENCE TESTING  
PERSONALITY ASSESSMENT  
TREATMENT PLANNING  
CASE PRESENTATION  
INTEGRATED ASSESSMENT  
ADVANCED CASE PRESENTATION  
ADVANCED ASSESSMENT REPORT WRITING  
INTERNSHIP READINESS PORTFOLIO

## CLINICAL INTERVIEWING PROBE: VIDEO RECORDING EVALUATION

The clinical interviewing probe assesses the student's ability to conduct a clinical interview reflecting basic clinical skills. The emphasis in this probe is on the student's ability to build rapport with clients, display effective use of 'microprocessing' skills and move the interview in an intentional direction. Students will role play interviews over the course of the semester while enrolled in PSY 621, *Clinical Interviewing*. The student must submit a video recorded interview to the course instructor by a specified date. The video will be evaluated to determine whether a satisfactory skill level is demonstrated by the student.



## Clinical Interviewing Probe

Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Passing Performance:

\_\_\_ Yes, Passing and ready for practica level training in Clinical Interviewing

\_\_\_ No, Not passing and in need of remediation

If this is a repeat administration of probe, administration number (circle): 2 3 4

Evaluating Faculty Member: \_\_\_\_\_ Faculty

Signature: \_\_\_\_\_

The student will create three 45 minute videos with a volunteer. From that recording they will transcribe at least 45 minutes worth of video (in 1 to 4 clips), label the skills for each of their own verbalizations, self-evaluate accurately on their impression of their skill and client response. Students will also self-evaluate on each of the skills below with commentary. Student must pass each aspect of the probe.

Clinical Interviewing Skill	Not passing- in need of additional training	Early novice- minimally passing	At expectations for pre-practica passing	Exceeds pre- practica level expectations
<b>Consistent use of correct spelling/grammar with writing style commensurate with doctoral training.</b> Transcriptions of client meetings are accurate and complete.	Substantial writing or transcription errors which negatively impact the clarity and meaning of writing	Substantial (More than 20) writing or transcription errors, meaning of writing is generally intact	Minimal (15-20) writing or transcription errors, no substantial clarity problems	Minimal (less than 15) writing or transcription errors, clear writing style
<b>Ability to accurately label one's own clinical interview transcript with skill labels.</b>	Less than 85% accuracy	85-90% accuracy	90-95% accuracy	+95% accuracy
<b>Accurate self-assessment of transcript and overall skills.</b>	Inaccurate or missing self-assessment, especially if significantly overestimating abilities	Most of self-assessment is accurate	Consistent accuracy in self-assessment	Accurate and gracious self-assessment with an eye towards growth and learning
<b>Ability to utilize reflection skills for majority of student utterances with clients.</b> Student demonstrates overall ability to reflect content/ restatement, reflect emotion,	Too few reflection skills in video	Minimally acceptable utilization of reflection skills	Utilization of reflection skills at the level of the client's need and ability to communicate	Advanced use of reflection skills that advances the conversation beyond the client's ability to communicate

and use open questions.				
<b>Judicious use of leading or closed questions.</b> Student should avoid asking leading questions except when necessary to redirect from tangential conversations. Students should not use closed questions unless they are essential restatements.	Too few or too many questions	In need of improvement on use of questions	Sparing use of leading or closed questions	Few if any inappropriate closed or leading questions
<b>Reflective listening of client emotions.</b> Student consistently engages in repeating or rephrasing of the client's statements, including an explicit identification of the client's feelings. The feelings may have been stated by the client or the student may infer the feelings from the client's nonverbal behavior, the context, or the content of the client's message.	Distracted from emotion or redirected emotional content	Some reflection with few distractions	Reflection of client emotions at client's level of understanding	Reflection of client multifaceted emotions beyond client's understanding
<b>Ability to challenge client perspective.</b> Points out discrepancies, contradictions, defenses, or irrational beliefs the client is unaware of, unable to deal with, or unwilling to change.	No observed attempt to challenge client perspective	Able to point out a discrepancy to client	Point out discrepancy with proper tact, timing and dosage	Address challenge in a way that assists the client in a deeper emotional or cognitive awareness of their problem
<b>Ability to provide appropriate immediacy intervention.</b> Student addresses feelings between self and the client, or about the therapeutic relationship, within the context of the session.	No observed attempt to provide immediacy intervention	Able to disclose own immediate feelings in relation to the client	Able to address immediate feelings in relation to the client with proper tact and timing	Offer immediacy in a way that assists in bringing the client to the here and now
<b>Ability to provide interpretation.</b> Goes beyond what the client has overtly stated or recognized	No observed attempt to provide an interpretation	Able to make connections beyond what the client has stated	Able to make connections beyond what the client has stated, helping the client to see	Address interpretation in a way that assists the client in making deeper

and gives a new meaning, reason, or explanation. Makes connections between seemingly isolated statements or events; points out themes or patterns in the client's behavior or feelings.			the problem in a new way	connections and giving new framework to client behaviors, thoughts or feelings
<b>Student activity level.</b> Students' verbal activity is reflective of client's level within the range of expectations of a therapist.	Student speaks too often, or not often enough.	Student is speaking too often or not enough at times	Student verbal activity is what is needed to communicate attentive reflective listening towards client	Activity level used to assist client in deeper experience and exploration
<b>Non-verbal communication.</b> Student's voice tone, body position, eye contact, and movement are appropriate for their professional role, the client, and the session.	Student has closed or inhospitable nonverbal communication	Student has some points of closed or distracting nonverbal communication but typically open and not distracting	Student rarely has distracting non-verbal communication.	Student is consistently open and inviting in nonverbal communication
<b>Ability to respond appropriately to client interpersonal style.</b> Student understands client interpersonal style and adjusts listening skills to the natural communication style of the client.	Student not able to adjust to clients' interpersonal style throughout sessions	Some difficulty responding to clients' interpersonal style but usually mirroring client need	Mirroring the need of the client in terms of interpersonal style and containing any difficult interpersonal issues with client	Ability to use own interpersonal style to assist client in more healthy way of conversing with the therapist
<b>Ability to understand client's identity in terms of diversity.</b> Understanding who the client is in terms of aspects of diversity, evidenced in written reflection on the case and/or adequate application in interventions with client. Discussion of case reflects an adequate understanding of how diversity might influence interventions with	Diversity not addressed in probe write up.	Able to discuss and reflect on one aspect of client's diversity in the probe write up, but not addressed in meetings with client	Able to discuss and reflect on multiple aspect of client's diversity in the probe write up and/or in meetings with client.	Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings, while being able to explore most relevant aspects of client diversity in session.

volunteer, including religion, ethnicity, race, sexual orientation, gender, SES, ability, etc.				
<b>Intentional session management to meet exploratory goals.</b> Student is able to explore topics relevant to the session themes, such as client background, family, health, spirituality, diversity, problems, coping, and life goals.	Consistent inability to manage session	Usually able to explore with client, with occasional divergence	Able to explore most relevant aspects of client's life using reflective listening skills	Able to thoroughly explore various relevant aspects of client life utilizing listening skills in a non-directive style
<b>Deportment.</b> Understands how to conduct oneself in a professional manner.	Consistent problems with professional manner	Usually professional, with minor divergence	Able to interact in a consistent professional manner	Consistently professional even in situations that are difficult to maintain professional demeanor
<b>Accountability and reliability</b>	Difficulty with being on time, responsible, and follow through with logistics	Usually responsible, with minor divergence	Responsible and accountable	Exceptionally responsible and reliable in all interactions with client, peers and supervisors
<b>Participation in Supervisory Relationship</b>	Difficulty with being straightforward, truthful and respectful with supervisors	Usually straightforward, truthful and respectful with few exceptions	Demonstrates straightforward, truthful, and respectful communication	Demonstrates exceptional relationship with supervisors

Comments on student strengths and weaknesses relevant to readiness for practica training:



If not passing, describe specific remediation plan with learning activities and due dates:

**Probe Worksheet: Self-evaluation on the skills**

**Give a description of your self-evaluation of your skills at this point in your training.**

Clinical Interviewing Skill	Self-evaluation
<p><b>Ability to accurately label one’s own clinical interview transcript with skill labels</b></p>	
<p><b>Accurate self-assessment of transcript and overall skills</b></p>	
<p><b>Ability to utilize reflection skills for majority of student utterances with clients</b> Students overall ability to reflect content/ restatement, reflect emotion, and use open questions</p>	
<p><b>Judicious use of leading or closed questions.</b> Students should avoid asking leading questions except when necessary to redirect from tangential conversations. Students should not used closed questions unless they are essential restatements.</p>	
<p><b>Reflective listening of client emotions.</b> A <i>repeating</i> or rephrasing of the client’s statements, including an explicit identification of the client’s feelings. The feelings may have been stated by the client or the helper may infer the feelings from the client’s nonverbal behavior, the context, or the content of the client’s message.</p>	
<p><b>Ability to challenge client perspective.</b> Points out <i>discrepancies</i>, contradictions, defenses, or irrational beliefs the client is unaware of, unable to deal with, or unwilling to change.</p>	
<p><b>Student activity level.</b>  Students’ verbal activity is reflective of client’s level within the range of expectations of a therapist.</p>	
<p><b>Non-verbal communication</b>  Students voice tone, body position, eye contact, movement.</p>	

<p><b>Ability to respond appropriately to client interpersonal style</b></p> <p>Student understands client interpersonal style and adjusts listening skills to the natural communication style of the client.</p>	
<p><b>Ability to address diversity awareness</b></p> <p>Student understands the interpersonal dynamic of the dyad of therapist-client in terms of diversity both in their written reflection on the case and in meeting with the client</p>	
<p><b>Ability to understand client’s identity in terms of diversity</b></p> <p>Reflecting and understanding who the client is in terms of aspects of diversity. This includes religion, ethnicity, race, sexual orientation, gender, SES, ability, etc.</p>	
<p><b>Intentional session management to meet exploratory goals</b></p> <p>Student is able to explore client background, family, health, spirituality, diversity, problems, coping, and life goals.</p>	
<p><b>Department</b></p> <p>Understands how to conduct oneself in a professional manner</p>	
<p><b>Accountability and reliability</b></p>	
<p><b>Participation in Supervisory Relationship</b></p>	



## PSYCHOPATHOLOGY PROBE

The psychopathology probe is assessed in PSY 638: *Clinical Psychopathology*. It is designed to evaluate the student's knowledge of current diagnostic classification systems. Students are assessed on their ability to identify appropriate DSM 5-TR and ICD diagnoses from a case example. The student must delineate the specific criteria met by a case example and explain why plausible differential diagnoses do not apply to the case. An emphasis on hierarchy and parsimony is reflected by the inclusion of penalty scores for unnecessary or unsupported diagnoses. The probe is scored using the following standard rubric.

- List the correct diagnoses using DSM 5-TR and ICD Codes
- List the diagnostic criteria evidenced in the case with examples from the vignette.
- List other potential diagnoses that should be considered.
- Indicate why competing diagnoses are not supported.

Successful completion of the probe requires a grade of B (83%) or better. The grade will be assigned using a standard scoring rubric designed for the case summary.



PSY 638 Psychopathology Probe:

Case of \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Year/Semester: \_\_\_\_\_

Passing Performance: \_\_\_ Yes \_\_\_ No Date of Review: \_\_\_\_\_

**Total Points Obtained: \_\_\_\_\_ (out of 100 possible)**

**If this is a repeat administration of probe, administration number (circle): 2 3 4**

**Evaluating Faculty Member: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_**

Score:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_ Total Score: \_\_\_\_\_

Probe Checklist: Your final grade is worth 100 points and will be based on the following:

**A. Identify and list the correct DSM 5-TR diagnoses/ICD-10 Codes. It is possible to have more than one diagnosis. Do not include rule-out diagnoses. Make your diagnoses as specific as possible; using any necessary specifiers when indicated. Do not provide a diagnostic rationale for your decisions on this item. (40 pts)**

**B. List the specific data points from the vignette that support your diagnoses. Do not simply recite the diagnostic criteria. Illustrate how the criteria are met by citing aspects of the case which indicate diagnostic criteria have been met. (20 pts)**

**C. List other diagnostic possibilities (DSM-5-TR and ICD-10) that were suggested as potential rule-outs given the limited information available for this case. Do not be over-inclusive. If there is not a rationale to support listing a specific differential diagnosis as a rule-out, do not list it. Points will be deducted from your score for providing differential diagnoses that lack any support. Do not provide a diagnostic rationale for your decisions on this item. (20 pts)**

**D. List your reasons (rationale) for considering but rejecting the alternative diagnoses you listed at this time given the information available in the vignette. (20 pts)**

## INTELLIGENCE TESTING PROBE

The intelligence testing probe is assessed in PSY 725: *Intelligence Testing and Psychometrics*. It assesses on the student's ability to correctly administer and score a key intelligence test: the Wechsler Adult Intelligence Scale. Students must be available to perform a demonstration of the current version of the WAIS administration at times specified by the course instructor. The instructor may elect to have students submit a videotaped administration of these tests. Students are expected to follow instructor instructions regarding obtaining a volunteer for testing. This is a mastery based probe; all students must demonstrate a 90% success rate to pass.

*Note: It is unethical for students to disclose to the subject any information about the results of a testing administered during the training process. Potential subjects should be informed that the administrator will not be able to provide them with such feedback.*



Doctoral Program in Clinical Psychology (PSY.D.)

### Intelligence Testing Probe: WAIS

Student Name: \_\_\_\_\_  
 Student ID: \_\_\_\_\_  
 Year/Semester: \_\_\_\_\_  
 Date: \_\_\_\_\_

If this is a repeat administration of probe, administration number (circle): 2 3 4

Total Points: \_\_\_\_\_ Overall Percentage: \_\_\_\_\_ Performance:  Pass  Fail

Evaluator: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_

Category/Subtest	Criteria Met	Applicable Criteria
Introduction		
Block Design		
Similarities		
Digit Span		
Matrix Reasoning		
Vocabulary		
Arithmetic		
Symbol Search		
Visual Puzzles		
Information		
Coding		
L-N Sequencing		
Figure Weights		
Comprehension		
Cancellation		
Picture Completion		
Scoring/Administration		
<b>TOTAL</b>		
<b>COMPOSITE SCORE</b>		

**Overall Performance:** \_\_\_\_\_ PASS (90%)  
 \_\_\_\_\_ Partial Re-administration/Remediation  
 \_\_\_\_\_ Full Re-administration Necessary

Date of Feedback:



1. Completes identifying information on front of record form before beginning test (must be included in video).	Yes No N/A	
2. Makes sure appropriate environment is present in testing room • e.g., adequately lighted, free of distracters, appropriate work space and seating	Yes No N/A	
3. Keeps manual and unused test materials out of examinee's sight. a. Manual arranged based on examiner's hand preference (p. 24-25) b. Response form either in lap or behind manual c. Materials are easily attained during testing	Yes No N/A	
4. Facilitates client investment in testing • assesses examinee's perception of testing, corrects misconceptions, appropriately addresses concerns, paces testing according to client's physical needs/attention level, use of rapport building skills	Yes No N/A	
5. Verbatim presentation of introductory remarks before starting testing (pg 63).	Yes No N/A	
<b>Number of Criteria Met</b>	<b>Total Applicable Criteria</b>	

1. Verbatim presentation of directions. • Turns blocks to show different sides as instructions are read • Correctly assembles and presents the Sample item • Gives blocks to subject to reproduce model	Yes No N/A	
2. Follows starting rules: • Begins with item #5 • If subject fails Trial 1 of item #5 or #6, administer items 1-4 in reverse sequence until two consecutive items receive a score of 2.	Yes No N/A	
3. Appropriate management of inadequate responses. • When time limit exceeded, allows only a few seconds in order to maintain rapport and interest	Yes No N/A	
4. Correct administration throughout the test • Scramble blocks for each item before presenting model or stimulus card • Place model/stimulus card in appropriate position in regard to subject's preferred hand. • On each item, blocks are presented with a variety of sides facing up. 4 block designs→only 1 red/white facing up 9 block designs→only 2 red/white facing up	Yes No N/A	
5. Correct Recording of Responses • Records responses verbatim. • Circle correct score • Sketch incorrect design on record form. • Correctly records time/score for each item.	Yes No N/A	
6. Discontinues subtest following 2 consecutive 0-point scores.	Yes No N/A	
<b>Number of Criteria Met</b>	<b>Total Applicable Criteria</b>	

<b>1. Verbatim presentation of directions.</b> <ul style="list-style-type: none"> <li>• Verbatim presentation of sample item</li> <li>• Continues appropriate instructions for each item</li> </ul>	Yes No N/A	
<b>2. Follows starting rules:</b> <ul style="list-style-type: none"> <li>• Begins with item #4</li> <li>• Error pointed out if subject fails #4 or #5</li> <li>• If a score of 0 or 1 are obtained on item #4 or 5, Items #1-5 administered in reverse order until 2 consecutive items are passed</li> <li>• Corrective feedback given on items 4 and 5 if incorrect</li> </ul>	Yes No N/A	
<b>3. Appropriate management of inadequate responses.</b> <ul style="list-style-type: none"> <li>• Appropriately query responses that are unclear as directed in the manual.</li> <li>• If subject gives incorrect responses in addition to correct one, ask, "Which one is it?"</li> </ul>	Yes No N/A	
<b>4. Records responses verbatim.</b>	Yes No N/A	
<b>5. Discontinues after 3 consecutive zero-point responses.</b>	Yes No N/A	
<b>Number of Criteria Met</b>	<b>Total Applicable Criteria</b>	

<b>1. Verbatim presentation of directions.</b>	Yes No N/A	
<b>2. Each item presented correctly and clearly with appropriate rate and volume.</b> <ul style="list-style-type: none"> <li>• Digits read at approximate rate of one digit per second with voiced dropped on last digit of each series</li> <li>• Quality of eye contact held constant: if examiner looks away from examinee when reading digits then eye contact is not made when examinee is responding. Items are not repeated</li> </ul>	Yes No N/A	
<b>3. Both trials of each administered item are presented.</b>	Yes No N/A	
<b>4. Sample item and appropriate feedback given on Backward and Sequencing. Same format as forward (see row #2)</b>	Yes No N/A	
<b>5. Discontinues subtest following failure on both trials of an item for each section.</b>	Yes No N/A	
<b>Number of Criteria Met</b>	<b>Total Applicable Criteria</b>	

<b>1. Verbatim presentation of directions.</b> <ul style="list-style-type: none"> <li>• Instructions &amp; feedback for sample items presented verbatim</li> <li>• Instructions for items 1-26 presented verbatim (or eliminated, as directed)</li> </ul>	Yes No N/A	
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<ul style="list-style-type: none"> <li>Administers 2 sample items correctly</li> <li>Follows sample items with item #4</li> </ul>		
<b>2. Follows starting rules:</b> <ul style="list-style-type: none"> <li>If subject scores 0 on either item #4 or 5 then items #1-3 are administered in reverse order until 2 consecutive correct responses are obtained</li> </ul>	Yes No N/A	
<b>3. Prompts with "Do you have an answer?" after 30 seconds.</b> <b>a. Grant extra time if the examinee has established a pattern of delayed responses.</b>	Yes No N/A	
<b>4. Correctly denotes responses on record form.</b>	Yes No N/A	
<b>5. Discontinues subtest following scores of 0 on 3 consecutive items.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

<b>1. Verbatim presentation of directions.</b>	Yes No N/A	
<b>2. Follows starting rules:</b> <ul style="list-style-type: none"> <li>Begins with item #5</li> <li>Places stimulus book, open to item # 5, in front of subject</li> <li>If items #5 or 6 are failed administer items 1-4 in reverse order until 2-point scores are obtained on 2 consecutive items</li> </ul>	Yes No N/A	
<b>3. Each item is administered &amp; pronounced correctly.</b> <b>a. Point to each word and say the word and point</b> <b>b. Following the first 2 items, corrective feedback is given as stated in the manual</b>	Yes No N/A	
<b>4. Appropriate management of inadequate responses.</b> <ul style="list-style-type: none"> <li>Querying 0 or 1 point responses if manual so indicates</li> <li>If response is difficult to score, make a neutral inquiry such as "Tell me more about it" or "What do you mean"</li> </ul>	Yes No N/A	
<b>5. Records responses verbatim.</b>	Yes No N/A	
<b>6. Discontinues subtest following 3 consecutive 0-point scores.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

<b>1. Verbatim presentation of directions.</b> <ul style="list-style-type: none"> <li>Correctly administers the sample item verbatim</li> <li>Repeats whole problem when asked for clarifications</li> </ul>	Yes No N/A	
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<b>2.Follows starting rules:</b> <ul style="list-style-type: none"> <li>Begins with item #6</li> <li>If score of 0 is obtained on either Item #6 or #7, administer items #1-5 in reverse sequence until 2 consecutive correct scores are obtained.</li> </ul>	Yes No N/A	
<b>3.Correctly Records Responses</b> <ul style="list-style-type: none"> <li>Records correct time for each item.</li> <li>Records examinee’s response.</li> </ul>	Yes No N/A	
<b>4.Refrains from giving additional information or asking leading questions.</b> <ul style="list-style-type: none"> <li>When repetition needed, repeats item only once (best practice is to note them (R) for behavioral observations)</li> </ul>	Yes No N/A	
<b>5.Discontinues subtest following 3 consecutive 0-point scores.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

<b>1.Verbatim presentation of directions.</b> <ul style="list-style-type: none"> <li>Correctly demonstrates sample and demonstration items while reading instructions verbatim.</li> <li>Correctly administers practice items, giving subject appropriate feedback.</li> </ul>	Yes No N/A	
<b>2.Follows starting rules:</b> <ul style="list-style-type: none"> <li>Opens response booklet to first two pages, reads instructions verbatim and briefly shows pages 4-7 to subject.</li> <li>Provides pencil w/o eraser (extra pencil available)</li> <li>Does not proceed until subject clearly understands task.</li> <li>Provides correction as needed as stated in the manual p. 134</li> </ul>	Yes No N/A	
<b>3.Correctly records the raw score</b> <ul style="list-style-type: none"> <li>Subtracts the number incorrect from the number correct</li> </ul>	Yes No N/A	
<b>4.Times responses correctly.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

<b>1. Verbatim presentation of directions.</b>	Yes No N/A	
<ul style="list-style-type: none"> <li>• Instructions &amp; feedback for sample items presented verbatim</li> <li>• Instructions for items 1-26 presented verbatim (or eliminated as indicated in the manual)</li> <li>• Administers demonstration and sample items correctly</li> </ul>		
<b>2. Follows starting rules:</b>	Yes No N/A	
<ul style="list-style-type: none"> <li>• Follows sample items with item #5</li> <li>• If subject scores 0 on either item #5 or 6 then items #1-4 are administered in reverse order until 2 consecutive correct responses are obtained</li> </ul>		
<b>3. Prompts with “Do you have an answer?” after 10 seconds (on item 5), 10 seconds (on item 6-7), and 20 seconds (on items 8-26).</b>	Yes No N/A	
<b>4. Correctly denotes responses on record form.</b>	Yes No N/A	
<b>5. Correctly times subject and moves them along after the designated time period by saying, “Let’s try another one.”</b>	Yes No N/A	
<b>6. Discontinues subtest following scores of 0 on 3 consecutive items.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

<b>1. Verbatim presentation of directions.</b>	Yes No N/A	
<b>2. Follow starting rules:</b>	Yes No N/A	
<ul style="list-style-type: none"> <li>• Begins with item #3</li> <li>• If subject scores 0 on item# 3 or #4 then Items #1-2 are administered in reverse order until 2 consecutive scores of 1 are obtained</li> <li>• Corrective feedback is provided for incorrect answers on items 3-4</li> </ul>		
<b>3. Unclear responses appropriately queried as indicated in the manual.</b>	Yes No N/A	
<b>4. Records each response verbatim.</b>	Yes No N/A	
<b>5. Discontinues subtest following 3 consecutive 0-point scores.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

<b>1. Verbatim presentation of directions</b> <ul style="list-style-type: none"> <li>• Correct feedback given to subject on sample responses</li> <li>• Demonstration and Sample items correctly administered</li> </ul>	Yes No N/A	
<b>2. Follows starting rules:</b> <ul style="list-style-type: none"> <li>• Record form folded so only Coding section is visible</li> <li>• Subject given a #2 pencil without eraser (have another pencil available)</li> </ul>	Yes No N/A	
<b>3. Appropriate pacing/timing of subject.</b> <ul style="list-style-type: none"> <li>• Correct timing of subject: timing starts immediately after instructions have been read, stopping at 120 seconds</li> <li>• If subject skips items in second row→<i>"Do them in order, don't skip any"</i> and point to omitted item <i>"Do this one next"</i></li> </ul>	Yes No N/A	
<b>4. Records number of items correctly completed in 120 seconds.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

<b>1. Verbatim presentation of directions.</b> <b>a. Administers demonstration and practice items, correcting subject's errors as necessary.</b>	Yes No N/A	
<b>2. Follow starting rules:</b> <ul style="list-style-type: none"> <li>• Begins with item #1</li> </ul>	Yes No N/A	
<b>3. Appropriate Administration.</b> <ul style="list-style-type: none"> <li>• Reads each item verbatim, in a clear voice.</li> <li>• Reads each letter and number at the rate of approximately one per second.</li> </ul>	Yes No N/A	
<b>4. Records responses verbatim.</b>	Yes No N/A	
<b>5. Discontinues subtest after all 3 trials of one item are failed.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

Figure Weights	Criteria Met	Comments
<b>1. Verbatim presentation of directions.</b> <ul style="list-style-type: none"> <li>• Instructions &amp; feedback for sample items presented verbatim</li> <li>• Instructions for items presented verbatim initially, but shortened as outlined in the manual as appropriate.</li> <li>• Administers demonstration and sample items correctly</li> <li>• Follows sample items with item #4</li> </ul>	Yes No N/A	
<b>2. Follows starting rules:</b> <ul style="list-style-type: none"> <li>• If subject scores 0 on either item #4 or 5 then items #1-4 are administered in reverse order until 2 consecutive correct responses are obtained</li> </ul>	Yes No N/A	
<b>3. Prompts with “Do you have an answer?” after 10 seconds (on items 1-12) and 30 seconds (on items 13-27), Grant extra time if the examinee has established a pattern of delayed responses.</b>	Yes No N/A	
<b>4. Correctly times subject for each item. Cue the examinee on by saying, “Let’s try another one.”</b>	Yes No N/A	
<b>5. Correctly denotes responses on record form.</b>	Yes No N/A	
<b>6. Discontinues subtest following scores of 0 on 3 consecutive items.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

Comprehension	Criteria Met	Comments
<b>1. Verbatim presentation of directions.</b>	Yes No N/A	
<b>2. Follows starting rules:</b> <ul style="list-style-type: none"> <li>• Begins with item #3</li> <li>• Items #1-2 administered in reverse order until 2 consecutive items are passed with perfect score</li> </ul>	Yes No N/A	
<b>3. Appropriate management of inadequate responses.</b> <ul style="list-style-type: none"> <li>• Asks for second reason on Items 5, 8, 9, &amp; 10 if and only if one correct reason is first provided by subject.</li> <li>• Correctly queries unclear responses as indicated by manual.</li> <li>• Encourages hesitant subjects as manual indicates and records response followed by a Q.</li> </ul>	Yes No N/A	
<b>4. Records responses verbatim.</b>	Yes No N/A	
<b>5. Discontinues subtest following 3 consecutive 0-point scores.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

Cancellation	Criteria Met	Comments
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<b>1. Verbatim presentation of directions</b> <ul style="list-style-type: none"> <li>Demonstration and Sample items correctly administered for both items</li> </ul>	Yes No N/A	
<b>2. Follows starting rules:</b> <ul style="list-style-type: none"> <li>Record form shown so only appropriate section is visible</li> <li>Subject given a #2 pencil without eraser (have another pencil available)</li> <li>Correct feedback given to subject on sample responses</li> </ul>	Yes No N/A	
<b>3. Appropriate pacing/timing of subject.</b> <ul style="list-style-type: none"> <li>Correct timing of subject: timing starts immediately after instructions have been read, stopping at 45 seconds</li> <li>If subject marks a shape with anything other than a line, or skips rows, goes in reverse order, or only completes half of the page correct them as stated in the manual for both items P. 195-197</li> </ul>	Yes No N/A	
<b>4. Records number of items correctly completed in 45 seconds for each item.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

<b>Picture Completion</b>	<b>Criteria Met</b>	<b>Comments</b>
<b>1. Verbatim presentation of directions.</b> <ul style="list-style-type: none"> <li>Verbatim presentation at the beginning</li> <li>Asks "Now what's missing on this one" may be shortened <u>or</u> eliminated when task is clearly understood</li> </ul>	Yes No N/A	
<b>2. Follows starting rules:</b> <ul style="list-style-type: none"> <li>Begins with item #4</li> <li>Error pointed out if subject fails #4 or #5</li> <li>Items #1-3 administered in reverse order until 2 consecutive items are passed</li> <li>Corrective feedback is provided on items # 4-5 if an incorrect response is given</li> </ul>	Yes No N/A	
<b>3. Appropriate management of inadequate responses.</b> <ul style="list-style-type: none"> <li>Object merely named → State "Yes, but what's missing?" one time during testing.</li> <li>Nonessential part identified → State, "Yes, but what is the most important part missing?" one time during the testing.</li> <li>Subject mentions something missing which is off the page → State "Something is missing in the picture. What is it that is missing?" only one time during the testing.</li> <li>Unclear responses → State "Show me where you mean?"</li> </ul>	Yes No N/A	
<b>4. Maximum of 20 seconds allowed for each response.</b>	Yes No N/A	
<b>5. Refrains from giving additional information or asking leading questions.</b>	Yes No N/A	
<b>6. Records responses verbatim.</b>	Yes No N/A	
<b>7. Discontinues subtest following 4 consecutive 0-point scores.</b>	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

<b>Scoring/General Administration</b>	<b>Criteria Met</b>	<b>Comments</b>
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1. Test supplies organized so that no more than 15 seconds are spent at any one time retrieving materials.	Yes No N/A	
2. Spends no more than 15 seconds at any one time reading directions to self or locating place in manual while subject waits.	Yes No N/A	
3. Attends to subject's spontaneous comments and makes 'process' notations.	Yes No N/A	
4. Attends to subject's level of energy/fatigue, allows breaks if necessary.	Yes No N/A	
5. Avoids making evaluative comments or engaging in superfluous conversation.	Yes No N/A	
6. Praises subject for effort without disclosing correctness/incorrectness of responses unless explicitly so instructed in manual.	Yes No N/A	
7. Record form, manual and unused test materials kept out of subjects view.	Yes No N/A	
8. Correctly scores each item.	Yes No N/A	
9. Correctly calculates subtest raw scores.	Yes No N/A	
10. Correctly calculates subtest scaled scores.	Yes No N/A	
11. Correctly calculates IQ and Index scores.	Yes No N/A	
12. Correctly calculates mean subtest scores.	Yes No N/A	
13. Identifies strengths and weaknesses correctly, using correct mean (Full vs V/P) subtest score.	Yes No N/A	
14. Correctly enters data into all tables and correctly calculates all score discrepancies. Including the following. -Calculates age correctly -Optional Procedures table correctly completed -Graphs correctly	Yes No N/A	
15. Record form completed legibly.	Yes No N/A	
<b>Number of Criteria Met:</b>	<b>Total Applicable Criteria:</b>	

## PERSONALITY ASSESSMENT PROBE

The personality assessment probe is administered in PSY 726: *Personality Assessment and Psychometrics*. The personality assessment probe requires the student to competently complete two integrated interpretations of a testing case in which test data are provided from a current version of the MMPI and another psychological assessment. This is an open-book time-limited examination. The student must complete a comprehensive interpretation that addresses a range of specified personality domains. This is typically 3 or 4 pages in length. The second interpretation is a one-paragraph condensed summary, which is organized to answer a referral question provided in the case's background information. The student must obtain a grade of at least B (83%) to pass the probe.



PERSONALITY ASSESSMENT PROBE  
Doctoral Program in Clinical Psychology

Student Name: \_\_\_\_\_

Semester: \_\_\_\_\_

Passing Performance: \_\_\_ Yes \_\_\_ No

Date of Review: \_\_\_\_\_

Total Points Obtained: \_\_\_\_\_ (out of 175) Overall Percentage: \_\_\_\_\_

If this is a repeat administration of probe, administration number (circle): 2 3 4

Evaluating Faculty Member: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

SCORING RUBRIC

A). Interpretative Summary[120 points]: Communicate in written document (2-5 pages) the findings of the assessment in an accurate and comprehensive interpretive summary. The interpretation will be evaluated on the following criteria:

- [10 points] Writing Style & Mechanics  
 \_\_\_ Professional language free of grammatical/spelling errors [5 points]  
 \_\_\_ Organized into coherent paragraphs [5 points]
- [30 points] MMPI Analysis  
 \_\_\_ accurate validity assessment [10 points]  
 \_\_\_ interpretation of assessment results follows current research and professional standards [23 points]
- [25 points] MCMII Analysis  
 \_\_\_ interpretation of assessment results follows current research and professional standards [22 points]  
 \_\_\_ accurate validity assessment [5 points]
- [5 points] Diversity/Individual Differences  
 \_\_\_ Consideration of client diversity & other sources of individual differences impacting normative interpretation [5 points]
- [25 points] Diagnostic Impression/Summary arising from Testing  
 \_\_\_ Plausible diagnoses informed by assessment results [10 points]  
 \_\_\_ Relative likelihood of diagnoses indicated [5 points]  
 \_\_\_ Important diagnostic rule-outs eliminated [10 points]
- [15 points] Treatment Recommendations Indicated from Testing  
 \_\_\_ Interpretation of results follows current research and professional standards to inform recommendations [5 points]  
 \_\_\_ Suggested treatment modality/goals and likely response to treatment discussed [5 points]  
 \_\_\_ Adjunctive recommendations provided when indicated [5 points]
- [10 points] Synthesis/Integration Skills  
 \_\_\_ Written report is informative, well integrated, and organized around domains of functioning [5 points]  
 \_\_\_ Overall structure of report and summary comments written to answer referral questions [5 points]

B). Integrated Paragraph [50 points]: Write a 1 paragraph integrative summary of the testing focusing on the referral question.

- [20 points] \_\_\_ Findings Organized to Answer Referral Question
- [10 points] \_\_\_ Key Rival Hypothesis Addressed
- [10 points] \_\_\_ Writing Style and Mechanics
- [10 points] \_\_\_ Synthesis/Integration Skills  
 \_\_\_ Individual assessment sources appropriately harmonized into topical discussions of referral question [5 points]  
 \_\_\_ Different testing used to more thoroughly answer referral question [5 points]

## TREATMENT PLANNING PROBE

The treatment planning probe assesses the student's ability to formulate a feasible, competent and empirically based treatment plan for a case preferably drawn from the student's practica experience. The probe is administered in PSY 732: *Clinical Assessment and Treatment Planning*. The treatment plan must include the elements outlined in the probe criteria sheet. The student should utilize evidenced-based interventions consistent with the scope of Health Service Psychology whenever possible in their treatment planning. When this is not possible or appropriate, the student's treatment plan must reflect adequate clinical problem solving skills informed by the science of clinical psychology. The student must also address the client's spiritual/religious functioning and utilize adjunctive spiritual/religious interventions if appropriate. The treatment plan must be submitted in the form of a paper following the specifications provided by the PSY 732 instructor (see syllabus). The probe must be passed with a score  $\geq$  B, at least 83%.

TREATMENT PLANNING PROBE

Doctoral Program in Clinical Psychology



Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_

Year/Semester \_\_\_\_\_

Evaluating Instructor: \_\_\_\_\_

Probe Passing: \_\_\_ Yes \_\_\_ No

Total Points Obtained: \_\_\_\_\_

Overall Percentage: \_\_\_\_\_

If this is a repeat administration of probe, administration number (circle): 2 3 4

Instructor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Scoring Rubric

CONCEPTUALIZATION

\_\_\_\_\_ Treatment plan Informed by Adequate Conceptualization (27 points)

*Background:* Thorough and fits with rest of the paper

- *Diagnosis:* Adequate, well-supported diagnosis provided
- *Formulation:* Treatment plan follows impressions/conclusions that coherently and plausibly explain the clinical problem from an identified theoretical perspective. Such formulations will address the following areas:
  - Relevant Etiology
  - Maintaining Factors
  - Liabilities
  - Coping Resources
- *Prognosis:* Treatment is tailored to anticipate client's likely response to treatment

CLINICAL FOCUS

\_\_\_\_\_ Clinical Focus of Treatment plan is sufficiently specified (25 points)

- *Goals:*
  - Goals are appropriate to case conceptualization
  - Goals are feasible and sufficient to address clinical problem
  - Goals conform to best-practice standards whenever possible
- *Objectives:*
  - Delineation of specific measurable objectives
  - Objectives adequately operationalize the treatment goals
- *Assessment:*
  - Assessments used to clarify treatment plan or assist with treatment
  - Implementation appropriate to relevant diversity characteristics of recipient
  - Assessment used to evaluate intervention effectiveness when appropriate
  - Assessment process adequately addresses client diversity
  - Process assessments utilized whenever possible/appropriate

## TREATMENT LOGISTICS

\_\_\_\_\_ Logistics of Treatment Plan is Delineated (18 points possible)

- *Clinician*: Type of clinician appropriate for case specified
- *Timing/Pacing/Frequency of Treatment*: Specify the scheduling of treatment
- *Context*: Identify the context in which treatment is to occur (e.g. inpatient)
- *Modality*: Identify the evidenced-based treatment modality (individual, group, family, couples, etc.)
- *Adjunctive Services*: Appropriate use of adjunctive services / incorporating other professions into treatment (e.g.) medication consultations, financial counseling, pastoral counseling).

## INTERVENTIONS

\_\_\_\_\_ Competent description of interventions used to achieve treatment goals/objectives informed by current scientific literature, diversity characteristics, and contextual variables (30 points)

Interventions delineated congruent with treatment goals

Interventions sufficiently detailed to implement (economical but thorough)

Interventions are empirically supported for use with client and presenting problem

Interventions are adapted for use when clear evidence base is lacking

## INTEGRATION

\_\_\_\_\_ Treatment Plan reflects Integration Competencies (10 points possible)

- Conceptualization consistent with both Christian worldview and clinical science
- Assessment of Religious/Spiritual functioning done whenever appropriate
- Treatment Goals and Objectives address religious/spiritual domain whenever appropriate
- Spiritual/Religious techniques included in intervention plan whenever appropriate
- Appropriate use of Religious/Spiritual resources as treatment adjuncts

## COMPOSITION QUALITY

\_\_\_\_\_ Writing style/Spelling/Grammar: Students are expected to write an essay commensurate with doctoral standing. While no added points are awarded for a well-written probe, penalties are assessed for poorly written essays.

(total possible penalty: 25 points)

- Spelling errors (penalty range: 1-10 points)
- Grammatical errors (penalty range: 1-10 points)
- Inappropriate writing style for task [unprofessional language or incorrect APA style] (penalty range 1 – 5 points)

## CASE PRESENTATION PROBE

The case presentation probe is evaluated in the doctoral practica class (PSY 733-737). Each student must successfully present a formulation of an actual clinical case derived from their practica experience for each semester of practica. This results in a total requirement of five successful case presentations during the first five semesters of practica (during the final semester of practica an advanced case presentation probe is completed). The case presentations are graded on a pass-fail basis. Students must sufficiently address each of the criteria for a passing performance on the probe. The case presentation must be free of identifying information that would compromise client confidentiality. A grade of B or higher (83%) is required for passing this probe.



CASE PRESENTATION PROBE

Doctoral Program in Clinical Psychology

Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Year/Semester: \_\_\_\_\_

Practica Section: \_\_\_\_\_ 733 \_\_\_\_\_ 734 \_\_\_\_\_ 735 \_\_\_\_\_ 736 \_\_\_\_\_ 737

Evaluating Instructor: \_\_\_\_\_ Total Percentage: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Students must meet minimum standards for passing this probe. A grade of B (83%) or higher is required.

A. Completeness of Case Presentation: (Instructor Rating)

- \_\_\_\_\_ Thorough coverage of all relevant domains (5)
- \_\_\_\_\_ Thorough coverage of most relevant domains, 1-2 covered only minimally (4)
- \_\_\_\_\_ Adequate coverage, but some domains covered only minimally (3)
- \_\_\_\_\_ Most relevant domains only covered minimally (2)
- \_\_\_\_\_ Inadequate coverage of one or two relevant domains (1)
- \_\_\_\_\_ Inadequate coverage of several relevant domains (0)

Domains

Identifying data included

- |                 |              |
|-----------------|--------------|
| Age:            | Gender:      |
| Ethnicity:      | Religion:    |
| Race:           | Nationality: |
| Marital Status: | Other:       |

- Statement of the problem
- History of Presenting Condition
- Psychosocial History [Family History/ Social History]
- Academic History
- Occupational history
- Spiritual assessment
- Prior/Other Psychological History
- Client's physical health & Medical History
- Sexual adjustment
- Substance use history
- Relevant Family Medical/Psychiatric History
- Mental status/Behavioral Observations
- Relevant and Accurate Testing Interpretation Provided



B. Diversity (Instructor Rating): Throughout the written and oral presentation, student must:

1. Demonstrate knowledge, awareness, sensitivity, and skills supported by recent literature when working with a variety of intersecting cultural and personal background and characteristics (including but not limited to: age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, socioeconomic status, as well as sociocultural or sociopolitical influences).
2. Clearly indicate an understanding of their own intersecting personal/cultural identities, attitudes, and biases and how these might affect how they understand and interact with their clients, administer interventions and/or assessment, provide overall treatment.
3. Articulate and explain theoretical and empirical knowledge base regarding addressing intersecting diversity variables.
4. Clearly communicate how they effectively worked with individuals whose intersecting identities or worldviews conflict with their own.

	Poor	Weak	Strong	Excellent	
0	1	2	3	4	5

C. Diagnostic Impression: (Instructor Rating)

\_\_\_ Complete, relevant, & plausible DSM 5-TR and ICD-10 diagnosis given and clearly supported by case presentation (5)

\_\_\_ Relevant & plausible primary diagnosis provided and supported by case presentation and criteria summary but at least some relevant diagnostic possibilities overlooked (4)

\_\_\_ Relevant & plausible primary diagnosis given but not clearly demonstrated in case presentation and criteria summary (3)

\_\_\_ Possible diagnosis provided but primary diagnosis overlooked (2)

\_\_\_ Only unsupported diagnosis provided (1)

\_\_\_ Inaccurate diagnosis provided (0)

D. Case Conceptualization: (Instructor Rating)

*Theoretical Orientation Specified by Student:* \_\_\_\_\_

\_\_\_ Case conceptualization is highly plausible, thorough, and rich explanation of the clinical and intersecting cultural and personal characteristics in the case using concepts from student's stated empirically supported theoretical approach. Treatment recommendations evidence effective application of evidence-based practice approach with explicit cultural considerations (5)

\_\_\_ Case conceptualization is consistent with stated theoretical approach but omits a few relevant key applications of the theory. Treatment recommendations evidence adequate application of evidence-based practice approach. (4)

\_\_\_\_ Case conceptualization provides a plausible but incomplete account of the clinical issues from the chosen theoretical perspective. Treatment recommendations evidence relevant but incomplete application of evidence based practice approach. (3)

\_\_\_\_ Case conceptualization provides a few plausible explanations of the clinical issues but only minimally incorporates concepts from stated theoretical perspective. Treatment recommendations evidences minimal application of evidence-based practice approach. (2)

\_\_\_\_ Case conceptualization provides little or no theoretical explanation of the clinical issues and little or no evidence of evidence-based practice approach in treatment planning. (1)

\_\_\_\_ Case conceptualization demonstrates an inaccurate understanding of concepts used from the chosen theoretical perspective, does not include an empirically supported theoretical orientation, or incorrect understanding of evidence-based practice in treatment planning. (0)

E. \_\_\_\_\_ Presentation Quality (*Instructor Rating*) Open to feedback, did not read presentation from notes, managed time well, addressed questions and discussion competently, presented in a profession manner, including professional attire.

	Poor	Weak	Strong	Excellent	
0	1	2	3	4	5

Total Score, Items A-E: \_\_\_\_\_ (25 possible) Percentage: \_\_\_\_\_

## INTEGRATED ASSESSMENT PROBE

The integrated assessment probe is evaluated during the first two semesters of practica placement in the PSC (PSY 733-734). *It is the student's responsibility to structure their caseload in a manner that will allow fulfillment of the probe requirements.* The student must submit responses on the probe evaluation form as well as a full assessment report to his/her clinical supervisor. This probe should be completed in conjunction with the practica student's 3<sup>rd</sup> full assessment case. The student will complete Section 1 within 1 week of completing the intake for the assessment case. The student should indicate the referral question(s), the five assessments which will be used (and the rationale for their selection), any other assessments that may be used (and the rationale for their selection). Additionally, the student will submit a copy of the intake note with Section 1. The student will conduct testing after this assessment list is approved. At the conclusion of testing the student will complete the full assessment report and submit it along with the testing data for review. The probe is deemed as passed when Sections 1 and 2 are marked as passed by the supervisor, approved by the student in Time2Track, and made available to the Director of Clinical Training. There is no minimum percentage expected for passing this probe. Students must sufficiently address each of the criteria for a passing performance on the probe.



INTEGRATED ASSESSMENT PROBE

Doctoral Program in Clinical Psychology

Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Year/Semester: \_\_\_\_\_

Evaluating Instructor: \_\_\_\_\_ Probe Passing: \_\_\_ Yes \_\_\_ No

If this is a repeat administration of probe, administration number (circle): 2 3 4

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***All of the following criteria must be satisfied to pass the probe.***

**SECTION 1 – Test Selection**

**List referral question(s):**

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\_\_\_ Yes \_\_\_ No Referral questions are clear and can be addressed through assessment

**List assessments and rationale / relation to referral question(s):**

**1. Cognitive**

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**2. Achievement**

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**3. Objective**

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**4. Projective**

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**5.**

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Yes  No Tests are selected that are appropriate for referral question

**Additional tests that will be used (and rationale)**

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**Additional tests that could be used (and rationale)**

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Yes  No Appropriate adjunctive testing is considered

## SECTION 2

### **Report Writing**

- Yes  No Reports are clear, coherent, and generally jargon-free
- Yes  No Reports are written in an ethical manner do not include unnecessary information
- Yes  No Reports are well-written, organized, and free of grammatical errors
- Yes  No Test scores and response examples are used appropriately to enhance the reader's understanding of material

### **Comprehensive**

- Yes  No Identifying information and the referral source are clearly identified
- Yes  No The purpose of the assessment is clearly stated
- Yes  No Relevant history and behavioral observations are included and clearly contextualized beyond just listing information
- Yes  No A clear summary integrates all the information to address the referral question(s)

### **Integration**

- Yes  No Cross-method interpretations are presented in an integrated manner
- Yes  No Conflicting findings are adequately addressed

### **Validity**

- Yes  No Symptom validity testing is included
- Yes  No Validity of test findings and quality of data are discussed

Yes  No Interpretations are consistent with empirical literature and clinical practice

Yes  No Assertions made are consistent with the data collected

Yes  No Interpretations are sensitive to issues of culture and diversity

Yes  No Diagnostic impressions and conclusions are reasonable based on data

### Recommendations

Yes  No Recommendations flow directly and logically from the data

Yes  No Recommendations are clear, specific, and reasonable

### Collaborative Assessment

Yes  No The report adequately addressed the referral question(s)

Yes  No The report is person-focused (rather than test-focused)

Yes  No Test results are presented clearly and specifically about the individual being assessed

Yes  No Report is prepared with considerations towards feedback

Considerations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## ADVANCED CASE PRESENTATION PROBE

**The Advanced Case Presentation Probe is evaluated in the 3<sup>rd</sup> year, summer, doctoral practica class (PSY 738). Each student must successfully present a formulation of an actual clinical case derived from their practica experience. Although similar to those case presentations submitted during PSY 733 – 737, the Advanced Case Presentation Probe is more extensive to allow the student to demonstrate a greater degree of skill at this advanced level. This presentation should include a written case study, a full case presentation using PowerPoint (or similar visual aids), and a brief summary of the case for non-mental health professional audiences. The written case presentation should be written with “comments” in a Word document where the student indicates which competencies they are addressing throughout the written case description. The case presentations are graded on a pass-fail basis. Students must sufficiently address each of the criteria for a passing performance on the probe. The case presentation must be free of identifying information which would compromise client confidentiality.**

ADVANCED CASE PRESENTATION PROBE PSY 738



Doctoral Program in Clinical Psychology

Student Name:
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This case would be presented in PSY 738, final semester of Intensive practica sequence. It would meet the requirements for PSY 738 practica class as well as the case presentation previously required as part of the Internship Readiness Portfolio. If an aspect of the case is not met in the written and oral presentation then the student will meet with the practica case instructor to review that aspect of the case and remediate the concern.

This presentation should include 1) a written case study, 2) a full (20 minute) case presentation, and 3) a brief (5 minute) summary of the case for non-mental health professional audiences. The written case presentation should be written with “comments” in a Word document where the student indicates which competencies they are addressing throughout the written case description. For example, when they describe community resources that could apply to the case they would add a comment for that sentence or paragraph that would say “Advocacy competency.”

The oral case presentation should be presented with the student weaving in the main ideas of the various competencies below centered around the conceptualization of the case. The students will decide how to address each aspect of the case and in what order that makes sense for their case. Students will present in the style of Grand Rounds, and typically utilize a Powerpoint or similar visual support for their presentation.

Competency	Check if met	Description of Requirement
Inter-professional skills		Ability to present a 20-minute summary of the full case for a mental health professional audience.
		Ability to present a 5-minute summary of the case for a non-mental health professional audience (e.g., medical doctor, college educated family member, parole officer, etc.).
Professionalism		Professional dress/ attire for presentation.
		Professional style of presentation, in keeping with common style for “grand rounds” presentation or similar formats.
		Ability to present case with minimal notes and engaging style of presentation.
		Self-reflection on case insightful yet professional
Relationship		Presented information on therapeutic alliance across the treatment.
		Attention to relational “tears” and “repairs” in treatment, adjustment of plans relevant to relationship factors.

		Evidence of collaboration with patient in treatment planning and implementation.
		Case includes any important relational concerns of the client to include familial, workplace, educational or peer relationships.

Assessment Skills		Use of appropriate assessment tools for the patient and setting.
		Presentation is inclusive of medical/health aspects of the patient and any contribution to mental health concerns
		Assessment integrated into conceptualization, treatment plan, diversity, and other aspects of case.
Theory/ Technique		Ability to conceptualize case from <b>two</b> empirically supported theoretical orientations.
		Ability to describe techniques within treatment consistent with theoretical conceptualization.
Treatment Planning		Intentional treatment planning parallel to rest of the case conceptualization.
Diversity		Diversity <u>integrated</u> into discussion of 1) treatment plan, 2) therapeutic relationship, 3) intersectional identity theory, 3) socio-cultural beliefs about psychological treatment, 4) client assessment, and 5) any other aspects relevant to consider for the case.
		Ability to discuss case inclusive of <u>various</u> (not just one) aspects of diversity unique to the client, and how those aspects <b>intersect</b> and affect the client and their presentation.
		Reflective discussion of therapist and patient diversity as an interaction within the clinical setting.
Christian Integration		Client religiosity addressed in conceptualization and treatment as fitting to the case.
		Meaningful self-reflection on the existential or faith lessons learned through the client's life situation and treatment.
Ethics		Discuss at least one ethical issue relevant to the case
Scientific Knowledge		Apply basic scientific research relevant to the client (e.g., epidemiology, course of disorder, correlates of the disorder, socio-cultural aspects of the disorder, etc.)
		Articulate and apply evidence basis for treatment to case
Leadership		Ability to address class and instructor questions relevant to the case from a place of authority about the case balanced with humility in always being a learner.
Advocacy		Ability to describe agencies, organizations or community resources that could advocate for or meet the needs of the patient (don't have to access the resources, but communicate awareness of the resources).

\_\_\_\_\_ Pass

\_\_\_\_\_ Remediation needed for written portion / oral presentation (please circle)

Any remediation needed described here:

\_\_\_\_\_

Practica class Instructor signature

\_\_\_\_\_

Date

## ADVANCED ASSESSMENT REPORT WRITING PROBE

The report writing probe is assessed as part of the Advanced Assessment course. The student will be instructed to prepare an assessment report integrating test data. Students must also submit the readability statistics that apply to the finished copy of their report. When the probe is marked as passed by the course instructor, approved by the student in Time2Track, and made available to the DCT, the student will be deemed as having passed the probe. There is not a specific percentage expected for passing this probe; students must sufficiently address each of the criteria for a passing performance on the probe.



ADVANCED ASSESSMENT REPORT WRITING PROBE

Doctoral Program in Clinical Psychology

Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Year/Semester: \_\_\_\_\_

Evaluating Instructor: \_\_\_\_\_ Probe Passing: \_\_\_Yes \_\_\_No

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All of the following criteria must be satisfied to pass the probe.

Structure

\_\_\_Yes \_\_\_No

Report appropriately identified as a "psychological report or evaluation"

\_\_\_Yes \_\_\_No

Appropriate Use of Headings Demarcating the Following areas:

- \*Identifying Information
- \*Presenting Problem
- \*Basis of Evaluation
- \*Background Information
- \*Relevant Psychological and Medical History
- \*Relevant Family Psychological and Medical History
- \*Behavioral Observations/Mental Status
- \*Results/Interpretation of Testing
- \*Impressions
- \*Summary/Conclusion
- \*Recommendations

\_\_\_Yes \_\_\_No

Report Follows a Logical Structure

\_\_\_Yes \_\_\_No

Use of Tables to Summarize Large Amounts of Data

\_\_\_Yes \_\_\_No

Pages are numbered

\_\_\_Yes \_\_\_No

Report includes several sources of data

### Readability

- Yes  No Clearly and concisely written
- Yes  No Minimized use of
  - \*Jargon
  - \*Technical language
  - \*Acronyms
  - \*Passive Verbs [<20% Passive Sentences]
- Yes  No Complete sentences of reasonable length  
[Average words per sentence < 20]
- Yes  No Written for a reading level below the college Level  
[Flesch-Kincaid Grade Level ≤ 12<sup>th</sup> grade]
- Yes  No Correct grammar/spelling

### Competence

- Yes  No Reasonable test interpretations
- Yes  No Diagnostic formulations and conclusions clearly supported by  
body of the report
- Yes  No Likely alternative explanations adequately considered
- Yes  No All features required for DSM diagnosis clearly presented
- Yes  No Speculative or tentative conclusions clearly identified as such
- Yes  No Adequate coverage of relevant areas
- Yes  No Referral question adequately addressed
- Yes  No Adequate Recommendations
  - \*Reasonable/ evidence-based treatment plan
  - \*Further assessment clearly suggested when needed
  - \*Reasonable auxiliary treatments suggested

### Ethical Issues

- Yes  No Respect for client confidentiality evident
- Yes  No Report free of unnecessary, sensitive detail
- Yes  No Issues that pose a risk of negative impact on the client managed  
effectively
- Yes  No Sensitivity to issues of client diversity demonstrated

## INTERNSHIP READINESS PORTFOLIO PROBE

The purpose of the internship readiness portfolio probe is for students to demonstrate the ability to address clinical training from a comprehensive and integrated perspective across the competency areas of training. Students are expected demonstrate competency at the level of readiness for internship training. Students must receive a passing overall evaluation by their faculty committee on the portfolio in order to be cleared to apply for internship by the DCT. Students will be informed of the faculty members on their committee by the DCT prior to the submission due date. The competency areas assessed are consistent with the American Psychological Association Standards of Accreditation in Health Service Psychology, and is consistent with the training model throughout the Clinical Training Handbook. Please review the probe evaluation for further indicators of the information reviewers are seeking in your writing. The benchmarks indicators for the Internship Readiness PsyD students include:

1. Professional Values: Professional Values and Identity across the program
2. Self-Reflection: Self-care and self-assessment with awareness of competencies
3. Ethical legal standards and policy
4. Communication and Interpersonal Skills: Relating effectively and meaningfully with individuals, groups, and communities
5. Interventions designed to alleviate suffering and promote health
6. Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups and or organizations
7. Scientific knowledge and methods, understanding research applied to practice
8. Individual and cultural diversity awareness, sensitivity and skills
9. Addressing religious and or spiritual problems of individuals, groups or communities

**Part A:** The student will submit to his or her committee the current drafts of the APPI essays for review. The student will indicate, via the 'insert a comment' feature in Word, how the areas of competency are addressed in the essays (see sample at the end of this document). The committee will provide feedback on the essays in general, as well as specific to the areas of competency. Please note, if you are applying to any UCC (University /College Counseling Centers), you will need to provide a separate set of essays unique to this setting, as well as a set of essays for the non-UCC sites to which you are applying.

The essays are reviewed for competency in professionalism, reflective practice, ethical and legal standards and policies, relationships, interventions, assessment and



diagnosis of problems, scientific knowledge and methods/ research applied to practice, and individual and cultural diversity awareness sensitivity and skills. Religious and spiritual problems are not addressed in this part of the probe, as they are Program Specific Competencies specific to training at Regent, rather than part of the Profession Wide Competencies for training in professional psychology.

First, add your name as a header to this document.  
Copy and paste four essays here.

**Part B: Students:** Please submit to your committee your current list of internship sites in the table below. Please provide a current list of the internship application sites that you plan to apply to if approved to apply for internship. Add rows as needed to the table. Provide 1) The name of the internship site and the location (state), 2) the type of site and primary theoretical orientation (if indicated), 3) rotations of interest at the site, 4) the ways in which this site will be a logical fit for you, given the training you have already obtained AND the aspects of the training at the site that will stretch and grow you, 5) selection ratio; the number of internship slots available at the site / the number of applicants who submitted applications last year. A typical site list would include 1/3 'easy in' sites, 1/3 strong medium competition sites, and 1/3 'reach sites'. To this end, be sure to include at least 5 easy sites on your list, noted with the use of underlined font. Similarly, the site name of 'reach' sites should be written in bold font and medium competition sites should be listed with italic font. A hypothetical example is provided (delete this example prior to submission).

Internship Site Name	Site Type & Theoretical orientation	Rotations	Fit / Growth	Selection ratio
<i>Louis Stokes VA / Ohio</i>	VA CBT	Integrated Care / Substance Abuse / PTSD	<b>Fit:</b> 3 <sup>rd</sup> year practica at Hampton VA, Completed trauma training, on Health Psychology Track <b>Growth:</b> No experience working in integrated care or with substance abuse population, low motivation of clients and fast pace will be unique challenges	5/100



<p><b>Student describes autobiography and strength/weaknesses correctly for application essays. Student has appropriate site list which appears to be an extension of training to date and will also contribute to growth</b></p>	<p>personal strengths and style. Site list needs revision, as some sites identified may be a poor fit for the student</p>	<p>personal strengths and interest areas for continued growth. Appropriate rationale for site selection</p>	<p>ed personal strengths clearly consistent with faculty evaluations. Some mention of link of personal identity to sites you are seeking.</p>	<p>complex and clear communication vehicle to describe who the person is linked to the identity of the sites the student is seeking training from</p>
<p><b>3. Student is ethical in their APPI essay description of their work</b></p>	<p>Discussion of unethical work or student comes across as unethical</p>	<p>No indicator of unethical work</p>	<p>Student appears to follow ethical practice</p>	<p>Student overtly discusses awareness of ethics, thoughtful, appropriate</p>
<p><b>4. Relationships: The essays display strengths in relationships</b></p>	<p>Essays communicate a lack of competency in relationships</p>	<p>Does not detract from impression as relationally competent</p>	<p>Communicates professional relational style</p>	<p>Communicates a professional, warm and inviting relational style that would be attractive to clientele at the sites the student is seeking training from</p>
<p><b>5. Interventions utilized with cases are described with excellence (typically this competency is focused on the</b></p>	<p>Confusing or lack of evidence of competency in clinical interventions within</p>	<p>Interventions within theoretical orientation are described accurately.</p>	<p>Multiple types of interventions are described from various approaches with</p>	<p>Complex and nuanced understanding of various aspects of cases and theoretical approaches</p>

<b>theoretical orientation essay)</b>	theoretical orientations		cognitive complexity.	to intervention. Intervention discussion is linked to the identity of site applying to.
<b>6. Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups and or organizations are described with excellence (typically theoretical essay)</b>	Inaccurate or confusing discussion of assessment and diagnosis with clinical discussion of theory	No direct mention of assessment and diagnosis	Mention of assessment and diagnosis as part of theoretical discussion	Current, multifaceted, clinical explanation of assessment and diagnosis of clients congruent with theoretical orientation and with consideration of scientific knowledge and diversity variables.
<b>7. Scientific knowledge and methods, understanding research applied to practice is described (multiple essays)</b>	Confusing description or lack of evidence of competency in scientific knowledge or research	Research described accurately but lacking in essays other than the research essay.	Multiple types of research studies and scientific knowledge are described from various approaches with cognitive complexity.	Complex application of scientific knowledge in multiple essays. Advanced description of research interests that is linked to the identity of sites applying to.
<b>8. Individual and cultural diversity awareness,</b>	Appears to lack competency in addressing	Diversity addressed well only in diversity	Inclusion of diversity throughout essays,	Advanced diversity skills where diversity is

<p><b>sensitivity and skills are described in advanced and integrative ways (applies to all essays)</b></p>	<p>diversity or resistance to importance of addressing diversity in clinical work</p>	<p>essay. Simple approach to addressing diversity- may only address one aspect of diversity or do so in a categorical and simple fashion.</p>	<p>complex application of diversity to clinical situations</p>	<p>touched on in multiple essays, reference to improvement theories, research or ideas from diversity education field of knowledge, complex application of diversity to clinical situation.</p>
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Pass \_\_\_\_\_ Fail \_\_\_\_\_

Attempt # 1 2 3 4

Faculty Signatures: \_\_\_\_\_

Remediation Requirements if needed:

Comments to the Student from the Committee:

**Part C: The student will submit to his or her committee the current year's self-evaluation with faculty feedback, current APPI, and current clinical training log summary broken down by areas of practice (Cumulative Time2Track up to date to current month).**

**The student should copy and paste the self-evaluation they submitted to their Faculty Mentor in April of this year, and the Faculty Mentor feedback response to their self-evaluation. Students will also provide a current APPI and training log from Time2Track to the faculty on their committee.**

**If a student is lacking in clinical training at the minimal level in an area (400 hours intervention, 100 hours assessment, 300 hours supervision), a description of plans to obtain the training should be provided. Please be aware the Director of Clinical Training gives final approval on clinical experiences preparation readiness for internship training.**

#### **Part D: Integration Essay**

**The student will submit to his or her committee, in a separate Word document, a written response to the integration essay question below, to be evaluated by the department integration chair. Please title the document: (Last Name)\_Integration.**

While at Regent, you have been exposed to many different aspects of relating psychology and Christianity:

- Theoretical models (Integration, Christian Psychology, Transformational Psychology, parallel/levels of explanation, etc.)
- Evidence-based protocols (forgiveness, Christian CBT, etc.)
- Techniques related to the integration of professional psychology and Christian faith (God-image strategies, religious/spiritual struggle interventions, Christian meditation, etc.)

Write a 5 – 7 paper discussing the following topics in integration:

A. Describe a theoretical model, evidence-based protocol, or Christian integration technique and discuss the strengths and weaknesses of this approach. You may use case example(s) if appropriate to highlight the strengths and weaknesses but it is not required for this section.

B. Describe a case example of clinical integration work (you may use either a real or hypothetical case but be sure to protect client confidentiality). The case may demonstrate implicit or explicit integration. If you use the same case you used in the PSC for the integration probe, go deeper in your analysis to reflect 4<sup>th</sup> year-level processing compared to 2<sup>nd</sup> year reflections (however, remember that the same case can only be used for two probes across the program curriculum).

C. Discuss your own spiritual growth and development as an emerging professional psychologist. What personal points of connection have you discovered between psychology, clinical practice and your faith? What unique emphases or perspectives for integration arise from your particular spiritual perspective or personal Christian experiences?

Remember:

- Your essay must be typed, double spaced and written in APA format.
- Be sure to include a reference page with references for all citations.
- You may use any resource for this paper but you must do your own work. Do not collaborate with any other individual in writing this essay.

**IRPP Integration Essay Rubric \_\_\_\_\_ (Name)**

Criteria	1=Unacceptable	2=Pass with Comments	3=Pass	4=Pass with Excellence
At least one model, protocol, or technique of integrating Christianity and psychology is described	No evidence or clear description of at least one integration model, protocol, or technique	Some evidence or description of at least one integration model, protocol, or technique	Clear description of at least one integration model, protocol, or technique	Clear description of at least one integration model, protocol, or technique demonstrating nuanced features capturing the complexity of integrating in clinical practice.
Case example demonstrates implicit and/or explicit integration of psychology and Christianity in a clinically appropriate manner	No evidence or clear description of implicit or explicit integration of psychology and Christianity in a clinically appropriate manner in the case example	Some evidence or description of implicit or explicit integration of psychology and Christianity in a clinically appropriate manner in the case example	Clear evidence or description of implicit or explicit integration of psychology and Christianity in a clinically appropriate manner in the case example	Clear evidence or description of implicit or explicit integration of psychology and Christianity demonstrating nuanced features capturing the complexity of integrating in this particular case
Exploration of the intersection between psychology, clinical practice, and one's own personal faith development	No evidence of exploring the intersection between psychology, clinical practice, and one's own personal faith development	Some evidence of exploring the intersection between psychology, clinical practice, and one's own personal faith development	Clear evidence of exploring the intersection between psychology, clinical practice, and one's own personal faith development	Clear evidence of exploring the intersection between psychology, clinical practice, and one's own personal faith development demonstrating careful consideration of a variety areas

**Pass** \_\_\_\_ **Fail** \_\_\_\_ **Attempt#:**    **1**    **2**    **3**    **4**

**Faculty Signature:** \_\_\_\_\_

**Remediation Requirements if needed:**

**Comments to the Student:**





**Part E: Oral Internship Readiness Portfolio Presentation**

The student will discuss his or her development as a clinician and goals for internship, using the APPI essays and annual self-evaluation as the basis for their presentation. This a discussion, not a formal presentation (not Powerpoint or handouts), but students can bring notes or aides if they would like. The committee will ask questions and discuss with students their development at the readiness for internship stage.

Students should be ready to answer questions about their essays, development, and clinical experiences. For example, they may be asked to describe their strengths and weaknesses at this point in their training. Meetings are scheduled for 45 minutes on a preselected date and students will need to sign up for the meeting time with the PsyD Academic Services Manager. These meetings are also a partial preparation for internship and early career interviews, so interview-ready attire and grooming is expected. You should expect that your self-presentation will be commented on with an eye towards professional self-presentation in internship and early career interview scenarios.

In light of internship-readiness	Unacceptable, in need of remediation	Pass with comments	Pass	Pass with excellence
<b>Reflection on Growth as a Clinical Psychologist in training</b>				
Clear & honest self-reflection				
Communicates assurance in personal style and abilities with an openness towards continued learning				
Demonstrates adequate emotional maturity, stability and professional conduct				
Overall Self-Presentation Quality				

Pass \_\_\_\_\_ Fail \_\_\_\_\_ Attempt # 1 2 3 4

Faculty Signatures: \_\_\_\_\_

Remediation Requirements if needed:

Comments to the Student from the Committee:

Sample Essay 2C (Adapted from Williams-Nickelson, C., Prinstein, M., & Keilin, W. (2013). *Internships in psychology: The APAGS workbook for writing successful applications and finding the right fit* (3<sup>rd</sup> ed.). Washington, DC: American Psychological Association.

My approach to case conceptualization and treatment planning is primarily cognitive-behavioral in nature and is strongly influenced by the principles of learning. Although learning theory is most often associated with cognitive-behavioral treatments, the basic elements of this theoretical framework are pervasive in cognitive, psychodynamic, humanistic, and other treatment approaches, strengthening its appeal and applicability.

The first, and perhaps most important, step in my application of this approach to a clinical case is the use of comprehensive, reliable, and valid assessments that draw on multiple methods and informants and that continue to test, inform, and guide the case conceptualization and intervention plan throughout treatment. As it is often helpful to communicate with additional informants, I collaborate with the client in identifying, and obtaining permission to contact, previous treatment providers or others whom can provide useful information. My next step is the collaborative development of a clear and specific list of presenting problems and an evaluation of the clinical severity and impairment associated with each problem. At the center of my case conceptualization is a generation of hypotheses about the function of each problem behavior, including an analysis of factors that may be causing or maintaining these problems (e.g., antecedents and consequences) and about the interrelation of the presenting problems.

My treatment plan follows directly from my primary case conceptualization. On the most basic level, whatever maladaptive learning has occurred must be “unlearned” (e.g., an association between a feared object and anxiety is weakened via exposure) and whatever adaptive learning has not occurred must be learned (e.g., prosocial behavior is increased when followed by positive reinforcement). As assessment and treatment are inseparable elements from my perspective, the continuous evaluation of the target problems is a critical component of my approach. The information provided by frequent and continued assessments is used to test the effectiveness of the intervention and to modify my conceptualization and treatment plan as necessary. In addition, my treatment plan incorporates evidence-based treatment techniques or treatment packages when available and is based directly on the principles of learning whenever possible.

I particularly enjoy working from a learning perspective because this approach is straightforward, flexible, parsimonious, widely applicable, and evidence based. I look forward to receiving additional training in the use of evidence-based evaluation and treatment procedures during internship. Indeed, I am uniquely interested in the internship program at [site] because of the attention given to such approaches in didactic instruction, clinical training, and case supervision, as well as the rich opportunities to interact with clinicians and supervisors working from a wide range of case conceptualization approaches to which I have had less exposure (such as psychodynamic and interpersonal approaches), as these are my main goals for the internship year. Moreover, the application of such approaches to the treatment of anxious and depressed children, such as that offered through the rotations at the Institute for the Study of Psychological Services and the Anxiety and Mood Disorders Service, are a direct match with my training and interests, and I am eager to learn more about these opportunities.

**Commented [DLB1]:** Mention of assessment as part of theoretical discussion

**Commented [DLB2]:** Communicates a professional relational style

**Commented [DLB3]:** Overt discussion of awareness of ethical practice

**Commented [DLB4]:** Intervention within theoretical orientation explained accurately

**Commented [DLB5]:** Assessment of clients congruent with theoretical orientation

**Commented [DLB6]:** Scientific knowledge discussed

**Commented [DLB7]:** Nuanced understanding of theoretical approach to intervention – linked to site and continued learning

**Commented [DLB8]:** Communicates professional relational style

**Commented [DLB9]:** Link between personal identity and site seeking training from

## **CLINICAL PSYCHOLOGY PRACTICA**

### **APPENDIX B: INITIAL PRACTICA FORMS**

**PRE-PRACTICA ACTIVITIES LIST  
SITE REQUEST FORM  
EXAMPLE LIST OF PRACTICA SITES  
PRACTICA CONTRACT  
STUDENT ETHICAL AGREEMENT  
WAIVER OF LIABILITY  
PART-TIME PRACTICA PLACEMENT REQUEST**

Note: Beginning in 2013 many practica forms are beginning to migrate to become online forms for electronic submission. Students should consult with relevant faculty about whether to submit paper forms, electronic forms, online web-forms, or multiple formats for requirements.



## PRE-PRACTICUM ACTIVITIES

To be submitted for approval in Time2track by the end of each semester.

PRE-PRACTICUM ACTIVITIES TOTAL HOURS: \_\_\_\_\_

### Fall Activities

Supervised Intake Process Observation

Practica Class Attendance (PSY 733)

Diversity Luncheon / PSI Attendance

Interviewing Lab – 3 sessions (PSY 621)

Intelligence Testing Lab (PSY 725)

### Spring Activities

Supervised Intake Process Observation

Practica Class Attendance (PSY 733)

Personality Assessment Test Administrations (PSY 726)

Diversity Luncheon / PSI Attendance

Multicultural Immersion Experience (PSY 670)

### Summer Activities

Supervised Intake Process Observation

Pre-Practica in Evidence Based Practice (PSY 622)



## PSY.D. PRACTICUM SITE REQUEST FORM

(Submit to the External Practica Coordinator)

NAME: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**Student Year:**

**Approved Intervention Hours verifiable via T2T:**

**Approved Assessment Hours verifiable via T2T:**

**Ranking Instructions:**

**Please rank your top 3-5 sites in order of preference. Under each site heading, you are required to thoughtfully and thoroughly indicate your a) fit for the site, b) your goals for training for the upcoming academic year, and c) how the site will help you meet these goals, and d) how the site will help you meet goals you have regarding internship placement and program requirements (e.g., 400 intervention hours and 100 assessment hours by September).**

This electronically filled out form is due to the External Practica Coordinator via hard copy by the first Friday of February. **Forms with handwritten responses OR forms sent in via email will not be accepted or considered.**

You will receive permission to apply to a site by the second Friday in February.

**1. SITE NAME**

- a.
- b.
- c.
- d.

**2. SITE NAME**

- a.
- b.
- c.
- d.

**3. SITE NAME**

- a.
- b.

**c.**

**4. SITE NAME**

**a.**

**b.**

**c.**

**d.**

**5. SITE NAME**

**a.**

**b.**

**c.**

**d.**

## EXAMPLE PRACTICA SITE LIST

Note: Practica sites contract with the DPCP on an annual basis, therefore no sites are guaranteed from year to year. This list represents a sample of sites that have been available in the past. The official list of sites available for a given academic year are provide in the Practica Site Description Document provided by the External Practica Coordinator.

### Alicia's Place

Student will likely begin with a co-therapy model and graduate to conducting individual therapy services on their own. Assessment opportunities may also be available.

### Central State Hospital

Student will have exposure to various aspects of treatment and assessment of civil and forensic inpatients, adult men and women from diverse backgrounds.

### Chesapeake Psychological Associates

Student will have exposure to various aspects of treatment, including being able to observe initial and medication evaluations. Student will be assigned several cases for therapeutic intervention and be required to perform evaluations, for social security disability, ADHD, and Learning Disabilities, to include intelligence testing.

### Children's Hospital of the King's Daughters Child Abuse Program

Students will engage in intensive training and implementation of Trauma-Focused Cognitive Behavioral Therapy with children from 6 to 18 years of age.

### Christopher Newport University Counseling Center

Students provide individual, group, couples, and family therapy to university students of all ages. Assessment may also be included in the practica experience.

### Community Psychological Resources

Student will administer psychological assessment batteries to a diverse community client base to address behavior disorders, emotional problems, and learning disabilities.

### Eastern State Hospital

Student will provide assessment in addition to individual and group therapy. Population includes long-term and acute forensic patients with serious mental illness.

### Genesis Counseling Center

Student will administer psychological assessment batteries, score and interpret, and write integrated reports with treatment recommendations. Students will be placed at a community partner for 4-6 hours a week for individual therapy experience such as, Set Free Ministry (SFM) in the Newport News City Jail, Youth Challenge, Lackey Clinic, and Jobs for Life.



### Hampton Roads Neuropsychology Services

Students will provide evaluation and consultation to clients with a wide range of physical problems. While neuropsychological testing is primary, some group therapy is also available.

### Hampton University Student Counseling Center

Students provide individual and group therapy to university students of all ages. Outreach opportunities are also available.

### Hampton VAMC

Students will provide a range of services to a veteran population. Focus is on EBP in individual and group psychotherapy, some assessment is also available.

### Liberating Lives Christian Counseling and Psychological Services

Students will administer psychological assessment batteries, score and interpret, and write reports. Program development will also be included in the practica experience.

### Old Dominion University

Students complete urgent care appointments, intake assessments, crisis risk assessment and intervention, individual, group and couples therapy sessions. Experience in outreach events and collaboration with other offices on campus is also included in the practica experience.

### Quest Psychological and Counseling Services

Students provide advanced psychological assessment to children, adolescents, and adults in a private practice setting.

### Rawles Psychological Services

Students engage in psychological assessment with vulnerable youth, adults, and families in urban and rural settings. The site specializes in providing trauma informed psychotherapy.

### Ripley Consulting, LLC

Students provide individual and couples therapy in an outpatient setting. Assessment options are available depending on the needs of clients.

### Sentera Neurology Specialists

Students will be trained to administer and score neuropsychological tests to older adolescent, adult, and geriatric patients presenting in neurology clinic. The student will have the opportunity to collaborate with other disciplines and have the opportunity to participate in didactics and case presentations offered in neurosciences.

### Smith Psychological Services

Students provide assessment services to include educational assessments, parental capacity evaluations, and developmental/intellectual disability evaluations.

## Virginia Beach Psychiatric Center

Student will provide therapy services in an acute hospital setting. Occasional psychological testing may be requested by the student.



## DOCTORAL PRACTICA CONTRACT (submit to practicum instructor)

Doctoral Program in Clinical Psychology

\_\_\_\_\_ (student name)

This agreement is made on \_\_\_\_\_ by and between \_\_\_\_\_  
(date) (Practica Field Site)

and Regent University Psy. D. Program. This agreement will be effective for a period from \_\_\_\_ month \_\_\_\_ day

\_\_\_\_ year to \_\_\_\_ month \_\_\_\_ day \_\_\_\_ year for \_\_\_\_\_ hours per week.

Purpose:

The purpose of this agreement is to provide a qualified doctoral student with practica experience in the field of clinical psychology.

The **University Program** agrees:

1. \_\_\_\_\_ to assign a University practica instructor to facilitate communication between University and site;
2. \_\_\_\_\_ to notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
3. \_\_\_\_\_ and, that the practica instructor shall be available for consultation with both site supervisor and student and shall be immediately contacted should any problem or change in relation to student, site, or University occur.

The **Practica Site** agrees:

1. \_\_\_\_\_ to assign a supervisor who has appropriate credentials, time and interest for training the practica student;
2. \_\_\_\_\_ to provide opportunities for the student to engage in a variety of clinical activities under supervision and for evaluating the student's performance as negotiated in the student learning contract contained in this form.
3. \_\_\_\_\_ to provide the student with adequate work space, telephone, office supplies and staff to conduct professional activities.
4. \_\_\_\_\_ to provide one-on-one supervisory contact which involves some examination of student work using audio/visual review (or observation), and live supervision; this contact shall be a minimum of one hour of face-to-face supervision each week and a minimum of one hour observation of client interaction per semester.
5. \_\_\_\_\_ to provide the online evaluation of student based on criteria established by the University Program:

- a. **Supervisor's Evaluation** -- The student and site supervisor will meet and discuss the evaluation form. They will discuss progress, the continuing operation of the site and any individual programmatic concerns as needed. The evaluation will be completed electronically in Time2Track, for approval by the student, and review by the Practica instructor.
- b. **Clinical Experience log**—Site supervisors will also review and approve a clinical experience log completed by the student at the end of the practicum each semester. An electronic approval in Time2Track is required to indicate that documented experience is accurate.

The student agrees to fulfill all responsibilities as listed in the *Regent University Clinical Training Handbook*.

With the specified time frame, \_\_\_\_\_ (Site Supervisor) will be the primary site supervisor and can be reached at \_\_\_\_\_ (Site phone number).

Dr. Hannah Jones, hannjon@regent.edu (External Practica Coordinator), will be the faculty liaison with whom the student and Site Supervisor will communicate regarding progress, problems and performance evaluations.

Students are required to attend seminars as scheduled by their Practica Instructor and colloquia type events at Regent University as part of their contract hours.

LEARNING CONTRACT

**The site agrees to provide a practica in which the student gains the following types and volume of supervised clinical experiences:**

- 1. Interventions
  - Individual Psychotherapy
  - Family Therapy
  - Marital Therapy
  - Child / Adolescent Therapy
  - Group Psychotherapy
  - Behavioral Medicine
  - Crisis Intervention
  - Therapy Protocols
- 2. Assessment
  - Intake Interviewing
  - Diagnostic Assessment
  - Personality Testing
  - Psychoeducational Assessment
  - Forensic Assessment
  - Neuropsychological Assessment
- 3. Clinical Documentation
  - Report Writing
  - Record Keeping
  - Treatment Plans
  - Treatment Summaries
- 4. Training Activities
  - Consultation
  - Referrals
  - Professional Team Collaboration
- 5. Psycho-Educational Activities
  - Parent Training
  - Outreach
  - Client Orientation
  - Involvement with community professionals
  - Resources
  - In-service training activities
- 6. Supervision
  - Individual Supervision
  - Group or Peer Supervision
  - Case Conferences or Staff Meetings
  - Tele-supervision
  - \_\_\_\_\_ % of supervision not provided in person
- 7.  Other (Please List) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students must have a regularly scheduled weekly hour of individual supervision with their supervisors. At least once a semester supervision should include videotaped or live observation of a case.

Planned Day/Time of Supervision Hour: \_\_\_\_\_

*[Although optimal caseloads vary depending on the nature of the clinical activity, students should typically spend approximately 30-40% of their practica hours in direct services to client]*

Approximate Average Ongoing Caseload Per Week (Number of clients): \_\_\_\_\_ Therapy: \_\_\_\_\_

Other (specify): \_\_\_\_\_ Assessment: \_\_\_\_\_

Practica Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Practica Student: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Clinical Training: \_\_\_\_\_ Date: \_\_\_\_\_



Doctoral Program in Clinical Psychology

## STUDENT ETHICAL AGREEMENT

The student is to complete this form and submit to the External Practica Coordinator

Please read and sign below:

1. I hereby attest that I have read and understand the American Psychological Association Ethical Standards\* and will practice in accordance with these standards as well as the standards of Regent University. Any breach of these ethics or any unethical behavior on my part could result in my removal from the practicum, a failing grade, and documentation of such behavior will become part of my permanent record.
2. I agree to adhere to the administrative policies, rules, standards, practices and program requirements of the practicum site.
3. I understand that it is my responsibility to keep faculty and site supervisor(s) informed regarding my field experiences.
4. I understand that I will not be issued a passing grade in practica unless I demonstrate the specific minimal level of skill, knowledge, and competence and complete course requirements as required by the clinical psychology program.
5. I understand that I am responsible for adhering to appropriate state and local guidelines regarding my practicum experiences.

Signature: \_\_\_\_\_

Date: Day\_\_\_\_ Month\_\_\_\_ Year 20\_\_\_\_



Doctoral Program in Clinical Psychology

## WAIVER OF LIABILITY

(to be signed by student and given to the External Practica Coordinator)

Students are advised that malpractice in psychotherapy may result in liability. Therefore students are required to seek appropriate liability protection.

Regent University assumes no responsibility to defend, hold harmless or indemnify any student sued for malpractice whether or not the lawsuit is successful.

Included with this form is a copy of my malpractice insurance proof of insurance. A current copy of my malpractice insurance proof of insurance is on file with the program Academic Manager.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed or typed name of student:  
\_\_\_\_\_

Malpractice Insurance Company: \_\_\_\_\_

## PART-TIME PRACTICUM PLACEMENT REQUEST

(to be submitted to the External Practica Coordinator)

The purpose of this request is to provide an explanation of a student's training experiences to date, hours accrued, and steps taken to obtain training to support the request of an additional practica experience. Following completion of this form, the student is required to submit it to the External Practica Coordinator and then schedule a meeting to discuss possibilities. This form will be due on the First of November each academic year. Meetings will be scheduled prior to the First of December, with outcomes soon following. Should a student gain an additional placement, they will begin their secondary placement by January of the same academic year.

Student Name:

Academic Year:

Current practica placement:

Current practica responsibilities (e.g., time commitment, days, etc.):

Current Intervention Hours verifiable via T2T:

Current Assessment Hours verifiable via T2T:

What have you done during your training experiences thus far to try and meet program hour requirements? Please provide specific examples and outcomes.

What type of additional practica placement are you pursuing?

How will this additional placement meet your goals?

If a secondary placement is not offered, what alternative options will you pursue?

## APPENDIX C: TIME2TRACK INFORMATION

Supervisor Evaluation  
Time2Track Activities List  
Pre-practica Time2Track Hours Submission



PRACTICA STUDENT EVALUATION ADMINISTERED VIA TIME2TRACK:  
Do NOT Give this to Supervisors

**Content of the Supervisor Evaluation**

Please rate your student on a scale of 1-5, with 3 as the developmentally appropriate level. Performance below 3 indicates that the student is not performing at a level appropriate for their level of practica training and is indicative of failure in that domain. If a student is failing in one or more domains, please contact the Regent University DCT so that a Clinical Remediation Plan can be developed for the student. Receiving a rating of 2 in the same domain over two semesters of practica would indicate failing performance in the practica course. Additionally, students receiving and '2' ratings during their final semester of a practica sequence (typically the summer semester) would receive a failing grade for their practica course.

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

<b>Well Below</b>	<b>Somewhat Below</b>	<b>Appropriate Level</b>	<b>Somewhat Above</b>	<b>Well Above</b>
1	2	3	4	5

**Domain I: Ethical and Legal Standards** – Trainees are expected to respond in a professional and ethical manner in increasingly complex situations over the course of training.

**Practice in Accordance with Ethical, Legal, and Professional Standards and Guidelines** – Trainee is knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct and other relevant ethical / professional codes, standards and guidelines to include laws, statutes, rules, regulations governing health service psychology at the organizational, local, state, regional, and federal levels.

**Awareness and Application of Ethical Decision Making** - Trainee recognizes ethical dilemmas as they arise and knows and applies an ethical decision-making model to resolve dilemmas under the direction of the supervisor.

**Ethical Conduct** – Trainee conducts self in an ethical manner in all professional activities.

**Domain II: Individual and Cultural Diversity** – Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background characteristics.

**Self as Shaped by Individual and Cultural Diversity** - (e.g., those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) – Trainee demonstrates understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

**Knowledge of Individual and Cultural Diversity and Context** - Trainee demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in clinical practice as well as in supervision / consultation.

**Interaction of Self as Shaped by Individual and Cultural Diversity and Context** – Trainee demonstrates ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g. research, services, and other professional activities.) This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered. Also included is the ability to work effectively with individual whose group membership, demographic characteristics, or work views create conflict with their own.

**Applications Based on Individual and Cultural Context** – Trainee demonstrates the requisite knowledge base, ability, to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

**Domain III: Professional Values and Attitudes** – Trainees are expected to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Trainees are expected to respond in a professional manner in increasingly complex situations with a greater degree of independence over the course of training.

**Deportment** – Trainee understands how to conduct oneself in a professional manner (appropriate communication and physical conduct, including attire, across different settings).

**Accountability** – Trainee is accountable and reliable (consistently reliable; consistently accepts responsibility for own actions; meets deadlines).

**Self-Reflection / Self-Care** – Trainee engages in self-reflection regarding one’s personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.

**Responsive** – Trainee actively seeks and demonstrates openness and responsiveness to feedback and supervision.

**Professional Identity** – Trainee exhibits an emerging professional identity as psychologist, using resources (e.g. supervision, literature) for professionals. Demonstrates a commitment to lifelong learning by continually seeking such resources and applying an increasing level of knowledge to clinical work.

**Integrity** – Trainee demonstrates sound moral character and adheres to moral and ethical principles.

**Concern for the Welfare of Others** – Trainee consistently acts to understand and safeguard the welfare of others.

**Emerging Independence** – Trainee responds professionally in increasingly complex situations with a greater degree of independent as training has progressed.

**Domain IV: Communication and Interpersonal Skills** – Trainees are expected to relate effectively and meaningfully with individuals, groups, and/or communities, in person and in written work in increasingly complex situations with a greater degree of independence across levels of training.

**Relationships** - Trainees develops and maintains effective relationships with a wide range of individuals including: clients, colleagues, communities, organizations, supervisors, and supervisees.

**Professional Language** - Trainees can produce and comprehend oral, nonverbal, and written communications that are well written, informative, and well integrated; demonstrates thorough grasp of professional language and concepts.

**Interpersonal and Affective Skills** – Trainees demonstrates effective interpersonal skills and the ability to manage difficult communications well.

**Domain V: Assessment** – Trainees are expected to demonstrated competence in conducting evidence-based assessment consistent with the scope of a Health Service Psychology Trainee, in increasingly complex situations with a greater degree of independence over time.

**Knowledge** - Trainees demonstrates knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including strengths and psychopathology.

**Behavior** – Trainee demonstrates understanding of human behavior within its context.

**Application of Knowledge** - Trainees demonstrates ability to apply knowledge of functional and dysfunctional behaviors within context (e.g. assessment and diagnostic processes).

**Measurement and Psychometrics** – Trainee selects and applies assessment methods that draw from the best available empirical literature, reflecting the science of measurement and psychometrics.

**Evaluation Methods** – Trainee collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the recipient.

**Application of Methods** - Trainee interprets results following current research and professional standards, to inform case conceptualization, classification, and recommendations, while guarding against bias (distinguishes aspects of assessment that are subjective from those that are objective).

**Conceptualization and Recommendations** - Trainee communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner, sensitive to a range of audiences.

**Domain VI: Intervention** - Trainees should demonstrated competence in evidence-based interventions consistent with the scope of Health Service Psychology, to alleviate suffering and promote health and well-being of individuals, groups, families, communities, organizations, and populations or other systems.

**Intervention Relationships** – Trainee establishes and maintains effective relationships with recipients of psychological services.

**Intervention Planning** – Trainee develop evidence-based intervention plans specific to the service delivery goals.

**Clinical Skills** – Trainee demonstrates ability to implement interventions informed by current scientific literature, assessment findings, and diversity characteristics and contextual variables.

**Clinical Decision-Making** – Trainee demonstrates ability to implement interventions informed by current scientific literature, assessment findings, and diversity characteristics and contextual variables.

**Flexibility in Intervention Implementation** – Trainee demonstrates ability to modify and adapt evidence-based approaches effectively when clear evidence-base is lacking.

**Progress Evaluation** – Trainee demonstrates ability to evaluate intervention effectiveness, and adapt interventions goals and methods consistent with ongoing evaluation.

**Domain VII: Supervision, Consultation, and Interprofessional Skills**

**Supervision Knowledge** - Trainee demonstrates knowledge of supervision models and practices.

**Supervision Ethics** - Trainee demonstrates knowledge of supervision ethics.

**Consultative Knowledge** - Trainee demonstrates knowledge of consultative models and practices and understands how participation in interdisciplinary collaboration and /or consultation enhances outcomes.

**Respectful Relationships with Individuals from Other Professions** - Trainee demonstrates respect for roles and perspectives of other professions.

**Domain VIII: Integration** - Trainees are expected to be able to demonstrate the ability to address religious or spiritual problems in individuals, families, or groups, and to understand psychological subjects from a Christian worldview.

**Assessment in Integration** - Trainee demonstrates an ability to assess aspects of clients' faith that are relevant to therapy and/or other services.

**Integration Conceptualization** – Trainee demonstrates an ability to conceptualize clients in a manner consistent with a Christian worldview.

**Integration in Practice** – Trainee demonstrates an ability to use spiritual/religious techniques in an ethical and competent manner and use standard therapy techniques in a religiously congruent manner.

General Comments: (Attach additional sheets)

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Direct observation was conducted this semester through (check all that apply):

Audio review \_\_\_\_\_ Video review \_\_\_\_\_ Live observation \_\_\_\_\_

From your evaluation, has the student fulfilled the requirements of the practica to be given a grade of P (Passing)? Yes\_\_\_\_\_ No\_\_\_\_\_

## TIME2TRACK ACTIVITIES LIST

All activities must be approved by the DCT prior to entering in Time2Track. Any required activities as part of course work, as discussed in this handbook, are preapproved (e.g. Pre-practica training experiences, hours accrued as part of the Practica – including Advanced Practica or Additional Practica Experience). Any other clinical experiences, including those obtained as part of a DPCP research team, must be approved by the DCT through the use of the Advanced Professional Experience form.

### **Intervention**

Career Counseling

Client Consultation

- PSC walk-in appointments may fall under this (when the case is closed at the walk-in)

Co-therapy

College Prep/Guidance

Couples Therapy

- HOPE therapy

Crisis Intervention

- PSC walk-in appointments may fall under this

Family Therapy

Group Counseling

Individual Therapy

- In person and telehealth

Intake Interview

- In person and telehealth

Medical/Health Related

Milieu Therapy

Outcome Assessment of Programs or Projects

- Advanced Practica

Program Development/Outreach Programming

- Creation of outreach efforts (NEW efforts at PSC / Church outreach / etc.)
- Reviewing PSC and rotation handbooks
- Advanced Practica

School (direct intervention)

School (other)

School Consultation

Sports Psychology/Performance Enhancement

Substance Abuse Intervention

Supervision of other Students (review of sessions or documents and supervision meetings)

- Peer supervision for 4<sup>th</sup> year Supervision and Consultation course
- Peer supervision for HOPE
- Assessment Clinic supervision

Systems Intervention/Organizational Consultation/Performance Improvement

Telephone-based Intervention

Treatment Planning with a Client

## Other Psychological Experience with Students/Organizations

- Facilitating small groups for Multicultural Psychology course

## Other Psychological Interventions

## Assessment

### Neuropsychological Assessment

### Providing Feedback to Clients/Patients

### Psychodiagnostic Test Administration

- Any tests administered, including as an outcome assessment or part of a battery of tests

### Telephone-Based Assessment

### Other Psychological Assessment Experience

- Administration for Research (if supervised)
- Interviews for Research (if supervised)

## Support

### Administration

- Completing Paperwork
- Scanning Documents into Titanium
- Scheduling Client Appointments

### Assessment Report Writing

- Writing reports for actual administrations (clients or approved class volunteers)

### Case Conferences

### Case Management

### Chart Review

### Clinical Writing/Progress Notes

- Intake Notes
- Session Progress Notes
- Treatment Plans (for the PSC not as part of classwork / probe)
- Termination Summaries

### Coordinate Community Resources

### Grand Rounds

### Intervention Planning

### Observation

- Pre-practica intake observation
- Observation of faculty practice
- Observing group for group therapy course

### Phone Support

### Professional Consultation

- Consultation call to CPS
- Call to provider at an outside agency
- Peer consultation
- Consultation with faculty other than supervisor

### Professional Development

- Practice administrations of tests, for pre-practica class (IQ or PA) or as part of practica

### Psychoeducational Group/Workshop

- Providing psychoeducational workshops as part of Outreach Team

Psychological Assessment Scoring/Interpretation

Research/Reading/Preparation

Seminars/Didactic Training

- Colloquia, for PSC trainees, if approved by your PSC supervisor
- Attending conferences, if preapproved by the DCT

Staff Meeting

- Weekly Outreach Team Meeting

Video-Audio-Digital Recording Review

Other

## **Supervision**

Individual Supervision - Licensed Psychologist

Individual Supervision - Licensed Allied Mental Health Professional

Individual Supervision – Other (e.g., peer-to-peer)

- PSC students receiving supervision from 4<sup>th</sup> year students
- PSC students receiving peer supervision through Assessment Clinic

Group Supervision – Licensed Psychologist

- Group facilitators receiving supervision for Multicultural Psychology course
- Group supervision hours during PSC extended clinical hours (i.e., Christmas break)
- Practica

Group Supervision – Licensed Allied Mental Health Professional

Group Supervision – Other (e.g., peer-to-peer)

- Students receiving peer supervision through HOPE
- PSC team meeting



## GUIDELINES FOR SUBMITTING PRE-PRACTICA ACTIVITIES IN TIME2TRACK

Please note: Students are required to enter experience hours in T2T and submit them to the supervisor, as indicated below, within the same semester the hours are acquired. Hours not submitted in accordance with the guidelines below or provided by the supervisor may not be approved. Additionally, late submitted hours may not be approved.

### Personality Assessment

Course – Personality Assessment

Training Site – PrePractica

Supervisor – Linda Baum

Treatment Setting – Other

Support – Professional Development

- Assessment Report Writing
- Psychological Assessment Scoring / Interpretation

### Intelligence Testing Lab

Course – Intelligence Testing and Psychometrics

Training Site – PrePractica

Supervisor – Hannah Jones

Treatment Setting – Other

Support – Professional Development

- Assessment Report Writing
- Psychological Assessment Scoring / Interpretation

### Supervised Intake

Course – Pre-practica (First year experiences)

Training Site – PrePractica

Supervisor – Rachel Stephens

Treatment Setting – Department / School Clinic

Support – Observation

### Practica Class

Course – Pre-practica (First year experiences)

Training Site – PrePractica

Supervisor – Select instructor of practica class you attended

Treatment Setting – Department / School Clinic

Supervision – Group Supervision – Licensed Psychologist

Diversity Luncheon/PSI

Course – Pre-practica (First year experiences)  
Training Site – PrePractica  
Supervisor – Rachel Stephens  
Treatment Setting – Department / School Clinic  
Support – Seminars / Didactic Training

Interviewing Sessions

Course – Clinical Interviewing  
Training Site – PrePractica  
Supervisor – Rachel Stephens  
Treatment Setting – Department / School Clinic  
Intervention – Other Psychological Interventions

Immersion Experience

Course – Multicultural  
Training Site – PrePractica  
Supervisor – Hannah Jones  
Treatment Setting – Other  
Support – Other

## GUIDELINES FOR SUBMITTING PRACTICA ACTIVITIES IN TIME2TRACK

Please note: Students are required to enter experience hours in T2T the same week that they are acquired and are required to submit them to the supervisor, as indicated below, within the same semester the hours are acquired. Hours not submitted in accordance with the guidelines provided by the supervisor or within the CTH in a timely fashion may not be approved. Additionally, students are encouraged to examine the sample APPI (see Appendix E) to ensure that they are submitting hours that will allow for easy completion of the APPI at the time of internship application.

### **Practica Site Example(s)**

#### Practica Class Time

Course- Practica- Dr. Stephens (select practica instructor for your course)  
Training Site- Practica Class and Class Supervision Time  
Treatment Setting- Department/School Clinic  
Supervisor- Dr. Stephens (select practica instructor for your course)  
Support- Group Supervision

#### Psychological Services Center

Course- Practica- Dr. Jones (select practica instructor for your course)  
Training Site - Psychological Services Center  
Supervisor - Rachel Stephens (select individual supervisor)  
Treatment Setting - Department/School Clinic

#### Psychological Services Center

Course- HOPE/COUPLES Dr. Ripley  
Training Site - Psychological Services Center  
Supervisor - Dr. Ripley  
Treatment Setting - Department/School Clinic

#### External Practica

Course- Practica -Dr. Stephens (select practica instructor for your course)  
Training Site- Hampton VA (select your practica site)  
Treatment Setting- VA Hospital (select setting category appropriate for your site)  
Supervisor - Dr. Jennifer Theissen (select individual supervisor)

### **Course Example**

#### Group Therapy

Course – Group Therapy Class  
Training Site – PSC Group Clinic  
Supervisor – Rachel Stephens

Treatment Setting – Department / School Clinic

### **Research Team Example**

#### Couples Lab (Dr Ripley)

Course – Advanced Professional Experience at HOPE couples counseling project

Training Site – PSC- Couples Clinic

Supervisor – Jennifer Ripley

Treatment Setting – Department/ School Clinic

#### Activities-

Direct Intervention- Couples Therapy, Intake/ Structured Interview

Assessments- Can list the couple assessments

Group Supervision- Other, Peer to Peer (typical)

- licensed psychologist (if Dr Ripley present)

Outreach- Program Development/ Outreach programming

Observation (for watching live or recorded sessions)

Support – Clinical Writing/ Progress Notes; Readings Research Preparation; Client Consultation; Intervention Planning; Assessment Report Writing (the intake report utilizes assessments); Case Conferences (for any extra meetings with peers about cases), Outcome Assessment of Program (for helping with our outcome data), Psychological Assessment Scoring and Interpretation (scoring up the assessments); Seminars/ Didactic training (for Hope certificate, or additional trainings given); Video-Audio-Digital Recording Review (for reviewing your own case's recording)

# CLINICAL PSYCHOLOGY PRACTICA

## APPENDIX D: STUDENT FORMS

Student Site Evaluation  
Advanced Professional Experience Contract  
Student Work Approval Form



## STUDENT SITE EVALUATION

Doctoral Program in Clinical Psychology

(Completed at end of placement)

Student's Name \_\_\_\_\_ Practica Site \_\_\_\_\_

Site Supervisor(s) \_\_\_\_\_ Faculty Supervisor \_\_\_\_\_

Practica: \_\_\_ Psy 735 \_\_\_ Psy 738 Semester/Year: \_\_\_\_\_

AGENCY	YES	NO	N/A	COMMENTS
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### *Setting/Materials*

1. Consistently available office space Yes No N/A \_\_\_\_\_

2. Provision of necessary testing supplies Yes No N/A \_\_\_\_\_

3. Provision of any additional necessary supplies Yes No N/A \_\_\_\_\_

### *Administrative Support*

1. Timely typing Yes No N/A \_\_\_\_\_

2. Consistent relay of messages Yes No N/A \_\_\_\_\_

3. Assistance in obtaining needed materials Yes No N/A \_\_\_\_\_

4. Consistency in scheduling appointments Yes No N/A \_\_\_\_\_

### SUPERVISOR

### *Practica Start-Up*

1. Thorough orientation to facility and procedures (within first two weeks of Practica) Yes No N/A \_\_\_\_\_

2. Introduction to unit staff Yes No N/A \_\_\_\_\_

3. Practica began during assigned week (tasks were assigned or suggested on the first day) Yes No N/A \_\_\_\_\_

4. Contract completed by second week of Practica Yes No N/A \_\_\_\_\_

5. Requirements for fulfillment of goals and activities clearly specified Yes No N/A \_\_\_\_\_

6. Total hr./week of work (including time to write up reports) specified in contract Yes No N/A \_\_\_\_\_

*Practica Supervisor*

<b>1.</b> Aware of goals, mission of University	Yes	No	N/A	_____
<b>2.</b> Aware of objectives and relevant activities for the specific Practica	Yes	No	N/A	_____
<b>3.</b> Aware of curriculum concurrent with Practica	Yes	No	N/A	_____
<b>4.</b> Gave 3 to 4 days' notice when supervisory session had to be changed (at least 85% of the time)	Yes	No	N/A	_____
<b>5.</b> Canceled supervisory sessions were typically made up	Yes	No	N/A	_____
<b>6.</b> Functioned in supervisory role throughout entire semester	Yes	No	N/A	_____
<b>7.</b> Provided clients to ensure maintenance of contracted work level	Yes	No	N/A	_____
<b>8.</b> Provided balanced case load representative of types of clients available at this agency	Yes	No	N/A	_____
<b>9.</b> Set up appointment with other staff when needed to accomplish contracted goal	Yes	No	N/A	_____
<b>10.</b> Maintained contracted level of supervision throughout semester (minimum: 1 hours/week)	Yes	No	N/A	_____
<b>11.</b> Tasks were consistent with relevant activities stated in handbook for particular Practica	Yes	No	N/A	_____
<b>12.</b> Tasks were consistent with contracted tasks and goals	Yes	No	N/A	_____

*Evaluation*

<b>1.</b> Items were discussed with supervisor prior to completion of evaluation form.	Yes	No	N/A	_____
<b>2.</b> Supervisor gave specific feedback, recommendations relevant to student's on-going clinical development	Yes	No	N/A	_____







**ADVANCED PROFESSIONAL EXPERIENCE CONTRACT**  
**Non-Practica Clinical Training to be Approved**

This form is required for DCT approval of clinical training experiences. Hours may not be entered in your Regent Time2Track account if they have not been approved through this form by the DCT. If a professional experience lasts more than a year, a new form must be submitted at the start of the academic year. Approval must be obtained before beginning a new clinical experience (annual renewals are due in August).

Student Name: \_\_\_\_\_  
Training Site: \_\_\_\_\_  
Start date of Training: \_\_\_\_\_  
Expected date of completion (month/year): \_\_\_\_\_

Within the specified time frame, \_\_\_\_\_ is identified as the primary site supervisor. Telephone/email contact is listed as \_\_\_\_\_/\_\_\_\_\_.

If primary site supervisor is not a licensed psychologist, \_\_\_\_\_ is identified as the licensed psychologist providing clinical supervision for this experience.

Linda Baum, Ph.D. (Director of Clinical Training-DCT) will serve as the faculty liaison with whom the student and Site Supervisor will communicate regarding any relevant questions pertaining to professional activities and supervision. She can be reached at (757) 352-4371. The DCT should be notified of any problems occurring in the training site by a student or supervisor.

Although this supervised advanced professional experience will count toward training hours, it is not a formal component of the Regent University practicum series, and is not, as a matter of fact, regarded as a component of the Practicum course unless additional formal arrangements change the nature of the training experience. Students and supervisors should be aware that state boards may not recognize training hours that are not formal practicum hours requiring registration and grades.

It is understood that students will maintain their liability insurance, but that they are practicing under the purview and liability of the supervising psychologist. Regent University does not have liability for student behavior outside of the formal practicum series. If a student wishes to obtain formal practicum credit for this advanced professional experience, they must obtain approval from the DCT and register for an independent study.

As such, Regent University will not formally document the quality of student performance in their clinical training files, but will document the hours reported by the student and supervisor. Method of evaluation and feedback will be determined between the supervisor and student. Students are expected to operate within the guidelines and standards of the APA code of ethics at all times. Students are expected to keep accurate records of direct clinical contact, service-related activities, supporting activities, and supervision hours.

The site agrees to provide a training opportunity in which the student gains the following types and volume of supervised clinical experiences (check all that apply):

<p>Interventions</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual Psychotherapy</li> <li><input type="checkbox"/> Family Therapy</li> <li><input type="checkbox"/> Marital Therapy</li> <li><input type="checkbox"/> Child/Adolescent Therapy</li> <li><input type="checkbox"/> Group Psychotherapy</li> <li><input type="checkbox"/> Behavioral Medicine</li> <li><input type="checkbox"/> Crisis Intervention</li> <li><input type="checkbox"/> Therapy Protocols</li> </ul>	<p>Psycho-Educational Activities</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent Training</li> <li><input type="checkbox"/> Outreach</li> <li><input type="checkbox"/> Client Orientation</li> <li><input type="checkbox"/> Involvement with community professionals</li> </ul>
<p>Assessment</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intake Interviewing</li> <li><input type="checkbox"/> Diagnostic Assessment</li> <li><input type="checkbox"/> Personality Testing</li> <li><input type="checkbox"/> Psychoeducational Assessment</li> <li><input type="checkbox"/> Forensic Assessment</li> <li><input type="checkbox"/> Neuropsychological Assessment</li> </ul>	<p>Resources</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In-service training activities</li> <li><input type="checkbox"/> Other training activities</li> </ul>
<p>Clinical Documentation</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Report Writing</li> <li><input type="checkbox"/> Record Keeping</li> <li><input type="checkbox"/> Treatment Plans</li> <li><input type="checkbox"/> Treatment Summaries</li> </ul>	<p>Supervision</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual Supervision</li> <li><input type="checkbox"/> Group or Peer Supervision</li> <li><input type="checkbox"/> Case Conferences or Staff Meetings</li> <li><input type="checkbox"/> Tele-supervision</li> </ul> <p>What % of supervision is virtual _____%</p>
<p>Training Activities</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consultation</li> <li><input type="checkbox"/> Referrals</li> <li><input type="checkbox"/> Professional Team Collaboration</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Other (Please List) _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>

Students training on a half-time or less basis must have, at minimum, a regularly scheduled weekly hour of supervision with their respective supervisors. Planned Day(s)/Time of Supervision: \_\_\_\_\_

Primary Site Supervisor	Signature	Date
Supervising Psychologist (if different than above)	Signature	Date
Student	Signature	Date
Director of Clinical Training	Signature	Date



PSY.D. STUDENT EXTERNAL WORK APPROVAL FORM  
(submit to Director of Clinical Training before beginning employment)

Student Name: \_\_\_\_\_

Employment Site: \_\_\_\_\_. Note and describe if employment activities are expected to be conducted off-site from employment work center at any time:

\_\_\_\_\_

Expected start date of employment: \_\_\_\_\_

Expected date of completion (month/year): \_\_\_\_\_

Projected number of hours per week: \_\_\_\_\_

With the specified time frame, \_\_\_\_\_ (Site Supervisor, degree, license) is identified as the primary site supervisor. Telephone/email contact is listed as \_\_\_\_\_/\_\_\_\_\_.

Describe specific employment activities in detail (describe all forms of professional intervention, counseling, supervision [of clients], test administration, clinical administrative activity, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If specific activities are added over the course of employment, the activities must be approved by the DCT.

For the purposes of this authorization, your employment is not regarded as a component of the Regent University practicum series or training program. Nor is it regarded as an Advanced Professional Experience. Therefore, your clinical activities will not count toward pre-doctoral Practicum training hours and your performance will not be documented in your clinical training file. Despite the lack of formal departmental oversight, you are a student in the Regent University Doctoral Program in Clinical Psychology, and the Program is to be made cognizant of any clinical activities that you perform outside of the formal training program, just as the Program is cognizant of and assumes some responsibility for scholarly presentations outside of the school in which you may be identified as a Regent psychology student.

Students must take responsibility to address with their employer the area of clinical and legal liability. Regent University assumes no liability for student performance. Just as second and third-year practicum students are required to have student liability, students seeking employment prior to successful completion of the third-year practicum are strongly advised to have student liability insurance. Students should also be aware that their supervisors, regardless of level of training or discipline, will assume liability for your professional behavior.

It is mandatory that all Psy.D. students be aware of and operate within the guidelines and standards of the APA code of ethics at all times. If students are asked by their employer to perform activities that are in conflict with the APA code of ethics or outside of their scope of expertise, it is the responsibility of the student to inform their employer of the conflict and obtain suitable resolution in order for the employment to continue. While all APA ethics codes apply to your professional behavior, students are especially cautioned to only work within areas of their professional expertise. For instance; while you might be trained to administer psychological tests, you would not be regarded as qualified to

interpret and write psychological reports without first taking the relevant courses and passing the probes that demonstrate minimal competence in this area. You should also be cautioned against performing any activities of a licensed psychologist (e.g., psychological test administration and interpretation) unless you are being directly supervised by a licensed psychologist.

For students with the proper pre-requisite training and who work under the supervision of a licensed psychologist, if your employment is not part of a practicum experience, you are encouraged to submit application for an “Advanced Professional Experience” so that your training can count toward training hours on your internship application.

If you are required to sign patient care documentation as part of your employment, your signature line should list your degree or job title. You are not to use your affiliation with Regent University as a job title or signature line (e.g., Jane Doe, Doctoral Student in Clinical Psychology, Regent University).

Students must make their employers aware of the following:

- Your employment is not regarded as an official university practicum placement.
- Regent University is not responsible for your performance at the worksite and does not provide any support for it.
- You are in training to become a clinical psychologist. Any training or experience you might obtain at the worksite could come in conflict with the values, ethics, and professional practice training you are receiving at Regent.
- Students are responsible to follow the guidelines and principles of the APA code of ethics relevant to the work they are performing in their workplace. At the novice level of the student in training, students can be unaware of ethical and legal obligations.
- Obtaining your PsyD degree necessitates scheduling practica work and other work that may come in conflict with your responsibilities at the outside workplace. The student is expected to negotiate these differences. Moreover, the PsyD program expects students to prioritize their doctoral training activities in such a way that outside work does not interfere with training. This includes students who are “on call” for their outside work. Students cannot miss PsyD program practica, classes, colloquia or other requirements due to outside work responsibilities.

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Student Signature

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Date

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Linda J. Baum, Ph.D.  
Director of Clinical Training

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Date

## APPENDIX E: INTERNSHIP FORMS

CLEARANCE REQUEST TO APPLY FOR INTERNSHIP  
Psy.D. PROGRAM CRITERIA FOR DESIGNED INTERNSHIPS  
MID-YEAR INTERN EVALUATION FORM  
END-OF-YEAR INTERN EVALUATION FORM  
STUDENT INTERNSHIP TRAINING EVALUATION FORM  
SAMPLE APPIC APPLICATION



Applicant Name: \_\_\_\_\_

REQUEST FOR CLEARANCE TO APPLY FOR PRE-DOCTORAL INTERNSHIP

SECTION I (Completed by Student)

Faculty Mentor: \_\_\_\_\_ Date Entering Psy.D. Program: \_\_\_\_\_

Projected Start of Internship: \_\_\_\_\_

Total Intervention Hours<sup>2</sup>: \_\_\_\_\_ Total Assessment Hours: \_\_\_\_\_

Total Support Hours: \_\_\_\_\_ Total Supervision Hours: \_\_\_\_\_

Estimated additional hours of supervised practica experience prior to internship: \_\_\_\_\_

\*Submit your current Time2track log with this form.

SECTION II: Statement of Understanding (Completed by Student)

*I understand that clearance to begin my pre-doctoral internship is contingent upon the following factors:*

- *successful admission to doctoral candidacy,*
- *dissertation proposed, submitted HSRC (as needed) and begin collecting data or equivalent,*
- *successful completion of the 4<sup>th</sup> year clinical portfolio*
- *adequate completion of all required coursework and practica experience*
- *remaining a student in good standing, and*
- *demonstrating adequate emotional maturity, stability and professional conduct*

*I also understand that I am required to apply to at least 15 APA or APPIC-approved internship sites and that I am obligated to attend all interviews offered and accept an internship should the opportunity arise. My list of internship sites must be approved by the Director of Clinical Training before submitting applications and before submitting match list. If an opportunity to obtain an internship does not materialize, I may consider a designed internship option, if approved by the DCT. The DCT will consider approval of designed non-accredited internships on a case-by-case basis but will ordinarily deny such experiences in the first year of application.*

\_\_\_\_\_  
(student signature) (date)

\_\_\_\_\_  
(DCT signature) (date)

(See Reverse side for Faculty Mentor Endorsement)

<sup>2</sup> Hours should be inclusive of all hours reported on Annual Summary logs throughout the program and kept in clinical training log (Time2Track). Student must meet minimum hours for internship application.



**PSY.D. PROGRAM CRITERIA FOR DESIGNED  
INTERNSHIP**

- \_\_\_1. Student obtains permission to pursue designed internship from DCT.
- \_\_\_2. The site uses an organized training program and materials supporting this structure are provided for DCT review.
- \_\_\_3. The description of planned training experiences follows a logical progression.
- \_\_\_4. The internship agency had a clearly designated staff psychologist who was responsible for the integrity of the training program.
- \_\_\_5. The agency has two licensed psychologists on staff.
- \_\_\_6. A staff member of agency who has clinical responsibility for the cases being supervised provides supervision. This supervision must be by a psychologist at least 50% of the time.
- \_\_\_7. The site provides training opportunities in a range of assessment and treatment activities, conducted directly with patients seeking health services
- \_\_\_8. A minimum of 25% of trainee's time in direct patient contact (375 hours).
- \_\_\_9. A minimum of 2 hours of face-to-face supervision is provided per week.
- \_\_\_10. A minimum of 2 hours per week of didactic activity is provided.
  - case conferences/ clinical seminars/ co-therapy with staff person
  - group supervision/ additional individual supervision
- \_\_\_11. Internship had a minimum of two interns at the internship level during the applicant's training period. (Optional item if setting has interdisciplinary staff and is committed to training of intern).
- \_\_\_12. Trainee has appropriate title, "intern", "resident", or "fellow".
- \_\_\_13. Internship agency has a written statement or brochure describing the goals & content of the internship, stated clear expectations for quantity/quality of trainee's work, and made available to prospective interns [The memorandum of understanding will complete this requirement]
- \_\_\_14. The internship experience (minimum 1500 hours) will be completed within 24 months.





PSYCHOLOGY INTERN EVALUATION (Midyear)

Student: \_\_\_\_\_ Internship Agency: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Dates of Internship: \_\_\_\_\_ Total Hours of Clinical Experience: \_\_\_\_\_

Hours of Supervision per Week: \_\_\_\_\_ Individual \_\_\_\_\_ Group

Please rate the student on each of the following clinical competencies compared to the typical or expected level of competency for other interns at your site.

- 5 = Definite area of strength, shows mastery
- 4 = Area of strength; continue to work on it
- 3 = At expected level; skill developing
- 2 = Below Expected Level
- 1 = Major weakness; absence of skill
- N/A = Not Applicable

Strength	Expected level					Weakness	
	5	4	3	2	1		
							<b>Intervention, to include the ability to:</b>
	5	4	3	2	1		Develop evidence based treatment plans
	5	4	3	2	1		Successfully implement informed interventions
	5	4	3	2	1		Evaluate intervention effectiveness
							<b>Assessment, to include the ability to:</b>
	5	4	3	2	1		Select and apply assessment methods
	5	4	3	2	1		Interpret assessment results
	5	4	3	2	1		Independent ability to evaluate and disseminate research
	5	4	3	2	1		Ability to apply research to clinical decision making
	5	4	3	2	1		Professional values, attitudes, and behaviors
	5	4	3	2	1		Application of knowledge in individual and cultural diversity
	5	4	3	2	1		Ethical and legal management of responsibilities
	5	4	3	2	1		Application of knowledge of supervision
	5	4	3	2	1		Consultation and interprofessional / interdisciplinary skills
	5	4	3	2	1		Communication and interpersonal skills
	5	4	3	2	1		Clinical documentation skills (progress notes, report writing, etc.)
	5	4	3	2	1		Overall impression of student's clinical skill

*The following item is not applicable to all internship sites. Please rate this item only if applicable.*

5 4 3 2 1 Ability to work with religious/spiritual issues in therapy

Please indicate whether each of the following circumstances applied to the student's internship at your site.

- Yes  No      Student's internship followed planned progression that is sequential, cumulative, and graduated in complexity, and outlined at start of program
- Yes  No      A psychologist supervised the student at least 50% of time
- Yes  No      Supervision was provided by staff member who had clinical responsibility for the cases managed by the student
- Yes  No      Student obtained experience with a range of assessment and treatment activities during the course of the internship
- Yes  No      Direct observation is provided by the supervisor responsible for the experience being evaluated
- Yes  No      The student received two hours per week of didactic training in addition to supervision
- Yes  No      The student received at least four hours per week of supervision; at least two of these hours consisted of individual face-to-face supervision
- Yes  No      The internship had at least two interns at the site during the course of the internship
- Yes  No      The trainee was identified as in 'internship status' (e.g., 'intern', 'resident')

TOTAL HOURS ACCUMULATED TO DATE \_\_\_\_\_

General Comments: (Attach additional sheets if necessary)

---

---

Printed Name of Internship Director

Signature

Date

Please send this completed form and other relevant correspondence to:

Linda Baum, Ph.D., Director of Clinical Training  
CRB 161 (Psychology), 1000 Regent University Drive, Virginia Beach, VA 23464  
fax: 757-352-4304 or lbaum@regent.edu



## PSYCHOLOGY INTERN EVALUATION (end of year)

Student: \_\_\_\_\_ Internship Agency: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Dates of Internship: \_\_\_\_\_ Total Hours of Clinical Experience: \_\_\_\_\_

Hours of Supervision per Week: \_\_\_\_\_ Individual \_\_\_\_\_ Group

Please rate the student on each of the following clinical competencies compared to the typical or expected level of competency for other interns at your site.

- |  |                                      |
|--|--------------------------------------|
| 5 = Definite area of strength, shows mastery | 2 = Below Expected Level             |
| 4 = Area of strength; continue to work on it | 1 = Major weakness; absence of skill |
| 3 = At expected level; skill developing      | N/A = Not Applicable                 |

Strength	Expected level			Weakness	
5	4	3	2	1	<b>Intervention, to include the ability to:</b>
					Develop evidence based treatment plans
5	4	3	2	1	Successfully implement informed interventions
5	4	3	2	1	Evaluate intervention effectiveness
					<b>Assessment, to include the ability to:</b>
5	4	3	2	1	Select and apply assessment methods
5	4	3	2	1	Interpret assessment results
5	4	3	2	1	Independent ability to evaluate and disseminate research
5	4	3	2	1	Ability to apply research to clinical decision making
5	4	3	2	1	Professional values, attitudes, and behaviors
5	4	3	2	1	Application of knowledge in individual and cultural diversity
5	4	3	2	1	Ethical and legal management of responsibilities
5	4	3	2	1	Application of knowledge of supervision
5	4	3	2	1	Consultation and interprofessional / interdisciplinary skills
5	4	3	2	1	Communication and interpersonal skills
5	4	3	2	1	Clinical documentation skills (progress notes, report writing, etc.)
5	4	3	2	1	Overall impression of student's clinical skill

*The following item is not applicable to all internship sites. Please rate this item only if applicable.*

5	4	3	2	1	Ability to work with religious/spiritual issues in therapy
---	---	---	---	---	--

Please indicate if each of the following circumstances applied to the internship at your site.

- Yes  No Student's internship followed planned progression that is sequential, cumulative and graduated in complexity, and outlined at start of program
- Yes  No A psychologist supervised the student at least 50% of time
- Yes  No Supervision was provided by staff member who had clinical responsibility for the cases managed by the student
- Yes  No Student obtained experience with a range of assessment and treatment activities during the course of the internship
- Yes  No At least 25% of the student's time was spent in direct patient contact
- Yes  No Direct observation is provided by the supervisor responsible for the experience being evaluated
- Yes  No The student received two hours per weekly of didactic training in addition to supervision
- Yes  No The student received at least four hours per week of supervision; at least two of these hours consisted of individual face-to-face supervision
- Yes  No The internship had at least two interns at the site during the course of the internship
- Yes  No The trainee was identified as in 'internship status' (e.g., 'intern', 'resident')

TOTAL HOURS ACCUMULATED TO DATE \_\_\_\_\_

General Comments: (Attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Internship Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send this completed form and other relevant correspondence to:

Linda Baum, Ph.D., Director of Clinical Training  
CRB 161 (Psychology), 1000 Regent University Drive, Virginia Beach, VA 23464  
fax: 757-352-4304 or [lbaum@regent.edu](mailto:lbaum@regent.edu)

## STUDENT INTERNSHIP TRAINING EVALUATION FORM

Due by the end of October. If a student has a late start the student can speak with the DCT to determine if an extension of the October due date is needed. Completion of this form is for good communication with the Director of Training, clear documentation of the type of training the student is receiving, and the ability to address problems consultatively with the student if they exist. It is required to pass PSY801.

<b>Your name:</b>		
<b>Your internship training Site:</b>		
<b>What is your formal title during the internship year (i.e., fellow, intern, etc.)?</b>		
<b>Internship training director for current year:</b>		
<b>Internship start date:</b>	<b>Internship end date:</b>	
<b>Number of licensed doctoral level psychologists in staff:</b>		
<b>Number of pre-doctoral psychology interns on site</b>		
<b>Direct Services.</b>		
<b>Is at least 25% of your time being spend in face to face psychological services to clients? Do you believe you will meet this requirement?</b>	YES	NO
<b>Training Activities</b>		
<b>Does your site have written materials that provide a clear description of the nature of the training program (a manual, brochure, or website)?</b>	YES	NO
<b>Did you have an orientation process at the beginning of training?</b>	YES	NO
<b>Does your agency have a procedure manual for trainees?</b>	YES	NO
<b>Were you informed about due process and grievance procedures that deal with concerns about your performance and/or your concerns about training?</b>	YES	NO
<b>Do you participate in regularly scheduled didactic training experiences—such as training meetings or seminars, grand rounds, or case conferences?</b>	YES	NO
<b>Are you being individually supervised by a licensed psychologist?</b>	YES	NO
<b>Do you receive weekly individual supervision that focuses primarily upon the psychological services that you are providing to clients?</b>	YES	NO
<b>Do you also receive group supervision?</b>	YES	NO
<b>Is your site APA Accredited?</b>	YES	NO
<b>If your site is not APA Accredited, is a site visit from APA Accreditation scheduled before your internship would end?</b>	YES	NO
<b>Are you interested in being contacted by a Regent Faculty regarding issues/concerns at your internship site?</b>	YES	NO
<b>Your phone number (if you want to be contacted):</b>	YES	NO

1. If your site is not APA Accredited, please submit your up to date Log from Time2track of your clinical training experience thus far. Remember you will need to submit your Time2track log at the end of the year to pass internship.
2. If your site is not APA Accredited, please submit a copy of your internship training manual, if one exists. If there is not an internship training manual please submit the brochure for your internship site.

# SAMPLE APPIC APPLICATION

Biographic Information

**PROFILE**

Title:	Materials Under Another Name:
First Name:	Nickname:
Middle Name:	Alternative First Name:
Last Name:	Alternative Middle Name:
Suffix:	Alternative Last Name:
Gender or Sex:	

**BIRTH INFORMATION**

Date of Birth:  
City:  
State:  
Country:

**CONTACT INFORMATION**

Address Type:  
Address:  
County:  
Country:

Valid Until Date:  
Phone:           Type:  
Email:           Type:

**OTHER INFORMATION**

Military Status:

**LICENSES AND CERTIFICATIONS**

Title:	Issue Date:
License Number:	Expiry Date:
Type:	Description:
Organization:	



**Professional Conduct**

Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board? Yes      No

If 'Yes', please elaborate :

Are there any complaints currently pending against you before any of the above bodies? Yes      No

If 'Yes', please elaborate :

Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending? Yes      No

If 'Yes', please elaborate :

Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer? Yes      No

If 'Yes', please elaborate :

Have you ever reneged on an APPIC internship match agreement (i.e., refused to attend or left an internship program that you obtained through the APPIC Match or Clearinghouse) without prior approval from APPIC and the internship site? Yes      No

If 'Yes', please elaborate :

Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes      No

If 'Yes', please elaborate :

Have you ever been convicted of a felony? Yes      No

If 'Yes', please elaborate :

APPIC Application

Name:

Match Code Number:

Academic History

**Colleges Attended**

\_\_\_\_\_ UNIVERSITY

Start Date:

Still Current:

End Date:

Primary:

Major:

Minor/Second Major:

Degree Name:

Degree Date:

Status:

Degree Verified:

\_\_\_\_\_ UNIVERSITY

Start Date:

Still Current:

End Date:

Primary:

Major:

Minor/Second Major:

Degree Name:

Degree Date:

Status:

Degree Verified:

**Current Graduate Program Information**

Where is your current graduate program located?

Province:

Current University:

Department Name:

Current Graduate Information:

College Name:

Designated Subfield of Doctoral  
Program in Psychology:

Degree Seeking:

Cumulative GPA:

Have you earned or are you in the process of earning a Master's Degree in any  
field at your current university?

Dissertation/Research title or topic:

Type of Research Involved?

If Other, Please Specify:

If no dissertation is required, describe the status of any major project:

**DISSERTATION/DOCTORAL RESEARCH ADVISOR**

Dissertation / Doctoral Advisor's Name:

Dissertation Co-Chair/ Reader:

Advisor's Phone Number:

Advisor's Email Address:

**PRESENTATIONS**

Please provide the number of professional presentations you have made at regional ,state, national, or international meetings/conferences:

**PUBLICATIONS**

Number of articles published in refereed journals:  
Number of books or book chapters:

**CITIZENSHIP AND WORK ELIGIBILITY**

Are you a U.S. citizen?  
Are you eligible to work in the United States?  
Are you a Canadian citizen?  
Are you eligible to work in Canada?  
Visa Number:  
Issued in City:  
Country of Issue:  
Valid From:  
Valid Until:  
Please provide any additional details regarding your current Visa status:

**PUBLICATIONS**

In which Language(s) other than English (including American Sign Language) are you FLUENT enough to conduct therapy?

**PRONOUNS**

Pronouns:

Summary of Doctoral Training

**Doctoral Program Information**

Current University/School Name:

Department Name:

Doctoral Program Information	Status	Date Completed or Expected (MM / YYYY)	Required to participate in APPIC match?	Required to attend an internship?
Did you complete your academic Coursework? (Excluding dissertation and internship hours)	Expected or Completed			
Have you successfully completed your program's comprehensive/ qualifying examinations?	Expected or Completed			
Master Thesis:				

What is the current status of your dissertation/doctoral research project?	Status	Date Completed or Expected (MM / YYYY)	Required to participate in APPIC match?	Required to attend an internship?
Proposal Approved				
Data Collected				
Data Analyzed				
Data Defended				

**Summary of Practicum Experience**

Terminal Masters Hours Verified by Director of Clinical Training (DCT)? Yes (if applicable)

Intervention Hours		Assessment Hours		Supervision Hours	
Doctoral Hours:		Doctoral Hours:		Doctoral Hours:	
Terminal Masters Hours:		Terminal Masters Hours:		Terminal Masters Hours:	
Total Completed Hours:		Total Completed Hours:		Total Completed Hours:	

**Anticipated Practicum Experience**

Number of Hours Anticipated

Description of the Anticipated Practicum Experience

Clinical Experience=

Hours per week=

Supervised hours=

**Contact Information for Academic DCT/TD**

DCT Name:

Phone: ( )

Address:

City:

State/Province:

Zip:

Email Address:

**Intervention Experience**

Degree of Terminal Masters:

If Other , Please specify

Area of Concentration of Terminal Masters Degree:

If Other , Please specify

Individual Therapy	Doctoral		Terminal Masters	
	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Older Adults (65+)				
Adults (18-64)				
Adolescents (13-17)				
School-Age (6-12)				
Pre-School Age (3-5)				
Infants/Toddlers (0-2)				

Career Counseling	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Adults				
Adolescents (13-17)				

Group Counseling	Total Hours Face-to-Face:	# of Different Groups:	Total Hours Face-to-Face:	# of Different Groups:
Adults				
Adolescents (13-17)				
Children (12 and under)				

Family Therapy	Total Hours Face-to-Face:	# of Different Families:	Total Hours Face-to-Face:	# of Different Families:
Family Therapy				

Couples Therapy	Total Hours Face-to-Face:	# of Different Couples:	Total Hours Face-to-Face:	# of Different Couples:
Couples Therapy				

School Counseling Interventions	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Consultation				
Direct Intervention				
Other				

If other, please specify:

**Intervention Experience (continued)**

Other Psychological Interventions	Doctoral		Terminal Masters	
	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Sport Psychology/ Performance Enhancement				
Medical/Health-Related Interventions				
Intake Interview/ Structured Interview				
Substance Abuse Interventions				
Consultation				
Other Interventions				

Describe the nature of the experience in "Other Interventions":

Other Psychological Experience with Students and/or Organizations	Total Hours Face-to-Face	
	Doctoral:	Terminal Masters:
Supervision of other students performing intervention and assessment activities		
Program Development/Outreach Programming		
Outcome Assessment of programs or projects		
Systems Intervention/Organizational Consultation/Performance Improvement		
Other		
If other, please specify:		

Comments

**Summary of Psychological Assessment Experience**

	Total Hours Face-to-Face	
	Doctoral:	Terminal Masters:
Psychodiagnostic test administration (include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients.		

**Integrated Psychological Reports**

Adults:

Children/Adolescents:

**Adult Assessment Instruments**

Symptom Inventories	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Beck Anxiety Inventory (example)	1	1	1

Projective Assessment	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Sentence Completion (example)	1	1	1

---

**Child Assessment Instruments**

---

Parent/Youth-Report Measures	#Clinically Administered/Scored:	#Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Behavior Assessment System for Children (BASC) (Example)	2	2	0



Supervision Received

**Supervision Received**

Supervised By:	Doctoral Total Hours		Terminal Masters Total Hours	
	Individual	Group	Individual	Group
Licensed Psychologists				
Allied Mental Health Professionals				
Others*				

\* For example, supervision provided by an advanced graduate student who is supervised by a licensed psychologist

**Optional Comments about Other Supervisors:**

**Total Supervision Hours**

Individual Total Hours:

Group Total Hours:

**Have you made recordings of clients/patients and reviewed them with your supervisor?**

AudioTape:

VideoTape/DigitalRecording:

Live/Direct Observation by Supervisor:

**Description of Support Activities**

Total Doctoral Support Hours

Total Terminal Masters Support Hours

**Description of Support Activities:**

**Additional Information about Practicum Experience**

	Doctoral		Terminal Masters		Total	
	Intervention	Assessment	Intervention	Assessment	Intervention	Assessment
Child Guidance Clinic						
Community Mental Health Center						
Department Clinic						
Forensic/Justice Setting						
Inpatient Psychiatric Hospital						
Medical Clinic/Hospital						
Outpatient Psychiatric Clinic / Hospital						
Partial Hospitalization/ Intensive Outpatient Programs						
Private Practice						
Residential/Group Home						
Schools						
University Counseling Center / Student Mental Health Center						
VA Medical Center						
Other						
If other, please specify						

Have you led or co-led any type of groups?

**Primary Theoretical Orientation**

- Behavioral
- Biological Cognitive
- Behavior Eclectic
- Humanistic/Existential
- Integrative
- Interpersonal
- Psychodynamic/Psychoanalytic
- Systems
- Other

If other, please specify:

**Additional Information about Practicum Experience (Continued)**

Race/Ethnicity	Intervention	Assessment
African-American/Black/African Origin		
Asian-American/Asian Origin/Pacific Islander		
Latino-a/Hispanic		
American Indian/Alaska Native/Aboriginal Canadian		
European Origin/White		
Bi-racial/Multi-racial		
Other		
If other, please specify		

Sexual Orientation	Intervention	Assessment
Heterosexual		
Gay		
Lesbian		
Bisexual		
Other		
If other, please specify		

Disabilities	Intervention	Assessment
Physical/Orthopedic Disability		
Blind / Visually Impaired		
Deaf/Hard of Hearing		
Learning/Cognitive Disability		
Developmental Disability (Including Mental Retardation and Autism)		
Serious Mental Illness		
Other		
If other, please specify		

Gender	Intervention	Assessment
Male		
Female		
Transgender		
Other		
If other, please specify		

**Non-Practicum Clinical Work Experience**

## Application Certification

### Application Certification

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. I understand that any significant misstatement in, or omission from, this application may be cause for denial of selection as an intern or dismissal from an intern position. I authorize the internship site to consult with persons and institutions with which I have been associated who may have information bearing on my professional competence, character, and ethical qualifications now or in the future. I release from liability all internship staff for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from liability all individuals and organizations who provide information to the internship site in good faith and without malice concerning my professional competence, ethics, character, and other qualifications now or in the future. I authorize the internship site and my doctoral program to release evaluative information about me to each other, now or in the future. In addition, I authorize the internship site and my doctoral program to consult with APPIC should the need arise.

I further understand that it is my responsibility to inform the internship sites to which I have applied if a change in my status with my academic program, (e.g., being placed on probation, being dismissed, etc.) occurs subsequent to the submission of my application. In addition, I understand I have the same responsibility to inform the internship site to which I match if a change in status occurs after the match has occurred.

If I am accepted and become an intern, I expressly agree to comply fully with the Association of Psychology Postdoctoral and Internship Centers (APPIC) policies, the Ethical Principles of Psychologists and Code of Conduct and the General Guidelines for Providers of Psychological Services of the American Psychological Association, and with the standards of the Canadian Psychological Association which are applicable. I also agree to comply with all applicable state, provincial and federal laws, all of the Rules and Code of Conduct of the State or Provincial Licensing Board of Psychology, and the rules of the institution in which I am an intern.

I understand and agree that, as an applicant for the psychology internship program, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

I hereby agree that personally identifiable information about me, including but not limited to my academic and professional qualifications performance, and character, in whatever form maintained, may be provided by my academic program to any internship training site to which I have applied and/or will match. I further agree that, following any internship match, similar information may be provided by the internship site to my graduate program and by my graduate program to the internship site. I understand that such exchange of information shall be limited to my graduate program, any internship site, and/or representatives of APPIC, and such information may not be provided to other parties without my consent. This authorization, which may be revoked at any time, supersedes any prior authorization involving the same subject matter.

Electronic Signature:

Electronic Signature Date:

## APPENDIX F: CLINICAL PROGRESSION REMEDIATION FORM



School of Psychology & Counseling

CLINICAL PROGRESSION REMEDIATION PLAN

**Student Name:**

**Date:**

**Area of Concern:** It is the goal of the Clinical Training Committee and Faculty to provide support necessary for successful completion of the program. Our program has a number of clinical competencies that act as mileposts and roadblocks to clinical progression. It has come to the attention of the faculty/Clinical Training Committee that you .... (describe specific areas of deficit or failure-academic, clinical, or behavioral here).

Therefore, the faculty/Clinical Training Committee has met and determined that remediation is necessary.

**Remediation Plan:** The following remediation plan has been recommended and completion is necessary to resume progression in the future. (describe specific goals and points of evaluation).

**Indicator of Remediation Completion/Success:** (may include course grades, passing probe to be filed in clinical file, letter from therapist, supervisor evaluations, etc.)

**Period of Remediation:** Your period of remediation begins now. Your ongoing progress toward the stated goals of remediation will be monitored informally throughout the remediation period, and on a formal basis at the conclusion of the remediation period. Your current remediation plan is scheduled for formal re-evaluation in \_\_\_\_\_.  
(month, year)

\_\_\_\_\_  
(Faculty Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Additional Faculty Signature if indicated)

\_\_\_\_\_  
(Date)

## Student Acknowledgement of Remediation as Proscribed

I have been shown this meeting summary, and accept my responsibility for the consequences as stated if I fail to comply. (Consequences can range from loss of points in a course, to failing the course, to dismissal from the program, and options in-between.) I understand that I may generate a letter of response to be included with this form, should I so choose.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

I have been shown this completed form and do not agree with its contents. I intend to appeal to the next level.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

## Disposition of Remediation

As of \_\_\_\_\_, \_\_\_\_\_ has: \_\_\_\_\_ met the goals of remediation  
(date) (student)

\_\_\_\_\_ met the goals of remediation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ partially met goals and requires further monitoring or remediation. Complete new remediation plan as necessary.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ not met goals of remediation. Complete new remediation plan as necessary and/or re-evaluate status in program.  
\_\_\_\_\_  
\_\_\_\_\_

---

(Responsible faculty signature)

---

(Date)

---

**(Additional Faculty Signature if indicated)**

---

**(Date)**

---

**(Student Signature)**

---

**(Date)**