

Section 15 - APPENDICES

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Appendix A

List of Acronyms for Organizations Related to CUDCP

AAAPP -	American Association of Applied and Preventive Psychology. (Affiliate of the American Psychological Society. Referred to as “Triple A, Double P.”)
ACCTA -	Association of Counseling Center Training Agencies
ADPTC -	Association of Directors of Psychology Training Clinics
AMSP -	Association of Medical School Psychologists
APA -	American Psychological Association
APPIC -	Association of Psychology Postdoctoral and Internship Centers
APAGS -	American Psychological Association of Graduate Students
APS -	American Psychological Society
ASPA -	Association of Specialized and Professional Accreditors
ASPPB -	Association of State and Provincial Psychology Boards (Organization for state and provincial licensing boards)
BEA -	Board of Educational Affairs (of APA)
BPA -	Board of Professional Affairs (of APA)
BSA -	Board of Scientific Affairs (of APA)
CAPP -	Committee for the Advancement of Professional Practice
CCOPP-	Council of Credentialing Organizations in Professional Psychology
CCPTP -	Council of Counseling Psychology Training Programs
CCTC -	Council of Chairs of Training Councils
CDSPP -	Council of Directors of School Psychology Programs
CoA -	Committee on Accreditation (of the APA)
COGDOP -	Council of Graduate Departments of Psychology (Organization for Department Chairs)
CORPA -	Commission on Recognition of Postsecondary Accreditation
COS -	Council of Specialties
CPA -	Canadian Psychological Association
CPAP-	Council of Provincial Association of Psychologists
CRSPPP -	Committee for the Recognition of Specialties and Proficiencies in Professional Psychology
CUDCP -	Council of University Directors of Clinical Psychology
NCSP -	National Council of Schools and Programs of Professional Psychology (Organization for Psy.D. and Ph.D. professional psychology programs)
NR -	National Register

PER - Psychology Executive's Roundtable
SSSCP - Society for a Science of Clinical Psychology (Section III of APA's
Division 12, Clinical Psychology)

Appendix B

CUDCP Bylaws

Revised: 1995

BYLAWS OF THE COUNCIL OF UNIVERSITY DIRECTORS OF CLINICAL PSYCHOLOGY

ARTICLE I. Purpose

It shall be the purpose of the Council of University Directors of Clinical Psychology (CUDCP) to promote the advancement of graduate education in clinical Psychology that produces psychologists who are educated and trained to generate and integrate scientific and professional knowledge and skills so as to further psychological science, the professional practice of psychology, and human welfare. CUDCP promotes graduate education that produces a Clinical Psychologist capable of functioning as a scientific investigator and as a practitioner, and may function as either or both, consistent with the highest standards in Clinical Psychology.

The field of Clinical Psychology involves research, teaching and services relevant to the applications of principles, methods, and procedures for understanding, predicting, and alleviating intellectual, emotional, biological, psychological, social and behavioral maladjustment, disability and discomfort, applied to a wide range of client populations. In theory, training and practice, clinical Psychology strives to recognize the importance of diversity and strives to understand the roles of gender, culture, ethnicity, race, sexual orientation, and other dimensions of diversity.

In furtherance of this purpose, CUDCP shall promote:

1. the scientific basis of Clinical Psychology;
2. training in and use of assessment and intervention procedures that are empirically supported;
3. research regarding the validation of assessment and treatment techniques;
4. training in the research methodology for developing and evaluating new assessment and intervention procedures;
5. dissemination of information, exchange of views, collection of data and facilitation of communication concerning education and training in Clinical Psychology;
6. participation in the formulation of policies concerning Clinical Psychology education and training;

7. representation of CUDCP programs within organizations relevant to graduate education in Clinical Psychology;
8. consultation in Clinical Psychology education and training to other scientific and professional organizations;
9. active liaison with other organizations concerned with Clinical Psychology; and
10. other conduct as shall be in furtherance of the corporation's major purpose.

ARTICLE II. Offices

The principal office of the corporation shall be located in the District of Columbia. The corporation may have other offices, either within or without the District of Columbia as the Board of Directors may determine or as the affairs of the corporation may require from time to time.

The corporation shall have and continuously maintain in the District of Columbia a registered office, and a registered agent whose office is identical with such registered office, as required by the District of Columbia Non-Profit Corporation Act. The registered office may be, but need not be, identical with the principal office in the District of Columbia, and the address of the registered office may be changed from time to time by the Board of Directors.

ARTICLE III. Members (after 1995)

Section 1. Classes of Members. The corporation shall have one class of members. The designation of such class and the qualifications and rights of the members of such class shall be as follows:

Regionally-accredited universities offering scientist-practitioner programs at the doctoral level in Clinical Psychology, as defined in Article I, shall be eligible for membership. The Director (or its equivalent) or his/her designee, who shall be a faculty member of the same program, shall represent each program in any meeting of the corporation, provided that the name of the representative is identified in writing to the Secretary-Treasurer of the corporation.

Section 2. Additional Classes. At its discretion the Board of Directors may create additional classes of membership.

Section 3. Election of Members. Members shall be elected by the Board of Directors. An affirmative vote of two-thirds of the Board members present shall be required for election. Except in the initial election of members, all applicants for membership shall file with the Secretary-Treasurer a written application in such form as the Board of Directors shall from time to time determine. All applications for membership shall be acted upon no later than the next regular meeting of the Board of Directors. All persons who are members of the Council of University Directors of Clinical Psychology at the time of the formation of the corporation shall automatically be elected to membership in it.

Section 4. Voting Rights. Each member shall be entitled to one vote on each matter submitted to a vote of the members.

Section 5. Termination of Membership. The Board of Directors, by affirmative vote of two-thirds of all of its members, may suspend or expel a member for cause after an appropriate hearing, and

may, by a majority vote of the Board members eligible to vote, terminate the membership of any member who becomes ineligible for membership, or any member who shall be ' in default in the payment of dues for the period fixed in Article XIII of these Bylaws.

Section 6. Resignation. Any member may resign by filing a written resignation with the Secretary-Treasurer, but such resignation shall not relieve the member so resigning of the obligation to pay any dues, assessments, or other charges theretofore accrued and unpaid.

Section 7. Reinstatement. Upon written request by a former member and filed with the Secretary-Treasurer, the Board of Directors may, by the affirmative vote of a majority of the members of the Board, reinstate such former member to membership upon such terms as the Board of Directors deem appropriate.

Section 8. Transfer of Membership. Membership in this corporation is not transferable or assignable.

ARTICLE IV. Meetings of Members

Section 1. Annual Meetings. An annual meeting of the members shall be held during the winter months at a location determined by the Board. All members will be invited by mail to attend. Official business will take place during this meeting. A separate meeting will be held by the Board at a convenient time concurrent with this meeting.

Section 2. Special-Meetings. Special meetings may be called by a two-thirds vote of the Board of Directors, or at least one-quarter of the members having voting rights. Special meetings shall be held within one month after receipt of a valid request or on the particular date proposed in the request.

Section 3. Place of Meeting. The Board of Directors may designate any place, either within or without the District of Columbia as the place of meeting for any annual meeting or for any special meeting called by the Board of Director. If no designation is made or if a special meeting be otherwise called, the place of meeting shall be the registered office of the corporation in the District of Columbia; but if all of the members shall meet at any time and place, either within or without the District of Columbia, and consent to the holding of a meeting, such meeting shall be valid without call or notice, and at such meeting any corporate action may be taken.

Section 4. Notice of Meetings. Written notice stating the place, day and hour, and the proposed agenda of any meeting of members shall be delivered, either personally or by mail, to each member entitled to vote at such meeting, not less than twenty nor more than ninety days before the date of such meeting, by or at the direction of the Board of Directors, or the Secretary-Treasurer, or the officers or persons calling the meeting. In case of a special meeting or when required by statute or by these Bylaws, the purpose or purposes for which the meeting is called shall be stated in the notice and such notice shall be delivered, either personally or by mail, to each member entitled to vote at such meeting not less than seven days before the date of such meeting. If mailed, the notice of a meeting shall be deemed to be delivered when deposited in the United States mail addressed to the member at his/her address as it appears on the records of the corporation, with postage thereon prepaid.

Section 5. Informal Action by Members. Any action required by law to be taken at a meeting of the members, or any action which may be taken at a meeting of members, may be taken without a meeting if a consent in writing, setting forth the action so taken, shall be signed by all of the members entitled to vote with respect to the subject matter thereof.

Section 6. Quorum. No less than one-half of the voting members shall constitute a quorum at any meeting. If a quorum is not present at any meeting of members, a majority of the members present may adjourn the meeting from time to time without further notice.

Section 7. Proxies. Vote by proxy shall not be allowed.

Section 8. Manner of Acting. A majority of the votes entitled to be cast, on a matter to be voted upon by the members present or a designee at a meeting at which a quorum is present, shall be necessary for the adoption thereof unless a greater proportion is required by law or by these Bylaws.

Section 9. Voting by Mail. Where the Board of Directors of officers are to be elected by members, such election may be conducted by mail or FAX in such manner as the Board of Directors shall determine, in accordance with Article V, Section 3. On all other matters, voting may be conducted by mail or FAX if such a ballot is requested by two or more members of the Board of Directors or requested in writing by seven or more members of the corporation. In such cases, the Secretary-Treasurer shall mail or FAX a copy of the matter to be voted on to each eligible member within fourteen days of the request for a mail ballot accompanied by, at the discretion of the Board of Directors, statements in favor of and/or opposed to the motion. Within 30 days after the motion and accompanying statements have been mailed to the members, the Secretary-Treasurer shall mail or FAX ballots to members. Authorized ballots shall be received within twenty-one days after they have been sent. Members shall receive the result of the vote within fourteen days of the deadline for return of completed ballots.

ARTICLE V. Board of Directors

Section 1. General Powers. The affairs of the corporation shall be managed by its Board of Directors, provided, however, that any single disbursement, proposed for the first time, of an amount greater than 50% of the prior year's dues income must first be approved by a majority of the corporation's members by a vote the form of which shall be at the discretion of the Board of Directors not inconsistent with the methods of voting prescribed in these Bylaws. The Board of Directors shall be authorized to accept gifts on behalf of the corporation and may enter into agreements concerning the use of such gifts without further ratification by members of the corporation so long as such agreements are consistent with the purposes of the corporation.

Section 2. Number, Tenure, and Qualifications of Board. The number of members of the Board of Directors shall be nine, plus any ex officio members that the Board shall in its discretion appoint. The Board shall include the officers of the corporation, seven Elected Directors, and any appointed ex officio members. Each Board member shall hold office for three years and until his/her successor shall have been elected and qualified. The three-year terms shall be staggered so that three terms expire each year. Any voting member of the corporation shall be entitled to serve on the Board. New Board members shall assume office at the commencement of the Board meeting preceding the annual meeting of the corporation unless the Board shall designate some other time. Service on the Board of Directors shall be

limited to two consecutive terms (or one term and a fraction of a second term). There shall be no limit to the number of terms served, so long as there is a break in service between any two consecutive terms.

Section 3. Elections. Members of the Board of Directors shall be elected by members of the corporation by FAX or mail ballot sent by the corporation between May 1 and May 15. The ballot shall be deemed to be delivered when deposited in the United States mail addressed to the member at his/her address as it appears on the records of the corporation, with postage thereon prepaid or FAXed to the members at the number on record for the member. Each ballot shall contain at least six nominees for the three vacancies. Ballots shall be returned to the Secretary-Treasurer postmarked no later than July 1. Members shall be informed of the results no later than August 1. In case of a tie vote for a single position on the Board, a run-off election shall be held by a special ballot mailed or FAXed to members. Request, for nominations shall be distributed by mail or FAX between March 1 and March 15. Any member may nominate any member who has consented to run for office, provided that such nomination is received by the Secretary-Treasurer no later than April 15. The dates for nominations, voting, and notification of results will be as follows:

Call for nominations	March 1-15
Deadline	April 15
Ballot sent out	May 1-15
Return votes by	July 1
Notify winner	August 1
Term begins	annual meeting in February

The Board, upon majority vote, may nominate any eligible member who has consented to run for office. All members nominated by the Board or by at least five members of the corporation shall be presented to the members for election in the manner provided for herein. Members voting shall choose among the nominees by placing them in rank order under the so called Hare System. Ballots shall be distributed to the first unique choice on each ballot. If no candidate is elected by a majority vote, the one receiving the fewest choices shall be declared defeated and the ballots assigned to him/her shall be redistributed to the voter's next choice of those candidates not yet defeated. If there is no next choice, the ballot is declared exhausted and set aside. As soon as any candidate receives a majority of the votes cast he/she is elected. The procedure continues until all candidates but one for each position are defeated. The remaining candidate is elected whether he/she has a majority or not. All officers and members of the Board of Directors of the Council of University Directors of Clinical Psychology serving at the time of incorporation shall remain in office until their regular terms expire.

Section 4. Regular Meetings. Two regular meetings of the Board of Directors shall be held without other notice than this Bylaw (other than informing Board members of the precise date of the meeting), one to be held at the same place as the annual business meeting of members. The Board of Directors may provide by resolution the time and place, either within or without the District of Columbia, for the holding of additional regular meetings of the Committee without other notice than such resolution.

Section 5. Special Meetings. Special meetings of the Board of Directors may be called by or at the request of at least four members of the Board or 15% of the members of the corporation. Requests for such meetings shall be made in writing to the Chair of the Board and such meetings shall be held within two months of receipt of request or on the particular date specified in the request. The Chair shall decide the place of the special meeting either within or without the District of Columbia, or may hold the special

meeting by means of a conference telephone call or by any means of communication by which all persons participating in the meeting are able to communicate with one another.

Section 6. Notice. Notice of any regular meetings of the Board of Directors shall be given to the members of the corporation at least 30 days prior to such meetings in the manner prescribed in Article III, Section 4. Notice of any special meetings shall be given to the members of the corporation at a time and in a manner reasonably calculated to inform members of such meetings. Notice to members of the Board of any special meeting of the Board of Directors shall be given at least five days previous thereto by written notice delivered personally or sent by mail or telegram to each Board member at his/her address as shown by the records of the corporation or two days previous thereto by oral notice delivered by telephone. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage therein prepaid. If notice be given by telegram, such notice shall be deemed to be delivered when the telegram is delivered to the telegraph company. If notice be given by telephone, such notice must be communicated personally. Any Board member may waive notice of any meeting. The attendance of a Board member at any meeting shall constitute a waiver of notice of such meeting, except where a Board member attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Board of Directors need be specified in the notice or waiver of notice of such meeting, unless specifically required by law or by these Bylaws.

Section 7. Quorum. The presence of six members of the Board eligible to vote shall constitute a quorum for the transaction of business at any meeting of the Board; but if less than a majority of the Board members eligible to vote are present at said meeting, those present may adjourn the meeting from time to time without further notice until a quorum is present, when any business may be transacted that may have been transacted at the meeting as originally called.

Section 8. Proxies. Proxy voting at any meeting of the Board of Directors shall not be permitted. However, without requiring an amendment to these Bylaws, the Board, at its discretion, may establish proxy voting rules in conformance with the District of Columbia Nonprofit Corporation Law, provided that any rule permitting proxies shall not be effective for at least three months following the date on which it is adopted.

Section 9. Manner of Acting. The act of a majority of the Directors who are eligible to vote and are present at a meeting at which the quorum is present shall be the act of the Board of Directors, unless the act of a greater number is required by law or by these Bylaws.

Section 10. Vacancies. Any vacancy occurring in the Board of Directors and any directorship to be filled by reason of an increase in the number of Board members may be filled by the affirmative vote of a majority of the remaining Board members, though less than a quorum of the Board members. A Board member elected to fill a vacancy shall be elected until the next annual election. At the next annual election, the remainder, if any, of the term in which the vacancy occurred shall be filled by submitting the names of at least two nominees for the vacancy in an election conducted in the manner prescribed in Section 3 of this Article.

Section 11. Removal. The Board of Directors, by affirmative vote of two-thirds of all its members, may remove a member of the Board for cause after an appropriate hearing and may, by majority vote of those present at any regularly instituted meeting, terminate the membership of any Board

member who becomes ineligible for membership, provided that a member of the Board who no longer serves as a director of a clinical psychology program or its designee during his/her term on the Board may, at his/her discretion, continue as a member of the Board for the remainder of his/her term in office but may only vote on matters before the Board and not on matters submitted to the membership of the corporation. In such cases, membership in the corporation shall devolve upon the director of the clinical psychology program or his/her designee.

Section 12. Compensation. Board of Directors as such shall not receive any compensation for their services, but by resolution of the Board a fixed sum and expenses of attendance, if any, may be allowed for attendance at each regular or special meeting of the Board; but nothing herein contained shall be construed to preclude any Board member from serving the corporation in any other capacity and receiving compensation therefor.

Section 13. Informal Action by Board of Directors. Any action required by law to be taken at a meeting of the Board of Directors, or any action which may be taken at a meeting of the Board of Directors, may be taken without a meeting if a consent in writing, setting forth the action so taken, shall be signed by all members of the Board of Directors.

ARTICLE VI. Officers

Section 1. Officers. The officers of the corporation shall be a Chairperson and a Secretary-Treasurer and such other officers as may be elected in accordance with the provisions of this Article. No two offices may be held by the same person.

Section 2. Election and Term of Office. The Board of Directors shall elect from among its members the Chairperson and Secretary-Treasurer and other such officers as it shall deem advisable. The term of the Chairperson shall be two years and the term of the Secretary-Treasurer shall be three years. No person shall serve as Chair for more than two consecutive terms. There is no limit on how many terms one person may serve as Secretary-Treasurer. However, if the term of the Secretary-Treasurer extends beyond his/her regular term as a member of the Board, he/she shall continue as an ex officio member of the Board until the completion of his/her term in office. Newly elected officers shall assume office commencing with the Board meeting immediately following the conclusion of the annual meeting of the corporation unless the Board shall designate some other time and shall end at the conclusion or close of business at the next relevant annual meeting of the corporation. However, each officer shall hold office until his/her successor shall have been duly elected and shall have qualified, any other provision of the Bylaws notwithstanding. Officers of the Council of University Directors of Clinical Psychology serving at the time of incorporation shall remain in office until their regular terms expire.

Section 3. Removal. Any officer may be removed from office by an affirmative vote of two-thirds of members qualified to vote whenever in their judgment the best interest of the corporation would be served thereby, but such removal shall be without prejudice to the contract rights, if any of the officer so removed.

Section 4. Vacancies. A vacancy in any office because of death, resignation, removal, disqualification or otherwise, may be filled by the Board of Directors for the unexpired portion of the term. Resignations shall be in writing and addressed to the Chairperson of the Board.

Section 5. Chairperson. The Chairperson shall be the principal executive officer of the corporation and shall in general supervise and control all of the business and affairs of the corporation. He/she shall preside at all meetings of the members and of the Board of Directors or if absent, shall previously designate a member of the Board of Directors to fulfill his/her responsibilities in the event that the Secretary-Treasurer is also absent. He/she shall also designate a member of the Board of Directors to fulfill the responsibilities of the Secretary-Treasurer in the event that he/she is absent. He/she may sign, with the Secretary-Treasurer or any other proper officer of the corporation authorized by the Board of Directors, any deeds, mortgages, bonds, contracts, or other instruments which the Board of Directors has authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the Board of Directors or by these Bylaws or by statute to some other officer or agent of the corporation; and in general he/she shall perform all duties incident to the office of Chairperson and such other duties as may be prescribed by the Board of Directors from time to time.

Section 6. Secretary-Treasurer. If required by the Board of Directors, the Secretary-Treasurer shall give a bond for the faithful discharge of his/her duties in such sum and with such surety or sureties as the Board of Directors shall determine. He/she shall have charge and custody of and be responsible for all funds and securities of the corporation; receive and give receipts for moneys due and payable to the corporation from any source whatsoever, and deposit all such moneys in the name of the corporation in such banks, trust companies or other depositories as shall be selected in accordance with the provision of Article VII of these Bylaws. The Secretary-Treasurer shall keep the minutes of the meetings of the members and of the Board of Directors in one or more books provided for that purpose; see that all notices are duly given in accordance with the provisions of these Bylaws or as required by law; be custodian of the corporate records and of the seal of the corporation and see that the seal of the corporation is affixed to all documents, the execution of which on behalf of the corporation under its seal is duly authorized in accordance with the provisions of these Bylaws; keep a register of the post office address of each member which shall be furnished to the Secretary-Treasurer by such member; and in general perform all duties incident to the Office of Secretary-Treasurer and such other duties as from time to time may be assigned to him/her by the Chairperson or the Board of Directors. In the absence of the Chairperson or his/her inability or refusal to act, the Secretary-Treasurer shall perform the duties of the Chair, and when so acting shall have all the powers and be subject to the restrictions upon the Chairperson.

Section 7. Compensation. Officers as such shall not receive any stated salaries for their services, but by resolution of the Board of Directors reasonable expenses, if any, may be allowed for attendance at each regular or special meeting of the Board; but nothing herein contained shall be construed to preclude any Officer from serving the corporation in any other capacity and receiving compensation therefor.

ARTICLE VII. Committees

Section 1. Committees of the Board of Directors. The Board of Directors, by resolution adopted by a majority of the Board, may delegate such powers to committees as it deems proper, except that no committee shall have the authority of the Board of Directors in reference to amending, altering or repealing the Bylaws; electing, appointing, or removing any member of any such committee or any board member or officer of the corporation; amending the Articles of Incorporation; restating the Articles of Incorporation; adopting a plan of merger or adopting a plan of consolidation with another corporation; authorizing the sale, lease, exchange or mortgage of all or substantially all of the property and assets of the corporation; authorizing the voluntary dissolution of the corporation or revoking proceedings therefor; adopting a plan for the distribution of the assets of the corporation or amending, altering, or repealing any

resolution of the Board of Directors which by its terms provides that it shall not be amended, altered, or repealed by such committee or task group. The delegation of authority to a Committee shall not operate to relieve the Board of Directors, or any individual, of any responsibility imposed upon it or him/her by law.

Section 2. Term of Office. Each member of a committee shall continue as such until the term of office, as designated by the Board of Directors designates and until his/her successor is appointed, unless the committee shall be sooner terminated, or unless such member be removed from such committee, or unless such member shall cease to qualify as a member thereof, or unless otherwise provided by these Bylaws.

Section 3. Chairperson. One member of each committee shall be appointed chairperson by the person or persons authorized to appoint the members thereof, unless otherwise provided by these Bylaws.

Section 4. Vacancies. Vacancies in the membership of any committee may be filled by appointments made in the same manner as provided in the case of the original appointments.

Section 5. Quorum. Unless otherwise provided in the resolution of the Board of Directors designating a committee, a majority of the whole committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall be* the act of the committee.

Section 6. Rules. Each committee may adopt rules for its own government not inconsistent with these Bylaws or with rules adopted by the Board of Directors.

ARTICLE VIII. Contracts, Checks, Deposits and Funds

Section 1. Contracts. The Board of Directors may authorize any officer or officers, agent or agents of the corporation, in addition to the officers so authorized by these Bylaws, to enter into any contract or execute and deliver any *instrument* in the name of and on behalf of the corporation, and such authority may be general or confined to specific instances.

Section 2. Checks, Drafts, etc. All checks, drafts or orders for the payment of money, notes or other evidences of indebtedness issued in the name of the corporation, shall be signed by such officer or officers, agent or agents of the corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors. In the absence of such determination by the Board of Directors, such instruments shall be signed by the Secretary-Treasurer or by the Chair of the corporation.

Section 3. Deposits. All funds of the corporation shall be deposited from time to time to the credit of the corporation at such banks, trust companies or other depositories as the Board of Directors may select.

Section 4. Gifts. The Board of Directors may accept on behalf of the corporation any contribution, gift, bequest or device for the general purposes or for any special purpose of the corporation, as provided for in Article V, Section 1 of these Bylaws.

Section 5. Funds. The Board of Directors shall seek to obtain such other funds as necessary to fulfill the goals of the corporation in accordance with its charitable, educational, and scientific purposes.

ARTICLE IX. Certificates of Membership

Section 1. Certificates of Membership. The Board of Directors may provide for the issuance of certificates evidencing membership in the corporation, which shall be in such form as may be determined by the Board of Directors.

Section 2. Issuance of Certificates. When a member has been elected to membership and has paid any initiation fee and dues that may then be required, a certificate of membership shall be issued in his/her name and delivered to him by the Secretary-Treasurer, if the Board of Directors shall have provided for the issuance of certificates of membership under the provisions of Section 1 of this Article.

ARTICLE X. Books and Records

The corporation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its membership, Board of Directors and committees having any of the authority of the Board of Directors, and shall keep at its registered or principal office a record giving the names and addresses of the members entitled to vote. All books and records of the corporation may be inspected by any member, or his/her agent or attorney, for any proper purpose at any reasonable time.

ARTICLE XI. Publications

The corporation, by a majority vote of the Board of Directors, may establish and publish periodicals and other publications devoted to the dissemination of scientific and educational materials consistent with the purposes of the corporation.

ARTICLE XII. Fiscal Year

The fiscal year of the corporation shall begin on the first day after the annual meeting of the corporation and end on the last day of the subsequent annual meeting.

ARTICLE XIII. Dues

Section 1. Annual Dues. The Board of Directors may determine from time to time the amount of initiation fee, if any, and annual dues payable to the corporation by members subject to modification of the amount of dues by a majority vote of the membership of the corporation.

Section 2. Payment of Dues. Dues shall be payable in advance on the first day of the membership year, unless changed by the Board. A member shall pay dues for the entire membership year in which membership starts.

Section 3. Default and Termination of Membership. When any member shall be in default in payment of dues for a period of twenty-four months from the beginning of the fiscal year or period for which such dues became payable, his/her membership may thereupon be terminated by the Board of Directors in the manner provided in Article III of these Bylaws.

ARTICLE XIV. Seal

The Board of Directors may provide a corporate seal, which shall be in the form of a circle and shall have inscribed thereon the name of the corporation and the words "Corporate Seal Council of University Directors of Clinical Psychology."

ARTICLE XV. Waiver of Notice

Whenever any notice is required to be given under the provisions of the District of Columbia Non-Profit Corporation Act or under the provisions of the articles of incorporation or the Bylaws of the corporation, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

ARTICLE XVI. Amendments to Bylaws

These Bylaws may be altered, amended or repealed and new Bylaws may be adopted by a two-thirds vote of the members responding by FAX or mail ballot or at any regular or special meeting of the corporation. Amendments may be proposed by a majority of the Board of Directors or by petition submitted to the Secretary-Treasurer and signed by twenty-five members in good standing of the corporation. If FAX or mail ballots are used, they shall conform to the method prescribed in Article IV, Section 9, except that in the case of mail ballot or vote taken during a regular or special meeting of the corporation, the motion to amend shall be provided to members at least ninety days prior to the vote. The mail ballot, if any, shall be deemed to be delivered when deposited in the United States mail addressed to the member at his/her address as it appears on the record of the corporation, with postage thereon prepaid. Ballots shall be returned within thirty days of that date.

Appendix C

Current CUDCP Chair, Secretary-Treasurer, Board of Directors and Student Representatives

CHAIR

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205-348-5024
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CHAIR-ELECT (2002)

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Clinical Child Psy. Program
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785-864-3580
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SECRETARY-TREASURER

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BOARD MEMBERS

2001

Roger Blashfield
Beverly Thorn
Varda Shoham

2002

Karen Christoff
Virginia Gutman
Michael Roberts

2003

Frank Collins
Lynn Rehm
Doug Whitman

STUDENT REPRESENTATIVES

Matt Oliver
University of South Dakota

Jessey Bernstein
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2004

Joe Durlak

Dick McFall

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Appendix D

CUDCP Resolutions, Policies, and Recommendations (excerpted from CUDCP Annual Meetings and meetings of the CUDCP Board of Directors)

The Definition of Clinical Psychology was adopted jointly in 1990 by CUDCP and Division 12.

Minutes of the February 1992 Meeting

CUDCP commitment "to participation on the APA COA be limited to a period not to exceed three years. Prior to the conclusion of that period ... undertake a review ... focus specifically on the degree to which COA procedures and activities support and encourage the education of clinical psychologists within curricula whose didactic and experiential components provide a solid foundation in, and lifelong valuing of, the scientific and scholarly bases of the discipline."

Minutes of the February 1993 Meeting

"CUDCP recognizes that the Accreditation Summit Steering Committee has articulated important principles and values regarding the evaluation of scientist-practitioner programs. We encourage further discussion and development of these principles."

CUDCP Committee to evaluate APA's new COA recommended that CUDCP consider the following when evaluating the adequacy of the COA over the next two years:

1. COA's independence from APA
2. Degree to which new criteria emphasize truth in advertising, evaluation of training outcomes, and empirical bases for the assessment and treatment procedures taught in programs.
3. Adequacy of COA's reports on its decisions and the bases for those decisions.

"CUDCP endorses the policy statement of the National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology (1990) for the training of clinical psychologists in CUDCP programs that describe their training models as scientist-practitioner. CUDCP respects and advocates diversity and innovation in the implementation of the scientist-practitioner model."

Approved letter to President Clinton supporting his lifting the ban on lesbians and gay men in the military, particularly as the ban affects our students receiving internship training and employment in the military.

Minutes of the August 1993 Meeting

"We recommend that internship be required to make an explicit statement in their materials describing the research opportunities available to interns. The statement should include the internship's policy regarding (1) specific time that could be set aside by interns explicitly for research activities; (2) research opportunities and supervisors on site; (3) available of time for continuing research activities in collaboration with the home program; (4) available of support for research activities (e.g., space, computers). COA should consider the site's statement in making accreditation decisions. The student, the student's advisor, and the DCT should collaborate in selecting internships whose research opportunities fit students' research interests and needs."

Minutes of the February 1994 Meeting

"We support the principle that psychologists use assessments and treatments that are empirically supported and that psychologists, as scientist-practitioners, engage in research regarding the validation of assessment and treatment techniques. Specifically:

- We support efforts to collect and disseminate information regarding empirically supported assessments and interventions. This information should be updated on a frequent basis.
- Training in the use of empirically supported assessments and treatments should occur as part of the training at all levels, i.e., doctoral, internship, postdoctoral and continuing education.
- Training in the research methodology for developing and evaluating new assessment and treatment approaches should take place within all levels of training.
- Accreditation at all levels should require evidence of training in the use of empirically supported assessments and treatments, as well as training in the research skills necessary to validate new techniques.
- We recommend ongoing development of the process and criteria by which assessment and interventions will be judged. We further recommend the ongoing evaluation of the generalizability of empirically supported assessments and interventions across settings and populations.

Voted to send a letter of nonsupport for the National College of Professional Psychology.

Minutes of the August 1994 Meeting

Review of new accreditation guidelines highlighted the following issues/concerns for CUDCP:

1. site visit chair chosen by COA
2. random assignment of time of site visit to a particular 3 month period
3. selection of appeals panel as a prerogative of COA
4. growth in list of. required competencies
5. specific elimination of the statistics requirement
6. accreditation of postdoctoral training programs

7. lack of inclusion of need to teach empirically validated treatment strategies

Minutes of the February 1995 Meeting

"Whereas the practice of Clinical Psychology should be based on scientific knowledge; and whereas scientific knowledge at the psychological level of analysis has contributed greatly to the understanding and amelioration of human suffering; and whereas adequate training in psychological science and its application requires many years of study, and while it can prepare clinical psychologists to research drug effects, it does not provide competence for prescribing psychoactive drugs; and whereas collaboration between well-trained clinical psychologists and medical practitioners can provide responsible and effective combined treatments when medication is required; be it therefore resolved that: It is premature to extend prescription privileges to clinical psychologists."

Minutes of the February 1997 Meeting

CUDCP urges APA to make advocacy for inclusion in General Medical Education funding its highest priority (unanimously accepted).

CUDCP recommends that the BEA Committee developing curricula for Level III training in prescription privileges seriously consider its development at the postdoctoral level (35 accepted; 10 rejected).

CUDCP resolves that it wishes to pursue the development of internship training at the postdoctoral level for Clinical Psychologists (42 accepted; four rejected; three abstained).

CUDCP resolves that it wishes ASBPP to urge state licensing boards to support the creation of rules and regulations that provide for the reasonable possibility of licensure for Clinical Psychology faculty, and that supervised hours spent in providing clinical training count as postdoctoral hours (33 accepted; two rejected; one abstained).

Minutes of the January/February 1998 Meeting

CUDCP resolves to continue full participation on the APA Committee on Accreditation for a period of 7 years (40 people voted to approve this resolution, none opposed it, one person abstained).

CUDCP resolves to develop mechanisms for the systematic provision of program-specific and aggregate data about graduate doctoral programs to potential applicants and the public. Examples of information to be included are student-faculty ratios, internship placements, student funding, post-graduate employment, etc. This resolution was passed unanimously.

CUDCP requests that faculty of its member programs who pay the APA special assessment fee be allowed to direct their monies to the directorate of their choice, so as to foster graduate education and training of scientist-practitioners. This resolution was discussed and tabled (29 voted yes to table; 9 voted against) for additional discussion next year.

Given our concerns with rising costs, in terms of both time and money necessary for students to be involved in the current internship interviewing process, CUDCP recommends that APPIC work with relevant organizations to develop mechanisms to mitigate these costs. Thirty eight people voted to affirm this resolution; no one was opposed to it.

Resolutions from 2001 Midwinter Meeting

Resolution #1 -

CUDCP resolves that Greg Keilin, along with the APPIC Board, have exemplified the highest levels of professionalism through their efforts to establish and refine the APPIC computer match system. Dr. Keilin's compassion and clarity of communication eased the transition and resolved many of the difficulties associated with internship placement. The contributions of Dr. Keilin and APPIC are greatly appreciated by the member programs of CUDCP and by their students.

Resolution #2 -

The word "mail" in the CUDCP By-Laws will be interpreted to include both postal mail and EMAIL when revising the By-Laws.

Resolution #3 -

Whereas APA has created a committee to review the composition of the Committee on Accreditation (CoA), and whereas a majority of APA accredited doctoral programs are clinical programs and CUDCP has only 2 seats on CoA in the domain representing professional education, Therefore, CUDCP respectfully requests that APA consider two additional seats on CoA to represent CUDCP to enhance proportional representation.

Resolution #4 -

CUDCP shall form a task force to examine issues relevant to increasing ethnic diversity in clinical psychology.

Resolution #5 -

CUDCP reaffirms the importance of multiculturalism in clinical psychology training and professional functioning. CUDCP resolves its determination to implement multicultural relevance as integral to the scientist-practitioner model for the benefit of science and the practice of psychology.

Resolution #6 -

CUDCP endorses the report from the Commission on Education and Training Leading to Licensure in Psychology and urges the APA Council of Representatives to adopt the Commission's statement as APA policy, with attention to the concerns outlined in the attached letter.

The Commission on Education and Training Leading to Licensure in Psychology recommends that psychologists be eligible to sit for licensure upon completion of the following education and training: (1) A doctoral degree from an APA or CPA accredited program in psychology. Where accreditation in

the program's substantive area is not available, the program will be required to be designated as a doctoral program in psychology by the Association of State and Provincial Psychology Boards or the National Register of Health Providers in Psychology; (2) The equivalent of two years of organized, sequential, supervised professional experience, one year of which is an APA or CPA accredited predoctoral internship, or note that meets APPIC membership criteria or, for school psychologists, a predoctoral internship based in a school setting which meets CDSPP Doctoral Level Internship Guidelines. The other year of experience also may be completed prior to receiving the doctoral degree. An aspect of this training is the ongoing assessment of competence in a breadth of professional areas. Postdoctoral education and training is an important part of the continuing professional development and credentialing process for professional psychologists.

Resolution #7 -

Be it resolved that CUDCP encourages its member programs to refuse to complete the U.S. News & World Report reputational survey for 2001; that CUDCP requests that the U.S. News & World Report magazine develop mechanisms to provide more information for decision-making of prospective applicants for clinical psychology training; and that CUDCP offers its assistance to U.S. News & World Report in developing these mechanisms and accessing necessary information.

Resolution #8 -

CUDCP shall form a task force to examine the impact of APA prescription authority Level 3 training on the scientist-practitioner model.

Appendix E

Most Recent Biennial Survey

Appendix F

Sample Student Evaluation and Recording Forms

UCSD
Evaluation
of Practicum Student's
Clinical Services Performance

Student _____ Supervisor _____

Time Period _____ through _____

Please fill out this evaluation form to summarize your supervision of the above student. We have combined several evaluation blanks into one form. Label N/A those areas which do not apply to your involvement with this student. Please rate in comparison to other students at his/her level. Comments are very helpful.

Average	Superior	Good	Average	Below
Ability to establish rapport and to relate effectively to patients: _____	_____	_____	_____	_____
Degree of skill in interviewing: _____	_____	_____	_____	
Knowledge of relevant psychological literature and ability to utilize it in clinical activities: _____	_____	_____	_____	
Ability to understand patients' psychological functioning via observations, interviews, and test findings: _____	_____	_____	_____	
Ability to communicate clinical data via Verbal Report: _____	_____	_____	_____	
Ability to communicate clinical data via Written Report: _____	_____	_____	_____	
Ability to benefit from supervision by accepting correction: _____		_____	_____	_____
Ability to benefit from supervision by not being overly dependent on supervisor's formulations: _____	_____	_____	_____	

Ability to work effectively with staff and students: _____

Dependability and efficiency in completing reports, etc.
in reasonable time, promptness in meeting
appointments, etc.: _____

A. PSYCHOTHERAPY

Number and types of patients seen:

Type of Therapy:

B. GROUP THERAPY

Number and types of patients seen

Type of Therapy:

C. DIAGNOSTIC TESTING

Below	Superior	Good	Average	Average
Administration and Scoring:				
Interpretation			_____	_____
Number and types of patients:				

Please check those tests on which student has demonstrated competency (N/A = not administered during this practicum.)

WAIS	_____	WISC	_____	Rorshach	_____
Stanford-Binet	_____	Grassi	_____	TAT	_____
Merrill-Palmer	_____	Vineland	_____	CAT	_____
Bender-Gestalt	_____	Shipley	_____	Michigan Pictures	_____
Graham-Kendall	_____	MMPI	_____	Draw-a-Person	_____
Weschler Memory Scale	_____	Sentence Completion	_____	Others:	_____

D.RESEARCH

			Below	
	Superior	Good	Average	Average
Background and Understanding:	_____	_____	_____	_____
Methodology and Design:	_____	_____	_____	_____
Ability to carry out:	_____	_____	_____	_____

Research Topic:

IMPORTANT:

On this page please discuss the following:

(Use other side of page if necessary)

1. General summary of current level of professional development, including particular strengths and weaknesses.
2. Any special activities or projects participated in or, especially initiated by the student.
3. Recommendations for further training: areas for special emphasis, supervisory problems and suggested approach.
4. Distinguishing personality characteristics, especially as they relate to professional functioning.

This student has received the following practicum hours under my supervision at this point in time:

_____ Direct Service _____ Supervision _____ Clinically Related

Grade Earned _____

This evaluation has (has not) been discussed by the supervisor and student:

Signature of Supervisor: _____

Signature of Student: _____

Date: _____

Case Western Reserve University
 Department of Psychology
Clinical Training Evaluation Form

Trainee's Name _____ Date _____

Placement _____ Dates of Placement _____

Student's Position _____ Evaluator _____

Please rate the trainee using the following scale:

3 = EXCEPTIONAL (TOP 5%); 2 = EXPECTED FOR LEVEL OF TRAINEE, 1= NEEDS IMPROVEMENT, NA = DOES NOT APPLY

A. Professional Characteristics

supervisor

1. Responsibility (e.g., in following appropriate procedures, completing work promptly, reliably, etc.)

3 2 1 NA

2. Ethics (e.g., knowledge and application of professional ethics, respect for confidentiality, etc.)

3 2 1 NA

3. Maturity (e.g., works independently, professional demeanor)

3 2 1

4. Cooperation (e.g., with peers, other professionals, agencies, etc.)

3 2 1 NA

5. Oral communication skill

3 2 1 NA

Comments: _____

7. Effectiveness of communication with

3 2 1 NA

8. Acceptance of criticism (e.g., receptivity to positive and negative critiques, and use of suggestions, etc.)

3 2 1 NA

Comments:

C. Clinical Skills: Assessment

NA

9. Knowledge base (e.g., tests, disorders, DSM)

3 2 1 NA

10. Interviewing skills

3 2 1 NA

11. Test administration

3 2 1 NA

findings _____

12. Formulation of case/integration of

3 2 1 NA

B. Response to Supervision

6. Use of supervisory sessions (e.g., effective presentation of recent session, case development, reformulation of case, participation in group supervision, etc.)

13. Report writing

3 2 1 NA

Comments: _____

3 2 1 NA

(please turn over)

APPLY 3 = EXCEPTIONAL (TOP 5%); 2 = EXPECTED FOR LEVEL OF TRAINEE; 1 = NEEDS IMPROVEMENT; NA = NEED NOT

D. Clinical Skills: Intervention

14. Knowledge of area (e.g., psychotherapy, behavioral management, etc.)

3 2 1 NA

15. Rapport and interpersonal sensitivity with clients

3 2 1 NA

16. Use of techniques and procedures

3 2 1 NA

17. Conceptualize/understanding of case

3 2 1 NA

18. Formulation of treatment plan

3 2 1 NA

Comments: _____

E. General

19. Readiness to work with clients from diverse backgrounds

3 2 1 NA

20. Overall level of clinical competence (for student's level of training and experience)

3 2 1 NA

21. Openness to learning

3 2 1 NA

22. Professional growth during placement

3 2 1 NA

F. Summary

23. Student's main strengths and assets: _____

24. Areas of needed improvement: _____

25. Explicit recommendations for future practicum training: _____

26. Other comments or observations: _____

Date of termination of clinical practicum _____
month year

Supervisor's signature _____ Date _____

Trainee's signature _____ Date _____

**Case Western Reserve University
Department of Psychology**

Student Evaluation: Supervision of Therapy

Student's Name _____ Date: _____

Therapy Practicum _____ Semester: _____

Supervisor _____

Dates of Supervision:

Brief Description of Case:

Evaluation of Student:

Rate the student on the following items, using a 5-point scale where:

1 = Excellent 2 = Very Good 3 = Average 4 = Fair 5 = Poor NA = Does not Apply

Response to Supervision

Clinical Skills: Intervention

1. Preparation for sessions with supervisor

6. Knowledge of area (e.g., psychotherapy)

1 2 3 4 5

NA 1 2 3 4 5 NA

2. Effectiveness of communication with supervisor

7. Rapport and interpersonal sensitivity with clients

1 2 3 4 5

NA 1 2 3 4 5 NA

3. Acceptance of criticism (e.g., receptivity to positive and negative critiques, and use of suggestions, etc.)

8. Problem formulation

1 2 3 4 5

1 2 3 4 5 NA

case

4. Use of supervisory sessions (e.g., effective presentation of recent session, case development, reformulation of case, participation in group supervision, etc.)

9. Conceptualization/understanding of

1 2 3 4 5 NA

1 2 3 4 5 NA

10. Formulation of treatment plan

1 2 3 4 5 NA

1 2 3 4 5 NA

11. Use of techniques and procedures

5. Other/comment

	1	2	3	4	5	NA

12. Other/comment

* = outstanding; + = positive performance; 0 = neutral; - = needs work

1) INDIVIDUAL SUPERVISION

- ___ Displays high levels of empathy, warmth, & genuineness
- ___ Develops solid collaborative relationship with client
- ___ Maintains balance between directive & unstructured sessions
- ___ Distinguishes between therapeutic and conversational interactions
- ___ Frequently attempts to incorporate suggestions into Tx
- ___ Independently attempts to develop comprehensive case conceptualization
- ___ Frequently identifies and works towards specific goals

2) PROFESSIONAL DEMEANOR

- ___ Superior appearance and attire
- ___ Displays a confident professional manner, even under stress
- ___ Appears calm and relaxed in therapy sessions
- ___ Shows a sensitivity to his/her own strengths and weaknesses
- ___ Functions well even with minimal structure or supervision

3) KNOWLEDGE AND INFORMATION (as applies to the training you supervised)

- ___ Displays a superior knowledge base re: clinical issues
- ___ Actively contributes to class/group discussions
- ___ Shows a high level of cooperation & motivation; seems eager to learn

4) GROUP CASE PRESENTATIONS (if included as part of the training)

- ___ Frequently volunteers to present cases
- ___ Frequently offers useful suggestions to others
- ___ Openly accepts suggestions from peers
- ___ Accurate perception of clinical issues
- ___ What s/he contributes is good but s/he needs to contribute more often

5) AREAS OF SIGNIFICANT STRENGTH

6) AREAS NEEDING IMPROVEMENT

Supervisor: _____

Date: _____

Supervisee: _____

4 =
good.

For student at this level, performance is very

In addition, SS = Special Strength may be used sparingly for unusually excellent performance, and N/O = No Opportunity to Observe.

RATINGS

- 1 = For student at this level, performance is unsatisfactory.
- 2 = For student at this level, performance needs improvement.
- 3 = For student at this level, performance is satisfactory.
- 4 = For student at this level, performance is very good.

In addition, SS = Special Strength may be used sparingly for unusually excellent performance, and N/O = No Opportunity to Observe may be used.

PROFESSIONALISM

<u>R</u> <u>ATING</u>	<u>SKILL</u>	<u>COMMENTS</u>
	Demonstrates awareness of and adherence to ethical standards	
	Demonstrates effective time management and punctuality (i.e., regulating commitments, preparedness at deadlines, effective use of time)	
	Initiates and maintains positive relationships with co-workers and with other agencies	
	Participates appropriately in staff meetings	
	Maintains accurate and timely case records	
	Seeks out learning opportunities	
	Maintains appropriate attire and appearance	
	Presents self professionally (e.g., conduct, speech)	
	Overall professionalism	

ASSESSMENT, MONITORING, AND DIAGNOSTIC SKILLS

<u>R</u> <u>ATING</u>	<u>SKILL</u>	<u>COMMENTS</u>
	Interviewing skills: Includes building rapport and planning interview	
	Finds, evaluates, and uses existing relevant assessment devices (e.g., tests, checklists)	
	Develops relevant devices when appropriate (e.g., role-plays, observation in environment)	
	Gathers ample types and amount of information on behavior and environment or on system	
	Uses information appropriately to formulate functional understanding of case (or system)	
	Refers case (e.g., for testing, M.D. evaluation) or seeks expert assistance when appropriate	
	Writes initial assessment report in appropriate and functional terms	
	Formulates promising plan for case (or system) intervention and monitoring	
	Overall assessment and diagnostic skills	

RATINGS

- 1 = For student at this level, performance is unsatisfactory.
- 2 = For student at this level, performance needs improvement.
- 3 = For student at this level, performance is satisfactory.
- 4 = For student at this level, performance is very good.

In addition, SS = Special Strength may be used sparingly for unusually excellent performance, and N/O = No Opportunity to Observe may be used.

INTERVENTION AND THERAPEUTIC SKILLS

<u>R</u> <u>ATING</u>	<u>SKILL</u>	<u>COMMENTS</u>
	Begins intervention at appropriate time	
	Follows plans consistently, but is responsive to changing therapy process	
	Makes efficient use of sessions or group times without being overbearing	
	Manages resources (e.g., time, persons, materials) to ensure efficient implementation	
	Monitors progress consistently, graphically, and with appropriate rigor	
	Communicates effectively with clients	
	Is knowledgeable of and properly utilizes therapeutic techniques	
	Conveys sensitivity, warmth, empathy, and genuineness to clients	
	Maintains appropriate client session notes	
	Overall intervention and therapeutic skills	

SUPERVISORY RELATIONSHIP

<u>R</u> <u>ATING</u>	<u>SKILL</u>	<u>COMMENTS</u>
	Prepares for and utilizes supervision effectively	
	Seeks supervisor's and others' expertise	
	Raises questions and problems	
	Seeks out feedback regarding own skills	
	Accepts positive feedback appropriately	
	Accepts constructive negative feedback appropriately (neither too passive nor defensive)	
	Modifies behavior based on feedback	
	Keeps supervisor well informed of plans, activities, and outcomes	
	Overall supervisory relationship	

OVERALL

What do you see as his/her greatest strengths as a professional?

What would you suggest she/he strive to improve, and how?

Supervisor's Signature _____ Date

STUDENT'S RESPONSE

I have seen the above evaluation and have discussed its content with my supervisor.

Comments:

Student's Signature: _____ Date _____

SDSU

Evaluation
of Practicum Student's
Clinical Services Performance

Date _____

Student _____

Supervisor _____

Semester(term)_____

Year _____

Student's level in program (circle one) 1 2 3 4 Advanced

Interim Evaluation _____

Final Evaluation _____

Instructions: Answer items according to the following scale:

- 1 needs work
- 2 fair
- 3 good
- 4 very good
- 5 superior

I. RELATIONSHIP WITH CLIENT

- | | | | | | | | | | | | | |
|---|---|---|---|---|---|-----|---------------------------------|---|-----|---|---|-----|
| 1. | | | | | | | | | | | | |
| client's nonverbal behavior. | 1 | 2 | 3 | 4 | 5 | n/a | Awareness of and sensitivity to | | | | | |
| 2. | | | | | | | | | | | | |
| and communicates this | 1 | 2 | 3 | | | | Understands client's feelings | | | | | |
| understanding to the client. | | | | | | | 4 | 5 | n/a | | | |
| 3. | | | | | | | | | | | | |
| appropriate for client and client's | | | | | | | Uses language and terms | | | | | |
| concern. | | | | | | | 1 | 2 | 3 | 4 | 5 | n/a |
| 4. | | | | | | | | | | | | |
| Conveys counseling atmosphere of trust. | 1 | 2 | 3 | 4 | 5 | n/a | | | | | | |
| 5. | | | | | | | | | | | | |
| responsibility in relationship. | | | | | | | Encourages client to accept | | | | | |
| | 1 | 2 | 3 | 4 | 5 | n/a | | | | | | |

6. resistance.	Recognizes and deals with	1	2	3	4	5	n/a
-------------------	---------------------------	---	---	---	---	---	-----

7. self. 1	Understands client's impact on	2	3	4	5	n/a
---------------	--------------------------------	---	---	---	---	-----

II. COUNSELING TREATMENT AND TECHNIQUES

1. Uses both closed- and open-ended questions as appropriate.	1	2	3	4	5	n/a
---	---	---	---	---	---	-----

2. Begins and ends interview in appropriate manner.	1	2	3	4	5	n/a
---	---	---	---	---	---	-----

3. Encourages client to be specific and concrete; uses behavioral descriptions.	1	2	3	4	5	n/a
---	---	---	---	---	---	-----

4. Handles silence and uses effectively in treatment.	1	2	3	4	5	n/a
---	---	---	---	---	---	-----

5. Can be appropriately confrontive and immediate.	1	2	3	4	5	n/a
--	---	---	---	---	---	-----

6. Introduces client to and prepares client for testing appropriately.	1	2	3	4	5	n/a
--	---	---	---	---	---	-----

7. Interprets test results effectively to client.	1	2	3	4	5	n/a
---	---	---	---	---	---	-----

8. Establishes appropriate short-term goals.		1	2	3	4	5	n/a
--	--	---	---	---	---	---	-----

9. Discriminates short-term from long-term goals.	1	2	3	4	5	n/a
---	---	---	---	---	---	-----

10. Recognizes own limitations in treating a particular client.		1	2	3	4	5	n/a
---	--	---	---	---	---	---	-----

11. Has understanding of and skill in using a variety of treatment approaches.	1	2	3	4	5	n/a
--	---	---	---	---	---	-----

III. CONCEPTUALIZATION

1. Ties together seemingly discrete and isolated components of client's behavior.		1	2	3	4	5	n/a
---	--	---	---	---	---	---	-----

2. Generates hypotheses concerning client behavior and dynamics.		1	2	3	4	5	n/a
--	--	---	---	---	---	---	-----

n/a	3. Writes conceptualizations which are clear and understandable; concise and "to the point."	1	2	3	4	5
n/a	4. Utilizes test results in the conceptualization of the client.	1	2	3	4	5
n/a	5. Identifies areas of client functioning where further assessment is needed.	1	2	3	4	5
n/a	6. Provides rationale for conceptualization based on psychological theory and research.	1	2	3	4	5
n/a	7. Provides rationale for conceptualization based on client data.	1	2	3	4	5
n/a	8. Formulates appropriate interventions based on conceptualization.	1	2	3	4	5

IV. RELATIONSHIP WITH SUPERVISOR

1. Is free from defensiveness and willing to admit mistakes.	1	2	3	4	5	n/a
2. Assumes responsibility in an appropriate manner.	1	2	3	4	5	n/a
3. Actively solicits feedback from supervisor.	1	2	3	4	5	n/a
4. Uses persons other than supervisor for skill development.	1	2	3	4	5	n/a
5. Is willing to be assertive with supervisor.	1	2	3	4	5	n/a
6. Shows willingness to be observed and evaluated.	1	2	3	4	5	n/a
7. Critiques and analyzes own taped interview(s).	1	2	3	4	5	n/a

V. ETHICS AND PROFESSIONALIZATION

1. Uses information concerning referral sources appropriately with clients.	1	2	3	4	5	n/a
2. Understands agency functioning and procedures.	1	2	3	4	5	n/a
n/a 3. Relates effectively with agency support staff.		1	2	3	4	5
4. Provides responsible feedback and critiquing to others.	1	2	3	4	5	n/a
5. Demonstrates awareness of appropriate ethical codes.	1	2	3	4	5	n/a
6. Identifies potential ethical concerns.	1	2	3	4	5	n/a

VI. CASE MANAGEMENT

1. Keeps scheduled appointments with clients

Yes____ Usually____ No____

2. Is on time for scheduled appointments.

Yes____ Usually____ No____

3. Writes closing notes for case file and turns in folder within a reasonable length of time after termination.

Yes _____ Usually _____ No _____

4. Attends supervisory sessions on time and regularly.

Yes _____ Usually _____ No _____

5. Keeps client materials confidential and secure.

Yes _____ Usually _____ No _____

6. Makes contact quickly with a client who has missed an appointment.

Yes _____ Usually _____ No _____

7. Has a system of keeping regular up-to-date case notes.

Yes _____ Usually _____ No _____

If you answered No for any of the above items, please provide a brief explanation below in the discussion of strengths and weaknesses.

To the supervisor: Please comment on your perceptions of the practicum student's major strengths and weaknesses.

This student has received the following practicum hours under my supervision at this point in time:

_____ Direct Service _____ Supervision _____ Clinically Related

Grade Earned _____

Supervisor Signature _____ Date _____

To the practicum student: Please comment on your supervisor's perceptions of your strengths and weaknesses.

Supervisee signature _____ Date _____

MIDTERM PRACTICUM REVIEW

Name _____ Supervisor _____

Fall/Spring/Summer Year _____

Please indicate the extent to which the trainee is below average (BA), Average (A), or Above Average (AA) for his/her level of training with respect to each of the following areas, noting special strengths and weaknesses. Indicate DK for "do not know."

Please use the end-of-term evaluation form as a guide in determining your overall ratings; this latter form will be completed towards the end of the semester for each student with whom you worked during the entire semester.

PROFESSIONAL BEHAVIOR: BA A AA DK

Strengths:

Weaknesses:

GENERAL CLINICAL SKILLS: BA A AA DK

Strengths:

Weaknesses:

ASSESSMENT: BA A AA DK

Strengths:

Weaknesses:

TREATMENT: BA A AA DK

Strengths:

Weaknesses:

SPECIAL RECOMMENDATIONS FOR REMAINDER OF SEMESTER:

END OF TERM PRACTICUM EVALUATION

NAME: _____

SUPERVISOR: _____

Year: _____

Circle One: Fall Spring Summer

Clinical Activities Supervised Recommended Grade: S U

METHOD(S) OF SUPERVISION

Assessment Cases

Treatment Cases

____ OBSERVATION

Child

____ TAPES

Adult

____ INDIVIDUAL

____ GROUP

My experience and knowledge of this student's clinical

performance is:

Very Limited 1 2 3 4 5 Extensive or Intensive

I. PROFESSIONAL BEHAVIOR

Please indicate whether the trainee's performance has been consistent with acceptable professional standards in the following areas. Note that

either a major problem, or minor problems across a variety of areas, constitutes unsatisfactory practicum performance for the semester.

	Problems		Problems
Follows Clinic procedures	None Minor Major	Knows and complies with ethical	
Handles details of Clinic cases	None Minor Major	principles	None Minor Major
Makes good use of supervision	None Minor Major	Knows relevant legal Issues	None Minor Major
Meets time demands	None Minor Major	Interacts appropriately with Clinic staff and other professionals	None Minor Major

II. CLINICAL SKILLS

Please indicate the extent to which the trainee Is Below Average (BA), Average (A) or Above Average (AA) FOR HIS/HER LEVEL OF

TRAINING with respect to each of the following. Indicate "DK" for not observed - don't know.

A. General Clinical Skills

Ability to establish rapport	BA A AA DK	Integrates theory, research and practice	BA A AA DK
Ability to listen	BA A AA DK	Demonstrates respect for patients	BA A AA DK
Sensitivity to patient needs	BA A AA DK	Oral Communication Skills	BA A AA DK
Awareness of own stimulus value	BA A AA DK	Clinical Judgment	BA A AA DK
Ability to separate personal from patient needs	BA A AA DK	Ability to recognize psychopathology	BA A AA DK
Prevents personal issues from interfering with clinical work	BA A AA DK	Awareness of own limits	BA A AA DK

B. Assessment

Knowledge of procedures	BA A AA DK	Recommendations	BA A AA DK
Interviewing skills	BA A AA DK	Written Reports	BA A AA DK
Test administration and scoring	BA A AA DK	Feedback to patient and/or referral source	BA A AA DK
Integration and case conceptualization	BA A AA DK		

C. Intervention

Knowledge of treatment approaches	BA A AA DK	Skills In Implementing treatment procedures	BA A AA DK
Case conceptualization	BA A AA DK	Skills In dealing with therapy process	BA A AA DK
Ability to formulate appropriate goals	BA A AA DK	Skills in dealing with therapy content	BA A AA DK

III. SPECIAL STRENGTHS AND WEAKNESSES:

IV. RECOMMENDATIONS:

Provides assistance in report writing	P	BA	A	AA	S	NA	
Enthusiasm for clinical teaching		P	BA	A	AA	S	NA
							<u>Comments</u>
Provides training in intake evaluations	P	BA	A	AA	S	NA	
Provides good role model	P	BA	A	AA	S		NA
Establishes rapport and relates effectively with me	P	BA	A	AA	S	NA	
Encourages my presentation of questions and case material	P	BA	A	AA	S	NA	
Encourages the development of my conceptual skills	P	BA	A	AA	S	NA	
Allows for differences in my style and orientation	P	BA	A	AA	S	NA	
Supports my voicing of doubts and differences	P	BA	A	AA	S	NA	
Open and non-judging. I can bring mistakes as well as good points	P	BA	A	AA	S	NA	
Offers criticisms and suggestions in a constructive way	P	BA	A	AA	S	NA	
Dependability - Keeps appointments as scheduled	P	BA	A	AA	S		NA
Accessibility - can be reached	P	BA	A	AA	S	NA	
Overall evaluation of supervisor	P	BA	A	AA	S	NA	

Additional comments (e.g., suggest areas for improvement): _____

SEMESTER RESEARCH EVALUATION

Name: _____

Semester: _____

Chair/Mentor: _____

Year: _____

____ Master's research credits

____ 1st year project

____ Doctoral research credits

____ Other: _____

Please rate your student on the following skill areas.

1= Unsatisfactory

3= Satisfactory

5= Outstanding

NA= Not applicable

Identifying an important research question 1 2 3 4 5 N/A

Conducting an extensive literature review 1 2 3 4 5 N/A

Critiquing research findings/reviewing articles 1 2 3 4 5 N/A

Designing a research study 1 2 3 4 5 N/A

Recruiting subjects 1 2 3 4 5 N/A

Organizing and overseeing data collection 1 2 3 4 5 N/A

Analyzing data 1 2 3 4 5 N/A

Writing a publishable manuscript 1 2 3 4 5 N/A

Supervising assistants 1 2 3 4 5 N/A

Collaborating with other investigators 1 2 3 4 5 N/A

Accomplishing goals in a timely fashion 1 2 3 4 5 N/A

Other: _____ 1 2 3 4 5 N/A

_____ 1 2 3 4 5 N/A

Strengths:

Areas of difficulty, if any, and suggested remedy.

Departmental Requirements Checklist

Date Completed

1. One year residency at UCSD.
2. One year residency at SDSU.
3. Required coursework completed.
4. Comprehensive exam.
5. Advanced to candidacy.
6. Internship.
7. Dissertation.

Department Recommendation.

Continuation with support _____

Termination, effective _____

Signatures

I have read this report and understand it. (Signing does not indicate agreement with evaluation).

Date

Student

This report reflects the opinion of the entire Guidance (or Dissertation) committee with regard to student's progress.

Date

Chairman

Signatures of all members participating in the evaluation are required by UCSD policy. Thanks.

Appendix G

Sample DCT and Clinic Director Evaluation Forms

PROGRAM DIRECTOR EVALUATION FORM FOR _____

(Please fill in the name of the person you are evaluating)

The department operating paper calls for periodic evaluation of the directors of programs. In order for such an evaluation to be useful, it is important that you provide the directors with detailed comments and suggestions regarding his/her performance. Just as one or two work answers on teacher ratings aren't very informative or helpful, such minimal responding on this evaluation form won't be very beneficial to the directors either. Please remember that you are evaluating this person in their role as administrator, not as a researcher or as a teacher. To the extent that it is possible, evaluate the director independent from the program.

The purpose of this questionnaire is to provide feedback to program directors, to act as a guideline for corrective changes, and to make recommendations for changes in leadership. Your responses will be confidential--please do not put your name on the form. The chairperson will be in charge of compiling responses and distributing them to the directors in order to maintain anonymity.

Below is a list of some areas related to the roles and functions of the directors. Please comment on your satisfaction or dissatisfaction with the director's performance in each of these areas. Give specific feedback (use several adjectives and/or descriptions). Constructive criticism includes suggestions for change. Therefore, state specific suggestions on how things can be done better or how your concerns can be overcome. Finally, rate the director in terms of your satisfaction with the director's performance in the areas listed using the following scale:

5. Very satisfied
4. Satisfied
3. Neutral
2. Dissatisfied
1. Very dissatisfied
0. Not applicable or insufficient information

Program: _____

Faculty _____ Student _____ (check one)

1. Director's role in the growth and development of the program over the past three years or since you have been here.

Comment:

Suggestion:

RATING: _____

2. Role in facilitating academic freedom and individual choices in professional development.

Comment:

Suggestion:

RATING: _____

3. Knowledge of national trends regarding funding and training resources.

Comment:

Suggestion:

RATING: _____

4. Protection of interest of various subprograms in terms of the subprograms's needs (if applicable).

Comment:

Suggestion:

RATING: _____

5. Sensitivity to and appropriate action with respect to complaints about discrimination or harassment (sex, race, age, etc.) with respect to both faculty and graduate students.

Comment:

Suggestion:

RATING: _____

6. Contributions to program morale (faculty and graduate students).

Comment:

Suggestion:

RATING: _____

7. Manner in which faculty meetings are conducted.

Comment:

Suggestion:

RATING: _____

8. Frequency of faculty meetings.

Comment:

Suggestion:

RATING: _____

9. Approach to handling your personal grievances.

Comment:

Suggestion:

RATING: _____

10. Approach to handling other faculty or student grievances.

Comment:

Suggestion:

RATING: _____

11. Assignment of RA's and TA's (these assignments are made jointly by the program directors and the chair).

Comment:

Suggestion:

RATING: _____

12. Work distribution assignments (teaching, committees, etc.)

Comment:

Suggestion:

RATING: _____

13. Role in hiring new faculty.

Comment:

Suggestion:

RATING:

14. Role in faculty hiring process in terms of subprograms.

Comment:

Suggestion:

RATING: _____

15. Role in graduate student recruitment process.

Comment:

Suggestion:

RATING: _____

16. Policies of the director implemented by administrative decision (i.e., not discussed in faculty meetings).

Comment:

Suggestion:

RATING: _____

17. Representation of program sentiments and positions at the department, college, or university level.

Comment:

Suggestion:

RATING: _____

18. Please rate your program director on the following attributes:

	strongly agree	agree	neutral	disagree	strongly disagree
a) Is not available					
b) Is non-defensive in reacting to confrontation					
c) Is not receptive					
d) Is authoritarian					
e) Is open-minded					
f) Applies standards fairly					
g) Is supportive of me					
h) Lacks communication skills appropriate to the position					
i) Communicates well at a personal level					
Other attributes relevant to the role of Program Director: Please list and rate:					

Please indicate what you feel are the director's strengths as an administrator.

Please indicate what you feel are the director's weaknesses as an administrator.

Suggestions for change.

_____ I strongly recommend the director continue in the position.

_____ I recommend the director continue in the position.

_____ Undecided.

_____ I do not recommend the director continue in the position.

_____ I strongly recommend that the director not continue in the position.

West Virginia University
Department of Psychology

Evaluation of _____
as Director of Clinical Training, August 1994-December 1998

Instructions. Please provide your confidential evaluation of _____ solely in his capacity as director of Clinical Training. Record your ratings *in pencil* on the attached Opscan sheet. These ratings will be tabulated by computer and given to _____ and department and college officials as statistical summaries. In addition, your comments are invited. You may write your comments on the attached sheet or use a word processor to type them on a blank sheet. If you write your comments, they will be typed before they are given to _____ and the others.

Enclose your Opscan sheet and comments in the provided envelope, seal it, and return to _____ by _____. Thank you for your help in this important activity.

Part 1: Background of Evaluator

1. Indicate the *one* category that best describes your position in the Department of Psychology during _____'s tenure as director of Clinical Training:

- a. Adult Clinical student
- b. Child Clinical student
- c. core or associate member of the Adult Clinical faculty
- d. core or associate member of the Child Clinical faculty
- e. administrator

2. In the capacity you designated above, how long have you been a member of the department?

- a. less than 1 year
- b. 1-2 years
- c. 2-3 years
- d. 3-4 years
- e. more than 4 years

Part 2: Rating Scale

Please rate _____'s performance in each area for which you have sufficient knowledge. If you believe that your knowledge is insufficient to judge an area of _____'s performance, *leave the item blank*. Use the following scale:

- a. Excellent
- b. Good
- c. Adequate
- d. Less than adequate
- e. Poor

3. Day-to-day management of the clinical programs

4. Coordination of practica and voluntary clinical experiences

5. Assisting in the management of the Department's clinic as a training site

6. Coordination of the graduate admissions process for the clinical programs

7. Role in fostering development of students in the clinical programs
8. Coordination of internship applications
9. Role in fostering development of faculty in the clinical programs
10. Role in maintaining APA accreditation of the clinical programs
11. Representation of the clinical programs within the University (but outside the department)
12. Representation of the clinical programs outside the University
13. Promotion of external relations with the professional community, especially sites for practical research
14. Role in supporting the affirmative action and social justice goals of the University
15. Overall *academic* leadership in the clinical training programs
16. Overall *administrative* leadership in the clinical training programs
17. Overall *academic* leadership in the Department of Psychology in general
18. Overall *administrative* leadership in the Department of Psychology in general
19. Overall performance as Director of Clinical Training

Part 3: Comments

The attached sheet is provided for your written comments. At the top of the sheet, check the category that best describes your position in the department.

You need not use the provided sheet for comments. If you prefer, you may use a word processor to type your comments on a blank sheet of paper. Be sure to: (a) include the category that describes your position, using the same categories as on the provided sheet; and (b) organize your comments under the headings "Positive Comments" and "Suggestions for Improvement."

Enclose your OpScan sheet and comments in the provided envelope, seal it, and return to _____ by _____. Thank you again for your help.

Idaho State University

Annual Evaluation

Date: _____

Position: Clinic director

Name: _____

Please rate the current Clinic Director's performance on each of the duties defined in the Graduate Studies Manual. Refer to the Manual for details regarding each area of responsibility. Please submit the evaluation by May 15 to the department secretary, who will type all written comments for each section, record all quantitative ratings, and return the original to you. The summary report will then be given to the Department Chairperson for review.

1a. Administration of Clinic Policy (i.e., remain current with APA and the Association of Directors of Psychology Training Clinics (ADPTC) standards and recommendations; monitor adherence with current

Clinic Manual policies and procedures; work with faculty, staff, and students to maintain current standards of operation)

1	2	3	4	5
Unsatisfactory		Adequate		Excellent

Comments:

1b. Revisions of the Psychology Clinic Manual (i.e., update the manual periodically, based on APA, ADPTC, legal/ethical information, and CTC decisions)

1	2	3	4	5
Unsatisfactory		Adequate		Excellent

Comments:

2. Fiscal Management of the Clinic (i.e., work with the clinic secretary regarding all financial matters; monitor the monthly billing cycle and clinic expenditures; prepare an annual report of all financial transactions for the CTC and department chair; make recommendations as per expenditures to CTC; prepare annual budget for Accounting Office)

1	2	3	4	5
Unsatisfactory		Adequate		Excellent

Comments:

3. Practicum Assignments and Evaluations (i.e., distribute practicum preference forms, practicum evaluation forms; collect Contact Log and Categorical data; work with CTC to make practicum assignments consistent with policy; quantify clinic activity in annual report)

1	2	3	4	5
Unsatisfactory		Adequate		Excellent

Comments:

4. Daily Operations (i.e., supervise the clinic secretary; supervise or delegate supervision of clinic GTAs; monitor routine clinic operations and assume responsibility as needed; monitor adherence with facilities use policies)

1	2	3	4	5
Unsatisfactory		Adequate		Excellent

Comments:

5. Public Relations (i.e., disseminate information to University community and general public regarding services; monitor all clinic announcements; participate on the University Case Management Team and the Interdisciplinary Evaluation Team; represent the Psychology Clinic to all other university service providers; work with clinic faculty to recruit clinic referrals)

1	2	3	4	5
Unsatisfactory		Adequate		Excellent

Comments:

Overall Performance

1	2	3	4	5
Unsatisfactory		Adequate		Excellent

Comments:

Appendix H

Possible Data Base on Current and Former Students

Data on current students (and former students):

Name

Birthdate

Address

Permanent Address

Address of a Relative

Year of entry into the program

Gender

Ethnicity

Is the student a foreign national?

Is the student physically challenged?

Funding for the student

Does the student have a fellowship?

Number of years, if any, the student held the fellowship?

Was the student a federal or private foundation grant recipient?

Was the student a state or local grant or contract recipient?

List membership status in psychological societies

Student's undergraduate institution, major, degree, year of graduation, GPA

Student's prior graduate institution, major, degree, year of graduation, GPA

Publications and presentations

GRE scores

Data on former students:

Date of departure for admitted students who leave the program prior to graduation

Reasons for departure for students who leave the program prior to graduation (i.e., resigned for personal reasons, resigned due to academic difficulties, dismissed due to academic difficulties, dismissed due to academic misconduct, other, unknown).

Student's overall GPA in the program

Title of Master's thesis

Master's thesis adviser

Title of dissertation

Dissertation adviser

Fellow of professional/scientific society? (Indicate which societies)

Other professional achievements

Diplomate status?

Licensure status?

Internship facility name

Internship location (city, state, province, country)

Was the internship APA accredited?

Was the internship funded?

Internship category: Medical school, VA medical center, community mental health center,
university counseling center, consortium, psychiatric hospital, military)

Populations served. Indicate populations served by specifying a percentage of time for each item
on this list (must add to 100%): adults, older adults, adolescents, children, private
organizations, public organizations, consulting, other.

Type of clientele served. Indicate by specifying a percentage of time for each item on this list
(must add to 100%): outpatients, inpatients, residential clients, community, staff.

Indicate type of services provided on internship by specifying a percentage of time for each item
on this list (must add to 100%): intellectual assessment, achievement testing,
behavioral/personality assessment, neuropsychological. assessment, individual therapy,
group therapy, couple/family therapy, consultation/liaison, research, individual
supervision, group supervision/case conferences.

Initial employment facility name

Initial employment facility type (community mental health center, health maintenance
organization, medical center, military medical center, postdoctoral residency/fellowship,
private general hospital, private psychiatric hospital, school district/system, state/county

hospital, university counseling center, veterans administration medical center, university teaching faculty, independent practice, other).

Initial employment job title

Initial employment job description

Initial employment location (city, state, province, country)

Initial employment populations served. Indicate populations served by specifying a percentage of time for each item on this list (must add to 100%): adults, older adults, adolescents, children, private organizations, public organizations, consulting, other.

Initial employment type of clientele served. Indicate by specifying a percentage of time for each item on this list (must add to 100%): outpatients, inpatients, residential clients, community, staff.

Current employment facility name

Current employment facility type (community mental health center, health maintenance organization, medical center, military medical center, postdoctoral residency/fellowship, private general hospital, private psychiatric hospital, school district/system, state/county hospital, university counseling center, veterans administration medical center, university teaching faculty, independent practice, other).

Current employment job title

Current employment job description

Current employment location (city, state, province, country)

Current employment populations served. Indicate populations served by specifying a percentage of time for each item on this list (must add to 100%): adults, older adults, adolescents, children, private organizations, public organizations, consulting, other.

Current employment type of clientele served. Indicate by specifying a percentage of time for each item on this list (must add to 100%): outpatients, inpatients, residential clients, community, staff.

Appendix I

Outcomes Assessment Form Samples and Information

(by Bev Thorn)

CUDCP Draft 7/23/96

PROFESSIONAL EMPLOYMENT AND ACTIVITIES SURVEY OF GRADUATES

The following questionnaire is designed to elicit information about your professional activities since receiving your degree. The Committee on Accreditation has altered their procedures and they shall emphasize any data that we can provide them regarding the “products” of our training program -- that is, they will be very interested in examining what graduates from our program are doing now. The information from this questionnaire will be very significant to us as we prepare our self-study document as part of the accreditation process. We have tried to design this questionnaire to be as “user friendly” as possible. If you have a recent vita that will answer many of these questions, please feel free to send us your vita and ignore the associated questions. Also, if you have received any honors or achieved successes about which we should know but have not asked, please feel free to write this information on a separate sheet of paper. Please brag about yourself as much as possible so we can brag about you to the Committee on Accreditation.

Because the intent of the questionnaire is to learn about your current professional activities, we ask that you identify yourself.

Name: _____

Address:

_____ Work or Home? _____
(City) (State) (Zip Code)

Phone Number: _____ Fax Number: _____

EMAIL address: _____

After internship, did you complete a post-doctoral training program? (Y/N)

If so, where? _____ Describe training/duties (e.g. research, training, clinical practice)

The APA Accreditation report asks us to list the first employment for each of our graduates. What was your first job (including post-doc) after you completed your degree?

(Job title) _____

(Employment setting) _____

(City, State) _____

Which of the following models in clinical psychology do you consider that your graduate training best illustrated? Which model best illustrates your current functioning?

Researcher	Clinical Scientist	Scientist Practitioner
Practitioner	Scholar Practitioner	Other (specify)

Graduate Training Model _____

Current Functioning _____

Please place a checkmark in front of the response that best describes your current employment status.

___ Employed full time, including self-employed, consulting and private practice (at least 35 _____ hours/week or at least 31 client hours weekly)

___ Employed part time (less than 35 hours per week or less than 31 client hours weekly)

___ Postdoctoral study

___ Unemployed and seeking employment

___ Not employed and not seeking employment

___ Retired and not employed

___ Other, specify

How many employment positions do you currently have?

___ One position

___ Two positions

___ Three or more positions

Please describe your **PRIMARY** employment setting (i.e., the work setting where you devote the largest number of hours per week).

(Job Title) _____

(Employment Setting)

(City, State)

If you hold two or more positions of employment (e.g., private practice in addition to a full-time hospital position), please describe the **SECONDARY** employment settings below.

(Job Title) _____

(Employment Setting)

(City, State)

and, if you have a third position,

(Job Title) _____

(Employment Setting)

(City, State)

Please list how many hours you typically spend each week in your primary and secondary employment positions on the following professional activities.

Primary

Secondary

_____ **RESEARCH.** Basic or applied research, including research supervision _____

_____ **EDUCATION.** Teaching, curricula development, student or course evaluation _____

_____ **HEALTH AND MENTAL HEALTH SERVICES.**
Assessment/intervention procedures used for understanding, predicting or alleviating emotional, psychological or behavioral disability, including diagnostic assessment, psychotherapy, consultation, clinical supervision

_____ **EDUCATIONAL SERVICES.** Assessment and intervention procedures used for documenting or modifying intellectual capabilities and psychological/behavioral functioning in order to influence academic and/or vocational performance

_____ **OTHER APPLIED PSYCHOLOGY.** Program
evaluation, personnel selection, system or
equipment design, organizational development,
optimization of work environments

_____ **MANAGEMENT or ADMINISTRATION.**
Policy or program development and review, _____
personnel administration, recruiting and budgeting

_____ **OTHER EMPLOYMENT ACTIVITIES.** _____
Any activities that cannot be reasonably
assigned to one of the above, e.g., sales, publishing.
PLEASE DESCRIBE:

Approximately how many clients do you see per week for some form of psychotherapy?

In a typical month, how many psychological assessments do you perform?

Which, if any, of the following licenses or certificates do you now hold? (Check all that apply).

None	Psychological Assistant
Licensed Psychologist	Registered Psychologist
ABPP	Marriage & Family Counselor
LCSW	Licensed Professional Counselor
Other (specify)	

Indicate how many times you have taken written and/or oral licensing exams, the outcome, and the state(s). (If you are licensed in more than one state, please list individually).

<u>Exam Type</u>	<u>Times Taken</u>	<u>Passed (yes or no)</u>	<u>State(s)</u>
Written			
Oral			

Are you listed in the National Register for Health Service Providers?

Yes No

Have you received a diplomate from the American Board of Professional Psychology?

Yes No

If YES, please list the specialty.

Regarding scholarly publications in the field of psychology, please list how many of the following you have published since completing your degree.

Books (not edited) _____
Book chapters _____
Edited books _____
Refereed articles _____
Nonrefereed Articles _____
Technical Reports _____
Other (specify) _____

If you are or have ever been on the editorial boards of any scholarly journals, please list the names of the journals below plus the years in which you served on the boards. Or, if you have been a guest reviewer for particular journals, please note this as well.

List the professional journals to which you subscribe.

List other journals you read.

Have you written any research, training or program grants in the last 5 years? If so, please designate the numbers for each below.

	Written	Funded
Research	_____	_____
Training	_____	_____
Program	_____	_____

Have you given any formal professional presentations since completion of your degree? (e.g., at professional meetings, workshops, guest lectures, media appearances, etc.)

(yes, no) If yes, please specify

List the professional and/or scientific organizations to which you belong. Please indicate if you are a fellow, officer, or member of any special committees:

Organization Fellow (y, n) Office (specify) Special Committee (specify)

Please describe your participation efforts with any national, state, or local psychology or mental health organizations (if not covered above).

Do you serve on any Boards related to your discipline? (If yes, please specify)

List the conferences/professional meetings you attended during the past year.

How many hours did you spend in formal continuing education programs during the past licensing year?

Number required by state licensing board _____ Total number attended _____

Which of the following special groups or social problems do you address through your professional activities? (Please rank order in terms of how much time you devote to any of these.)

_____ Alcohol or drug abuse _____ Child abuse
_____ Poverty _____ Victims of natural disasters (including war)
_____ Chronically psychotic (schizophrenics, demented patients, etc.) _____ Mentally retarded
_____ Rural _____ Inner city _____ Non-English speaking _____ Racially disadvantaged
_____ Homeless _____ Gay/Lesbian _____ Elderly _____ HIV/AIDS

What percentage of your work week is spent working with the special groups or social problems listed above? _____

Please check off the following activities in which you have been involved during the last five years (1991-1995).

- _____ Appearing on radio/television as a professional
- _____ Donating professional time pro bono to non-profit organizations (including church groups)
- _____ Lobbying or meeting with members of your state or federal legislature
- _____ Testifying in court as a psychologist
- _____ Have a World Wide Web page of your own or one at your place of employment
- _____ Been elected to public office (including city government, school board)
- _____ Published non-professional articles in magazines or books
- _____ Received public recognition in the local media for excellence

in non-professional activities (e.g., giving a concert,
producing art, leadership activities, etc.)

____ Serve as a paid consultant for or employed by a managed
care organization

Please list any awards or special recognition you have received for your **professional** activities.

Please list any awards or special recognition you have received for **non-professional** activities.

SURVEY OF GRADUATES OF THE DOCTORAL PROGRAMME IN CLINICAL PSYCHOLOGY AT THE UNIVERSITY OF OTTAWA, 1989-1996

In 1997, the doctoral programme in clinical psychology at the University of Ottawa is scheduled to receive a joint site visit for purposes of re-accreditation from the Canadian and the American Psychological Associations. There is a new emphasis in the CPA/APA accreditation procedures on the outcomes produced by clinical psychology programmes, and on the degree of coherence between these outcomes and programme goals and objectives. The purpose of the survey was to provide information on the outcomes observed among previous graduates (for the 1989-96 period), both to assess the effectiveness of the clinical programme to date and to provide information that would allow continuing improvements to be made to it.

Method

Participants

The current curriculum of the clinical programme was introduced in 1988. It was thus decided to include as potential participants all former students in the regular clinical programme (i.e., excluding those in the post-doctoral respecialization) who had graduated from the PhD programme during the 1989-1996 period. "Graduation from the clinical programme" was operationalized as having completed all programme requirements, including a successful defense of the doctoral thesis. Of the 67 eligible graduates, 60 returned completed responses, a response rate of 90%. The participants included 42 women (70%) and 18 men (30%), a gender distribution identical to that among all 67 eligible respondents. Seventy-two percent completed an English language version of the study questionnaire and 28% a French-language version, a language distribution very close to that in the entire group of 67 graduates (73% anglophone, 27% francophone).

Instrument

The research instrument was a 42-item, 9-page questionnaire, constructed specifically for the study and sent out and returned by mail. Gaddy, Charlot-Willey, Nelson, and Reich (1995) suggested that the assessment of educational and employment outcomes from accredited doctoral programmes in psychology should include a relatively wide sampling of activities. They recommended using the five-domain activity-classification system developed by Richards and Gottfredson (1984) on the basis of factor-analytic data from 7,000 psychologists. Accordingly, we used Richards and Gottfredson's (1984) article in choosing items for our own questionnaire. We assessed our graduates' post-PhD achievements in five areas: scholarly contributions, contributions to the local community, contributions to organized psychology, contributions to applied research and consulting, and contributions to private practice.

The questionnaire also gathered information on other aspects of the graduates' academic and work experience: their educational experiences, as former students in the clinical psychology programme; the activities carried out during the predoctoral internship; their status and experiences vis-a-vis registration as psychologists; their first and present employment situations, including the frequency with which various professional functions were carried out and diverse client groups were served, and the level of satisfaction experienced in their current job; their preferred professional identity as psychologists; and their overall satisfaction with the relevance and quality of the academic education and clinical training received during the University of Ottawa PhD programme in clinical psychology.

Procedure

A list was drawn up of all those who had graduated from the doctoral programme in clinical psychology at the University of Ottawa between 1989 and the Spring of 1996. (One graduate was deceased.) Current addresses were found for all 67 eligible respondents. Approval of the study was obtained from the Ethics Committee of the School of Psychology at the University of Ottawa before any data collection took place. Potential participants were informed that they had the right not to participate, although they were obviously encouraged to do so.

The general principles suggested by Dillman (1978) were followed in the conduct of the survey. During May and June, 1996, all graduates were sent, in their primary language (English or French) and in the order indicated: (a) an initial informational letter, which described the purpose of the survey and informed the recipient that the study questionnaire would reach them shortly, (b) the study questionnaire, together with a cover letter and a stamped, self-addressed envelope, (c) a combined reminder and thank you letter, and (d) in the case of non-respondents, a replacement questionnaire, with another accompanying letter and self-addressed stamped envelope. In late July, a final step was taken: (e) non-respondents were contacted by phone, either in person or by means of a voice-mail message, and encouraged to respond to the questionnaire. Following this telephone reminder, 5 of the 12 non-respondents returned their questionnaire, thereby raising the overall response rate from 82% to 90%.

Results

Educational Experiences

The 60 respondents had graduated from the clinical programme between 1989 and 1995. From the course-work clusters (areas of special emphasis) within the clinical programme, 30% of the 49 respondents who answered this question had chosen child and family development and psychotherapy had been chosen as their primary cluster, 27% existential/humanistic theory and psychotherapy, 13% behavioural/learning theory and psychotherapy, 2% clinical neuropsychology, and 3% "other."

Internship Experiences

Most of the graduates had gone to internships accredited by the Canadian Psychological Association (67%) or by the American Psychological Association (62%). Regarding the frequency with which they had conducted various professional activities during an average week of the internship, the respondents said that they had frequently or occasionally carried out the functions listed in the following proportions: adult assessments (including diagnostic testing), 90%, adult individual therapy, 86%; clinical consultation to members of other health professions, 71%; research or related consultation, 61%; couple therapy, 59%; career assessment or career counselling, 56%; child or adolescent assessment (including diagnostic testing), 53%; family therapy, 52%, child or adolescent individual therapy, 51%; clinical supervision of others, 48%; adult group therapy, 46%; programme development or related consultation, 34%; programme evaluation or related consultation, 31%; and child or adolescent group therapy, 27%.

Registration as a Psychologist

Eighty-five percent of the graduates were currently registered as psychologists. Of those who had already taken the psychology registration/licensure examinations and received their results, 92% passed the written exam on the first try and 93% passed the oral exam on the first attempt.

Initial Employment Situation

Primary work setting. Respondents' initial (and also current) primary work settings were classified according to the scheme used by Gaddy et al. (1995). In their first primary position following graduation, 40% of the respondents worked in a medical centre, hospital, or clinic, 13% in an individual or group practice, 11% in a community mental health centre or outpatient clinic, 7% in a university or college academic position, 7% in a school setting, 7% in a post-doctoral training position, 5% in a counselling centre, 5% in another human service setting (specifically, corrections and child welfare), and 4% in positions in "other" settings (in this case, in government).

Entry into the job market. Seventy-three percent of the graduates either agreed or strongly agreed with the statement that there was a great deal of competition in the job market when they were seeking their first position. Only 27% were satisfied with the types of positions available and only 25% were satisfied with the number of positions open when they were looking for their first jobs. Finally, only 13% rated the current job market in their geographic area as good for psychologists.

Current Employment Situation

Primary work setting. All of the graduates were currently working in the field of psychology, averaging 36.4 hours per week in their primary position (SD = 13.6 hrs) and 41.0 hours per week in total (SD = 13.5 hrs). Thirty-two per cent were currently working in an individual or group practice setting, 30% in a medical centre, hospital, or clinic, 9% in university or college academic settings, 9% in schools, 9% in community mental health centres or outpatient clinics, 7% in other human services (all in the field of corrections), 2% in a counseling centre, and 2% in an "other" setting (in this instance, in government).

Professional functions. Concerning the frequency with which they engaged in diverse professional activities during an average week in their current job, the graduates said that they frequently or occasionally performed the functions listed in the following proportions: clinical consultation to members of other health professions, 93%; adult individual therapy, 81%; adult assessments (including diagnostic testing), 74%; clinical supervision of others, 72%; staff training or related consultation, 68%, programme development or related consultation, 62%; couple therapy, 55%; child or adolescent individual therapy, 55%; management of staff, programmes, and/or budgets, 53%; research or related consultation, 52%; programme evaluation or related consultation, 50%; child or adolescent assessment (including diagnostic testing), 47%; family therapy, 45%; adult group therapy, 41%; career assessment or career counselling, 40%; and child or adolescent group therapy, 17%.

Overall, the graduates estimated that they spent 52% of their current work time in direct clinical service, including assessment, therapy, etc; 21% in indirect clinical service, including clinical supervision, client-related paperwork, etc.; 8% in research; 8% in administration, including the

management of programme staff and budgets, etc.; 5% in classroom and other academic teaching, 2% in programme evaluation; and 3% in "other" activities.

Types of clients served. In their current employment situation, the graduates served a wide range of types of clients. Ninety-three percent of the graduates served adults, either frequently or occasionally; 80%, people with low incomes; 77%, people with disabilities; 75%, visible minorities; 71%, adolescent; 71%, gay or lesbian people; 68%, people with physical health problems; 54%, people with chronic mental illness; 46%, aboriginal people; 45%, children; 39% elderly persons; 25%, people with HIV or AIDS; and 15%, homeless people.

Job and income satisfaction. Job satisfaction was relatively high among the graduates. Eighty-five percent agreed or strongly agreed with the statement that they were satisfied with their current job; 85% also agreed that their current job was a good fit with their main professional skills, and 80% agreed that their current job was a good fit with their main professional interests. On the other hand, a lower proportion (63%) agreed that they were satisfied with their current income.

Professional identity. When asked which of three labels best described their current functioning within psychology, 50% chose "Practitioner," 45% "Scientist-Practitioner," and 5% "Researcher." When asked to choose their primary and secondary professional identities from among seven possibilities (including "other"), 85% chose "Practitioner" as their primary identity, 12% "Consultant," and 3% "Academic." Regarding the choice of a secondary professional identity, 33% chose "Consultant," 18% "Academic," 15% "Researcher," 8% "Administrator," 5% "Programme evaluator," 5% "Practitioner," 3% "Other," and 12% did not choose any secondary identity.

Contributions as a Psychologist Since Completing the PhD

Contributions to scholarship. Since completing the clinical programme, 59% of the graduates had been engaged in one or more funded or unfunded research projects, either as the principal researcher or as a co-researcher, and 42% had taken part in a programme evaluation project. Thirty-two percent had submitted one or more research proposals for funding, 14% had submitted a programme-evaluation proposal, and 9% had submitted a training proposal.

Fifty-six percent of the graduates stated that they had taught academic courses in psychology or related disciplines, 63% had given one or more presentations at professional meetings (M across all respondents = 5.9, $SD = 11.3$), 55% had given one or more workshops ($M=8.4$, $SD = 17.8$), and 40% had given guest lectures ($M=3.2$, $SD= 5.2$). Since completing the PhD, 53% of the graduates reported publishing one or more articles in refereed journals ($M = 1.5$, $SD = 2.4$), 29% had authored or coauthored unpublished reports, 20% had published articles in non-refereed journals, 3% had authored or co-authored published book chapters, and one graduate had published a book. In addition, the graduates had read or consulted an average of 4.3 journals in psychology on a regular basis ($SD = 4.2$), and 27% had reviewed manuscripts for professional journals.

Contributions to local community. Half of the graduates (50%) reported that they had contributed free psychological services to community groups or agencies, since completion of the doctoral programme. Fifty-five per cent had given talks to community groups, 28% had served on boards

not specifically related to psychology (e.g., the board of directors of a community agency), 28% had appeared on radio or television as a psychologist, and 18% had written popular-media articles.

Contributions to organized psychology. Since finishing the clinical psychology programme, the respondents had joined, or maintained their membership in, a variety of professional or scientific organization within psychology: 68% were members of CPA, 40% of their provincial or territorial psychological association, 32% of APA, 2% of the American Psychological Society (APS), and 30% of other organizations. Twenty-eight per cent were listed in the Canadian Register of Health Services Providers in Psychology, 13% had served on boards specifically related to psychology, and 8% had served as an elected representative of a local, provincial, or national psychological association.

Contributions to applied research and consulting. Since completing the PhD, 12% of the graduates had served as an administrator or researcher in a community, provincial, or federal agency, 20% had founded or co-founded their own consulting firm, and 17% had acted as a research consultant outside their own agency or organization.

Contributions to private practice. After finishing their doctoral studies, 65% reported having founded or co-founded their own private practice, 30% said that they had supervised another psychologist to prepare the latter for registration, and 20% had served as an expert witness in court proceedings.

Overall Satisfaction with Education and Training

The last four items on the questionnaire were of a global nature and asked the graduates to rate, in light of their post-PhD work experience, their level of satisfaction with the relevance and quality of the academic education and clinical training (including the internship) that they had experienced in the doctoral programme in clinical psychology at the University of Ottawa. Seventy-five percent rated themselves as satisfied (i.e., either very satisfied or satisfied) with the relevance and 78% with the quality of the academic-education aspects of the doctoral programme. By comparison, 88% rated themselves as satisfied with the relevance and 88% with the quality of their clinical training (including the predoctoral internship).

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Instrument)

**SURVEY OF GRADUATES OF THE CLINICAL
PSYCHOLOGY DOCTORAL PROGRAM
AT THE UNIVERSITY OF OTTAWA**

INTRODUCTION

The present survey of graduates of the clinical psychology, program at the University of Ottawa is being carried out as part of wider preparations for a reaccreditation site visit of the program that will be conducted jointly, in early 1997, by the Canadian and American Psychological Associations. A similar survey of students currently in the clinical psychology program is also being conducted. Thank you for your participation.

EDUCATION

1. Please indicate the year when you entered the clinical psychology doctoral program: 19____

2. Please indicate your current status by choosing the item that best describes your present situation:
(Circle one)
 - a. You successfully defended your thesis in 19____ and you are now registered as a psychologist in the province(s) or territory(ies) of: _____

 - b. You successfully defended your thesis in 19____ but you are not (or not yet) registered as a psychologist.

3. For graduates who entered the program in September 1988 or thereafter: Please circle the two clusters that you have selected or intend to select within the clinical psychology doctoral program.

For alumni who entered before September 1988 (i.e., before the clusters became available):
Please circle the item or items (including "other") that best describe the areas of special emphasis within your doctoral program.

1. Child/Family Development and Psychotherapy
2. Psychodynamic/Psychoanalytic Theory and Psychotherapy
3. Existential/Humanistic Theory and Psychotherapy
4. Behavioural/Learning Theory and Psychotherapy
5. Rehabilitation Psychology
6. Clinical Neuropsychology
7. Other (specify):

4a. Please give the name of your internship training setting and the year(s) attended:

Internship:

Year(s) attended: _____

4b. At the time you did your pre-doctoral internship, was it accredited by the:

1. Canadian Psychological Association? Yes____ No ____

2. American Psychological Association? Yes____ No ____

4c. Using the following scale, please rate the frequency with which you did the following professional

activities during an average week of your internship. (Circle one answer per item.)

1 = Never or virtually never; 2 = Occasionally; 3 = Frequently

- | | | | |
|--|---|---|---|
| 1. Child or adolescent assessment (including diagnostic testing) | 1 | 2 | 3 |
| 2. Child or adolescent individual therapy | 1 | 2 | 3 |
| 3. Child or adolescent group therapy | 1 | 2 | 3 |
| 4. Family therapy | 1 | 2 | 3 |
| 5. Adult assessment (including diagnostic testing) | 1 | 2 | 3 |
| 6. Adult individual therapy | 1 | 2 | 3 |
| 7. Adult group therapy | 1 | 2 | 3 |
| 8. Couple therapy | 1 | 2 | 3 |
| 9. Career assessment and/or counselling | 1 | 2 | 3 |
| 10. Clinical supervision of others | 1 | 2 | 3 |
| 11. Clinical consultation to members of other health professions | 1 | 2 | |
| 12. Program development (or related consultation) | 1 | 2 | 3 |
| 13. Program evaluation (or related consultation) | 1 | 2 | 3 |
| 14. Research (or related consultation) | 1 | 2 | 3 |
| 15. Other (specify: _____) | 1 | 2 | 3 |

3

PSYCHOLOGY REGISTRATION EXAMS

Since completing your PhD:

5a. Have you taken psychology registration exams? Yes _____ No _____

5b. If yes, did you pass the written exam on the first try? Yes _____ No _____

5c. Did you pass the oral exam on the first try)? Yes _____ No _____

EMPLOYMENT

If you have never been employed in any capacity since completing your PhD, please go directly to question 11 on page 6.

6. In your first employment situation after receiving your doctorate, what was your primary position (and, if applicable, your secondary position)? (Please identify the type of setting in terms of items 1-9 below.)

1. UNIVERSITY OR COLLEGE (ACADEMIC)
2. COUNSELLING CENTRE
3. SCHOOL
4. MEDICAL CENTRE, HOSPITAL OR CLINIC
5. COMMUNITY MENTAL HEALTH CENTRE OR OUTPATIENT CLINIC
6. INDIVIDUAL OR GROUP PRACTICE
7. OTHER HUMAN SERVICES
8. POST-DOCTORAL TRAINING (specify setting):
9. OTHER (specify):

YEARS IN POSITION	TYPE OF SETTING	EXACT JOB TITLE	HOURS/WEEK
Primary position:	_____	_____	_____
Secondary position:	_____	_____	_____
Average total number of hours per week worked:			_____

If you are not currently employed in any capacity, please go directly to question II on page 6.

7a. Are you currently working in the field of psychology? Yes__ No __

7b. If yes, approximately how many hours per week? Hours/week: _____

8a. In your current employment situation, what is your primary position (and, if applicable, your secondary position)? (Please identify the type of setting in terms of items 1-9 below.)

1. UNIVERSITY OR COLLEGE (ACADEMIC)
2. COUNSELLING CENTRE
3. SCHOOL
4. MEDICAL CENTRE, HOSPITAL OR CLINIC
5. COMMUNITY MENTAL HEALTH CENTRE OR OUTPATIENT CLINIC

- 6. INDIVIDUAL OR GROUP PRACTICE
- 7. OTHER HUMAN SERVICES
- 8. POST-DOCTORAL TRAINING (specify setting):
- 9. OTHER (specify): _____

8a. Your current employment situation (continued):

	TYPE OF YEARS IN SETTING	EXACT JOB TITLE	HOURS/ WEEK	POSITION
Primary position:	_____	_____	_____	

Secondary position:	_____	_____	_____	

Average total number of hours per week worked:			_____	

8b. Using the following scale, please rate the frequency with which you do the following professional activities during an average week in your current job. (Circle one answer per item.)

1= Never or virtually never; 2 = Occasionally, 3 = Frequently

- | | | | | |
|---|--|---|---|---|
| 3 | 1. Child or adolescent assessment (including diagnostic testing) | 1 | 2 | |
| | 2. Child or adolescent individual therapy | 1 | 2 | 3 |
| | 3. Child or adolescent group therapy | 1 | 2 | 3 |
| | 4. Family therapy | 1 | 2 | 3 |
| | 5. Adult assessment (including diagnostic testing) | 1 | 2 | 3 |
| | 6. Adult individual therapy | 1 | 2 | 3 |
| | 7. Adult group therapy | 1 | 2 | 3 |
| | 8. Couple therapy | 1 | 2 | 3 |
| | 9. Career assessment and/or counselling | 1 | 2 | 3 |
| | 10. Clinical supervision of others | 1 | 2 | 3 |

3	11. Clinical consultation to members of other health professions	1	2	
	12. Program development (or related consultation)	1	2	3
	13. Program evaluation (or related consultation)	1	2	3
	14. Research (or related consultation)	1	2	3
	15. Staff training (or related consultation)	1	2	3
	16. Management of staff, programs, and/or budgets	1	2	3
3	17. Other (specify: _____)	1	2	

9. In a typical year, and with reference to your current employment situation, how frequently do you personally serve the following patient or population groups? (Circle one answer per item.)

1 = Never or virtually never; 2 = Occasionally; 3 = Frequently

1. Elderly persons		1	2	3
2. Adults	1	2	3	
3. Adolescents	1	2	3	
4. Children	1	2	3	
5. People with physical health problems	1	2	3	
6. People with disabilities	1	2	3	
7. People with chronic mental illness	1	2	3	
8. Visible minorities	1	2	3	
9. Aboriginal people	1	2	3	
10. People with HIV/AIDS	1	2	3	
11. Homeless people	1	2	3	
12. People with low incomes	1	2	3	
13. Gay/lesbian people	1	2	3	

10. Approximately what percentage of your current work time is spent in each of the following activities:

	% of time
1. Administration (i.e., management of program staff, budgets, etc.)	_____
2. Direct clinical service (assessment, therapy, etc.)	_____
3. Indirect clinical service (clinical supervision, client-related paperwork, etc.)	_____
4. Classroom & other academic teaching	_____
5. Research	_____
6. Program evaluation	_____
7. Other (specify):	_____

TOTAL 100 %

11. Please rate each statement below using the following scale:

NA = Not applicable 3 = Neutral
1 = Strongly disagree 4 = Agree
2 = Disagree 5 = Strongly agree

1. There was a great deal of competition in the job market when I was seeking my first position. NA 1 2 3 4 5
2. I was satisfied with the number of positions when I was seeking my first job. NA 1 2 3 4 5
3. I was satisfied with the types of positions available when I was seeking my first job. NA 1 2 3 4 5
4. I would rate the current job market in my geographic area as good for psychologists. NA 1 2 3 4 5
5. My current job is a good fit with my main professional interests. NA 1 2 3 4 5
6. My current job is a good fit with my main professional skills. NA 1 2 3 4 5
7. Overall, I am satisfied with my current Job. NA 1 2 3 4 5
8. Overall, I am satisfied with my current income. NA 1 2 3 4

5

PROFESSIONAL IDENTITY AND ACTIVITIES

12. Which of the following clinical psychology models best describes your current functioning within psychology? (Circle one)

1 = Researcher; 2 = Scientist-Practitioner; 3 = Practitioner

13. Which of the following do you consider to be your primary professional identity? Your secondary professional identity? (Indicate by placing a "1" beside your primary identity, and a "2" beside your secondary identity).

1. ___ Practitioner
2. ___ Consultant
3. ___ Administrator
4. ___ Program evaluator
5. ___ Academic
6. ___ Researcher

7. ____ Other (specify): _____

YOUR CONTRIBUTIONS AS A PSYCHOLOGIST

A. CONTRIBUTIONS TO SCHOLARSHIP

Since completing your PhD:

14. Please list the number of funded or unfunded research or program evaluation projects in which you _____ have been the principal researcher or a co-researcher:

Research projects _____

Program evaluation projects _____

15. Have you submitted any grant proposals for funding? Yes ___ No ___

16. If yes, please indicate how many proposals you have submitted in each of the following areas:

Research proposals _____

Program evaluation proposals _____

Training proposals _____

Other (please specify): _____

17. How many of these grant proposals have received funding? _____

18. Have you taught any academic courses in psychology or related disciplines? Yes ___
No ___

19. Have you given any formal professional presentations? Yes ___ No ___

If yes, how many of each of the following types?

Presentations at professional meetings _____

Workshops _____

Guest lectures (excluding professional meetings) _____

Other (please specify) _____

20. Have you authored any published articles, chapters, books or unpublished reports? Yes ___
No ___

If yes, how many, in each of the following areas?

Published articles in refereed journals _____

Published articles in non-refereed journals _____

Published book chapters _____

Published books (authored or edited): _____

Unpublished reports _____

21. Have you reviewed any manuscripts for professional journals? Yes ___ No ___

22. How many professional journals in psychology have you read or consulted on a regular basis? _____

B. CONTRIBUTIONS TO YOUR LOCAL COMMUNITY

Since completing your PhD:

23. Have you provided any free psychological services to community groups or agencies? Yes____
No____
24. Have you given any talks to community groups? Yes____ No____
25. Have you appeared on radio or television as a psychologist? Yes____ No ____
26. Have you written any popular media articles? Yes ____ No____
27. Have you served on any boards not specifically related to psychology (e.g. the board of directors of a community agency)? Yes____ No____

C.CONTRIBUTIONS TO ORGANIZED PSYCHOLOGY

Since completing your PhD:

28. Have you joined (or maintained your membership in) any of the following professional or scientific organizations within psychology? (Check as many as apply)
- Canadian Psychological Association _____
American Psychological Association _____
American Psychological Society _____
Provincial/Territorial Psychological Association _____
Other (specify): _____
29. Have you received any honours (e.g., status as a Fellow) from a professional or scientific organization within psychology?
- Yes (specify) _____ No ____
30. Have you been listed in the Canadian Register of Health Service Providers in Psychology?
- Yes ____ No ____
31. Have you served on any boards specifically related to psychology? Yes____ No____
32. Have you been an elected representative of a local, provincial, or national psychological association?
- Yes ____ No ____

D. CONTRIBUTIONS TO APPLIED RESEARCH AND CONSULTING

Since completing your PhD:

33. Have you served as an administrator or researcher in a community, provincial or federal agency?

Yes ____ No ____

34. Have you served as a research consultant outside your own agency or organization?
Yes ____ No ____

35. Have you (co)founded your own consulting firm? Yes ____ No ____

E. CONTRIBUTIONS TO PRIVATE PRACTICE

Since completing your PhD:

36. Have you supervised another psychologist for registration purposes? Yes ____ No ____

37. Have you served as an expert witness in court proceedings? Yes ____ No ____

38. Have you (co)founded your own private practice? Yes ____ No ____

OVERALL SATISFACTION WITH EDUCATION AND TRAINING

39. In light of your work experience since receiving your PhD, how satisfied are you, overall, with the relevance of the academic education that you received in your doctoral program?
(Circle one)

5 = Very satisfied; 4 = Satisfied; 3 = Uncertain; 2 = Dissatisfied; 1 = Very dissatisfied

40. In light of your work experience since receiving your PhD, how satisfied are you, overall, with the quality of the academic education that you received in your doctoral program? (Circle one)

5 = Very satisfied; 4 = Satisfied; 3 = Uncertain; 2 = Dissatisfied; 1 = Very dissatisfied

41. In light of your work experience since receiving your PhD, how satisfied are you, overall, with the relevance of the clinical training (including the internship) that you received in your doctoral program?
(Circle one)

5 = Very satisfied; 4 = Satisfied; 3 = Uncertain; 2 = Dissatisfied; 1 = Very dissatisfied

42. In light of your work experience since receiving your PhD, overall, how satisfied are you, overall, with the quality of the clinical training (including the internship) that you received in your doctoral program? (Circle one)

5 = Very satisfied; 4 = Satisfied; 3 = Uncertain; 2 = Dissatisfied; 1 = Very dissatisfied

IF YOU WISH TO ADD ANY COMMENTS, PLEASE DO SO ON THE BACK OF THIS PAGE. THANK YOU VERY MUCH FOR YOUR PARTICIPATION.

Appendix J

Program Handbook Information

by George Allen, Beverly Thorn, and Sarah Bullard

Many CUDCP programs have compiled handbooks for their Clinical Psychology students. Such handbooks serve multiple purposes, including: (a) providing information about program policies and procedures, (b) setting normative expectations about student conduct and activities, (c) serving as tools to promote acculturation of students and faculty, and (d) providing protection against the "Ignorance Argument" in student malfeasance. In 1996, George Allen, Beverly Thom, and Sarah Bullard, a graduate student of George's, surveyed colleagues at the 156 CUDCP programs and conducted a content analysis of the 68 manuals that they were able to obtain. Their methodology and findings were presented at the CUDCP mid-winter meeting in January, 1997. A brief summary of their investigation may be found at the end of this section.

The first set of findings described specific topics that were found in the manuals (organized from most to least frequently included) and an inter-rater reliability assessment that provided information about how consistently two raters could ascertain the presence of each topic. Lower rates of agreement meant greater vagueness about how a particular content area was described.

A second set of outcomes dealt with the timing and format of student evaluations. Most programs conduct annual evaluations of students, but many evaluate their first-year students at the end of each semester. The third area focused on topics that appeared less frequently in handbooks. These topics often reflected issues that were specific to particular programs. The final section focused on what their student evaluators noted as positive aspects of particular manuals and what features surprised them.

Subsequent discussion at the CUDCP meeting about preparing and using manuals led to several recommendations. In terms of organizing and formatting manuals, it is a wise strategy to involve current students in developing and writing the manuals. Students bring tremendous energy and enthusiasm to the task and also may be more aware of many informal "folkways," especially those that involve their peers, than faculty. A second issue to consider involves how your material is packaged. At one extreme, nicely bound manuals often have a more professional look about them but are more costly to produce and more unwieldy to revise. At the other extreme, students often do not take the time to carefully examine material that is provided in the form of multiple handouts, but these are easier to revise in a piecemeal manner. Several colleagues suggested using some type of replaceable binding (e.g., spring loaded covers) and organizing the content into sections, each of which can be revised without having to change the whole manual.

In terms of content, it is important to specify time frames regarding applicability of the regulatory aspects of the manual. Most manuals are continually altered to reflect changes in the programs and in the field. This revision process may yield differing sets of requirements for students across multiple years of entry. Students consequently may become confused about just what requirements they must follow. We encourage you to date the manual and mention early on that students are expected to abide by the rules therein, and or, specify how they might negotiate being under a different set of rules. The following example illustrates these two points:

This handbook is designed to facilitate your progress through the Program. It is a mixture of official policies, recommendations for making your life easier, and the accumulated

wisdom of your peers and faculty mentors. The manual supplements other important published material that appears in the *Graduate School Catalogue*, *Policies and Rules for Graduate Study in Psychology*, and the *Policies and Procedures Manual of the Psychological Services Clinic*. In this manual, we periodically reference relevant portions of these sources but you should become familiar with them as this will facilitate your progress through the Program.

The policies and recommendations contained in the above named documents and this manual are considered to be in effect at the time you start the Program and remain applicable throughout your stay here. Any subsequent changes in these printed materials will not affect you. If you wish to have your education be governed by a subsequent policy, you must discuss your reasons for doing so with your advisor and with the clinical director and you must agree to accept all the policies and recommendations that are published in that subsequent year.

Having this specificity helps avoid students' picking and choosing what rules shall govern them on the basis of convenience.

Another very important content-related issue discussed was that few of the manuals dealt with the implications of the Americans With Disabilities Act, specifically as this legislation relates to mental and personality impairments to professional functioning. Several conferees related stories about having had to defend dismissal decisions and other sanctions against impaired students who sued under this venue. It was our sense that this tactic is being used more frequently in recent years. There seemed to be two different avenues that Programs used to deal with impaired students. First, some framed the impairment as an ethical issue, citing standard 1.13 of the Ethical Principles to argue that students, like psychologists, must recognize that their personal problems and conflicts can interfere with their effectiveness and can cause harm to others. This approach places the burden on the afflicted student to "be alert to signs of, and to obtain assistance for, their personal problems at an early stage, in order to prevent significantly impaired performance." (American Psychological Association, 1992).

Other programs specified courses of action for those who witness a student colleague's impairment (e.g., discuss concerns with the individual, bring the concern to a faculty advisor, etc.) and outlined a general course of intervention (e.g., faculty may recommend that the student take a leave of absence or may terminate the student from the program). Termination issues often were embedded in descriptions of grievance procedures. We advise consulting closely with administrators and the legal counsel available to the University when formulating legally pertinent aspects of your manual.

**1996 Clinical Program Handbook Survey of CUDCP Programs
by Allen, Thorn, and Bullard**

Sampling and Response

Letter requesting manual sent to 156 CUDCP clinical directors with follow-up email requests

Outcome

# Who Sent Manuals	=	68
# No Manuals Existed or In Preparation	=	16
# Arrived After Analysis Completed	=	3
# Apologies For Having To Charge For Manuals	=	3
Overall Response Rate	=	58%

Methods and Procedures

Preliminary Review of Manuals and Construction of 22 Categories
Read and Categorize All Manuals
Analysis of Manuals By 8 Graduate Student Reviewers
 Reliability of Assessment (Agreement Rates)
 Identification of Especially Desirable Elements
Final Review To Resolve Discrepancies and To Extract Examples

Results

Great variability exists in terms of:

Size (Range 3 - 110 pages; \bar{M} =43.89; $\underline{S.D.}$ =28.5)
 Reliability on Page Count; \underline{r} =.98

Interpretability (Agreement Rates Range From 58% to 100%)

Organization (Coherent, Bound Manuals To Compilations
 of Multiple Handouts)

Content and Tone (Specific Issues In Manuals Likely Reflect
 Particular Histories of Strengths and Difficulties)

Some Additional Items of Interest

Student evaluators generally favored manuals that wrote directly to them, provided a developmental focus, and provided contexts and reasons for operative rules and procedures.

Other Positively Evaluated Features that Appeared Sporadically in Program Descriptions

APA guidelines about sharing authorship with faculty
Practical information about how to teach
Suggestions about writing theses and dissertations
Information about applying and interviewing for internships
Forms for tracking clinical experiences and hours
Professional activities of recent program graduates
Mission and activities of the graduate student association
Guidelines on when and how to disclose personal information
Expectations about students (and their activities) as reflecting on the program

Issues That Surprised the Student Evaluators

That students were instrumental in writing many of the manuals and appeared to enjoy their involvement in the task
That programs permitted students to sit on committees to hear student grievances
That programs specifically prohibited use of consultants in data analysis or research writing
That clinical directors could write with wisdom and humor about their programs and graduate student life (including fear, pathos, panic, and perfectionism)

Appendix K

Change of Director Form

When the need arises for a DIRECTOR CHANGE, please contact the CUDCP Secretary/Treasurer with the following information:.

DATE CHANGE IS EFFECTIVE: _____

CURRENT DIRECTOR: _____

LENGTH OF TIME IN POSITION: _____

NEW DIRECTOR: _____

NEW ADDRESS: _____

NEW TELEPHONE NUMBER: _____

NEW FAX NUMBER: _____

NEW E-MAIL ADDRESS: _____

PREFERRED WORD PROCESSING PROGRAM: _____

please mail to:

Roger Blashfield, Ph.D.
Department of Psychology
226 Thach Hall
Auburn University
Auburn University, AL 36849-5214

EMAIL: blashrk@groupwise1.duc.auburn.edu

Appendix L

Suggested Additions and Changes to this Manual

Please send any recommended additions and/or changes to this using the format below.

Print info can be sent to:
email:

Barbara Yutrzenka
Professor and Director
Clinical Psychology Training Program
University of South Dakota
414 E. Clark Street
Vermillion, SD 57069
FAX: 605-677-6604

The same info can be sent via

byutrzen@usd.edu

Suggested changes to the 2002 Revision of the Manual for Directors of Clinical Training

Additions: _____

Deletions:

Other modifications:



