COUNCIL OF UNIVERSITY DIRECTORS

OF CLINICAL PSYCHOLOGY

(CUDCP)

Manual for Directors of Clinical Training

December 2012

This manual and other information useful to DCTs can be found on the CUDCP website*:* *http://www.cudcp.org/*.

Acknowledgments

This manual was first compiled by the CUDCP Board of Directors, and later revised by Sandra Harris in 1990. Pat Wisocki provided helpful comments on prior drafts. Russ Newman provided important information for the 1990 revision on the legal issues section of this manual. His talk on "Liability in Clinical Training" at the 1994 CUDCP meeting served as the basis for many of the revisions. Cynthia Belar suggested the idea of a manual revision during her tenure as Chair of CUDCP. Dan McNeil agreed to take on this challenge at that time and coordinated/provided subsequent revisions of the manual. A draft version of this manual was distributed to all attendees at the 1997 CUDCP meeting; comments, sample materials, changes, and additions were invited. A modified version was then produced in 1998, and again in 2000. This revision, like those before it, includes several appendices with useful information, including Biennial Survey results, clinical program handbook information, and model forms used for student, DCT, and program evaluation and for setting up data bases. Our thanks are extended to several DCTs for contributing forms and other materials for these appendices.

Dan McNeil and several of his graduate students and secretarial staff gave their time and their organizational skills to keep this manual current for the CUDCP members. CUDCP owes a special debt of gratitude to Dan for his work on this project and for providing a template that facilitates future revisions within an existing structure. With Dan's resignation as DCT in 2001, Barb Yutrzenka volunteered to pick up where he left off. Sheila Woody picked up the job in 2006 and worked with the help of others to shift the manual from a paper-based resource to an electronic one. This version has been edited by Sheila and Deborah Beidel.

Clearly, this manual is not the product of one person but the collaboration of many dedicated DCTs and others committed to excellence in clinical training. The CUDCP Board of Directors and we hope this manual is useful to our DCT colleagues and may in some small way clarify and ease the often time-intensive and sometimes daunting responsibilities of the DCT. Please send any recommended additions, deletions, or changes to this manual to Deborah at deborah.beidel@ucf.edu.

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Scope and Nature of the DCT Position

The Director of Clinical Training position is "critical" and "pivotal" for Clinical Psychology training programs (Wisocki, Grebstein, & Hunt, 1994). In brief, most DCTs find the job to be rewarding and enjoyable. Nevertheless, there are numerous challenges including less satisfying relationships with fellow faculty, more paperwork, and less time for personal research and other regular faculty responsibilities. On average, DCTs hold their administrative position for an average of four years (Wisocki et al., 1994). The Wisocki et al. article, as well as a chapter by Rabin and Foster (1999), referenced in this manual in the *Resources* section, provide comprehensive views of the DCT position, and are highly recommended reading.

Each DCT decides for him- or herself, in part, what the DCT position will be. Other factors also influence the role's scope and influence, including whether the individual was hired from outside the Department specifically for the post or was selected from among the program faculty. The DCT's position also will differ depending on the number and strength of other graduate programs in the Department.

CUDCP and Related Organizations

CUDCP has formal and informal relationships with numerous other organizations that deal with the training of psychologists. Appendix A lists common acronyms for organizations related to CUDCP.

CUDCP

According to the CUDCP bylaws, CUDCP's purpose is 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 of Clinical Psychology." (Bylaws, Article I).

Membership in CUDCP is open to doctoral clinical psychology programs at regionally accredited, comprehensive universities in the United States and Canada that offer training compatible with a scientist-practitioner model (or related models such as the clinical scientist model). To be admitted as a member, a clinical program must have a history of producing clinical psychology PhD students using the scientist-practitioner training model

(Bylaws, Article III). As of December 2012, there were 180 member programs.

The DCT, or the DCT's designee, is each member program's representative to CUDCP. CUDCP has an elected board of twelve members, from which the Chair, Chair-elect and Secretary-Treasurer are elected by the board. Four of the members are graduate student representatives, nominated by their DCT and selected by a subcommittee of the CUDCP Board of Directors.

The names of the current CUDCP Board Chair, Secretary-Treasurer, members of the Board of Directors, and student representatives are listed in Appendix B.

CUDCP maintains liaison relationships with other groups with whom there are shared interests. In some cases, CUDCP sends a liaison, typically a member of the CUDCP Board, to attend meetings of these other organizations, to maintain other contact as necessary, and to make liaison reports to the CUDCP Board and membership. Liaisons are sent to groups such as APA's BEA, APPIC, ASPPB, and NCSPP. Similarly, other organizations such as APPIC and NCSPP send liaisons to attend CUDCP's annual meeting.

The annual CUDCP meeting is typically held the third or fourth weekend in January. The *New DCT Workshop* is held on the Thursday night preceding the start of the annual meeting and provides an opportunity for those new to the job to obtain information, to discuss their concerns, and to share ideas with a couple of experienced DCTs. The next two days are devoted to various presentations and discussion of issues relevant to clinical training. On the final day of the conference there is a plenary session in which new policies or resolutions are discussed and voted on, and during which new business for the organization and plans for next year's meeting are discussed.

Often during the annual meeting CUDCP members vote on various position statements, policies, or resolutions related to clinical training (e.g., prescription privileges for psychologists). **A summary of these (excerpted from the minutes of the annual meetings) is presented in Appendix C**.

Every few years, CUDCP prepares and distributes a survey to all DCTs in member training programs. The data are used by DCTs in a variety of ways (e.g., to compare one's program to the national average, to advocate for needed resources), so you are strongly encouraged to participate by completing this important document. Results are tabulated in written form and made available to all CUDCP members. **The results of the 2010 survey are available on the CUDCP website.**

Related Organizations

APPIC

The Association of Psychology Postdoctoral and Internship Centers (APPIC) is a membership organization for internships and postdoctoral programs in professional

psychology. APPIC programs are eligible to participate in the internship Match. APA- or CPA-accredited internships are automatically eligible for membership in APPIC; unaccredited programs must meet APPIC membership criteria, but there is no independent verification (e.g., site visit) that they do meet these criteria. An academic program that offers a doctoral degree in psychology can become a Doctoral Program Associate (DPA) of APPIC for $275 per year, plus a $100 fee for the APPIC Match. The fee includes subscriptions to the APPIC newsletter and the DPA-NEWS email list. In addition, students from DPA programs who participate in the Match get a discounted Directory OnLine fee, and the DCT receives direct notification from the National Matching Service of their students' internship match results. The APPIC directory is updated in late summer of each year. The invoice for the subscription is mailed to programs on May 1 of each year. For more information or a DPA application, refer to the APPIC web site.

APTC

The Association of Psychology Training Clinics (APTC) is the national organization for directors of psychology training clinics that are typically associated with pre-doctoral graduate training programs in professional psychology – clinical, community, counseling, clinical child, and school psychology – at regionally accredited universities. Dues are $150.00 per year. Much like CUDCP, APTC provides support and mentoring among its members. For example, members get access to clinic manuals and other sample materials from a range of training clinics. In recent years, APTC has taken a leading role in articulating training competencies for professional psychology. APTC has an annual meeting, publishes a newsletter, and sponsors an email network that can be helpful in identifying current issues for training clinics and in establishing and maintaining a clinic. For more information, refer to the APTC web site**.**

CCPPP

The Canadian Council of Professional Psychology Programs (CCPPP) represents university-based psychology programs and psychology internships in Canada that train professional psychologists such as clinical psychologists, counseling psychologists, and clinical neuropsychologists, as well as other branches of professional psychology. CCPPP can be considered as a combination of APPIC and CUDCP for Canadian programs; it does not accredit programs. For more information, go to the CCPPP website.

CCPTP

The Council of Counseling Psychology Training Programs (CCPTP) represents the interests of counseling psychology in virtually any forum that might affect training and supports its members by disseminating training-relevant information and avenues for communication with one another. This organization is Counseling Psychology's equivalent to CUDCP. For more information, refer to the CCPTP web site**.**

CDSPP

The Council of Directors of School Psychology Programs (CDSPP) is school psychology's equivalent to CUDCP. For additional information, refer to the CDSPP web site.

CoA

The Commission on Accreditation (CoA) is part of the Office of Program Consultation and Accreditation in the Education Directorate of the American Psychological Association (APA). The CoA is recognized by both the U.S. Department of Education and the Council for Higher Education Accreditation as the national accrediting authority for professional education and training in psychology in the United States. The CoA accredits doctoral graduate programs, internship programs, and post-doctoral residencies in professional practice. The current structure of the 21-member Committee on Accreditation is changing to a 32-member Commission on Accreditation as of January 1, 2008. The Committee will be renamed the Commission as of that date.

The current fees for doctoral programs (per the CoA web site) are:

Annual Accreditation	$2,500
Application Fee (programs with ≤ 50 students)	$3,750
Application Fee (programs with 51+ students)	$4,250
Site Visit Charge for doctoral programs	$5,100
Appeal Hearing Fee	$5,000

For more information, refer to the APA Program Consultation and Accreditation web site.

NCSPP

The National Council of Schools and Programs of Professional Psychology (NCSPP) is a membership organization for programs providing doctoral level professional training in psychology. Full members are those accredited by APA-CoA, and there are membership categories for programs that are not yet accredited. NCSPP sends a liaison to each CUDCP meeting. For more information, refer to the NCSPP web site.

DCT Responsibilities and Duties

The DCT position is almost universally one of great responsibility. The actual authority associated with the role varies widely among programs and individual DCTs. There also may be variability depending on the number of other graduate programs within the department. Because of the typical visibility of clinical programs, the DCT is usually highly visible as well.

Office Hours

It is recommended that the DCT maintain weekly office hours for clinical students to visit and discuss various matters, including curriculum and other training issues, career planning,

relationship with faculty members, personal problems and the like.

Timeline

It may be useful to develop a timeline, by month or date, indicating when specific duties are to be carried out. For example, if practicum evaluations need to be sent out and returned prior to the end of the semester (i.e., in time to assign grades), it may be helpful to indicate November 15, April 1, and July 15 as dates for them to be sent to clinical supervisors.

Surveys

In recent years, DCTs have been bombarded with survey requests from graduate students and other colleagues to describe various aspects of your program. Each DCT has to decide which graduate surveys merit a response. Surveys from APA and CUDCP are very important to complete. The CUDCP survey traditionally has come out biennially, although the most recent survey was completed in 2010. DCTs may also want to respond to requests for information about their programs that appear in publications consulted by undergraduates when choosing programs to which they will apply (e.g., APA's *Graduate Study in Psychology*. Responding to these surveys will be much easier by having a database for student information, which is discussed in the *Students* section of this manual.

Recommendation Letters and Certification of Status

The DCT is responsible for a large amount of paperwork including a variety of requests for letters of recommendation. For example, APPIC uses a standard internship readiness form ("Verification of Internship Eligibility and Readiness") that must be completed and signed by the DCT. Letters of recommendation to organizations that can provide funding for graduate students are frequently required, as are references for postdoctoral fellowship, licensure and job applications. To promote efficiency, the DCT is encouraged to establish policies whereby students provide all pertinent information electronically, including names and addresses to which letters are sent. Additionally, as former students seek licensure, there are requests to complete forms from state licensing boards, detailing students' academic and clinical curricula. Many of these forms must be notarized, so it is important to have access to a notary public.

Responsibility and Authority

In most departments, the DCT role carries much responsibility but little authority. The DCT may or may not control any portion of budgets for the clinical program or the program's training clinic. There may be some authority over the assignment of faculty to teach clinical courses. In some programs, decision-making in the clinical program is conducted by the clinical faculty as a whole or by committees (e.g., admission of students, hiring of clinical faculty, promotion and tenure decisions), so any "power" the DCT has is often based on his/her leadership skills and persuasive abilities. Nevertheless, the DCT role is one that students and faculty may perceive as having great power. To be most effective, the DCT should foster good working relations and maintain open communication with the various

factions of the department.

Intra-University Relationships

Maintaining relationships with other mental health-related programs at the university (e.g., Counseling Psychology program) will allow the DCT to work with others on professional issues of mutual concern (e.g., state or provincial licensure laws) as well as to allow for the possibility of students taking courses across the programs. These relationships can also lead to coordinating efforts across programs in securing practicum sites, avoiding competition if it would be disruptive to training. In some jurisdictions, the training directors of mental health-related training programs (e.g., psychology graduate programs and internships) meet periodically to discuss matters of mutual concern.

State/Provincial Psychological Association and State/Provincial Licensing Board

Maintaining lines of communication between the Clinical program and the state/provincial psychological association is necessary for a variety of reasons, including the professional association's link, in many states or provinces, with the licensing board. Because professional associations often make recommendations about licensing board membership and changes in the state/province's licensing law, it is important for the Clinical program to be connected with their state/province's psychological association. While the DCT will want to be a member of the psychological association, it is not necessary for him or her to be the one primarily responsible for maintaining the liaison. Here, again, delegation of tasks such as this one can make the DCT's job manageable. For additional information about the national organization representing state and provincial licensing boards, refer to the Association of State and Provincial Psychology Boards web site.

Faculty

In addition to the clinical faculty, the DCT should maintain close working relationships with other departmental faculty. One of the reported negative features of the DCT position is strained or distant relationships with other faculty (Wisocki et al., 1994), and contact with other faculty outside of meetings will assist in communication and program support.

The DCT is also typically very involved in recruitment of new clinical faculty and often serves as Chair of the Search Committee. A critical issue in the selection of new faculty is their eligibility for licensure in the state or province. In some states, faculty who are hired immediately after internship, without a postdoctoral fellowship year, may never become licensed. The issue of clinical service opportunities and clinical supervision to enable new faculty to pursue licensure is an important consideration that should be clearly specified in their hiring agreement.

Given the leadership role of the position, the DCT serves as a role model not only for students, but also for other faculty. This modeling may include such activities as

involvement in research, attendance at professional meetings, and self-care.

The DCT should insure that there is mentoring for more junior clinical faculty, provided by the DCT and other senior faculty. Involving senior faculty in the life of the program can also be an important function for the DCT. The DCT may be involved in helping to resolve patterns of problem behavior in faculty, particularly in terms of faculty-student relationships. Finally, the DCT may want to utilize retreats for faculty, and perhaps students, every few years, to allow for perspective about the program and its goals.

The DCT coordinates the clinical supervision of, and faculty consultation with, clinical students. In many departments, the DCT also has the responsibility of assigning faculty to teach clinical courses. Moreover, the DCT sometimes coordinates the activities of adjunct clinical faculty. The DCT, through contacts in the local community, may involve clinical psychologists from other academic units, agencies, or practices, in the clinical training of students. In making these individuals a part of the training program, the DCT may want to propose them for adjunct faculty status.

Non-clinical faculty may not understand or may disagree with a policy of giving teaching credit to clinical faculty for supervision in the department's training clinic or providing consultation to students in practica outside of the department. This issue can arise particularly in summers, when many faculty are not paid, but still provide research supervision to students. If clinical faculty are paid to provide clinical consultation and supervision in the summer, emphasizing the clinical responsibilities, the need to hold regular supervisory meetings, and the need to be on campus to "cover" the clinic in case of emergencies may lead to a better understanding of the importance of clinical supervision. Many non-clinical faculty simply do not understand the distinction between clinical supervision and research supervision (which they – and we – do without teaching "credit").

Students

As noted by Wisocki et al. (1994), DCTs often become closer to students, while having more distant relationships with other faculty. Virtually all of the DCT's functioning has a direct or indirect impact on students. Since the DCT administers a training program, a close working alliance with students is one of the most positive aspects of the position. These relationships with students often last across one's entire career and life. Students can even be considered the "product" or "outcome" of the entire training enterprise.

Evaluation

Students must receive regular feedback about their progress in the program. Some of this feedback should be in written form and given at least once a year per accreditation standards. This written feedback provides formal information and creates a "paper trail" of data for future reference (e.g., for recommendation letters), including the hopefully avoided prospect of having to terminate a student. Evaluation information should include both

academic and clinical arenas. **Many programs use standard evaluation forms, samples of which can be found in Appendix D.**

Admissions

Administering the selection of new students is arguably the most important role of the DCT. Admissions is extremely time-consuming, so the DCT should account for this in planning his/her spring schedule each year. Offers of admission for the fall semester to doctoral programs may be at any time, preferably no later than April 1. CUDCP members are encouraged to abide by a policy promulgated by the Council of Graduate Schools, endorsed by the APA Office of Graduate Education, and presented in the APA publication, *Graduate Study in Psychology*, regarding deadlines for acceptance of offers.

> "The Council of Graduate Schools has published a statement entitled "Resolution Regarding Graduate Scholars, Fellows, Trainees and Assistants" since the mid 1960s. The Resolution is concerned with the conditions surrounding the acceptance of offers of certain kinds of graduate student financial assistance, namely, scholarships, fellowships, traineeships, and assistantships. The general spirit of the Resolution is that students should have an opportunity to consider more than one offer and should have until April 15 to do so, that institutions and students should be able to view acceptances in force after April 15 as binding, that everyone should know what the rules are, and that an offer by the institution and its acceptance by the student constitute an agreement which both expect to honor. The Resolution acknowledges that students, after having accepted an offer, may change their minds and withdraw that acceptance. The intent of the Resolution is to provide a uniform and widely acceptable framework for so doing, one that provides protection for both student and institution."

(Council of Graduate Schools website is: http://www.cgsnet.org/.)

The DCT often deals with disappointed applicants who were denied admission. These individuals can be quite vociferous in their objections. Sometimes interested third parties (e.g., parents, state legislators, university presidents) also become involved in trying to insure an applicant's acceptance or to reverse a negative decision. Having an admissions policy (e.g., stipulating an Admissions Committee), following a set of procedures related to that policy, and being able to articulate the policy and procedures are essential in effectively interacting with rejected applicants and interested third parties so they can understand the fairness of the decision. Applicants also sometimes ask for feedback, including written information, about improving their applications so they can reapply the next year. A form letter describing the admissions process and the criteria used in making decisions may be helpful in these situations.

Database

Most programs have a database on their students. This information is important for inclusion in reports on programs that must be submitted annually to CoA and for self-study reports that are required in association with the CoA site visits that take place at least every seven years. **Information recommended for possible inclusion in a student database is listed in Appendix F**. Most of this information is required for CoA reports at some time.

Diversity

Achieving and maintaining diversity in one's training program is an important goal and one where the DCT can provide leadership (see Office of Ethnic Minority Affairs, 1996). The DCT can insure that recruitment efforts include potential applicant groups with a variety of personal characteristics and backgrounds. Retention of students is an important consideration, too. The DCT should also work with the clinical faculty and students to insure that the program's atmosphere is welcoming and supportive of student diversity. Many departments and programs have Diversity Issues Committees. Moreover, there are frequent opportunities to coordinate recruitment and retention activities with college- and university-wide efforts. Along with student diversity, faculty diversity is an important consideration as well. The APA Office of Ethnic Minority Affairs has published numerous documents (available on-line and/or in print) that can assist in recruiting and retaining ethnic minority faculty and students as well as providing guidelines for ethical provision of service and conducting research with diverse clients/participants. For more information, refer to their website. In addition, look for the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*.

Similar information is available through the pages on the website of the APA Public Interest Directorate for support in addressing issues relating to other aspects of diversity. For example:

Disabilities Issues Office
Lesbian, Gay, Bisexual, & Transgender Concerns Office
Women's Programs Office

Also, the American Psychological Association of Graduate Students (APAGS) also provides resources for students with diverse backgrounds.

Alumni

As students graduate, transferring their information into an alumni database will assist the DCT in tracking alumni, sending alumni newsletters, organizing alumni events, and soliciting donations. Alumni gatherings are often possible at state, regional, and national conventions. Alumni often report that they look forward to these reunions and generally come to appreciate their programs more as time passes. Many programs request information from their alumni through surveys, collecting information that is required for APA accreditation reports. **Appendix G provides an Outcomes Assessment Form prepared as a model for CUDCP member programs.**

ABD Status

Students completing an internship and then maintaining "all but dissertation" (ABD) status for long periods of time have been a problem for many programs. To address this issue, programs should examine their timelines for completion of critical tasks (e.g., thesis, dissertation, comprehensive exams). Many programs have instituted a policy in which students must have successfully completed specific dissertation milestones (e.g., data

collection complete) prior to applying for internship.

General Training Issues

Review of Nonclinical Courses

The DCT and clinical faculty should periodically review the content of the basic science and methodology courses required by the program, through reviewing syllabi, discussing the course with the instructor, surveying students, and so on. This will help maintain currency and quality of the course offerings.

Funding

Advocating for adequate funding for students is an important, and time-consuming, function. DCTs usually advocate for students in discussions with the Department Chair, Dean of the Graduate School, or other administrators, directly influencing the number and value of graduate assistantships. The DCT may also need to actively develop new funding possibilities or maintain existing contracts or arrangements with external clinical or research training sites. Programs that rely on mental health facilities in the community to fund their students may confront serious problems as funding patterns change in mental health care delivery.

Students often regard funding as one of their most crucial concerns. Inadequate and unstable funding can be a serious distraction and can contribute to decisions to drop out of training programs. Together with other clinical faculty, the DCT should encourage students to apply for scholarships and fellowships whenever possible and appropriate to support their training interests.

Clinical Training Issues

Courses

It is especially important to review clinical courses on a regular basis, again perhaps every two years. Retreats or extended core faculty meetings provide excellent opportunities to review the clinical curriculum as a whole.

Program Training Clinic

The DCT may or may not also be the director of the training clinic. It is generally advisable to separate these duties and designate another member of faculty to direct the training clinic. When there is a separate director of the training clinic, both the duties and the lines of responsibility/authority should be clearly outlined. For example, does the Clinic Director/Coordinator report to the DCT, the Department Head, or both?

Evaluation of students' performance in the training clinic is an important aspect of training. Most programs evaluate students on standard forms each semester or quarter. More frequent, informal feedback by supervisors should typically be encouraged as well. Ideally, these regular performance evaluations will link directly to the program's overall objectives and goals for development of student competencies. **Samples of standard evaluation forms can be found in Appendix D.**

An in-house clinic can be advantageous for a clinical program, as it facilitates the integration of academics and practice, as well as research and practice. Such clinics can provide the initial training of inexperienced students and specialty training for more advanced students. Some programs also incorporate advanced students into the clinic's operation, giving them valuable experience as mid-line supervisors for new students.

Practica

Administering a practicum program can be very time-consuming. In some programs, the director of the training clinic or Associate Director of Clinical Training takes on this responsibility. Some programs utilize funding from practicum sites to support their students. With static or shrinking university budgets, such arrangements are becoming increasingly necessary. It should be noted, however, that there are certain costs and limitations associated with out-of-department paid practica. The DCT, or another administrator, may spend great amounts of time in locating and negotiating with agencies, taking time away from other aspects of clinical training. Also, the need to continue such arrangements year-to-year may force students in any one year to take placements that they find undesirable or that do not directly relate to their primary training needs. It is also possible that the facilities may require intensive training in areas not considered essential by the training program, thereby creating a conflict between training program/mission and training site. As already noted, national and state changes in health care systems make this task increasingly difficult.

It is necessary to closely oversee any practicum placement program. Leaving students to fend for themselves in locating sites is potentially disastrous, both for the individual student and the program. Insuring appropriate supervision is certainly an important consideration – one that students may not attend to as closely when there is a need to secure funding. There need to be open lines of communication with external practicum supervisors and agency administrators. Having a long-term working relationship can be advantageous (Kennedy & McNeil, 1996; McNeil & Carter, 1996). Some programs appoint external practicum supervisors as adjunct faculty, and sponsor an annual meeting. They may also provide continuing education opportunities or other activities or benefits.

Coordinating the practicum program also involves considerable contact with students, to ascertain their training needs and personal wishes and to match those as closely as possible to the available or potential positions. Developing criteria for assignment of such positions is highly desirable so that the process is fair and transparent.

Having placements outside of the department or external to the university can help students generalize their training and prepare them for internship and positions after graduate school. Such practica can help students decide career directions. **References regarding practicum placements are provided in the Resources section.**

Internship

Advising students who are applying to internship is extremely important, particularly given that these students are at a vulnerable time in their career. Significant anxiety is typical, and the DCT will want to prevent unproductive concerns by providing copious amounts of information.

Meeting with students who will be applying is essential; typically, group meetings are held for efficiency. It is recommended that the DCT first meet with students in the spring prior to internship applications in the fall. Preparation for the internship experience, however, should occur even earlier and be integrated into the fabric of the clinical program. With the "supply and demand" problem over the past several years, in which many qualified students have not matched with an internship because of the shortage of internship slots, competition for internships has increased, as has students' anxiety.

DCTs need to keep abreast of current APPIC policies and procedures. A copy of APPIC's current policy and procedure document is located in the annual APPIC manual and is available on the APPIC website. It is recommended that the DCT review these policies with potential applicants. Ethical breaches, or transgressions in appropriate professional or other interpersonal interactions during the internship application, interview, and acceptance process, can affect not only the student involved, but also future generations of your students with a particular internship site.

The standardized application form (AAPI) streamlines the application process. DCTs should review this form with students to ensure that there is consistency in how they complete the various sections. The AAPI has a section DCTs must complete to certify students are eligible and ready for internship in terms of their clinical training and approval by the doctoral program. New DCTs who are unfamiliar with the DCT portal of the AAPI can watch a brief training video developed by APPIC.

DCTs should advise their students to keep track of their clinical experiences from their first day of graduate school (and remind them to do so annually). Toward this end, APPIC has developed a system for tracking clinical training hours called MyPsychTrack. The data in this system can be exported to the AAPI Online.

One of the challenges encountered by DCTs and clinical programs is deadlines that students must meet in order to apply for internship. Many programs require that students successfully meet a specified dissertation milestone (e.g., defend the proposal) prior to making application for internship. Such deadlines seem to be a very good idea, and can help to alleviate the ABD ("all but dissertation") problem in post-internship students. Nevertheless,

there is a tendency for students to delay in meeting the deadlines, which can put a severe time crunch on the DCT and other clinical faculty in the late fall (the application deadline for many internships). Students who are applying for internship also often look to the DCT for advice about preparing for interviews or ranking their preferred sites – activities that frequently occur in December and January.

In terms of other internship information, some psychological societies may sponsor program events at their annual meetings to bring together internship sites and potential applicants. For example, the Association for Behavioral and Cognitive Therapies has an internship symposium each year at their November conference. Various groups (e.g., Society of Clinical Child and Adolescent Psychology, Society of Pediatric Psychology) host an "Internships on Parade" each year at the APA convention for child clinical and pediatric psychology internship programs. Numerous articles and books relating to internship application and acceptance are referenced in the Resources section of this manual. Although some of this material is dated, it contains "gems" of wisdom; other materials in this list may contain advice with which a DCT may disagree. The DCT may want to make some of these materials available to students after reviewing them.

Students will appreciate the DCT providing them a list of internship sites that have accepted their program's students. Distributing such a list, perhaps covering the previous five years, can be helpful to your students in guiding them to internships that are a good match for them. It can also be useful to publicize to students the number of hours (including the range) of practicum training that previously successful students have reported on their AAPI form for internship. Students often overestimate the importance of sheer number of hours of experience required to be successful, and seeing this information can be reassuring. In addition, APPIC conducts a post-Match survey of programs every year and publishes the information on their website.

APA Accreditation Issues

Criteria for accreditation of professional psychology doctoral and internship training programs are continually evolving. New DCTs should become familiar with the CoA website to learn as much as possible about accreditation procedures, as a comprehensive discussion of accreditation issues is beyond the scope of this manual. Suffice it to say that accreditation is a time-consuming process. Annual reports are required, and periodic self-studies are critical steps in maintaining accreditation. Preparation of the self-study prior to re-accreditation site visits, not to mention the site visit itself, requires a substantial time commitment on the part of the DCT and clinical faculty.

Once the DCT understands accreditation procedures, she or he must keep updated about the status of APA accreditation issues, as requirements, policies, and procedures change over time. For example, new information may be requested, necessitating the addition of those data to the clinical program's database. Several times a year, CoA issues a CoA Update and sends this document to the DCT for accredited programs. In addition, CoA has a News & Actions page on their website that lists recent activities of the CoA. Attending to these

emerging documents is imperative. The *Guidelines & Principles* and its companion document, *Implementing Regulations*, are both particularly important and can be found on the APA Program Consultation and Accreditation website.

Additionally, it is suggested that the DCT have copies of the last two CoA site visit reports on the program as well as any correspondence from CoA within the past several years, for referencing in making program modifications and planning for the next site visit. Such documents can also be useful in securing necessary Department, College, and University resources.

Administration

Administrative Structure

Administrative structures for clinical psychology training programs vary widely. Usually, the DCT reports directly to the Department Chair or Head. One may also interact with a Director of Graduate Studies on issues such as curriculum, teaching assistantships, admissions, and graduate requirements. It is advisable that these relationships be specified in terms of lines of authority and responsibility. There may be an Assistant or Associate DCT, and perhaps coordinators of various subcomponents or specialty tracks within the clinical program (e.g., Child Clinical or Behavioral Medicine specialty training).

It is essential for the DCT to have adequate secretarial and clerical assistance (e.g., at least a half-time administrative secretary). It is best to clarify the amount of secretarial time and commitment available to the DCT prior to accepting the position. Other resources helpful to the DCT include a graduate student research assistant or teaching assistant, up-to-date computer technology, and generous telephone, photocopying, and travel budgets. Results from the Bienniel Survey can help inform DCTs (and administrators) of the kinds of benefits/perks often associated with the DCT position.

Relationships with Other Administrators and Entities

In the DCT role, a positive working relationship with the Department Chair and Director of Graduate Studies is helpful. Regularly scheduled meetings are probably important with these individuals, to promote communication and future planning, and to prevent problems. The DCT also will want to maintain contact with Directors/Coordinators of other departmental graduate and undergraduate programs. Additionally, it may be politically astute for the DCT to be known to College and University administrators (e.g., the Dean, Provost, Vice President for Academic Affairs), as there will be occasions that necessitate direct interactions with them (e.g., accreditation site visits).

As noted earlier in this manual (*CUDCP and Related Organizations*), the DCT needs a working relationship with other mental health training programs in the University and community. There is a potential for sharing resources (e.g., classes), as well as for competition with Counseling Psychology, School Psychology, Social Work, and Psychiatry

programs in garnering University (e.g., funding, space) and community (e.g., practicum slots) resources. Given their role, DCTs also have the potential to provide considerable guidance and assistance to regulatory bodies (e.g., testifying to the state or provincial psychology licensing board), helping to shape policies and procedures that will affect program graduates.

Meetings and Minutes

It is recommended that minutes be kept for all meetings of the clinical faculty. The DCT may be able to arrange for a secretary to take these minutes, may rotate the responsibility among the faculty, or may keep the minutes her/himself. These minutes may be posted for students (with confidential portions removed, such as those related to individual students), and distributed to all members. Archiving these minutes is important for future retrieval related to policy questions and matters of precedence. Future DCTs in your department will appreciate having a complete set of minutes, and other documents, to which they can refer. Many programs include student representatives in meetings of the clinical faculty, and some include them as voting members. It is important for the DCT to work with these student representatives as they can serve a liaison function, facilitating communication between the clinical faculty and students.

Clinical Training Policies and Procedures

It is important to have written clinical training policies and procedures so that students can refer to them. There are also important legal reasons, as later articulated in this manual in the *Legal Issues* section, for this information to be in written form. In many programs, the clinical training policies and procedures are part of a larger graduate program handbook. Typically, this handbook is revised yearly. The various policies and procedures documents (e.g., admissions brochure, graduate handbook, website) obviously need to be consistent with each other.

State/Provincial Licensing Boards

DCTs vary widely in their relationship to the licensing board in the state or province in which their program resides. For programs that place many of their graduates in the jurisdiction in which the program is located, the relationship with the licensing board is typically strong. It is very helpful if a member of the regular clinical faculty, or adjunct clinical faculty, serves on the licensing board, so as to provide for ready communication between the board and the program. In states or provinces where there are numerous Clinical and Counseling Psychology training programs, it may be helpful to have a working relationship with training directors or faculty from those other programs, to coordinate efforts with the licensing board. For information on licensure requirements for individual states/provinces as well as information about the licensing exam and licensure mobility, refer to the ASPPB website at: www.asppb.org.

Finances

Establishing and maintaining Clinical Psychology doctoral training programs requires a substantial commitment of financial and other resources by the University, College, and Department. Funds need to be allocated on an annual basis for the following expenses (at 2012 rates):

- Annual APA Accreditation Fee - $2,500.00 payable in August of each year for the upcoming academic year (i.e., September - August).
- CUDCP program membership (also includes provisional member programs) - $350.00 per year.
- APTC membership - $150.00 per year
- APPIC subscription fees for graduate programs - $375.00 per year ($275 + $100).

Canadian programs will also have the following expenses:

- Annual CPA Accreditation Fee - CDN$2,200.00 plus GST/HST.
- CCPPP membership - CDN$225.00 per year

In addition to these annual fees, Clinical programs have a variety of other expenses, the most notable of which is the site visit fees for doctoral programs, coming at least once every seven years, are currently $5,100.00 for APA or CDN$4,125 for CPA. Other expenses include, but are not limited to, travel costs for the DCT or other faculty to visit off-campus practicum sites and for the DCT to attend the annual CUDCP meeting, summer salary for the DCT and other clinical faculty, and additional administrative support expenses. In addition, if your program maintains a training clinic, additional resources are needed to support space and equipment needs, administrative support resources, faculty time, and maintenance and operation expenses.

Program Brochure, Handbook, and Public Materials

Virtually every program has a website with information for prospective applicants. Accredited programs are required to list information on their webpage regarding internship placement rate, tuition costs, etc. Pages of the website describe the training program, its philosophy and model of training, and information about faculty and the community in which the program resides. The DCT should review the program's web information at least twice yearly and update it as necessary. The CUDCP website has a listing of member programs' websites that provide good examples of different ways to present this information

Information about programs is also presented in various summary guides for

applicants, some of which are sponsored by psychological societies, and others that are commercially available. Typically, surveys requesting information for these guides are sent to the Department periodically. It is a good idea to review them yearly to insure congruity with your current program description and consistency across guides. Some of these guides are listed in the *Resources* section of this manual. Additionally, information is reported annually about programs' credentials (e.g., accreditation status) and outcomes (e.g., information about scores on the Examination for Professional Practice in Psychology, published on the Association of State and Provincial Psychology Boards website). Certain psychological societies (e.g., Association for Behavioral and Cognitive Therapies) sponsor articles in their newsletters and other publications about training programs (e.g., McNeil, 1995); the DCT may want to author or co-author such an article.

The graduate program website also contains information that is useful for current students and faculty, including policies and procedures. **Information about program handbooks appears in Appendix H.**

One issue that must be considered is whether students are bound to the policies and procedures that are current at the time of their entry into the graduate program, or can they (or must they) use policies and procedures that are revised thereafter. Also, if students can use policies and procedures established or revised subsequent to their admission date, must they choose one version or another, or may they pick and choose policies and procedures among the various versions since their admission. Clarification of these issues (in writing) is recommended. For all materials, it is important that there be internal consistency in policies and procedures, a factor that may be reviewed by CoA site visit teams. It is also crucial that programs follow their stated policies and procedures, as listed in these materials. Typically, these materials are reviewed yearly and revised.

Full Disclosure of Information in Program Materials

CUDCP has been a leader in supporting the listing of standard statistical information to graduate school applicants about input/output issues. The following resolution was approved by the CUDCP Board of Directors in January 1998 and subsequently supported by the CUDCP Members.

> "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."

This resolution was discussed again by the CUDCP Board of Directors in their August 1999 meeting and subsequently shared with the CUDCP membership as the following:

> "The CUDCP Board strongly recommends that member programs provide performance

> and outcome data pertaining to the education of their graduate student in their public dissemination information (e.g., on websites, in admission packets). The data reported should include running totals over a successive three-year period that describe (a) applicant and selection information (# of applicants, # selected, average GRE scores of selected students), (b) internship selection information (# of applicants, # selected), and (c) graduation outcomes (# of students completing the program, average number of years to completion for this cohort)." (CUDCP Board minutes, August 1999)

Links to program websites that provide full disclosure information are provided on the CUDCP website member list.

Legal Issues

(Information provided by Russ Newman)

The information contained herein should not be construed as legal advice and is provided for background purposes only. It is strongly recommended that DCTs establish a relationship with their university attorney's office for consultation, including but not limited to advice concerning specific issues and cases, as well as applicable state and local laws. It is further strongly recommended that DCTs have knowledge about and materials readily available regarding their university's sexual harassment and social justice policies and procedures. It is also useful to know the legal advisers of your state or provincial psychological association.

As in many professional endeavors, the potential for lawsuits to be brought against clinical faculty is a serious concern. The most common areas with the potential for legal liability are listed below. Although the risk for liability in these areas can never be completely eliminated, it can be sufficiently minimized so as to not create an obstacle to the smooth functioning of clinical programs.

In addition to the professional liability insurance that one typically procures to cover the provision of clinical services, it is recommended that DCTs ascertain whether their activities as administrators are covered through a university or personal policy. Moreover, it is recommended that similar considerations be addressed for all clinical faculty and external supervisors, to insure coverage both of their university-related clinical activities (including supervision) and other educational functions (e.g., in the classroom; as a thesis or dissertation chair).

Denial of Admission

DCTs and clinical faculty must contend with the threat of a lawsuit by disgruntled

unsuccessful applicants for admission to training programs. Notwithstanding those cases in which some type of illegal discrimination has occurred (e.g., rejection on the basis of ethnicity, gender, age, or disability), suits in this area are usually not successful. ***The key to minimizing the risk of liability is to establish and follow criteria and procedures for admission***. Although some parts of the decision-making process are undoubtedly less objective than others, making the process as objective as possible will provide good protection against subsequent lawsuits. Rating each applicant in clearly articulated areas will provide evidence that decisions were not made arbitrarily. Such areas may include grade point averages, GRE scores, interviewers' summaries and ratings, letters of recommendation, biographical data, previous life experiences, and extracurricular activities. Personal characteristics of an applicant inevitably figure into the decision-making process. This reality is unlikely to present a problem, ***provided that*** those characteristics have some content validity to clinical program performance. To the extent that personal characteristics are utilized in decision-making, personal interviews with applicants support the process.

Psychologists have a wealth of training and expertise in objectifying, evaluating, and assessing individual performance potential, and this background should not be forgotten when making admissions decisions. It is also helpful to keep in mind that, from a legal standpoint, it may be easier to defend a denial for admission than a termination from the program after a marginal applicant has been admitted.

Termination of Student Enrollment

Perhaps the greatest increase of a threat of a lawsuit in recent years has occurred in the area of termination of students from clinical programs. In general, the courts have permitted school authorities considerable latitude in determining whether a student has failed to meet academic/program requirements and virtually absolute discretion in determining what the academic/program requirements are. In essence, the potential for a successful lawsuit of this type is relatively small, so the high degrees of anxiety about it are unwarranted. There are some key points, however, which clinical faculty must bear in mind to minimize the risks that do exist.

First, U.S. courts apply different standards depending upon whether an educational institution is publicly or privately supported. For publicly funded educational institutions, whether or not termination of a student has been appropriately carried out will depend upon whether "due process" has been afforded the student. In other words, the court will look to see what procedures have been followed by the state institution, since dismissal of a student may constitute a deprivation of liberty or property within the meaning of the 14th Amendment to the United States Constitution.

The U.S. Supreme Court, in *Board of Curators of the University of Missouri v. Horowitz* , 435 U.S. 78 (1978), held that in dismissing a medical student for failure to meet academic standards, the school satisfied due process requirements by informing the student of the

faculty's dissatisfaction with her clinical progress and the danger that this posed to continued enrollment in the program. Further, because the ultimate decision to dismiss the student was "careful and deliberate," the student could not object. The same Court in *Goss v. Lopez,* 419 U.S. 565 (1975), held that no formal hearing was required, only an "informal give-and-take" between the administrative body dismissing the student that would at least give the student "the opportunity to characterize his conduct and put it in what he deems the proper context."

Practically speaking, due process requirements can be satisfied by providing the student with notification that the student's academic work or clinical performance is placing the student's status in jeopardy; making expectations for improved performance clear to the student and within what time frame improvement is expected; providing the student with an opportunity to explain his or her situation; and ultimately deciding to terminate a student (if expectations for improvement are not met) in a non-capricious, careful, and deliberate manner.

Private institutions are not subject to constitutional due process requirements. Hence, a student in a private institution cannot sue for violations of due process. There are, however, analogous actions that may be brought by a disgruntled student who has been dismissed for academic or clinical performance reasons. While the actual legal grounds that may be alleged can vary (e.g., violation of "fundamental fairness," breach of contract pursuant to terms expressed in a program bulletin or a university catalogue), the factors looked at by a court are likely to be similar to those in due process cases. As a practical matter then, maintaining the same procedures as those recommended for publicly funded institutions are likely to minimize the risk of liability and maximize discretion for the program in establishing criteria for expected academic and clinical performance.

The second key point is that the law views differently dismissal for academic reasons and dismissal for disciplinary reasons. In contrast to the relatively limited amount of due process required for dismissal based on academic failure, the required procedures to accomplish dismissal for disciplinary reasons are more onerous. In particular, dismissal for disciplinary reasons, according to the Supreme Court, requires that the student be given oral or written notice of the charges against him and, if he/she denies them, an explanation of the evidence the authorities have and an opportunity to present his/her side of the "story," *Goss v. Lopez,* 419 U.S. 565 (1975). In addition, a public hearing may be required since disciplinary actions have a sufficient resemblance to traditional judicial and administrative fact finding.

Accommodations for Disabilities

This area of U.S. law is an evolving one, and is based on the American Disabilities Act of 1990 and the Rehabilitation Act of 1973 (sec. 504). The standard is that there must be "reasonable accommodation" for a student with disabilities. If there is a question about admission, the most relevant question might be regarding whether it would be dangerous if

he/she were to be in the profession. Possible accommodations for students include: (a) increase in length of time permitted for completion of requirements, (b) decreased class schedule each term, (c) leave of absence for intensive treatment, (d) course substitution, (e) increase in length of time allocated for completion of exams, (f) providing a reader, (g) providing a quiet room to complete an examination, and (h) providing auxiliary services through taped tests, interpreters, or tutors.

Negligent Supervision

This area of vicarious liability, in which there is indirect legal responsibility of a principal for the actions of an agent (e.g., a supervisor's responsibility for a supervisee) has a specific application to faculty connected with training clinics or practica. This tort, or "civil wrong," occurs when a client is injured as a result of services provided by a student and it is determined that the poor treatment was the result of less than adequate supervision provided by the supervising clinical faculty member. Sufficient supervisory time spent reviewing the student's work and careful documentation by both the student-clinician and the supervisor are absolute necessities for minimizing the risk of this type of liability. Also, a thorough knowledge and understanding by the supervisor of each client who is being seen by the supervisee is a must. While this guideline may simply appear to be common sense, there are some cases in which supervisors have found themselves facing negligent supervision suits from clients who they were unaware were being treated by their supervisees. This, of course, is a less likely occurrence in the context of a carefully thought out and structured clinical training program than in settings where no formal training is established. It is possible not only for the client to bring action against a supervisor, but for a supervisee to bring an action as well. A related issue is that it is also appropriate, and consistent with ethical standards, for clients to be aware that they are receiving services by a trainee under supervision.

Sexual Harassment

By the nature of their position, DCTs often are in the role of counseling students with complaints of various types, including sexual harassment, from faculty, fellow students, or others in the academic environment. Often, the DCT acts to assist a student in directly addressing these concerns him or herself. The DCT may have a unique role, however, in having the responsibility for reporting and responding to suspected sexual harassment, even if the aggrieved party does not do so, or requests that the DCT not take action. As already recommended, DCTs should have information readily available about their universities' policies and procedures for reporting alleged sexual harassment.

Educational Malpractice and Negligent Training

Clinical services provided to clients in training clinics or practicum settings are another area of potential liability that is, practically speaking, no different than that which the clinician faces in other settings. Good clinical judgment, using adequate consent forms for clients, and careful record-keeping practices will go a long way to keep the risks low. There is precedence for a university to be named in a suit because of a breach of educational standards. It is usually considered contrary to public policy, however, for courts to usurp the authority of the state psychology licensing board, and the state regents for higher education, which the state legislature has deemed having oversight in matters of psychological services and educational training. A concern about students moonlighting and giving the appearance of working under the supervision of the university may be addressed by regulating such practices by program policies and procedures, and specifically directing students to inform employers and clients their work is unrelated to their university affiliation.

Summary

Despite the ability to minimize risks of liability, it is recommended that all faculty obtain professional liability insurance, especially those who supervise the clinical work of students. Although many universities cover faculty members in the performance of their university-based responsibilities, situations can arise where individual coverage is desirable if not necessary. For example, the interests of a university may diverge from or be in conflict with the interests of an individual faculty member. Having your own attorney and your own liability coverage may prevent an unwanted result (e.g., an undesirable settlement) that is good for the university but not the faculty member. Liability insurance for students who are performing clinical functions is also well worth considering and is often mandatory, particularly in external practicum settings.

Promises and Pitfalls

The DCT position can be tremendously rewarding. A DCT can positively influence the lives of a great many future clinical psychologists and perhaps the entire discipline. There are many interpersonal rewards for this work. Being a DCT can also bring professional recognition and advancement. Most DCTs, however, find the position quite demanding and often find that their research productivity declines. It is important to find balance, not only investing time as DCT, but as a faculty member, mentor for students, professional psychologist, researcher, and clinician. It is important to have your administrative responsibilities recognized as a significant part of your departmental role for purposes of tenure, promotion, and faculty pay raises. The time-intensive nature of the DCT position poses common pitfalls: becoming a “workaholic” and an “efficiency freak” (trying to do everything in one’s life in the most efficient way possible). One’s personal life can also suffer, in that time can be taken away from it; the stresses of the position can lead to

preoccupation outside of work. Being a DCT may make one particularly vulnerable to isolation and other problems associated with maintaining a professional role in our society. Sharing these concerns and issues with other DCTs can be helpful and assist in putting your position in perspective. Attending the annual CUDCP meeting is one way to do this networking. Another way is to join the CUDCP listserv.

Advice for (New) DCTs

DCT Listserve

It is recommended that you sign on to the CUDCP listserve. This e-mail network will keep you up to date regarding current issues affecting clinical training, as well as access to fellow DCTs who may help you with training issues and unique problems. You can join this listserv by sending an email message to <listserv@lsv.uky.edu> and including in the body of the message that you want to subscribe by the following message: SUB cudcp [your name, affiliation].

Consultation

Consulting with other DCTs concerning unique issues can be very helpful in getting an objective view of a situation. As mentioned above, one can make these contacts at the annual CUDCP meeting, or through the listserve. Another avenue for consultation is utilizing former DCTs who may be still on your Department's faculty.

Promotion and Tenure

It is certainly not preferable to take a DCT position without tenure (if available), because the time demands of the position take away from other activities, particularly research (Wisocki et al., 1994). If you do not have tenure (but need or want it), or if you wish to apply for a promotion (e.g., from Associate to Full Professor), it will be essential for you to make a commitment to, and follow through on maintaining, time for research (or other required activities). The administrative demands of the DCT position can easily be all-consuming, and one can suffer personally and professionally while being altruistic in administrating the clinical training program. This is not good for you or the program.

Reading

Providing yourself with a base of information from the literature is likely to be helpful to you in gaining a perspective on the role of the DCT. The article by Wisocki et al. (1994), regarding the role of the DCT, that has been referred to in this manual is an important source. Other helpful materials are listed in the *Resources* section of this manual.

Site Visitor Training

You are encouraged to enroll in a site visitor workshop because it provides you with a broad

perspective from which to view clinical training and it provides a valuable service to the profession. To be a site visitor it is necessary to attend a daylong training session, often held in conjunction with the annual CUDCP meeting and/or other national meetings (e.g., APA or CPA). Being on the "other side" of a review can be eye-opening, and gives you another perspective on the your program. Furthermore, receiving site visitor training is excellent preparation for conducting a quality review of your program or writing a self-study.

CUDCP and Other Meetings

Both new and experienced DCTs benefit from attending the annual CUDCP meeting, typically held in January. It provides a good opportunity to further your professional development, to earn Continuing Education credits, to receive peer support, to acquire new ideas, and to rejuvenate your interest in administrating a training program. Moreover, other psychological societies to which you belong may sponsor meetings at the organization's annual meeting.

Mailing Lists

Make sure that you are on the mailing lists of various organizations that send information to you as a training director. Inform the current Secretary-Treasurer of CUDCP of your new role or changes in the DCT position. Also, advise the APA Office of Program Consultation and Accreditation, APPIC, and any other organization that may regularly send your program training-related information. Canadians would include the CPA Office of Accreditation and CCPPP in mailing list updates.

Self-care

The stresses (and joy) of being DCT can be tremendous and unprecedented in one's professional life. All professionals are vulnerable to unique stresses, and can encounter personal problems that are primarily related to or exacerbated by their jobs. DCTs who balance administrative, teaching, research, and service roles would seem to be particularly susceptible to overwork, isolation, and as already noted in this section, resentment and burnout. Continuing to work on your own professional goals (e.g., research), therefore, is important, albeit at a reduced level, as one can easily over commit to the DCT role. You will probably not continue as a DCT for your entire career. Most DCTs did not enter academics and specifically clinical psychology, to advance administratively. Consequently, it may be crucial to actively plan other professional activities. Having the opportunity to interact with clinical psychologists outside of one's own faculty can be particularly reassuring. Finally, maintaining a personal life outside of psychology may be of special importance to DCTs, giving them time off from the many stresses of the job.

Resources

(NOTE: Suggestions for resources to include in future manual revisions are welcome.)

Articles, Books, and Online Materials

DCTs and Training

Addis, M.E. (2000). Graduate training in Boulder model clinical psychology programs: The evolving tension between science and art. In S. Soldz & L. McCullough (Eds.), *Reconciling empirical knowledge and clinical experience: The art and science of psychotherapy.* (pp. 51-66). Washington, DC: American Psychological Association.

Clark, R.A., Harden, S.L, & Johnson, W.B. (2000). Mentoring relationships in clinical psychology doctoral training: Results of a national survey. *Teaching of Psychology, 27*, 262-268.

Gaudina, B.A., & Statler, M.A. (2001). The scientist-practitioner gap and graduate education: Integrating perspectives and looking forward. *The Clinical Psychologist, 54 (4*), 12-18.

Maher, B.A. (2000). Changing trends in doctoral training programs in psychology: A comparative analysis of research-oriented versus professional-applied programs. *Psychological Science, 10*, 475-481.

Wisocki, P.A., Grebstein, L.C., & Hunt, J.B. (1994). Directors of clinical training: An insider's perspective. *Professional Psychology: Research and Practice, 25*, 482-488.

Diversity Initiatives

Bernal, M.E., Sirolli, A.A., Weisser, S.K., Ruiz, J.A., Chamberlain, V.J., & Knight, G. P. (1999). Relevance of multicultural training to students' applications to clinical psychology programs. *Cultural Diversity and Ethnic Minority Psychology, 5*, 43-55.

Sue, S. (1999). Science, ethnicity, and bias: Where have we gone wrong? *American Psychologist, 54,* 1077-1077.

Yutrzenka, B.A., Todd-Bazemore, E., & Caraway, S. J. (1999). Four Winds: The evolution of culturally inclusive clinical psychology training for Native Americans. *International Review of Psychiatry, 11,* 129-135.

Diversity Reports

APA Commission on Ethnic Minority Recruitment, Retention, and Training (available on-line at: www.apa.org/pi/publicat.html).

- *Diversity and Accreditation. (1997)*
- *How to Recruit and Hire Ethnic Minority Faculty. (1996)*
- *Psychology Education and Careers: Resources for Psychology Training Programs Recruiting Students of Color. (1998).*
- *Visions and Transformation: The Final Report of the APA Commission on Ethnic Minority Recruitment and Retention in Psychology.*
- *Valuing Diversity in Faculty: A Guide.* (1996)

APA Divisions 17 (Counseling) and 45 (Society for the Study of Ethnic Minority Issues) (2002). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists adopted as APA policy, August 2002: www.apa.org/pi/multiculturalguidelines.pdf.

Surgeon General's Office (2001) Mental Health: Culture, Race, and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General: http://www.surgeongeneral.gov/library/mentalhealth/cre/.

Practicum

Baird, B. N. (1996). *The internship, practicum, and field placement handbook: A guide for the helping professions.* Upper Saddle River, NJ: Prentice Hall.

Internships

Association of Psychology Postdoctoral and Internship Centers. An on-line version of the Directory is available at the APPIC website, www.appic.org.

Bartle, D.D., & Rodolfa, E.R. (1999). Internship hours: Proposing a national standard. *Professional Psychology: Research and Practice, 30,* 420-422.

Connelly, M. (2003). The internship match hazing process: A survival guide. *The Clinical Psychologist, 56,* 24-30.

Thorn, B. E., & Dixon, K.E. (1999). Issues of internship supply and demand: A survey of academic counseling and clinical programs. *Professional Psychology: Research and Practice, 30,* 198-202.

Williams-Nickelson, C., & Prinstein, M. J. (2004*). Internships in psychology: The APAGS workbook for writing successful applications and finding the right match.* Washington, DC: American Psychological Association.

Accreditation and Credentialing

American Psychological Association, Committee on Accreditation. (2002). *Guidelines and principles for accreditation of programs in professional psychology.* Washington, DC: Author. (http://www.apa.org/ed/G&P2.pdf)

American Psychological Association, Committee on Accreditation. (2003). *Policy statements implementing regulations.* Washington, DC: Author. (http://www.apa.org/ed/implementingregs.html)

American Psychological Association (2007). CoA self-study instructions for doctoral programs. (http://www.apa.org/ed/accreditation/ssinstructions07.html)

Information About the Scientist-Practitioner Training Model

Albee, G.W. (2000). The Boulder model's fatal flaw. *American Psychologist, 55(2),* 247-248.

Baker, D., & Ludy, T. (2000). The affirmation of the scientist-practioner: A look back at Boulder. *American Psychologist, 55(2),* 241-247.

Belar, C. (2000). Scientist-practitioner ≠ scientist + practice: Boulder is bolder. *American Psychologist, 55(2),* 249-250.

Nathan, P. (2000). The Boulder model: A dream deferred - or lost? *American Psychologist, 55(2),* 250-251.

Peterson, D. (2000). Scientist-practitioner or scientific-practitioner? *American Psychologist, 55(2),* 252-253

Stricker, G. (2000). The scientist-practioner model: Gandhi was right again. *American Psychologist, 55(2),* 253-264.

Competencies

Hatcher, R. L. & Lassiter, K. D. (2007). Initial training in professional psychology: The Practicum Competencies Outline. *Training and Education in Professional Psychology, 1,* 49-63.

Kaslow, N. J. (2004). Competencies in professional psychology. *American Psychologist, 59,* 774-781.

Rodolfa, E. R., Bent, R. J., Eisman, E., Nelson, P. D., Rehm, L., & Ritchie, P. (2005). A

cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36,* 347-354.

Roberts, M. C., Borden, K. A., & Christiansen, M. D., Lopez, S. J. (2005). Fostering a culture shift: Assessment of competence in the education and careers of professional psychologists. *Professional Psychology: Research and Practice, 36,* 355-361.

Outcome Measurement

Addis, M.E. & Jacob, K. (2000). On the process and outcome of graduate training in clinical psychology: Where do we want to go, how will we get there, and who will join us? *Clinical Psychology: Science and Practice, 7,* 364-367.

Association of State and Provincial Psychology Boards. *EPPP Performance By Designated Doctoral Programs in Psychology Since 1998.* http://www.asppb.org/publications/validity/default.aspx#scores

Cherry, D.K., Messenger, L.C., & Jacoby, A.M. (2000). An examination of training model outcomes in clinical psychology programs. *Professional Psychology: Research and Practice, 31,* 562-568.

Kazdin, A. E. (2000). Evaluating the impact of clinical psychology training programs: Process and outcome issues. *Clinical Psychology: Science and Practice, 7,* 357-360.

Organizations/Entities

American Psychological Association
Commission on Accreditation
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242 USA
phone: 202-336-5979
fax: 202-336-5979
email: apaaccred @ apa.org
website: http://www.apa.org/ed/accreditation/

Association of Psychology Training Clinics (APTC)
M. Colleen Byrne, Ph.D., President
University of Maryland, College Park
2114F Biology-Psychology Building
College Park, MD 20742 USA
email: colbyrne @ umd.edu
website: http://www.aptc.org /

Association of Psychology Postdoctoral and Internship Centers (APPIC)
Jeff Baker, Ph.D., Executive Director
phone: 832-284-4080
fax: 832-284-4079
email: appic @ appic.org
website: http://www.appic.org/

Association of State and Provincial Psychology Boards (ASPPB)
P.O. Box 3079
Peachtree City, GA 30269 USA
phone: 678-216-1175
fax: 678-216-1176
email: asppb @ asppb.org
website: www.asppb.org

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141 Laurier Avenue West, Suite 702
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George Hurley, President
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APPENDICES

A. List of acronyms for organizations related to CUDCP

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

C. CUDCP Resolutions, Policies, and Recommendations

D. Sample student evaluation and recording forms

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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
AMSP	Association of Medical School Psychologists
APA	American Psychological Association
APAGS	American Psychological Association of Graduate Students
APCS	Academy of Psychological Clinical Science
APPIC	Association of Psychology Postdoctoral and Internship Centers
APS	American Psychological Society
APTC	Association of Psychology Training Clinics
ASPA	Association of Specialized and Professional Accreditors
ASPPB	Association of State and Provincial Psychology Boards
BEA	Board of Educational Affairs (of the APA)
BPA	Board of Professional Affairs (of the APA)
BSA	Board of Scientific Affairs (of the APA)
CAPP	Committee for the Advancement of Professional Practice
CCOPP	Council of Credentialing Organizations in Professional Psychology
CCPPP	Canadian Council of Professional Psychology Programs
CCPTP	Council of Counseling Psychology Training Programs
CCTC	Council of Chairs of Training Councils
CDSPP	Council of Directors of School Psychology Programs
CHEA	Council for Higher Education Accreditation
CoA	Committee on Accreditation (of the APA)
COGDOP	Council of Graduate Departments of Psychology (Department Chairs)
COS	Council of Specialties
CPA	Canadian Psychological Association
CPAP	Council of Provincial Association of Psychologists
CRSPPP	Commission for the Recognition of Specialties and Proficiencies in Professional Psychology
CUDCP	**Council of University Directors of Clinical Psychology**
JCPEP	Joint Council on Professional Education in Psychology
NCSPP	National Council of Schools and Programs of Professional Psychology
PER	Psychology Executives Roundtable
SSCP	Society for a Science of Clinical Psychology (Section III, APA Div.12)

Appendix B: Current CUDCP Board of Directors and Student Representatives

CHAIR

Linda Craighead, Ph.D.
Clinical Psychology Program
Emory University
Atlanta, Georgia
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lcraigh @ emory.edu
(Term Ends 2013)

CHAIR-ELECT

(Term Ends)

SECRETARY-TREASURER

Thad Leffingwell, Ph.D.
Department of Psychology
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BOARD MEMBERS

2010-2012

Kevin Larkin, *West Virginia University,* klarkin @ wvu.edu
Steve Miller, *University of Georgia,* lsmiller @ uga.edu
Sheila Woody, *University of British Columbia,* sheila.woody @ ubc.ca

2011-2013

Deborah Beidel, *University of Central Florida,* deborah.beidel @ ucf.edu
Mitch Prinstein, *University of North Carolina at Chapel Hill*, mitch.prinstein @ unc.edu

2012-2014

William Follette, *University of Nevada, Reno,* follette @ unr.edu

2013-2015

Timothy Cavell, *University of Arkansas*, tcavell @ uark.edu (2011-2015)
Joanne Davila, *Stony Brook University*, joanne.davila @ stonybrook.edu
Annette LaGreca, *University of Miami*, alagreca @ miami.edu
David Marcus, *Washington State University* david.marcus@wsu.edu

STUDENT REPRESENTATIVES

2012-2013

Rae Ann Anderson, *University of Wisconsin, Milwaukee,* ander569 @ uwm.edu
Nicole Blazek, *University of Southern Mississippi,* nblazek @ gmail.com

2013-2014

Casey Dean Calhoun, *University of North Carolina at Chapel Hill,* cdcalhou @ email.unc.edu
Brian Feinstein, Stony Brook University feinstein.br @ gmail.com

Appendix C: CUDCP Resolutions, Policies, and Recommendations

(excerpted from CUDCP Annual Meetings and meetings of the 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 (Santa Barbara, CA)

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. Keilen and APPIC are greatly appreciated by the member programs of CUDCP and by their students.

Resolution #2 -
The word "mail" in the CUDCP bylaws will be interpreted to include both postal mail and email when revising the bylaws.

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.

Resolutions from the 2002 Midwinter Meeting (Austin, TX)

Resolution #1 –
For those appropriately trained applicants who are full time faculty members of departments with an APA accredited doctoral training program, appropriate post doctoral experience shall include: (1) Delivery of health-related services, (2) supervision of graduate students' delivery of health related services, (3) teaching of courses related to health services, (4) engagement in applied psychological research or the advancement and application of knowledge in evidenced-based assessment/treatment and psychopathology and investigation of its etiology.

Verification of the applicant's status and activities can be provided by the applicant's chair. The post doctoral supervisor shall be a licensed (registered) psychologist with clinical, counseling, school, or health service provider designation in the applicant's jurisdiction.
(Passed: 60 in favor; 2 opposed)

Resolution #2 –
CUDCP opposes prescription privileges training at the doctoral level.
(Passed: 60 in favor; 4 opposed)

Resolution #3 –
Whereas it is APA policy to pursue training in independent prescription privileges (i.e., level 3) at both the doctoral and postdoctoral levels; and whereas the APA Model Training for prescription privileges is experimental and involves less than half the training of the DoD Psychopharmacology Demonstration Project or of any of the prescribing professionals; be it resolved that the current avenues for obtaining prescription privileges (i.e., nursing and medicine) provide appropriate training to assure competence of the prescriber.
(Passed 41 in favor; 17 opposed; 5 abstentions)

Resolutions from the 2003 Midwinter Meeting (Charleston, SC)

Resolution #1 –
Whereas CUDCP is an organization that values broad and general clinical psychology training at the pre-doctoral level;
Be it, therefore, resolved that CUDCP endorses deletion of the phrase "emerging substantive areas" in the Guidelines and Principles (i.e., CUDCP endorses Option #1).
(Passed unanimously)

Resolution #2 –
Be it resolved that CUDCP encourages its member programs to refuse to complete the U.S. News & World

Report reputation survey.
(Passed: 70 in favor; 3 opposed)

Resolution #3 –
Be it resolved that CUDCP reinforces its endorsement of the APPIC match guidelines.
The main focus of this resolution is to reinforce an earlier resolution that CUDCP had adopted in which CUDCP member programs agreed to abide by the match procedures and to not request nor to support the efforts of individual students who attempt to withdraw from the match after submitting their match lists.
(Passed unanimously)

Resolution from the 2004 Midwinter Meeting (Santa Fe, NM)

Given that clinical practical training skills are best shaped by progressing toward autonomy in conducting clinical assessment and therapy under supervision of faculty at internal and external training sites; and that faculty of CUDCP member programs pay the special assessment to the Practice Directorate of APA; and that students in training will pay special assessment fees in the future; and that current policy of federal payor sources (e.g., Medicaid, Medicare) interferes with this progression of practical training by limiting payment for services provided by supervised trainees in accredited programs;

Be it resolved that CUDCP engage with other organizations (e.g., APPIC) to advance a united effort to encourage CAPP to expend resources to advocate for federal payor programs to pay for services rendered by trainees with at least two years of clinical graduate training under supervision within APA-accredited training programs and internships. (Passed)

Resolution from the 2005 Midwinter Meeting (San Diego, CA)

Be it resolved that the application process for CUDCP membership has been expanded by making explicit the criteria for membership and indicating the types of documentation that are typically requested by applicants who do not explicitly meet the criteria of the scientist-practitioner model. The following types of information will be requested from future applicants.

The following amendment to the CUDCP bylaws was proposed and approved by the membership. This amendment confirms the organization's primary commitment to the scientist-practitioner model of training and established a transition classification, "provisional membership" for those applicant programs which do not yet meet the criteria but which explicitly state they have the intention to do so.

Amendment to Bylaws:
Provisional members of CUDCP shall be clinical psychology programs at regionally accredited, comprehensive universities in the United States and Canada that are committed to offering a graduate training program compatible with a scientist-practitioner model (or related models such as the "clinical scientist" or other models consistent with the purposes described in Article 1). To be admitted as a provisional member a clinical program must identify fully, in their public statements, including printed and electronic materials, with the scientist-practitioner model as their primary model of doctoral training and demonstrate that they have the resources and the commitment to implement such a training program (as stated in Section III-1). Provisional members will pay dues as specified for Members. Provisional membership shall be for a period of two years and may be renewed with approval of the Board of Directors. Provisional members may apply for Full Membership at any time. Provisional Members do not have voting privileges.

2006 Mini Survey on Supervision Loads and Compensation

Frank Collins and Jennifer Callahan
Oklahoma State University

In February 2006, a mini-survey was available on the CUDCP website for 14 days; 90 member programs responded.

Do tenure-track faculty provide supervision? Tenure track faculty are involved in supervision (at some level) in 87 of the 90 responding programs (96.7%).

How is supervision compensated? For the 87 programs where tenure track faculty members participate in supervision, 90% link it to course load. When programs ask faculty to supervise 3-4 students, compensation is almost equally divided into one course per semester (n=15) vs. one course per year (n=17). When the class size is 5-8, most programs (n=24) provide one course per semester compensation; fewer programs (n=7) provide only one course per year. Very few programs (n=5) provide course credit for supervising fewer than 3-4 students (those programs offer one course per year compensation). Only a handful of programs provide supervision to more than 8 students per faculty member (n=4), and these were compensated with one course per semester. A few programs, all in the U.S., (10%) provide summer salary as incentive pay for supervision.

Spontaneous Reports. Programs were provided with the opportunity to freely offer additional information related to these topics. In reviewing the information provided, several common areas of interest were evident.

At the broad level, 20 programs spontaneously reported that they utilize community psychologists (some with adjunct appointments) or other mental health providers in some capacity for the provision of clinical supervision. Six of those programs described such individuals as providing all or most of the clinical supervision, with only one program noting that such persons were non-tenure track faculty.

The issue of course compensation was prominent with six programs noting that supervision was tied to regular coursework (representing 5 assessment courses and 4 treatment or case conference courses), which resulted in supervision compensation equivalent to one course per offering. Seven programs noted that faculty could earn one course per term in exchange for supervision, though 5 programs noted that they earn one course per year of clinical supervision. Another program reported one half a course equivalency per year of supervision. Two programs stated that the number of courses remained constant but rotated among a larger pool of faculty. Another compensation model was apparent, with 5 programs reporting variable course equivalency based on the course enrollment or other factors. All of the programs that reported the minimum number of enrollment for one course equivalency (n = 4) noted that 5 students must be enrolled to establish one course equivalency. Finally, 9 programs spontaneously noted that clinical supervision is provided *pro bono* (gratis) at least part of the time. Most often this was done by tenure track faculty (n = 6), but was also reported to occur with other supervisors (n = 3). No

program reported that such services were provided by both tenure-track faculty and other supervisors.

Summer compensation was much more variable. Again, *pro bono* (gratis) clinical supervision was acknowledged (n = 1). More commonly, these services were provided by clinical program administrators with 12-month appointments, such as the Clinic Director (n = 3), Director of Clinical Training (n = 1) or Associate Director of Clinical Training (n =1). One Clinic Director was identified as being expected to provide supervision as part of a 9-month compensation although actual service provision spans 12 months. Of those describing compensation for supervision occurring between terms or during the summer months, the form and amount of compensation was quite variable. Five programs spontaneously noted that summer supervision is considered one course, while one program noted that it is equivalent to one month of salary, which varies according to faculty rank and time. One program noted an hourly wage paid for supervision occurring between terms and summers, with such compensation typically totaling approximately $5,000 for a supervisor.

Additional comments focused on the size of supervision teams or the amount of individual supervision expected from supervisors. Programs offering this information (n = 12) described between 3 and 9 students on a team, with the modal response (n = 5) being 4 - 6 students per team. Programs offering information on individual supervision (n = 6) noted responsibility for 1 - 3 individual supervisees. Very few programs spontaneously reported the size of caseloads, but of those that did, 3 stated that students they supervised had 1 to 3 hours of clinical contact weekly with only one program stating that students completed 4 or more hours. Two programs commented on assessment caseloads, with one program saying that faculty supervised between 0 and 15 batteries annually, while another program stated that students completed 2 batteries annually.

2006 Mini Survey on Internship Match Outcomes

Frank Collins and Jennifer Callahan
Oklahoma State University

Summary data provided by APPIC for the 2006 match indicated that 77% of all applicants who entered into the match process were successfully matched, leaving 269 students who did not match.

This mini-survey about the match opened on March 6, 2006 and was available until March 14; 97 member programs responded. One program responded to the survey, but had no students applying for internship this year, so it was not included in further analyses. Many programs indicated that they were continuing to work on placing unmatched students at the time of the survey.

Match rate is percentage of students who entered the match and were placed by the match; place rate is the percentage of students who were placed in an internship, either through the match or other means (e.g., clearinghouse) after the match. Many factors can influence this number, particularly when students decide to be selective in their choices for internship. Of the 96 programs who responded and had students participating in the match, the mean match rate for CUDCP programs was 86% (range = 43% – 100%; SD = 0.16); the mean place rate was 92% (range = 50% – 100%; SD = 0.13). These data compare favorably with data obtained last year and suggest that CUDCP programs have stronger outcomes than those that characterize the match more generally.

Almost half of CUDCP member programs (44.3%) responding to our survey reported that all applicants matched. Twenty-nine programs had one student not match (30%), 16 programs had two students not match (17%), 3 programs had three students not match, and 5 programs had more than three students not match.

Training directors were asked to speculate about why their students had not matched, and their ideas are potentially instructive. The most common hypothesis was that applicants had applied to a restricted geographic area (n = 18), with four specifically noting that some metropolitan areas (e.g., Chicago, New York) may be saturated with applications. This hypothesis was followed closely by speculation that applicants may have a personal style (e.g., anxious, resistant to feedback, odd) that interfered (n = 16) with onsite interviews. Several programs (n = 10) commented that applicants represented a poor fit with the programs they applied to in terms of their area(s) of strength. This included comments that applicants applied to internships that focused on an area the applicant would like to pursue in the future, with limited or no current experience, or that the orientation of the applicant was inconsistent with the focus of the sites where they applied. Some programs noted that unmatched applicants simply sent out too few applications (n = 8), a problem that may co-vary with geographic restrictions. (One program, however, noted that they require students to successfully propose their dissertation before applying; thus, students who do not propose until late in the fall term are restricted to applying only to sites with late application deadlines.) Other hypotheses, offered by only one or two programs each, included students not being ready to apply, poor mentoring, citizenship

restrictions, poor letters of recommendation, applying only to top-tier sites, theoretical orientation or training model (presumably mis-match with internship sites), graduate program accreditation status, language or cultural barriers, or unimpressive academic achievement.

Programs also provided spontaneous comments regarding the plans of applicants who did not yet have internships at the time of the survey. The modal response (n = 19) was that the applicant would remain another year in the program, with no specific plan offered. Ten reported that the applicant(s) would be focusing on their dissertation project, while a few (n =3) will complete additional practicum experiences. Two programs noted that applicants would seek or maintain employment with the expectation that they will reapply in the coming year. Only two comments specifically addressed possible problems with their students' applications, with one stating that an applicant would be applying to a wider geographic area and another commenting that the applicant would apply to programs with a better fit.

Summary

CUDCP Programs continue to fare well in the internship match, although anything less than 100% is problematic for unmatched students. Perhaps more needs to be done to address reasons for failure to match, and the spontaneous data collected from this survey may be a place to start. We were surprised to see "fit" and "personal style" to be two of the most frequent speculations as to why some students do not match. Perhaps more mentorship is needed to ensure that students' personal style be addressed as part of the program prior to applying for internship. Likewise, students who are applying for internships for which students do not "fit" well seems to be a prescription for failure and should be addressed prior to applying.

The positives should not be overlooked. CUDCP programs place more than 90% of all students looking for an internship. Almost 75% of member programs had no more than one student not match. The match, while an important outcome measure, is only one measure of success. CUDCP programs are well respected in the field, and when students fail to match, they are often highly sought out for open, unfilled internship positions. CUDCP will continue to follow our member programs' success for the next few years to ensure that new problems do not develop. We hope to see more attention given to ways to enhance match rates for our students, and perhaps future midwinter meetings can include creative ways to address these issues.

Appendix D: 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.

	Superior	Good	Average	Below Average
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

	Superior	Good	Average	Below 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
— Sentence Completion
— Others: _____

D. RESEARCH

	Superior	Good	Average	Below 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

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	NA
4. Cooperation (e.g., with peers, other professionals, agencies, etc.)	3	2	1	NA
5. Oral communication skill	3	2	1	NA

Comments:

_____

_____

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.)	3	2	1	NA
7. Effectiveness of communication with supervisor	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

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
12. Formulation of case/integration of findings	3	2	1	NA
13. Report writing	3	2	1	NA

Comments:

_____

_____

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. Conceptualizing/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 _____

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

1. Preparation for sessions with supervisor	1	2	3	4	5	NA
2. Effectiveness of communication with supervisor	1	2	3	4	5	NA
3. Acceptance of criticism (e.g., receptivity to positive and negative critiques, and use of suggestions, etc.)	1	2	3	4	5	NA
4. Use of supervisory sessions (e.g., effective presentation of recent session, case development, reformulation of case, participation in group supervision, etc.)	1	2	3	4	5	NA
5. Other/Comment: _____						

Clinical Skills: Intervention

6. Knowledge of are (e.g., psychotherapy)	1	2	3	4	5	NA
7. Rapport and interpersonal sensitivity with clients	1	2	3	4	5	NA
8. Problem formulation	1	2	3	4	5	NA
9. Conceptualization/understanding of case	1	2	3	4	5	NA
10. Formulation of treatment plan	1	2	3	4	5	NA
11. Use of techniques and procedures	1	2	3	4	5	NA
12. Other/Comment: _____						

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

1) <u>INDIVIDUAL SUPERVISION</u>

___ 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: _____

West Virginia University
Department of Psychology
Clinical Supervisee Practicum Performance Evaluation

(Please print legibly or type)

Supervisee: _____

Supervisor: _____

Practicum Site: _____

Period Evaluation Covers: Begins: _____ Ends: _____

Program (please circle): Adult Clinical Child Clinical

Track (please circle): Professional Masters Part-time Doctoral Doctoral

Please designate the reference group for this evaluation. Circle the group with whom the student is compared:

Other WVU pre-master's students Other WVU pre-doctoral

Master's level clinicians Doctoral level clinicians

Other (specify _____)

To Practicum Supervisor/ Consultant:

Please provide a frank, instructive evaluation of the student you are supervising. After completing the evaluation, sign it and please review it with the student individually and have her/him sign on the last page. Please return this form to the Director of Clinical Training. Thank you.

Directions:
Please mark the number that best corresponds to your rating of the student's performance on the following scale. A space has been provided for written comments at the end of each section.

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.

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

RATING	SKILL	COMMENTS
_____	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

RATING	SKILL	COMMENTS
_____	Interviewing skills: Includes building rapport and planning interview	_____
_____	Finds, evaluates, and uses existing relevant assessment devises (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

RATING	**SKILL**	**COMMENTS**
_____	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

RATING	SKILL	COMMENTS
_____	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 _____

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. Awareness of and sensitivity to client's nonverbal behavior	1	2	3	4	5	NA
2. Understands client's feelings and communicates this understanding to the client.	1	2	3	4	5	NA
3. Uses language and terms appropriate for client and client's concern.	1	2	3	4	5	NA
4. Conveys counseling atmosphere of trust.	1	2	3	4	5	NA
5. Encourages client to accept responsibility in relationship.	1	2	3	4	5	NA
6. Recognizes and deals with resistance.	1	2	3	4	5	NA
7. Understands client's impact on self.	1	2	3	4	5	NA

II. COUNSELING TREATMENT AND TECHNIQUES

1. Uses both closed- and open-ended questions as appropriate.	1	2	3	4	5	NA
2. Begins and ends interview in appropriate manner.	1	2	3	4	5	NA
3. Encourages client to be specific and concrete; uses behavioral descriptions.	1	2	3	4	5	NA
4. Handles silence and uses effectively in treatment.	1	2	3	4	5	NA
5. Can be appropriately confrontive and immediate.	1	2	3	4	5	NA
6. Introduces client to and prepares client for testing appropriately.	1	2	3	4	5	NA
7. Interprets test results effectively to client.	1	2	3	4	5	NA
8. Establishes appropriate short-term goals.	1	2	3	4	5	NA
9. Discriminates short-term from long-term goals.	1	2	3	4	5	NA
10. Recognizes own limitations in treating a particular client.	1	2	3	4	5	NA
11. Has understanding of and skill in using a variety of treatment approaches.	1	2	3	4	5	NA

III. CONCEPTUALIZATION

1.	Ties together seemingly discrete and isolated components of client's behavior.	1	2	3	4	5	NA
2.	Generates hypotheses concerning client behavior and dynamics.	1	2	3	4	5	NA
3.	Writes conceptualizations which are clear and understandable; concise and "to the point".	1	2	3	4	5	NA
4.	Utilizes test results in the conceptualization of the client.	1	2	3	4	5	NA
5.	Identifies areas of client functioning where further assessment is needed.	1	2	3	4	5	NA
6.	Provides rationale for conceptualization based on psychological theory and research.	1	2	3	4	5	NA
7.	Provides rationale for conceptualization based on client data.	1	2	3	4	5	NA
8.	Formulates appropriate interventions based on conceptualization.	1	2	3	4	5	NA

IV. RELATIONSHIP WITH SUPERVISOR

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

V. ETHICS AND PROFESSIONALIZATION

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

VI. CASE MANAGEMENT

		Yes	Usually	No
1.	Keeps scheduled appointments with clients.	___	___	___
2.	Is on time for schedule appointments.	___	___	___
3.	Writes closing notes for case file and turns in folder within a reasonable length of time after termination.	___	___	___
4.	Attends supervisory sessions on time and regularly.	___	___	___
5.	Keeps client materials confidential and secure.	___	___	___
6.	Makes contact quickly with a client who has missed an appointment.			
7.	Has a system of keeping regular up-to-date case notes.			

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

Method(s) of Supervision
- — Observation
- — Tapes
- — Individual
- — Group

Clinical Activities Supervised Recommended Grade: S U

	#Assessment Cases	**#Treatment Cases**
Child	_____	_____
Adult	_____	_____

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

		Problems	
Follows Clinic procedures	None	Minor	Major
Knows and complies with ethical principles	None	Minor	Major
Handles details of Clinic cases	None	Minor	Major
Makes good use of supervision	None	Minor	Major
Meets time demands	None	Minor	Major
Knows relevant legal issues	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

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

B. Assessment

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

C. Intervention

Knowledge of treatment approaches	___	___	___	___
Case conceptualization	___	___	___	___
Ability to formulate appropriate goals	___	___	___	___
Skills in implementing treatment procedures	___	___	___	___
Skills in dealing with therapy process	___	___	___	___
Skills in dealing with therapy content	___	___	___	___

III. SPECIAL STRENGTHS AND WEAKNESSES:

IV. RECOMMENDATIONS:

SDSU/UCSD Joint Doctoral Program
EVALUATION OF PRACTICUM SUPERVISOR

Supervisor _____ Date _____

General Information

Mode of supervision: __Individual __Group

Type of supervision (% of each): __Video Tape __Audio Tape __Direct Observation __Post Hoc Discussion

Type of cases: (No. of each): __Assessment __Couple Therapy __None __Individual Therapy __Family Therapy

Theoretical orientation:_____

Please rate the following aspects by circling the appropriate letters according to the following code:

P=Poor BA=Below Avg A=Avg AA=Above Average S=Superior NA=Not Applicable

	P	BA	A	AA	S	NA	Comments
Theoretical Knowledge	___	___	___	___	___	___	
Facilitates the integration of clinical material in a theoretical perspective	___	___	___	___	___	___	
Open to weaknesses/criticisms of theoretical position or therapy system used	___	___	___	___	___	___	
Assists with the conceptualization of the client's issues as displayed in both process and content	___	___	___	___	___	___	
Gives useful pointers about technique – helps me with what to say/do in sessions	___	___	___	___	___	___	
Provides assistance in report writing	___	___	___	___	___	___	
Enthusiasm for clinical teaching	___	___	___	___	___	___	
Provides training in intake evaluations	___	___	___	___	___	___	
Provides good role model	___	___	___	___	___	___	
Establishes rapport and relates effectively with me	___	___	___	___	___	___	
Encourages my presentation of questions and case material	___	___	___	___	___	___	

Encourages the development of my conceptual skills	___	___	___	___	___	___
Allows for differences in my style and orientation	___	___	___	___	___	___
Supports my voicing of doubts and differences	___	___	___	___	___	___
Open and non-judging. I can bring mistakes as well as good points.	___	___	___	___	___	___
Offers criticisms and suggestions in a constructive way.	___	___	___	___	___	___
Dependability – Keeps appointments as scheduled	___	___	___	___	___	___
Accessibility – can be reached	___	___	___	___	___	___
Overall evaluation of supervisor	___	___	___	___	___	___

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
N/A= Not applicable

Identifying an important research question	1	2	3	4	5	NA
Conducting an extensive literature review	1	2	3	4	5	NA
Critiquing research findings/reviewing articles	1	2	3	4	5	NA
Recruiting subjects	1	2	3	4	5	NA
Organizing and overseeing data collection	1	2	3	4	5	NA
Analyzing data	1	2	3	4	5	NA
Writing a publishable manuscript	1	2	3	4	5	NA
Supervising assistants	1	2	3	4	5	NA
Collaborating with other investigators	1	2	3	4	5	NA
Accomplishing goals in a timely fashion	1	2	3	4	5	NA
Other:_____	1	2	3	4	5	NA

Strengths:

Weaknesses:

GRADE IN RESEARCH (S or U only): _____

SIGNATURE: _____

GRADUATE STUDENT ANNUAL EVALUATION

Jt. Doctoral Program in Clinical Psychology

Spring Quarter, _____

Student Name _____ UCSD # _____

Quarter of Admission_____ Quarters in Res. _____ Current GPA _____

Advanced to Candidacy on _____ Not advanced to candidacy _____

I. Rating

	Excellent	Promising	Good	Weak
1. Research Performance or potential	___	___	___	___
2. Coursework Performance	___	___	___	___
3. Practicum Experience	___	___	___	___
4. Overall Evaluation	___	___	___	___

II. Narrative (Use additional sheets as required).

Description of research activities for this academic year.

Plans for the upcoming academic year.

Notable strengths of student.

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 E: 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 subprogram'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 the 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 practica and 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.

Comments

Background of Evaluator (check one):

- — Adult Clinical student
- — Child Clinical student
- — Core or associate member of Adult Clinical faculty
- — Core or associate member of Child Clinical faculty
- — Administrator

Positive Comments:

Suggestions for Improvement:

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 F: 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 G: 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: _____

_____

_____

City State Zip-Code Work or Home?

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 PsychologistRegistered 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).

Exam	Type	Times Taken	Passed (yes or no)	State(s)
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 _____Mentally retarded
_____Rural _____Inner city _____Homeless _____Elderly
_____Gay/Lesbian _____HIV/AIDS _____Non-English speaking
_____Victims of natural disasters (including war)
_____Chronically psychotic (schizophrenics, demented patients, etc

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.

- — 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 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: _____

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. Behavioral/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 counseling		1	2 3
10.	Clinical supervision of others		1	2 3
11.	Clinical consultation to members of other health professions	1	2	3
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

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.

	Type of Setting	Exact Job Title	Hours/ Week	Years in Position
Primary position:	_____	_____	_____	_____
Secondary position:	_____	_____	_____	_____

Average total number of hours per week worked: _____

1. University or College (Academic)
2. Counseling 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): _____

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.)

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.)

University or College (Academic)

1. Counseling Centre
2. School
3. Medical Centre, Hospital or Clinic
4. Community Mental Health Centre or Outpatient Clinic
5. Individual or Group Practice
6. Other Human Services
7. Post-Doctoral Training (specify setting): _____
8. Other (specify): _____

8a. Your current employment situation (continued):

	Type of Setting	Exact Job Title	Hours/ Week	Years in 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

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 counseling	1	2	3
10.	Clinical supervision of others	1	2	3
11.	Clinical consultation to members of other health professions	1	2	3
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
17.	Other (specify:_____)	1	2	3

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
1 = Strongly disagree
2 = Disagree
3 = Neutral
4 = Agree
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 satisfies 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 honors (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 H: 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; M=43.89; S.D.=28.5)
    Reliability on Page Count; 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)

Manual Contents

Criterion	Frequency of Inclusion	Reliability
Description of Program Processes	100%	(94%)
Prohibition of Sexual and Gender Harassment	91%	(100%)
Clearly Identifies Program and Institution	84%	(100%)
Procedures for Completing Research Requirements	84%	(90%)
Describes Sources of Funding	79%	(83%)
Provides Criteria for Awarding Funding	58%	(73%)
Describes the Faculty	52%	(91%)
Welcome to Entering Graduate Students	30%	(88%)
Clearly Specifies that Program Policies Apply to Selected Group of Students	28%	(58%)
Ethos Surrounding Psychotherapy for Students	24%	(72%)
Opportunity to Evaluate Faculty	18%	(91%)
Keep Records of Clinical Activities	15%	(84%)
Student Access to Records	15%	(83%)
Information About State Licensure	14%	(90%)
Information About Student Liability Insurance	12%	(91%)
Information About Other Students	7%	(100%)
Information About the Locale	7%	(93%)
Described Graduate School as a Community	7%	(100%)
Mentions Americans with Disabilities	3%	(99%)
Processes for Evaluating Students	72%	(93%)
Mean Time Frame = 9.86 Months		
# Programs Evaluating at:		
3 Months = 1		
6 Months = 16		
12 Months = 32 (15 Evaluated First-Year Students at 6 Months)		
Evaluation Written	66%	(69%)
Examples of Evaluation Forms	43%	(85%)
Statement of Expectations About Ethical Actions		
In Professional Activities	43%	(82%)
In Personal Life	30%	(66%)

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 I: CUDCP Housekeeping

ARE YOU A CURRENT DCT?

Remember, the listing of DCT and contact information is managed by the individual DCT, rather than by the CUDCP central office. Make sure the information on the website is correct. If you want to make edits/changes to your listing, follow this procedure. Log in at the top of the CUDCP website (the website URL is http://cudcp.us) using your username (for most people, this will be your email address) and password. NOTE, the userid is limited to 15 characters, so if your email is longer than that, you'll need to truncate it down to no larger than 15 characters. Once logged in, click "Address Book" on the left menu, and then click the first letter of your last name at the top of the window that comes up. This will take you to a page of names that begin with the first letter of your last name. Find your entry (it should be highlighted/greyed out indicating that you can edit it. Click on your name, opening a new window. Then click on "Edit" at the top of that window if you wish to make any changes. Be sure that the URL for your program and for your Student statistics are correct. If there have been DCT changes at your institution and you wish the previous DCT entry to be deleted, e-mail the CUDCP secretary and let him know.

ARE YOU A NEWLY REGISTERING DCT?

If you are a new DCT and don't yet have a listing, go to the CUDCP website (http://www.cudcp.us). Click on "REGISTER/CREATE ACCOUNT". Create a username, this should usually be your email address (NOTE, the userid is limited to 15 characters, so if your email is longer than that, you'll need to truncate it down to no larger than 15 characters). Add your email address where indicated. Put in a password. Hit "REGISTER". When this occurs, several things will be set in motion. You will get a note that says someone is using your email to register. The CUDCP Secretary will get the same note, as well as another asking him to ACCEPT or DENY the registration. This is usually accepted within 24 hours. If the email isn't recognized, you may receive an additional email asking you to identify yourself and role (e.g., the new DCT for such and such University), as only DCTs from member programs are normally registered. Once this occurs, you can use your ID and PW to go in and complete you and your program's information per above instructions under "Current DCTs".

NOTE: If you are a new DCT, then there is an "old" DCT. Please let the CUDCP Secretary know of the change, and he will remove your old DCT once you are clearly registered.

PAYING YOUR PROGRAM CUDCP DUES FOR 2013: Yearly dues for 2013 remain $350. Notification of dues usually comes out in the Fall of the preceding year. Typically we will wait until January 1, then we issue late notices.

To pay your dues, go to the CUDCP website (http://www.cudcp.us) and log on using your username and password. If you have forgotten either, follow directions the website gives

you. The vast majority of people originally registered with their e-mail as their username. If you have forgotten your password, click the appropriate option and the website will issue a temporary alphanumeric password that you should change once you are successfully logged in. Once you log in, on the home page, click "Renew Membership/Pay Dues" and follow the instructions. You have the options of paying by check or paying by Credit Card (via Paypal). (NOTE, We cannot accept Credit Cards directly, i.e., outside of Paypal) If you need to generate an invoice for your financial person, **PRIOR** to paying by Paypal or check, click "Generate Invoice" and then print the invoice that comes up on the next page. Please do this **BEFORE** you go any further. Next, select one of the two "Pay by" buttons. If you click "Pay by Check", your payment will be recorded as pending and will be manually verified when your check arrives in the mail. If you click "Pay by Credit Card" you will be prompted to enter your information and payment will be immediate through our PayPal site. The procedure for recording your payment is pretty straightforward from the website, but if you have any questions, please contact the CUDCP secretary.

JOINING THE CUDCP LISTSERV:

The CUDCP listserv is actually maintained by the University of Kentucky and our illustrious listserv master, Dr. Bill Stilwell. To join the Listserv, send a note to the Secretary with your program affiliation, role (e.g., DCT, Assoc DCT, etc) and your email address, he'll pass the info on to Bill.