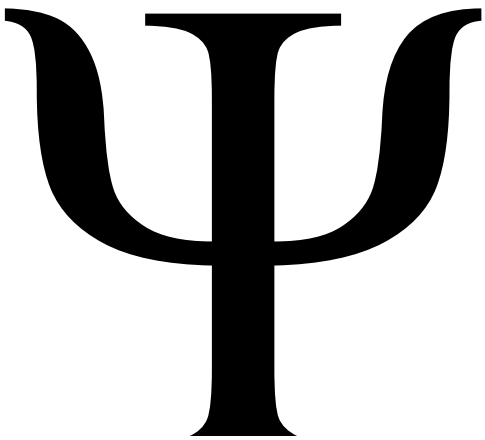
PURDUE
UNIVERSITY

Department of Psychological Sciences

CLINICAL PSYCHOLOGY



Program Handbook

2025 - 2026

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PROGRAM HANDBOOK

PURDUE UNIVERSITY CLINICAL PSYCHOLOGY PROGRAM

Acknowledgements. The previous draft of this handbook was put together in 1996 by a student committee consisting of Peter MacLean (chair), David Christoffersen, Amy Franklin, Teresa Mok, and Jason Robinson, under the direction of Professor Judy Conger. Updates were undertaken in 2002, 2003, and 2005 with substantial work by graduate student Rebecca Stump, and again in 2006, with clerical assistance from Dianna Batta, contributions from Professor Emeritus Clifford Swensen, and the direction of Professor David Rollock. The 2013 version was prepared by Prof. Don Lynam in his role as DCT in order to reflect recent changes in the program. This version was updated in 2017-2018, and 2020 by Professor and DCT Chris Eckhardt with assistance from colleagues in the clinical program, Sara Ostheimer, and innovations from other outstanding clinical science programs (UNC-Chapel Hill, Northwestern-Feinberg, University of Arizona, University of Houston, and University of South Dakota).

I. INTRODUCTION (and where to find other basic resources!)

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

Other available resources for you are the Department of Psychological Sciences Graduate Handbook (https://hhs.purdue.edu/wp-content/uploads/2023/04/PSY-Graduate-Handbook.pdf) as well as primary *Graduate School resources* regarding financial assistance, course information, and ombuds/dispute resolution services (among others), available online http://www.purdue.edu/academics/ogsps. In addition, the University's non-discrimination policies and related concerns (including equal opportunity and anti-harassment matters) are available online from the Office of the Vice President for Ethics and Compliance http://www.purdue.edu/ethics/. The Clinical Area also has compiled a *Clinician Handbook* describing policies and procedures for the Purdue Psychology Treatment and Research Clinics (hardcover). ***As a student in the Program, you are responsible for knowing the relevant policies and procedures from these sources and acting in accordance with them.*** Although many of these rules will not affect your everyday life, it is in your interest to read carefully through these materials, know the important points, keep them around for later reference, and obtain updates provided at the start of each year (or as announced at other times by the Department or the Clinical Program).

Policies change to respond to new challenges and needs. In most cases, policy changes will be instituted gradually, giving students already in the Program a choice to follow the old or the new policy. Less frequently, policy changes will be immediate. Students should attend to the timetables that accompany announced policy changes.

Communications. You sometimes will get memos, letters, or email that also contain information you will need to know and, if necessary, respond to. These communications will appear in your mailbox in the Clinical area, the Department lounge, in your Purdue email inbox, or in electronic health record inboxes where confidential client information may be delivered and exchanged. In order to keep up-to-date, you should check all of these regularly.

A. A BRIEF HISTORY:

Although Purdue University has been known as a natural science, engineering, technology, and agricultural university since its foundation as a land grant institution in 1869, the Clinical Psychology Program dates its history from the very beginnings of the subdiscipline of clinical psychology. In 1935, the American Psychological Association (APA) recommended that clinical psychologists receive specialty training. In 1948, the Clinical Psychology Program at Purdue University was accredited by the APA in its very first wave of visiting and evaluating doctoral training facilities in clinical psychology. Purdue's Program thus antedates by more than a year the ground-breaking Boulder Conference on Graduate Education in Clinical Psychology of 1949, which concluded that a "scientist-practitioner" model be used to guide such training. Our Doctoral Program in Clinical Psychology has been accredited continuously by APA since 1948.

Clinical psychology at Purdue had its formal beginning as a program in 1946 with the appointment of John M. Hadley as an assistant professor and the first director of the clinical psychology program. (There is a slight dispute about this because E. Lowell Kelly, who was officially on the faculty roster

until 1945, lists himself as being the first director of the Program in the APA Directory for 1968.) Hadley had been on the faculty at Utah State University until 1942 when he entered the Navy aviation program at Pensacola, Florida. He actually received his Ph.D. from the University of Iowa in 1949. Beginning a clinical psychology program at Purdue was unique in several respects. Unlike the other programs accredited at the time, Purdue's was the first not affiliated with a medical school. In fact, Purdue did not even have a psychology department. Psychology was a part of the Division of Education and Applied Psychology, which was located in the School of Science. A separate psychology department was not established until 1954. Finally, Purdue did not have an undergraduate major in psychology. An undergraduate major in psychology was not officially established until 1950. In spite of these unusual aspects, APA accredited the program on February 26, 1948.

The Purdue Psychology Department remained essentially a graduate department of Applied Psychology until the late 1960s. Clinical psychology and industrial psychology provided almost 200 graduate students. The undergraduate program did not count more than 30 to 40 undergraduate majors.

The Clinical Psychology Program rapidly became one of the largest in the U.S. (or world, for that matter), obtaining financial support for 96 graduate students. This support came from the Veterans Administration, the U.S. Public Health Service, and the Indiana Department of Mental Health. Typically, the Program had over 80 graduate students enrolled at any given time. The Program remained quite large until the 1980s.

At the beginning, and for many years thereafter, a formal one year predoctoral internship was not typical. Rather, students had to earn a certain number of supervised clinical hours prior to receiving the Ph.D. For most students, this approximated 3800 hours of supervised experience. Also, the only accreditation was of the university clinical training program itself. It was assumed that if the university's program was accredited, then any clinical experience the university accepted was satisfactory. Students worked part time at a wide variety of facilities in the region. The V.A. program, for example, had 1st, 2nd, 3rd, and 4th year traineeships which provided the prescribed number of approved clinical supervised hours. The accreditation of internships did not come until the 1970s.

The program evolved into a clinical science-focused program in the late 2000's. This transition yielded an incredibly productive group of faculty, smaller class sizes, and more streamlined course offerings, which allowed students to thrive in their research efforts in areas related to both adult and child clinical psychology and to carry on the rich tradition of academic excellence in clinical psychology so prominent in the history of Purdue's program. These clinical science-focused transitions led to full (10-yr) accreditation from the Psychological Clinical Science Accreditation System (PCSAS) as well as reaccreditation from APA's Committee on Accreditation in 2018.

II. DESCRIPTION OF THE CLINICAL PSYCHOLOGY PROGRAM

The Clinical Program aligns itself as a ***clinical science*** training program. As such, we aim to train scholars who are first and foremost excellent researchers, involved in generating new knowledge in psychology. This skill is buttressed and informed by competence in the consumption and professional application of psychology for the prevention and remediation of clinical problems. The Program is designed to give each student a broad background in psychology, and within psychology a broad background in clinical psychology. The background in general and clinical psychology is provided by didactic courses and seminars. The clinical experience is provided by participation in clinical practica and courses. Research experience is provided by participation on a research team as well as a first-year project, M.S. Thesis, Preliminary Paper/Examination, and Ph.D. Dissertation. The breadth and integration of academic work, research, and clinical training are consistent with standards set forth by the American Psychological Association (APA) and the Psychological Clinical Science Accreditation System (PCSAS).

Students are expected to take courses in the various areas of psychology that will give them a sound foundation in statistics and experimental design, the biological bases of behavior, the cognitive-affective bases of behavior, developmental aspects of behavior, and the social bases of behavior. Within the program, students take courses that give them the research and statistical methods commonly used in clinical and related area of psychology, an understanding of the assessment and evaluation of adults and children, the planning and execution of procedures for treatment and behavior change, an understanding of individual differences and the processes underlying individual behavior, the history and systems of psychological theory and application, and the ethics and codes of conduct for psychologists. Competence in the sociocultural foundations of human behavior and the role of individual and cultural differences in understanding psychopathology and behavior change is provided throughout the curriculum.

The above principles and expectations translate into program goals that reflect our status as fully accredited programs by both APA and PCSAS.

A. GOALS

Specifically, the goals of the Doctoral Program in Clinical Psychology at Purdue University are as follows:

(1) **To produce graduates who generate high-quality clinical science.** Students acquire and demonstrate the knowledge and skills required to review, conduct, and evaluate empirical research in areas of importance within clinical psychology;

(2) **To produce students and alumni who competently integrate empirical and clinical work and apply this integration in their professional lives**. Students develop knowledge about psychopathology, individual differences in intellectual and personality functioning, and major approaches to psychotherapeutic interventions. Students acquire and demonstrate specific skills in administering, interpreting, and reporting intellectual and personality assessments, and in delivering effective clinical interventions. They utilize evidence-based approaches in treatment and assessment settings, and are skilled at evaluating the effectiveness of various interventions and assessment methods.

(3) **To produce students and alumni with a depth of understanding of the broad base of psychological theory and who can apply that knowledge appropriately.** Students develop knowledge of theory and research across the science of psychology—including cognitive and affective bases of behavior, social and developmental influences, the biological underpinnings of behavior, and the context played by our field's history and prevailing systems. Students develop knowledge of the contributions of individual and cultural differences to research related to the field of clinical psychology.

(4) **To produce students and alumni who acquire and demonstrate the knowledge and skills to conduct themselves ethically and professionally**. Students learn to conduct their scientific and clinical duties according to APA ethical principles and make competent decisions that uphold the highest standards of professionalism. Students demonstrate awareness of the roles of individual and cultural differences in his/her approach to clinical science. Students are exposed to faculty role models as well as specific curricula that promote the development of skills to foster their continued professional development.

Faculty of the Clinical Program at Purdue believe that the field is properly based on (a) a body of knowledge that is developed through the rigorous application of the scientific method to the study of behavioral and psychological dysfunction, (b) a scientific approach to the continued accumulation of new knowledge, (c) application of scientifically developed knowledge in practice, and (d) use of a critically evaluative scientific perspective when providing applied clinical services. Thus, we train future alumni to be successful researchers, critical consumers of the scientific literature, and competent practitioners who depend on empirical findings to guide their applied activities. To achieve these goals, each student is expected to conduct rigorous empirical research, critically evaluate the literature in order to make the most scientifically sound clinical decisions, and provide science-based interventions to clients. As reflected in aims 3 and 4 of our program, we expect our graduates to engage in these practices with full understanding of how individual and cultural differences contributes to their work as clinical scientists, and to conduct themselves ethically and with the highest standards of professionalism.

B. TECHNICAL STANDARDS

Earning a degree from the Clinical Psychology Doctoral Program requires mastery of a coherent body of knowledge and skills. Doctoral students must acquire substantial competence in the discipline of clinical psychology as specified in the American Psychological Association (APA) Standards of Accreditation and must be able to relate appropriately to clients/patients, fellow students, faculty and staff members, and other health care professionals. Combinations of cognitive, behavioral, emotional, intellectual, and communication abilities are required to perform these functions satisfactorily. These skills and functions are not only essential to the successful completion of the Clinical Psychology Doctoral Program, but they are also necessary to ensure the health and safety of clients/patients, fellow students, faculty and staff members, and other health care providers.

In addition to required program-specific academic achievement and proficiency standards outlined in Section IV, and the *Purdue Statement of Integrity and Code of Conduct*, the ***Technical Standards described in this section set forth non-academic qualifications the Clinical Psychology Doctoral Program considers essential for successful completion of its curriculum***. Therefore, in order to be admitted, to successfully progress through, and to be approved for internship and subsequent graduation

from, the Clinical Psychology Doctoral Program, ***applicants for admission and current students in the Clinical Psychology Doctoral Program must satisfy these Technical Standards***. Students who are unable to meet these standards may be recommended for remediation or may be terminated from the program, consistent with policies articulated in the Clinical Program Handbook, Section VI.

B.1 Attitudinal, Behavioral, Interpersonal, and Emotional Attributes

Doctoral students must be able to relate to clients/patients, fellow students, faculty and staff members, and other health care providers with honesty, integrity, and dedication and in a non-discriminatory manner. As outlined in the APA Code of Ethics, they must be able to understand and use the power, special privileges, and trust inherent in the psychologist-client/patient relationship for the client/patient's benefit and to know and avoid the behaviors that constitute misuse of this power. Doctoral students must demonstrate the capacity to examine and deliberate effectively about the social and ethical questions that define psychologists' roles and to reason critically about these questions. They must be able to identify personal reactions and responses, recognize multiple points of view, and integrate these appropriately into clinical decision making. In research teams, doctoral students must demonstrate the ability to interact appropriately with research participants, other students, and faculty and staff members. Doctoral students must be able to collaborate well with others on joint projects (e.g., effectively accept and provide input).

A clinical psychology student must be able to utilize fully their intellectual ability, to reliably exercise good judgment consistently, in real-time, to complete client/patient care responsibilities promptly, and to routinely relate to clients/patients, families, fellow students, faculty and staff members, and other health care providers with courtesy, compassion, maturity, safety, and respect for dignity. The ability to participate collaboratively and flexibly as a member of an inter-professional team is essential. Doctoral students must consistently display this emotional health in spite of multiple and varied academic, teaching, and research responsibilities, in addition to clinical training expectations. Doctoral students must be able to modify behavior in response to constructive criticism. They must be open to examining personal attitudes, perceptions, and stereotypes (especially those that may negatively impact client/patient care and professional relationships). Doctoral students must be able to take responsibility for their behavior, which includes being open to feedback from their supervisors, academic instructors, and research advisors. Doctoral students must consistently be open and empathic with others and show respect for different viewpoints, perspectives, and opinions. They must strive to work collaboratively with others in the classroom, laboratory, clinic, and in all other academic or professional settings. They must convey genuine interest in other people and demonstrate affect tolerance (i.e., appropriately manage and contain emotions in academic and professional settings). As an essential part of conducting research or clinical practice, doctoral students effectively tolerate uncertainty and ambiguity. They must be emotionally mature (e.g., intellectually and emotionally open to and appropriate when receiving feedback). Doctoral students must be able to advocate for their own needs in the workplace without being inappropriately aggressive. They must also seek the resources and build the relationships needed to advance in their academic or professional career.

The study and ongoing practice of clinical psychology often involves taxing workloads and appropriate management of stressful situations. A doctoral student must have the physical and emotional stamina to maintain a high level of functioning in the face of multiple demands on their time and energy.

B.2. Intellectual Skills

Doctoral students must possess a range of intellectual skills that allows them to master the broad and complex body of knowledge that comprises clinical psychology education.

Doctoral students must be able to critically evaluate their own and others' research, including the ability to identify limitations in the research literature or design of a specific study, to critique a manuscript as an ad hoc reviewer, and to "make psychological sense" of their own data. They must be able to use theory to inform the conceptualization, design, and interpretation of research. Additionally, doctoral students must be able to effectively understand the theoretical literature in their identified substantive research area, to appropriately discuss this literature in individual and group lab meetings, and to integrate their understanding into scientific writing and presentations. They must further demonstrate an ability to generate novel hypotheses and to design a study that follows from those hypotheses.

Doctoral students must be able to analyze and synthesize information from a wide variety of sources and must demonstrate sophisticated critical thinking skills. They must be able to learn effectively through a variety of modalities including, but not limited to: classroom instruction, clinical supervision, small group discussion, individual study of materials, independent literature review, preparation and presentation of written and oral reports, and use of computer-based technology.

Because the practice of psychology is governed by the ethical principles set forth in the current APA Code of Ethics and by current state and federal laws, a clinical psychology doctoral student must have the capacity to learn and understand these ethical standards and legal requirements and to perform consistent with those principles and mandates as a student in the Clinical Psychology Doctoral Program.

B.3 Communication Skills

Doctoral students must be able to ask effective questions, to receive answers perceptively, to record information about clients/patients, and to provide effective psychoeducation to clients/patients. They must be able to communicate effectively and efficiently with clients/patients, their families, fellow students, faculty and staff members, clinical supervisors in varied practicum settings, and with other members of the health care team. This includes verbal and non-verbal communication (e.g., interpretation of facial expressions, emotions, and body language). Students are expected to have mastery of both written and spoken forms of English, or otherwise be able to communicate readily with the use of a communication aide approved by Purdue's Disability Resource Center (DRC). In such cases, use of a trained intermediary or other communications aide may be appropriate if this intermediary functions only as an information conduit and does not serve integrative or interpretive functions.

B.4 Commitment to Non-Discrimination

The University is committed to providing equal educational opportunity. The University prohibits discrimination in offering access to its educational programs and activities on the basis of race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability, or status as a veteran.

A doctoral student with a diagnosed psychiatric disorder or other physical, mental, or emotional disability may participate in the Clinical Psychology Doctoral Program so long as the condition is managed sufficiently, with or without reasonable accommodation, to permit the student to satisfy the essential requirements of the Clinical Psychology Doctoral Program, including these Technical Standards. Students who seek reasonable accommodations for disabilities must contact Purdue'**s** **Disability Resource Center (DRC)**. The DRC will determine a student's eligibility and work with the Clinical Program faculty to identify reasonable accommodations and services.

In the event of deteriorating function, it is essential that a doctoral student be willing and able to acknowledge the need for and to accept professional help before the condition poses a danger to the student, clients/patients, other students, faculty and staff members, or research participants.

III. ADMINISTRATIVE STRUCTURE

The Clinical Program is embedded in the science-rich culture provided by Purdue University and the Department of Psychological Sciences. Purdue University is a research-intensive public university with an enrollment of approximately 58,000 students across its West Lafayette and Indianapolis Campuses. It is consistently ranked among the top universities in America (#43, U.S. News & World Report, 2024) and the world (#66, Center for World University Rankings, 2025), and holds full accreditation with the *Higher Learning Commission of the North Central Association of Colleges and Schools*. The College of Health and Human Sciences (HHS) is the academic home of the Department of Psychological Sciences. Purdue HHS focuses this broader mission of research, education, and engagement to outcomes related to human behavior, health, and quality of life.

Within the Department of Psychological Sciences, the clinical program serves an integral role in promoting the mission of the university and the college through our training of students who emerge from our program as skilled psychological scientists capable of generating new knowledge, who have developed skills necessary to educate the scholars of tomorrow, and who are proficient in providing clinical services to members of the public struggling with mental illness. The Clinical Program is one of the largest doctoral programs in the Department of Psychological Sciences. The program is subject to departmental governance, yet has a good degree of autonomy in terms of curriculum and policies regarding clinical training. As students progress in the Clinical Program, they must also progress in the Department and meet all requirements and policies as outlined in the Departmental Handbook (https://hhs.purdue.edu/wp-content/uploads/2023/04/PSY-Graduate-Handbook.pdf).

Faculty within the Department of Psychological Sciences currently are located across two adjacent and connected buildings—Psychological Sciences Building (PSYC) and Peirce Hall. All clinical faculty and graduate students have office space in PSYC; all faculty have laboratory space in PSYC, Peirce, or Lyles-Porter (see below) as well. The laboratory space for most clinical faculty consists of one to three rooms dedicated to that faculty member. For most faculty members, this space is sufficient for their research needs. If more space is needed, large classrooms are available subject to scheduling, and several shared research spaces are also available. The program's primary practicum experience is the in-house Purdue Psychological Treatment and Research Center (PPTRC), housed in a wing on the 2nd floor of Lyles-Porter Hall (L-P), a state-of-the-art building completed in 2014. Rooms within L-P have integrated audio and video systems, convenient access from an adjacent parking garage, and both large- and small-group rooms equipped with 1-way mirrors. The move to L-P resulted in numerous renovations to PSYC allowing for additional research space for current/future faculty and graduate students.

The Clinical Program at Purdue is led by the **Director of Clinical Training** (**DCT**; currently Doug Samuel). The DCT also oversees the broader clinical area of the Department of Psychological Sciences. Within the Ph.D. program, the DCT works with members of the faculty to set/modify policy, review graduate student progress, and discuss matters of interest to the program. The 10 core faculty function efficiently as a unit and meet on a regular basis throughout the academic year, usually five times per semester, and routinely conduct program business via email.

Student input about matters related to the Clinical Program occurs in a variety of ways. Generally, students may provide input during the weekly Clinical Proseminar meetings each Friday, through individual advisors, through informal contact, through meetings with the DCT, and other mechanisms listed below. In addition, graduate students select one student representative to attend faculty meetings.

This representative serves as a liaison between students and faculty and can provide a mechanism for students to communicate concerns and suggestions. Student representatives can meet privately with the DCT, and can discuss concerns openly at faculty meetings, depending on the nature of the issue and student preference. Students are actively encouraged to discuss any concerns about their program or their own professional development with the DCT directly. While the DCT does not have direct control over other faculty, they can act as a liaison between students and faculty, and can support students in generating solutions or next steps.

1. The Clinical Program schedules two program-wide Town Hall meetings, conducted once per semester. These hour-long meetings are student-driven and have proven insightful and important, especially for discussing program issues or rules, and in providing suggestions to faculty about improvements to the program.
2. Students may request to discuss pressing issues with the full faculty during scheduled clinical faculty meetings by:
    a. Making a request to the DCT and/or their Major Professor at least two weeks before the scheduled meeting.
    b. Sharing concerns with their elected student representative, who can in turn share the information with the DCT and/or faculty.
    c. Students may also anonymously provide input to the DCT through Qualtrics (link provided by graduate student representative). The DCT will share all comments with all area faculty in person at faculty meetings. Comments must be received at least 2 weeks before meetings to be included in the agenda, although emergency additions are possible during new business.

A. WHO'S WHO IN THE CLINICAL PROGRAM

1. Tenure-Track Faculty

Jennifer Brown, Ph.D., HSPP
Professor
Office: 1242 PSYC; Phone: x44827 ; email jenniferbrown@purdue.edu:
Research Interests: (1) Development of interventions to prevent HIV/AIDS and improve reproductive health outcomes among vulnerable populations; (2) Development of interventions to address the intersection between substance use, Hepatitis C, and HIV; and (3) Implementation science approaches to improve substance use, reproductive health, and HIV outcomes.

Christopher Eckhardt, Ph.D.
Professor
Office: 1138A PSYC; Phone: x46983; email: eckhardt@purdue.edu
Research Interests: Investigation of cognitive, affective, behavioral, and substance-related risk factors for intimate partner violence perpetration.

Daniel Foti, Ph.D.
Professor
Office: 1142 PSYC; Phone: x44804; email: foti@purdue.edu
Research Interests: Application of findings from basic affective neuroscience in order to refine phenotypic definitions of psychopathology, primarily in mood and psychotic disorders.

Bridgette Kelleher, Ph.D.

Associate Professor
Office: 1246 PSYC; Phone: x46754; email: bkelleher@purdue.edu
Research Interests: Early behavioral and biological markers of risk and resilience in children with neurodevelopmental disorders. Development of telehealth-based methods for surveying autism risk in children with rare syndromes (e.g., fragile X syndrome).

Donald Lynam, Ph.D.
Distinguished Professor
Office: 1138B PSYC; Phone: x69025; email: dlynam@purdue.edu
Research Interests: The contribution of individual differences to deviance (e.g., antisocial behavior, substance use, and risky sexual behavior) and psychopathology across the lifespan.

David Rollock, Ph.D.
150th Anniversary Professor
Office: 1130B PSYC; Phone: x40783; email: rollock@purdue.edu
Research Interests: Include acculturation to American mainstream contact and cultural transition among ethnocultural minority group members, especially how their orchestration of emotional and behavioral resources affects mental health.

Douglas B. Samuel, Ph.D.
Professor, Director of Clinical Training
Office: 1148 PSYC; Phone: x47559; email: dbsamuel@purdue.edu
Research Interests: The development of dimensional trait models of personality pathology and their application in clinical practice.

Susan C. South, Ph.D.
Professor
Office: 1150 PSYC; Phone: x40119; email: ssouth@purdue.edu
Research Interests: Connections between personality, psychopathology, and relationships, especially how marriage can serve to either buffer against or contribute to the development of mental disorders.

2. Clinical-Track Faculty

Heather Ciesielski, Ph.D., HSPP
Clinical Associate Professor; Director, Purdue Psychological Treatment and Research Clinics (PPTRC)
Office: 1130A PSYC; Phone: x62401 ; email: hciesiel@purdue.edu
Research and Professional Interests: Application of evidence-based and empirically supported treatments in the practice of child clinical psychology, ADHD through the lifespan, and disruptive childhood disorders in general.

James Noll, Ph.D., HSPP
Clinical Associate Professor
Office: 1124 PSYC; Phone: x45857 ; email: jpnoll@purdue.edu
Research and Professional Interests: anxiety and mood disorders, personality disorders, trauma, and Veterans and military behavioral health.

3. Affiliated Faculty

To serve as a Major Professor/Advisory Committee Chair on a graduate student committee, a faculty member must be tenure-track/tenured assigned to Purdue and must hold a “regular” graduate faculty

appointment with the Graduate School. To be considered "affiliated" with the clinical area of the Department of Psychological Sciences, a majority of the clinical area faculty must vote to approve.

4. Clinical Program Staff

Sara Ostheimer

Clinical Program Administrative Assistant/ mother hen
Office: 1138 PSYC; Phone: x46977; email: saraost@purdue.edu
Good to see for: Everything! Documentation of All student records. If you think I might need to know, I do. Come to me with any questions. If I don't know it, I will find you the answer.

5. Other Key Staff

The Department of Psychological Sciences staff coordinates many activities relevant to graduate students' experiences at Purdue. Some of these staff members' responsibilities are especially relevant to you. A brief guide of their responsibilities is listed below.

Nancy O'Brien

Program Administrative Specialist and Graduate Coordinator
Office: 385B PRCE; Phone: x46067; Email: nobrien@purdue.edu
Good to see for: Graduate student course enrollment, funding, and issues related to coursework registration and grades for graduate and undergraduate students; health insurance; MA & PhD paperwork; graduation

Laurie Hitze

Administrative Assistant/ Schedule Deputy
Office: 385G; Phone: x46945; Email: llhitze@purdue.edu
Good to see for: Course scheduling and TA assignments.

Sharon Franks

Executive Assistant to the Department Head
Office: 389 PRCE; Phone: x46061; Email: sfranks@purdue.edu
Good to see for: Scheduling a meeting with the Department Head.

Kim Kinzig, Ph.D.

Department Head
Office: 389 PRCE; Phone: x46061; Email: kkinzig@purdue.edu
Good to see for: Everything! (but talk with Sharon Franks first regarding scheduling)

Margo Monteith

Director of Graduate Studies; Professor
Phone: x69461; Email: mmonteit@purdue.edu
Good to see for: Departmental issues/concerns about graduate training issues.

Heidi Campbell

Business Office Manager, Grants Management Officer
Phone: x46947; Email: hcampbell@purdue.edu
Good to see for: All issues related to grants management and grant applications. Any accounting questions.

Deb Lawler

Business Assistant
Phone: x49230; email: dklawler@purdue.edu
Good to see for: Travel reimbursement; monthly pay; human subject funds.

Jeff Davis

Business Assistant
Phone: x46948; email: davi2028@purdue.edu
Good to see for: General support with accounts

Alex Gulik

IT Manager, Engineering & Tech
Office: 252 PRCE; Phone: 469866; Email: agulik@purdue.edu
Good to see for: Manages the Department's computing servers; assists with broad range of issues related to research and instructional technology.

John Gentry

Facilities Manager
Office: 385 PRCE; Phone: x46071; Email: jwgentry@purdue.edu
Good to see for: Keys, moving furniture, general maintenance.

IV. GUIDING PRINCIPLES AND POLICIES

The Clinical Program adheres to several basic principles and policies that guide all aspects of training. Several of these principles are listed below, and resources are offered where applicable.

A. Ethics

The Clinical Program subscribes fully to the professional ethics of the American Psychological Association (APA). ***All students are expected to read and adhere to the APA Ethical Standards of Psychologists*** in all major aspects of their clinical science training. Students also should maintain Human Subjects certification via the online exams at https://about.citiprogram.org/.

B. Consideration for all People

The Clinical Program is strongly committed to being welcoming to all and training students to work with all types of clients. This plays out in 1) recognizing that health might be similar or different across populations and therefore training students in multicultural competence and cultural humility within all professional endeavors; and 2) the maintenance of a climate that is welcoming, supportive, and respectful of students, faculty, and staff . We expect students to develop multiculturalism skills during their training at Purdue to aid their ability to successfully work with all individuals. For example, students are expected to read the *APA Guidelines for Multicultural Competence* (http://www.apa.org/about/policy/multicultural-guidelines.pdf), and the *APA Guidelines for Psychotherapy with Sexual Minorities* (http://www.apa.org/pi/lgbt/resources/guidelines), as well as other relevant guidelines that are available.

We are committed to providing a welcoming environment to all students, faculty, staff, and guests, consistent with Purdue's Nondiscrimination Policy Statement (https://www.purdue.edu/policies/ethics/iiic2.html):

> *Purdue University is committed to maintaining an inclusive community which recognizes and values the inherent worth and dignity of every person; fosters tolerance, sensitivity, understanding, and mutual respect among its members; and encourages individuals to strive to reach their own potential. The University believes that intellectual and cultural diversity among its many members strengthens the institution, stimulates creativity, promotes the exchange of ideas, and enriches campus life.*
>
> *Purdue University views, evaluates, and treats all persons in any university-related activity or circumstance in which they may be involved, solely as individuals on the basis of their own personal abilities, qualifications, and other relevant characteristics.*
>
> *Purdue University prohibits discrimination against any member of the University community on the basis of race, religion, color, sex, age, national origin or ancestry, genetic information, disability, status as a veteran, marital status, parental status, sexual orientation, gender identity or gender expression. Purdue University promulgates policies and programs to ensure that all persons have equal access to its employment opportunities and educational programs, services and activities. The principal objective of this policy is to provide fair and consistent treatment for all employees of the University.*

Any question of interpretation regarding this Nondiscrimination Policy Statement shall be referred to the Vice President for Ethics and Compliance *for final determination.*

***Working with All Clients*.** In our APA- and PCSAS-accredited program, we are committed to a training process that ensures that graduate students grow in the awareness, knowledge, skills, and attitudes (i.e., cultural humility) that will help them work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. When graduate students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support becoming more culturally competent. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all clients/patients.

For some trainees, integrating personal beliefs or values with professional competence in working with all clients/patients may require additional time and faculty support. Ultimately though, to complete our program successfully, all graduate students must be able to work with any client placed in their care in a beneficial manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular client populations or to refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values.

1. Creating a Welcoming Training Experience for Students with Disabilities

The Clinical Psychology program values the contributions of students with disabilities. We recognize that individuals with disabilities are underrepresented in the field of clinical psychology, yet disability is not uncommon among clinical psychology trainees. Recent data suggest approximately 6-8% of APPI applicants disclose a long-term disability, the most common being chronic health conditions (Andrews & Lund, 2015). Other students may experience temporary periods of disability related to injury, illness, or change in health status. Our program is committed to creating a welcoming climate that values the contributions of students with disabilities.

i. ***Course Accommodations.*** Some students with disabilities require accommodations to access instructional content and learning experiences. Formal requests for accommodations are processed through Purdue's Disability Resource Center (www.purdue.edu/drc). The DRC provides services, resources, and programs to facilitate equal access for disabled students. Students in need of accommodations must first contact the DRC to register for accommodations. Typically, the DRC will request documentation of disability and then work with students to determine appropriate accommodations. They will also provide students and instructing faculty with a letter of accommodations that outlines the nature of the disability and approved accommodations. If students wish other faculty or the DCT to be aware of these accommodations, such disability accommodation conversations must be initiated *by the student*. These conversations should occur as early as possible to ensure students are able to access the appropriate supports.

ii. ***Program-Level and Non-Course Accommodations***. As a clinical training program, we recognize that clinical psychology trainees experience unique demands that may fall outside of the realm of accommodations typical for the DRC. For example, students with disabilities may require accommodations relating to the timing of courses, specific research tasks required for their

dissertation, and/or access to physical resources that span multiple program-related activities. Our program is committed to providing an inclusive educational environment that extends beyond the classroom. In circumstances that require broader accommodation, students are encouraged to work with the DRC, as well as the program, to determine the reasonable accommodations that are appropriate to facilitate equal access. Any systemic plans should be documented in writing and signed by any parties responsible for implementing (e.g. the student, DRC, any involved faculty). This plan is not meant to supersede course-specific accommodation letters; students must continue to work with the DRC and individual faculty to obtain accommodations specific to each of their academic classes.

iii. ***Student Privacy and Confidentiality***. As a program, we also recognize that many students may choose not to disclose disability status, either due to a lack of need for accommodation or due to the known stigma and discrimination that can affect students with disabilities. Students are never required to disclose their disability status to faculty members or peer. However, we acknowledge that requesting accommodations inherently requires students to disclose disability status and/or person health information that they may not otherwise be interested in disclosing. As such, faculty take great care to handle requests for accommodation with respect and discretion.

iv. ***Purdue DRC Peer Mentorship Program***. The DRC sponsors a Peer Mentor Program to connect current Purdue students with disabilities, providing additional social and practical support. More information is available here: https://www.purdue.edu/drc/students/mentoring.php .

v. ***Disability Grievance Procedure***. Students with disabilities are protected under the American Disabilities Act and Section 504 of the Rehabilitation Act, which require equal access to public education and spaces and prevent discrimination on the basis of disability. Students who feel their rights have been violated and/or they have been subjected to unlawful discrimination can learn about Purdue's grievance procedures here: **https://www.purdue.edu/drc/students/concerns.php** . The DCT is also available to provide consultation and support, regardless of whether a student files a formal complaint.

2. **Leave Policies and Family Care Resources**. We aim to be a family-friendly program that recognizes the complexity of balancing clinical psychology training with family care experiences such as childbirth, adoption, parenting, and elder or family care. Students are encouraged to consult with their mentors, the DCT, and/or other faculty if they would like mentorship in balancing these or other roles and responsibilities.

i. ***Graduate School Resources***. Purdue's Office of the Vice Provost for Graduate Students and Postdoctoral Scholars includes many resources for students with families on their web site: https://www.purdue.edu/academics/ogsps/student/families/index.html These resources include information about reduced tuition, health insurance, reduced membership at the Co-Rec, childcare, and graduate student housing.

ii. ***Purdue Policies Relevant to Family Leave.*** Please see official Purdue documentation for up-to-date information. Note that legally, some forms of leave are only available after 12 months of employment. https://www.purdue.edu/hr/familyfriendly/benefits/leaves.php
- Paid Parental Leave: includes up to 240 hours of paid leave (depending on employment) that can be used within 12 months of birth/adoption.
- Sick Leave: provided to benefits-eligible graduate staff. Includes 10 working days of paid sick leave for personal illness and 3 working days for illness in immediate family members.
- Family and Medical Leave Act of 1993 (FMLA): states that up to 12 work-weeks of unpaid leave are available for qualifying family-related events.

iii. ***Lactation Spaces.*** Purdue includes formal lactation spaces across campus, as listed here: https://www.purdue.edu/hr/familyfriendly/lactationSupport/lactationSpaces.html. In addition, a space has been reserved on the first floor of PSYC for local departmental use. This space includes a comfortable chair and fridge and is kept locked. Please contact the area secretary to obtain information about accessing this space. Students with additional lactation needs not met by existing spaces are encouraged to discuss their needs with the DCT or another faculty member.

iv. ***Leaves of Absence***. Students discerning or requiring a leave of absence are encouraged to speak with the DCT and their mentor (if applicable) for support and guidance.

3. Protecting Work-Life Balance via a "10 Hour" Day Policy.

Our program acknowledges that many structural characteristics of graduate training can be designed to maximally benefit all learners, including individuals with responsibilities and healthcare needs that limit the amount of time they can spend on campus. We also encourage students to practice schedules that permit work-life balance and participation in community. Our program is enacting a 10-hour policy whereby students will not be required to attend courses that span a total interval greater than 10 hours in a day. For example, a student enrolled in a mandatory 8am class will not be required to attend another class that extends later than 6pm.

Students must actively enact this policy if they desire to do so. Faculty will not necessarily know about violations of this policy, as class schedules vary across students and are typically not controlled by faculty. In addition, some students may choose to "stack" courses past a 10-hour interval to preserve more flexibility other days of the week. This policy does not prevent students from completing days that span longer than 10 hours if they voluntarily prefer to do so. The policy also cannot accommodate electives that can be selected flexibly across a student's graduate training. However, this policy *does* provide a mechanism for students who prefer to spend no more than 10 hours on campus in one day the option to request an alternate course schedule. To enact this policy, students should contact the DCT as soon as a conflict is known (which should be well before the start of a new semester).

4. Mental Health and Well-Being

Students experiencing an impairment in their well-being and ability to function competently as a graduate student or clinical psychology trainee are encouraged strongly to contact their Major Professor and/or the DCT to obtain assistance, support, and/or referral information (i.e., Disability Resource Center). It is important that at least one member of the faculty be aware of issues that may affect any student's ability to thrive within the program and perform their professional duties. The clinical program cares about the well-being of the program's students; having a faculty member informed of the relevant

issues so that they and the student can recommend to the program how it might provide assistance and support to the student is important. It also is ethically necessary for a faculty member to determine whether the student's abilities are compromised in a significant manner that may meaningfully affect their professional conduct with the public.

However, a student is never under any obligation to disclose these personal issues to the Program, its faculty, or the Graduate School. The Program holds all students to the same expectation of PhD-level trainees (see Technical Standards, Sec. II), regardless of personal matters. If these matters interfere with a student's ability to function properly in advancement in the Clinical Program, the student will be encouraged to seek assistance and/or the treatment necessary for her or him to maintain the minimum standard of performance set forth by the Program. Reasonable accommodations will also be provided at the discretion of the DCT and/or the Director of Graduate Studies. At any time during the student's tenure in the Program, she or he is eligible to request a Leave of Absence as outlined by **Purdue Graduate School policy.** Initiating a Leave of Absence is entirely at the student's discretion and will not be at the behest of the Program. Should a student decide to take a Leave of Absence, the DCT and other faculty if necessary, will develop a plan for reintegrating the student back into the Program after the leave is over.

As noted above, students may be interested in seeking psychosocial treatment for their own adjustment issues or psychological concerns. In some cases, therapy may be recommended to students to help resolve issues that seem to interfere with personal or professional functioning. Some students also may feel that the experience of therapy, as a client, may add to their training as a clinician, but this is not required by our program. Students are welcome to discuss their need for a psychological treatment referral with any faculty member, including the DCT, without bias.

Several options are available for students to identify a local therapist who can provide treatment at a reasonable cost:

1 - Students are entitled to mental health assistance and counseling through Purdue's *Counseling and Psychological Services (CAPS*). More information about the services they provide can be found here: https://www.purdue.edu/caps/. On-call/emergency services are available 24 hours per day, 7 days per week, by calling 765-494-6995.

2 - However, some students may have reservations about this option given the proximity of CAPS therapist offices with the Clinical Program. One potential solution is that CAPS offers *Care Management Services,* which are designed to connect students to other community resources, including referrals to community therapists and other mental health resources, through the use of case management services. Care Management Services are available to any currently enrolled student at no cost.

3 - Another route to finding a local therapist is to review a list of local psychologists who are available to see graduate students, including through video session – this can be found here.

4-Students interested in finding an LGBTQ-affirming therapist can go here for more information: https://www.purdue.edu/lgbtq/resources/mental-health.php#affirming.

There are also support services and student organizations on campus that have mental health as a focus and that could provide support and guidance, such as the campus chapter as well as the

Lafayette/West Lafayette local chapter of the National Alliance on Mental Illness (NAMI). A variety of other campus groups and organizations that promote well-being and positive mental health can be found through BoilerLink (https://boilerlink.purdue.edu/organization/namipurdue).

5. Substance Misuse Policy:

Justification: The clinical program aims to provide a safe and healthy learning environment for our trainees. Across clinical, pedagogical, and research contexts, clinical program trainees must also ensure the safety, health, and welfare of the clients, students, and participants with whom they interact. In clinical contexts in particular, a clinical student may never risk client welfare by acting under the influence of drugs, including alcohol, in any situation in which student responsibility for others is (or may be) required. Students who endanger clients or others through the use of alcohol or drugs, or who violate the trust granted to them, are subject to disciplinary action through the clinical program, independent of any action which may be taken by other authorities.

We recognize that students in the clinical program may bring with them, or develop, alcohol or other psychoactive drug use patterns and behaviors that may be diagnosed as a substance use disorder, or that may otherwise be functionally impairing. We are committed to being a program that will assist impaired students in regaining their health while concurrently protecting the well-being of clients as well as classmates, faculty, and staff.

Policy: Any student arrested or convicted of violating any federal, state, or local law pertaining to the manufacture, possession, sale, use or distribution of a drug or alcohol or misuse of prescribed medications, including operating a motor vehicle while under the influence of a substance, must report this event to the Director of Clinical Training within three days of the event and prior to any clinical contact with patients/clients and families. This will trigger a clinical program faculty meeting.

Additionally, a meeting of the clinical program faculty will be triggered if there is reasonable suspicion that a clinical program student is using (or has used) an intoxicating substance during the course of their professional activities as a graduate trainee. Reasonable suspicion of substance misuse may be based on the following: (1) Direct observation of drugs or alcohol use or possession and/or demonstration of physical symptoms of the influence of drugs or alcohol; (2) A pattern of abnormal or erratic behavior consistent with alcohol or drug use, including behavior, speech, odor, or appearance that is indicative of the use of alcohol or drugs (i.e., odor of alcohol or drugs, unsteady or staggering gait, rapid or slurred speech, pinpoint or dilated pupils, unresponsiveness, bloodshot eyes, fine motor tremors, difficulty participating in activities, nausea, vomiting, sweating, incoherent speech, and verbal or physical outbursts); (3) Self-report of drug use or alcohol use, unsafe behavior, unsatisfactory care for others, and threats to harm self or others; (4) Arrest or conviction for a drug or alcohol related offense and/or identification as the focus of a criminal investigation into illicit drug use, possession or trafficking; and (5) Evidence that the student has tampered with a previous drug or alcohol test. Additional Purdue-wide policies regarding alcohol and substance use can be found here (https://www.purdue.edu/aod/regulations/index.php).

A clinical program student who suspects possible substance use or violation of this policy by another student has the responsibility to report this information. A report can be made to the student's major professor and/or to the Director of Clinical Training. The identity of the individual making the report will be kept confidential to the greatest extent possible consistent with the need to investigate the report and subject to legal requirements.

Procedure: Subsequent to reasonable suspicion of substance use during professional activities and/or substance-related legal involvements (i.e., arrests, investigations, or convictions), the clinical faculty will meet to discuss whether these events represent a breach of the APA Code of Ethics or require any immediate disciplinary/remediation action. Such actions may include, but are not limited to, the following consequences: (1) having the student's program status modified to a Level 1 or Level 2 Warning to include a mandatory and successful completion of a remediation activity; (2) possible referral to a mental health or substance-focused intervention; (3) a requirement for ongoing drug/alcohol testing conducted by an independent certified laboratory, with specified consequences for a positive test; or (4) immediate dismissal from the clinical program and potentially the Department of Psychological Sciences. In cases involving arrest/conviction, the student will also work with their major professor and/or the DCT to examine how the incident may impact the student's future applications to external practica, internship, and professional licensure.

6. Harassment

The Clinical Program does not tolerate verbal or physical abuse on the part of its faculty, staff, or students. The program endorses the University's policy on harassment, which is outlined on the following website: https://www.purdue.edu/policies/ethics/iiic1.html. Please note that the Purdue University considers a sexual relationship between faculty and student as a form of harassment, even if both persons consent to the relationship. This is because of the inequality of power inherent in such a relationship.

Thus, the University recognizes the rights of all members of the University community to learn and work in an environment that is free from harassment and discrimination based on their protected status as described above. Any such harassment or discrimination of University students and employees is prohibited. This policy also prohibits retaliation against an individual who in good faith utilizes the procedures in this policy and/or participates in any investigation related to an allegation of prohibited harassment or discrimination.

C. Accreditation

The Clinical Psychology Program is accredited by:

(1) the American Psychological Association (through 2028). Questions or concerns can be directed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002
https://www.apa.org/ed/accreditation/index.aspx
(202) 336-5979
(202) 336-5978 FAX

(2) the Psychological Clinical Science Accreditation System (through 2028). Questions or concerns can be directed to:

Joseph E. Steinmetz, Ph.D., Executive Director
1101 E. 10th Street
Bloomington, IN 47405
jsteinmetz@pcsas.org

V. CURRICULUM AND PROGRAM REQUIREMENTS

To achieve the goals and objectives outlined above, the curriculum and required elements of the clinical program at Purdue University consists of: (a) Academic coursework consistent with APA, departmental, and program requirements and will include basic and advanced/depth clinical courses, foundation/breadth courses to cover biological, cognitive/affective, social, history and systems, lifespan development, and research/quantitative courses; (b) Research (first year project, master's thesis, preliminary examination, doctoral dissertation, and research project participation resulting in publications and presentations; (c) Practica (internal and external assessment and intervention experiences); and (d) an APA-approved clinical internship. The suggested plan of study presented in provides the minimum requirements to achieve the goals of the program. However, this approach is truly the minimum; we encourage students to be involved in more research and in a greater breadth of clinical experiences than those required in their plan of study.

A. Academic Coursework

Students must take a range of courses that satisfies requirements of both the Department of Psychological Sciences and the American Psychological Association (APA).

Students must earn a minimum grade of "B" in all non-elective "core" courses, and must repeat any required course in which a grade of "C+" or lower is received. Each student is responsible for reading, understanding, and meeting these requirements as laid out in the latest edition of the *Handbook*.

1. Required Coursework

Twenty courses are required as a minimum in Purdue's Clinical Program. A typical course sequence is outlined in Appendix A.

The "core" courses required by the Area are summarized below along with typical offerings:

COURSE	TITLE	YEAR
PSY 69200	Clinical Seminar: Cognitive Bases/Affective Bases of Behavior (fills DSK content)	Spring semester even years
PSY 61500	Systems and Behavioral Neuroscience (fills DSK content)	Spring semester even years
PSY 69200	Lifespan Developmental Psychology for Clinical Psychologists (online) (fills DSK content)	Fall semester 3rd yr
PSY 64000	Survey of Social Psychology (fills DSK content)	Fall semester
PSY 67510	Research Methods in Clinical Psychology	Fall semester odd years
PSY 69200	Clinical Seminar: Ethnic Minority Issues	Fall semester even years
PSY 69200	Clinical Seminar: History/Systems (online) (fills DSK content)	As available (at least once during time in program)
PSY 69200	Ethics, Clinical Supervision, and Consultation	Fall semester even years

PSY 66700	Clinical Assessment I	Fall semester 1st year
PSY 66800	Clinical Assessment II	Spring semester 1st year
PSY 67000	Principles/Techniques of Psychotherapy	Fall semester 1st year
PSY 67300	Adult Behavior Disorders	Fall semester odd years
PSY 67900	Developmental Psychopathology	Fall semester even years
PSY 67900	Assessment (practicum)	Spring semester 1st year, Fall semester 2nd year
PSY 67900	Child Family Treatment (practicum)	Fall & spring semester 2nd or 3rd year
PSY 67900	Adult Services (practicum)	Fall & spring semester 2nd or 3rd yr
PSY 69200	Proseminar in Clinical Psychology	Each semester
PSY 69700	Clinical Internship	Last year of training
PSY 60600	ANOVA for Behavioral Sciences	Fall Semester every year (take in 1st year)
PSY 63100	Applied Regression	Spring Semester every year (take in 1st year)
PSY 69800	MS Research Credits	
PSY 69900	PhD Research Credits	

OTHER NON-CLINICAL COURSES TAKEN REGULARLY BY CLINICAL STUDENTS:

COURSE	TITLE	YEAR
PSY 61500	Systems and Clinical Neuroscience	Spring semester even years
PSY 64600	Multilevel Modeling	Fall semester every year
PSY 67400	Structural Equation Modeling	Spring semester even years

2. APA Accreditation (and Licensure) Requirements.

The American Psychological Association (APA) stipulates that students in accredited clinical programs should demonstrate competence in:

i. ***Profession-wide competencies (PWC)***, including: a) research, b) ethical and legal standards, c) individual and cultural diversity, d) professional values, attitudes, and behaviors, e) communication and interpersonal skills, f) assessment, g) intervention, h) supervision, and i) consultation and interprofessional/interdisciplinary skills.

ii. ***Discipline-specific knowledge (DSK)***, including: a) affective aspects of behavior, b) biological aspects of behavior, c) cognitive aspects of behavior, d) developmental aspects of behavior, e) social aspects of behavior, f) history and systems of psychology, g) research methods, h) statistical analysis, and i) psychometrics.

iii. ***Advanced integrative knowledge*** Students must also demonstrate advanced integrative knowledge of at least 2 of the discipline- specific areas listed above in a-e. This is typically done via a graduate-level course that serves as "an evaluated educational experience that provides basic coverage in two or more areas and integration across those areas."

These areas of competence and knowledge may be demonstrated through students' participation in coursework (full courses or parts of courses), independent study, research experiences, **or** clinical practica. For the DSK areas (and for "advanced integrative knowledge"), APA requires that knowledge be demonstrated via an "evaluated educational experience" (EEE), defined as "a learning experience (e.g., course, parts of courses, or independent study) the outcome of which is assessed by a person recognized as having current knowledge and expertise in the area of the learning experience."

Students often have questions regarding courses that fulfill the DSK requirements listed above. The purpose of this requirement, as specified by APA in the Standards of Accreditation, is to ensure that students "acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology."

Foundational knowledge is required for DSK areas a-f above, and may be acquired prior to beginning the doctoral program. For example, the foundational requirement could be met by successful completion (B grade or higher) of an undergraduate course at a 4-year accredited institution in the relevant topic (e.g., undergraduate course in cognitive psychology) or by a GRE Psychology* subscore of 70% or higher in the relevant topic (subscores are available for: biological, cognitive, developmental, and social). For an undergraduate course that you think may satisfy foundational knowledge but are not sure, please provide the DCT with the course syllabus and the transcript that documents course completion and grade for review. For DSK areas where a student has not acquired foundational knowledge prior to matriculation in our program, this can be obtained at the undergraduate level (e.g., an undergraduate class at Purdue, earning a B grade or higher) or through graduate-level training via a graduate course. For the latter, the expectation is that the graduate course includes foundational readings relevant to that course topic and that the evaluation of your work in the course assumes mastery of this foundational knowledge. If you are uncertain as to whether a graduate course will provide foundational knowledge, please consult with the DCT.

*(*NOTE: There is no GRE Psychology Subject Test requirement to apply to the Clinical Psychology program, but admitted applicants can use GRE Psychology Test scores to complete these benchmarks prior to entrance into the program).*

Graduate-level knowledge is required for areas a-e and g-i; this is most commonly achieved via graduate-level courses in our Department. There are some courses that will satisfy foundational and graduate-level knowledge for 2 areas at once, as well as provide integration of these areas,

and thus could meet both the DSK requirements and the "advanced integrative knowledge" requirement.

The sole DSK requirement that only needs to be met at the foundational level is history and systems of psychology. Students meet this requirement either by having taken a course on this topic as an undergraduate at a 4-year accredited institution (grade of B or higher) or by completing the program's independent study course on history and systems of psychology. For more information about the independent study course, see the DCT.

Curriculum Worksheet

To help you select courses in the program, a worksheet has been developed with each of these requirements listed (see Appendix B). Also, a sample schedule of courses for students entering the program in even or odd years has been provided (Appendix A). Please see your Major Professor and/or the DCT with any questions regarding the appropriateness of specific courses in fulfilling graduate requirements.

Following graduation, you may wish to obtain a license to practice clinical psychology in one or more North American states or provinces. The licensure application (for some states in particular) similarly will require you to demonstrate competence in the areas above; in most cases, obtaining a doctoral degree from an APA- or PCSAS-accredited doctoral program suffices. However, licensure applications in some states sometimes require *courses*, while other states are more flexible in the procedures used to help you obtain a sufficient level of competence. For example, as of this writing, the state of New York requires that students take at least 3 credit hours in each of the following discipline-specific areas: biological basis of behavior, social basis of behavior, and cognitive-affective basis of behavior, and it is not clear that they accept integrative courses for this purpose. In general, unless you know for certain where you will live and want to seek licensure, following the APA requirements listed in this handbook will likely be the best approach to licensure preparation. You can find links to every state and province psychology licensing board at www.asppb.org, and the licensure applications and requirements for most states/provinces are available online.

3. Clinical Proseminar/Colloquium

In addition to formal coursework, the Clinical Program offers a seminar series (informally called "colloquium") to further enhance training. The clinical faculty and students participate in these 1 hour-long seminars on most Fridays starting at 9:30AM. *These seminars are mandatory for all students each semester (students would enroll for the seminar under PSYC 69200 – Clinical Proseminar). Students applying for internship should come but are excused from the mandatory attendance policy.* The instructor of record for colloquium will document participation via attendance. It is essential that no regularly scheduled meetings of research labs, clinical practica, or coursework be scheduled in conflict with this time.

Some of the types of seminars included in the clinical colloquium are described below.

Research Presentations. Clinical colloquium offers an opportunity to be exposed in greater depth to ongoing research activities and findings. Speakers include faculty, students, and post-doctoral fellows from within the Purdue Clinical Program, alumni from the program, and presenters from other programs or departments within Purdue or in the larger surrounding research community.

These presentations are not necessarily finished works of completed research but can be works "in progress" that could foster spirited discussion, possible collaboration, and input. ***Each student will present at colloquium at least twice during their time in the program on empirically-based research projects***, most typically that are part of programmatic research milestones (1st year project, MS thesis; preliminary exam).

Clinical Presentations. Some presentations at colloquium have a clear clinical practice focus -- for example, a specific evidence-based intervention or clinical considerations for a specific population. These presentations often have interactive elements and some of the presenters are supervisors of practica. In addition, ***students are required to deliver one clinical case presentation prior to internship.*** This presentation must be based on a case assigned during a psychotherapy practicum (i.e., Child and Family or Adult Services) for whom the student was a primary therapist. These presentations will be evaluated by the faculty using Feedback Form for Clinical Case Presentations available in Appendix C.

Professional Development. Seminars that are focused on professional development offer students an opportunity to learn skills and ask frank questions regarding important aspects that are not formally included in most doctoral psychology curricula but may be helpful for a successful career as a psychologist, e.g., how to start a private practice; the job search; successes and failures; mentoring; and interactions between clinical psychology and the law. Additionally, every year, students who have successfully completed the internship match process deliver a seminar describing the internship application and interview process, provide tips, and answer questions.

4. Other Recommendations for Coursework

Purdue University requires graduate students to earn a total of 90 credit hours in order to be awarded the Ph.D.; only 30 of those credits can be from pre-Masters work.

Students are encouraged to take courses that meet their specific research interests and training needs. For example, courses often are offered that focus on cultural and ethnic minority issues, specific psychological disorders, advanced assessment, specific populations such as children or the elderly, and advanced statistics and research methods.

Purdue's Clinical Program is designed to be a "generalist" educational experience, providing a broad exposure to an array of clinical issues, populations, and research. Although the program previously offered separate "adult" and "child" tracks, changes in faculty have eliminated this formal track system. Currently, students are required to take courses and practica that provide coverage in both child and adult psychopathology, assessment, and intervention. Students who are more interested in clinical child psychology may obtain more advanced training and experience through a number of external child-focused practica, and child-focused elective coursework available both within as well as outside of the Department of Psychological Sciences.

A.5 Graduate Certification in Psychological Statistics

The Department of Psychological Sciences offers a "Graduate Certificate in Psychological Statistics." This is a graduate-level certification program that is available to students currently admitted to a graduate degree program at Purdue. Students earning the certificate will demonstrate a broad theoretical understanding of advanced quantitative methods. They will also learn the technical skills (e.g., software; computer programming) necessary to integrate these advanced methods into their substantive research

programs. For more information about the requirements for this Certificate, please consult the Department of Psychological Sciences Graduate Handbook (https://hhs.purdue.edu/wp-content/uploads/2023/04/PSY-Graduate-Handbook.pdf).

A.6 Course Grades

As noted earlier, **only core courses for which students earn a minimum grade of "B" are deemed acceptable as fulfilling academic requirements**. Students are expected to repeat any required courses in which they receive a grade of "B-" or lower. Students receiving a grade of "C+" or lower in any course typically are placed on academic warning or probation until the deficiency is made up.

The Department of Psychological Sciences requires all graduate students to take at least three courses outside of the student's major Area. These remaining three courses (nine credit hours) are elective and should reflect a student's individual training needs, but might be chosen to fulfill overlapping departmental and APA requirements. These courses are in addition to any courses required by the student's major Area. At least two of these three courses must be graduate courses offered within the Department, while the third course may be from outside of the Department. These three courses must be approved by the student's Ph.D. Advisory Committee, as indicated by the Committee's approval of the student's Ph.D. Plan of Study. In general, it is expected that clinical students will take several more electives than the three that are required. This is because clinical students must meet additional APA requirements and will need to take additional methodological and statistical courses to become excellent researchers.

A.7 Course Waivers

Students entering the program with a Master's degree and thesis in psychology approved by the DCT and the Director of Graduate Studies may have more flexibility in completing coursework requirements. Of the three graduate courses outside of the clinical area, transferring students may petition for one of these three courses to be fulfilled by a course successfully completed at the graduate level at another institution. Such a course would have to be in a non-clinical area of psychology. Approval will not be automatic but will be based on careful consideration by the DCT and Director of Graduate Studies of course materials (syllabi, etc.) submitted by the student as part of their petition. Similarly, in rare cases, students may be exempt from taking an otherwise required clinical course if, based on a review of course materials (syllabi, etc.) of a completed graduate class from another institution, the DCT believes that the successful completion of the course warrants an exemption from the course at Purdue. The student first should consult with his/her Major Professor to determine the appropriateness of such requests, and then approach the DCT about waivers (see Appendix D for a copy of the Course Equivalency Sheet). Only courses taken as part of a (completed) Master's program are eligible. Students generally are counseled to consider very carefully waiving the Statistics or Methods requirements, since mastery of this material is crucial but often incomplete.

A.8 Residency Requirements, Completion Time

Consistent with APA guidelines, clinical students are required to be enrolled for a minimum of 3 full-time academic years of graduate study and complete an internship prior to receiving the doctoral degree. In addition, at least 2 of the 3 academic training years must consist of training completed at Purdue University, at least one year of which must be in full-time residence. These time and residency requirement represent the minimum necessary for completion of the program, although in practice, program requirements supersede these minimum parameters. Further, individual advisors may have lab-specific requirements for in-person work in the individual faculty member's lab. Students should discuss these expectations with their advisor to make sure they understand how frequently they will need to be on-

campus for in-person activities. Outside of extraordinary situations, it is expected that graduate students in this program are available for in-person coursework, clinical work, assistantship responsibilities, and research activities. These requirements may apply to summer, depending on participation in clinical work and your funding source. Deviations from these guidelines should be approved by your research advisor and the Director of Clinical Training well in advance. See also the Graduate Staff Employment Manual (https://www.purdue.edu/gradschool/documents/gpo/graduate-student-employment-manual.pdf).
Students that follow the suggested course, practicum, and research experience outlined above will spend a minimum of four full-time years in residence in the program.

The considerations outlined above practically result in a 6-year program (5 years of coursework and clinical practica, and 1 year of internship). Although students taking the standard complement of courses outlined above will earn sufficient credits to earn the Master's degree at Purdue University, students are advised to take the maximum number of research credits for which they are eligible (up to 18 credits total per semester) after the Masters is awarded, to insure they have earned the 90 credits necessary for the Ph.D. This recommendation stems from the University allowing a maximum of 30 pre-Master's credits to apply toward the Ph.D. The average time to completion for recent classes is approximately 6.5 years (including the one-year internship).

B. Research

The Clinical Program at Purdue is strongly committed to the development of clinical science skills including a) the critical, scientific evaluation of theoretical and empirical literature, clinical assessment practices, and therapy practices; b) familiarity with the scientific method as a basis for inquiry; c) knowledge of empirically-derived findings and research methods common to the study of adult/child/family psychopathology and treatment; d) the ability to use or understand a variety of statistical techniques; and e) the ability to engage in independent scientific investigations.

Upon entry into the program all students should complete the online human subjects training course, (located at: https://www.citiprogram.org).

To assist students in developing the aforementioned clinical science skills, five research tasks/activities are included in the training program. These include 1) consistent involvement in research activities throughout graduate training (i.e., as part of being in a research lab), and completion of five research milestones: 2) the First-year Project; 3) the Master's thesis, including passing the final oral examination (i.e., Master's defense); 4) two oral research presentations at the clinical colloquium; 4) the Preliminary Exam (including the written document and the oral defense); and 5) the Doctoral Dissertation, including passing the final oral examination (i.e., Dissertation defense). Each of these is described below.

Note that only * are required by the Graduate Office at Purdue.

Requirement	Due Date
First Year Project	End of the student's 3rd semester in the program
Master's Thesis Proposal	End of the Spring semester of the student's 2nd year in the program
Master's Thesis Defense*	By the last day of finals week of the 3rd year
Preliminary Examination Proposal	Any time after having passed the Master's thesis defense and prior to defending the Preliminary Examination
Preliminary Examination*	End of the spring semester of the 4th year of graduate study
Dissertation Proposal	October 1 in the academic year that the student will apply for internship
Dissertation Defense*	All Dissertation defenses must occur at some point prior to the end of the students' internship year
Oral Research Presentation	Flexible; recommend FYP presented in 2nd year and MS/Prelim/Other project presented in later years

Our hope is that you will progress from strongly-mentored research experiences to more independent research skills reflecting your abilities as a scientist with growing autonomy. We thus have different expectations for you as you progress through each of the research milestones. We have prepared a research skills checklist to help you track your progress in these research skills over the course of your training and to help you have an ongoing dialogue with your advisor about your research progress (see Appendix E). This checklist also gives you a good idea of how you will be evaluated for the Masters' thesis, Prelim, and Dissertation research milestones.

B.1 Consistent Involvement in Research Activities

Although not a "milestone," since it is ongoing rather than discrete, we include information about the nature of consistent involvement in research activities, since research is a cornerstone of our program. Students are expected to dedicate a minimum of 10 hours each week during the academic year towards research activities. Given our program's mentor model, students will arrive in the program with a primary Major Professor. This advisor will be responsible for maintaining consistent contact with the student to supervise research activities. The Major Professor also will be responsible for evaluating the student's research progress at the end of each semester and communicating the results of program feedback to the student.

Research activities in the Clinical Program take place at numerous affiliated sites in addition to the Clinical Program in the Department of Psychological Sciences. These opportunities may include collaborations with numerous faculty members, some of whom may have a primary appointment in a psychology graduate program outside of clinical (e.g., social, neuroscience, etc.) and some of whom may have a primary appointment outside of the Department (e.g., Department of Human Development and Family Sciences). Such research experiences are encouraged and often can provide unique and valuable training opportunities. The primary Major Professor must be a member of the tenure- track faculty or the affiliated faculty listed within this handbook.

Research activities should be discussed regularly between the student and the Major Professor and may include whatever tasks are a) mutually agreeable and b) have clear potential to advance the student's development as a clinical scientist. Students who work on research with a faculty member who is not their primary research advisor should regularly update their primary research advisor about these research activities. In addition to assistance on ongoing research projects, we strongly encourage students to actively participate in the preparation of grants, presentations, and publications throughout their graduate training. Beyond the required research requirements described below, many students complete and publish findings from other studies, reviews, critiques, and book chapters during their years in the program, and most present their research at national conferences throughout graduate school, although presenting at conferences is not required. We strongly encourage such activities, particularly among those students who intend to pursue academic research careers. We are committed to assisting students during all phases of whatever scholarly activity they undertake while here in the program.

It is the joint responsibility of the graduate student and the Major Professor to ensure that all research activities are fully compliant with the Purdue Human Research Protection Program/Institutional Review Board (IRB) requirements. Information regarding these requirements and relevant forms needed to obtain permission to conduct human research can be found at: https://www.irb.purdue.edu/ .

Graduate students typically serve as supervisors and mentors of undergraduate students working in faculty member laboratories. Undergraduates often participate in faculty research via PSY 39000 – *Research Experience in Psychology* courses. It is essential that graduate students take their supervisory roles seriously and work closely with their Major Professors to provide undergraduate students with optimal lab experiences; such experiences help train the future psychology researchers of tomorrow. In the course of supervising these research experiences, graduate students who become aware of lab members' behavior that is a danger to themselves or others may report Student Concern or Issue (**https://www.purdue.edu/odos/support/staff/incident.php**). The Office of the Dean of Students manages any concerns related to student behavior and well-being. Anyone concerned by a student's behavior (e.g. classroom disruption, aggression, flat affect, substance use, suicidality) is encouraged to report their concern using the Student of Concern Reporting Link. Students may use this link to report behavior from peers or undergraduates.

B.2 Mentorship And Developing Professional Networks

Our program operates under a mentorship model, whereby students are typically admitted to work with a specific research mentor. With rare exceptions, students are expected to work with a primary research mentor throughout their graduate training. However, it is expected that students desire and benefit from multiple mentorship relationships throughout their graduate training and future career. As such, students are encouraged to seek informal and formal mentorship from any faculty member in the program as needed.

A. Confidentiality in Mentorship. It is not expected that student-faculty conversations are confidential. Indeed, faculty regularly meet to discuss student progress in the program, thus students can expect that faculty mentors will routinely discuss their progress in the program with other members of faculty. Sometimes, however, a student may seek confidentiality in their interactions with a mentor or other faculty members. In these instances, students are encouraged to clearly communicate this intent and ensure the faculty member is in agreement. Sometimes, initiating conversations about sensitive or potentially stigmatizing information can feel uncomfortable. However, developing effective professional communication skills is an important skill for clinical psychology trainees. Here are some examples of how a student might initiate a sensitive conversation with a faculty member:

> *"I am having some trouble negotiating course/research/clinic expectations with another faculty member. Do you mind if we schedule 15 minutes so I can seek your advice on how to proceed? If it's okay with you, I'd like to keep this discussion confidential."*
>
> *"I am navigating some personal situations right now that I worry are impacting my performance in school. Do you mind if we chat in confidence about these issues some time? I'd love your input and would also appreciate if you could keep this request and discussion confidential."*
>
> *"I'm sensing some dynamics in my cohort that are making me feel uncomfortable. Would you be available to briefly chat in confidence about this issue? Please do not share my concern with other faculty or students, as I'd like to learn how to navigate this issue myself."*

Of course, faculty are bound to mandatory reporting guidelines as described by legal requirements and Purdue policy: **https://www.purdue.edu/vpec/ocr/title-ix/**

There may be times when a student brings up an issue in confidence then later decides they would like the faculty ally or mentor to directly act on the information. Again, students are encouraged to clearly articulate the bounds of non-confidentiality in these instances.

B. Faculty Advisory Teams. Situations may arise in which a student wants to convene a few faculty members to provide coordinated and strategic input on a topic related to their training. For example, students may experience challenges related to disability, family care, or changes in health status (e.g. pregnancy, illness) that affects multiple aspects of their training, clinical work, and research. In this instance, students can elect to convene an **advisory team** – typically 2-3 clinical faculty members, although faculty outside of the program can also be included (e.g. a representative from the DRC) – to provide an informal and neutral space to discuss the student's needs. The advisory committee can meet one time or multiple times and should generally include the DCT and the student's major professor, although the composition is up to the student. These teams do not hold any specific programmatic power but rather should be seen as a communal problem-solving resources to assist the student in navigating complex issues and complementing their overall mentorship. Committee members may offer diverse perspectives and approaches from one another. The committee does not necessarily reflect the views of all faculty (e.g. does not speak on behalf of the program) and cannot advocate for the student formally in any University matters. Please note that like all committee activities, faculty may or may not be available to participate; thus, students should ask faculty to be involved on a strategic team prior to assuming they are able to participate.

C. Additional Mentorship and Professional Development Resources. Psychology graduate students are encouraged to leverage the rich resources available to support their professional development, including:

- **NCFDD:** Purdue graduate students may sign up for free accounts to access NCFDD webinars, which cover diverse topics such as developing daily writing habits, forming a mentorship network, and creating "work-life balance."

- **Purdue Psychology Graduate Student Events:** The Department routinely hosts speaker series and professional development workshops related to topics of interest to graduate students. Past topics have included writing competitive fellowship applications, work-life balance, and seeking alternative non-academic careers. Workshops are regularly announced via the listserv.

- **Purdue Graduate Office Seminars:** Beyond our Department, the Purdue Graduate Office hosts frequent (sometimes daily), high-quality workshops on a range of topics ranging from personal finance to teaching strategies to specific programming and graphics packages. A list of current workshops is available here: **https://www.purdue.edu/academics/ogsps/professional-development/workshops/index.php**

- **Purdue Career Closet:** The Center for Career Opportunities maintains a free selection of gently-used or new interview attire for students going on interviews.

More information is available at:
https://www.cco.purdue.edu/Students/WhatWeOffer?tab=CareerCloset

B.3. Switching Major Professor

Students are accepted into the Clinical Program to work with a specific Major Professor, who serves as their primary research and academic advisor. Your Major Professor serves as one of your primary advocates and mentors during your time in the Clinical Program, serves as the chairperson for thesis and dissertation committees, oversees the development of your program of study; provides your annual evaluation feedback (in consultation with the DCT); and directs your research team.

Generally, students can expect to work with their Major Professor throughout the duration of the program. Major Professors typically agree to a commitment to mentor you and serve as your thesis chairperson. Following completion of the thesis (or three years in the program, whichever occurs first), the student and research mentor may meet to discuss possibilities of continuing the mentor relationship. *Students and Major Professors* have the option of modifying and/or ending the relationship at this time, and may do so for a variety of personal or professional reasons (e.g., personality conflicts, departure of faculty member, change in student's research interests, lack of progress, death or disability of the faculty member, etc.). These decisions may be impacted by outcomes of other elements of the Program as well, such as performance in coursework, on preliminary examinations (see below), and throughout the thesis process. If a change is decided upon by either party, it is expected that students and research mentors will collectively consult with the DCT in order to aid in the identification of a new research mentor and facilitate a smooth and professional transition between research teams. *However, it is important to note, the Clinical Program does not guarantee an alternative research mentor will be available or willing to take new students on their research team.*

At times, students may discover a lack of fit with their Major Professor, either prior to the formation of their thesis proposal and selection of the thesis advisory committee (see below); or in-between thesis defense and formation of their dissertation proposal and selection of the dissertation advisory committee (see below). Again, this may be due to a variety of personal or professional reasons (e.g., personality conflicts, departure of faculty member, change in student's research interests, etc.). In the event of such a situation, the procedure is as follows:

Step 1: The student should consult with their Major Professor (if available) to develop strategies for correcting identified problems and, if needed, repairing the relationship.

Step 2: If Step 1 is not successful, the student will inform the DCT, by email, of their desire to change research mentors. ***The research mentor must be copied on this email***. The DCT will initiate a process, as they see fit, to best support both student and faculty wishes.

Step 3: The student may consult other faculty to identify potential new Major Professors *after receiving DCT approval*. The DCT and the student's current Major Professor may assist with this process. It is expected the student will be transparent in communication about the purpose of any requested meetings, and should explicitly state that their "current Major Professor and the DCT are aware" of the search for a new Major Professor. The student has 30 days to identify a new mentor, which begins the same day the student receives DCT approval to consult other faculty.

Step 4: If and when a faculty member agrees to become the student's new Major Professor, the student will collaborate with the DCT, new Major Professor, and former Major Professor (if available) to facilitate a smooth and professional transition between research teams. In the event a new Major Professor is not identified, the student may ask the current Major Professor to continue in this capacity.

If the student feels they have been subjected to a hostile work environment, they may approach the DCT, the Graduate Coordinator, the Department Head, and/or the Office of Civil Rights with their concerns and their request for a new advisor prior to consulting with their Major Professor. The DCT may choose to refer the student to their Major Professor for consultation, act as a mediator between the student and Major Professor, assist the student in finding a replacement Major Professor, or take any other action in pursuit of a positive resolution.

If changes are to be made, it is expected that these will take place PRIOR to a significant investment of time on any project by the Major Professor. In only the most extenuating circumstances should a Major Professor be changed following approval of the thesis or dissertation proposal. If a change of Major Professor occurs, all intellectual property and rights remain that of the Major Professor.

Failure to adhere to the policies above will immediately void the implied commitment of the student's Major Professor. As noted above, all students must have a Major Professor at all times. If a student is without a Major Professor due to a failure to adhere to the above policy, the Clinical Program will identify a resolution in the best interest of all parties.

B.4 Commitment to Open Science Practices

The field of psychology finds itself in the midst of a replicability crisis. This crisis is the result of a combination of factors that includes underpowered studies, publication bias, and a variety of questionable research practices that have been standard in the field for years (e.g., presenting exploratory research as confirmatory, failing to control family-wise Type I error rates, etc.). This replication crisis represents an existential threat to the field. If psychological science is going to survive and make important contributions to the world, we, as a field, need to ensure that our fundamental knowledge base is robust and replicable. To this end, the program trains students in current best practices for replication which includes introduction to, and adoption of, many Open Science practices. The **Open Science Framework** (osf.io) is designed to promote increased transparency in the research process. This involves specifying, before data are collected (or examined, in the case of archived data), study hypotheses, design (including choice of sample size), all measures collected, exclusion criteria, and analyses to be conducted. Further, after data are collected, Open Science calls for the posting of data and analytic code. The Clinical Psychology program at Purdue University teaches students about the replication crisis and Open Science practices in multiple courses (e.g., methods and statistics courses, colloquium). ***To further this training, students are required to preregister, and make this preregistration public, either their master's thesis or dissertation on OSF.org using the preregistration template available on that site.*** This preregistration involves specifying details about a study's hypotheses, design, measures, and analyses prior to its conduct. Although pre-registration is ideally done before data collection has begun, models for working with archived data are also available. For the chosen project, students will submit a draft of the preregistration to the committee in lieu of the more standard proposal document. Following revisions to the preregistration in accord with committee recommendations, students are required to submit the preregistration to OSF and make it public at some point before publication.

B.5 The First-Year Project

The First-Year project is designed to facilitate the immediate involvement in research of incoming students in collaboration with their faculty mentors. These typically involve analysis and reporting on data previously collected by the Major Professor but can involve primary data collection. The project should ideally be capable of completion within the first year in the program. ***Thus, a student must begin, early in the first semester, to meet regularly with his/her Major Professor to discuss and complete the broad outlines of the projec***t. Discussions with and reading materials provided by the major professor should provide the student with the background necessary for identifying a relevant question and developing a coherent introduction. Course work during the first year should provide the student with the necessary methodological and statistical basics to complete the project. Working with the Major Professor, students are expected to develop a final manuscript that can be submitted for publication. Students are not required to defend this work in front of a committee, however. ***A submission-ready version of the first-year project must be completed and archived with the program administrative assistant by the end of the student's 3rd semester in the program (5pm on the last day of the semester, see "Term Ends" on Academic Calendar maintained by the Registrar)***.

B.6 Master's Thesis

Students are required to complete and orally defend a Master's Thesis demonstrating independent research expertise **within the first three years** of graduate training. **A proposal of this thesis must be presented and defended to the Master's committee (defined below) by the end of the Spring semester** ***(5pm on the last day of the semester, see "Term Ends" on Academic Calendar maintained by the Registrar)*** **of the student's 2nd year in the program (inclusive of all required revisions).** Students must submit this thesis to the Purdue Graduate Office in order to receive a Master's degree.

Some types of research take longer than others (e.g., working with hard-to-recruit populations, conducting multiple studies, undertaking labor-intensive data analyses), so it is also important for the student to attend to matters of timing regarding Institutional Review Board (IRB) approval prior to the start of data collection. As outlined in Section VI of this manual, students who do not comply with the above deadlines for their Master's Proposal and Defense may receive a Level 1 – *Warning* or Level 2 - *Probation*.

Ideally, the Master's Thesis (and the Dissertation) will result in important, published contributions to the empirical literature. Regardless of whether this goal is attained, we believe that the two research projects should enhance the student's ability to be a good producer and consumer of research. The Master's Thesis is designed to facilitate research training. Thus, students should work closely with their Major Professor and sometimes with other committee members as a research team. Also note that the Master's proposal and defense meetings will not be conducted merely to evaluate the student's research progress but also to provide students with a training experience in carefully scrutinizing their own research and acknowledging the limitations inherent in all empirical work. Although students will draw on the assistance of faculty and other university resources, the final thesis must represent the student's own work. For example, the student may obtain consultation with statistical procedures but must not have someone else conduct the analyses. We encourage that the Master's thesis be written in the style and length of a typical manuscript submission for an APA-style journal.

B.6.a Students entering with a Master's degree.

In some cases, students entering with a Master's degree in psychology with a thesis component will not be required to complete a second Master's thesis during graduate training at Purdue. Students wishing to waive the Master's requirement should submit a copy of the completed thesis from the prior institution to the DCT and the student's Major Professor within 1 month of their first year. The DCT and the student's Major Professor will review the thesis to determine its adequacy in meeting the Purdue requirement.

B.6.b Original Data Collection / Use of an Existing Dataset.

Students may complete their Master's thesis by formulating unique hypotheses and independently conducting statistical analyses on an existing dataset such as publicly accessible data or data collected by their Major Professor. In all instances, the use of the existing dataset must be approved by the primary Major Professor. ***The use of an existing dataset is permissible for the completion of the Master's Thesis or the Dissertation, but not both***; that is, an original data collection is required for at least one of these two independent research projects. (See information under "Use of an Existing Dataset" in the Dissertation section for possible exceptions.). This rule will still apply even if the student collects original data for their Preliminary Examination (see B.7 below). This rule will also be applied flexibly for students who enter the program already having completed a Master's thesis involving original data collection. In such cases, as early in the student's training as possible, the student and their Major Professor should discuss whether and how the student's ongoing data collection efforts will be applied to their doctoral dissertation.

B.6.c Master's Committee.

Students should constitute a Master's committee to review a proposal of the thesis and to evaluate the completed thesis. This committee must include at least three members. At least two of the committee members must be tenure-track faculty of the Clinical Program (or affiliated faculty of the Clinical Program), one of whom is the Major Professor. One member of the committee must be an "outside" member, typically a faculty member from another graduate area of the Department of Psychological Sciences or another department on campus. Committee members must be members of the Purdue Graduate Faculty, but keep in mind that not all Purdue faculty are members of the Graduate Faculty. Email the Department Graduate Coordinator (Nancy O'Brien) to confirm the graduate faculty status of any faculty member outside of the tenure-track faculty members in the Department of Psychological Sciences. Check with the Graduate Coordinator (Nancy O'Brien) to make sure that the overall composition of the Master's committee aligns with University and Departmental requirements (e.g., having a clinical faculty member be a 4th member of the committee). In some cases, the committee may include a faculty member who does not have an appointment at Purdue (e.g., faculty at a different university). To do so, permission must be requested from the Purdue Graduate Office -- contact the Director of Graduate Studies and the Graduate Coordinator to make this request. The Master's committee is typically chaired by the student's Major Professor (i.e., a tenure-track or affiliated faculty in the clinical program). It is at this time that a Plan of Study is submitted. The Plan of Study is a list of courses that constitutes the student's program of study in graduate school. It must satisfy Area, Departmental, and Graduate School requirements, and be approved by all members of a student's committee.

B.6.d Master's Proposal.

A proposal of the Master's research, typically including a review of relevant literature, study aims and hypotheses, proposed study methods and procedures, and planned analyses, must be approved by the Master's committee. Although the Clinical Area requires a formal meeting of the Student's Master's Committee to approve the plan for the student's Master's thesis, the proposal meeting is not a formal requirement of Purdue's Graduate Office. That is, for a Master's Proposal, no formal papers are signed

and there is nothing like a "pass" or "fail" recorded on the student's academic record. The proposal meeting is designed to encourage a "contract" between the Committee members and the student, so that everyone knows what is being proposed to be done and that everyone agrees.

The full procedures and processes for Master's Theses and Dissertations are outlined in Appendix F, however, some key details are covered here. Importantly, **the Master's committee should receive a copy of the student's Master's proposal two weeks before the date of the proposal defense meeting.** The proposal meeting is scheduled for approximately 1.5-2 hours during which the student offers a brief (~15-20 minute) presentation of the topic overview, research questions, methodology, and planned analyses. The remainder of time is focused on questions and discussion among the committee members and student. The purpose of this evaluation is to review the quality of the proposal and to provide recommendations for improvement. The evaluation of the Proposal is governed by the Proposal Rubric (Appendix G).

Students should plan to **successfully defend their proposal to the Master's committee by the end of the second year of graduate training, inclusive of all requested revisions *(5pm on the last day of the semester, see "Term Ends" on Academic Calendar maintained by the Registrar)***. Unless otherwise approved by the student's Major Professor and Master's Committee, proposal meetings must be scheduled during the academic year (i.e., **not** during holidays or summer; however, the academic year does include days when final exams are being administered).

B.6.e Master's Defense.

Once a student and their Major Professor have mutually agreed that the Master's thesis has been completed (or is near completion), the student may schedule a time for the Master's defense. **The committee should receive a copy of the thesis document two weeks prior to the scheduled defense.** Unless otherwise approved by the student's Major Professor and Master's Committee, defense meetings must be scheduled during the academic year (i.e., **not** during holidays or summer; however, the academic year does include days when final exams are being administered).

This defense is an oral examination scheduled for approximately 2 hours during which the student offers a brief (~20 minute) presentation of the research questions, methodology, findings, conclusions, and future directions. The remainder of time is focused on questions and discussion among the committee members and student. The purpose of this evaluation is in part to review the quality of the Master's thesis; however, this portion of the defense also is meant to enhance the student's skills in critically evaluating their own work and recognizing the limitations inherent in all empirical work, as well as their skill in producing clear and compelling scientific presentations.

At the completion of the Master's defense, the committee will determine whether the thesis is acceptable and/or whether it requires revisions, using the rubric outlined in Appendix G.

B.6.f Potential Outcomes (for the defense).

While the Purdue Graduate School only requires defense outcomes to be classified as either "Satisfactory" or "Unsatisfactory," the Clinical Program utilizes the following terminology in making this determination:

a. *Satisfactory - Pass*: The student passes the proposal/defense; no further action is required. Relevant paperwork is signed.

b. *Satisfactory - Pass with minor revisions*: The student passes the proposal/defense, although

small clarifications, corrections, or minor additions to the paper are needed before it should be submitted to the Graduate School. Relevant paperwork is signed. Relevant paperwork is signed. The Chair of the Master's committee (i.e., the examinee's Major Professor) will review these revisions, and the student may require brief consultation with committee members to assist with revisions, but the committee will not review the document further before signing the relevant paperwork.

c. *Satisfactory - Pass with memo of understanding* (for proposals only): The student passes the proposal; however, several suggestions have been offered to improve the study. *Note:* these suggestions must not be of the nature that would turn an unacceptable document or low quality research into an acceptable document or adequate quality research. By definition, these are suggestions that help augment a study/document that already was of passable quality. To ensure that the student has understood all of the suggestions offered and that each suggestion can be successfully incorporated into the proposal, the student will distribute a memo summarizing the changes they intend to make to the study before conducting the research. Committee members can comment informally on the memo with the student and committee chair. Relevant paperwork is signed.

d. *Unsatisfactory - Fail*: The student has not met the requirements of the program; the paper is not of adequate quality. The committee does not sign the relevant paperwork. The committee advises the student whether it may be possible to continue with the proposed research following the production of a document of adequate quality or whether to entertain a new research topic/approach.

B.6.g Forms/Paperwork/Whom to Alert/Final Submission.

The student is responsible for formally scheduling their exam by submitting the following information to the Department Graduate Coordinator (Nancy O'Brien): The date and time of your examination, the names of your examining committee members, and your thesis title. **This form must be done at least two weeks prior to the examination date**. If the Graduate School does not have two weeks to process the request, the request will not be processed and the examination must be rescheduled for a later date. They are very firm about this rule.

When the request is approved, the Graduate School will notify the Examining Committee Chair that the electronic (*GS Form 7*), Report of Final Examination, is available in the Graduate School Database.

After a satisfactory examination involving a thesis defense, committee members who approve the thesis must sign an Electronic Thesis Acceptance Form (ETAF). For more information about this, go here: https://www.purdue.edu/gradschool/documents/thesis/Student-Instructions-Thesis-Acceptance-Form.pdf. This form must be completed through the Plan of Study portal prior to depositing/submitting the satisfactorily approved thesis.

Please have your document reviewed for formatting issues at least two weeks **BEFORE** your **final examination/defense date**. Doing so will help to reduce or eliminate formatting issues prior to making your final deposit, thus ensuring a smoother deposit process. This can be accomplished by simply sending your Word document to thesishelp@purdue.edu for formatting review. If you are working with **CONTROLLED DATA** (EAR, ITAR, DFARS) you **MUST** have an in-person review with a member of the Thesis Office. Email thesisthelp@purdue.edu to schedule.

You must deposit your completed thesis to the Thesis Office, electronically, at least 24 hours prior to the deposit deadline. Deposit requirements, A complete thesis deposit checklist, forms, and instructions can be found at: https://www.purdue.edu/gradschool/research/thesis/requirements.html.
Please contact the Graduate Coordinator if you have questions.

B.6.h. Steps and Timing Related to the Master's Thesis

STEP	*TIMING/DEADLINE*
1. Choose committee members in discussion with Major Professor and check with Graduate Program Coordinator to make sure all committee members are eligible	No fixed timeline, but with enough time to make sure all are eligible; recommended at least 4 weeks before anticipated proposal date
2. Decide on proposal date – email the Program Administrative Assistant with info about committee members and date/time/location of proposal	At least 2 weeks before proposal
3. **Master's thesis proposal meeting**	**By end of the 2nd year**
4. Email the Program Administrative Assistant re: the successful proposal	After proposal meeting
5. Decide on defense date – email the Department Graduate Coordinator with info about committee members and date/time/location of defense	At least 2 weeks before defense
6. **Master's thesis defense meeting**	**By the last day of finals week of the 3rd year**
7. After a successful defense, Major Professor and committee members complete all required electronic forms.	At defense meeting
8. Submit the form with all the signatures to the Graduate Program Coordinator	After defense meeting
9. Email the Program Administrative Assistant re: the successful defense	After defense meeting
10. Submit the thesis electronically to the Graduate School (see link below)	See link below for graduation deadlines related to submission of thesis

https://www.purdue.edu/academics/ogsps/research/thesis/index.html

B.6.i. The Ph.D. Plan of Study and the Ph.D. Advisory Committee

In consultation with your Major Professor, select your Ph.D. Advisory Committee and prepare your Ph.D. plan of study as soon as possible following the master's degree. The Graduate Office regards the plan of study as an individualized curriculum designed by the Advisory Committee to assist the student in achieving his or her educational objectives. **It must be filed with the Graduate Office prior to submitting a request for the appointment of a Preliminary Examination Committee**. All plans of study are submitted online using myPurdue. Allow extra time for routing and electronic signatures of advisory committee members.

B.7 Oral Research Presentations

In addition to the oral defenses of the Master's Thesis and Doctoral Dissertation, the program requires TWO other research presentations.

Students are required to deliver an oral research presentation, most typically as a conference-style presentation (e.g., ~12-15 minutes), during the Clinical Proseminar. There is no requirement about when these presentations are to be delivered, as long as the presentations occur before internship. Most often, students will present in a given clinical colloquium with other students (e.g., 3-4 students). Research to be presented must be research the student has been involved in – this could be the Master's defense or another research project they have contributed to and for which there are data to report. Talks that were presented or will be presented at a conference and that are presented at the clinical colloquium are acceptable for the oral research presentation requirement. Of note, the research presentation must be of a completed research project, including results and discussion.

Oral presentations of research, as well as teaching, are an important part of the clinical psychologist's repertoire of skills. Competence in such presentations facilitates obtaining employment and gaining an audience for one's work. These presentation requirements (the oral research presentation as well as the Master's thesis, Preliminary Exam, and Dissertation proposals and defenses in front of students' committees) are designed to help students develop such skills before they leave the program. Students are expected to gain further practice with oral presentations via research presentations in their labs, presentations for their courses, and presentations at conferences.

Once you have met the oral research milestone, please email the Program Administrative Assistant with the date of the presentation and the title of your talk. Contacting the Program Administrative Assistant lets us update our records of your research milestones.

B.8 Preliminary Examination

B.8.a Goals.

Successful completion of the Preliminary Examination ("prelim") is a university requirement that determines whether a graduate student can be advanced to doctoral candidacy. The Preliminary Examination consists of written and oral portions and is intended to assess the student's ability to organize and integrate a fund of information, in order to answer a particular question rather than to explore mere breadth of information. The prelim also offers an opportunity for students to gain special expertise in an area of clinical science. This paper also serves as one measure to evaluate students' performance within the clinical program and potential to succeed as a consumer, producer, and/or evaluator of clinical science. In addition to the evaluative component of the Prelims, additional benefits include (a) providing a learning opportunity for the graduate student to focus in depth on a body of research, (b) exposing students to a review process that is similar to that encountered when one submits an article for publication to a peer-reviewed journal, and (c) producing a potentially useful document for a manuscript submission.

Students schedule these examinations in consultation with their Doctoral Advisory Committees. The Doctoral Advisory Committee must have a minimum of four members, two of whom are faculty members in the Clinical Area. A typical arrangement consists of two clinical and two nonclinical faculty. The Area encourages the participation of nonclinical faculty as it brings breadth to the student's research training. It is possible, however, to form a Doctoral Advisory Committee with three clinical and only one outside faculty member. The composition of the Committee should be discussed with and approved by the student's Major Professor. The Chair must be a member of the Clinical Area faculty. In special circumstances, the Committee may have co-chairs, e.g., one Clinical and one non-Clinical. Clinical faculty members who have an affiliation with another Area of the Department may serve as either an outside or a Clinical member. Persons who are not members of the Purdue faculty may serve on a student's Committee, but must first be formally approved by the Graduate School.

The Prelim (1) must be completed after the defense of the Master's thesis, (2) must be successfully completed before the submission of the Dissertation proposal, and (3) must be completed at least two semesters before the award of the Ph.D. degree is expected. Overall, the Preliminary Examination MUST be completed by the end of the spring semester of the 4th year of graduate study ***(5pm on the last day of the semester, see "Term Ends" on Academic Calendar maintained by the Registrar)***.

It is expected that there will not be substantial redundancy between the Prelim and the literature review for either the Master's or Dissertation projects. Rather, the Prelim is a document much broader in scope, addressing an issue with a broader implication for clinical psychology than the specific hypotheses that are examined and supported in the Introduction section of the Master's or Dissertation projects. In many cases the Prelim might end with a summary of future directions and needs for the field, and the Dissertation proposal may start by taking one of these future directions and developing/justifying a set of discrete hypotheses. Thus, the Dissertation proposal may begin where the Prelim ends.

B.8.b Written Portion of the Preliminary Examination

The written portion of the Preliminary Exam can take many different forms. The key organizing principles concerning this Exam are that the resulting document be ***Independent, Innovative, and Integrative***. See Appendix H for a rubric that outlines the program's approach to defining these organizing principles. Here

are three (of many) possible ways that a student might fulfill the standards of the written portion of the Preliminary Examination Project:

Option 1 – Integrative Review Article. Students who choose this option will identify a critical research question that can be appropriately answered with a quantitative or qualitative literature review that integrates at least two disparate areas of the field. In areas in which there has been extensive research, the student may find it wise to confine the literature review to studies focusing upon a specific aspect of a topic, to papers published within a certain period of time (e.g., updates on prior meta-analytic reviews), or studies utilizing particular research techniques or designs. The document should review the relevant theory in the selected area, discuss problems, inadequacies and/or contradictory findings, and make recommendations by proposing a different theoretical perspective, new hypotheses, a different methodology, different data analytic techniques or a different program of research designed to remedy the problems in the area. Although the Examination is a review of the empirical literature, some students and their Committees may decide that other types of integrative papers would be useful to conduct and report. The most important element of this review is that the student must engage in some type of innovative integration of theoretical, conceptual, methodological, or statistical issues of relevance to the primary topic area. The final product should be a document suitable for submission to a journal publishing reviews of the particular literature or a journal publishing theoretical articles. As such, the final document should be close to publishable length: a maximum of 35-40 pages. All students are encouraged to publish these products, and some Committees may require that the paper be submitted. Students should examine papers in the *Psychological Bulletin* and *Clinical Psychology Review* as examples.

Option 2 – Grant Proposal Submission. Students who choose this option will prepare documents and successfully submit a grant proposal to a federal agency that funds the research and training activities of pre-doctoral clinical psychology students, such as the NIH F31 National Research Service Award (NRSA; https://grants.nih.gov/grants/guide/contacts/parent_F31.html). If the NRSA option is selected, the student must complete the entire NRSA application, from the cover and budget pages through the research training plan, all the way through to the appendix. Students must fully submit their grant applications to the funding agency in order to successfully complete the Preliminary Examination requirements. The committee may also request additional information that is not included in the grant. It is expected that this application will be submitted for funding consideration after incorporating feedback from the committee.

Option 3 – Integrative Empirical Paper. Students who choose this option will write a research report based on independent analyses of original or archival dataset(s) with the explicit goal of integrating (a) disparate theoretical or conceptual areas and/or (b) methodological/statistical approaches. Thus, this option is expected to go beyond the typical research paper by being purposefully integrative in its theoretical or methodological approach. The student is expected to create an innovative and largely independent report of their research question. The report is expected to be submission-length and commensurate with articles submitted to standard peer-reviewed journals in the students' subfield of clinical psychology.

The decision about which option to choose to fulfill the Preliminary Examination requirement should be made in collaboration with the student's major professor and based on what will be most useful to the student's professional development. Whichever option is chosen, the project must be conducted largely independently from the major professor. *However, "independence" should not be meant to signify "isolation"* -- the major professor is expected to provide conceptual input early on in the process and may provide feedback on early drafts of the paper or grant, or provide consultation on technical matters of the grant proposal that often require advisor input. Once the project is successfully defended, the major

professor and/or other committee members may work with the student intensively to refine the paper or respond to grant reviews.

As this examination is meant to convey evaluative information about the student's suitability for doctoral candidacy, it is expected that the Preliminary Examination occur at a sequence in the student's training program that is meaningfully related to doctoral study. Thus, the Preliminary Examination will occur after the student has successfully defended their Master's thesis. While some students may develop and submit a grant proposal prior to the successful defense of their Master's Thesis, this will *not* count towards the fulfillment of the Preliminary Exam requirement. Students who submit a grant application before the completion of their Master's Thesis must submit other materials (i.e., a new grant proposal submission or integrative review/empirical article) for their Preliminary Exam.

Because the Preliminary Examination can take very different forms across departments -- and even across Areas within this Department – there is no Purdue requirement for a Preliminary Examination proposal meeting. However, the Clinical Area expects that the student assemble a committee meeting early in the process to discuss the direction of the proposed area of study and exam option to be selected. This meeting may be held any time after having passed the Master's thesis defense and prior to defending the Preliminary Examination. This meeting may be assembled whenever the student feels ready to negotiate the content and direction of his/her Preliminary Examination project. Such a meeting benefits both the student and the Committee by clarifying what is expected from the student in terms of the project and for feedback from the Committee members.

In advance of the proposal meeting, the student may distribute a brief written overview of the project; target page length will depend on preferences of the major professor and recommendations of the Committee. The student may include in a proposal the research questions, a detailed justification of the project, a plan for how the project will be conducted in a largely independent manner, how the project fulfills the goal of being an *independent, innovative, and integrative project* (see Appendix H), a tentative outline of the final paper or grant application, expected outcomes, and a tentative timeline. For review and empirical papers, the proposal typically describes the range of literature that will be reviewed, as well as evidence that it is of sufficient theoretical breadth and methodological quality to answer the research questions posed. For grant applications, the proposal document will outline the primary training goals of the broader application, the background as well as the gaps in the literature that support the need for the application, the various components of the application, and the specific research studies to be proposed. The student and major professor may choose to use a different proposal format, but the purpose of this meeting is for the student and the Committee to agree on what the student will accomplish, defining the "prelim exam process" itself.

Once the Advisory Committee agrees to a proposed project, the student may begin work on the Preliminary Examination. The student may consult with members of the Committee, or other professors and students. The limits of consultation, however, are defined by the Committee. Perhaps the most common approach that Committee members adopt is to agree to converse with the student on ideas, scope, critical insights, and the identification of significant literature sources, but will not read or revise drafts. In every case, though, the nature and limits consultation needs to be clarified by each individual with his/her Major Professor and Advisory Committee. In addition, students and Examination Committee members are strongly encouraged to follow the rubric outlined in Appendix H concerning the expectations regarding the Independence, Integration, and Innovation present in the Preliminary Examination project.

B.8.c Specific Guidance on How Faculty (e.g., Major Professors or Advisory Committee Members) May Assist Students with their Prelims

DOs	DON'Ts
Faculty can discuss students' area of interests. Faculty can offer suggestions for areas of the literature to cover. Faculty can offer suggestions for specific articles to include. Faculty can guide students towards an area that is likely to fill a gap in the literature. Faculty can help (assist, guide) students in formulating new hypotheses and models. Faculty can review a very detailed outline provided by the student. Faculty can help edit the outline in a broad sense (i.e., suggest how to move, add, delete sections). Faculty can review and help edit (in a broad sense) a second draft of the outline. Once the student has started writing, faculty can continue to answer questions about the outline or a revised version of the outline or broad questions about Prelims.	Faculty cannot offer models and hypotheses that are primarily the faculty member's idea and encourage students to write about it. *EXCEPTION: specific components of F31 grant application.* Faculty cannot read a draft of the written document (or sections thereof) to make broad comments/suggestions. *EXCEPTION: specific components of F31 grant application.* Faculty cannot read a draft of the written document (or sections thereof) to make specific writing (wording, grammar) suggestions. Faculty cannot write the Prelim with the student collaboratively (i.e., write significant – or any – parts of the document). *EXCEPTION: specific components of F31 grant application.*

B.8.d. Oral Portion of the Preliminary Examination

The Advisory Committee conducts an oral examination of the student, once the student has submitted the written Preliminary Examination document to the Committee. **At least two weeks before the Oral Examination, the student must submit a form to the Graduate School to schedule the meeting and submit the document to the Committee**. Specifically, the student submits the following information to the Department Graduate Coordinator (Nancy O'Brien): The date and time of the examination and the names of your examining committee members. **This must be done at least two weeks prior to the exam date.** Unless otherwise approved by the student's Major Professor and Master's Committee, defense meetings must be scheduled during the academic year (i.e., **not** during holidays or summer; however, the academic year does include days when final exams are being administered).

When the request is approved, the Graduate School will notify the Examining Committee Chair that the electronic (*GS Form 10*) Report of Preliminary Examination is available in the Graduate School's database.
The Oral Examination Committee consists of at least 3 members and is ordinarily composed of the members of the student's Advisory Committee; however, permission may be granted for persons to be added to or substituted for members of the Advisory Committee to serve on the Examination Committee. This typically occurs only when a member of the original Advisory Committee is unable to participate in the oral examination. At least two members of the Oral Examination Committee must be members of the student's Ph.D. Advisory Committee.

At the conclusion of the oral examination, the Committee may judge the student (1) to have passed the examination, (2) to have failed, or (3) to have passed pending necessary revisions. The Committee will require that the student revise the paper only if the deficiency in the answer is judged by the Committee to be minor. The student is required to make these minor revisions within two weeks. ***If revisions are so extensive as to require more than two weeks' work, then the student has not passed the exam, and must schedule a second oral exam and resubmit the paper to the Committee***. Departmental policy states that a student who fails a Preliminary Examination may not schedule a re-examination until the following semester or later.

The student who fails the Preliminary Examination may repeat the examination. Should the examination be failed a second time, a third examination is not permitted, except upon recommendation of the Advisory Committee and with special approval by the Graduate School. Along with an evaluation of the written and oral performance (see rubric in Appendix H), the Advisory Committee also must recommend whether the student should be advanced to doctoral candidacy, kept on for further preparation, or discontinued from the Program. As described in the Psychological Sciences *Graduate Handbook* and the Policies of the Graduate School, the student who fails the Preliminary Examination and is not recommended to continue will not be advanced to doctoral candidacy. That student effectively is dismissed from further study in the Clinical Program. Discontinuation from the Clinical Program under those circumstances does not necessarily preclude pursuing graduate study in the Department of Psychological Sciences, as provided by the Psychological Sciences Graduate Handbook and the Policies of the Graduate School.

When the student successfully completes the Preliminary Examination, the student becomes a candidate for the Ph.D. degree. A copy of the final written version of the Preliminary Examination must be filed with the Department's Graduate Coordinator.

B.9. Dissertation

Students are required to complete a Dissertation of original empirical work. A proposal of this Dissertation must be presented and successfully defended, inclusive of all suggested edits, to the Dissertation committee by **October 1** in the academic year that the student will apply for internship. Successful defense of the Dissertation proposal is a requirement for internship readiness and eligibility. After the research has been completed and the dissertation written, the candidate shall be given a final examination in which s/he defends the dissertation to his/her examining committee. We encourage students to complete and defend the Dissertation at the end of five years in the Clinical Program (i.e., before internship).

B.9.a Use of an Existing Dataset.

The use of an existing dataset is permissible for the completion of the Master's Thesis or the Dissertation but not both; that is, an original data collection is required for at least one of these two independent research projects. (See information immediately below for possible exceptions.) This rule will still apply even if the student collects original data for their Preliminary Examination.

Occasionally, students have assisted substantially in the collection of data for one or more research projects in collaboration with other students and/or faculty who are part of a research team or lab. In this case, students may wish to use this and other lab experiences to satisfy the original data collection requirement for either their Master's Thesis or Dissertation project. This original data collection requirement is designed to allow students an opportunity to develop experience with a) formulating research hypotheses; b) having substantial input in the selection of the research design and measures; c) obtaining IRB approval for research; d) soliciting participants or sites for recruitment; e) training research staff, if applicable; f) applying for grant funding, if applicable; and g) conducting and/or managing data collection and data entry activities. To obtain permission to credit a research lab project(s) as providing original data collection experience, a letter should be submitted to the DCT enumerating in detail the student's involvement in each of the experiences listed above. Of note, the above elements of an original data collection experience may be satisfied by involvement in one research project or across several research projects. The DCT will review this request with the student's Major Professor and members of the student's PhD Advisory Committee to determine whether these experiences satisfy the requirement.

B.9.b Distinctiveness from Master's Work.

It may be that students wish to design a Dissertation that will represent an extension of their Master's research. The Dissertation must represent a distinct research effort that is unique both in theoretical conceptualization and in analyses and findings from prior work. Moreover, there may not be redundancy between the student's (and their Major Professor's) recently published work and the Dissertation project. However, often there are opportunities to conduct a new theoretical analysis and/or substantially different methodological (e.g., coding) or analytic approach to prior work. This may be appropriate for the Dissertation project if the work to be extended is the student's own (i.e., if the student is the primary author on the original work). A useful measure of distinctiveness would be to determine whether two projects would yield two separate publications within the same APA-quality peer-reviewed journal. Projects meeting this standard should be adequate for use as a Dissertation project. The Major Professor and the Dissertation committee will determine whether the proposed Dissertation project represents a unique contribution that qualifies as meeting the Dissertation requirement.

B.9.c Dissertation Format.

The dissertation will follow a "traditional" format that includes an Introduction, Methods, Results, and Discussion sections, and typically describes a single study or two related studies (e.g., a set of research

questions may be examined using a survey study and an experimental study). A proposal meeting is convened once the Introduction and Methods sections have been completed, and the final Defense is conducted to review the entire dissertation manuscript.

B.9.d Dissertation Committee.

This Dissertation committee evaluates the Dissertation proposal and completed document. The Dissertation committee is comprised of at least four faculty members.

At least two of the committee members must be tenure-track faculty of the Clinical Program (or affiliated faculty of the Clinical Program), one of whom is the Major Professor. In addition, at least one member of the committee must be a Department of Psychological Sciences tenure- track faculty member who is in a program other than Clinical. Other members of the committee may be members of the Purdue Graduate Faculty, including other Clinical Program faculty (including clinical faculty), other faculty who are within other graduate programs of the Department of Psychological Sciences, or faculty in other departments on campus. Note that not all faculty members are full members of the Graduate Faculty. To confirm faculty status, contact the Graduate Coordinator (Nancy O'Brien). In some cases, a student may want as a committee member someone who does not have an appointment at Purdue (e.g., faculty from a different university). Before serving on a committee, such an individual must be given a fixed-term appointment to the Graduate Faculty -- contact the Director of Graduate Studies and the Graduate Coordinator to make this request. The Dissertation committee is typically chaired by the student's Major Professor.

The Dissertation committee must be approved by the Department's Director of Graduate Studies; it is recommended that this occur at least four weeks prior to the Dissertation proposal date. The relevant form is available from the Graduate Coordinator.

B.9.e Checklist of Dissertation Committee Membership Requirements

1. A dissertation committee consists of at least four people. Four is the usual number.
2. A majority of the committee must be tenured or tenure-track (T/TT) members of the Department of Psychological Sciences.
3. One of these individuals serves as chair of the dissertation committee. Normally, the committee chair also serves as your Major Professor.
4. At least two of the committee members must be from the Clinical program.
5. At least one committee member must be from a different program within the Department (i.e., Neuroscience, Cognitive, Quantitative, Social, Industrial-Organizational).
6. Additional committee members are typically T/TT members of the Purdue faculty, but this is not required. Clinical faculty (NTT) are also possible committee members.
7. Anyone who does not have an appointment at Purdue must receive a fixed-term appointment to the Graduate Faculty before they can serve on a dissertation committee. These appointments take time and are subject to certain restrictions; email the Graduate Coordinator for details. If you have any questions at all about the make-up of your dissertation committee, make sure to consult with the Graduate Coordinator and/or DCT.

B.9.f Dissertation Proposal.

The Dissertation proposal defense should not be scheduled until after the student has successfully completed the Preliminary Exam. The full procedures and processes for Master's Theses and Dissertations

are outlined in Appendix F. ***Importantly, the Dissertation committee should receive a copy of the Dissertation proposal within two weeks before the proposal defense date***.

The proposal meeting is scheduled for approximately 1.5-2 hours during which the student offers a brief (~15-20 minute) presentation. Following this, the committee will offer suggestions, comments, and inquiries designed to help maximize the potential for the success of the project. The intent is to ensure that the research is sufficiently original, methodologically sound, and importantly, that the procedures planned are feasible and appropriate. The student can expect this to be a rigorous analysis of the project including its theoretical basis and its methodology. In most circumstances, data collection should not begin until after the Dissertation proposal meeting. The success of a dissertation proposal is governed by the rubric found in Appendix G.

Students must successfully defend their Dissertation proposal to the Dissertation Committee so that the defense as well as any resulting revisions are completed by October 1 of the academic year they are applying for internship. Unless approved by your Major Professor and Dissertation Committee, Dissertation proposal meetings must be scheduled during the academic year (i.e., **not** during holidays or summer; however, the academic year does include days when finals are being administered).

B.9.e. Dissertation Defense.

The Department requires at least two semesters of research after admission to Ph.D. candidacy before the dissertation defense. This means that at least two semesters must intervene between the Preliminary Exam and Dissertation defenses. (For example, if the prelim is passed by the end of the summer session, a student can defend the Dissertation in the Spring semester of the following academic year, assuming summer and fall registration.) When the student and Major Professor have mutually agreed that a penultimate version of the Dissertation is ready for evaluation by the committee, the Dissertation defense is scheduled. As with the proposal, the full procedures and processes for a dissertation defense are found in Appendix F. ***The committee should receive a copy of the Dissertation document two weeks prior to the scheduled defense.***

The final Dissertation oral examination will ideally be scheduled prior to the time that the student leaves campus for the predoctoral clinical internship; **however, unless approved by your Major Professor and Dissertation Committee, no defenses will be scheduled during the summer semester that the student commences their internship**. The student may appear for the final oral examination after at least two semesters have elapsed since the successful defense of the Preliminary Examination, and the Dissertation research has been completed. All Dissertation defenses must occur at some point prior to the end of the students' internship year; *students are not eligible to graduate until the internship is completed.*

Forms scheduling the Dissertation oral defense need to be filed with the Graduate School a minimum of two weeks prior to the defense (but earlier is preferred). To do this, students should submit the following information to the Graduate Coordinator (Nancy O'Brien): date and time of examination, names of your examining committee members, and your Dissertation title. **This must be done at least two weeks prior to the proposed exam date**. If the Graduate Office does not have two weeks they will return the paperwork to you with a note to reschedule your exam. They are very firm about this rule. When the request is approved, the Graduate Office will notify the Examining Committee Chair that the electronic (*GS Form 11*), Report of Final Examination is available in the Graduate Office database. After the defense, the reporting form will be signed by the examining committee and submitted electronically to the Graduate

School by the deadline indicated on the Graduate School's webpage at: https://www.purdue.edu/gradschool/about/calendar/index.html

The defense typically lasts about 1.5-2 hours and starts with the student offering a brief (~20 minute) presentation of the research questions, methodology, findings, conclusions, and future directions. Should students want to open the presentation part of their Dissertation defense to others (e.g., friends, students, family), they are welcome to do that; students should discuss this with their Major Professor in advance of the defense. After the presentation portion, non-committee members will be given the opportunity to ask questions and will then be asked to leave so that the committee members and student can have their discussion.

The discussion and deliberation part of the defense is typically focused on such issues as whether additional analyses are needed, whether results have been interpreted fairly, and whether conclusions drawn are appropriate, as well as "big picture" items, clinical implications, and future research directions. The dissertation process, with the attentive input of committee members, tends to result in very thoughtfully conceived and carefully executed research project. The finished product is usually a source of considerable pride for both the student and the committee members. We hope that most students will quickly prepare their Dissertations for publication.

At the completion of the Dissertation defense, the committee will determine whether the Dissertation is acceptable and/or whether it requires revisions. The decision to pass the Dissertation is based on the committee's determination that the student has demonstrated all of the competencies in the relevant section of the Dissertation Defense Rubric (see Appendix G).

Potential Outcomes (for the proposal and/or defense).
While the Purdue Graduate School only requires defense outcomes to be classified as either "Satisfactory" or "Unsatisfactory," the Clinical Program utilizes the following terminology in making this determination:

e. *Satisfactory - Pass*: The student passes the proposal/defense; no further action is required. Relevant paperwork is signed.

f. *Satisfactory - Pass with minor revisions*: The student passes the proposal/defense, although small clarifications, corrections, or minor additions to the paper are needed before it should be submitted to the Graduate School. Relevant paperwork is signed. The Chair of the Dissertation committee (i.e., the Major Professor) will review these revisions, and the student may require brief consultation with committee members to assist with revisions, but the committee will not review the document further before signing the relevant paperwork.

g. *Satisfactory - Pass with memo of understanding* (for proposals only): The student passes the proposal; however, several suggestions have been offered to improve the study. *Note:* these suggestions must not be of the nature that would turn an unacceptable document or low quality research into an acceptable document or adequate quality research. By definition, these are suggestions that help augment a study/document that already was of passable quality. To ensure that the student has understood all of the suggestions offered and that each suggestion can be successfully incorporated into the proposal, the student will distribute a memo summarizing the changes they intend to make to the study before conducting the research. Committee members can comment informally on the memo with the student and committee chair. Relevant paperwork is signed.

h. *Unsatisfactory - Fail*: The student has not met the requirements of the program; the paper is not of adequate quality. The committee does not sign the relevant paperwork. The

committee advises the student whether it may be possible to continue with the proposed research following the production of a document of adequate quality or whether to entertain a new research topic/approach.

B.9.f. Forms/Paperwork/Whom to Alert/Final Submission.

As noted above, the Graduate Office needs to be notified of your dissertation defense proposal date at least 2 weeks before you proposal defense. If the Graduate Office does not have two weeks they will return the paperwork to you with a note to reschedule your exam. They are very firm about this rule. When the request is approved, the Graduate Office will notify the Examining Committee Chair that the electronic (*GS Form 11*), Report of Final Examination, is available in the Graduate Office database.

Please have your document reviewed for formatting issues at least two weeks **BEFORE** your **final examination/defense date**. Doing so will help to reduce or eliminate formatting issues prior to making your final deposit, thus ensuring a smoother deposit process. This can be accomplished by simply sending your Word document to thesishelp@purdue.edu for formatting review. If you are working with **CONTROLLED DATA** (EAR, ITAR, DFARS) you **MUST** have an in-person review with a member of the Thesis Office. Email thesisthelp@purdue.edu to schedule.

You must deposit your completed thesis to the Thesis Office, electronically, at least 24 hours prior to the deposit deadline. Deposit requirements, A complete thesis deposit checklist, forms, and instructions can be found at: https://www.purdue.edu/academics/ogsps/research/thesis/index.html.
Please contact the Graduate Coordinator if you have questions.

After a satisfactory examination involving a thesis defense, committee members who approve the thesis must sign an Electronic Thesis Acceptance Form (ETAF). For more information about this, go here: https://www.purdue.edu/grad /documents/thesis/Student-Instructions-Thesis-Acceptance-Form.pdf. This form must be completed through the Plan of Study portal prior to depositing/submitting the satisfactorily approved thesis.

Please contact the Graduate Coordinator if you have questions.

B.9.g. Steps and Timing Related to the Doctoral Dissertation

STEP	*TIMING/DEADLINE*
1. Choose committee members in discussion with Major Professor and check with Graduate Program Coordinator to make sure all committee members are eligible	No fixed timeline, but with enough time to make sure all are eligible; recommended at least 4 weeks before anticipated proposal date
2. Decide on proposal date – email the Program Administrative Assistant with info about committee members and date/time/location of proposal	At least 2 weeks before proposal. When the request is approved, the Graduate School will notify the Examining Committee Chair that the electronic (*GS Form 11*), Report of Final Examination is available in the Graduate School database.
3. **Dissertation proposal meeting**	**On a date that allows you to successfully defend and finish all edits by Oct. 1 in the academic year you apply for internship**
4. Email the Program Administrative Assistant re: the successful proposal	After proposal meeting
5. Decide on defense date – email the Program Administrative Assistant with info about committee members and date/time/location of defense	At least 2 weeks before defense
6. **Dissertation defense meeting**	**Strongly encouraged prior to leaving for internship (i.e., no later than finals week of the last semester before internship)**
7. After a successful defense, Major Professor and committee members complete all required electronic forms.	At defense meeting
8. Submit the form with all the signatures to the Graduate Program Coordinator	After defense meeting
9. Email the Program Administrative Assistant re: the successful defense	After defense meeting
10. Submit the thesis electronically to the Graduate School (see link below)	See link below for graduation deadlines related to submission of thesis

https://www.purdue.edu/academics/ogsps/research/thesis/index.html

B.10. Funding Opportunities

Students are provided specific details about funding within their offer letters. Many students are funded for 9-month appointments, although some students may be offered additional summer funding (most often through faculty grants). Students should clarify summer funding opportunities with their mentors annually, recognizing that opportunities may change year-to-year. Our faculty will not prevent or discourage students from seeking non-academic sources of summer support when funding is not internally available (see B.11 below). However, we strongly encourage students to seek funding opportunities relevant to their graduate training wherever possible. Students should consult with their mentor(s) to discern potential opportunities and strategies for funding.

Fellowship Databases: The following funding opportunity databases cater to graduate students:

- **Purdue Graduate Office Fellowship Database**: **https://www.purdue.edu/gradschool/fellowship/funding-resources-for-students/fellowships/outside-fellowships.html**

- **Purdue Graduate Office Fellowship Resource Page:** This database includes lists of upcoming workshops, sample successful applications, and training resources.

- **Johns Hopkins Graduate Fellowship Database: https://research.jhu.edu/rdt/funding-opportunities/graduate/**

- **PIVOT Funding Database:** Purdue students, faculty, and staff have free access to PIVOT, a database of current fellowships and grant funding opportunities. **https://www.purdue.edu/research/funding-and-grant-writing/funding/tools-email.php**

Students should explore various sources of funding for their research. Students are encouraged to apply for outside support for their work, or utilize research funding associated with fellowships or scholarships. In addition, the *Arthur F. Krueger Scholarship Fund* is designed to support the education and training of Clinical students. Funds are distributed in the form of scholarships distributed to individual graduate students; applications for funding typically are accepted at the beginning of each semester, and priority is given to students working on required research, particularly dissertations.

Students in the Clinical Program have often pursued the National Institute of Health (NIH) National Research Service Award (F31 Award; NRSA), which covers up to three years. The application for this award is written in collaboration with a member of the faculty, may be used for the student's Preliminary Exam, and typically focuses on a student's dissertation research, although minimal to no funding may be available for the actual research project (most money goes toward the student's stipend, tuition, and health insurance coverage). There are 3 submission dates: April 8th, August 8th, and December 8th with most students' applications requiring a resubmission before being funded. More information can be found at: https://grants.nih.gov/grants/oer.htm
and https://researchtraining.nih.gov/programs/fellowships/F31.

Funding opportunities can also be found at the National Science Foundation (NSF) (https://www.nsf.gov/funding/opportunities/grfp-nsf-graduate-research-fellowship-program/nsf05-601/solicitation) although the NSF fellowship does not fund research related to clinical practice and only

supports basic research on the topics they consider eligible. Students and their advisors should take a close look at the NSF requirements to see if the proposed research would be eligible; this is a fantastic fellowship and worth trying for if eligibility is clear. Due dates for NSF submissions are usually in October, with no resubmissions allowed. The latest that graduate students may apply for an NSF is in the fall of their 2nd year. NSF awards are for 3 years; they cover the student's stipend but do not provide money for the proposed research project.

Clinical and Translational Science Institute (CTSI) Graduate Fellowships: CTSI is a statewide network funded by NIH to support clinical and translational research. CTSI offers graduate fellowships as listed here: **https://indianactsi.org/researchers/services-tools/translational-research-development/all-ctsi-funding/**

Additionally, smaller awards may be found at many APA division websites or through the American Psychological Association of Graduate Students (APAGS) https://www.apa.org/apags/programs/scholarships/index.

Funding Incentives: The Graduate School regularly incentivizes students for submitting fellowship applications, often with a cash award for submitting a major grant. Visit the Purdue Graduate School Fellowship Resource Page for more information about current guidelines.

For additional assistance navigating funding mechanisms, consult with your Major Professor, who either may be able to guide you directly or suggest other faculty or resources that can be helpful.

B.11 Outside Employment

It is expected that students will not obtain additional employment unrelated to their graduate training during the *academic year*. In addition, it is expected that students will not obtain any clinical positions that are not directly sponsored or endorsed by the Clinical Program. However, these are program *expectations* rather than prohibitions regarding outside employment. If extra employment opportunities arise outside of a department TA-ship, a department or faculty-sponsored RA-ship, or paid supervised practicum, students must discuss the opportunity with their Major Professor prior to accepting any position.

B.12 Completion Timeline

The faculty expects students to complete all work toward the Ph.D. (excluding internship year) in 5 years. Naturally, the speed of any individual student's progress through the Program will vary with the nature of their individual research requirements, career goals, personal circumstances, and training needs. *However, to assure that every student is making timely progress, a student In Good Standing that wishes to extend their pre-internship time an additional year (i.e., a 6th yr) is required to submit to the faculty in writing a copy of their plan for completing the required elements of the Program.* This plan must be endorsed by the student's Major Professor in order for the faculty to consider the acceptability of the plan. The faculty will not approve an additional program year for students that have not made acceptable progress in completing program research requirements; this option is not available to students on probationary status. In addition, the student who remains in the program for an additional year is not guaranteed to receive departmental finding of any kind (i.e., tuition remission or assistantship stipends), and therefore should be prepared to self-fund the additional program year. Students will not be permitted to remain in the program for a 7th pre-internship year, unless there are documented adverse life events or major life circumstances

that have unexpectedly delayed student progress. See Section VI below for more information about student progress and evaluation procedures.

B. 13 Academic Integrity

As a training program committed to intellectual pursuits, the Clinical Program upholds standards of academic and personal integrity. The expectation is that students are open and honest in their dealings with, and in representing themselves and their work, to others across all settings.

Plagiarism

Deliberate plagiarism, or copying and representing others work as your own without proper credit, is not tolerated. More challenging are situations where unintentional, or accidental, plagiarism occurs in the context of developing research papers, grant applications, or writing assignments. This usually is the result of failing to cite sources completely and correctly, or inappropriately quoting, paraphrasing or summarizing. Certain situations put individuals at increased risk for accidental plagiarism, such as time pressures (e.g., procrastination, overscheduled, poor time management), a demand for perfection, and/or skill deficits (e.g., unfamiliarity with material). It the responsibility of the student to be informed on proper techniques for quoting and paraphrasing material, as well as what constitutes original work versus "boilerplate" language.

The program strongly adheres to the policies and procedures for academic honesty as outlined by the Purdue Provost's https://www.purdue.edu/provost/researchIntegrity/ and by the Department of Psychological Sciences Handbook. The Purdue Research Integrity Office has useful guidelines about how to define and avoid plagiarism, as well as for how research misconduct will be addressed at the University Level: https://www.purdue.edu/provost/researchIntegrity/plagiarism.html.

In brief, allegations of dishonesty and/or plagiarism will be treated as an extremely serious violation of area, departmental, college, and university regulations as well as a breach of the APA ethical standards. Any allegation of plagiarism will be adjudicated by faculty within the Clinical Program. If a majority of Clinical faculty agree that plagiarism has occurred, the student will be terminated from the Clinical Program, and from the Graduate division of the Department of Psychological Sciences. The student may appeal the faculty's finding to the Graduate Committee, who will make a non-binding recommendation to the Department Head regarding dismissal. The decision of the Department Head will be final, who may in turn need to inform and involve the Research Integrity Office.

C. Clinical Training and Practica

The Clinical Program is strongly committed to clinical training. All graduate students participate in formal practicum training at Purdue, beginning in the second semester of the first year. We encourage clinical experiences with a variety of diverse populations in different types of clinical settings. A predoctoral internship is required for the Ph.D. degree following completion of all other graduate training requirements with the possible exception of the Dissertation defense. Information related to practicum experiences and preparing for the predoctoral internship is described below.

C.1 Practicum Training

In the course of their practicum placements students are expected to meet the following goals:

1 - Deliver a range of psychological services, including intervention, assessment, and consultation, in a manner consistent with APA ethical principles, standards of clinical psychology practice, and applicable state legal mandates.

2 - Demonstrate the use of the clinical science model in a clinical setting including an understanding of the scientific evidence that supports the theory or procedures on which assessment and therapeutic techniques are based. For clinical practice procedures that are not evidence-based, a thorough understanding of related evidence, the limitations of available scientific evidence, and the theoretical or empirical basis for deviations from evidence-based practices should be demonstrated.

Practicum experiences are graded (rather than evaluated as "Pass/No Pass"). Not only does this permit finer-grained recognition of student performance, given the multiple facets of clinical work, but practicum experiences also will count toward credits required for graduation. To help you understand the minimal expectations for what clinical skills we hope for students to obtain during graduate training, we have included a checklist of clinical skills in Appendix I.

C.1.a Professional Training Liability Insurance.

All students in the program are covered by a blanket professional liability insurance for the duration of their graduate training. The Clinical Program will enroll all current students and cover the cost for the university-approved policy. The policy may also cover students who are on internship; internship-bound students with questions about this should contact the DCT and the PPTRC Director.

C.1.b Responsible Care of Clinic Resources.

The clinic has worked hard in recent years to upgrade and improve clinic facilities and we now have two truly state-of-the-art clinics in which you will be doing a significant portion of your clinical training. All students in the program are expected to treat all clinic resources in a responsible manner; this includes everything from carpeting to furniture to IT to video equipment, etc. Maintaining these resources is a top priority for the clinical program and the clinic.

C.1.c Reference the Clinic Manual for Important Clinic Policy, Procedure, and Resource Information.

Students on in-house PPTRC practicum teams will be expected to comply with the procedures established for the clinics and outlined in the *PPTRC Clinician Handbook*, available under separate cover. The manual provides detailed information about clinic policy and procedures, use of *Titanium* (which is the electronic client recordkeeping application used by the clinic), video recording protocol, guidelines for client documentation, client payment and collection, emergency procedures, and other information. Therapists

are expected to follow the procedures and policies stated or referenced in the manual. Questions about manual content may be directed to the PPTRC Director or Assistant Director.

C.2 Practicum Experiences

C.2.a Internal Practica

Students are required to be enrolled in at least six semesters of practica from our in-house Purdue Psychology Treatment and Research Clinics (PPTRC). These clinics address clinical problems with empirically-supported assessment and intervention. In the second semester of their first year, following successful completion of PSY 66700 – *Clinical Assessment I*, students will register and begin participating in the Assessment Practicum (PSY 67900 – *Assessment Practicum*). They continue in this practicum through the fall of their second year, and, if they wish to do so, may continue to enroll in this practicum in future years. In the second year, students take either an adult-focused (PSY 67900 – *Adult Services Clinic*) or a child-focused practicum (PSY 67900 – *Child Family Treatment)*; ***students must have received a minimally passing grade (i.e., 'B') in 1) PSY 670 Introduction to Psychotherapy and 2) either PSY 673 (Adult Behavior Disorders) or PSY 679 Developmental Psychopathology), in order to begin seeing clients within a practica***. Note that the specific course (673 or 670) are offered every other year, so the student can join either practica by having taken either of the courses. In the third year, students will take whichever internal practicum they did not take in the second year. As with the assessment practicum, students may continue to enroll in and see clients through these two practica across their time in the program. **Students MUST enroll in ASC or CFT for at least 1.0 credit hour in order to see clients in the clinic.** In the fourth year, students may continue to see clients in one of the two PPTRC clinics and they will participate in external practica, which generally provide more direct clinical hours and more-focused clinical experiences than what is offered in the in-house clinics. Students in their fifth year or later may continue involvement with PPTRC clinics but it is not required.

Students on PPTRC practicum teams will be expected to comply with the procedures established for the clinics and outlined in the *PPTRC Clinician Handbook*, available under separate cover.

C.2.b External Practica

Consistent with the notion that external practica are taken after the basic foundations for clinical skills have been developed through internal PPTRC practica experiences, external practica aim to develop advanced skills in the implementation of evidence-based therapies and assessment (See Appendix J). For that reason, external practica typically are suitable to begin in the 3rd or 4th year of training. Students are encouraged to speak to clinical supervisors for guidance on when their skill development is suitable for external practica and must have the approval of their primary mentor to begin an external practicum in their third year of training. Continued attention is directed toward ensuring student sensitivity to individual and cultural differences and strict adherence to the standards of ethical and professional conduct. At this level, students learn to evaluate the clinical needs of a case, develop a treatment plan, carry out intervention procedures, and adjust and change procedures with only moderate supervision. Students should be able to conceptualize cases and be conversant with alternative conceptualizations. They should acquire a broader range of technical skills in evaluation and treatment and be able to make decisions with regard to their use. At this level of practicum, one hour of supervision should correspond to between 1-3 hours of client contact. Both group and individual supervision formats are used in these practica. A sampling of the types of practica, and specific examples of them, are included in Appendix K.

In order to ensure that students make adequate progress towards their requirements and in their research, students are only allowed to spend two days per week in external practica. Additionally, in order to provide integrated, hierarchical supervision teams and in-house oversight of external practica, **students on external practica are expected participate in one of the three in-house practica (Assessment, CFT, or ASC) once each month to provide an update on their external practicum experience**. The students on external practica are responsible for coordinating monthly attendance with the in-house practica clinical supervisor.

C.2.c Proposing a New Practicum Site

Occasionally students desire a clinical training experience that is not among the pre-approved practicum rotations. We encourage students to participate in innovative training that is relevant to their training goals. However, to ensure consistency in training and that students will obtain a structured clinical experience, new training opportunities must be carefully reviewed by the clinical faculty before such assignments can be offered.

If a student has identified such a clinical experience, they should identify a licensed psychologist (HSPP) at the site who would serve as the student's primary clinical supervisor. Once identified, the student will inform the PPTRC Director/External Practicum Coordinator (EPC) of the new site and provide the contact information for the supervisor. The EPC will contact the supervisor and coordinate a meeting to discuss the site. Once approved by the EPC, the site information will be submitted to the DCT for final approval. The EPC will then coordinate with the Office of Legal Counsel to complete an affiliation agreement with the new site. **For all external practica (new and existing), students are responsible for completing the external practicum site contract each year with their external clinical supervisor (see Appendix L) and submitting the completed contract to the clinical program administrative assistant.**

Note that unlicensed students are only permitted to participate in clinical activities as part of a formal training experience as sanctioned by the Clinical Program, meaning meeting specific APPIC and CUDCP criteria (e.g., provision of direct clinical services to an identified client, supervision by a licensed psychologist, etc.) and who can provide supervision, and a structured plan for supervision on a weekly basis (either on-site or within the program, depending on the license and credentials of the on-site supervisor). Moreover, only these clinical hours will count towards the doctoral training experiences that are documented within the internship application process. All such requests regarding clinical activities being sanctioned by the program must be made in writing, submitted to the DCT, and approved by the clinical faculty.

IMPORTANT: the most recent revisions to the APA Standards of Accreditation (2017) require that each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronic; either video or audio) at least once per semester. External practicum supervisors have been informed of this Implementing Regulation. Another safeguard in this regard is the fact that the practicum evaluation form includes a section where the supervisor indicates how direct observation occurred. ***If however, for some reason, direct observation is not occurring, the student must inform the DCT immediately.***

External practicum sites vary and change year-to-year. The DCT, PPTRC Director/EPC, clinical supervisors, and advanced students who have taken outside practica are good sources of information about possible training sites. A list and brief description of possible outside practicum sites is available online

via a SharePoint link. The link will be reshared with all students each year on November 1 with updated information about available sites, application information, and student feedback.

C.2.d Clinical Hours and Record Keeping

Students are strongly encouraged to keep an ongoing record of their clinical hours throughout graduate training; the program provides access to the Time2Track system through internship. The ongoing tabulation of hours will be helpful in determining the need for additional practica experiences. Clinical hours to be recorded include: 1) Intervention and Assessment Direct Service, 2) Indirect "Support" Hours, and 3) Supervision. The Clinical Program recommends (but does not require) that students aim to accrue a minimum of approximately 450-550 Intervention and Assessment Direct Service hours before applying for internship (i.e., by November 1 of the academic year they apply for internship). Beyond approximately 550 Direct Service hours, additional experience does not appear to substantially increase the competitiveness of the internship applicant.

C.2.e Practica Evaluations.

At the end of each semester of a practicum experience, supervisors will complete detailed a detailed evaluation of student performance at the specific practicum site (both internal and external). Because the nature of the student's training experiences will differ substantially in practica that are more assessment-focused versus more intervention-focused, the program has separate evaluation forms for each type of practicum (see Appendices M and N).

Students will complete an evaluation of their clinical training, including the quality of their overall experience and supervision. The clinical training evaluations draw from our clinical skills checklist (Appendix I). When students fill out these evaluations, the clinical supervisors will automatically receive the feedback via email. For information about how students are evaluated based on their practicum experiences, see Section VI.

C.3 The Predoctoral Internship

The predoctoral clinical internship is the capstone of the student's clinical training, in the same way that the dissertation is the capstone of the student's research training. The Ph.D. degree in clinical psychology requires the completion of an internship of at least 1,900 hours of supervised clinical work. This internship usually is taken in a one-year block of full-time work; however, with the approval of the Clinical Area faculty, it may be completed in two years of half-time work. The student selects the internship in consultation with his/her Major Professor, his/her Advisory Committee, and the Clinical Area's Internship Committee. The internship is chosen in order to provide supervised experience in the area of the student's major interest, as well as breadth of clinical training in this last pre-doctoral practical experience. Since 1999, internship selections have been based on computer matching sponsored by the Association of Predoctoral and Postdoctoral Internship Centers (APPIC). Except in unusual circumstances approved by the Area, the student will complete the internship in an APA-approved internship program. For most internships, students are required to submit a standard application summarizing their clinical experience, a curriculum vita, a statement of training interests and goals, three or four letters of recommendation from clinical or research supervisors, and a letter from the Director of Clinical Training certifying their eligibility.

As a member of the Council of University Directors of Clinical Psychology (CUDCP), our program subscribes to the following "Expectations for Internship Eligibility" (as adopted by CUDCP, January 22, 2011)

1. Trainee meets or exceeds foundational and functional competencies as outlined by the Assessment of Competency Benchmarks Work Group.
2. Trainee successfully completed a master's thesis (or equivalent).
3. Trainee passed program's comprehensive or qualifying exams (or equivalent).
4. Trainee's dissertation proposal has been accepted at the time of application to the internship.
5. Trainee successfully completed all required course work for the doctoral degree prior to starting the internship (except hours for dissertation and internship).
6. Trainee completed an organized, sequential series of practicum experiences supervised by at least two different clinical psychologists that involve formalized practicum experience in evidence-based assessment and therapy. The Trainee should aim to complete at least 450 face-to-face hours of assessment/intervention and at least 150 hours of supervision by a clinical psychologist who routinely employed individual and/or group supervision models and at least one or more of the following intensive supervision methods (e.g., direct observation, co-therapy, audio/videotape review). During early formative years, the ratio of face-to-face hours to supervision hours approximated 1:1 and increased to around 4:1 as the Trainee developed intermediate to advanced clinical skills. ***(NOTE – our program does not mandate that you accumulate this exact number of hours)***
7. Trainee has contributed to the scientific knowledge within psychology, as evidenced by:
    a. Publishing an article in a refereed journal or a book chapter as an author or co-author, or
    b. Presenting at least three papers/posters/workshops at regional, national, or international professional conferences or meetings.
8. Trainee was enrolled in a program that conducts formal annual evaluations of each student for purposes of monitoring trainees' developing competencies and assuring that only students making satisfactory progress are retained and recommended for doctoral candidacy and entry into the profession. This annual program review of each student utilizes evaluations obtained from different faculty and supervisors and covers the full range of competencies including academic, research, clinical skills, and ethical professional behavior. Trainee has been rated as meeting expectations and possessing the required competencies at the time of applying for internship.

Internship preparation. It is a good idea to start thinking about the internship application process early in your graduate training. An internship application workshop is offered every spring semester during colloquium, and is directed by students who have recently completed the internship application process. In addition, students applying for internship will start meeting in the summer prior to the fall in which they apply with the faculty member who is the current Internship Coordinator (currently, Dr. Jenny Brown). During these meetings students are prepared for the application, interview and matching process and discuss the specifics of personal statements, letters of recommendations, and site selection issues. Participation in these preparation meetings are one of several steps that are required for students to be certified by the program as internship-ready.

Tracking hours. In order to make the application process less daunting, we also suggest that you start tracking your clinical hours in your spring semester of your first year during the Assessment practicum. If you are involved in research-related clinical activities, you may begin tracking your hours already in your first year. To make the tracking easier, the program provides each student a Time2Track license which provides functionality that integrates directly with the APPIC application platform.

Research is important. Students often think that their clinical experience is most relevant to their success as an internship applicant. However, internship directors from scientist-practitioner and clinical-scientist

internships say that they are particularly interested in students with a strong research background because it tells them something about the applicant's goals, productivity,
time management, organizational skills, motivation, and perseverance.

Timing and research requirements. The internship could be completed as early as the fifth year of graduate study, assuming the student has followed the timeline described to this point, and that the student has amassed sufficient clinical experience to earn offers from desirable internship sites. Depending on progress to this point, and the nature of the dissertation project, the student may opt to complete dissertation work before embarking on internship, which means that the internship could take place during the sixth year of study. The Ph.D. Preliminary Examination must be completed and the Ph.D. dissertation proposal must be approved by October 1st, before the student can apply for internship. All course requirements—including at least two years of clinical practica—must be completed successfully before the student may begin the internship.

It is the policy of the Clinical Program that students must have their doctoral dissertation proposal approved by their Advisory Committee to be eligible to apply for internship. Students must defend the proposal successfully (inclusive of all requested revisions) by October 1 of the internship application year in order to have the Director of Clinical Training certify their qualifications. Students interested in internship sites with application deadlines earlier than November 15 should plan to defend their dissertation proposals accordingly early, to allow the Director of Clinical Training to certify their qualifications in a timely fashion.

Selecting an internship: As noted above, it is expected that that students apply to APA-accredited internships except in highly unusually circumstances cleared with the clinical faculty and Director of Clinical Training. In addition to the geographical region of the country, internships vary according to type of setting (e.g. medical school, hospital, outpatient mental health center, prison, consortia), theoretical models that are emphasized, nature of supervision, balance of assessment and therapy activities, weekly workload, opportunities for participation in research, populations served, nature of other training experiences (consultation, supervision, administration), training in empirically supported therapies and APA accreditation status. Information about internship accreditation status can be obtained from faculty, the APA Office of Program Consultation and Accreditation, and the Academy of Psychological Clinical Sciences (https://sites.google.com/site/sscpwebsite/internship-directory). It can also be found on the individual site listings in the APPIC Directory Online at www.appic.org.

In selecting an internship, it is wise to begin with exploring possibilities with your Major Professor in light of your interests and career goals. Several other resources are also helpful. The online APPIC directory includes information about all internships, and information can also be obtained from organizations related to your major area of study (e.g., the Association for Behavioral and Cognitive Therapies (ABCT) or Association for Internship Training in Clinical Neuropsychology). A number of other commercially available guides are also available. Finally, talking with students who have either interviewed with or who actually completed their internship at particular settings can be an invaluable source of first-hand information. Potential internship sites might be grouped in three categories: 1) your very top choices that you would attend if given the chance, 2) good internships that may be not as attractive as group one, but fully acceptable if you don't get an offer from your first group, 3) acceptable, but less desirable internships that represent your fallback position if no offers are forthcoming from groups 1 and 2. Given how competitive the internship process has become (more applicants, fewer slots), it is very risky to restrict your applications to any single geographical region.

It is recommended that students visit the APPIC website at www.appic.org well in advance of beginning the internship application process (this includes 1st and 2nd year students). This website provides a wealth of information that will help you prepare for internship. It is never too soon to begin preparing, as information from this site may help you plan your training. The APPIC website contains all the information you need to know regarding the application process. From the homepage, there are several helpful links including the link to the APPIC Directory Online. All APPIC internship sites are listed in this directory, and they provide a detailed description of the training and the applicant requirements. This includes most of the information discussed in the preceding section. Additional links from the homepage include 1) complete instructions regarding application procedures; 2) APPIC Match Policies, which are the rules of permitted and prohibited behavior (e.g., sites are prohibited from asking how you rank them); 3) a link to the National Matching Services website where you will find a complete description of how the computerized match selection process is conducted; 4) MATCH-NEWS email list, which is a discussion listserv students can use to ask questions and share ideas; and 5) the internship application that can be downloaded from this site.

The application process: There is one application that will be sent to all sites, although individual sites may have additional requirements. The latest application is available at www.appic.org. In order to participate in the match process, you must register with National Matching Services. You will be assigned a match number, which will be used to identify you during the process. If you do not register by the registration deadline, you will not be permitted to participate in the match. Registration instructions can be found on their website, http://www.natmatch.com/psychint/.

At the time of acceptance of internship offers, students may not have completed all of the requirements for the Ph.D. Although the Clinical Area recognizes that individual students' research demands vary widely, all students are urged to complete all requirements for the Ph.D. degree, including the dissertation, before beginning the internship. Students who are enrolled in practica and courses usually satisfactorily complete these requirements prior to the beginning of the internship in the following summer. Students who do not complete satisfactorily the minimum requirements outlined here within the time frames stipulated will be required to withdraw from any internship proceedings.

Letters of recommendation. Letters of recommendation are required for internship applications. In general, it is advisable to have your major professor write a letter as well as practicum supervisors who know you best. Choices about who to ask to write letters on your behalf should be discussed with your advisor. The Director of Clinical Training is also required to complete a form that certifies your eligibility for internship and, in many cases, documents program requirements that you have completed. Detailed information about the status of your preliminary exam and dissertation is requested in the APPIC application. It is recommended that you download a copy of the APPIC internship application from the APPIC site and review the requirements. When you approach people to write letters for you, it is helpful if you have a one-page sheet that highlights special things that could be included in your letter (special training experiences or skills, status of dissertation, research interests, clinical interests, program citizenship [e.g. student representative, work on admissions], honors, publications, presentations, teaching experiences, volunteer work, career plans) or any other issues that will personalize your letter and underscore your qualifications for internship. Make sure that you give your letter writers ample time to write your letter - 2 weeks at a minimum. IMPORTANT: APPIC requires a standardized format for letters so that letter writers must cover *all* domains of student competencies.

Deadlines. The deadlines for internship applications vary by site and generally fall in early November. Make sure that you allow sufficient time for this time consuming and labor-intensive task. It is wise to follow-up to make sure that internship materials have been received by the internship site by the stated deadline. You might have to do some last-minute scurrying to see that everything has been submitted on time.

Interviews. Many internships include a personal interview as a required part of the admission process, while others allow for the opportunity for prospective interns to interview as a courtesy. Prior to COVID these were almost always in-person interviews, but since 2020 have moved entirely virtual. If the interview is required, the internship staff usually makes an initial pass at reviewing the paper credentials and then invites the prospective candidate for an interview. The interview also lets you get a firsthand look the people you'll be working with. Many a prospective intern has changed their ranking of preferences after interviewing with the staff at prospective internship agencies. When possible, your interview should also include a meeting with current interns. Again, you often get the inside story from interns who are actually at the setting that you are checking out. If courtesy interviews are not available, factor that into your decision process, depending on how invested you are in that setting.

Notification. A computer matching system will notify you of your matching on a Friday (Match Day). This typically occurs during mid to late February. The details of this process are described on the National Matching Services website, http://www.natmatch.com/psychint/, which can also be linked to from the APPIC site. A copy of the student's final letter of internship offer must be filed with both the Psychological Sciences Graduate Office, and the Clinical Area Secretary, for the Area's records.

What if you do not get an offer on Match day? First of all, this is not the end of the world. Given the competitiveness of internship admissions and the sometimes-baffling decision process employed by many internship agencies, some very qualified graduate students each year do not get an offer on selection day. The most common reason for this is the failure to apply to a sufficient number or geographical range of potential sites. Most of this problem can be avoided by adopting the rule of threes described above. Despite this, if you are not selected in a given year, there are at least three options available: 1) APPIC conducts a *Match Phase II* in a similar fashion as Phase I, replacing the previous clearinghouse system, which served to help place students that did not get picked on Match day in one of these unfilled slots. 2) Internships slots become available after the selection day due to someone dropping out after they have been selected for a particular slot, new funding of internship positions, or administrative reasons that affect the viability of an internship program. In these cases, internship directors often contact programs directly to see if there are potential applicants for these new slots. 3) You can re-apply next year. In the interim, it is advisable to figure out what happened the first time around and correct any problem, and to make good use of the "extra" year, by completing your dissertation, getting additional publications, obtaining new research or clinical skills, or doing other things that will enhance your long-term career opportunities. You should remember that graduate students from Purdue are typically viewed as attractive applicants to many agencies. The challenge is to match up your special attributes with the needs of the internship program during any given year.

Registration during internship year. Students on internship are required to register for internship credit hours (PSY 69700) for three consecutive semesters (regardless of how many student credit hours are accumulated) beginning the summer when the internship starts. Students must be registered during the semester in which the student receives his/her degree. The Clinical Internship registration is a zero-credit class (PSY 69700) for each of the three sessions of enrollment (Fall 2024, Spring 2025and Summer 2025).

Since you will no longer be receiving the graduate staff remission while on internship, any additional credits that you take (including research hours) will be charged at the full rate of per credit hour. Given this, it is strongly recommended that you complete all your required coursework and defend and deposit your dissertation before the end of the summer session to avoid these extra costs while on internship.

Once you are informed of your internship start date, let your practicum supervisor know as soon as possible. If you are on contract with your site, email your supervisor with your intent to resign early and last day of work.

Communication between doctoral program and internship program. Students should be advised that communication between the Clinical Program and the internship program that a student matches with will be maintained throughout the internship year. Typically, internship DCTs write to the program DCT to confirm the placement. The communication is mostly informal, unless an internship DCT desires to communicate a concern at some point during the internship. Students are made aware of any communication between DCTs and are cc'd in communication. All formal or written internship evaluations are retained in student files and used for Annual Evaluation.

D. Teaching Opportunities

Many clinical students' initial teaching experience comes as Teaching Assistant (TA) in undergraduate and graduate courses offered by the Purdue Department of Psychological Sciences. TAs can expect to dedicate about 15-20 hours/week on their teaching-related duties. TA experiences can occur at any point in graduate training, with the instructors the students are assisting serving as formal teaching mentors. Many students choose to teach their own undergraduate class as a Graduate Instructor (GI) after receiving the Master's degree. Prior to teaching independently, students must have served as a TA for a psychology course in the program; this does not have to be the same course that the student will eventually teach independently. Students may express interest in being a GI, but this cannot be guaranteed and depends in part on departmental needs and available funding for instructors. The Clinical Program aims to have students who pursue a GI opportunity to be well-prepared for the classroom teaching duties associated with an academic career. As evidence of their level of skill, several of our clinical students have won departmental awards for their efforts as a TA and GI.

In the course of serving as a TA or GI, graduate students who become aware of students in their classes engaging in problematic or dangerous behaviors may initiate a **Student of Concern Report**. The Office of the Dean of Students manages any concerns related to student behavior and well-being. Anyone concerned by a student's behavior (e.g. classroom disruption, aggression, flat affect, substance use, suicidality) is encouraged to report their concern using the Student of Concern Reporting Link. Students may use this link to report behavior from peers or undergraduates: **https://www.purdue.edu/advocacy/faculty/incident.html**.

VI. STUDENT EVALUATION PROCEDURES

Students receive numerous types of feedback regarding their progress in the graduate program. Some of this feedback is formally prescribed by the Department or University, some is expected from our accreditation bodies (e.g., at least annual written feedback), and some is offered informally. Importantly, students need not wait until a formal evaluation procedure has occurred to obtain frank and honest feedback about their progress. It always is possible to request a meeting with one's Major Professor or the DCT to discuss professional performance and program expectations.

Formal evaluation occurs in several formats and at multiple times throughout training.

A. Academic Coursework

Although graduate coursework is only one measure of students' competence and progress, course grades provide a familiar and frequent measure of professional performance. ***A student's performance will be considered to be competent (the minimum level of achievement) if their GPA is at least 3.0 (on a 4.0 scale) and all core course grades are 'B' or better.*** A student will be considered to be deficient academically if their overall GPA is below 3.0 or if a 'B-' or lower is received in a core course or "C+" in an elective course taken in Psychological Sciences or a comparable department (e.g., the Department of Human Development and Family Studies, or departments in the College of Education). This requirement does not apply to advanced courses taken in other specialties, such as math or biology.

B. Progress Evaluations.

The program provides direct and specific feedback to each student at the conclusion of each semester. End-of-semester student progress meetings allow the faculty to evaluate the progress of each student in the program. Before the meeting, all students will have completed a Semester Activity Report (Appendix O), which identifies key areas of progress and tangible products and activities over the semester. Students are encouraged to provide ample details on this sheet (which will be shared via a Qualtrics Survey) to highlight their activity over the semester.

Discussions among faculty in the meeting focus on strengths and recommended areas of growth in relation to research, clinical, and coursework activities, as well as research milestones attained (e.g., Master's thesis) and students' acquisition of specific skills and competencies that are thought to be essential and necessary for functioning as a clinical psychologist in all roles and respects. Some of the research skills that the major professor would evaluate include commitment to research, professional interactions, and scientific writing. Major professors and program faculty also comment on professional skills such as deportment, punctuality, accountability, and general interpersonal skills. Students with clinical practica experiences (both internal and external) will receive an end-of-semester practicum competency evaluation completed by their practicum supervisors (see Appendices O & P). Practicum supervisors evaluate professional skills (e.g., ethical knowledge and practice, clinical notes, use of supervision, consideration of muliculturalism), assessment skills, and intervention skills. These evaluations are also discussed by faculty at the end-of-semester meetings. Students receive individualized letters (discussed in more detail below) jointly written by the Major Professor and DCT that outlines their current status in the program, their strengths and weaknesses across relevant domains in the prior semester, and concrete professional development suggestions.

At the end of each academic year, in addition to the standard end-of-semester narrative on progress over the course of the semester, individual faculty rate each student's annual progress on foundational and

functional competencies using an Major Professor Competency Annual Review Form (see Appendix P). Major professors share competency forms and evaluation letters with their advisees to formally note areas of growth, as well as areas in need of improvement. These evaluations can be a particularly good measure of student progress because they often reflect the student's performance in research, clinical, and/or teaching (if applicable) endeavors, as well as: classroom performance; general professionalism; adherence to professional ethics; multicultural development; lifelong learning attitudes; and the student's ability to work in an effective, cooperative, and timely manner. Evaluations also can include a review of program "technical standards," that are included in Part II of this handbook.

We encourage students to think of these evaluations as something that will help their professional development by giving them: benchmarks of how they are progressing through the program; a sense of particular strengths that their Major Professors and practicum supervisors are seeing them demonstrate; and guidance in terms of areas to strive for improvement and how to do so. Our intent is for formal evaluations to be a way for faculty to systematically discuss students' progress, strengths, and areas for growth in a variety of aspects of doctoral training (research, clinical work, coursework), to highlight strengths and help shore up weaknesses.

C. The Evaluation Letter

The evaluation letter should include several key points:

- The letter should note the student's productivity and achievements, including program milestones such as completing the Masters or comprehensive exams, publications and presentations of their work at professional conferences, and other academic achievements.
- The letter will state their official program status. **Students are either (a) *in good standing - ahead of schedule*, (b) *in good standing - right on track*, or (c) *behind schedule***.
- For students who are *in good standing* in the program, the letter will note what the expectations are for the coming year including expected dates of completion for upcoming milestones. If a student is *behind schedule*, the advisor should note any special circumstances that may have led to the delay in completing the milestones.

C.1 Warning Levels, Remediation, Probationary Status, and Program Dismissal

If either professional deficits or conditions that significantly compromise the potential for a student to successfully perform as a psychology trainee are defined, students are offered strategies for potential remediation. Faculty will take under consideration any adverse life events or major life circumstances that have unexpectedly delayed student progress, as well as recommendations by the student's Major Professor and the student's overall record before rendering a decision. *It is expected that most students will be capable of excelling in the graduate program with remedial guidance or referral for additional support and resources.* However, in some circumstances, students may evidence continual difficulties meeting program requirements and expectations and/or failed attempts at remediation.

When the student is behind schedule in their progress, three levels of warning may appear in the evaluation letter:

Level 1 - Caution: The Level 1- Caution is for internal, program-specific use only and can be included in a student evaluation letter without prior warning. *When a student is behind schedule, the letter will include a plan for remediation and getting back on track during the coming year, with expected and specific dates of completion for required milestones*. The letter should encourage students to get focused and work closely with their Major Professor to stay on track.

The letter should warn students that failure to progress through the graduate program in a timely manner may result in academic sanctions in the future, including being placed on probation or even being dismissed from the graduate program.

Level 2 – On Probation: Students who have been given a *Level 1- Caution* in a previous evaluation and who fail to meet all the expectations outlined in the previous letter may be placed on *Level 2 – On Probation* status. In addition, students may be given a *Level 2 – On Probation* warning for clinical and nonclinical reasons, such as failure to meet academic deadlines, research incompetence, and ethical and professional shortcomings, without ever having been at *Level 1- Caution*. The normal or expected developmental difficulties associated with becoming a clinical psychologist, either in practice or research, do not ordinarily warrant probationary status. The problems that may warrant probation and even dismissal include, but are not limited to, failure to correct identified deficits in meeting administrative requirements (attendance, charting), failure to respond to supervision, other difficulties interfering with clinical functioning that puts patient well-being in jeopardy, or difficulties in research functioning that jeopardizes the responsible and ethical conduct of research. The evaluation letter will state that:

> "Given that you did not meet all of the requirements outline in last year's letter, your status has been modified to *Level 2 - On Probation* within the Program effective immediately. We encourage you to develop a plan with your Major Professor so that you meet all the program requirements listed below before the end of the (Spring/Summer) (year) semester. While on probationary status, you remain eligible to take courses and are considered for funding with the same priority as other students in your year, but you must focus on meeting the remediation requirements outlined below. Failure to do so may result in you being dismissed from the Clinical Program and Psychological Sciences Department for lack of adequate academic progress."

The evaluation letter should outline the specific remediation requirements with expected completion dates required in order for the student to be removed from probationary status. A majority vote by the faculty to place the student "On Probation" would be relayed to the student in the semi-annual feedback letter. No student on probation can attain doctoral candidacy. In rare cases, the faculty may vote to allow the student to remain "On Probation" for a second semester. However, as noted in the Department of Psychological Sciences' *Graduate Handbook*, a student should not be placed in the "On Probation" category for more than two consecutive semesters.

Level 3 – Not in Good Standing Status/Dismissal: Students who commit an egregious violation of program requirements (e.g., fraud, serious misconduct, flagrant ethical violations) or who have been placed on *Level 2- On Probation* status and who have not completed all the remediation requirements outlined in the previous evaluation letter will be sent a notification by registered mail that they are at *Level 3 - Not in Good Standing* status and will be officially terminated from Clinical Program and the Department of Psychological Sciences. Termination from the program could also be a result of failing to meet the technical standards described in Section II of this handbook despite attempts at remediation, as well as additional policies outlined in the next section.

As stated in the Department of Psychological Sciences' *Graduate Handbook*, final dismissal decisions are made by the Department Head.

The evaluation letter will state the following:

"The previous evaluation letter placed you on *Level 2- On Probation* status within the Clinical Program and stated what you had to do in order to revert to good standing. Because you did not meet the specific remediation requirements outlined in the last year letter, we are requesting that the Department Head of the Department of Psychological Sciences dismiss you from the Clinical Program effective immediately. In order to re-enter the Clinical Program, you would have to re-apply and be considered along with new applicants during the regular graduate recruitment cycle. The decision to accept you back into the graduate program would be at the discretion of the faculty."

C.1.a Additional Disciplinary Action and Termination Policies

Students may face disciplinary actions and/or immediate dismissal from the clinical program, pursuant to investigation by the clinical faculty, if they commit an egregious violation of program requirements or fail to meet the *Technical Standards* described in Section II of this handbook.

The following situations and/or conditions have been identified as potentially triggering investigation and/or action by the clinical faculty:

1. A serious breach of the APA Ethics Code. A serious breach can include, but is not limited to, the following: sexual contact with a client, any behavior where imminent harm to a client is a salient concern, and data falsification, fabrication, or other unethical research practices. Whether a behavior represents a serious breach will be decided upon by the clinical faculty. If the majority of clinical faculty members agree that a serious breach has occurred, it will be deemed so;
2. Commission of felonious or other significant illegal activity;
3. Significant psychopathology resulting in impaired performance in clinical training or practice, as judged by the clinical faculty;
4. Interpersonal dysfunction or clinical skill deficit resulting in impaired performance in clinical training or practice as judged by the clinical faculty;
5. Significant substance abuse resulting in impaired performance in clinical training or practice as judged by the clinical faculty;
6. Any material misrepresentation of any fact by a student about their background, accomplishments, academic degrees, publications, presentations, current or previous professional work, etc. may constitute grounds for dismissal from the program;
7. Other significant problematic situation and/or condition resulting in impaired performance in clinical training or practice as judged by the clinical faculty.

A student who believes, with good academic reason, that the termination decision was improperly applied may appeal or file a grievance. These details are reviewed below.

D. Grievance and Due Process Procedures.

If a student believes that they have been treated unfairly or inappropriately by faculty, staff, or other students either on an academic or interpersonal matter, the student is encouraged to address the matter according to the following procedures. **In most cases, the first action would be to address the concerns with the other person(s) involved and attempt an informal resolution of the area of concern** (as indicated in the APA Code of Ethics). If the student is not satisfied with the resolution of the problem, the **student should next contact their Major Professor** for

assistance. Lack of satisfactory resolution at this point should be followed by discussion with the following persons, in order, as needed:

Director of Clinical Training: Students are welcome to share concerns directly with the DCT, who oversees administrative and clinical training procedures in the clinical area. The DCT can act as a liaison between students and faculty, and will support students in generating solutions or next steps.

Director of Graduate Studies: The role of the DGS is to oversee the graduate training within the Department of Psychological Sciences. Students may find the current DGS contact information on the Department web site.

Department Head: The Department Head oversees all operations in the Department of Psychological Sciences. Generally, students would reserve conversations with the Department Head for serious matters that cannot be addressed by the DCT or DGS.

Office of Graduate Assistance: Purdue Office of Graduate Assistance offers services, detailed at **https://www.purdue.edu/academics/ogsps/student/oga/index.html**. From this web site: " The OGA will provide impartial, independent, and informal assistance with reference to your concerns based on our knowledge of University policy, practice and personnel without judgement."

Office of Civil Rights: The OCR supports Purdue University's commitment to maintain a positive and safe environment free from harassment that recognizes and values the inherent worth and dignity of every person, fosters tolerance, sensitivity, understanding and mutual respect, and encourages each individual to strive to reach their potential. The OCR works with the Purdue University community in implementing and upholding policies and practices that are consistent with federal and state mandates as well as existing University policies regarding equal access, equal employment and educational opportunity for all persons. Purdue is committed to equal access and equal employment opportunity for all, regardlessof race, religion, color, sex, age, national origin or ancestry, genetic information, disability, status as a veteran, marital status, parental status, sexual orientation, gender identity or gender expression. Instructions for seeking consultation from OCR and/or filing informal or informal complaints can be found here: https://www.purdue.edu/vpec/ocr/

Title IX: Title IX is part of the Education Amendments of 1972 to the 1964 Civil Rights Act and is enforced by the U.S. Department of Education. This federal law prohibits discrimination on the basis of sex or gender in education programs or activities operated by recipients of federal financial assistance. ***To report sexual harassment, sexual violence, relationship violence, or stalking to University personnel, follow instructions on the Title IX web site***: https://www.purdue.edu/vpec/ocr/title-ix/

Even if the student is able to satisfactorily resolve the concern through informal conversation with the other person(s) involved, the DCT, Director of Graduate Studies, and/or Department Head should be informed of any serious incidents or infractions that have occurred (e.g., sexual or other forms of harassment). There may be circumstances in which the student feels that they cannot discuss the issue with one of the parties described above (e.g., fear of retaliation from the other person; one of the persons in the chain above is the basis of concern, etc.); in such instances, the student is encouraged to discuss the matter with the next person in the chain outlined above. Our hope is that your stay at Purdue will be constructive and prepare you for your career as a clinical

psychologist free from such incidents; however, should they arise, we want you to have the freedom to address them with our support and without fear of retaliation.

APPENDIX A

OUTLINE OF RECOMMENDED COURSE SEQUENCE

First Year

Fall Semester	Cred	Spring Semester	Cred
PSY 60600 – Introduction to ANOVA [a]	3	PSY 63100 -- Applied Regression[a]	3
PSY 67300: Adult Behavior Disorders OR PSY 69200: Developmental Psychopathology	3	PSY 69200: Research Methods in Clin Psy	3
PSY 66700: Clinical Assessment I	4	PSY 66800: Clinical Assessment II	3
PSY 67000: Principles & Techniques of Psychotherapy[a]	3		
		PSY 67900: Assessment Clinic	3
Elective Course[b]	1	Elective Course[b]	3
PSY 69200: Proseminar	1-2	PSY 69200: Proseminar	1
PSY 69800: MS Research Credits		PSY 69800: MS Research Credits	1-2

Additional First Year Tasks
-File a Plan of Study for the M.S. degree
-Develop and complete a First Year Research Project, supervised by Major Professor.
-Investigate ideas for the Master's research project;
-Begin record of all clinical activities in Time2Track.

Second Year

Fall Semester	Cred	Spring Semester	Cred
PSY 67900: Assessment Clinic	3		
PSY 67900: Child Family Therapy OR PSY 67900: Adult Services Clinic	3	PSY 67900: Child Family Therapy OR PSY 67900: Adult Services Clinic	
Elective Course[b] E.g., PSY 69200: Clinical Seminar-- Ethnic Minority Issues	3	Elective Course[b]	3
Elective Course[b] E.g. PSY 69200: Clinical Seminar— Affective Bases & Cognitive Bases of Behavior	3	Elective Course[b]	3
PSY 69200: Proseminar	1	PSY 69200: Proseminar	1
PSY 69800: MS Research Credits	1-3	PSY 69800: MS Research Credits	1-3

Additional Second Year Tasks
-Propose Masters by end of year
-Take 1-2 elective courses

Third Year

Fall Semester	Cred	Spring Semester	Cred
PSY 67900: Child Family Therapy OR PSY 67900: Adult Services Clinic	3	PSY 67900: Child Family Therapy OR PSY 67900: Adult Services Clinic	3
Elective Course[b]	3	Elective Course[b]	3
PSY 69200: Proseminar	1	PSY 69200: Proseminar	1
PSY 69800: MS Research Credits	1-3	PSY 69800: MS Research Credits	1-3

Additional Third Year Tasks

-Complete Master's Thesis and oral defense
-Continue taking electives

Fourth Year

Fall Semester	Cred	Spring Semester	Cred
PSY 67900: (PPTRC practicum)	1-3	PSY 67900: (PPTRC practicum)	1-3
PSY 67900: External Practicum[c]	3	PSY 67900: External Practicum[c]	3
Elective Course[b]	3	Elective Course[b]	3
PSY 69200: Proseminar	1	PSY 69200: Proseminar	1
PSY 69900: PhD Research Credits	1-11	PSY 69900: PhD Research Credits	1-11

Additional Fourth Year Tasks

- Select a doctoral Advisory Committee
-File a Plan of Study for the Ph.D. degree
-Complete Preliminary Examination
-Propose dissertation

Fifth Year

Fall Semester	Cred	Spring Semester	Cred
PSY 67900: (PPTRC practicum)	1-3	PSY 67900: (PPTRC practicum)	1-3
PSY 67900: (External Practicum)[c]	3	PSY 67900: (External Practicum)[c]	3
Elective Course[b]	3	Elective Course[b]	3
PSY 69200:Proseminar	1	PSY 69200:Proseminar	1
PSY 69900: PhD Research Credits	1-11	PSY 69900: PhD Research Credits	1-11

Additional Fifth Year Tasks

-Dissertation proposal must be approved before October 1 to be eligible to apply for internship
-Collect dissertation data (complete and defend dissertation)
-Identify early 3-4 letter-writers for Clinical internship recommendations
Apply for Pre-doctoral Clinical Internship; app due-dates begin in November

Sixth Year for Student Entering in Odd Year

Fall Semester	Cred	Spring Semester	Cred
PSY 69700: Clinical Internship	5-9	PSY 69700: Clinical Internship	5-9
PSY 69900: PhD Research Credits	9-13	PSY 69900: PhD Research Credits	9-13

Additional Sixth Year Tasks
-Complete Pre-Doctoral Internship
- complete and defend dissertation

Notes:

a. To fulfill the Statistics sequence, students may do either of the following*:
1. One of these: PSY 60600 (ANOVA for the Behavioral Sciences), STAT 51100 (Statistical Methods), or STAT 51200 (Applied Regression Analyses), AND one of these: PSY 63100 (Applied Regression), PSY 64600 (Statistical Approaches to Social Psychology Data), STAT 51200 (Applied Regression Analysis), or STAT 51400 (Design of Experiment)

2. PSY 60000 and PSY 60100 as a 2-course sequence

***In recent years, all students have been referred to the in-house PSY 60600/PSY 63100 sequence.**

b. Electives refer to courses that meet Department requirements (i.e., for any three non-Clinical courses), APA requirements (i.e., in social, cognitive, affective, developmental, and biological bases of behavior), or further advance a student's training (i.e., advanced statistical methods).

c. When students are enrolled in external practica, they are required to register for at least one credit hour in either the adult or child practicum. They may register for more if they intend to see more clients through those practica.

APPENDIX B

Discipline-Specific Knowledge and Curriculum Worksheet

Name_____ **CURRICULUM WORKSHEET** Semester_____

Student (sig/date)_____Advisor (sig/date)_____DCT (sig/date)_____

Competency Requirements		**Foundational (F) Knowledge** (how met & semester/year)	**Graduate (G) Level Knowledge** (how met & semester/year)
DISCIPLINE SPECIFIC KNOWLEDGE			
Category 1: History and Systems		*1	**N/A**
Category 2: Basic Content Areas			
2a.	Affective Aspects of Behavior	*2a	*2a
2b.	Biological Aspects of Behavior	*2b	*2b
2c.	Cognitive Aspects of Behavior	*2c	*2c
2d.	Developmental Aspects of Behavior	*2d	*2d
2e.	Social Aspects of Behavior	*2e	*2e
Category 3. Advanced Integrative Knowledge		**N/A**	*3
Category 4. Methods of Inquiry/Research			
4a.	Research Methods		*4a
4b.	Statistical Analysis		*4b
4c.	Psychometrics		*4c
PROFESSION-WIDE COMPETENCIES			
Psychopathology (not listed by APA)			*
1. Research			*1
2. Ethical and Legal Standards			*2
3. Individual and Cultural Diversity			*3
4. Professional Values/Attitudes/Behaviors			*4
5. Communication/Interpersonal Skills			*5 Participation in labs, pracs (ongoing)
6. Assessment			*6
7. Intervention			*7
8. Supervision			*8
9. Consultation & Interprof/Interdiscip Skills			*9

Clinical Requirements	
Number of Intervention Hours to Date	
Number of Assessment Hours to Date	
Number of Supervision Hours to Date	
Number of Support Hours to Date	
Number of Assessment Batteries (as defined by APPIC) with Adults	
Number of Assessment Batteries (as defined by APPIC) with Youth	
Prac(s) in Yr 3	
Prac(s) in Yr 4	
Prac(s) in Yr 5+	

Notes_____

Research Requirements	**Requirements/Deadlines**	**Date Completed**
1st Year Project	**Final Product Due** end of 3rd semester	
Masters Proposal	**DUE** end of 2nd Yr	Orig Data?____*
Masters Defense	**DUE** end of 3rd Yr	
Oral Research Pres 1	**DUE** before start of internship	
Oral Research Pres 2	**DUE** before start of internship	
Oral Case Presentation	**DUE** before start of internship	
Prelim Proposal	**AIM** for end of 3rd year	
Prelim	**DUE** end of 4th Yr	
Dissertation Proposal	**DUE** Oct 1 of internship application year	
Dissertation Defense	**AIM** for end of spring sem, 5th Yr	Orig Data?____*

*Masters or diss. project must involve original data collection

APPENDIX C
Feedback Form for Clinical Case Presentations

Name of Presenter:
Date of Presentation:
Title of Presentation:
Faculty Member:

Required Information:

- ☐ Identifying information
- ☐ Referral source and reason
- ☐ Presenting problems
- ☐ Risk assessment
- ☐ Ethical, legal, and diversity factors
- ☐ Integrative summary with prognosis and diagnostic impressions
- ☐ Treatment summary with treatment approach and rationale
- ☐ Outcomes measures
- ☐ Treatment plan and progress toward goals

Please use a rating of NA for categories not covered

NA	1	2	3	4
Not applicable/not able to assess	Far Below Training Expectations	Below Training Expectations	Solid—Meets Training Expectations	Outstanding—Internship level of competence

Background Information

Case description and identifying information	
Description of referral source and presenting problem	
Description of social/educational/occupational history	
Description of psychological and medical history	

Psychological Assessment

Choice of and rationale for assessment measures	
Description and interpretation of assessment findings	
Integration of assessment findings	

Case Conceptualization

Description of case conceptualization (informed by theoretical orientation)	
Rationale for diagnosis (differential diagnosis)	
Incorporation of client needs/preferences, identities, and diversity	

Intervention

Choice of and rationale for intervention	
Description of intervention (including pertinent process and/or outcome data)	
Integration of assessment throughout treatment (and ability to pivot intervention)	

Ethics & Relevant Legal Issues

Identification of and adherence to ethical and legal standards	
Confidentiality of the client protected during the presentation	

Presentation

Organization and clarity of presentation	

Overall strengths of the clinical presentation:

Overall suggestions for ways to improve the clinical presentation:

APPENDIX D

COURSE EQUIVALENCY SHEET

Student's Name _____

Date _____

Courses taken where: _____

Course as listed on transcript from other university:	Purdue equivalent:	Purdue Instructor's signature:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This form must be submitted with your plan of study
or be placed in your file until the plan is submitted.

APPENDIX E
Research Skills Checklist

CONCEPTUAL SKILLS	METHODOLOGICAL SKILLS	WRITING SKILLS	ORAL SKILLS
*****1ST-YR PROJECT / MASTER'S*****			
Understands their specific hypotheses, which variables are IVs, DVs, moderators, mediators, etc.	Can articulate how their hypotheses are examined methodologically	Uses appropriate tone and level of detail in writing their thesis	Can deliver a talk that appropriately summarizes all aspects of their study
Familiar with overall literature in their area of research	Clearly understands strengths and weaknesses of their study	Professionalism in writing: No typos, correct use of APA style	Slides are appropriately detailed, professional
Can connect their hypotheses and findings to the overall literature in their area	Can articulate different research designs to study their hypotheses	Can clearly articulate all aspects of a research report: theory, hypotheses, methods, statistics, results, discussion, and limitations	Can clearly articulate ideas verbally in talk
Can identify limitations in the prior research and justify the incremental value of their own study	Familiar and comfortable with the statistics used to test their hypotheses		Can respond to questions about their study thoughtfully
			Can answer questions regarding the strengths and weaknesses of their work
*****PRELIM*****			
Can integrate and evaluate literature area more broadly than for just 1 specific set of hypotheses; evidence of critical thinking	Can scrutinize the methods across studies in a broad research area and determine the common strengths and limitations within a body of work	Can produce a document that seems like a reasonable submission to a quality journal	Can clearly articulate ideas verbally in talk
Can recognize current state of knowledge and theory in multiple research areas	Can conceive of methodological advances that would help to strengthen a body of research	Can integrate findings by theme and idea; not simply "abstract stacking"	Can discuss theoretical rationale for their work

CONCEPTUAL SKILLS	METHODOLOGICAL SKILLS	WRITING SKILLS	ORAL SKILLS
*****PRELIM*** (cont'd)**			
Can generate and apply novel ideas, theories, methods, or a new "spin" to a current body of literature	Can use data synthesis methods and skills appropriate to the research question	Can summarize research synthesis findings efficiently	Can engage in scholarly discussion of their field and how their work fits into the field
Can connect the findings to other literatures or broad, evidence-based theoretical perspectives (e.g., CBT or developmental psychopathology theories more broadly)			Can answer questions regarding the strengths and weaknesses of their work
*****DISSERTATION*****			
Can independently generate research hypotheses	Can select measures appropriate for study questions; can justify the selection of these measures	Can produce a document that likely would receive a Revise and Resubmit decision at a quality journal	Can develop and deliver a talk that is appropriate for a national conference presentation
Emerging expertise in an area of research – can speak with authority about the state of the literature	Competent in human subjects processes and all relevant issues		Can engage in scholarly discussion of their field and how their work fits into the field
Excellent grasp of the theories that are relevant to the chosen area of research	Can train and supervise research staff to help conduct research and assist with data collection		Can discuss theoretical rationale for their work
Can articulate a series of studies that would be beneficial to the research area and how their own study fits within this research program	Can conduct all analyses independently (with consultation if analyses are especially complex)		Can acknowledge/ articulate strengths and weaknesses of their work
Can discuss how their study would fit within an overall program of research	Can choose optimal study design to answer important research questions, while appropriately acknowledging resource constraints and timing issues		

Note: In moving from the Master's thesis to Comps to the Dissertation, the various categories of research skills move from being more specific/narrow to more broad, and from being research activities done with assistance to research activities done autonomously.

APPENDIX F
Procedures and Processes for Master's and Dissertations
Clinical Area – Department of Psychological Sciences, Purdue University

(Adopted August 2025)

Proposals

Procedures for Students:

- General expectation for the proposal: The committee expects to see a written document that clearly conveys the study rationale and methodological approach.
- The Proposal document should be reasonably **polished**. For example, a traditional Introduction/Methods write-up should be written in APA style and should be closer in quality to a final draft than a rough draft. A registered report form should show a similar level of depth and polish in the analogous format.
- The document should be sent to the committee **two weeks** before the proposal meeting (as described in the Handbook). If additional time is required to finalize the document, the student should discuss this with their advisor and with the committee. In some cases, the committee may be willing to accept the document closer to the Proposal date. In other cases, the committee may recommend rescheduling the Proposal to a later date.
- Proposal meetings are primarily for the purpose of **oral examination**, as described in the Handbook. Meetings should be approximately 1.5-2 hours in length and should consist primarily of Q&A and discussion with the committee. Students may provide a brief (15-20 minute) presentation featuring an overview of the proposed study.
- The Proposal is generally considered a **research contract**. At the conclusion of the Proposal meeting, the committee will discuss and outline suggested revisions or modifications for the Proposal document. The committee will indicate whether the suggested revisions or modifications can be addressed via: (a) a written memo outlining changes; or (b) a second proposal meeting.
    - For students preparing a memo to address committee feedback: The student will prepare a memo outlining the committee feedback and their proposed response. The committee will then review and will need to approve the proposed modifications to the proposal.
        - If approved by the committee, the Proposal document and associated memo should be sent to Sara Ostheimer, to be kept as part of the student's record.
        - Should the memo not be approved by the committee, a second Proposal meeting may be required.
    - For more significant revisions or modifications requiring a second Proposal meeting, the student will address proposed changes and submit a revised proposal document two weeks in advance of the second proposal meeting. At the conclusion of this meeting the student may then be asked to respond to committee feedback via a written memo.
- Because the Proposal is considered a research contract, students are expected to complete all data collection, analyses, and other study procedures as documented within the approved Proposal document. During the completion of the project, changes to the project are sometimes warranted. In these cases, the student should discuss with their advisor how to incorporate any changes. Proposed changes should then be communicated to the committee in the form of a written memo that details the specific changes that are proposed and their rationale. As with the Proposal meeting, the committee will then

review and will need to approve the proposed changes. Once approved, this memo should be sent to Sara Ostheimer.

Procedures for Committee Members:

- The committee Chair will send copies of the procedures and rubric documents to all external committee members.
- All committee members are expected to review the submitted document in advance of the Proposal meeting.
- If any committee member has significant concerns about the submitted document, these concerns may be conveyed to the committee Chair at any point during the review period. If concerns are raised in advance of the Proposal meeting, the committee may choose to convene in advance and decide whether (a) it is appropriate for the student to proceed with the Proposal (i.e., address committee member concerns as part of the Q&A), or (b) whether the concerns are substantive enough that the Proposal should be rescheduled.
- At the beginning of the Proposal meeting, the Chair will ask the student to step out so that the Committee can privately discuss (a) the procedures for the meeting and (b) any questions or concerns that committee members may have about the document.
- The Chair will moderate the oral examination. It is expected that all committee members will have an opportunity to ask questions of the student.
- After the Proposal meeting is complete, the Chair will ask the student to step out so that the Committee may deliberate privately and come to a determination.
    - These private discussions are for committee members to share their frank opinions, identify areas of consensus, and address differences of opinion.
    - The Chair will moderate the deliberation. It is expected that all committee members will have the opportunity to ask questions, raise concerns, and make recommendations.
    - The rubric should be used to guide all deliberations by the committee.
    - Each committee member will complete the rubric, including numerical ratings of competencies and any written comments or feedback that they would like to convey back to the student.
    - A passing score on each competency will be indicated by a simple majority of scores from committee members.
    - In the event of a tie on any competency scores (e.g., two committee members give a passing score and two members give a non-passing score), the committee will elevate the deliberation to the Area level, in line with Departmental and OGSPS policies. A final score for that competency will be determined by a vote of the committee Chair and all core Clinical Area faculty.
- After the committee is finished deliberating, the student will be asked to return to the room. The Chair will inform them of the committee's decision and next steps. As described in the Handbook, possible committee decisions are as follows:
    - Satisfactory – Pass. On each competency detailed in the rubric, the student has achieved a majority of passing scores from the committee. No further edits to the document are requested.
    - Satisfactory – Pass with minor revisions. On each competency detailed in the rubric, the student has achieved a majority of passing scores from the committee. The committee has requested specific, relatively minor revisions to the document. Revisions will be supervised by the Chair, with support from committee members as needed.
    - Satisfactory – Pass with memo of understanding. On each competency detailed in the rubric, the student has achieved a majority of passing scores from the

committee. The committee has offered suggestions to further improve the proposed study. The student will be asked to prepare a memo summarizing the requested changes and their response to each (as described in 'Procedures for Students,' above). Once the memo is reviewed and approved by the committee, it should be sent to Sara Ostheimer to be kept as part of the student's record.

- Unsatisfactory – Fail. Student has received a majority of non-passing scores on at least one competency from the rubric, and a second proposal meeting will be required. The committee will advise the student on how it may be possible to continue with the proposed research or whether a new research topic is warranted.

Defenses:

Procedures for Students:

- General expectation for the defense: The committee expects to see a **complete write-up**. This includes any revisions to the Introduction and Methods sections, as agreed upon at the Proposal meeting, as well as full Results, Figures, Tables, and Discussion sections for the completed study.
- The Defense document should be highly polished (i.e., of a **quality** similar to a journal submission, although Defense documents are typically longer and are formatted differently than journal manuscripts).
- The document should be sent to the committee **two weeks** before the Defense meeting (as described in the Handbook). If additional time is required for finalizing the document, the student should reschedule the Defense to a later date.
- Defense meetings are primarily for the purpose of **oral examination**, as described in the Handbook. They should be approximately 1.5-2 hours in length and should consist primarily of Q&A and discussion with the committee. Students may provide a brief (15-20 minute) presentation. Unlike the Proposal meeting, this presentation should not focus on the study rationale or design, but should instead focus on major updates since the Proposal (e.g., data collection, analyses, and study findings, as applicable).
- Students may request to have an open Defense meeting with non-committee members in attendance. In line with Departmental and OGSPS policies, the committee Chair will have discretion over (a) open versus closed portions of the Defense meeting, and (b) having non-committee members ask questions. The student should clarify these expectations with the committee Chair in advance of the Defense meeting.

Procedures for Committee Members:

- All committee members are expected to review the submitted document in advance of the Defense meeting.
- If any committee member has significant concerns about the submitted document, these concerns may be conveyed to the committee Chair at any point during the review period. If concerns are raised in advance of the Defense meeting,. the committee may choose to convene in advance and decide whether (a) it is appropriate for the student to proceed with the Defense (i.e., address committee member concerns as part of the Q&A), or (b) whether the concerns are substantive enough that the Defense should be rescheduled.
- At the beginning of the Defense meeting, the Chair will ask the student and any guests to step out so that the Committee can discuss privately (a) the procedures for the meeting and (b) any questions or concerns that committee members may have about the document.
- The Chair will moderate the oral examination. It is expected that all committee members will have an opportunity to ask questions of the student.
- After the Defense meeting is complete, the Chair will ask the student to step out so that the Committee may deliberate privately and come to a determination.
    - These private discussions are for committee members to share their frank opinions, identify areas of consensus, and address differences of opinion.
    - The Chair will moderate the deliberation. It is expected that all committee members will have the opportunity to ask questions, raise concerns, and make recommendations.
    - The rubric should be used to guide all deliberations by the committee.

    - Each committee member will complete the rubric, including numerical ratings of competencies and any written comments or feedback that they would like to convey back to the student.
    - A passing score on each competency will be indicated by a simple majority of scores from committee members.
    - Committee decisions will be made in accordance with Departmental and OGSPS policies. Generally, all committee members must agree on a passing outcome. If there are four or more committee members, a single member may abstain or vote to not approve.
- After the committee is finished deliberating, the student will be asked to return to the room. The Chair will inform them of the committee's decision and next steps. As described in the Handbook, possible committee decisions are as follows:
    - Satisfactory – Pass. Student has achieved a majority of passing scores from the committee on each competency detailed in the rubric. No further edits to the document are requested.
    - Satisfactory – Pass with minor revisions. Student has achieved a majority of passing scores from the committee on each competency detailed in the rubric. The committee has requested specific, relatively minor revisions to the document. Revisions will be supervised by the Chair, with support from committee members as needed.
    - Unsatisfactory – Fail. Student has received a majority of non-passing scores on at least one competency from the rubric. The committee will provide feedback on the specific reasons for the fail decision, in accordance with the rubric. The Defense may be retaken in a future semester, in accordance with Departmental policies.

APPENDIX G
Rubrics for Judging Competencies in Proposal and Defenses
Clinical Area – Department of Psychological Sciences, Purdue University

(Adopted August 2025)

The rubrics below encompass both the written document and the oral presentation.

PROPOSAL RUBRIC

Passing score is a 3 or higher for a Master's Thesis and a score of 4 or higher for a dissertation.

Competency: Review the relevant literature to support the scientific premise of the proposed research

1. The proposal is only mildly connected to an existing literature and scientific premise for the research is not well justified.
2. The proposal locates literature supporting the idea, but fails to take into account alternative views or non-supporting literature, and/or the scientific premise is not well articulated.
3. The proposal provides support for the scientific premise in the context of competing or alternative views, but misses key studies or doesn't clearly articulate how competing models are integrated, such that the premise is not fully supported.
4. The proposal is largely thorough in detailing the existing literature, including both supportive and alternative evidence that sets the stage for the scientific premise.
5. The proposal comprehensively summarizes the relevant literature to show how prior research has approached this problem to systematically support the scientific premise.

Competency: Provide a rationale for how the proposed research extends the prior literature by offering a clear research question that logically follows the scientific premise

1. Proposed research is only mildly connected to existing literature and appears to arise out of nowhere and/or does not offer a clear, testable research question.
2. Proposed research is somewhat connected to an existing literature, but does not persuasively articulate a specific research question that builds from the scientific premise established.
3. Proposed research addresses a testable research question that connects to the scientific premise, although it may have some gaps in coverage or logical flow.
4. Proposed research is logically connected to a literature establishing the premise, identifies a testable research question that offers a marginal increment to what is known.
5. Proposed research flows logically from the existing literature and provides a compelling rationale for why this approach meaningfully tests the research question, and informs the scientific premise, regardless of the results.

Competency: Demonstrate that the proposed research design will address the primary research question (through use of appropriate sample size and type, as well as measurement tools)

1. The proposed research design or lacks major details and/or does not align with the research question.
2. The proposed research design tangentially connects to the research question and/or only obliquely addresses the research question.
3. The proposed research design connects to at least one research question and uses reasonable methods to provide data relevant to the question, even if not a direct answer.
4. The proposed research design flows logically from the research question and uses rigorous and appropriate that will arbitrate the question to some degree.
5. The proposed research design uses rigorous methods that will result in data that directly target the primary research question.

Competency: Demonstrate appropriate methods for data analysis (including data cleaning, scoring, modeling, and inference criteria as relevant)

1. The proposed analytic approach presented is insufficient to address the question.
2. The proposed analytic approach is not well connected to the primary research question and/or does not flow from the research design.
3. The proposed analytic approach reasonably addresses the primary research question and research design, but some important details are not fully presented.
4. The proposed analytic approach is comprehensively described and addresses the primary research question in a rigorous way.
5. The proposed analytic approach is comprehensively described, flows from the research design and will clearly address the primary research question, including appropriate follow-up analyses.

DEFENSE RUBRIC

Passing score is a 3 or higher for a Master's Thesis and a score of 4 or higher for a dissertation.

Competency: Proposed Research Design and Analytic Approach were carried out as planned; primary hypotheses or outcomes are unchanged

Instead of a rating scale, check the appropriate box and add comments as appropriate:

- YES – Hypotheses/outcomes are unchanged and research design and analytic approach were carried out as proposed.
- NO – Hypotheses/outcomes were changed and/or there were deviations to design or analyses documented at the Proposal. Then indicate:
    - Deviations were well-reasoned and appropriately justified at the Defense
      OR
    - Deviations were inadequately justified. Further clarification is required before the defense can proceed (revisit the proposal rubric as necessary).

Competency: Present results that are technically correct in application and interpretation

1. The write-up of results is mostly incomplete or includes substantial inaccuracies.
2. The write-up of results is somewhat incomplete or includes some inaccuracies.
3. A write-up of all results is presented and is largely correct in application and interpretation, although minor aspects may need polishing.
4. A comprehensive write-up of all results is presented, is technically correct in application, and includes mostly appropriate interpretations.
5. A comprehensive write-up of all results is presented, is technically correct, and includes detailed interpretations throughout.

Competency: Integrate findings with existing literature to reach appropriate conclusions

1. Discussion section is largely lacking appropriate conclusions and/or detail regarding integration of findings with prior literatures.
2. Discussion section includes weak conclusions and/or incomplete efforts to integrate findings with relevant literatures.
3. Discussion section draws reasonable, if simple, conclusions and integrates with key findings from relevant literatures.
4. Discussion section draws accurate conclusions and broadly integrates all findings with results from relevant literatures.
5. Discussion section provides fully accurate conclusions that capture the main findings and contextualizes the findings with relevant literatures.

Competency: Comprehensively summarize the limitations of findings, their generalizability, of and their broader implications for future research

1. Discussion section is largely lacking in detail regarding limitations, generalizability, and broader implications.
2. Discussion section includes incomplete efforts to summarize limitations, generalizability, and broader implications.
3. Discussion section modestly summarizes key limitations, generalizability of findings, and implications in a narrow context.
4. Discussion section summarizes the limitations, generalizability, and implications of the work in a broad context.
5. Discussion section comprehensively summarizes the limitations, generalizability, and major implications of this work across broad and specific contexts.

APPENDIX H
Preliminary Examination Rubric

Criterion	**1 = Clearly below threshold. Not satisfactory.**	**2 = Marginally below threshold. Not satisfactory.**	**3 = Marginally above threshold. Satisfactory.**	**4 = Clearly above threshold. Satisfactory.**
Independence: The project must be conducted largely independently from the major advisor. However, "independence" should not be meant to signify "isolation" – the major advisor is expected to provide conceptual input early on in the process and may provide feedback on early drafts of the paper, or provide repeated feedback on various iterations of the grant proposal that often require advisor input.	No evidence of independence. Advisor is the "driving force" of the project, not the student.	Insufficient evidence of independence, or the unique contributions of the student and advisor are not well-defined. Student has completed some aspects of the project independently, but has relied substantially on feedback from the advisor.	Sufficient evidence of independence. The unique contributions of the student and advisor are well-defined. Student is clearly responsible for the majority of conceptualization and implementation of the project, although the advisor has also provided significant support.	Student is the "driving force" of the project. The unique contributions of student and advisor are well-defined. Student is clearly responsible for the large majority of conceptualization and implementation of the project, with only limited input from the advisor.
Integration: Student's project integrates at least two disparate areas of the field. Integration may be *vertical* (i.e., depth within a literature) or *horizontal* (i.e., breadth across literatures). *Vertical* integration involves thoroughly examining a single, relatively deep literature, identifying consistencies within it, and reconciling inconsistencies. *Horizontal* integration involves pulling together two or more disconnected literatures by translating the different concepts, methods, and findings between them.	No evidence of integration. Project is a summary of published literature with no attempt to address differences across studies.	Insufficient evidence of integration. A substantial portion of the project merely summarizes published research, with little attempt to address differences across studies.	Sufficient evidence of integration. A substantial portion of the project is dedicated to addressing theoretical, methodological, and/or empirical differences across studies.	Clear evidence of either vertical or horizontal integration. A large majority of the project is dedicated to addressing differences across studies.

Innovation: Student's project makes a unique contribution to the field. Innovation may be demonstrated by *proposing* a new research question and relevant methodology that builds upon previous work, or *testing* a new research question on extant data.	No evidence of innovation. No new research question is stated.	Insufficient evidence of innovation. A new research question is stated but the rationale is not entirely clear, or it is unclear how the question goes beyond the published literature.	Sufficient evidence of innovation. The new research question is adequately formulated and makes at least an incremental contribution to the published literature.	Clear evidence of innovation. The new research question has a clear rationale and goes well beyond the published literature.

APPENDIX I
Clinical Skills Checklist

By the end of graduate training, clinical students will be competent in each of the following skills.

Case Conceptualization/Theoretical Orientation

1. Understand the importance of evidence-based practice, including:
   a. The criteria used to determine whether specific theoretical approaches are considered to be "evidence-based"
   b. The limits of evidence-based practices across settings, treatment modalities, clinical presentations, and client demographics
   c. The best ways to modify or supplement evidence-based clinical practices to address these limits
   d. Competence in identifying and applying psychological research to practice for specific clients
2. Can conceptualize a case in at least two distinct theoretical orientations, at least one of which must lead to an evidence-based treatment approach. The conceptualization is personalized in a rich manner to a particular client's experiences.
3. Be competent using a broad CBT theoretical framework.
4. Develop case formulations that are used as hypotheses, leading to the selection of assessment approaches/ instruments, (dis)confirmation of hypotheses, and ultimately treatment strategies.
5. Recognize, discuss and defend the similarities and differences across different theoretical orientations, and articulate when integration of approaches seems appropriate.
6. Provide an informed argument regarding the strengths and limitations of specific theoretical orientations.
7. Can incorporate a developmental framework into case conceptualization and treatment planning.

Assessment

1. Administer, score, interpret, and deliver feedback (to both professional and lay audiences) regarding cognitive assessments.
2. Administer, score, interpret, and deliver feedback (to both professional and lay audiences) regarding structured and semi-structured diagnostic interviews.
3. Can construct a specialized assessment battery, using evidence-based assessment techniques, to thoroughly examine at least three separate diagnostic presentations (e.g., ADHD, anxiety, depression, learning disabilities, etc.). Students should be able to administer, score, interpret, and deliver feedback regarding this battery.
4. Recognize and screen for severe psychopathology, including psychosis.
5. Integrate results from assessment into case formulation and treatment planning.
6. Within treatment planning, can determine the most appropriate modality in terms of individual, couple, family, group therapy, etc.
7. Effectively incorporate ongoing assessments in order to monitor treatment progress and guide treatment decision-making, including altering initial treatment plans as appropriate.
8. Can conduct a screening to determine imminent risk for self- harm and other-harm and is knowledgeable regarding the specific protocol to follow if immediate action is necessary.
9. Understand when and how to obtain information from multiple reporters, and how to handle discrepancies in findings.
10. Understand the historic context of projective personality assessment techniques, and be broadly familiar with administration and scoring procedures.
11. Conduct an assessment or screening to investigate possible child maltreatment, and be knowledgeable regarding the specific protocol to follow when reporting suspected maltreatment.
12. Complete (administer, score, interpret, write) at least four assessment batteries including both cognitive and behavioral assessments, and information from multiple reporters.
13. Can screen and identify psychopathology in adults, adolescents, and children.

Intervention: Specific Techniques

1. Can execute basic behavioral and cognitive behavioral treatment techniques, including:
   a. Functional analysis of behavior
   b. Assigning and interpreting client thought records
   c. Cognitive restructuring exercises
   d. Systematic desensitization, imagery, relaxation
   e. Behavioral activation strategies to help promote adaptive behavior or minimize maladaptive behavior (e.g., mastery or pleasurable experiences to decrease depression).
   f. Implementation of appropriate skills training to assist in adaptive behavior (e.g., communication training, mindfulness training, etc.)
   g. Dialectical Behavior Therapy techniques
   h. Can implement a range of homework assignments to contribute to adaptive functioning outside of session
   i. Can use psychoeducation techniques appropriately
   j. Problem-solving skills training.
   k. Parent training and behavioral management plans.
2. Can conduct psychological treatment in more than one clinical setting or modality.

Intervention: Nonspecific Skills

1. Can understand and develop effective aspects of the therapeutic relationship, such as the communication of empathy, active collaboration, and positive therapeutic alliance (establishing a bond and agreement on therapeutic goals and tasks), that contribute to positive therapeutic outcomes.
2. Understands a wide range of therapeutic responses such as reflections, interpretations, questions, self-disclosures, advice etc. to achieve *specific* therapeutic goals.
3. Understands how one's own personality, attributes, etc. contributes to or interferes with therapeutic process.
4. Is attuned to diversity issues and their role in case conceptualization and assessment, and how to address diversity in therapy.
5. Can employ specific intervention techniques with appropriate timing and with individualization to a client's needs (i.e., flexible use of established treatments).
6. Knows how to terminate treatment, put gains and issues into perspective, consider future assistance, conduct relapse prevention, etc.
7. Understands, and can effectively implement in their clinical practice, ethical and legal standards such as informed consent, confidentiality, the setting of appropriate boundaries, and the documentation of services. Can present an organized case summary in presentation format.

APPENDIX J
External Practicum Guidelines

Clinical Psychology Program
Purdue University, Department of Psychological Sciences

General Ethos of Practicum Training

The basic foundation for clinical skills is developed through internal PPTRC practica experiences, primarily in years one, two, and three. More advanced clinical skills are developed through external practica experiences, generally in year four and beyond. All external practica aim to develop advanced skills in the implementation of evidence-based therapies and assessment.

Clinical Training Goals for External Practica

External practica vary with regard to setting, patient population, and treatment modality. It is expected that students will pursue those external practica that are most closely aligned with their long-term scientific and clinical career goals. While the specific experiences vary across each site, it is expected that all practica emphasize the following core goals for clinical training:

- *Clinical experience with relevant populations*: Students must obtain clinical experience, which includes treatment, assessment, consultation, program development, advocacy, and/or outreach. Practica experience must be with a clinical population, who are at significant risk for developing DSM-5 disorders, or who are caregivers for persons with DSM-5 disorders.
- *Technical skill acquisition*: Students should acquire a broader range of technical skills beyond those routinely utilized within the PPTRC. Students should gain experience with the implementation of these skills, making decisions about their use, and evaluating their outcomes.
- *Case conceptualization*: Students should gain experience with conceptualizing cases and becoming conversant with alternative conceptualizations.
- *Developing independence*: Students should gain experience with all phases of clinical work, functioning with only moderate supervision. This includes evaluating the clinical needs of a case, developing a plan of care, and carrying out assessment/intervention procedures.

Logistical Requirements for External Practica

The total number of hours spent per week in external practica will vary across sites, as will the division of hours between direct client contact, supervision, and other clinical duties. With these logistical differences in mind, it is expected that all external practica satisfy the following requirements:

- ***Total time*:** No more than two days per week (16 hours) can be spent in external practica.
- ***Direct client contact*:** At least 25% of total time, and no more than 75% of total time, should be in-person client contact that is direct interaction with a client in the same physical space.
- ***Supervision*:** The general rule of thumb is that students should receive at least 1 hour of supervision per 8 hours of clinical work (e.g., 1 hour supervision + 7 hours of combined direct and indirect hours). See the "Practicum Hours Worksheet" below for specific requirements for individual versus other types of supervision. Some portion of the student's clinical work must be supervised through direct observation (either in person or electronically) each semester.
- ***Other Clinical Duties***: In addition to direct clinical interaction and supervision, other time spent on external practica may include attending didactics, treatment team meetings, paperwork completion, report-writing, travel to treatment, and preparation for treatment. Tasks such as answering phones, processing billing, or other administrative tasks are not appropriate practicum training tasks.

APPENDIX J, ctd Practicum Hours Worksheet

These are the standards for licensure set forth by ASPPB:

Category	Code	Formula	Scenario #1	Scenario #2
Hours On-Site	**A**		**8**	**16**
Minimum Hours of Actual Practicum Activities	B	= ½ * (A)	4	8
Minimum Hours of Direct Client Contact	C	= ¼ * (A)	2	4
Minimum Hours of In-Person, 1:1 Supervision under licensed Psychologist responsible for services	D	= ¼ * (B)	1	2
Maximum Hours of In-Person, 1:1 Supervision (D) provided by non-licensed psychologist who is supervised by the person in (D); additional may be provided but does not count toward (D)	E	= ¼ * (D)	15 minutes	30 minutes

Hours accrued at practicum sites that do *not* meet these requirements may not be able to count toward licensure. In some states that require postdoctoral training hours, this issue becomes "moot," as the postdoctoral hours will be held to these standards to facilitate licensure.

> **Note:** From the ASPPB Supervision Guidelines (August 2015): "The following recommendations for practicum apply only to those experiences required for licensure. *Practicum experiences not used for licensure are under the purview of the academic training program*. Jurisdictions which require post-doctoral training for licensure do not generally regulate practicum training."

As is typical in many programs, Purdue permits conducting practicum hours at sites that do not meet these standards, including sites that (1) do not have opportunities for supervision that meet standards (D) and (E) in the above table, and (2) sites that are nearly all direct hours such as assessment clinics. In these cases, we have outlined *internal* requirements that must be satisfied.

Category	Code	Formula	Scenario #1	Scenario #2
Hours On-Site	**A**		**8**	**16**
Minimum Hours of Actual Practicum Activities	B	= ½ * (A)	4	8
Minimum Hours of Direct Client Contact	C	= ¼ * (A)	2	4
^Minimum Hours of In-Person, Supervision under licensed Psychologist	D	= ¼ * (B)	1	2
Maximum Hours of In-Person, 1:1 Supervision (D) provided by non-licensed psychologist who is supervised by the person in (D); additional may be provided but does not count toward (D)	E	= ¼ * (D)	15 minutes	30 minutes
NEW: Minimum hours of (D) conducted 1:1 by a licensed psychologist not affiliated with the site (e.g. faculty at Purdue); hours in (E) cannot be counted here	F	= ¼ * (D)	15 minutes	60 minutes
NEW: Maximum hours of (D) that can be satisfied by group supervision	G	= ¾ * (D)	45 minutes	60 minutes

^Supervision hours must reach minimum thresholds on a biweekly basis. In other words, students may alternate a 30-minute 1:1 supervision meeting with a 90-minute minute group supervision meeting.

APPENDIX K

A Sampling of Possible Outside Practicum Sites, Based on Past Student Placements

1. Veteran's Administration (VA): There are multiple opportunities through VA sites within the greater West Lafayette area. The Roudebush VAMC in Indianapolis offers training opportunities for assessment and treatment in multiple areas of practice including palliative care, LGBTQIA+ population, substance abuse, and trauma. The VA Community Based Outpatient Clinics (CBOCs) throughout Indiana also may offer rotations, including working with veterans experiencing homelessness and severe and persistent mental illness. There are also similar practicum opportunities through the VA site in Danville, Illinois, with rotations for application released each fall.

2. Indiana University School of Medicine: IU offers practicum rotations through the School of Medicine, IU Health and Riley Children's Hospital, for both adult and child/adolescent rotations. The rotations for application are released each winter and include opportunities in a variety of areas including: Neuropsychological/psychological evaluation, TAC Clinic (tics, anxiety, and compulsions), Adolescent Dual Diagnosis Clinic, Traumatic Stress Clinic, Gender Health Clinic, and Pediatric Behavioral Sleep Medicine.

3. Treatment: In addition to the rotation through the VA or IU, there are multiple independent sites offering a variety of therapy experiences. For example, sites such as Woodview Psychology Group or the Chicago DBT Institute both offer training in full model DBT, the Purdue Sports Medicine site offers opportunities in treatment and assessment for student athletes, including eating disorder treatment, Brave Life offers training in individual and couples therapy, and Valley Oaks Health offers training in treatment within a community-based mental health model.

4. Testing and Assessment: There are independent sites that allow additional training in psychological testing, for example, Dr. Kelly Earnst at Modern Mental Health, Dr. Tj Lesher at Enlightened Mental Health, and Dr. Allyssa Mattes at New Day Neuropsychology.

Other opportunities may be available at other sites within the greater West Lafayette area and a SharePoint document will be shared with the students and updated regularly. See the Clinic Director if you are interested in pursuing these or other opportunities

APPENDIX L

Clinical Psychology Program
Practicum Placement Agreement
Purdue University
Department of Psychological Sciences
703 Third Street, West Lafayette, IN 47907-2081 (765) 494-6977

This agreement specifies the conditions of a clinical psychology practicum for _____*(student)*_____ to be provided through *(supervisor/agency/placement)*, located at *(practicum site/primary location).*

Length of Experience and Hours
This experience will involve approximately _____ hours per week during the _____ semester of 202__, beginning _____(*date)*____ and ending _____*(date)*_____.

On-Site Supervisor and Contact
Supervision of clinically relevant activities will be provided by *(Onsite Supervisor)*, *(degree)*, a licensed psychologist (License #:_____), for at least one hour per week. The supervisor can be contacted at the following:
Address: _____
Phone/fax: _____
E-mail: _____
The contact for the Clinical Program will be *(External Prac. Supervisor or Director of Clinical Training)*.

Can students complete this practicum during one day/week at your site? YES NO

If students are available to participate on more than one day/week, would this be possible at your site? YES NO

If students are available to participate over the summer, would this be possible at your site? YES NO

Will supervisors use direct observation for a portion of their supervisory activities (either in-person or electronic)? YES NO

Specific Days/Times Required for Weekly Participation: _____
(If presence at a specific weekly meeting is required, students can make efforts to design their course schedules accordingly. Please note that students are not available on Fridays between 9:30-10:30 AM)

What proportion of time on this practicum will be spent in Direct Service hours (i.e., face-to-face interactions with clients conducting assessment or treatment?)_____%

Specific Training Activities
Briefly describe activities in the following areas. If one area is not relevant to your site, mark N/A.

ASSESSMENT (_____%)
(e.g., structured diagnostic interviewing, psychoeducational assessment and report writing, behavioral assessment, parent and child interviews)

INTERVENTION (_____%)
(e.g., individual and group therapy, crisis intervention, school-based intervention/prevention)

CONSULTATION (_____%)
(e.g., consultation/liaison, collaboration with other health care, mental health, or educational professionals)

SUPERVISION (hours/week) _____
(Please describe the amount of supervision, the setting in which it will be administered, and who will conduct the supervision. Also, please specify whether supervision will be based on the trainee's verbal report of cases, audio/videotaping of cases, or live observation.)

THEORETICAL ORIENTATION(S)
(Please describe the predominant theoretical orientations that will guide clinical supervision, including a detailed list of therapeutic procedures or assessment instruments that will be used on this rotation.)

PROFESSIONAL DEVELOPMENT (of trainee):
(Please describe professional development activities, which could include orientation to organization, participation in training, didactic experiences, case conferences, etc.)

LEARNING OBJECTIVES FOR PLACEMENT (please list):

1.

2.

BILLING
(If fees are generated by the services provided by the student, please specify procedures [or policies] for billing and utilization of these funds.)

INSURANCE

Purdue University will carry malpractice and liability insurance for the student during the period covered by this experience.

EVALUATION

Students' participation in this practicum rotation will involve the activities, procedures, responsibilities, and supervision experiences described above. All clinical activities, including clinical supervision, will be conducted in accordance with the ethical guidelines of the American Psychological Association. The student will be evaluated by the onsite supervisor at the end of the practicum experience. This evaluation will include an overall grade, and a written appraisal of the student's clinically relevant skills, execution of agreed-upon duties, and general professional and ethical behavior. The evaluation also will certify the total number of direct client contact and supervision hours obtained. Copies of this evaluation will be given to the student, supervisor, and the Director of Clinical Training.

_____	_____
Graduate Student signature	Date
_____	_____
(Onsite Supervisor)	Date
_____	_____
Director of Clinical Training	Date
_____	_____
Major Professor	Date

APPENDIX M

Clinical Supervisor Competency Evaluation Form: Assessment Version

Student Name: _____ **Date:** _____ ☐ **Mid-Year** ☐ **Final**

Name of Practicum: _____ **Year in Program: 2nd 3rd 4th 5th**

Rater: _____ **Additional Rater:** _____

Please indicate the sources of evaluation on which your evaluation is based for this time-period: (check all that apply)

☐ Direct observation ☐ Discussions in supervision ☐ Video tape review

☐ Feedback from others ☐ Participation in meetings ☐ Audio tape review

☐ Review of records ☐ Other, specify: _____

Please rate your student on the following competencies using the following scale:

1 = Development lags expectations; remedial action required

2 = Development lags expectations; can be addressed within supervision

3 = Developing as expected for current placement; working towards basic competency

4 = Achieved minimum competency (advanced practicum-level)

5 = Surpassed minimum competency (internship-level)

NA = Not Applicable or Unable to Judge

Please Note: Competency ratings of "3" and "2" are expected in the first (1^{ST}) and second (2^{ND}) practica and do not necessarily reflect deficits or deficiencies; instead, these ratings typically reflect appropriately developing competencies. Achievement of advanced and basic competencies (ratings of "4" or "5") should be evaluated from an absolute or objective perspective, not relative to the student's experience or training year. Competencies marked as **(A) are *Advanced Skills*** that may not be achieved until the internship year, even at the basic competency achievement level ("4"). Nearly all other competencies are expected to be achieved at the basic competency level by the end of the student's third (3^{RD}) practicum.

Please provide comments!

Scientific Foundation

1. Investigates or discusses the empirical literature related to diagnostic and assessment methods	1 2 3 4 5 NA
2. Understands the empirical support for the assessments implemented	1 2 3 4 5 NA
3. Actively incorporates elements of the Evidence-Based Practice Model into clinical decision making (A)	1 2 3 4 5 NA
4. Provides a coherent and acceptable rationale for using assessment methods based on an Evidence-Based Practice Model (A)	1 2 3 4 5 NA

Comments:

Standardized Assessment

1. Understands the basic concepts of standardized assessment (e.g., reliability, validity, standardized administration, norms)	1 2 3 4 5 NA
2. Aware of the benefits of standardized assessment over informal clinical assessment (i.e., clinical judgment)	1 2 3 4 5 NA
3. Aware of need to base diagnosis and assessment on multiple sources of information	1 2 3 4 5 NA

Comments:

Test Selection and Administration

1. Selects measures for a specific evaluation with the consultation of the supervisor	1 2 3 4 5 NA
2. Demonstrates knowledge of reliability and validity when selecting assessment methods	1 2 3 4 5 NA
3. Accurately gathers information on the presenting problem and relevant historical data	1 2 3 4 5 NA
4. Masters basic administration and scoring procedures for tests/measures commonly used at the practicum setting	1 2 3 4 5 NA
5. Makes useful behavioral observations and can present them in a coherent and meaningful description.	1 2 3 4 5 NA
6. Manages basic behavioral or motivational challenges during assessment sessions, fostering a positive task orientation in patients	1 2 3 4 5 NA
7. Fluent and comfortable with the clinical assessment process, to a point that allows a focus on the patient rather than on the assessment procedures (A)	1 2 3 4 5 NA
8. Demonstrates awareness of the need to select specific assessment measures that are appropriate to the patient and presenting problem (A)	1 2 3 4 5 NA

Test Selection and Administration continued…

9. Refined administration skills, especially with challenging patients who present with problematic behavior or suboptimal task orientation (A)	1 2 3 4 5 NA
10. Independently selects assessment measures for a specific battery, requiring little input from supervisor (A)	1 2 3 4 5 NA
11. Selection of assessment tools reflects a flexible approach that allows an efficient and effective focus on the specific patient and presenting problems (A)	1 2 3 4 5 NA

Comments:

Interpretation of Results

1. Basic mastery of interpretation of assessment results, including integrating interpretations from more than one assessment approach or measure to generate impressions and recommendations	1 2 3 4 5 NA
2. Interprets data with an understanding of the strengths and limitations of the assessment measures	1 2 3 4 5 NA
3. Demonstrates awareness and competent use of culturally sensitive instruments and norms (A)	1 2 3 4 5 NA
4. Generates independent clinical insights from interpretation of data (A)	1 2 3 4 5 NA

Comments:

Report Writing & Feedback

1. Basic competency at writing evaluation reports, presenting relevant history, impressions, and recommendations	1 2 3 4 5 NA
2. Basic skills for presenting evaluation results, participating in feedback discussions	1 2 3 4 5 NA
3. Personalizes recommendations and responsive to questions about recommendations when presented verbally to patient/parents (A)	1 2 3 4 5 NA
4. Conclusions and recommendations logically flow from results (A)	1 2 3 4 5 NA
5. Produces written reports with enhanced sophistication, emphasizing communication efficiency and readability/style (A)	1 2 3 4 5 NA
6. Refined skills for discussing evaluation results, as indicated by ability to lead feedback sessions (A)	1 2 3 4 5 NA
7. Reports reflect strengths, weaknesses, and limitations of data (A)	1 2 3 4 5 NA

Comments:

Diagnostic Skills

1. Understands basic diagnostic nomenclature and can assign DSM diagnoses	1 2 3 4 5 NA
2. Distinguishes developmentally normative behavior from clinically significant symptoms	1 2 3 4 5 NA
3. Uses concepts of differential diagnosis	1 2 3 4 5 NA
4. Accurately diagnoses many common problems or conditions	1 2 3 4 5 NA
5. Has a thorough knowledge of psychiatric classification (A)	1 2 3 4 5 NA
6. Accurately diagnoses complex, multiple, and/or unusual disorders (A)	1 2 3 4 5 NA
7. Independently develops an accurate diagnostic formulation that informs evaluation recommendations or treatment planning (A)	1 2 3 4 5 NA

Comments:

Case Formulation

1. Able to discuss cases or present reports with diagnostic formulation and case conceptualization	1 2 3 4 5 NA
2. Prepares basic reports which articulate theoretical material	1 2 3 4 5 NA
3. Independently prepares written case conceptualizations incorporating theory and case (A)	1 2 3 4 5 NA
4. Independently integrates multiple sources of information (e.g., interview, history, self-report) into consistently accurate case conceptualizations and diagnostic formulations (A)	1 2 3 4 5 NA

Comments:

Supervision, Consultation, and Collaboration

1. Consistently prepared for and actively engaged in the supervision process	1 2 3 4 5 NA
2. Aware of the purpose of clinical supervision and the roles of the supervisor and supervisee	1 2 3 4 5 NA
3. Demonstrates effective interpersonal communication with the supervisor	1 2 3 4 5 NA
4. Open to feedback during supervision, including willingness to admit errors and lack of "defensive" explanations for behavior (A)	1 2 3 4 5 NA
5. Seeks supervision to improve performance, presenting work for feedback, and integrating feedback into performance (A)	1 2 3 4 5 NA
6. Engages in reflection on supervision process, identifying areas of strength and those needing improvement (A)	1 2 3 4 5 NA
7. Readily identifies ethical dilemmas or questions in clinical cases, and applies an ethical decision-making model to resolve them (A)	1 2 3 4 5 NA

Supervision, Consultation, and Collaboration continued…

8. Effectively delivers consultation on clinical cases to colleagues and other professionals (A)	1 2 3 4 5 NA
9. Effectively interacts with other health professionals on clinical cases (A)	1 2 3 4 5 NA
10. Collaborates effectively on cases with other health professionals (A)	1 2 3 4 5 NA

Comments:

Professionalism

1. Consistently reliable and accountable for behavior (e.g., arrives on time, prepared for clinical activities, meets deadlines promptly, handles absences appropriately)	1 2 3 4 5 NA
2. Behavior is consistent with the professional values, ethics, and codes of conduct of psychology.	1 2 3 4 5 NA
3. Identifies and ethically addresses potential conflicts between personal belief systems, APA ethics code, and legal issues in practice	1 2 3 4 5 NA
4. Professional in communications, physical conduct, and attire	1 2 3 4 5 NA
5. Demonstrates concern for the welfare of others	1 2 3 4 5 NA
6. Demonstrates self-care, including attention to personal health and well-being, to assure effective professional functioning	1 2 3 4 5 NA
7. Developed and maintains effective and meaningful interpersonal relationships with other trainees, supervisors, and other staff	1 2 3 4 5 NA
8. Demonstrates appropriate and effective affective and self-regulatory skills (e.g., affect tolerance, tolerance of interpersonal differences, tolerance of ambiguity and uncertainty, effective negotiation of interpersonal differences, active problem solving, and appropriate disclosers regarding problematic interpersonal situations)	1 2 3 4 5 NA
9. Demonstrates appropriate and effective expressive skills (e.g., clear and articulate verbal and non-verbal expression of feelings and information).	1 2 3 4 5 NA

Comments:

Diversity

1. Demonstrates respect for cultures, languages, and other individual differences	1 2 3 4 5 NA
2. Consults experts regarding individual differences when appropriate	1 2 3 4 5 NA
3. Identifies and applies different approaches to assessment, intervention, consultation and other areas of psychological practice when culturally appropriate (A)	1 2 3 4 5 NA

Comments:

Site-Specific Competencies (IF ANY)

1.	1 2 3 4 5 NA
2.	1 2 3 4 5 NA
3.	1 2 3 4 5 NA
4.	1 2 3 4 5 NA
5.	1 2 3 4 5 NA

Overall, how would you rate this graduate student's performance, relative to the goals and expectations laid out at the beginning of the practicum experience, given the student's level of training?

- ○ SUPERIOR/EXCELLENT (exceptional talent and skill overall)
- ○ ABOVE STANDARD (Performance above basic levels in some areas)
- ○ STANDARD/AVERAGE (Basic competence; appropriate and effective performance in most areas)
- ○ BELOW STANDARD (Shows significant deficits requiring attention)
- ○ WELL-BELOW STANDARD (Shows pronounced deficits and unacceptable performance)

OVERALL COMMENTS:

APPENDIX N
Clinical Supervisor Competency Evaluation Form: Intervention Version

Student Name: _____ **Date:** _____ ☐ **Mid-Year** ☐ **Final**

Name of Practicum: _____ **Year in Program: 2nd 3rd 4th 5th**

Rater: _____ **Additional Rater:** _____

Please indicate the sources of evaluation on which your evaluation is based for this time-period: (check all that apply)

☐ Direct observation ☐ Discussions in supervision ☐ Video tape review

☐ Feedback from others ☐ Participation in meetings ☐ Audio tape review

☐ Review of records ☐ Other, specify: _____

Please rate your student on the following competencies using the following scale:

1 = Development lags expectations; remedial action required

2 = Development lags expectations; can be addressed within supervision

3 = Developing as expected for current placement; working towards basic competency

4 = Achieved minimum competency (advanced practicum-level)

5 = Surpassed minimum competency (internship-level)

NA = Not Applicable or Unable to Judge

Please Note: Competency ratings of "3" and "2" are expected in the first (1^{ST}) and second (2^{ND}) practica and do not necessarily reflect deficits or deficiencies; instead, these ratings typically reflect appropriately developing competencies. Achievement of advanced and basic competencies (ratings of "4" or "5") should be evaluated from an absolute or objective perspective, not relative to the student's experience or training year. Competencies marked as **(A) are *Advanced Skills*** that may not be achieved until the internship year, even at the basic competency achievement level ("4"). Nearly all other competencies are expected to be achieved at the basic competency level by the end of the student's third (3^{RD}) practicum.

Please provide comments!

Scientific Foundation

1. Investigates or discusses the empirical literature related to diagnosis, assessment, testing, and/or clinical interventions	1 2 3 4 5 NA
2. Understands the empirical support for the theoretical orientation, specific interventions, and/or assessment interventions implemented.	1 2 3 4 5 NA
3. Actively incorporates elements of the Evidence-Based Practice Model into clinical decision making (A)	1 2 3 4 5 NA
4. Provides a coherent and acceptable rationale for using and/or adapting interventions or assessments based on an Evidence-Based Practice Model (A)	1 2 3 4 5 NA

Comments:

Diagnostic Skills

1. Understands basic diagnostic nomenclature and can assign DSM diagnoses	1 2 3 4 5 NA
2. Distinguishes developmentally normative behavior from clinically significant symptoms	1 2 3 4 5 NA
3. Uses concepts of differential diagnosis	1 2 3 4 5 NA
4. Accurately diagnoses many common problems or conditions	1 2 3 4 5 NA
5. Has a thorough knowledge of psychiatric classification (A)	1 2 3 4 5 NA
6. Accurately diagnoses complex, multiple, and/or unusual disorders (A)	1 2 3 4 5 NA
7. Independently develops an accurate diagnostic formulation that informs evaluation recommendations or treatment planning (A)	1 2 3 4 5 NA

Comments:

Case Formulation

1. Able to discuss cases or present reports on diagnostic formulation and case conceptualization	1 2 3 4 5 NA
2. Prepares basic reports which articulate theoretical material	1 2 3 4 5 NA
3. Independently prepares written case conceptualizations incorporating theory and case (A)	1 2 3 4 5 NA
4. Independently integrates multiple sources of information (e.g., interview, history, self-report) into consistently accurate case conceptualizations and diagnostic formulations (A)	1 2 3 4 5 NA

Comments:

Treatment Planning

1. Produces and updates a treatment plan that logical relates to the current case formulation or conceptualization	1 2 3 4 5 NA
2. Identifies when it is necessary to consult with supervisor	1 2 3 4 5 NA
3. Assesses and documents treatment progress and outcomes	1 2 3 4 5 NA
4. Alters treatment plan based on outcomes of treatment evaluation	1 2 3 4 5 NA
5. Independently selects an intervention plan based on a well-articulated case formulation (A)	1 2 3 4 5 NA
6. Case formulation and treatment planning incorporate factors from the patient's larger life context, including individual and cultural diversity (A)	1 2 3 4 5 NA

Comments:

Foundational Therapeutic Skills

1. Demonstrates basic attending skills with patients	1 2 3 4 5 NA
2. Develops rapport and a therapeutic relationship with most patients	1 2 3 4 5 NA
3. Develops rapport and a therapeutic relationship with a wide variety of patients (A)	1 2 3 4 5 NA
4. Basic clinical skills are fully integrated and require little attention or effort to implement (A)	1 2 3 4 5 NA
5. Terminates treatment successfully (A)	1 2 3 4 5 NA
6. Assesses treatment effectiveness & efficiency using outcome data (A)	1 2 3 4 5 NA
7. Critically evaluates own performance as a clinician (A)	1 2 3 4 5 NA

Comments:

Model-Specific Therapeutic Skills

1. Articulates awareness of the theoretical basis for interventions used	1 2 3 4 5 NA
2. Successfully implements general strategies from at least one treatment model with empirical support	1 2 3 4 5 NA
3. Implements specific interventions from at least one treatment model with empirical support	1 2 3 4 5 NA
4. Independently articulates a theory of change consistent with a theoretical model (A)	1 2 3 4 5 NA
5. Independently and effectively implements a range of intervention strategies that are best matched to the patient, presenting problem, and practice setting (A)	1 2 3 4 5 NA
6. Recognizes the limitations of a theoretical model and manages those circumstances therapeutically (A)	1 2 3 4 5 NA
7. Demonstrates the ability to select interventions that are likely to be most effective for a specific problem and/or population in a specific practice setting (A)	1 2 3 4 5 NA

Comments:

Supervision, Consultation, and Collaboration

1. Consistently prepared for and actively engaged in the supervision process	1 2 3 4 5 NA
2. Aware of the purpose of clinical supervision and the roles of the supervisor and supervisee	1 2 3 4 5 NA
3. Demonstrates effective interpersonal communication with the supervisor	1 2 3 4 5 NA
4. Open to feedback during supervision, including willingness to admit errors and lack of "defensive" explanations for behavior (A)	1 2 3 4 5 NA
5. Seeks supervision to improve performance, presenting work for feedback, and integrating feedback into performance (A)	1 2 3 4 5 NA
6. Engages in reflection on supervision process, identifying areas of strength and those needing improvement (A)	1 2 3 4 5 NA
7. Readily identifies ethical dilemmas or questions in clinical cases, and applies an ethical decision-making model to resolve them (A)	1 2 3 4 5 NA
8. Effectively delivers consultation on clinical cases to colleagues and other professionals (A)	1 2 3 4 5 NA
9. Effectively interacts with other health professionals on clinical cases (A)	1 2 3 4 5 NA
10. Collaborates effectively on cases with other health professionals (A)	1 2 3 4 5 NA

Comments:

Professionalism

1. Consistently reliable and accountable for behavior (e.g., arrives on time, prepared for clinical activities, meets deadlines promptly, handles absences appropriately)	1 2 3 4 5 NA
2. Behavior is consistent with the professional values, ethics, and codes of conduct of psychology.	1 2 3 4 5 NA
3. Identifies and ethically addresses potential conflicts between personal belief systems, APA ethics code, and legal issues in practice	1 2 3 4 5 NA
4. Professional in communications, physical conduct, and attire	1 2 3 4 5 NA
5. Demonstrates concern for the welfare of others	1 2 3 4 5 NA
6. Demonstrates self-care, including attention to personal health and well-being, to assure effective professional functioning	1 2 3 4 5 NA
7. Developed and maintains effective and meaningful interpersonal relationships with other trainees, supervisors, and other staff	1 2 3 4 5 NA
8. Demonstrates appropriate and effective affective and self-regulatory skills (e.g., affect tolerance, tolerance of interpersonal differences, tolerance of ambiguity and uncertainty, effective negotiation of interpersonal differences, active problem solving, and appropriate disclosers regarding problematic interpersonal situations)	1 2 3 4 5 NA
9. Demonstrates appropriate and effective expressive skills (e.g., clear and articulate verbal and non-verbal expression of feelings and information).	1 2 3 4 5 NA

Comments:

Diversity

1. Demonstrates respect for cultures, languages, and other individual differences	1 2 3 4 5 NA
2. Consults experts regarding individual differences when appropriate	1 2 3 4 5 NA
3. Identifies and applies different approaches to assessment, intervention, consultation and other areas of psychological practice when culturally appropriate (A)	1 2 3 4 5 NA

Comments:

Site-Specific Competencies (If any)

6.	1 2 3 4 5 NA
7.	1 2 3 4 5 NA
8.	1 2 3 4 5 NA
9.	1 2 3 4 5 NA
10.	1 2 3 4 5 NA

Overall, how would you rate this graduate student's performance, relative to the goals and expectations laid out at the beginning of the practicum experience, given the student's level of training?

○ SUPERIOR/EXCELLENT (exceptional talent and skill overall; ready for internship)

○ ABOVE STANDARD (Performance above expected levels in some areas)

○ STANDARD/AVERAGE (Basic competence; appropriate and effective performance in most areas)

○ BELOW STANDARD (Shows significant deficits requiring attention)

○ WELL-BELOW STANDARD (Shows pronounced deficits and unacceptable performance)

OVERALL COMMENTS:

APPENDIX O
SEMESTER ACTIVITY REPORT

Please return to Sara. This is very important in keeping our files current and for the Annual APA Report. Please return by XXXXXXX.

Name _____

Year you entered _____

Please put a check mark or circle those items that apply to you from January 2xxx – May 2xxx.

Presented a Paper at a Conference? (list conference[s]: _____)

Presented a Poster at a Conference? (list conference[s]: _____)

Presented an Area Colloquium? _____

Presented at a Workshop? (list workshop[s]: _____)

Submitted an Article to a Journal? (number of submissions:)

Had an article published? (list journal[s]_____)

Had a book chapter or other work published? _____

TA'd for a course or Taught a course (Circle one that applies)_____

Proposed MS, Prelim, PHD (Circle one) (indicate month:_____)

Completed MS, Prelim, PHD (Circle one) (indicate month: _____)

Submitted an Internal Grant (if grant awarded, list source _____)

Submitted an External Grant (if grant awarded, list source _____)

Belonged to a professional society: (APA, ABCT, SRP, etc) (list:_____)

Did you receive any awards? (list:_____)

Did you receive any Funding (list Krueger, etc. _____)

If so, please explain how you used the money _____

_____

_____

Please list any conference presentations, publications, courses taught, degree requirements, grants or awards you expected. _____.

List anything else that you feel may be important….

SEE OTHER SIDE ►

Have you done a Practicum during January 2xxx – May 2xxx?

YES NO

Please enter your Practicum hours:

#1 Site

Site -

Supervisor -

Total Intervention and Assessment Hours =

Total Support Hours =

Total Supervision Hours =

#2 Site

Site -

Supervisor -

Total Intervention and Assessment Hours =

Total Support Hours =

Total Supervision Hours =

#3 Site

Site -

Supervisor –

Total Intervention and Assessment Hours =

Total Support Hours =

Total Supervision Hours =

If you have received research funding (Krueger, etc.) during this time, please explain how you have used the money.

APPENDIX P

Major Professor Competency Evaluation Form

Student Name:_____ Date: _____

Rater:_____Additional Rater/Co-Advisor: _____

Please rate the student on the following competencies using the following scale:

1 = Development lags expectations, remedial action required
2 = Development lags expectations, address within supervision
3 = Developing as expected towards basic competency
4 = Achieved basic competency
5 = Achieved advanced competency
NA = Not Applicable or Unable to Judge

Basic Research and Lab Skills

1. Aware of need for evidence to support assertions	1 2 3 4 5 NA
2. Questions assumptions of knowledge	1 2 3 4 5 NA
3. Reviews and appropriately evaluates the methodology and scientific basis of studies relevant to research in the lab	1 2 3 4 5 NA
4. Presents own work for the scrutiny of others	1 2 3 4 5 NA
5. Formulates appropriate research questions and hypotheses	1 2 3 4 5 NA
6. Identifies errors or areas for improvement when proofreading papers or grants that are being prepared for submission	1 2 3 4 5 NA
7. Identifies methodological strengths and weaknesses for articles under review	1 2 3 4 5 NA

Comments:

Scientific Foundation of Psychology

1. Knowledgeable of the bases of human behavior (biological, social, affective, and/or cognitive), as evidenced through lab discussions and/or work products in the lab (e.g., literature reviews, manuscripts, grant applications)	1 2 3 4 5 NA
2. Conducts a comprehensive and critical literature review that identified, applied, and communicated the best evidence for a specific topic or lab project	1 2 3 4 5 NA

Comments:

Ethics

1. Aware of the importance and role of ethics in the research activities conducted in the lab	1 2 3 4 5 NA
2. Aware of the legal and professional standards and guidelines associated with the research activities conducted in the lab	1 2 3 4 5 NA
3. Asked questions or raised concerns related to ethical, legal, and/or professional standards or guidelines in your lab	1 2 3 4 5 NA
4. Works on products (e.g., consent forms, applications) for and/or interacted with Northwestern's Institutional Review Board.	1 2 3 4 5 NA
5. The student's research in your lab complied with all ethical, legal, and/or professional standards or guidelines	1 2 3 4 5 NA
6. Seeks consultation regarding complex ethical and legal dilemmas to research conducted in the lab	1 2 3 4 5 NA

Comments:

Research Activity

1. Participates in research in your lab consistent with the scientific method	1 2 3 4 5 NA
2. Performs the following activities in your lab:	
a. Literature reviews and/or tables of the literature	1 2 3 4 5 NA
b. Development of research questions and hypotheses	1 2 3 4 5 NA
c. Data collection, management, variable preparation, and/or cleaning	1 2 3 4 5 NA
d. Data analyses	1 2 3 4 5 NA
e. Interpretation of results from data analyses	1 2 3 4 5 NA
f. Preparation of publications and presentations for dissemination	1 2 3 4 5 NA
g. Grant preparation	1 2 3 4 5 NA
3. Presents at a national or international professional meeting	1 2 3 4 5 NA
4. Publishes an empirical article in a peer-reviewed journal	1 2 3 4 5 NA

Comments:

Professionalism & Diversity

1. Consistently reliable and accountable for behavior (e.g., arrives on time, prepared, meets deadlines promptly, handles absences appropriately)	1 2 3 4 5 NA
2. Behavior is consistent with the professional values and codes of conduct of psychology.	1 2 3 4 5 NA
3. Identifies and ethically addresses potential conflicts between personal belief systems, APA ethics code and legal issues in practice	1 2 3 4 5 NA
4. Professional in communications, physical conduct, and attire	1 2 3 4 5 NA
5. Integrates into the lab and actively engages in lab activities	1 2 3 4 5 NA
6. Demonstrates self-care, including attention to personal health and well-being, to assure effective professional functioning	1 2 3 4 5 NA
7. Develops and maintains effective and meaningful interpersonal relationships with other graduate students, lab staff, and mentors	1 2 3 4 5 NA
8. Demonstrates appropriate and effective affective and self-regulatory skills (e.g., affect tolerance, tolerance of interpersonal differences, tolerance of ambiguity and uncertainty, effective negotiation of interpersonal differences, active problem solving, and appropriate disclosers regarding problematic interpersonal situations)	1 2 3 4 5 NA
9. Demonstrates appropriate and effective expressive skills (e.g., clear and articulate verbal and non-verbal expression of feelings and information).	1 2 3 4 5 NA
10. Demonstrates interest in understanding how issues of individual, cultural, sexual, and other aspects of diversity are represented in research area	1 2 3 4 5 NA
11. Monitors and applies knowledge of the role of culture and awareness of self and others in design and evaluation of research	1 2 3 4 5 NA
12. Applies knowledge, sensitivity, and understanding regarding individual and cultural diversity issues in translating research findings to clinically-relevant hypotheses.	1 2 3 4 5 NA

Comments:

Overall Comments on Progress: