DOCTORAL PROGRAM IN
CLINICAL PSYCHOLOGY (PSY.D.)

CLINICAL TRAINING HANDBOOK
2019-2020

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

Significant updates is the revision of the handbook:

- Added data regarding historical match rates of internships in psychology (p. 51).
- Addition of a disability accommodation policy (p. 61-65).
- Revisions to Guidelines for Submitting Pre-Practica Activities in Time2Track (p. 154-155).
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REGENT CLINICAL TRAINING PHILOSOPHY INTRODUCTION

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

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

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

A key distinctive of the DPCP at Regent University is the fact that all instruction occurs within the broad outlines of a Christian worldview. While Regent is not affiliated with any specific denomination or sect, it is committed to an evangelical Christian worldview. This broad commitment affords a great deal of variety in both faculty and student approaches to academic development. Our faculty and staff represent a wide range of Christian denominations. The DPCP’s Christian commitment brings with it additional implications for clinical training. First, the religious context is viewed as a ‘value-added’ component of clinical
training. Students do not receive a weakened or compromised professional training because of the religious component of the program. Rather a key element of the Christian worldview is the view of vocation as avocation. Since our careers are viewed as service contexts or ‘callings’ emerging from our more general spiritual commitments, an emphasis on ‘excellence’ ensues. Second, students are expected to become proficient in working with issues of religious diversity. Ethical and respectful approaches to working with client religious diversity are incorporated throughout the program. Finally, students are required to develop skills in the integration of psychology and Christianity. Although the DPCP does not mandate a specific approach to integration, students are expected to integrate Christian perspectives, practices or techniques in a professionally competent manner.

**DEFINITIONS**

The *pre-internship practica experience* is a minimum of 1600 hours duration. The practica training starts during the first year of the program with the pre-practicum sequence. Students begin by accumulating closely mentored supervised experience in clinical lab courses (interviewing, the basic assessment courses) and through observation activities. Students will typically accumulate a minimum of 100 hours of initial clinical experience during the first year. The intensive clinical practica sequence starts in the second year and runs continuously for six semesters (Fall, Spring, Summer). A total of 600 hours of supervised clinical experience per year must be acquired during the second and third year of the program. Students must maintain satisfactory progress in the accompanying seminar (Psy 733-738) each practica semester. During the fourth year, students complete the advanced practicum sequence. During the fall, they complete a clinical lab in conjunction with the Supervision and Consultation course (Psy 763). Students will accrue approximately 8 hours of experience in supervising beginning practica students, another 3 hours in a consultation project, as well as an advanced practica placement consisting of a minimum of 8 hours weekly. The pre-internship practica culminates in an Advanced Practica seminar during the fourth year (Psy 739 & 741). The consultation project is completed in PSY 741.

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

The **Site Supervisor** provides over-all supervision at the practica site and may delegate other site personnel to work with the student. The site supervisor will typically be a licensed clinical psychologist. However, there may be situations where supervision by another mental health professional is necessary for a portion of the students training. Such arrangements are acceptable providing the following conditions are met:

1) The student does not perform services that are outside of the mental health professionals’ regulated scope of practice (e.g., performing psychological testing under the supervision of a psychiatrist).
2) The student is obtaining supervised clinical experience in an area contained within the scope of practice for health service psychology.

3) The supervisor must be a licensed mental health professional, or under the supervision of such a supervisor.

4) The supervised training from a non-psychologist should be a small portion of the student’s overall training.

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

CLINICAL COMPETENCE

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

**Outcome Indicators:**

1. Practica Supervisor Evaluations of Student: Eight semester ratings by practica supervisors on the *Practica Student Evaluation Form*, final ratings of 3 or better (3=expected level of competency).

2. Faculty Mentor Ratings: Faculty Mentor ratings indicating competency is present on the *Request to Apply for Internship* form.

3. Dissertation Research: Student successfully completes a dissertation project and presents the findings.


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

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.

- Conduct research or other scholarly activities.

- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

**Outcome Indicators**: 3, 4

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

- Be knowledgeable of and act in accordance with each of the following:
  - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels;
  - Relevant professional standards and guidelines.

- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.

- Conduct self in an ethical manner in all professional activities.

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

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

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

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

• Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

Outcome Indicators: 1, 3, 5

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

• Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others

• Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

• Actively seek and demonstrate openness and responsiveness to feedback and supervision.

• Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Outcome Indicators: 1, 2, 4, 5

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

• Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

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

**Outcome Indicators:** 1, 4, 5

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

• Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology

• Demonstrate understanding of human behavior within its context

• Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment or diagnostic process

• Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

• Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

• Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

**Outcome Indicators:** 1, 4, 5

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

• Establish and maintain effective relationships with the recipients of psychological services.

• Develop evidence-based intervention plans specific to the service delivery goals.
• Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

• Demonstrate the ability to apply the relevant research literature to clinical decision making.

• Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

• Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Outcome Indicators: 1, 4, 5

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

• Demonstrate knowledge of supervision models and practices.

• Demonstrate knowledge of supervision ethics.

Outcome Indicators: 1, 4

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

• Demonstrate knowledge and respect for the roles and perspectives of other professions.

• Demonstrates knowledge of consultation models and practices.

Outcome Indicators: 1, 4, 5

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

• Address religious/spiritual problems.

• Engage psychology from a Christian worldview.

Outcome Indicators: 1, 4, 5

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

**FIRST YEAR – PRE-PRACTICUM**

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

- **Conducting a competent clinical interview**  
  **Outcome Assessment:** Clinical Interviewing Probe passed at a satisfactory level (Psy 621).

- **Conceptualizing a clinical case from two common therapeutic orientations (behavioral, cognitive-behavioral).**  
  **Outcome Assessment:** Case conceptualization Paper (Psy 627).

- **Accurately utilizing the DSM-5 nosology to perform differential diagnosis**  
  **Outcome Assessment:** Psychopathology Probe passed with a grade $\geq$ B (Psy 638).

- **Administration and interpretation of the current version of the Wechsler Adult Intelligence Scale (WAIS).**  
  **Outcome Assessment:** Intelligence Testing and Psychometrics Course test administrations (Psy 725) and Intelligence Testing Probe passed with a grade of 95% or better (Psy 725).

- **Administration and integrated interpretation of objective personality tests with particular emphasis on current versions of the MMPI and MCMI.**  
  **Outcome Assessment:** Personality Assessment and Psychometrics Course test administrations (Psy726) and Personality Assessment Probe passed with a grade $\geq$ B (Psy 726).

- **Familiarity with the intake process in the Psychological Services Center.**  
  **Outcome Assessment:** Completion of three supervised PSC intake process observations.
• Increased awareness of the role of multi-cultural and diversity factors in human adjustment.
  
  **Outcome Assessment**: Attendance at two PSI or diversity luncheon presentations and completion of any requirements as directed by the Multicultural Psychology instructor.

• Increased awareness of the role of the psychologist in interprofessional settings.
  
  **Outcome Assessment**: Attendance of a grand rounds presentations at Eastern Virginia Medical School (visit the website for a full calendar of events: https://cmetracker.net/EVMS/Publisher?page=pubOpen#/custom2).

**SECOND & THIRD YEAR – INTENSIVE PRACTICUM SEQUENCE**

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

• Amassing supervised clinical experience
  
  **Outcome Assessment**: 600 hour placement in the PSC. 150 direct client hours required.

• Presenting thorough, complete, and efficient case conceptualizations.
  
  **Outcome Assessment**: Passing performance of three case conceptualization probes in practica seminar (Psy 733-735)
  
  **Outcome Assessment**: Passing Psychotherapies II (Psy 628)

• Formulation & implementation of a competent treatment plan
  
  **Outcome Assessment**: Treatment planning probe passed with a grade \( \geq B \) (Psy 732)

• Designing an assessment battery and conveying results in a high quality integrated psychological report
  
  **Outcome Assessment**: Passing performance on Integrated Assessment probe (PSC)

• Demonstrating a coherent, ethical and competent integration of Christianity with clinical practice
  
  **Outcome Assessment**: Passing performance on Integration probe (PSC)

• Demonstrating basic competencies in psychotherapeutics and clinical work
  
  **Outcome Assessment**: Passing performance on Psychotherapeutics probe (PSC)
Outcome Assessment: Obtaining scores of “expected level” of competency or better in all domains on the practica supervisor evaluation by the final semester of practica experience (Psy 735)

• Competent handling of diversity issues in clinical practice

Outcome Assessment: Passing performance of Diversity Probe (PSC)

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

• Amassing advanced, supervised clinical experience

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

• Presenting thorough, complete, and efficient case conceptualizations.

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

• Demonstrating more advanced competencies in clinical work

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

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

The fourth year allows students to refine their clinical skills in preparation for pre-doctoral internship, as well as expand their opportunities for leadership. Students are provided advanced practica placements in community settings. Students may engage in novel clinical experiences, to extend their clinical repertoire, or continue to develop skills in specialty area that they intend to pursue during their internship year. Students must complete a minimum of an additional 300 hours of supervised fieldwork, over the course of two semesters. Although students may continue to practice at their assigned practica site passed the end of the spring term, contracts should not extend passed June. In addition to clinical practica, leadership experiences are obtained in the fall term through the provision of supervision to students in the PSC and in the spring term through the completion of a consultation project.
The DPCP has developed detailed criteria for the assessment of specific critical competencies at various stages in the program. The assessment of these competencies occurs through a series of clinical “probes.” These probes are utilized for formative and summative evaluation of the student’s clinical skill. Although the probes are not a formal part of the doctoral candidacy examination, summative probes must all be successfully passed before a student is eligible for candidacy review. Similarly, formative probes must be successfully passed before a student may participate in the internship match. Each of the probes is briefly described below. Scoring rubrics are available for completion by supervisors and course instructors in Time2Track; they are additionally presented in Appendix A. Students will be allowed one opportunity to retake failed probes in the clinical courses. If the student fails a second administration of a probe, they will normally be required to retake the clinical course and pass the probe on the third administration. **Students are not allowed to retake the probe a fourth time.** Students who fail probes assessed in the campus-training clinic, the Psychological Services Center (PSC), will also be allowed one re-administration of the probe. **Students who fail a PSC probe on its second re-administration will be viewed as in unsatisfactory standing during the annual review. Typically, students who fail course-based probes on the third administration, or clinic based probes on their second administration, will not be allowed to continue in the doctoral program.**

Final determination of student standing is such cases remains at the prerogative of the Clinical Training Committee (CTC) and the DPCP Program Director. When probes are based on actual clinical work (e.g. PSC based probes, the Clinical Assessment and Treatment Planning probe), the same case may not be used for more than two probes across the program. It is the student’s responsibility to structure their caseload in a manner that will allow fulfillment of the probe requirements by the deadline.

**COURSE BASED FORMATIVE PROBES:**

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

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

2. **Psy 638: Psychopathology:** Each student must generate current DSM and ICD diagnoses from a clinical case description provided by their instructor. Students will be allowed to use the current version of the DSM to accomplish this task. The probe focuses on
successful demonstration of the diagnostic criteria evidenced in the case and competent discussion of the differential diagnostic issues.

3. **Psy 725: Intelligence Testing**: Students must demonstrate competent administration and scoring of the current version of Wechsler Adult Intelligence Scale.

4. **Psy 726: Personality Assessment**: Students must write two interpretations of a case in which background information, and multiple personality assessments are reported, specifically a current version of the MMPI test. The first interpretation must be a comprehensive essay (approximately 3 pages) that integrates results from both tests to describe key personality domains. The second interpretation is a single paragraph response designed to answer a referral question from the testing data.

5. **Psy 733-737: Practica Case Presentations**: Students must demonstrate case presentation and conceptualization skills by obtaining a passing performance on five case presentations during the course of the practica training sequence. Students must present one case during each semester in which they are enrolled in practica. The cases will be drawn from their clinical experience at the practica sites. In the event of a failing performance, students will be allowed one additional attempt to successfully present a case during the same semester. However, a different case must be chosen for the presentation. Students also may not present on the same case for multiple semesters; a case may only be used **twice** throughout their program probe completions. Students are expected to address integration issues whenever appropriate in their case presentations. Students are expected to progress in their Case Presentation skills in complexity and nuanced understanding of clinical work from their first semester, PSY 733 to the last semester PSY 738. While the probe requirements remain consistent in PSY 733 – 737, the requirement for PSY 738 is more comprehensive (see below), to allow the student the opportunity to demonstrate this increased level of complexity.

6. **Psy 732: Clinical Assessment & Treatment Planning**: Students must submit a detailed treatment plan for a case to their course instructor. Treatment plans should make use of empirically supported treatments whenever possible and should incorporate spiritual/religious interventions when appropriate.

**PSYCHOLOGICAL SERVICES CENTER BASED PROBES:**
Each of the following probes will be submitted to the student’s clinical supervisor for evaluation. The probe requirement is satisfied when the assigned supervisor grades the probe as passing in Time2Track and the student approves the submission in Time2Track.

1. **Integrated Assessment**: Each student will select a battery of tests to address a client referral question and subsequently submit a report of a clinical evaluation based on a minimum of the following information: intake interview data, objective personality testing, projective personality testing, achievement testing, and intellectual assessment. The integrated testing battery rubric identifies the domains of assessment proficiency that must be adequately addressed in the report for competency in assessment and a passing performance.
2. **Psychotherapeutics:** Students must submit a treatment summary of a completed treatment case that fulfills the specified criteria. Pre and post-treatment outcome measurement data must also be provided. A passing score is obtained when the clinical supervisor determines the student has developed and implemented an appropriate treatment plan in a competent manner.

3. **Diversity:** Each student must demonstrate satisfaction of the diversity competencies outlined on this probe in their clinical work in the PSC. The clinical supervisor evaluates their performance on this probe. All students are required to provide clinical services to a client who represents a significant area of diversity in order to complete the probe.

4. **Integration:** In keeping with the Christian training context of the Regent University DPCP, each student will satisfy the requirements of the integration probe during the course of the placement in the PSC. The student must submit an “integration summary” to their clinical supervisor for consideration in evaluating integration competency. The integration summary is a typed, 5-7 page essay describing how each of the relevant criteria on the integration probe was evidenced in the student’s work on a particular case.

**COURSE BASED SUMMATIVE PROBES:**

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

1. **Psy 738: Practica Advanced Case Presentation:** Students must demonstrate advanced level case presentation and conceptualization skills by obtaining a passing performance on a case presentation in the Psy 738 section of practica. The student will conduct a formal case presentation on a client drawn from their clinical experience at the practica sites. In the event of a failing performance, students will be allowed one additional attempt to successfully present a case. However, a different case must be chosen for the presentation. Students also may not present on the same case utilized in a previous semester. Students are expected to address integration issues whenever appropriate in their case presentations.

2. **Psy 728: Advanced Assessment Report Writing Probe:** Students must demonstrate advanced level report writing skills by obtaining a passing performance on an assigned psychological report. Data will be provided in the Advanced Assessment course, and the student will be expected to appropriately interpret and integrate the findings in a well written assessment report. Although a specific score is not required to pass the probe, passing performance is determined by the course instructor when the probe criteria are met.

**NON-COURSE BASED SUMMATIVE PROBES:**

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

ACQUIRING & SHOWING COMPETENCE: MILEPOSTS & ROADBLOCKS

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

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

Revised August 2019
<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Outcome Indicator Category</th>
<th>Milepost for Passing Performance</th>
<th>Roadblock for Non-Passing Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Research</em></td>
<td>Academic Performance</td>
<td>Grade of ( \geq B ) in Psy 617 (Research Design)</td>
<td>Course must be repeated before doctoral comprehensive exams can be taken.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Passing grade in Psy718 (Professional Development and Dissertation Proposal Development)</td>
<td>Blog must be passed before doctoral comprehensive exams can be taken.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Passing grade in Psy 801 – 803 (Clinical Internship)</td>
<td>Dissertation Proposal Continuation (PSY 719) must be taken for consecutive semesters until dissertation proposal has been successfully passed.</td>
</tr>
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<td></td>
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<td></td>
<td>If student does not pass internship, another clinical internship must be completed and passed before graduation.</td>
</tr>
<tr>
<td><em>Dissertation Research</em></td>
<td>Passing dissertation defense</td>
<td></td>
<td>Dissertation must be passed before graduation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dissertation Continuation (PSY 704) must be taken for consecutive semesters until dissertation defense has been successfully passed.</td>
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<td>Student must participate in Practitioner-Scholar Research Symposium again in following year.</td>
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<td></td>
<td>Passing evaluation must be obtained before graduation.</td>
</tr>
<tr>
<td><em>Ethical and Legal Standards</em></td>
<td>Clinical Supervisor Ratings</td>
<td>Passing practicum section with no substandard performance on all</td>
<td>Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor.</td>
</tr>
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<td>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</td>
</tr>
<tr>
<td>Specific Competency</td>
<td>Outcome Indicator Category</td>
<td>Milepost for Passing Performance</td>
<td>Roadblock for Non-Passing Performance</td>
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<td></td>
<td></td>
<td>three ethics elements by end of placement</td>
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<tr>
<td>Annual Review</td>
<td>Satisfactory</td>
<td></td>
<td>Unsatisfactory rating of this competency based on PDFs, multiple notes of concern or other documentation of this competency would cause the student to remediate and not be able to enter doctoral candidacy and internship application.</td>
</tr>
<tr>
<td>Academic Performance</td>
<td>Grade of $\geq$B in Psy 661 (Ethics)</td>
<td></td>
<td>Course must be repeated before doctoral comprehensive exams can be taken or third year of practicum is begun.</td>
</tr>
<tr>
<td></td>
<td>Grade of $\geq$B in Psy 617 (Research Design)</td>
<td></td>
<td>Course must be repeated before Dissertation Methods Course (PSY700) can be taken.</td>
</tr>
<tr>
<td></td>
<td>Passing grade in Psy 700 (Dissertation Methods)</td>
<td></td>
<td>If student does not pass internship, another clinical internship must be completed and passed before graduation.</td>
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<tr>
<td></td>
<td>Passing grade in Psy 801 – 803 (Clinical Internship)</td>
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</tr>
<tr>
<td>Faculty Mentor Rating</td>
<td>Faculty rating $\geq$3 on Request to Apply for Internship form item 4.4 submitted to DCT</td>
<td></td>
<td>DCT does not grant student permission to go on internship until area of concern is remediated</td>
</tr>
</tbody>
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Revised August 2019
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<thead>
<tr>
<th>Specific Competency</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Clinical Probes</td>
<td>Must pass Advanced Case Presentation Probe to pass PSY 738&lt;br&gt;Passing ethics item of internship readiness portfolio is required for approval to apply for internship.</td>
<td>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT</td>
<td>Internship readiness portfolio probe must be passed before student is allowed to apply for internship.</td>
</tr>
<tr>
<td>Communication and Interpersonal Skills</td>
<td>Clinical Supervisor Ratings</td>
<td>Passing practicum section with no substandard performance on all three Communications and Interpersonal Skills elements by end of placement</td>
<td>Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</td>
</tr>
<tr>
<td>Academic Performance</td>
<td>Grade of $\geq$B in Psy 621 (Clinical Interviewing)&lt;br&gt;Grade of $\geq$B in Psy 725 (Intelligence Testing)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
</tr>
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<td>Specific Competency</td>
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<td></td>
<td>Grade of ≥B in Psy 726 (Personality Assessment)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
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<tr>
<td></td>
<td></td>
<td>Grade of ≥B in Psy 763 (Supervision and Consultation)</td>
<td>Course must be repeated before student is allowed to go on internship.</td>
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<td></td>
<td></td>
<td>Passing grade in Psy 801 – 803 (Clinical Internship)</td>
<td>If student does not pass internship, another clinical internship must be completed and passed before graduation.</td>
</tr>
<tr>
<td>Clinical Probes</td>
<td></td>
<td>Must pass Clinical Interviewing Probe to pass PSY621</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
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<tr>
<td></td>
<td></td>
<td>Must pass Integrated Assessment Probe to pass PSY 735</td>
<td>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Must pass Advanced Case Presentation Probe to pass PSY 738</td>
<td>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT</td>
</tr>
<tr>
<td></td>
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<td>Must pass Advanced Assessment Report Writing Probe to pass PSY728</td>
<td>Failure of Advanced Assessment would result in delayed application for internship.</td>
</tr>
<tr>
<td>Specific Competency</td>
<td>Outcome Indicator Category</td>
<td>Milepost for Passing Performance</td>
<td>Roadblock for Non-Passing Performance</td>
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<td>Passing communication and interpersonal skills item of internship readiness portfolio is required for approval to apply for internship.</td>
<td>Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</td>
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</tbody>
</table>

**Intervention**

**Clinical Supervisor Ratings**

- Passing practicum section with no substandard performance on all six Intervention elements by end of placement

**Academic Performance**

- Grade of ≥B in Psy 621 (Clinical Interviewing)
- Grade of ≥B in Psy 627 (Psychotherapies I)
- Grade of ≥ B in Psy 732 (Treatment Planning)

- Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.
- Student demonstrates failing performance in class & must repeat class. Failure would generally result in delay of student entering practicum sequence.
- Student demonstrates failing performance in class & must repeat class. Course must be repeated before doctoral comprehensive exams can be taken
<table>
<thead>
<tr>
<th>Specific Competency</th>
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<th>Milepost for Passing Performance</th>
<th>Roadblock for Non-Passing Performance</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Grade of ( \geq B ) in Psy 628</strong> <em>(Psychotherapies II)</em></td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Course must be repeated before doctoral comprehensive exams can be taken</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Passing grade in Psy 801 – 803 (Clinical Internship)</strong></td>
<td>If student does not pass internship, another clinical internship must be completed and passed before graduation.</td>
</tr>
<tr>
<td>Clinical Probes</td>
<td></td>
<td><strong>Must pass Clinical Interviewing Probe to pass PSY621</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>Must pass Treatment Planning Probe to pass PSY 732</strong></td>
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<td><strong>Must pass Psychotherapeutics Probe to pass PSY 735</strong></td>
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<td></td>
<td></td>
<td><strong>Must pass Advanced Case Presentation Probe to pass PSY 738</strong></td>
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<td></td>
<td><strong>Passing Intervention item of internship</strong></td>
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<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
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<td>Course must be repeated before doctoral comprehensive exams can be taken</td>
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<td>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT</td>
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<td>Portfolio must be passed in order for students to be given clearance by the DCT to apply for internship.</td>
</tr>
<tr>
<td>Specific Competency</td>
<td>Outcome Indicator Category</td>
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<td></td>
<td>readiness portfolio is required for approval to apply for internship.</td>
<td>Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Clinical Supervisor Ratings</td>
<td>Passing practicum section with no substandard performance on all seven Assessment elements by end of placement</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Course must be repeated before doctoral comprehensive exams can be taken.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grade of ≥B in Psy 614 (Clinical Child and Pediatric Psychology)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
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<tr>
<td></td>
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<td>Grade of ≥B in Psy 725 (Intelligence Testing)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grade of ≥B in Psy 638 (Psychopathology)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
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<tr>
<td></td>
<td></td>
<td>Grade of ≥ B in Psy 726 (Personality Assessment)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
</tr>
<tr>
<td>Academic Performance</td>
<td></td>
<td>Grade of ≥B in Psy 726 (Personality Assessment)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grade of ≥B in Psy 725 (Intelligence Testing)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grade of ≥B in Psy 638 (Psychopathology)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grade of ≥ B in Psy 726 (Personality Assessment)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
</tr>
<tr>
<td>Specific Competency</td>
<td>Outcome Indicator Category</td>
<td>Milepost for Passing Performance</td>
<td>Roadblock for Non-Passing Performance</td>
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<td></td>
<td>Grade of ≥ B in Psy 732 (Treatment Planning)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Course must be repeated before doctoral comprehensive exams can be taken</td>
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<tr>
<td></td>
<td></td>
<td>Passing performance in Psy 728 (Advanced Assessment)</td>
<td>Failure of Advanced Assessment would result in delayed application for internship.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Passing grade in Psy 801 – 803 (Clinical Internship)</td>
<td>If student does not pass internship, another clinical internship must be completed and passed before graduation.</td>
</tr>
<tr>
<td>Clinical Probes</td>
<td>Must pass Intelligence Testing Probe to pass PSY725</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
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</tr>
<tr>
<td></td>
<td>Must pass Psychopathology Probe to pass PSY 638</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
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</tr>
<tr>
<td></td>
<td>Must pass Personality Assessment Probe to pass PSY 726</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
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</tr>
<tr>
<td>Specific Competency</td>
<td>Outcome Indicator Category</td>
<td>Milepost for Passing Performance</td>
<td>Roadblock for Non-Passing Performance</td>
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<td>Must pass Treatment Planning Probe to pass PSY 732</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Course must be repeated before doctoral comprehensive exams can be taken</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Must pass Integrated Assessment Probe to pass PSY 735</td>
<td>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Must pass Advanced Case Presentation Probe to pass PSY 738</td>
<td>Failure of Advanced Assessment would result in delayed application for internship.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Must pass Advanced Assessment Report Writing Probe to pass PSY 728</td>
<td>Portfolio must be passed in order for students to be given clearance by the DCT to apply for internship.</td>
</tr>
<tr>
<td>Individual and Cultural Diversity</td>
<td>Clinical Supervisor Ratings</td>
<td>Passing practicum section with no</td>
<td>Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor.</td>
</tr>
<tr>
<td>Specific Competency</td>
<td>Outcome Indicator Category</td>
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<td>Roadblock for Non-Passing Performance</td>
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<td>substandard performance on all four Diversity elements by end of placement</td>
<td>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</td>
</tr>
<tr>
<td>Academic Performance</td>
<td>Grade of $\geq$ B in Psy 621 (Clinical Interviewing)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
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<tr>
<td></td>
<td>Grade of $\geq$ B in Psy 670 (Multicultural Psychology)</td>
<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
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<tr>
<td></td>
<td>Passing grade in Psy 801 – 803 (Clinical Internship)</td>
<td>If student does not pass internship, another clinical internship must be completed and passed before graduation.</td>
<td></td>
</tr>
<tr>
<td>Clinical Probes</td>
<td>Must pass Diversity Probe to pass PSY 735</td>
<td>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Passing diversity item of internship readiness portfolio is required for approval to apply for internship</td>
<td>Portfolio must be passed in order for students to be given clearance by the DCT to apply for internship.</td>
<td></td>
</tr>
<tr>
<td>Professional Values, Attitudes, and Behaviors</td>
<td>Clinical Supervisor Ratings</td>
<td>Passing practicum section with no substandard</td>
<td>Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor.</td>
</tr>
<tr>
<td>Specific Competency</td>
<td>Outcome Indicator Category</td>
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<td>Roadblock for Non-Passing Performance</td>
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<td>performance on all three Professionalism elements by end of placement</td>
<td>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</td>
</tr>
<tr>
<td>Academic Performance</td>
<td>Grade of $\geq$ B in Psy 600 (Clinical Psychology)</td>
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<td></td>
<td>Grade of $\geq$ B in Psy 661 (Ethics)</td>
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<td></td>
<td>Passing performance in Psy 718 (Professional Development and Dissertation Proposal Development)</td>
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<td></td>
<td>Passing grade in Psy 801 – 803 (Clinical Internship)</td>
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<tr>
<td>Clinical Probes</td>
<td>Must pass Advanced Case Presentation Probe to pass PSY 738</td>
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<td>Student demonstrates failing performance in class &amp; must repeat class. Failure would generally result in delay of student entering practicum sequence.</td>
<td>Course must be repeated before doctoral comprehensive exams can be taken or third year of practicum is begun. Course must be passed before doctoral comprehensive exams can be taken.</td>
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<td>If student does not pass internship, another clinical internship must be completed and passed before graduation.</td>
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<tr>
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<td></td>
<td>Passing professionalism and reflection items of internship readiness portfolio is required for approval to apply for internship.</td>
<td>Portfolio must be passed in order for students to be given clearance by the DCT to apply for internship.</td>
</tr>
<tr>
<td>Faculty Mentor Rating</td>
<td>Faculty rating ≥3 on Request to Apply for Internship form item 4.5 submitted to DCT</td>
<td>DCT does not grant student permission to go on internship until area of concern is remediated</td>
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</tr>
<tr>
<td>Supervision</td>
<td>Academic Performance</td>
<td>Grade of ≥ B in Psy 763 (Supervision and Consultation)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Passing grade in Psy 801 – 803 (Clinical Internship)</td>
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<td>Course must be repeated before student is allowed to go on internship.</td>
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<td>If student does not pass internship, another clinical internship must be completed and passed before graduation.</td>
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<tr>
<td>Clinical Supervisor Ratings</td>
<td>Passing practicum section with no substandard performance on two elements in area by end of placement</td>
<td>Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</td>
<td></td>
</tr>
<tr>
<td>Specific Competency</td>
<td>Outcome Indicator Category</td>
<td>Milepost for Passing Performance</td>
<td>Roadblock for Non-Passing Performance</td>
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<tr>
<td>Consultation and Interprofessional / Interdisciplinary Skills</td>
<td>Academic Performance</td>
<td>Grade of $\geq$ B in Psy 763 (Supervision and Consultation) &lt;br&gt; Grade of $\geq$ B in Psy 774 (Health Psychology and Integrated Medicine) &lt;br&gt; Passing grade in Psy 801 – 803 (Clinical Internship)</td>
<td>Course must be repeated before student is allowed to go on internship. &lt;br&gt; Course must be repeated before student is allowed to go on internship. &lt;br&gt; If student does not pass internship, another clinical internship must be completed and passed before graduation.</td>
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<tr>
<td>Clinical Probes</td>
<td>Passing practicum section with no substandard performance in two Supervision, Consultation, and Interprofessional Skills elements by end of placement</td>
<td>Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor. &lt;br&gt; Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT</td>
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<tr>
<td>Integration</td>
<td>Clinical Supervisor Ratings</td>
<td>Passing practicum section with no</td>
<td>Practicum instructor (PSY 735, PSY 738, PSY 741) receives failing evaluation from site supervisor.</td>
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Revised August 2019
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<tr>
<th>Specific Competency</th>
<th>Outcome Indicator Category</th>
<th>Milepost for Passing Performance</th>
<th>Roadblock for Non-Passing Performance</th>
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<td>substandard performance on all three Integration elements by end of placement</td>
<td>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT.</td>
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<tr>
<td>Academic Performance</td>
<td></td>
<td>Passing integration sequence is required prior to going on internship (PSY 776, PSY 777, PSY 778, PSY 779 &amp; PSY 780)</td>
<td>Course must be repeated before being allowed to go on internship.</td>
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<td>Clinical Probes</td>
<td>Must pass Integrated Assessment Probe to pass PSY 735</td>
<td>Student fails &amp; must repeat practicum and/or other remediation as indicated by the DCT</td>
<td>Portfolio must be passed in order for students to be given clearance by the DCT to apply for internship.</td>
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<td>Must pass Advanced Case Presentation Probe to pass PSY 738</td>
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<td></td>
<td>Passing integration essay on internship readiness portfolio is required for approval to apply for internship.</td>
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PRE-PRACTICUM

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

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

INTENSIVE PRACTICUM SEQUENCE (PSY 733-738)

**CLINICAL PRACTICA INTENSIVE SEQUENCE OVERVIEW**

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

Time to Track Requirement: All students are required to maintain an account in the Regent University institutional account for Time2Track ([www.time2track.com](http://www.time2track.com)). Failure to maintain an up-to-date account in Time to Track linked to the Regent University institutional account could result in a Professional Development form and remediation. Students are required to enter their clinical experience hours in T2T on a weekly basis.
Students must plan to take the practica sequence concurrently (e.g., fall, spring and summer semesters). Under some circumstances, students may petition to interrupt the sequence by not registering for practica for a semester due to unusual life circumstances. However, students are discouraged from interrupting the sequence for a number of reasons:

1) Because students must become oriented to a placement site before they can begin providing services, it is important to try to keep the number of placements over the six semester sequence to two or three sites.
2) An interruption in the practica sequence will generally create the need for an additional placement and thereby reduce the opportunities for clinical experience.
3) Students who do not comply with the intended course progression may jeopardize their standing in the program.

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

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

**PRACTICA GRADING**

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

**PRACTICA CLINICAL ACTIVITIES**

Practica opportunities are available at a wide range of sites such as the Regent University Psychological Services Center, Veteran’s hospital, private group practices, community mental health settings, inpatient centers, and hospital settings. Students may participate in team meetings, didactics, and oversight training groups which introduce them to the legal and ethical issues of practice, the practical issues of assessment and individual psychotherapy, case management and record keeping, and the administrative structure and functioning of clinical settings. All clinical activities should be accurately tracked in the student’s Time2Track account and associated hours should be reviewed and ‘signed off’ by an approved supervisor. A list of
the activities that can be entered into Time2Track, and examples of such activities, is provided in Appendix C. When questions arise as to how an experience should be documented, the DCT should be consulted. A few broad areas of emphasis will be present throughout most of the practica sites including:

1. Psychological Assessment: Students will be expected to become proficient in clinical and psychological assessment as evaluated by their supervisors.

2. Individual/Family Psychotherapy: The student may be involved in one-to-one psychotherapy with several clients. The practica may offer experiences in long-term and short-term individual interventions.

3. Group Work: The practica student may function in a variety of leadership capacities for various types of groups. This component of the practica will optimally also contain both long-term and short-term group activities. Functioning as a co-leader with a more experienced colleague is both appropriate and encouraged.

4. Social Systems Interventions: The student will gain exposure to and have a direct working experience with a variety of social systems including families, educational institutions, social welfare, and the legal system. This work may include consultation and program development, as well as direct intervention within a system such as family therapy or network intervention.

5. Colloquia/Clinical Practica Classes: Time spent in clinical practica course sessions and pre-approved didactic activities (conferences, clinical colloquia, guest lectures) may be logged as clinical training experiences.

6. Teaching Assistantships: Teaching or other purely didactic experiences may not replace any portion of the required practica experience. However, a portion of teaching responsibilities, which involve clinical supervision of lower level trainees, may be counted as “Other Psychological Experience” in Time2Track. Approval to include such activities in Time2Track must be granted by the DCT, through the use of the Advanced Professional Experiences Contract found in Appendix D.

7. Other activities: The student may also function in such roles as consultants, supervisors, administrators, researchers, program developers, and specialized assessment clinicians.

INTENSIVE PRACTICA SEQUENCE REQUIREMENTS

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

Basic Requirements

1. Time: The minimum requirement of 600 hours of practica experience per year is usually completed over the Fall, Spring, and Summer months of the academic term.
2. Content: The entire practica sequence is designed to provide the student with depth and breadth of experience. Each student will be expected, over the course of his or her career at Regent, to experience a range of roles, settings, populations, clients, clinical problems, and techniques.

3. Direct Experience with Clients: Students will typically devote large portions of their practica direct service time to assessment and intervention activities. The balance among the intervention modalities will vary according to both student needs and interests and the particular strengths of the practica agency. In some instances a particular practica agency may not be able to offer training experiences in all of the intervention areas that will typically be a part of the practica experience, but may still be an appropriate practica site because of the overall strength of its training program. Again, students are encouraged to be aware of licensure requirements regarding direct service provision.

4. On-Site Supervision: There is a minimum requirement of one hour of individual face-to-face supervision per week. In addition, one hour of group supervision is encouraged. The supervisory group must be small enough and last a sufficient amount of time so that each group member has a chance to regularly present and receive feedback on his or her work. Further, each student must be observed by their primary site supervisor at least once per semester conducting a clinical activity (e.g., therapy, intake, assessment). Beyond these, additional learning experiences such as case conferences, staff or agency meetings, seminars, colloquia, special projects and in-service training programs should be available to the student for professional development purposes.

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

5. Ethical Practice: It is critical that agencies involved in training students adhere to the highest standards of ethical professional practice, and impart these standards to students in training. In practical, meaningful ways, practicum sites and students must be familiar with the APA Ethical Principles of Psychologists (http:\www.apa.org) and
the laws of the state in which the site is located, and are expected to practice in accordance with these.

6. Documentation: Students are required to maintain careful documentation of their practica experience through their Time2Track account. The student should maintain personal copies of all of these materials which are to be submitted to the practica course instructor.

   a. A Log that is electronically approved or signed by relevant supervisors in Time2Track is to be completed at the end of each semester of practicum placement at each site during the intensive experience (Psy 733 - 738), and the end of the advanced practica semesters (Psy 739/741).

   b. An annual log, electronically approved or signed by relevant supervisors in Time2Track is to be completed at the end of the clinical training year in second, third and fourth year (Psy 735, 738 & 741).

   c. As part of PSY 718 (Professional Development) and Internship Readiness Portfolio Probe, students are also expected to complete the current version of the APPIC practica documentation form available at the APPIC web site, summarizing all clinical experience obtained in the program, including the pre-practicum experiences. The APPIC practicum documentation is contained within the uniform internship application and is subject to revision by APPIC. Students should periodically review the APPIC form to make sure they are keeping track of required information as they go through their practicum experiences.

   d. The student may also complete a site evaluation at the end of the placements and ensure that their supervisor completes a student evaluation each semester which is given to the practica instructors.

   e. A final log of approved hours should be completed, along with the DCT, prior to the student’s departure (typically in the summer of the 4th year). To this end, be sure that all hours are submitted in Time2Track and approved by designated supervisors. Work with the DCT to schedule an appointment for a final review of hours.

Specific Practica Policies

1. Practica at the Same Site for More than One Year: It is essential that students be exposed to a variety of training experiences, including varying theoretical perspectives, intervention techniques, populations, supervisors, and different service delivery systems. Thus, it is normally expected that students will complete a practica each year at a different agency. Since all students are placed in the campus clinic, the PSC, for their first year of practica, the second year typically involves a placement in a community agency. In rare cases, a student may be approved to complete their fourth year at the Psychological Services Center. Typically, this would only occur when an advanced training opportunity emerges.
2. Termination of Clinical Responsibilities Should Coincide with End of Three Semester Practica Sequence: Students must plan their caseload and other clinical responsibilities to terminate client work by the end of the final semester at a practica site. An exception is at the end of the third year external practica; students can continue to work at the site passed the end of the 10 week summer semester if the site is willing to supervise the clinical work. Also, students form real world clinical relationships with clients and all normal professional responsibilities apply. Students must not abandon their clients or prematurely terminate therapy relationships without ensuring an adequate transition to an alternative service provider; this includes during University breaks and holidays. A student who continues to provide supervised clinical experience beyond the end of the academic term due to a lack of minimum hours for the year in which the practica is scheduled to end must obtain permission from the Director of Clinical Training. In such cases, Clinical Practica Faculty will give the student a grade of “IP” (In Progress) and must continue to meet for clinical supervision with their site supervisor.

3. Private Practice as a Practica: Independent solo practices are not typically appropriate sites for 3rd year practica experiences, but may be more appropriate for the less intensive 4th year practica. Occasionally, practica may be developed within a private group practice, provided that the general requirements for all practica are met, and that the supervisor assumes full responsibility, clinically and financially, for the student’s work. All of these arrangements must be clearly specified in the student’s practica contract, with approval from the EPC and DCT.

4. Compensation: Students may be compensated for the work they perform while in practica. Regent strongly supports the policy of compensating students for practica experience. Compensation should be in the form of a stipend, which is agreed upon prior to the start of the practica.

5. Dual Relationships with Supervisors: It is unethical for students to receive practica supervision from persons when such supervision creates a conflicted dual relationship. This includes receiving supervision from a therapist, spouse, close relative, friend, and employer or employee. It is also unethical to engage in dual relationships of a sexual or romantic nature with a supervisor. As the APA Ethics Code states:

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

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

Although faculty supervise students during their first year of practica, the following considerations should be kept in mind. First, there is nothing in the faculty supervision role that should interfere with the broader faculty relationship to the student. The faculty-student relationship is one that is continuously evaluative, so clinical supervision does not generate a new context for evaluation. Secondly, the evaluative dimension of a
clinical training context might be viewed as inhibiting the student’s willingness to discuss personal issues which could interfere with therapy. In the event that such issues arise, students will be encouraged to pursue a separate course of therapy to address these concerns. Third, the clinical practice context at the PSC emphasizes clinical modalities that do not focus as intensely on countertransference issues.

6. Switching Practica Before Completing the Minimum Time Requirement: The student has an ethical responsibility to fulfill contractual commitments unless relieved of them explicitly by the DCT and the site. Problem solving prior to termination should always be attempted. If, for any reason, a student is unwilling or unable to complete a full rotation at a practicum site, he or she must immediately notify the EPC and the DCT. This must be done before terminating with the original placement. The student will not contract with a new practicum placement without the approval of the DCT. There is no guarantee that community sites will be willing to accept a practica student out of the normal start-up sequence in August. Therefore, an interruption in the practica sequence may require the student to withdraw from practica until the following year. Furthermore, such unexpected transitions often interfere with the progressive and cumulative nature of clinical training. Consequently, switching practice sites out of sequence will generally not be approved.

7. Initiating the Practica: All students are required to follow through on their practica arrangements in a timely manner and commence their practica experience immediately upon the beginning of the first semester at a site. Any student who, for whatever reason, is unable to do this must immediately notify the DCT. A non-participation report will be filed if the student is unable to commence their practica experience within the first week of the academic term without prior DCT approval.

8. Dividing Time between Two Placements: It is optimal to complete a practica experience in one setting for reasons of continuity, integration into an agency, and exposure to a given system. It may be necessary in some rare instances to divide the practica between two placements. The External Practica Coordinator (EPC) and DCT must grant approval for two site placements in one year, prior to the addition of a second site. The addition of secondary sites will be considered in November of each year. A request to the Practica Coordinator for a secondary site can be made through the Part-time Practicum Placement Request Form found in Appendix B.

9. Professional Liability Insurance: All students in practica are required to carry professional liability insurance. Students are required to have liability insurance the entire time they are enrolled in the DPCP. This liability insurance policy provides protection for the student only while he or she is attending the doctoral program and while he or she is on a practica or internship placement. The policy does not cover the student while engaging in non-school related professional activities. All students registered for Clinical Practica must provide written proof of liability insurance before beginning work on the site. Failure to comply with this requirement may result in removal from the assigned practicum site.

10. Additional Learning Opportunities: Students participate in an intensive case conference at Regent through the Clinical Practica Class. The Practica class will provide students with the opportunity of receiving additional input and feedback regarding the clinical cases they are carrying while on the practica. The Site Supervisor however, retains authority for case supervision. There should be at least two hours weekly of other types of learning
opportunities at the practica site including didactic augmentation of the clinical experience or doing co-therapy with a supervisor. Team meetings, case conferences, classes, grand rounds, group supervision, and seminars are all possible learning opportunities.

11. Required Extended Practica: Occasionally, prior to the internship, a student may be required to do an additional practica during the program in order to augment his or her clinical training and meet minimum hours of training before applying for internship. For instance, it is important that a student participate in a practica placement at the time of internship application and interviews, even if they have already completed all scheduled practica classes (PSY 733-739 & PSY741). Therefore, if a student extends their program of study, it will be important for the student to complete an additional year of practica training. This can be accomplished by registering for an Independent Study while completing further training at a practica site. In all cases this situation will be mandated as a result of a Special Review by the CTC, and the content and duration of this practica will also be prescribed by the Special Review.

12. Optional Practica Experiences: Students may sometimes elect to obtain additional practica experiences beyond those required by the DPCP, in order to augment their training or develop specialty interests. Such training opportunities are arranged on a case by case basis at the discretion of the DCT. All optional practica experiences require:
   a. a practica contract prior to beginning work at the placement,
   b. supervisor approved log (Time2track) per semester and annually submitted to their practica instructor (PSY733-741), and
   c. supervisor evaluation submitted to their practica instructor by the deadline set by the instructor.

13. Requests for Exceptions: All requests for exceptions to the clinical training requirements or sequence must be on Internal Communication Memo forms, typed, with supporting evidence attached, and submitted to the Director of Clinical Training.

PRACTICA SELECTION

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

1. Students should always begin the process of practica selection by consulting with their Clinical Practica Faculty and/or Faculty Mentor. These discussions should focus on the clinical experiences that the student should be looking for in the upcoming practica. An example practica site list is provided in Appendix B, which
will allow the student to consider possible options for practica. Please note, this list in Appendix B is just an example, and is not a current, or thorough, list of sites that will be available any given time.

2. After decisions have been made regarding the types of experiences appropriate for the student, he or she should search the Practica Site Description Document, which is maintained by the External Practica Coordinator, provided to each cohort in January of the prior academic year. This document contains information on all of the sites that are affiliated with the program and is continually updated. In addition to the information on the site description document, the Department also maintains site evaluations done by previous practica students at the site and by Clinical Practica Faculty after their site visits. Students are to begin their search by exploring possibilities in the sites which are currently affiliated with the program. In general, students are required to go to a Regent affiliated site. Students may explore the possibility of doing a practica at a site that has not yet affiliated with the program, but which has the resources to offer the training experiences which are required for practica. Students wishing to do this must first consult with the EPC (Dr. Jones). **Practica students will not be allowed to enter into a training contract with a site which has not completed the affiliation process.** Once prospective sites are identified, the EPC and the DCT will evaluate the site and make the final decision regarding approval. However, it should be noted that instituting an affiliation agreement can be time consuming, therefore, the processes should be initiated early in the practica selection process.

3. Rising Third year students must then submit a Practica Site Request form, ranking three to five desired practica experiences and describing career goals related to the upcoming practica experience. This form must be submitted to the External Practica Coordinator (EPC) by a date that will be specified each year in a memorandum. The EPC will evaluate the ranking list and goals in conjunction with the DCT. Students will be notified of a site that they may contact for a potential placement. Students are not permitted to pursue any practica placements without prior approval from the EPC.

4. Rising Fourth year students must submit their desired practica experiences to the practica coordinator by a date that will be specified each year in a memorandum. This should occur by early February. The EPC will evaluate the ranking list and goals in conjunction with the DCT. Students will be notified what site they may contact for a potential placement within two weeks.

5. In general, students can expect to receive approval to pursue at least one of the sites on their request form. It should be noted however that the program reserves the right to assign a student to a different site from those requested by the student based on career goals, training needs, or other factors. **Students may not contact the site for potential placement until approval has been received from**
the practicum coordinator. Failure to wait for approval may result in delay in securing a placement. Approval to pursue a practica placement does not guarantee that a site will agree to accept a particular student. Practica sites agree to offer practica opportunities to doctoral students on a voluntary basis.

6. Students who are not accepted by the practica site must notify the EPC immediately and pursue alternative placements approved by the EPC. Of note, due to demand, the remaining sites may not have been on the students’ original request form. However, the student is still obligated to contact the new site provided to them for placement. Students are not permitted to develop their own site after the Psy.D. Practicum Site Request Form has been submitted.

7. The student must submit a completed practica contract and all other required materials prior to the end of the summer term immediately preceding the academic term in which the practica is scheduled to begin. A hard copy of this contract must be submitted to the DCT by June 1 for signature. **This completed contract (with DCT signature) must then be turned in to the EPC before the summer term ends. Students who fail to have all required agreements and documentation completed prior to this period must withdraw from practica until a subsequent term.** The DCT must approve any extensions beyond the summer deadline.

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

**THE PRACTICA CONTRACT**

The practica contract (see Appendix B) has two purposes. First, it spells out the three-way agreement being made by the student, the practica site, and the doctoral program regarding the specific training experience. The contract clarifies the objectives, activities, and responsibilities of each of the three parties to the agreement. Second, the contract becomes part of the program’s documentation of how a student has structured his or her training experience in the placement setting. The practica contract also contains the ‘learning contract’ completed by the student and the site supervisor prior to the start of the practica experience. The learning contract specifies the amount and types of clinical experiences the site will provide for the student.
ADVANCED CLINICAL TRAINING SEQUENCE

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

a. A completed practica contract by the end of the summer term of the third year,
b. Supervisor approved log (Time2track) per semester submitted to their Advanced Practica instructor (PSY739 & PSY741), and
c. Supervisor evaluation submitted to their Advanced Practica instructor by the deadline set by the instructor.

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

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

Clinical Services: The third component of the Advanced Practica is providing Clinical Services. The advanced practica experience is coordinated with the Practica Coordinator (see above) and should consist of at least 8 hours of work weekly over 2 semesters. Students are especially encouraged to select practica sites that expand the student’s background and experience in areas that would benefit their preparation for internship.
Students may occasionally be invited to participate on faculty research or clinical projects in a leadership capacity, in order to fulfill the advance practica requirement. Students may also be directed towards certain types of experience that may be viewed as requiring further development. However, the advanced practica supervisor will be evaluating not only each student’s direct clinical performance, but also their skills in program development and implementation. Regardless of the practica experience sought, the advanced practica experience must be approved by the Practica Coordinator and DCT prior to beginning.

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

**FIFTH YEAR PRE-INTERNSHIP TRAINING**

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

a. a practica contract at the beginning of the year,

b. supervisor approved log (Time2track) per semester and annually submitted to the DCT, and

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

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

When the additional training experience involves clinical services in which regular supervision is required, it is expected that the agency will provide acceptable supervision by a licensed psychologist as required in (VI.D.4). Furthermore, a contractual agreement between the site and the university is required.

**EXTERNAL EMPLOYMENT IN CLINICAL POSITIONS**

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

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

This type of outside employment, while hopefully a productive learning experience for the student, is not regarded as formal training sanctioned by the Psy.D. program. While the experience is likely to be documented in a student’s curriculum vitae, it will not count toward official training hours in the student’s training file, or be reportable as Practicum hours or an Advanced Professional Experience. If a student obtains employment in which the duties and responsibilities are appropriate for doctoral training in clinical psychology, and supervision will be provided by a licensed psychologist, the student should apply for an Advanced Professional Experience and submit the related request form for approval to the DCT. The student can be paid for their professional experience, but they must be approved by the DCT regardless of income.

For the purposes of this authorization, your employment is not regarded as a component of the Regent University practicum series or training program, unless approved as an official practica. Therefore, your clinical activities will not count toward pre-doctoral Practicum training hours and your performance will not be documented in your clinical training file.
Despite the lack of formal departmental oversight, you are a student in the Regent University Doctoral Program in Clinical Psychology, and the Program is to be made cognizant of any clinical activities that you perform outside of the formal training program, just as the Program is cognizant of and assumes some responsibility for scholarly presentations outside of the school in which you may be identified as a Regent psychology student.

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

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

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

Students must make their employers aware of the following:

- Your employment is not regarded as an official university practicum placement.
- Regent University is not responsible for your performance at the worksite and does not provide any support for it.
- You are in training to become a clinical psychologist. Any training or experience you might obtain at the worksite could come in conflict with the values, ethics, and professional practice training you are receiving at Regent.
• Students are responsible to follow the guidelines and principles of the APA code of ethics relevant to the work they are performing in their workplace. At the novice level of the student in training, students can be unaware of ethical and legal obligations.

• Obtaining your PsyD degree necessitates scheduling, practica work and other work that may come in conflict with your responsibilities at the outside workplace. The student is expected to negotiate these differences. Moreover, the PsyD program expects students to prioritize their doctoral training activities in such a way that outside work does not interfere with training. This includes students who are “on call” for their outside work. Students cannot miss PsyD program practica, classes, colloquia or other requirements due to outside work responsibilities.

PRE-DOCTORAL INTERNSHIP

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

REQUESTING APPROVAL TO PURSUE AN INTERNSHIP:

Students must receive approval to apply to pre-doctoral internship. Approval is obtained by completion of a Request for Clearance to Apply to Pre-doctoral Internship form, which must be endorsed by the student’s Faculty Mentor and the DCT. The form is contained in Appendix E. It is the intention of DPCP that this internship be completed at an established APA accredited or Association of Psychology and Post-Doctoral Internship Centers (APPIC) approved internship site. These sites are described in the APPIC Directory (http://www.appic.org/).

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

APPLYING TO AN INTERNSHIP SITE:

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

1. Students should apply to a number of internships of varying degrees of competitiveness consistent with their training goals. It is a good idea to apply to a majority of sites that have accepted Regent Students in the past.

2. Students should take great care to ensure that their vita, completed application forms, and written correspondence to potential internship sites are of very high quality. Students should have these materials reviewed by several professionals such as their Faculty Mentor, the DCT or community supervisors.

3. Be prepared prior to application. Because internship sites receive many applications from strong students, it is important for each student to distinguish his or herself to the best of their ability. Internship sites often differ in the characteristics which they most highly value. For instance, internships at research based clinics will typically value students who have published in a relevant area and who have strong research skills. Community mental health settings may more highly value students who have a broad range of clinical experience prior to the internship. Students can often find out what is most valued at a particular site by talking with current interns and reviewing written materials describing the internship. Students should look for those sites, which seem to be the best ‘match’ with their existing strengths. There are a number of useful resources available to assist students in preparing for internships. Students are encouraged to review materials published on the Internet by the Canadian Council of Professional Psychology Programs at http://www.ccppp.ca/en/students.html.

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

6. Students applying for internship the first time are required to meet with the DCT for internship preparation meetings, interview preparation training meetings or any preparation meeting that the DCT deems to be required training and preparation for internship application. This includes working with the DCT to schedule mock internship interviews. The first meeting of the 2019-2000 academic year will be held on August 27, 2018 at 5:30 p.m.

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THE APPIC MATCHING PROCESS:

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

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

2. AFTER OBTAINING DCT APPROVAL, applicants must register with NMS to participate in the matching process. Registration should be completed as early as possible (typically early in October) so that students can place their identifying number on application materials. There is a fee for participating in the matching program which must be paid to NMS by each student.

3. At the end of the application period, each internship site and applicant completes a rank ordering of their preferences. You must obtain DCT approval prior to submitting your rank list. After reaching agreement with the DCT for your rank list, you may not change your rank list without DCT notification and approval.
This listing is submitted to National Matching Services. *No information about ranking or preferences may be communicated by either the applicant or internship site.*

4. Rank ordered lists for both Phase I and Phase II of the match must be sent to NMS by the date specified by APPIC/NMS: Phase I occurs in February and Phase II occurs in March.

5. On the specified date in February students will be informed whether or not they were successfully matched and to what program they were matched. All notifications will be sent from NMS by email, however, the student should also be available by phone as the site is likely to contact the student directly as well.

6. Students who do not match with an internship in Phase I will be expected to submit applications and rankings for Phase II of the match, as specified by APPIC/NMS. Students who do not match with an internship in Phase II may submit applications to internships in the Post-vacancy Match following Phase II. Options for Post-vacancy matches are first announced on Match day for Phase II. New opportunities for internships are posted on the Post-vacancy list from the APPIC website daily, and are typically posted well into the summer.

7. Most students who do not match to an internship in their first year of internship application will have the option to enter the APPIC match the following year.

8. If a student does not match to an internship in their second year of application through the Regent DPCP, they should expect to complete a designed internship outside of the purview of the APPIC internship match system. In most cases, this will mean that the student will not be able to complete an APA or APPIC-approved internship and income from the internship may be minimal or not available.

**DPCP REQUIREMENTS:**

Obtaining an accredited internship is a very competitive process. In 2013, only 56% of the internships listed by APPIC were APA-approved. APPIC reported that 19% of participating applicants in the 2013 match were not matched to a site. In the 2013 Match (Combined Phase I and II), 69% of PsyD students matched. However, students are encouraged to be strategic and remain positive, as match rates have improved in recent years. In 2018, 3,940 internship positions were available through the Match; 3,366 of which were APA accredited. Although only 80% of Clinical Psy.D. students nationally matched during Phase I of the Match, 100% of Regent PsyD students matched during Phase I. Regent University’s match rates for the previous years are available on the PsyD website. Consecutive APPIC surveys have revealed that students who either limited themselves geographically or exclusively to highly competitive sites often had the greatest difficulty being matched. Students should be
preparing for the significant application effort and expense of travel for interviews needed for a successful match. The following procedures must be followed for a student to receive program approval of an internship experience.

1. Students will make a reasonable effort to obtain an APA or APPIC accredited internship site. Minimum indications of a “reasonable effort” to obtain an APA or APPIC internship include the following:
   
   a). Students will apply to at least 15 internship sites of varying degrees of competitiveness. Level of competition for a site is evaluated by a variety of factors, most notably one should consider 1) APA accreditation 2) the ratio of applicants to interns accepted noted in the APPIC directory 3) the site’s history of matching with Regent students, and 4) the relative number of PsyD students typically accepted at the site. The sites should be APA accredited or APPIC approved but at least 1 of the sites must be APA accredited, and a minimum of five sites must be evaluated as ‘lower competition.’

   b). Students will complete all applications in a timely manner and make sure that completed applications have been received by the internship sites prior to the application deadlines.

   c). Students will ensure that their applications display high quality in their preparation, thoroughness, and relevance to the goals of the internship site.

   d). Students will apply to sites that match their training, background and interests. It is not appropriate to apply to sites if you do not meet their minimum requirements for application or have no experience with the primary focus of the site (e.g., you have no child therapy experience and the site is a child-focused site).

   e). Students applying to highly diverse and specialized sites will produce a unique set of essays to appropriately address this diversity. For instance, if a student is seeking placements at UCC sites in addition to other sites (i.e. correctional, medical), a separate set of essays addressing the unique aspects of clinical work with student populations in the UCC environment will be created.

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

2. If students have not procured an internship on the match day of Phase I, they will schedule a meeting with the DCT on match day and select at least 5 additional internship sites listed on the APPIC web site (www.appic.org) to apply to in Phase II. Students who do not match in Phase II will be expected to discuss Post-vacancy internship options with the DCT, and to apply to appropriate internships as they become available after Phase II.

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

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

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

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

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

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

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

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

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

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

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

INTERNATIONAL STUDENT ISSUES:
All students who are required to obtain a work permit or green card to complete an internship, due to immigration or other law, must inform the DCT of the status of their ability to work in the United States before applying to any internship sites and keep the DCT informed of their progress towards clearance for internship training. The student must work with the internship site that selects them to ensure all immigration paperwork is complete in a timely manner.
PROFESSIONAL PRACTICE INSURANCE:
Please be aware that professional practice insurance must be maintained per program guidelines. See below (XIII).

RIGHTS AND RESPONSIBILITIES

DOCTORAL STUDENTS

Rights

1. The student has a right to know the criteria for evaluation in the practica and to receive progress evaluations from the faculty practica supervisor [instructor] on a regular, systematic basis.

2. The student has a right to expect regular supervision and feedback in the management of cases as scheduled by the site supervisor and professional staff.

3. The student has a right to know the procedure for handling emergencies.

4. The student has a right to ask questions regarding the therapeutic process and the correct handling of cases.

5. The student has a right to have the practica field experience rules and guidelines of the Psy.D. Program explained fully.

Responsibilities

1. Proactively participating in the practica experience by:
   a. prompt, regular attendance in practica;
   b. being prepared to spontaneously discuss cases or other aspects of their clinical placements during each weekly practica seminar meeting.
   c. notifying the practica instructor of any conflicts or situations which may cause an absence from the weekly course seminar meetings. No more than two (2) absences from these meetings will be allowed during the duration of a practica.

2. Practice in a competent manner that does “no harm” to clients. This means that students must:
   a. request additional supervision if needed;
   b. be self-aware and open about their own limitations;
   c. expeditiously inform the site supervisor of significant problems with cases or client emergencies;
   d. seek adjunctive training as needed beyond that which may be provided in the formal structure of the program. This may take the form of additional reading, consultation, or attendance at training seminars.
Note: It is common for beginning students to feel uneasy about assuming real world clinical responsibilities. Students are not expected to start their practica experience already proficient in professional competencies. However, they should take their clinical responsibilities seriously, operating under appropriate supervision in a teachable, self-aware manner.

3. Complete administrative requirements of DPCP and the clinical site. Examples include:
   a. Completing client records in a timely and professional manner;
   b. submitting required practica documentation to the DCT;
   c. maintaining personal copies of electronic practica documentation through Time2Track and approving Case Presentation Probe submissions from Faculty Practica Instructor in Time2Track by the indicated deadline. Failure to do so will result in an IP grade;
   d. and being available for required work hours.

4. Adhere to Ethical Standards of the American Psychological Association (APA). These may be obtained from the APA website at: www.apa.org

FACULTY PRACTICA INSTRUCTOR

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

 Responsibilities
1. Performing Case Presentation Probe Evaluations in Time2Track
2. Scheduling and evaluating practica case presentations using the case presentation probe checklist
3. Providing the DCT with completed copies of the case presentation probe evaluation worksheet in Time2Track
4. Providing students with feedback about their performance on the probe
5. Monitoring student skill development and informing the student/DCT of any significant areas of deficiency those become evident
6. Informing the DCT of high-risk clinical or administrative situations
7. Focusing on integration issues in case discussions whenever appropriate
8. Ensuring that all required documentation has been submitted before a passing grade is assigned to a student. This includes the following:
   a. Write-Up for Case Presentation (after reviewed this may be returned to the student)
   b. Approved Case Presentation Probe in Time2Track
c. Review of approved hours per semester, and annually, in Time2Track

d. Ensuring that all required materials are provided to the DCT

9. Evaluating the clinical hours accumulated by the student each semester. NOTE: No student may receive a passing grade for Psy 735, 738, or 741 who has not completed at least 600, 1200, and 1500 hours of accumulated practica experience by the end of the respective semesters! Although it is the student's responsibility to ensure that they are accumulating adequate hours, it is the practica instructor's responsibility to verify that this has occurred.

SITE SUPERVISOR

Rights

1. Interviewing and approving/rejecting student applicants for the placement at the supervisor’s site
2. Having doctoral students available to provide agreed upon clinical services approximately 15 hours per week
3. Having students operate only in a manner and within a range of activities authorized by the supervisor
4. Attendance at site supervisor training events and the doctoral colloquia series
5. Receiving information about DPCP requirements and administrative procedures required of practica sites
6. Being able to pass on information about the student’s performance, the DPCP or any other related concerns to the Practicum Coordinator, DCT and/or the student's practica instructor
7. Assigning the clinically relevant ‘didactic’ exercises that require use of available Regent University resources (e.g., consultation with faculty in specialty areas, use of the library holdings and internet searches)

Responsibilities

1. Establishing a practica contract with students placed at the site which delineates:
   a. the practica work schedule;
   b. the range of activities that will occur in the practica experience;
   c. and the supervision arrangements.

2. Site supervisors must also provide an orientation to the site which addresses relevant topics such as:
   a. standard operating procedures of the agency including confidentiality, professional expectations, and ethical standards;
   b. schedule of supervision available for the student;
   c. and introductions to other personnel at the site
3. Completing all required DPCP documentation in a timely manner, ensuring that students are working agreed upon hours

4. Adopt a mentoring-training role in relation to the student - Although the students will be expected to provide direct clinical services, an incremental approach to assigning students such tasks is advised

5. Each site will provide two hours of supervision that should be given on a weekly basis plus informal consultation as needed. One hour of this supervision must be one-on-one. The other hour may consist of participation in a clinically oriented case conference or clinic staff meeting.

CHECKLIST OF STUDENT PRACTICA REQUIREMENTS

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

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

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

One Copy Of:

❑ Ethical Agreement

❑ Copy of Liability Insurance face sheet

❑ Completed Practica Site Contract

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

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

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

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

☐ All students should complete a Student Site Evaluation during the last semester in which the student is placed at a practicum site.
# CLINICAL TRAINING PROGRESSION TRACKING SHEET

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<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
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<td>* Case Presentation Probe 1 (Psy 733)</td>
<td>* Case Presentation Probe 4 (Psy 736)</td>
<td>* Internship Readiness Portfolio Probe</td>
<td>* Approved Internship Experience (1500</td>
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<td>* Case Presentation Probe 2 (Psy 734)</td>
<td>* Case Presentation Probe 5 (Psy 737)</td>
<td>* Advanced Assessment Report Writing Probe  (Psy 728)</td>
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<td>* Pre-Practicum activities completed and</td>
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<td>* Completed Student Internship Training</td>
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<td></td>
<td>- Ethical Agreement,</td>
<td>DCT by October 5.</td>
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<td></td>
<td>- Liability waiver,</td>
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<td>- Liability Insurance,</td>
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<td></td>
<td>- Practica Contract</td>
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<td>* ≥600 hours of practica experience</td>
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<td>obtained. (Psy 733-735)</td>
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<td></td>
<td>* Three Site Supervisor Evaluations (Psy</td>
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<td>733-735)</td>
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<td></td>
<td>* Weekly entry of experience hours in</td>
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<tr>
<td></td>
<td>Time2Track, submitted to relevant</td>
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<td>supervisor(s) before the end of each</td>
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<td></td>
<td>semester</td>
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<td></td>
<td>* Student Site Evaluation (Psy 735)</td>
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<tr>
<td></td>
<td>* One ANNUAL Clinical log (Time2track)</td>
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<td></td>
<td>submitted to practica instructor.</td>
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<td>* Practica Site Request Form (January)</td>
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</tbody>
</table>

Student Name: ________________________

Year Entering DPCP: ____________________
LIABILITY INSURANCE

All students in the School of Psychology and Counseling must have a copy of the Proof of Liability Insurance Coverage in their clinical training folder maintained by the Director of Clinical Training.

Psy. D. students are required to purchase the minimum amount of 2.5 million dollars per incident and an aggregate of four million dollars. Individual practica sites may require higher than the Regent minimum amount. During internships outside of Virginia, students may find that this level of coverage is not available. In such cases, students are to obtain the maximum allowed rate that is less than the 2/4 million coverage required for Virginia. Students must submit a copy of their insurance coverage face sheet to the Psy.D. program Academic Services Manager by the start of each fall term and any immediately upon any change in policy during the academic year. No student may participate in any aspect of the clinical training sequence that has not provided evidence to the program of current insurance coverage.

The following are two common sources of Student Liability Insurance:

1. American Psychological Association Insurance Trust
   http://www.apait.org
   750 First Street, NE
   Suite 605
   Washington, DC 20002-4242
   800-477-1200

2. The American Professional Agency, Inc.
   http://www.americanprofessional.com/
   95 Broadway
   Amityville, New York 11701
   (800) 421-6694

If your 1 year of coverage lapses before the completion of the internship, you will need to contact the provider to extend your premium and coverage.

DISABILITY ACCOMMODATIONS POLICY

Requesting Accommodations

Revised August 2019
Students with a disability that impacts their ability to meet the expectations for clinical work within the program, or more specifically the practicum experience, may request accommodations. Such a request must begin with the Office of Counseling & Disability Services in Student Services. When a student requests accommodations and services from Regent, a procedure for determining appropriate and reasonable accommodations will take place. This will entail an interactive process between the student and the school. All accommodations are considered on a case by case basis. Students who think that they might need disability related accommodations should begin this process as soon as possible. Students should be aware that the process for accommodations may take time to be established and implemented. Some services or accommodations require considerable review of the student’s documentation of a disability; therefore it is important for students to plan ahead. Accommodations cannot be provided until formal documentation has been provided to the Director of Clinical Training by Disability Services personnel. Such documentation will be provided in the form of a Learning Support Plan; the nature of the disability will not be disclosed. Accommodations cannot be applied retroactively. Therefore, it is the student’s responsibility to begin the process well in advance of the semester in which the accommodations are requested.

**Acquiring Documentation**

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

**Receiving Accommodations**

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

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

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

Similarly, students should take into consideration that the Regent University Office of Counseling & Disability Services may accept documentation that a licensure agent may not. For students that anticipate requesting accommodations for some aspect of the licensure process it is strongly suggested that students consider updating their documentation to confirm that the accommodations they receive in school is consistent with the licensing agency. This consistency may be important in demonstrating a history of accommodations. Students should contact the license-awarding agency to see what standard might apply to them.
The American Psychological Association has produced a “Resource Guide for Psychology Graduate Students with Disabilities” that contains a compilation of articles that may be useful in considering how a student with disabilities can best prepare beyond the graduate school experience (https://www.apa.org/pi/disability/resources/publications/second-edition-guide.pdf).
APPENDICES FOR CLINICAL TRAINING HANDBOOK

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

APPENDIX A: PROBE SCORING RUBRICS

CLINICAL INTERVIEWING
PSYCHOPATHOLOGY
INTELLIGENCE TESTING
PERSONALITY ASSESSMENT
TREATMENT PLANNING
CASE PRESENTATION
INTEGRATED ASSESSMENT
PSYCHOTHERAPEUTICS
DIVERSITY
INTEGRATION
ADVANCED CASE PRESENTATION
ADVANCED ASSESSMENT REPORT WRITING
INTERNSHIP READINESS PORTFOLIO
CLINICAL INTERVIEWING PROBE: VIDEO RECORDING EVALUATION

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

Student ID: ______________________  Date of Review: ______________________

Passing Performance:
___ Yes, Passing and ready for practica level training in Clinical Interviewing
___ No, Not passing and in need of remediation

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

Evaluating Faculty Member: ___________________ Faculty
Signature: _________________________________

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

<table>
<thead>
<tr>
<th>Clinical Interviewing Skill</th>
<th>Not passing-in need of additional training</th>
<th>Early novice-minimally passing</th>
<th>At expectations for pre-practica passing</th>
<th>Exceeds pre-practica level expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ability to accurately label one’s own clinical interview transcript with skill labels</strong></td>
<td>Inaccurate. Especially if significantly overestimating abilities</td>
<td>Most of self-assessment is accurate</td>
<td>Consistent accuracy in self-assessment</td>
<td>Accurate and gracious self-assessment with an eye towards means towards growth and learning</td>
</tr>
<tr>
<td><strong>Accuracy self-assessment of transcript and overall skills</strong></td>
<td>Too few reflection skills in video</td>
<td>Minimally acceptable utilization of reflection skills</td>
<td>Utilization of reflection skills at the level of the client’s need and ability to communicate</td>
<td>Advanced use of reflection skills that advances the conversation beyond the client’s ability to communicate</td>
</tr>
<tr>
<td><strong>Judicious use of leading or closed questions</strong>. Students should avoid asking leading questions except when necessary to redirect from tangential conversations. Students should not used closed questions unless they are essential restatements.</td>
<td>Too few or too many questions</td>
<td>In need of improvement on use of questions</td>
<td>Sparing use of leading or closed questions</td>
<td>Few if any inappropriate closed or leading questions</td>
</tr>
</tbody>
</table>

Revised August 2019
**Reflective listening of client emotions.** A repeating or rephrasing of the client’s statements, including an explicit identification of the client’s feelings. The feelings may have been stated by the client or the helper may infer the feelings from the client’s nonverbal behavior, the context, or the content of the client’s message.

<table>
<thead>
<tr>
<th>Distracted from emotion or redirected emotional content</th>
<th>Some reflection with few distractions</th>
<th>Reflection of client emotions at client’s level of understanding</th>
<th>Reflection of client multifaceted emotions beyond client’s understanding</th>
</tr>
</thead>
</table>

**Ability to challenge client perspective.** Points out discrepancies, contradictions, defenses, or irrational beliefs the client is unaware of, unable to deal with, or unwilling to change.

<table>
<thead>
<tr>
<th>No observed attempt to challenge client perspective</th>
<th>Able to point out a discrepancy to client</th>
<th>Point out discrepancy with proper tact, timing and dosage</th>
<th>Address challenge in a way that assists the client in a deeper emotional or cognitive awareness of their problem</th>
</tr>
</thead>
</table>

**Student activity level.**

Students’ verbal activity is reflective of client’s level within the range of expectations of a therapist.

<table>
<thead>
<tr>
<th>Student speaks too often, or not often enough.</th>
<th>Student is speaking too often or not enough at times</th>
<th>Student verbal activity is what is needed to communicate attentive reflective listening towards client</th>
<th>Activity level used to assist client in deeper experience and exploration</th>
</tr>
</thead>
</table>

**Non-verbal communication**

Students voice tone, body position, eye contact, movement.

<table>
<thead>
<tr>
<th>Student has closed or inhospitable nonverbal communication</th>
<th>Student has some points of closed or distracting nonverbal communication but typically open and not distracting</th>
<th>Student rarely has distracting non-verbal communication.</th>
<th>Student is consistently open and inviting in nonverbal communication</th>
</tr>
</thead>
</table>

**Ability to respond appropriately to client interpersonal style**

Student understands client interpersonal style and adjusts listening skills to the natural communication style of the client.

<table>
<thead>
<tr>
<th>Student not able to adjust to clients’ interpersonal style throughout sessions</th>
<th>Some difficulty responding to clients’ interpersonal style but usually mirroring client need</th>
<th>Mirroring the need of the client in terms of interpersonal style and containing any difficult interpersonal issues with client</th>
<th>Ability to use own interpersonal style to assist client in more healthy way of conversing with the therapist</th>
</tr>
</thead>
</table>

**Ability to address diversity awareness**

Student understands the interpersonal

<table>
<thead>
<tr>
<th>Diversity not addressed in reflection or in meetings with client</th>
<th>Able to reflect on diversity in the dyad, but not addressed</th>
<th>Demonstrates knowledge, awareness, and understanding of one’s own</th>
<th>Advanced understanding of knowledge, awareness, and understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dynamic of the dyad of therapist-client in terms of diversity both in their written reflection on the case and in meeting with the client</td>
<td>Not addressed</td>
<td>Able to understand one aspect of client’s diversity</td>
<td>Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Ability to understand client’s identity in terms of diversity</strong>&lt;br&gt;Reflecting and understanding who the client is in terms of aspects of diversity. This includes religion, ethnicity, race, sexual orientation, gender, SES, ability, etc.</td>
<td>Consistent inability to manage session</td>
<td>Usually able to explore with client, with occasional divergence</td>
<td>Able to explore most relevant aspects of client’s life using reflective listening skills</td>
</tr>
<tr>
<td><strong>Intentional session management to meet exploratory goals</strong>&lt;br&gt;Student is able to explore client background, family, health, spirituality, diversity, problems, coping, and life goals.</td>
<td>Consistent problems with professional manner</td>
<td>Usually professional, with minor divergence</td>
<td>Able to interact in a consistent professional manner</td>
</tr>
<tr>
<td><strong>Depression</strong>&lt;br&gt;Understands how to conduct oneself in a professional manner</td>
<td>Difficulty with being on time, responsible, and follow through with logistics</td>
<td>Usually responsible, with minor divergence</td>
<td>Responsible and accountable</td>
</tr>
<tr>
<td><strong>Accountability and reliability</strong></td>
<td>Usually straightforward, truthful and respectful with few exceptions</td>
<td>Demonstrates straightforward, truthful, and respectful communication</td>
<td></td>
</tr>
<tr>
<td><strong>Participation in Supervisory Relationship</strong></td>
<td>Difficult being straightforward, truthful and respectful with supervisors</td>
<td>Usually straightforward, truthful and respectful with few exceptions</td>
<td>Demonstrates straightforward, truthful, and respectful communication</td>
</tr>
</tbody>
</table>
Comments on student strengths and weaknesses relevant to readiness for practica training

If not passing, describe specific remediation plan with learning activities and due dates
Give a description of your self-evaluation of your skills at this point in your training.

<table>
<thead>
<tr>
<th>Clinical Interviewing Skill</th>
<th>Self-evaluation</th>
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<tbody>
<tr>
<td>Ability to accurately label one’s own clinical interview transcript with skill labels</td>
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<tr>
<td>Accurate self-assessment of transcript and overall skills</td>
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</tr>
<tr>
<td>Ability to utilize reflection skills for majority of student utterances with clients Students overall ability to reflect content/ restatement, reflect emotion, and use open questions</td>
<td></td>
</tr>
<tr>
<td>Judicious use of leading or closed questions. Students should avoid asking leading questions except when necessary to redirect from tangential conversations. Students should not used closed questions unless they are essential restatements.</td>
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</tr>
<tr>
<td>Reflective listening of client emotions. A repeating or rephrasing of the client’s statements, including an explicit identification of the client’s feelings. The feelings may have been stated by the client or the helper may infer the feelings from the client’s nonverbal behavior, the context, or the content of the client’s message.</td>
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<tr>
<td>Ability to challenge client perspective. Points out discrepancies, contradictions, defenses, or irrational beliefs the client is unaware of, unable to deal with, or unwilling to change.</td>
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<tr>
<td>Student activity level. Students’ verbal activity is reflective of client’s level within the range of expectations of a therapist.</td>
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<tr>
<td>Non-verbal communication Students voice tone, body position, eye contact, movement.</td>
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<tr>
<td>Ability to respond appropriately to client interpersonal style</td>
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<tr>
<td>------------------------------------------------------------</td>
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<tr>
<td>Student understands client interpersonal style and adjusts listening skills to the natural communication style of the client.</td>
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<tr>
<th>Ability to address diversity awareness</th>
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<tbody>
<tr>
<td>Student understands the interpersonal dynamic of the dyad of therapist-client in terms of diversity both in their written reflection on the case and in meeting with the client</td>
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<table>
<thead>
<tr>
<th>Ability to understand client’s identity in terms of diversity</th>
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<tbody>
<tr>
<td>Reflecting and understanding who the client is in terms of aspects of diversity. This includes religion, ethnicity, race, sexual orientation, gender, SES, ability, etc.</td>
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<table>
<thead>
<tr>
<th>Intentional session management to meet exploratory goals</th>
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<tbody>
<tr>
<td>Student is able to explore client background, family, health, spirituality, diversity, problems, coping, and life goals.</td>
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<th>Deportment</th>
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<tr>
<td>Understands how to conduct oneself in a professional manner</td>
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<tr>
<th>Accountability and reliability</th>
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<tr>
<th>Participation in Supervisory Relationship</th>
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## Probe Worksheet: Verbatim Transcript

<table>
<thead>
<tr>
<th>Clients words</th>
<th>Therapist words</th>
<th>Clinical Skill from Hill system</th>
<th>Self-reflection</th>
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Use tab to create as many rows as needed for your 45 minute worth of transcript. You can adjust column width to meet your needs.

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If you choose 1 to 4 clips from your videos to add up to 45 minutes make sure you create an extra “spacer” row to show the change in video and label the date of the video and time on the recording. Note that all videos may be watched by the evaluation team, not just transcribed content.
The psychopathology probe is assessed in PSY 638: Clinical Psychopathology. It is designed to evaluate the student’s knowledge of current diagnostic classification systems. Students are assessed on their ability to identify appropriate DSM 5 and ICD diagnoses from a case example. The student must delineate the specific criteria met by a case example and explain why plausible differential diagnoses do not apply to the case. An emphasis on hierarchy and parsimony is reflected by the inclusion of penalty scores for unnecessary or unsupported diagnoses. The probe is scored using the following standard rubric.

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

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

Student Name:___________________  Year/Semester: ___________________

Passing Performance: ___Yes ___No  Date of Review:___________________________

Total Points Obtained: ______ (out of 100 possible)

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

Evaluating Faculty Member:_______________  Faculty Signature:__________________________

Score:
A.  _______________
B.  _______________
C.  _______________

D.  _______________  Total Score:_____________

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

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

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

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

D.  List your reasons (rationale) for considering but rejecting the alternative diagnoses you listed at this time given the information available in the vignette. (20 pts)
The intelligence testing probe is assessed in Psy 725: *Intelligence Testing and Psychometrics*. It assesses on the student’s ability to correctly administer and score a key intelligence test: the Wechsler Adult Intelligence Scale. Students must be available to perform a demonstration of the current version of the WAIS administration at times specified by the course instructor. The instructor may elect to have students submit a videotaped administration of these tests. Students are responsible for having appropriate subjects available for the testing. This is a mastery based probe. All students must demonstrate a 95% success rate to pass.

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

**Student Name:**

**Student ID:**

**Year/Semester:**

**Date:**

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

**Total Points:**

**Overall Percentage:**

**Performance:** □ Pass  □ Fail

**Evaluator:** ________________  **Evaluator’s Signature:** ________________

### Category/Subtest

<table>
<thead>
<tr>
<th>Criteria Met</th>
<th>Applicable Criteria</th>
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<tbody>
<tr>
<td>Introduction</td>
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<td>Block Design</td>
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<td>Similarities</td>
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<td>Digit Span</td>
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<td>Matrix Reasoning</td>
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<td>Vocabulary</td>
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<td>Arithmetic</td>
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<tr>
<td>Symbol Search</td>
<td></td>
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<tr>
<td>Visual Puzzles</td>
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<td>Information</td>
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<td>Coding</td>
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<td>L-N Sequencing</td>
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<td>Figure Weights</td>
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<td>Comprehension</td>
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<td>Cancellation</td>
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<td>Picture Completion</td>
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</tbody>
</table>

**TOTAL COMPOSITE SCORE**

**Overall Performance:**

☐ PASS (95%)

☐ Partial Re-administration/Remediation

☐ Full Re-administration Necessary

**Date of Feedback:**

*Revised August 2019*
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</thead>
<tbody>
<tr>
<td>1. Completes identifying information on front of record form before beginning test (must be included in video).</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
| 2. Makes sure appropriate environment is present in testing room  
  • e.g., adequately lighted, free of distracters, appropriate work space and seating | N/A  | Yes  | No  |
  a. Manual arranged based on examiner's hand preference (p. 24-25)  
  b. Response form either in lap or behind manual  
  c. Materials are easily attained during testing | No  | Yes  | N/A  |
| 4. Facilitates client investment in testing  
  • assesses examinee's perception of testing, corrects misconceptions, appropriately addresses concerns, paces testing according to client's physical needs/attention level, use of rapport building skills | Yes  | N/A  | No  |
| 5. Verbatim presentation of introductory remarks before starting testing (pg 63). | N/A  | Yes  | No  |

### Number of Criteria Met

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### Block Design

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

### Number of Criteria Met

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</table>

Revised August 2019
| 1. Verbatim presentation of directions.  
  • Verbatim presentation of sample item  
  • Continues appropriate instructions for each item | Yes  No  N/A |
|-------------------------------------------------|-------------|
| 2. Follows starting rules:  
  • Begins with item #4  
  • Error pointed out if subject fails #4 or #5  
  • If a score of 0 or 1 are obtained on item #4 or 5, Items #1-5 administered in reverse order until 2 consecutive items are passed  
  • Corrective feedback given on items 4 and 5 if incorrect | Yes  No  N/A |
|-------------------------------------------------|-------------|
| 3. Appropriate management of inadequate responses.  
  • Appropriately query responses that are unclear as directed in the manual.  
  • If subject gives incorrect responses in addition to correct one, ask, “Which one is it?” | Yes  No  N/A |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>4. Records responses verbatim.</td>
<td>Yes  No  N/A</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>5. Discontinues after 3 consecutive zero-point responses.</td>
<td>Yes  No  N/A</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Number of Criteria Met</strong></td>
<td><strong>Total Applicable Criteria</strong></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>1. Verbatim presentation of directions.</td>
<td>Yes  No  N/A</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| 2. Each item presented correctly and clearly with appropriate rate and volume.  
  • Digits read at approximate rate of one digit per second with voiced dropped on last digit of each series  
  • Quality of eye contact held constant: if examiner looks away from examinee when reading digits then eye contact is not made when examinee is responding. Items are not repeated | Yes  No  N/A |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>3. Both trials of each administered item are presented.</td>
<td>Yes  No  N/A</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>4. Sample item and appropriate feedback given on Backward and Sequencing. Same format as forward (see row #2)</td>
<td>Yes  No  N/A</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>5. Discontinues subtest following failure on both trials of an item for each section.</td>
<td>Yes  No  N/A</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Number of Criteria Met</strong></td>
<td><strong>Total Applicable Criteria</strong></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| 1. Verbatim presentation of directions.  
  • Instructions & feedback for sample items presented verbatim  
  • Instructions for items 1-26 presented verbatim (or eliminated, as directed) | Yes  No  N/A |

Revised August 2019
<table>
<thead>
<tr>
<th>Number of Criteria Met:</th>
<th>Total Applicable Criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Verbatim presentation of directions.</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Follows starting rules:</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Each item is administered &amp; pronounced correctly.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Point to each word and say the word and point</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Following the first 2 items, corrective feedback is given as stated in the manual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Appropriate management of inadequate responses.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>• Querying 0 or 1 point responses if manual so indicates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If response is difficult to score, make a neutral inquiry such as “Tell me more about it” or “What do you mean”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Records responses verbatim.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Discontinues subtest following 3 consecutive 0-point scores.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Revised August 2019
2. Follows starting rules:
   • Begins with item #6
   • If score of 0 is obtained on either Item #6 or #7, administer items #1-5 in reverse sequence until 2 consecutive correct scores are obtained.

3. Correctly Records Responses
   • Records correct time for each item.
   • Records examinee’s response.

4. Refrains from giving additional information or asking leading questions.
   • When repetition needed, repeats item only once (best practice is to note them (R) for behavioral observations)

5. Discontinues subtest following 3 consecutive 0-point scores.

<table>
<thead>
<tr>
<th>Number of Criteria Met:</th>
<th>Total Applicable Criteria:</th>
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</table>

<table>
<thead>
<tr>
<th>1. Verbatim presentation of directions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Correctly demonstrates sample and demonstration items while reading instructions verbatim.</td>
</tr>
<tr>
<td>• Correctly administers practice items, giving subject appropriate feedback.</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Follows starting rules:</th>
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</thead>
<tbody>
<tr>
<td>• Opens response booklet to first two pages, reads instructions verbatim and briefly shows pages 4-7 to subject.</td>
</tr>
<tr>
<td>• Provides pencil w/o eraser (extra pencil available)</td>
</tr>
<tr>
<td>• Does not proceed until subject clearly understands task.</td>
</tr>
<tr>
<td>• Provides correction as needed as stated in the manual p. 134</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Correctly records the raw score</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Subtracts the number incorrect from the number correct</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Times responses correctly.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Number of Criteria Met: | Total Applicable Criteria: |
<table>
<thead>
<tr>
<th>Number of Criteria Met</th>
<th>Total Applicable Criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Verbatim presentation of directions.</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Follow starting rules:</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Unclear responses appropriately queried as indicated in the manual.</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Records each response verbatim.</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Discontinues subtest following 3 consecutive 0-point scores.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Visual Puzzles - Criteria Met

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Verbatim presentation of directions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Instructions &amp; feedback for sample items presented verbatim</td>
<td></td>
<td></td>
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<tr>
<td>- Instructions for items 1-26 presented verbatim (or eliminated as indicated in the manual)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Administers demonstration and sample items correctly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Follows starting rules:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Begins with item #3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- If subject scores 0 on item #5 or #6 then items #1-4 are administered in reverse order until 2 consecutive correct responses are obtained</td>
<td></td>
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</tr>
<tr>
<td>- Corrective feedback is provided for incorrect answers on items 3-4</td>
<td></td>
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<tr>
<td>3. Prompts with “Do you have an answer?” after 10 seconds (on item 5), 10 seconds (on item 6-7), and 20 seconds (on items 8-26).</td>
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<tr>
<td>4. Correctly denotes responses on record form.</td>
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<tr>
<td>5. Correctly times subject and moves them along after the designated time period by saying, “Let’s try another one.”</td>
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<tr>
<td>6. Discontinues subtest following scores of 0 on 3 consecutive items.</td>
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### Information - Criteria Met

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Verbatim presentation of directions.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Follow starting rules:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Begins with item #3</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- If subject scores 0 on item #3 or #4 then items #1-2 are administered in reverse order until 2 consecutive scores of 1 are obtained</td>
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<td></td>
</tr>
<tr>
<td>- Corrective feedback is provided for incorrect answers on items 3-4</td>
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<tr>
<td>3. Unclear responses appropriately queried as indicated in the manual.</td>
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</tr>
<tr>
<td>4. Records each response verbatim.</td>
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<tr>
<td>5. Discontinues subtest following 3 consecutive 0-point scores.</td>
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### Number of Criteria Met:

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<tr>
<th>Criteria Met</th>
<th>Total Applicable Criteria:</th>
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<tr>
<td>Yes</td>
<td>No</td>
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Revised August 2019
1. Verbatim presentation of directions
   - Correct feedback given to subject on sample responses
   - Demonstration and Sample items correctly administered

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<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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2. Follows starting rules:
   - Record form folded so only Coding section is visible
   - Subject given a #2 pencil without eraser (have another pencil available)

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<th>Yes</th>
<th>No</th>
<th>N/A</th>
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3. Appropriate pacing/timing of subject.
   - Correct timing of subject: timing starts immediately after instructions have been read, stopping at 120 seconds
   - If subject skips items in second row—“Do them in order, don’t skip any” and point to omitted item “Do this one next”

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<th>Yes</th>
<th>No</th>
<th>N/A</th>
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4. Records number of items correctly completed in 120 seconds.

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<th>Yes</th>
<th>No</th>
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Number of Criteria Met: Total Applicable Criteria:
<table>
<thead>
<tr>
<th>Figure Weights</th>
<th>Criteria Met</th>
<th>Comments</th>
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</thead>
</table>
| 1. Verbatim presentation of directions.  
• Instructions & feedback for sample items presented verbatim  
• Instructions for items presented verbatim initially, but shortened as outlined in the manual as appropriate.  
• Administers demonstration and sample items correctly  
• Follows sample items with item #4 | Yes | No  
|               | N/A          |          |
| 2. Follows starting rules:  
• If subject scores 0 on either item #4 or 5 then items #1-4 are administered in reverse order until 2 consecutive correct responses are obtained | Yes | No  
|               | N/A          |          |
| 3. Prompts with “Do you have an answer?” after 10 seconds (on items 1-12) and 30 seconds (on items 13-27), Grant extra time if the examinee has established a pattern of delayed responses. | Yes | No  
|               | N/A          |          |
| 4. Correctly times subject for each item. Cue the examinee on by saying, “Let’s try another one.” | Yes | No  
|               | N/A          |          |
| 5. Correctly denotes responses on record form. | Yes | No  
|               | N/A          |          |
| 6. Discontinues subtest following scores of 0 on 3 consecutive items. | Yes | No  
|               | N/A          |          |

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<th>Number of Criteria Met:</th>
<th>Total Applicable Criteria:</th>
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<tr>
<th>Comprehension</th>
<th>Criteria Met</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 1. Verbatim presentation of directions. | Yes | No  
|               | N/A          |          |
| 2. Follows starting rules:  
• Begins with item #3  
• Items #1-2 administered in reverse order until 2 consecutive items are passed with perfect score | Yes | No  
|               | N/A          |          |
| 3. Appropriate management of inadequate responses.  
• Asks for second reason on items 5, 8, 9, & 10 if and only if one correct reason is first provided by subject.  
• Correctly queries unclear responses as indicated by manual.  
• Encourages hesitant subjects as manual indicates and records response followed by a Q. | Yes | No  
|               | N/A          |          |
| 4. Records responses verbatim. | Yes | No  
|               | N/A          |          |
| 5. Discontinues subtest following 3 consecutive 0-point scores. | Yes | No  
|               | N/A          |          |

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<th>Number of Criteria Met:</th>
<th>Total Applicable Criteria:</th>
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### Picture Completion

<table>
<thead>
<tr>
<th>Criteria Met</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

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

**Number of Criteria Met:**

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

Student Name: ____________________  Semester: ____________________

Passing Performance: ___Yes ___No  Date of Review: ____________________________

Total Points Obtained: ___________ (out of 170)  Overall Percentage: __________________

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

Evaluating Faculty Member:__________________  Faculty Signature:_______________________

SCORING RUBRIC

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

- **[10 points]**  **Writing Style & Mechanics**
  - Professional language free of grammatical/spelling errors [5 points]
  - Organized into coherent paragraphs [5 points]

- **[30 points]**  **MMPI Analysis**
  - Accurate validity assessment [7 points]
  - Interpretation of assessment results follows current research and professional standards [23 points] consistent with
    - Configural interpretation [7 points]
    - Single scale interpretation [16 points]

- **[25 points]**  **MCMI Analysis**
  - Interpretation of assessment results follows current research and professional standards [20 points]
  - Accurate validity assessment [5 points]

- **[5 points]**  **Diversity/Individual Differences**
  - Consideration of client diversity & other sources of individual differences impacting normative interpretation [5 points]

- **[25 points]**  **Diagnostic Impression/Summary arising from Testing**
  - Plausible diagnoses informed by assessment results [10 points]
  - Relative likelihood of diagnoses indicated [5 points]
  - Important diagnostic rule-outs eliminated [10 points]

- **[15 points]**  **Treatment Recommendations Indicated from Testing**
  - Interpretation of results follows current research and professional standards to inform recommendations [5 points]
  - Suggested treatment modality/goals and likely response to treatment discussed [5 points]
  - Adjunctive recommendations provided when indicated [5 points]

- **[10 points]**  **Synthesis/Integration Skills**
  - Written report is informative, well integrated, and organized around domains of functioning [5 points]
  - Overall structure of report and summary comments written to answer referral questions [5 points]

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

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

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

Student ID:____________________
Student Name:_____________________________
Year/Semester _______

Evaluating Instructor:___________________                    Prob

Total Points Obtained:_______________________         Overall Percentage:____________
If this is a repeat administration of probe, administration number (circle):   2      3
Instructor’s Signature:_______________________             Date: ______________________

Scoring Rubric

CONCEPTUALIZATION

Treatment plan Informed by Adequate Conceptualization (27 points)

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

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

CLINICAL FOCUS

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

- **Goals:**
  - Goals are appropriate to case conceptualization
  - Goals are feasible and sufficient to address clinical problem
  - Goals conform to best-practice standards whenever possible

- **Objectives:**
  - Delineation of specific measurable objectives
  - Objectives adequately operationalize the treatment goals

- **Assessment:**
  - Assessments used to clarify treatment plan or assist with treatment
  - Implementation appropriate to relevant diversity characteristics of recipient
  - Assessment used to evaluate intervention effectiveness when appropriate
  - Assessment process adequately addresses client diversity
  - Process assessments utilized whenever possible/appropriate
TREATMENT LOGISTICS

Logistics of Treatment Plan is Delineated (18 points possible)

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

INTERVENTIONS

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

- Interventions delineated congruent with treatment goals
- Interventions sufficiently detailed to implement (economical but thorough)
- Interventions are empirically supported for use with client and presenting problem
- Interventions are adapted for use when clear evidence base is lacking

INTEGRATION

Treatment Plan reflects Integration Competencies (10 points possible)

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

COMPOSITION QUALITY

Writing style/Spelling/Grammar: Students are expected to write an essay commensurate with doctoral standing. While no added points are awarded for a well-written probe, penalties are assessed for poorly written essays. (total possible penalty: 25 points)

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

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

Student ID:____________________

Student Name:_____________________________ Year/Semester:________________

Practica Section: _____733 _____734 _____735 _____736 _____737

Evaluating Instructor:________________________ Total Percentage: _____________

Instructor’s Signature:_______________________ Date: _________

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

A. Completeness of Case Presentation: (Instructor Rating)

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

Domains

Identifying data included

<table>
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<tr>
<th>Age</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Nationality</th>
<th>Marital Status</th>
<th>Other</th>
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Statement of the problem
History of Presenting Condition
Psychosocial History [Family History/ Social History]
Academic History
Occupational history
Spiritual assessment
Prior/Other Psychological History
Client’s physical health & Medical History
Sexual adjustment
Substance use history
Relevant Family Medical/Psychiatric History
Mental status/Behavioral Observations
Relevant and Accurate Testing Interpretation Provided

Revised August 2019
B. _____ Diversity Considerations (Instructor Rating): Student must demonstrate knowledge, awareness, sensitivity, and skills when working with a variety of cultural and personal background and characteristics (including but not limited to: age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status). Student must clearly indicate an understanding of their own personal/cultural history, attitudes, and biases and how these might affect how they understand and interact with their clients. Students must also demonstrate knowledge of theoretical and empirical knowledge base regarding addressing diversity variables. Lastly, students must clearly communicate how they effectively worked with individuals whose group membership, demographic characteristics, or worldviews conflict with their own.

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C. _____ Diagnostic Impression: (Instructor Rating)

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

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

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

_____ Possible diagnosis provided but primary diagnosis overlooked (2)

_____ Only unsupported diagnosis provided (1)

_____ Inaccurate diagnosis provided (0)

D. _____ Case Conceptualization: (Instructor Rating)

Theoretical Orientation Specified by Student: _______________________

_____ Case conceptualization is highly plausible, thorough, and rich explanation of the clinical and diversity considerations in the case using concepts from student’s stated theoretical approach. Treatment recommendations evidence effective application of evidence based practice approach. (5)

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

_____ Case conceptualization provides a plausible but incomplete account of the clinical issues from the chosen theoretical perspective. Treatment recommendations evidence relevant but incomplete application of evidence based practice approach. (3)
Case conceptualization provides a few plausible explanations of the clinical issues but only minimally incorporates concepts from stated theoretical perspective. Treatment recommendations evidences minimal application of evidence based practice approach. (2)

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

Case conceptualization demonstrates an inaccurate understanding of concepts used from the chosen theoretical perspective or incorrect understanding of evidence based practice in treatment planning. (0)

E. Presentation Quality (Instructor Rating) Open to feedback, did not read presentation from notes, managed time well, addressed questions and discussion competently.

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<td>Strong</td>
<td>Excellent</td>
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Total Score, Items A-E: _________ (25 possible) Percentage: __________
The psychotherapeutics probe is evaluated during the first two semesters of practica placement in the PSC (Psy 733-734). The probe is evaluated by the student’s clinical supervisor and is deemed as passed when the completed probe sheet is marked as passed by the supervisor, approved by the student in Time2Track, and made available to the Director of Clinical Training. It is the student’s responsibility to structure their caseload in a manner that will allow fulfillment of the probe requirements by the deadline. The student must prepare a termination summary of a case in which they have demonstrated the required psychotherapeutic competencies in evidenced-based interventions consistent with the scope of Health Service Psychology. The student must submit a 3-4 page typed summary indicating how their clinical work with a particular PSC client satisfies the required objectives in the probe. The probe is graded on a pass-fail basis. All of the requisite criteria must be demonstrated over the course of treatment to constitute a passing probe. There is not a specific percentage expected for passing this probe. Students must sufficiently address each of the criteria for a passing performance on the probe.
PSYCHOTHERAPEUTICS PROBE

Doctoral Program in Clinical Psychology

Student ID:__________________________ Year/Semester:________________________

Evaluating Instructor:______________________ Probe Passing: ___Yes ___No

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

Instructor’s Signature:________________________ Date: ______________

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

Initial Phase of Therapy

___yes___no Student develops a competent treatment plan based on a thorough and adequate intake assessment.

___yes___no Student conducts assessment in a manner that facilitates transition to a therapeutic relationship.

___yes___no Pre-Treatment Measure Administered for Outcome Comparison:

___yes___no Student formulates a coherent conceptualization of case that directs treatment process.

___yes___no Student matches appropriate treatment to client with consideration of relevant factors:
  • Nature of clinical problem
  • Existence of relevant empirically supported treatments
  • Issues of client diversity
  • Student competence in technique
  • Availability of appropriate supervision/consultation
  • Treatment logistic factors

___yes___no Student negotiates treatment contract with client that is sufficiently detailed to establish informed consent.

___yes___no Student establishes therapeutic alliance with client.

[Also assess criteria on reverse side]
Middle Phase of Therapy

___yes___no Student implements plan treatment strategies outlined.

___yes___no Treatment interventions are performed in an intentional manner consistent with student’s therapeutic orientation, case conceptualization, and current scientific literature. Student cites references as appropriate.

___yes___no Student continuously assesses treatment response to interventions and adapts strategies accordingly consistent with clinical formulation and relevant scientific literature.

___yes___no Student implements therapeutic interventions in a manner that is adequately responsive to issues of client diversity.

___yes___no If an empirically supported treatment is available for the case, the student demonstrates the ability to apply relevant research literature to implement the empirically supported treatment protocol in a competent, prepared and appropriate manner.

Termination Phase of Therapy

___yes___no Student adequately prepares client for therapy termination.

___yes___no Termination disposition is appropriate to client’s treatment outcome, personal choices, or contextual variables.

___yes___no Termination is conducted in manner that empowers the client’s growth and facilitates client’s willingness to return to treatment.

___yes___no Termination disposition is arrived at in an intentional, planned manner.

___yes___no Post-Treatment Outcome Assessment Performed

General Process Skills

___yes___no Student uses process skills to maintain therapeutic alliance.

___yes___no Student is alert to therapeutic impasses, atypical treatment response, and unexpected outcomes which require flexible clinical problem solving.

___yes___no Student manages high risk clinical situations in an appropriate manner.

___yes___no Student obtains appropriate consultation and practices within range of training competence.

___yes___no Student addresses religious/spiritual domain when appropriate.
DIVERSITY PROBE

The diversity probe is evaluated during the first two semesters of practica placement in the PSC (Psy 733-734). The probe is evaluated by the student’s clinical supervisor and is deemed as passed when it is marked as passed by the supervisor, approved by the student in Time2Track, and made available to the Director of Clinical Training. It is the student’s responsibility to structure their caseload in a manner that will allow fulfillment of the probe requirements. The diversity probe is graded on a pass-fail basis. All of the indicators have to be demonstrated to receive a passing evaluation. Each student must demonstrate the requisite diversity competency in actual clinical practice with a client who represents a significant area of diversity. Each student must submit a 3-4 page, typed, APA-formatted, written description of how the required competencies are satisfied in cases seen by the student at the PSC. There is not a specific percentage expected for passing this probe. Students must sufficiently address each of the criteria for a passing performance on the probe.
The diversity probe seeks to assess the student’s ability to conduct therapy with sensitivity to human diversity, focusing on core competencies in specific areas: age, gender, gender identity, race/ethnicity/culture/national origin, religion, sexual orientation, disability, language, and socioeconomic status.

Measure(s) used for this evaluation:

- A 3-4 page summary (required)
- Live observation of session(s)
- Video review of session(s)
- Audiotape of session(s)
- Oral report of session(s)
- Other (please specify): _____________________________

Please check which of the following areas are being evaluated in this competency review (please check all that apply):

- Age
  - Below Level
  - At Level
  - Advanced Level
- Gender
  - Below Level
  - At Level
  - Advanced Level
- Gender Identity
  - Below Level
  - At Level
  - Advanced Level
- Race/Ethnicity
  - Below Level
  - At Level
  - Advanced Level
- Culture/National origin
  - Below Level
  - At Level
  - Advanced Level
- Disability
  - Below Level
  - At Level
  - Advanced Level
- Religion
  - Below Level
  - At Level
  - Advanced Level
- Sexual orientation
  - Below Level
  - At Level
  - Advanced Level
- Language
  - Below Level
  - At Level
  - Advanced Level
- Socioeconomic status
  - Below Level
  - At Level
  - Advanced Level

If a specific area of diversity (e.g., age) is being evaluated for the probe, all of the criteria in that section(s) must be satisfied to pass the probe. If more than one area of diversity is being evaluated (strongly suggested), then a student must clearly...
demonstrate interaction between the diversity variables in their probe; separating each variable into it’s own section will not be sufficient to satisfy this requirement.

Test Selection & Interpretation of Findings (If Applicable)

If psychological testing/assessment occurred as part of this case, the student appropriately considered this diversity domain in test selection and interpretation of findings.

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<th>At advanced training level</th>
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Age

___ Yes  ___ No  1) Discussion of case reflects an adequate understanding of how age might influence treatment with client.

___ Yes  ___ No  2) Is sufficiently aware of his or her own values, biases, and assumptions about age and does not let these biases and assumptions impede the therapeutic process.

___ Yes  ___ No  3) Discussion reflects adequate conceptualization skills from an age-sensitive perspective.

___ Yes  ___ No  4) Adequate application of age-sensitive modifications reflected in treatment plan interventions and recommendations.

___ Yes  ___ No  5) Adequate consultation with a learned colleague or relevant literature in approaching area of diversity.

Gender

___ Yes  ___ No  1) Discussion of case reflects an adequate understanding of how gender might influence treatment with client.

___ Yes  ___ No  2) Is sufficiently aware of his or her own values, biases, and assumptions about gender and does not let these biases and assumptions impede the therapeutic process.

___ Yes  ___ No  3) Discussion reflects adequate conceptualization skills from a gender-sensitive perspective.
Gender (Continued)

___ Yes ___ No 4) Adequate application of gender-sensitive modifications reflected in treatment plan interventions and recommendations.

___ Yes ___ No 5) Adequate consultation with a learned colleague or relevant literature in approaching area of diversity.

Gender Identity

___ Yes ___ No 1) Discussion of case reflects an adequate understanding of how gender identity might influence treatment with client.

___ Yes ___ No 2) Is sufficiently aware of his or her own values, biases, and assumptions about gender identity and does not let these biases and assumptions impede the therapeutic process.

___ Yes ___ No 3) Discussion reflects adequate conceptualization skills from a gender identity-sensitive perspective.

___ Yes ___ No 4) Adequate application of gender identity-sensitive modifications reflected in treatment plan interventions and recommendations.

___ Yes ___ No 5) Adequate consultation with a learned colleague or relevant literature in approaching area of diversity.

Race/Ethnicity

___ Yes ___ No 1) Discussion of case reflects an adequate understanding of how race/ethnicity might influence treatment with client.

___ Yes ___ No 2) Is sufficiently aware of his or her own values, biases, and assumptions about race/ethnicity and does not let these biases and assumptions impede the therapeutic process.

___ Yes ___ No 3) Discussion reflects adequate conceptualization skills from a race/ethnicity-sensitive perspective.
4) Adequate application of race/ethnicity-sensitive modifications reflected in treatment plan interventions and recommendations.

5) Adequate consultation with a learned colleague or relevant literature in approaching area of diversity.

**Culture/National Origin**

- **Yes**  **No**
  1) Discussion of case reflects an adequate understanding of how culture/national origin might influence treatment with client.

- **Yes**  **No**
  2) Is sufficiently aware of his or her own values, biases, and assumptions about culture/national origin and does not let these biases and assumptions impede the therapeutic process.

- **Yes**  **No**
  3) Discussion reflects adequate conceptualization skills from a culture/national origin-sensitive perspective.

- **Yes**  **No**
  4) Adequate application of culture/national origin-sensitive modifications reflected in treatment plan interventions and recommendations.

- **Yes**  **No**
  5) Adequate consultation with a learned colleague or relevant literature in approaching area of diversity.

- **Yes**  **No**
  6) Adequate understanding of acculturation is present in case report.

**Disability**

- **Yes**  **No**
  1) Discussion of case reflects an adequate understanding of how disability might influence treatment with client.

- **Yes**  **No**
  2) Is sufficiently aware of his or her own values, biases, and assumptions about disability and does not let these biases and assumptions impede the therapeutic process.

- **Yes**  **No**
  3) Discussion reflects adequate conceptualization skills from a disability-sensitive perspective.
4) Adequate application of disability-sensitive modifications reflected in treatment plan interventions and recommendations.

5) Adequate consultation with a learned colleague or relevant literature in approaching area of diversity.

**Religion**

___ Yes  ___ No  
1) Discussion of case reflects an adequate understanding of how religion might influence treatment with client.

___ Yes  ___ No  
2) Is sufficiently aware of his or her own values, biases, and assumptions about religion and does not let these biases and assumptions impede the therapeutic process.

___ Yes  ___ No  
3) Discussion reflects adequate conceptualization skills from a religiously-sensitive perspective.

___ Yes  ___ No  
4) Adequate application of religiously congruent modifications reflected in treatment plan interventions and recommendations.

___ Yes  ___ No  
5) Adequate consultation with a learned colleague or relevant literature in approaching area of diversity.

**Sexual Orientation**

___ Yes  ___ No  
1) Discussion of case reflects an adequate understanding of how sexual orientation might influence treatment with client.

___ Yes  ___ No  
2) Is sufficiently aware of his or her own values, biases, and assumptions about sexual orientation and does not let these biases and assumptions impede the therapeutic process.

___ Yes  ___ No  
3) Discussion reflects adequate conceptualization skills from a sexual orientation-sensitive perspective.

___ Yes  ___ No  
4) Adequate application of sexual orientation-sensitive modifications reflected in treatment plan interventions and recommendations.

___ Yes  ___ No  
5) Adequate consultation with a learned colleague or relevant literature in approaching area of diversity.
**Language**

___ Yes  ___ No  
1) Discussion of case reflects an adequate understanding of how language might influence treatment with client.

___ Yes  ___ No  
2) Is sufficiently aware of his or her own values, biases, and assumptions about language and does not let these biases and assumptions impede the therapeutic process.

___ Yes  ___ No  
3) Discussion reflects adequate conceptualization skills from a language-sensitive perspective.

___ Yes  ___ No  
4) Adequate application of language-sensitive modifications reflected in treatment plan interventions and recommendations.

___ Yes  ___ No  
5) Adequate consultation with a learned colleague or relevant literature in approaching area of diversity.

**Socioeconomic Status**

___ Yes  ___ No  
1) Discussion of case reflects an adequate understanding of how socioeconomic status might influence treatment with client.

___ Yes  ___ No  
2) Is sufficiently aware of his or her own values, biases, and assumptions about socioeconomic status and does not let these biases and assumptions impede the therapeutic process.

___ Yes  ___ No  
3) Discussion reflects adequate conceptualization skills from a socioeconomic status-sensitive perspective.

___ Yes  ___ No  
4) Adequate application of socioeconomic status-sensitive modifications reflected in treatment plan interventions and recommendations.

___ Yes  ___ No  
5) Adequate consultation with a learned colleague or relevant literature in approaching area of diversity.
**Interaction Among Diversity Variables**

___ Yes  ___ No  If more than one diversity variable is being evaluated (e.g., age and ethnicity), ___ N/A  the student demonstrated adequate knowledge of the interaction among diversity variables.

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**Evaluator Comments**

____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________
The integration probe is evaluated during the first two semesters of practica placement in the PSC (Psy 733-734). It is the student’s responsibility to structure their caseload in a manner that will allow fulfillment of the probe requirements. The student must submit a case for probe evaluation to their supervisor. The student will write a 5-7 page integration summary which briefly outlines how they fulfilled the integration competencies with reference to the case. This will be followed by an oral review conducted by the clinical supervisor. The probe is deemed as passed when it is marked as passed by the supervisor, approved by the student in Time2Track, and made available to the Director of Clinical Training. There is no minimum percentage expected for passing this probe. Students must sufficiently address each of the criteria for a passing performance on the probe.
INTEGRATION PROBE
Doctoral Program in Clinical Psychology

Student Name:_____________________________ Year/Semester:________________
Evaluating Instructor:_______________________ Probe Passing: ___Yes ___No
If this is a repeat administration of probe, administration number (circle):   2      3
Instructor’s Signature:_______________________ Date: _______________________

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

CONCEPTUALIZATION

___Yes ___No Client’s religious/spiritual life assessed in a differentiated manner.

___Yes ___No Conceptualization of client consistent with, and informed by, a Christian worldview.

___Yes ___No Biblical understanding of issues relevant to cases reflects sensitive, reflective and competent hermeneutical skills.

___Yes ___No Assessment adequately considers client religious diversity.

___Yes ___No Utilization of measures that assess the religious domain for pre-treatment, treatment outcome and process assessments, whenever appropriate.

INTERVENTION

___Yes ___No Spiritual/religious interventions explicitly negotiated as part of treatment contract with client.

___Yes ___No Appropriate Spiritual/religious Interventions Competently Utilized

___Yes ___No Use of spiritual/religious techniques integrated into broader treatment without compromising efficacy of non-religious interventions.

[Also assess criteria on reverse side]
THERAPIST ISSUES

___ Yes ___ No  Appropriate self-disclosure without value imposition.

___ Yes ___ No  Tension points between clinical practice and spiritual/religious values resolved in a competent manner. Although a variety of competent resolutions are possible, the following features should characterize the therapist’s approach to such issues:

  • Doing “no harm”
  • Complying with “best-practice” clinical approaches
  • Refraining from adopting a “religio-legal” role as a clinician.
  • Providing the client with accurate feedback about points of tension.
  • Refraining from merely capitulating religious-spiritual concerns to comply with clinical precedents.

___ Yes ___ No  Awareness of how personal religious values/beliefs/experience may impact therapy process.

EVALUATOR COMMENTS

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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Revised August 2019
INTEGRATED ASSESSMENT PROBE

The integrated assessment probe is evaluated during the first two semesters of practica placement in the PSC (Psy 733-734). It is the student’s responsibility to structure their caseload in a manner that will allow fulfillment of the probe requirements. The student must submit responses on the probe evaluation form as well as a full assessment report to his/her clinical supervisor. This probe should be completed in conjunction with the practica student’s 3rd full assessment case. The student will complete Section 1 within 1 week of completing the intake for the assessment case. The student should indicate the referral question(s), the five assessments which will be used (and the rationale for their selection), any other assessments that may be used (and the rationale for their selection).

Additionally, the student will submit a copy of the intake note with Section 1. The student will conduct testing after this assessment list is approved. At the conclusion of testing the student will complete the full assessment report and submit it along with the testing data for review. The probe is deemed as passed when Sections 1 and 2 are marked as passed by the supervisor, approved by the student in Time2Track, and made available to the Director of Clinical Training. There is no minimum percentage expected for passing this probe.

Students must sufficiently address each of the criteria for a passing performance on the probe.
All of the following criteria must be satisfied to pass the probe.

SECTION 1 – Test Selection

List referral question(s):
____________________________________________________________________________
____________________________________________________________________________

____Yes  ____No  Referral questions are clear and can be addressed through assessment

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

1. Cognitive
____________________________________________________________________________

2. Achievement
____________________________________________________________________________
3. Objective

4. Projective

5.

____ Yes ____ No  Tests are selected that are appropriate for referral question

Additional tests that will be used (and rationale)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Additional tests that could be used (and rationale)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

____ Yes ____ No  Appropriate adjunctive testing is considered
SECTION 2

Report Writing

___ Yes  ____ No  Reports are clear, coherent, and generally jargon-free

___ Yes  ____ No  Reports are written in an ethical manner do not include unnecessary information

___ Yes  ____ No  Reports are well-written, organized, and free of grammatical errors

___ Yes  ____ No  Test scores and response examples are used appropriately to enhance the reader’s understanding of material

Comprehensive

___ Yes  ____ No  Identifying information and the referral source are clearly identified

___ Yes  ____ No  The purpose of the assessment is clearly stated

___ Yes  ____ No  Relevant history and behavioral observations are included and clearly contextualized beyond just listing information

___ Yes  ____ No  A clear summary integrates all the information to address the referral question(s)

Integration

___ Yes  ____ No  Cross-method interpretations are presented in an integrated manner

___ Yes  ____ No  Conflicting findings are adequately addressed

Validity

___ Yes  ____ No  Symptom validity testing is included

___ Yes  ____ No  Validity of test findings and quality of data are discussed
Interpretations are consistent with empirical literature and clinical practice

Interpretations are sensitive to issues of culture and diversity

Diagnostic impressions and conclusions are reasonable based on data

Recommendations flow directly and logically from the data

Recommendations are clear, specific, and reasonable

The report adequately addressed the referral question(s)

The report is person-focused (rather than test-focused)

Test results are presented clearly and specifically about the individual being assessed

Report is prepared with considerations towards feedback

Considerations:

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The Advanced Case Presentation Probe is evaluated in the 3rd year, summer, doctoral practica class (Psy 738). Each student must successfully present a formulation of an actual clinical case derived from their practica experience. Although similar to those case presentations submitted during Psy 733 – 737, the Advanced Case Presentation Probe is more extensive to allow the student to demonstrate a greater degree of skill at this advanced level. This presentation should include a written case study, a brief summary first of the case for non-mental health professional audiences, and a full case presentation using PowerPoint (or similar visual aids). The written case presentation should be written with “comments” in a Word document where the student indicates which competency they are addressing in various parts of the written case description. The case presentations are graded on a pass-fail basis. Students must sufficiently address each of the criteria for a passing performance on the probe. The case presentation must be free of identifying information which would compromise client confidentiality. A grade of B or higher (83%) is required for passing this probe.
This case would be presented in PSY738, final semester of Intensive practica sequence. It would meet the requirements for PSY738 practica class as well as the case presentation previously required as part of the Internship Readiness Portfolio. If an aspect of the case is not met in the written and oral presentation then the student will meet with the practica case instructor to review that aspect of the case and remediate the concern.

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

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

<table>
<thead>
<tr>
<th>Competency</th>
<th>Check if met.</th>
<th>Description of Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-professional skills</td>
<td></td>
<td>Ability to present a 4-5 minute summary of the case for a non-mental health professional audience such as medical doctor, college educated family member or parole officer.</td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td>Professional style of presentation, in keeping with common style for “grand rounds” presentation or similar formats</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ability to present case with minimal notes and engaging style of presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-reflection on case insightful yet professional</td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
<td>Presented information on therapeutic alliance across the treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attention to relational “tears” and “repairs” in treatment, adjustment of plans relevant to relationship factors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evidence of collaboration with patient in treatment planning and implementation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case includes any important relational concerns of the client to include familial, workplace, educational or peer relationships.</td>
</tr>
</tbody>
</table>
| Assessment Skills | Use of appropriate assessment tools for the patient and setting  
|                  | Presentation is inclusive of medical/health aspects of the patient and any contribution to mental health concerns  
|                  | Assessment integrated into conceptualization, treatment plan, diversity and other aspects of case  
| Theory/ Technique | Ability to conceptualize case from two empirically supported theoretical orientations  
|                  | Ability to describe techniques within treatment consistent with theoretical conceptualization  
| Treatment Planning | Intentional treatment planning parallel to rest of the case conceptualization  
| Diversity | Diversity integrated into discussion of treatment plan, relationship, theory, socio-cultural beliefs about psychological treatment, client assessment and any other aspects of the case.  
|            | Ability to discuss case inclusive of various aspects of diversity unique to the client (not just one)  
|            | Reflective discussion of therapist and patient diversity as an interaction within the therapeutic setting/room/facility  
| Christian Integration | Client religiosity addressed in conceptualization and treatment as fitting to the case.  
|                      | Self-reflection on the existential or faith lessons learned through the clients life situation and treatment  
| Ethics | Discuss at least one ethical issue relevant to the case  
| Scientific Knowledge | Apply basic scientific research relevant to the client (e.g. epidemiology, course of disorder, correlates of the disorder, socio-cultural aspects of the disorder, etc.)  
|                      | Apply evidence basis for treatment to case  
| Leadership | Ability to address class and instructor questions relevant to the case from a place of authority about the case balanced with humility in always being a learner.  
| Advocacy | Ability to describe agencies, organizations or community resources that could advocate for or meet the needs of the patient (don’t have to access the resources, but communicate awareness of the resources).  

Pass

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

Any remediation needed described here:

__________________________________________

Practica class Instructor signature

Date

Revised August 2019
ADVANCED ASSESSMENT REPORT WRITING PROBE

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

Doctoral Program in Clinical Psychology

Student ID:____________________

Student Name:__________________________ Year/Semester:___________

Evaluating Instructor:____________________ Probe Passing: ___Yes ___No

Instructor’s Signature:____________________ Date: ___________________

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

Structure

Report appropriately identified as a “psychological report or evaluation”

Appropriate Use of Headings Demarcating the Following areas:

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

Report Follows a Logical Structure

Use of Tables to Summarize Large Amounts of Data

Pages are numbered

Report includes several sources of data
Readability

- Yes | No
---|---
Clearly and concisely written

- Yes | No
Minimized use of
* Jargon
* Technical language
* Acronyms
* Passive Verbs (<20% Passive Sentences)

- Yes | No
Complete sentences of reasonable length
[Average words per sentence < 20]

- Yes | No
Written for a reading level below the college Level
[Flesch-Kincaid Grade Level ≤ 12th grade]

- Yes | No
Correct grammar/spelling

Competence

- Yes | No
Reasonable test interpretations

- Yes | No
Diagnostic formulations and conclusions clearly supported by body of the report

- Yes | No
Likely Alternative Explanations adequately considered

- Yes | No
Speculative or tentative conclusions clearly identified as such

- Yes | No
Adequate coverage of relevant areas

- Yes | No
Referral question adequately addressed

- Yes | No
Adequate Recommendations
* Reasonable/evidence-based treatment plan
* Further assessment clearly suggested when needed
* Reasonable auxiliary treatments suggested

Ethical Issues

- Yes | No
Respect for client confidentiality evident

- Yes | No
Report free of unnecessary, sensitive detail

- Yes | No
Issues that pose a risk of negative impact on the client managed effectively

- Yes | No
Sensitivity to issues of client diversity demonstrated
The purpose of the internship readiness portfolio probe is for students to demonstrate the ability to address clinical training from a comprehensive and integrated perspective across the competency areas of training. Students are expected demonstrate competency at the level of readiness for internship training. Students must receive a passing overall evaluation by their faculty committee on the portfolio in order to be cleared to apply for internship by the DCT. Students will be informed of the faculty members on their committee by the DCT prior to the submission due date. The competency areas assessed are consistent with the American Psychological Association Standards of Accreditation in Health Service Psychology, and is consistent with the training model throughout the Clinical Training Handbook. Please review the probe evaluation for further indicators of the information reviewers are seeking in your writing. The benchmarks indicators for the Internship Readiness PsyD students include:

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

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

The essays are reviewed for competency in professionalism, reflective practice, ethical and legal standards and policies, relationships, interventions, assessment and
diagnosis of problems, scientific knowledge and methods/ research applied to practice, and individual and cultural diversity awareness sensitivity and skills. Religious and spiritual problems are not addressed in this part of the probe, as they are specific to training at Regent, rather than part of the benchmarks for training in professional psychology.

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

Part B: Students: Please submit to your committee your current list of internship sites in the table below. Please provide a current list of the internship application sites that you plan to apply to if approved to apply for internship. Add rows as needed to the table. Provide 1) The name of the internship site and the location (state), 2) the type of site and primary theoretical orientation (if indicated), 3) rotations of interest at the site, 4) the ways in which this site will be a logical fit for you, given the training you have already obtained AND the aspects of the training at the site that will stretch and grow you, 5) selection ratio; the number of internship slots available at the site / the number of applicants who submitted applications last year. A hypothetical example is provided (delete this example prior to submission).

<table>
<thead>
<tr>
<th>Internship Site Name</th>
<th>Site Type &amp; Theoretical orientation</th>
<th>Rotations</th>
<th>Fit / Growth</th>
<th>Selection ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louis Stokes VA / Ohio</td>
<td>VA CBT</td>
<td>Integrated Care / Substance Abuse / PTSD</td>
<td>Fit: 3rd year practica at Hampton VA, Completed trauma training, on Health Psychology Track Growth: No experience working in integrated care or with substance abuse population, low motivation of clients and fast speed will be unique challenges</td>
<td>5/100</td>
</tr>
</tbody>
</table>
Please list pre-internship practica sites: _______________________________________
________________________________________________________________________

The faculty will provide feedback on your APPI essays (autobiographical statement, theoretical orientation essay, diversity experience essay, research essay) in terms of communicating a good presentation of the student for an internship training experience that matches with the type of competitive nature of the internship sites applied to.

Evaluation for Parts A and B: Committee members’ evaluation of APPI essays and site list
Overall:

<table>
<thead>
<tr>
<th>1= Unacceptable</th>
<th>2= Pass with comments</th>
<th>3= Pass</th>
<th>4= Pass with Excellence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Professionalism:</strong> Professional Values and Identity are communicated in essays</td>
<td>No evidence of professionalism in essays</td>
<td>Little evidence of professional identity. May still seem to just want to “help people” or no communication of openness to continued learning.</td>
<td>Professional identity communicated in keeping with psychologist at pre-internship level. Open to continued learning.</td>
</tr>
<tr>
<td><strong>2. Reflective practice:</strong> Student describes autobiography and</td>
<td>Inaccurate discussion of personal strengths and style. Site list</td>
<td>Some discussion of personal strengths and interest</td>
<td>Well communicated personal strengths clearly</td>
</tr>
<tr>
<td>3. Student is ethical in their APPI essay description of their work</td>
<td>Discussion of unethical work or student comes across as unethical</td>
<td>No indicator of unethical work</td>
<td>Student appears to follow ethical practice</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>4. Relationships: The essays display strengths in relationships</td>
<td>Essays communicate a lack of competency in relationships</td>
<td>Does not detract from impression as relationally competent</td>
<td>Communicates professional relational style</td>
</tr>
<tr>
<td>5. Interventions utilized with cases are described with excellence (typically this competency is focused on the theoretical orientation essay)</td>
<td>Confusing or lack of evidence of competency in clinical interventions within theoretical orientations</td>
<td>Interventions within theoretical orientation are described accurately.</td>
<td>Multiple types of intervention are described from various approaches with cognitive complexity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>6. Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups and or organizations are described with excellence (typically theoretical essay)</strong></td>
<td>Inaccurate or confusing discussion of assessment and diagnosis with clinical discussion of theory</td>
<td>No direct mention of assessment and diagnosis</td>
<td>Mention of assessment and diagnosis as part of theoretical discussion</td>
</tr>
<tr>
<td></td>
<td>Current, multifaceted, clinical explanation of assessment and diagnosis of clients congruent with theoretical orientation and with consideration of scientific knowledge and diversity variables.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. Scientific knowledge and methods, understanding research applied to practice is described (multiple essays)</strong></td>
<td>Confusing description or lack of evidence of competency in scientific knowledge or research</td>
<td>Research described accurately but lacking in essays other than the research essay.</td>
<td>Multiple types of research studies and scientific knowledge are described from various approaches with cognitive complexity.</td>
</tr>
<tr>
<td></td>
<td>Complex application of scientific knowledge in multiple essays. Advanced description of research interests that is linked to the identity of sites applying to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8. Individual and cultural diversity awareness, sensitivity and skills are described in</strong></td>
<td>Appears to lack competency in addressing diversity or resistance to importance of</td>
<td>Diversity addressed well only in diversity essay. Simple approach to</td>
<td>Inclusion of diversity throughout essays, complex application of diversity</td>
</tr>
<tr>
<td></td>
<td>Advanced diversity skills where diversity is touched on in multiple essays,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>advanced and integrative ways (applies to all essays)</td>
<td>addressing diversity in clinical work</td>
<td>addressing diversity—may only address one aspect of diversity or do so in a categorical and simple fashion.</td>
<td>to clinical situations</td>
</tr>
</tbody>
</table>

Pass _____ Fail _______ Attempt # 1 2 3

Faculty Signatures: _______________________   _____________________________

Remediation Requirements if needed:

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

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

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

Part D: Integration Essay

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

You have been exposed to many different approaches, models and techniques to integration professional psychology and Christian faith while at Regent.

Write a paper discussing the following topics in integration:

A. What models have been advanced for the integration of psychology and Christianity? What do you believe the strengths and weaknesses are of these models?

B. Describe a case example of clinical integration (you may use either a real or hypothetical case but be sure to protect client confidentiality).

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

Remember:
• Your essay must be typed, double spaced and written in APA format.
• Be sure to include a reference page with references for all citations.
• You may use any resource for this paper but you must do your own work. Do not collaborate with any other individual in writing this essay.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>1=Unacceptable</th>
<th>2=Pass with Comments</th>
<th>3=Pass</th>
<th>4=Pass with Excellence</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one model of integrating Christianity and psychology is described</td>
<td>No evidence or clear description of at least one integration model</td>
<td>Some evidence or description of at least one integration model</td>
<td>Clear description of at least one integration model</td>
<td>Clear description of at least one integration model demonstrating nuanced features capturing the complexity of integrating in clinical practice.</td>
</tr>
<tr>
<td>Case example demonstrates implicit and/or explicit integration of psychology and Christianity in a clinically appropriate manner</td>
<td>No evidence or clear description of implicit or explicit integration of psychology and Christianity in a clinically appropriate manner in the case example</td>
<td>Some evidence or description of implicit or explicit integration of psychology and Christianity in a clinically appropriate manner in the case example</td>
<td>Clear evidence or description of implicit or explicit integration of psychology and Christianity in a clinically appropriate manner in the case example</td>
<td>Clear evidence or description of implicit or explicit integration of psychology and Christianity demonstrating nuanced features capturing the complexity of integrating in this particular case</td>
</tr>
<tr>
<td>Exploration of the intersection between psychology, clinical practice, and one’s own personal faith development</td>
<td>No evidence of exploring the intersection between psychology, clinical practice, and one’s own personal faith development</td>
<td>Some evidence of exploring the intersection between psychology, clinical practice, and one’s own personal faith development</td>
<td>Clear evidence of exploring the intersection between psychology, clinical practice, and one’s own personal faith development</td>
<td>Clear evidence of exploring the intersection between psychology, clinical practice, and one’s own personal faith development demonstrating careful consideration of a variety areas</td>
</tr>
</tbody>
</table>

Pass ____  Fail ____  Attempt#:  1  2  3

Faculty Signature: ___________________________________

Remediation Requirements if needed:

Comments to the Student:
Part E: Oral Internship Readiness Portfolio Presentation

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

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

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

Pass _____ Fail _______  
Attempt # 1 2 3

Faculty Signatures: _______________________   _____________________________
Remediation Requirements if needed:
Comments to the Student from the Committee:

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

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

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

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

APPENDIX B: INITIAL PRACTICA FORMS

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

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

Fall Activities
Supervised Intake Process Observation
Practica Class Attendance (PSY 733)
Diversity Luncheon / PSI Attendance
Interviewing Lab – 3 sessions (PSY 621)
Intelligence Testing Lab (PSY 725)

Spring Activities
Supervised Intake Process Observation
Practica Class Attendance (PSY 733)
Personality Assessment Test Administrations (PSY 726)
Diversity Luncheon / PSI Attendance
Multicultural Immersion Experience (PSY 670)

Summer Activities
Supervised Intake Process Observation
Prepractica in Evidence Based Practice (PSY 622)
PSY.D. PRACTICUM SITE REQUEST FORM

(Submit to the Practica Coordinator)

NAME: ___________________________  Date of Request: ______

Student Year:

Approved Intervention Hours verifiable via T2T:
Approved Assessment Hours verifiable via T2T:

Ranking Instructions:

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

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

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

1. SITE NAME
   a.
   b.
   c.
   d.

2. SITE NAME
   a.
   b.
   c.
   d.

3. SITE NAME
   a.
   b.
4. SITE NAME
   a.
   b.
   c.
   d.

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

Central State Hospital
Student will have exposure to various aspects of treatment and assessment of civil and forensic inpatients.

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

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

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

Dr. Jeffery Katz
Student will administer psychological assessment batteries, primarily to children with disruptive behavior disorders, ADHD, and learning disabilities.

Fully Well
Student will primary provide therapy services, to individuals and couples.

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

Greater Williamsburg Child Assessment Center
Student will administer diagnostic assessment batteries, including substance abuse assessments. Additionally, a short-term therapy and parent education may be available.

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

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

Indian Creek Correctional Center
Students will provide a range of services to male adult inmates. This includes mental health screening, psychological testing, and individual and group psychotherapy.

Lassiter and Associates Psychological Services
Students will provide therapy and assessment services to a diverse population of adults and children.

Liberating Lives Christian Counseling and Psychological Services
Students will administer psychological assessment batteries, score and interpret, and write reports. Program development will also be included in the practica experience.

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

Portsmouth Naval Hospital

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

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

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

Virginia Beach Psychiatric Center
Student will provide therapy services in an acute hospital setting. Occasional psychological testing may be requested by the student.
Watermark Psychological Services
Student will have exposure to various types of treatment, to include pastor referred Christian focused therapy. Therapy experiences can be both long and short term, both individual (across the lifespan) and couples or family therapy. Students will also be required to perform evaluations, typically psychoeducational testing with children.
This agreement is made on __________ by and between ______________________________
(date) (Practica Field Site)
and Regent University Psy. D. Program. This agreement will be effective for a period from ____month ____day
____year to ____month ____day ____year for _______ hours per week.

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

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

The Practica Site agrees:
1. to assign a supervisor who has appropriate credentials, time and interest for training the practica
student;
2. to provide opportunities for the student to engage in a variety of clinical activities under supervision and for evaluating the student’s performance as negotiated in the student learning contract contained in this form.
3. to provide the student with adequate work space, telephone, office supplies and staff to conduct professional activities.
4. to provide one-on-one supervisory contact which involves some examination of student work using audio/visual review (or observation), and live supervision; this contact shall be a minimum of one hour of face-to-face supervision each week and a minimum of one hour observation of client interaction per semester.
5. to provide the online evaluation of student based on criteria established by the University Program:
   a. Supervisor’s Evaluation -- The student and site supervisor will meet and discuss the evaluation form. They will discuss progress, the continuing operation of the site and any individual programmatic concerns as needed. The evaluation will be completed electronically in Time2Track, for approval by the student, and review by the Practica instructor.
   b. Clinical Experience log—Site supervisors will also review and approve a clinical experience log completed by the student at the end of the practicum each semester. An electronic approval in Time2Track is required to indicate that documented experience is accurate.

The student agrees to fulfill all responsibilities as listed in the Regent University Clinical Training Handbook.
With the specified time frame, ________________________________(Site Supervisor) will be the primary site supervisor.

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

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

**LEARNING CONTRACT**

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

<table>
<thead>
<tr>
<th>1. Interventions</th>
<th>4. Training Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Individual Psychotherapy</td>
<td>□ Consultation</td>
</tr>
<tr>
<td>□ Family Therapy</td>
<td>□ Referrals</td>
</tr>
<tr>
<td>□ Marital Therapy</td>
<td>□ Professional Team Collaboration</td>
</tr>
<tr>
<td>□ Child / Adolescent Therapy</td>
<td></td>
</tr>
<tr>
<td>□ Group Psychotherapy</td>
<td></td>
</tr>
<tr>
<td>□ Behavioral Medicine</td>
<td></td>
</tr>
<tr>
<td>□ Crisis Intervention</td>
<td></td>
</tr>
<tr>
<td>□ Therapy Protocols</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Assessment</th>
<th>5. Psycho-Educational Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Intake Interviewing</td>
<td>□ Parent Training</td>
</tr>
<tr>
<td>□ Diagnostic Assessment</td>
<td>□ Outreach</td>
</tr>
<tr>
<td>□ Personality Testing</td>
<td>□ Client Orientation</td>
</tr>
<tr>
<td>□ Psychoeducational Assessment</td>
<td>□ Involvement with community professionals</td>
</tr>
<tr>
<td>□ Forensic Assessment</td>
<td></td>
</tr>
<tr>
<td>□ Neuropsychological Assessment</td>
<td></td>
</tr>
</tbody>
</table>

| 3. Clinical Documentation | |
|---------------------------|-----------------
| □ Report Writing | |
| □ Record Keeping | |
| □ Treatment Plans | |
| □ Treatment Summaries | |

| 4. Training Activities | |
|-----------------------|-----------------
| □ Consultation | |
| □ Referrals | |
| □ Professional Team Collaboration | |

| 5. Psycho-Educational Activities | |
|---------------------------------|-----------------
| □ Parent Training | |
| □ Outreach | |
| □ Client Orientation | |
| □ Involvement with community professionals | |

| 6. Supervision | |
|----------------|-----------------
| □ Individual Supervision | |
| □ Group or Peer Supervision | |
| □ Case Conferences or Staff Meetings | |

<table>
<thead>
<tr>
<th>7. Other (Please List)</th>
</tr>
</thead>
</table>

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

Planned Day/Time of Supervision Hour: ________________________________

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

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

Other (specify): ________________________________ Assessment: __________

| Practica Site Supervisor: ______________________ Date: ________________ |
| Site: ________________________________ Phone: ______________________ |

| Practica Student: ____________________________ Date: ________________ |
| Director of Clinical Training: ________________ Date: ________________ |
STUDENT ETHICAL AGREEMENT

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

Please read and sign below:

1. I hereby attest that I have read and understand the American Psychological Association Ethical Standards* and will practice in accordance with these standards as well as the standards of Regent University. Any breach of these ethics or any unethical behavior on my part could result in my removal from the practicum, a failing grade, and documentation of such behavior will become part of my permanent record.

2. I agree to adhere to the administrative policies, rules, standards, practices and program requirements of the practicum site.

3. I understand that it is my responsibility to keep faculty and site supervisor(s) informed regarding my field experiences.

4. I understand that I will not be issued a passing grade in practica unless I demonstrate the specific minimal level of skill, knowledge, and competence and complete course requirements as required by the clinical psychology program.

5. I understand that I am responsible for adhering to appropriate state and local guidelines regarding my practicum experiences.

Signature: _________________________________________

Date: Day____  Month_____  Year 20____
Students are advised that malpractice in psychotherapy may result in liability. Therefore students are required to seek appropriate liability protection.

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

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

Signature ____________________________ Date __________

Printed or typed name of student: ____________________________

Malpractice Insurance Company: ____________________________________________________
PART-TIME PRACTICUM PLACEMENT REQUEST

(to be submitted to the External Practica Coordinator)

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

Student Name:

Academic Year:

Current practica placement:

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

Current Intervention Hours verifiable via T2T:

Current Assessment Hours verifiable via T2T:

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

What type of additional practica placement are you pursuing?

How will this additional placement meet your goals?

If a secondary placement is not offered, what alternative options will you pursue?
APPENDIX C: TIME2TRACK INFORMATION

Supervisor Evaluation
Time2Track Activities List
Pre-practica Time2Track Hours Submission
Content of the Supervisor Evaluation

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

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

<table>
<thead>
<tr>
<th>Well Below</th>
<th>Somewhat Below</th>
<th>Appropriate Level</th>
<th>Somewhat Above</th>
<th>Well Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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

**Awareness and Application of Ethical Decision Making** - Trainee recognizes ethical dilemmas as they arise and knows and applies an ethical decision-making model to resolve dilemmas under the direction of the supervisor.
**Ethical Conduct** – Trainee conducts self in an ethical manner in all professional activities.

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

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

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

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

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

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

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

**Accountability** – Trainee is accountable and reliable (consistently reliable; consistently accepts responsibility for own actions; meets deadlines).
Self-Reflection / Self-Care – Trainee engages in self-reflection regarding one’s personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.

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

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

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

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

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

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

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

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

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

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

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

Behavior – Trainee demonstrates understanding of human behavior within its context.
Application of Knowledge - Trainees demonstrates ability to apply knowledge of functional and dysfunctional behaviors within context (e.g. assessment and diagnostic processes).

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

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

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

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

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

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

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

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

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

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

Progress Evaluation – Trainee demonstrates ability to evaluate intervention effectiveness, and adapt interventions goals and methods consistent with ongoing evaluation.
Domain VII: Supervision, Consultation, and Interprofessional Skills

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

Supervision Ethics - Trainee demonstrates knowledge of supervision ethics.

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

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

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

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

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

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

General Comments: (Attach additional sheets)

____________________________________________________________________________________

____________________________________________________________________________________

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

Audio review _____ Video review _____ Live observation _____

From your evaluation, has the student fulfilled the requirements of the practica to be given a grade of P (Passing)?  Yes____ No____
All activities must be approved by the DCT prior to entering in Time2Track. Any required activities as part of course work, as discussed in this handbook, are preapproved (e.g. Pre-practica training experiences, hours accrued as part of the Practica or Advanced Practica). Any other clinical experiences, including those obtained as part of a DPCP research team, must be approved by the DCT through the use of the Advanced Professional Experience form.

**Intervention**
- Career Counseling
- Client Consultation
  - PSC walk-in appointments may fall under this (when the case is closed at the walk-in)
- Co-therapy
  - HOPE therapy
- College Prep/Guidance
- Couples Therapy
- Crisis Intervention
  - PSC walk-in appointments may fall under this
- Family Therapy
- Group Therapy
- Individual Therapy
- Intake/Structured Interview
- Medical/Health Related
- Milieu
- Outcome Assessment of Programs or Projects
  - Advanced Practica
- Program Development/Outreach Programming
  - Creation of outreach efforts (NEW efforts at PSC / Church outreach / etc.)
  - Reviewing PSC and rotation handbooks
  - Advanced Practica
- School (direct intervention)
- School (other)
- School Consultation
- Sports Psychology/Performance Enhancement
- Substance Abuse Intervention
  - Peer supervision for 4th year Supervision and Consultation course
  - Peer supervision for HOPE
  - Assessment Clinic supervision
- Systems Intervention/Organizational Consultation/Performance Improvement
- Treatment Planning with a Client
- Other Psychological Experience with Students/Organizations
  - Facilitating small groups for Multicultural Psychology course
- Other Psychological Interventions
Assessment
Neuropsychological Assessment
Providing Feedback to Clients/Patients
Psychodiagnostic Test Administration
  • Test Administrations for IQ and PA class, if not administered to a peer or family member
  • Bootcamp, if not administered to a peer
Other Psychological Assessment Experience
  • Administration for Research (if supervised)
  • Interviews for Research (if supervised)

Support
Administration
  • Writing reports for actual administrations (clients or approved class volunteers)
Case Conferences
Case Management
Chart Review
Clinical Writing/Progress Notes
Coordinate Community Resources
Grand Rounds
Intervention Planning
Observation
  • Pre-practica intake observation
  • Observation of faculty practice
  • Observing group for group therapy course
Phone Session
Professional Consultation
  • Consultation call to CPS
  • Call to another provider
  • Consultation with faculty other than supervisor
Professional Development
  • Practice administrations of tests
Psychoeducational Group/Workshop
  • Providing psychoeducational workshops as part of Outreach Team
Psychological Assessment Scoring/Interpretation
Research/Reading/Preparation
Seminars/Didactic Training
  • Colloquia
  • Attending conferences, if preapproved by the DCT
Staff Meeting
Audio-Visual-Digital Recording Review
Other

Supervision
Individual Supervision - Licensed Psychologist
Individual Supervision - Licensed Allied Mental Health Professional
Individual Supervision – Other (eg. peer-to-peer)
- PSC students receiving supervision from 4th year students

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

Group Supervision – Licensed Allied Mental Health Professional
Group Supervision – Other (eg. peer-to-peer)
- Students receiving peer supervision through Assessment Clinic or HOPE
- PSC team meeting
GUIDELINES FOR SUBMITTING PRE-PRACTICA ACTIVITIES IN TIME2TRACK

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

Personality Assessment
Course – Personality Assessment
Training Site – PrePractica
Supervisor – Linda Baum
Treatment Setting – Other
  Support – Professional Development
    – Assessment Report Writing
    - Psychological Assessment Scoring / Interpretation

Intelligence Testing Lab
Course – Intelligence Testing and Psychometrics
Training Site – PrePractica
Supervisor – Lynn Olson
Treatment Setting – Other
  Support – Professional Development
    - Assessment Report Writing
    - Psychological Assessment Scoring / Interpretation

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

Practica Class
Course – Pre-practica (First year experiences)
Training Site – PrePractica
Supervisor – Select instructor of practica class you attended
Treatment Setting – Department / School Clinic
  Supervision – Group Supervision – Licensed Psychologist
Diversity Luncheon/PSI
Course – Pre-practica (First year experiences)
Training Site – PrePractica
Supervisor – Cassandra Page
Treatment Setting – Department / School Clinic
   Support – Seminars / Didactic Training

Interviewing Sessions
Course – Clinical Interviewing
Training Site – PrePractica
Supervisor – Jen Ripley
Treatment Setting – Department / School Clinic
   Intervention – Other Psychological Interventions

Immersion Experience
Course – Multicultural
Training Site – PrePractica
Supervisor – Hannah Jones
   Treatment Setting – Other
   Support – Other
APPENDIX D: STUDENT FORMS

Student Site Evaluation
Advanced Professional Experience Contract
Student Work Approval Form
# Student Site Evaluation

## Doctoral Program in Clinical Psychology

(Student's Name) _______________________

(Practica Site) ______________________

(Faculty Supervisor) ___________________

(Practica: Psy 735  Psy 738) ______________________

(Semester/Year: ______________________)

### Setting/Materials

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consistently available office space</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
<tr>
<td>2. Provision of necessary testing supplies</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
<tr>
<td>3. Provision of any additional necessary supplies</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
</tbody>
</table>

### Administrative Support

<table>
<thead>
<tr>
<th>Administrative Support</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Timely typing</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
<tr>
<td>2. Consistent relay of messages</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
<tr>
<td>3. Assistance in obtaining needed materials</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
<tr>
<td>4. Consistency in scheduling appointments</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
</tbody>
</table>

### Practica Start-Up

<table>
<thead>
<tr>
<th>Practica Start-Up</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thorough orientation to facility and procedures (within first two weeks of Practica)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
<tr>
<td>2. Introduction to unit staff</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
<tr>
<td>3. Practica began during assigned week (tasks were assigned or suggested on the first day)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
<tr>
<td>4. Contract completed by second week of Practica</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
<tr>
<td>5. Requirements for fulfillment of goals and activities clearly specified</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
<tr>
<td>6. Total hr./week of work (including time to write up reports) specified in contract</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>________________</td>
</tr>
<tr>
<td></td>
<td>Practica Supervisor</td>
<td></td>
<td></td>
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<td>------------------------------------------------------------------------------------</td>
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<td>--</td>
<td>--</td>
</tr>
<tr>
<td>1.</td>
<td>Aware of goals, mission of University</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>2.</td>
<td>Aware of objectives and relevant activities for the specific Practica</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>3.</td>
<td>Aware of curriculum concurrent with Practica</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>4.</td>
<td>Gave 3 to 4 days’ notice when supervisory session had to be changed (at least 85% of the time)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>5.</td>
<td>Canceled supervisory sessions were typically made up</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>6.</td>
<td>Functioned in supervisory role throughout entire semester</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>7.</td>
<td>Provided clients to ensure maintenance of contracted work level</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>8.</td>
<td>Provided balanced case load representative of types of clients available at this agency</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>9.</td>
<td>Set up appointment with other staff when needed to accomplish contracted goal</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>10.</td>
<td>Maintained contracted level of supervision throughout semester (minimum: 1 hours/week)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>11.</td>
<td>Tasks were consistent with relevant activities stated in handbook for particular Practica</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>12.</td>
<td>Tasks were consistent with contracted tasks and goals</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Evaluation**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Items were discussed with supervisor prior to completion of evaluation form.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2.</td>
<td>Supervisor gave specific feedback, recommendations relevant to student’s on-going clinical development</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
General Comments About Site:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Student Signature ___________________________ Date ___________________________

I elected to disclose this evaluation to my site supervisor:  ____ Yes  ____ No
ADVANCED PROFESSIONAL EXPERIENCE CONTRACT
Non-Practica Clinical Training to be Approved

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

Student Name: ________________________________
Training Site: _______________________________________
Start date of Training: ______________________
Expected date of completion (month/year): _________________

Within the specified time frame, ________________________ is identified as the primary site supervisor. Telephone/email contact is listed as ___________________/______________________.

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

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

Although this supervised advanced professional experience will count toward training hours, it is not a formal component of the Regent University practicum series, and is not, as a matter of fact, regarded as a component of the Practicum course unless additional formal arrangements change the nature of the training experience.

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

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

Students and supervisors should be aware in advance that the Virginia Board of Psychology licensing guidelines only recognize hours of individual supervision (in pre-doctoral practicum training) as counting
toward eligibility for licensure. Students should also be aware that state boards may not recognize training hours that are not formal practicum hours requiring registration and grades.

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

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Psycho-Educational Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Individual Psychotherapy</td>
<td>❑ Parent Training</td>
</tr>
<tr>
<td>❑ Family Therapy</td>
<td>❑ Outreach</td>
</tr>
<tr>
<td>❑ Marital Therapy</td>
<td>❑ Client Orientation</td>
</tr>
<tr>
<td>❑ Child/Adolescent Therapy</td>
<td>❑ Involvement with community professionals</td>
</tr>
<tr>
<td>❑ Group Psychotherapy</td>
<td></td>
</tr>
<tr>
<td>❑ Behavioral Medicine</td>
<td></td>
</tr>
<tr>
<td>❑ Crisis Intervention</td>
<td></td>
</tr>
<tr>
<td>❑ Therapy Protocols</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Intake Interviewing</td>
<td>❑ In-service training activities</td>
</tr>
<tr>
<td>❑ Diagnostic Assessment</td>
<td>❑ Other training activities</td>
</tr>
<tr>
<td>❑ Personality Testing</td>
<td></td>
</tr>
<tr>
<td>❑ Psychoeducational Assessment</td>
<td></td>
</tr>
<tr>
<td>❑ Forensic Assessment</td>
<td></td>
</tr>
<tr>
<td>❑ Neuropsychological Assessment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Documentation</th>
<th>Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Report Writing</td>
<td>❑ Individual Supervision</td>
</tr>
<tr>
<td>❑ Record Keeping</td>
<td>❑ Group or Peer Supervision</td>
</tr>
<tr>
<td>❑ Treatment Plans</td>
<td>❑ Case Conferences or Staff Meetings</td>
</tr>
<tr>
<td>❑ Treatment Summaries</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Other (Please List)</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Consultation</td>
<td>❑ ________________</td>
</tr>
<tr>
<td>❑ Referrals</td>
<td>❑ __________________</td>
</tr>
<tr>
<td>❑ Professional Team Collaboration</td>
<td>❑ __________________</td>
</tr>
</tbody>
</table>

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

______________________________  ______________________  _________
Primary Site Supervisor  Signature  Date

______________________________  ______________________  _________
Supervising Psychologist (If different than above)  Signature  Date

______________________________  ______________________  _________
Student  Signature  Date

______________________________  ______________________  _________
Director of Clinical Training  Signature  Date

Revised August 2019
PSY.D. STUDENT EXTERNAL WORK APPROVAL FORM
(submit to Director of Clinical Training before beginning employment)

Student Name: ___________________________________
Employment Site: __________________________________________. Note and describe if employment activities are expected to be conducted off-site from employment work center at any time:
________________________________________________________________________________________
________________________________________________________________________________________

Expected start date of employment: ______________________
Expected date of completion (month/year): _____________________
Projected number of hours per week: ______________
With the specified time frame, ______________________________________________ (Site Supervisor, degree, license) is identified as the primary site supervisor. Telephone/email contact is listed as ___________________/__________________________.

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

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

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

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

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

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

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

Students must make their employers aware of the following:

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

__________________________________  ______________
Student Signature                      Date

__________________________________  ______________
Linda J. Baum, Ph.D.                    Date
Director of Clinical Training

Revised August 2019
APPENDIX E: INTERNSHIP FORMS

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

SECTION I: (Completed by Student)

Applicant Name:____________________

Faculty Mentor:_____________________
Date Entering Psy.D. Program:______________

Projected Start of Internship:______________

Total Intervention Hours: ______
Total Assessment Hours: ______

Total Support Hours: ______
Total Supervision Hours: ______

Estimated additional hours of supervised practica experience prior to internship: ______

*Submit your current Time2track log with this form.

SECTION II: Statement of Understanding (Completed by Student)

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

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

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

______________________________
(student signature)              (date)

______________________________
(DCT signature)                 (date)

(See Reverse side for Faculty Mentor Endorsement)

2 Hours should be inclusive of all hours reported on Annual Summary logs throughout the program and kept in clinical training log (Time2Track). Student must meet minimum hours for internship application.
SECTION III: Faculty Endorsement Status of Pre-Internship Requirements
(Completed by Dissertation Chair, Faculty Mentor, and IRPP chair)

1). Date student was admitted to doctoral candidacy: ____________________________

Dissertation Status

2). Status of Dissertation

<table>
<thead>
<tr>
<th>Expected Completion Date</th>
<th>Actual Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissertation Proposal Approved</td>
<td>Required</td>
</tr>
<tr>
<td>HSRC submitted and data collection began</td>
<td>Required</td>
</tr>
<tr>
<td>All Data Collected</td>
<td></td>
</tr>
<tr>
<td>Data Analyzed</td>
<td></td>
</tr>
<tr>
<td>Draft of Dissertation</td>
<td></td>
</tr>
<tr>
<td>Dissertation Defended</td>
<td></td>
</tr>
</tbody>
</table>

Dissertation Chair Signature/date ____________________________

3). Passed Internship Readiness Portfolio

Signature of Portfolio Committee Chair DATE

Faculty Mentor Rating of Student

4). Please answer the following statements using the scale below

<table>
<thead>
<tr>
<th>1 Strongly Disagree</th>
<th>2 Disagree Below Expected Level</th>
<th>3 Agree At Expected Level</th>
<th>4 Agree Above Expected Level</th>
<th>5 Strongly Agree</th>
</tr>
</thead>
</table>

1 2 3 4 5 This applicant possesses the emotional stability and maturity to handle the rigors of the internship experience.

1 2 3 4 5 This applicant possesses the theoretical / academic foundation necessary for effective counseling / clinical work.

1 2 3 4 5 This applicant possesses the skills necessary for translating theory into integrated practice.

1 2 3 4 5 This applicant demonstrates awareness of, and practices according to, the current standards of ethics for psychologists

1 2 3 4 5 This applicant demonstrates the capacity to participate in supervision constructively and can modify his / her behavior in response to feedback.

Yes No The student has received a disciplinary complaint while in the program.

Yes No The student has an unresolved remediation/PDF in the program at this time.

(Faculty Mentor signature) (date)

Revised August 2019
1. Student obtains permission to pursue designed internship from DCT.

2. The site uses an organized training program and materials supporting this structure are provided for DCT review.

3. The description of planned training experiences follows a logical progression.

4. The internship agency had a clearly designated staff psychologist who was responsible for the integrity of the training program.

5. The agency has two licensed psychologists on staff.

6. A staff member of agency who has clinical responsibility for the cases being supervised provides supervision. This supervision must be by a psychologist at least 50% of the time.

7. The site provides training opportunities in a range of assessment and treatment activities, conducted directly with patients seeking health services.

8. A minimum of 25% of trainee's time in direct patient contact (375 hours).

9. A minimum of 2 hours of face-to-face supervision is provided per week.

10. A minimum of 2 hours per week of didactic activity is provided.
    - case conferences/ clinical seminars/ co-therapy with staff person
    - group supervision/ additional individual supervision

11. Internship had a minimum of two interns at the internship level during the applicant's training period. (Optional item if setting has interdisciplinary staff and is committed to training of intern).

12. Trainee has appropriate title, "intern", "resident", or "fellow".

13. Internship agency has a written statement or brochure describing the goals & content of the internship, stated clear expectations for quantity/quality of trainee's work, and made available to prospective interns [The memorandum of understanding will complete this requirement]

14. The internship experience (minimum 1500 hours) will be completed within 24 months.
PSYCHOLOGY INTERN EVALUATION (Midyear)

Student: ____________________________     Internship Agency: ______________________

Supervisor(s): ________________________________________________________________

Dates of Internship: ______________ Total Hours of Clinical Experience: ____________

Hours of Supervision per Week: _____ Individual       _____ Group

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

<table>
<thead>
<tr>
<th>Strength</th>
<th>Expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Definite area of strength, shows mastery</td>
</tr>
<tr>
<td>4</td>
<td>Area of strength; continue to work on it</td>
</tr>
<tr>
<td>3</td>
<td>At expected level; skill developing</td>
</tr>
<tr>
<td>2</td>
<td>Below Expected Level</td>
</tr>
<tr>
<td>1</td>
<td>Major weakness; absence of skill</td>
</tr>
<tr>
<td>N/A</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Intervention, to include the ability to:

- Develop evidence based treatment plans
- Successfully implement informed interventions
- Evaluate intervention effectiveness

Assessment, to include the ability to:

- Select and apply assessment methods
- Interpret assessment results
- Independent ability to evaluate and disseminate research
- Ability to apply research to clinical decision making
- Professional values, attitudes, and behaviors
- Application of knowledge in individual and cultural diversity
- Ethical and legal management of responsibilities
- Application of knowledge of supervision
- Consultation and interprofessional / interdisciplinary skills
- Communication and interpersonal skills
- Clinical documentation skills (progress notes, report writing, etc.)
- Overall impression of student’s clinical skill

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

- Ability to work with religious/spiritual issues in therapy

Revised August 2019
Please indicate whether each of the following circumstances applied to the student’s internship at your site.

___ Yes  ___ No  
Student’s internship followed planned progression that is sequential, cumulative, and graduated in complexity, and outlined at start of program

___ Yes  ___ No  
A psychologist supervised the student at least 50% of time

___ Yes  ___ No  
Supervision was provided by staff member who had clinical responsibility for the cases managed by the student

___ Yes  ___ No  
Student obtained experience with a range of assessment and treatment activities during the course of the internship

___ Yes  ___ No  
Direct observation is provided by the supervisor responsible for the experience being evaluated

___ Yes  ___ No  
The student received two hours per week of didactic training in addition to supervision

___ Yes  ___ No  
The student received at least four hours per week of supervision; at least two of these hours consisted of individual face-to-face supervision

___ Yes  ___ No  
The internship had at least two interns at the site during the course of the internship

___ Yes  ___ No  
The trainee was identified as in ‘internship status’ (e.g., ‘intern’, ‘resident’)

TOTAL HOURS ACCUMULATED TO DATE _____________________________

General Comments: (Attach additional sheets if necessary)
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Printed Name of Internship Director  Signature  Date

Please send this completed form and other relevant correspondence to:
Linda Baum, Ph.D.,  Director of Clinical Training
CRB 161 (Psychology), 1000 Regent University Drive, Virginia Beach, VA 23464
fax: 757-352-4304  or  lbaum@regent.edu
PSYCHOLOGY INTERN EVALUATION (end of year)

Student: ______________________________   Internship Agency: _____________________

Supervisor(s): _________________________________________________________________

Dates of Internship:______________ Total Hours of Clinical Experience:________

Hours of Supervision per Week: _____ Individual   ______ Group

Please rate the student on each of the following clinical competencies compared to the

typical or expected level of competency for other interns at your site.

<table>
<thead>
<tr>
<th>Strength</th>
<th>Expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 = Definite area of strength, shows mastery</td>
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</tr>
<tr>
<td>2 = Below Expected Level</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>N/A = Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

**Intervention, to include the ability to:**

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- Successfully implement informed interventions
- Evaluate intervention effectiveness

**Assessment, to include the ability to:**

- Select and apply assessment methods
- Interpret assessment results
- Independent ability to evaluate and disseminate research
- Ability to apply research to clinical decision making
- Professional values, attitudes, and behaviors
- Application of knowledge in individual and cultural diversity
- Ethical and legal management of responsibilities
- Application of knowledge of supervision
- Consultation and interprofessional / interdisciplinary skills
- Communication and interpersonal skills
- Clinical documentation skills (progress notes, report writing, etc.)
- Overall impression of student’s clinical skill

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

- Ability to work with religious/spiritual issues in therapy

Revised August 2019
Please indicate if each of the following circumstances applied to the internship at your site.

____ Yes ____ No  Student’s internship followed planned progression that is sequential, cumulative and graduated in complexity, and outlined at start of program

____ Yes ____ No  A psychologist supervised the student at least 50% of time

____ Yes ____ No  Supervision was provided by staff member who had clinical responsibility for the cases managed by the student

____ Yes ____ No  Student obtained experience with a range of assessment and treatment activities during the course of the internship

____ Yes ____ No  At least 25% of the student’s time was spent in direct patient contact

____ Yes ____ No  Direct observation is provided by the supervisor responsible for the experience being evaluated

____ Yes ____ No  The student received two hours per weekly of didactic training in addition to supervision

____ Yes ____ No  The student received at least four hours per week of supervision; at least two of these hours consisted of individual face-to-face supervision

____ Yes ____ No  The internship had at least two interns at the site during the course of the internship

____ Yes ____ No  The trainee was identified as in ‘internship status’ (e.g., ‘intern’, ‘resident’)

TOTAL HOURS ACCUMULATED TO DATE _____________________________

General Comments: (Attach additional sheets if necessary)
____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Printed Name of Internship Director  Signature  Date

Please send this completed form and other relevant correspondence to:
Linda Baum, Ph.D.,  Director of Clinical Training
CRB 161 (Psychology), 1000 Regent University Drive, Virginia Beach, VA 23464
fax:  757-352-4304  or  lbaum@regent.edu
**STUDENT INTERNSHIP TRAINING EVALUATION FORM**

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

<table>
<thead>
<tr>
<th>Your name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your internship training Site:</td>
</tr>
<tr>
<td>What is your formal title during the internship year (i.e., fellow, intern, etc.)?</td>
</tr>
<tr>
<td>Internship training director for current year:</td>
</tr>
<tr>
<td>Internship start date: Internship end date:</td>
</tr>
<tr>
<td>Number of licensed doctoral level psychologists in staff:</td>
</tr>
<tr>
<td>Number of pre-doctoral psychology interns on site</td>
</tr>
<tr>
<td>Direct Services.</td>
</tr>
<tr>
<td>Is at least 25% of your time being spend in face to face psychological services to clients? Do you believe you will meet this requirement?</td>
</tr>
<tr>
<td>Training Activities</td>
</tr>
<tr>
<td>Does your site have written materials that provide a clear description of the nature of the training program (a manual, brochure, or website)?</td>
</tr>
<tr>
<td>Did you have an orientation process at the beginning of training?</td>
</tr>
<tr>
<td>Does your agency have a procedure manual for trainees?</td>
</tr>
<tr>
<td>Were you informed about due process and grievance procedures that deal with concerns about your performance and/or your concerns about training?</td>
</tr>
<tr>
<td>Do you participate in regularly scheduled didactic training experiences—such as training meetings or seminars, grand rounds, or case conferences?</td>
</tr>
<tr>
<td>Are you being individually supervised by a licensed psychologist?</td>
</tr>
<tr>
<td>Do you receive weekly individual supervision that focuses primarily upon the psychological services that you are providing to clients?</td>
</tr>
<tr>
<td>Do you also receive group supervision?</td>
</tr>
<tr>
<td>Is your site APA Accredited?</td>
</tr>
<tr>
<td>If your site is not APA Accredited, is a site visit from APA Accreditation scheduled before your internship would end?</td>
</tr>
<tr>
<td>Are you interested in being contacted by a Regent Faculty regarding issues/concerns at your internship site?</td>
</tr>
<tr>
<td>Your phone number (if you want to be contacted):</td>
</tr>
</tbody>
</table>

Revised August 2019
1. If your site is not APA Accredited, please submit your up to date Log from Time2track of your clinical training experience thus far. Remember you will need to submit your Time2track log at the end of the year to pass internship.

2. If your site is not APA Accredited, please submit a copy of your internship training manual, if one exists. If there is not an internship training manual please submit the brochure for your internship site.
SAMPLE APPIC APPLICATION
### Applicant Information

**Contact Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Primary Email</td>
<td></td>
</tr>
<tr>
<td>Secondary Email</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Preferred Phone</td>
<td></td>
</tr>
<tr>
<td>Phone # on APPIC Match Day</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
</tbody>
</table>

**Personal Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizenship Status</td>
<td></td>
</tr>
<tr>
<td>Country of Citizenship</td>
<td></td>
</tr>
<tr>
<td>Other Citizenship Country</td>
<td></td>
</tr>
<tr>
<td>Veteran</td>
<td></td>
</tr>
<tr>
<td>Do you Hold a Visa?</td>
<td></td>
</tr>
<tr>
<td>Visa Type</td>
<td></td>
</tr>
<tr>
<td>Visa Number</td>
<td></td>
</tr>
<tr>
<td>City of Visa Issue</td>
<td></td>
</tr>
<tr>
<td>Visa Current and Valid?</td>
<td></td>
</tr>
<tr>
<td>Visa Permits Work?</td>
<td></td>
</tr>
</tbody>
</table>

**General**

*Applicant’s Preferred Name or Nickname:*   

*Do you have any materials under another name:*  
  *If Yes, Specify Other First Name Used:*  
  *If Yes, Specify Other Last Name Used:*  

*Language(s) other than English (including American Sign Language) in which you are FLUENT enough to conduct therapy:*   

**Certifications/Publications/Presentations**

<table>
<thead>
<tr>
<th>License</th>
<th>Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>License 1</td>
<td>Jurisdiction 1</td>
</tr>
<tr>
<td>License 2</td>
<td>Jurisdiction 2</td>
</tr>
<tr>
<td>License 3</td>
<td>Jurisdiction 3</td>
</tr>
<tr>
<td>License 4</td>
<td>Jurisdiction 4</td>
</tr>
</tbody>
</table>

*Number of articles published in refereed journals:*   

*Number of chapters or books:*   

*Number of professional presentations made at regional, state, national, or international meetings/conferences:*
<table>
<thead>
<tr>
<th>Professional Conduct</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes', please elaborate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any complaints currently pending against you before any of the above bodies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes', please elaborate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes', please elaborate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes', please elaborate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever reneged on an APPIC internship match agreement (i.e., refused to attend or left an internship program that you obtained through the APPIC Match or Clearinghouse) without prior approval from APPIC and the internship site?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes', please elaborate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been convicted of an offense against the law other than a minor traffic violation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes', please elaborate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been convicted of a felony?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes', please elaborate:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPIC Application

Previous Colleges Attended

_________________ UNIVERSITY (-)

Type:
Major:
Minor/Second Major:
Degree:
Degree Status:
Degree Date:
GPA:

Highest Degree Earned in a Mental Health Field?

Current Graduate Program Information

REGENT UNIVERSITY
Department:
Program Name:
College Name:

Designated Subfield of Doctoral Program in Psychology:

If Combined, Please Specify:
If Other, please specify the field you are currently enrolled and why you are applying to a Psychology internship:

Degree Seeking:
If Respecialization, Please Specify:
If Other, Please Specify:

Doctoral Program Accreditation Status:
APA Accreditation:
CPA Accreditation:
If not APA/CPA-Accredited, regionally accredited/provisionally chartered?
If Yes, Please Specify:

Department’s Training Model:
If Other, Please Specify:

Dissertation/Research title or topic:

Type of Research Involved?
If Other, Please Specify:

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

Dissertation / Doctoral Advisor’s Name:
Co-Supervisor Advisor’s Name:
Advisor’s Phone:
Advisor’s Email Address:
# APPIC Application

**Summary of Doctoral Training**

## Doctoral Program Information

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

## Summary of Practicum Experience

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

<table>
<thead>
<tr>
<th>Intervention Hours</th>
<th>Assessment Hours</th>
<th>Supervision Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctoral Hours:</td>
<td>Doctoral Hours:</td>
<td>Doctoral Hours:</td>
</tr>
<tr>
<td>Terminal Masters Hours:</td>
<td>Terminal Masters Hours:</td>
<td>Terminal Masters Hours:</td>
</tr>
<tr>
<td>Total Completed Hours:</td>
<td>Total Completed Hours:</td>
<td>Total Completed Hours:</td>
</tr>
</tbody>
</table>

## Anticipated Practicum Experience

**Number of Hours Anticipated**

**Description of the Anticipated Practicum Experience**

**Clinical Experience=**

**Hours per week=**

**Supervised hours=**

## Contact Information for Academic DCT/TD

<table>
<thead>
<tr>
<th>DCT Name</th>
<th>Phone</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State/Province:</th>
<th>Zip:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Intervention Experience

**Degree of Terminal Masters:**
- If Other, Please specify

**Area of Concentration of Terminal Masters Degree:**
- If Other, Please specify

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

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

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

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

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

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

If other, please specify:
### Intervention Experience (continued)

<table>
<thead>
<tr>
<th>Other Psychological Interventions</th>
<th>Total Hours Face-to-Face:</th>
<th># of Different Individuals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sport Psychology/Performance Enhancement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical/Health-Related Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intake Interview/Structured Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Interventions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Other Psychological Experience with Students and/or Organizations</th>
<th>Total Hours Face-to-Face:</th>
<th>Terminal Masters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision of other students performing intervention and assessment activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Development/Outreach Programming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome Assessment of programs or projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems Intervention/Organizational Consultation/Performance Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If other, please specify:

Comments
**Summary of Psychological Assessment Experience**

<table>
<thead>
<tr>
<th>Total Hours Face-to-Face</th>
<th>Doctoral:</th>
<th>Terminal Masters:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Psychodiagnostic test administration (include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients.

**Integrated Psychological Reports**

Adults:
Children/Adolescents:

**Adult Assessment Instruments**

<table>
<thead>
<tr>
<th>Symptom Inventories</th>
<th># Clinically Administered/Scored:</th>
<th># Clinical Reports Written with this Measure:</th>
<th># Administered as Part of a Research Project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beck Anxiety Inventory (example)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Projective Assessment</th>
<th># Clinically Administered/Scored:</th>
<th># Clinical Reports Written with this Measure:</th>
<th># Administered as Part of a Research Project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentence Completion (example)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Parent/Youth-Report Measures</td>
<td># Clinically Administered/Scored</td>
<td># Clinical Reports Written with this Measure</td>
<td># Administered as Part of a Research Project</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Behavior Assessment System for Children (BASC) (Example)</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
Supervision Received

<table>
<thead>
<tr>
<th>Supervised By</th>
<th>Doctoral Total Hours</th>
<th>Terminal Masters Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual</td>
<td>Group</td>
</tr>
<tr>
<td>Licensed Psychologists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allied Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Optional Comments about Other Supervisors:

Have you made recordings of clients/patients and reviewed them with your supervisor?
- Audio Tape:
- Video Tape/Digital Recording:
- Live/Direct Observation by Supervisor:

Description of Support Activities

- Total Doctoral Support Hours
- Total Terminal Masters Support Hours

Description of Support Activities:
### Additional Information about Practicum Experience

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

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

Primary Theoretical Orientation

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

If other, please specify:
## Additional Information about Practicum Experience (Continued)

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

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Intervention</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesbian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisexual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If other, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Gender</th>
<th>Intervention</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If other, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Non-Practicum Clinical Work Experience
Application Certification

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

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

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

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

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

Electronic Signature:

Revised August 2019
Electronic Signature Date:
Area of Concern: It is the goal of the Clinical Training Committee and Faculty to provide support necessary for successful completion of the program. Our program has a number of clinical competencies that act as mileposts and roadblocks to clinical progression. It has come to the attention of the faculty/Clinical Training Committee that you …. (describe specific areas of deficit or failure-academic, clinical, or behavioral here). Therefore, the faculty/Clinical Training Committee has met and determined that remediation is necessary.

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

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

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

(month, year)
Student Acknowledgement of Remediation as Proscribed

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

_____________________________________   ___________
(Student Signature) (Date)

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

_____________________________________   ___________
(Student Signature) (Date)

Disposition of Remediation

As of ____________, ________________ has: _______ met the goals of remediation

(date) (student)

_______ met the goals of remediation: _________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

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<table>
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<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>(Responsible faculty signature)</td>
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<td>(Additional Faculty Signature if indicated)</td>
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<td>(Student Signature)</td>
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