

STUDENT HANDBOOK OF THE CLINICAL PSYCHOLOGY PROGRAM SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

— 2020 Edition* —

*Latest Clinical Curriculum Changes Approved: January 2018
Updates on Projected Dates of Course Offering and Course Numbers: TBA

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PROGRAM POLICIES ON ADMISSIONS AND RECRUITMENT OF STUDENTS

Applicants are evaluated for admission by Clinical faculty, based on their transcripts, GPA, GRE scores, letters of recommendation, research experience, and personal statement. We generally seek students with GPAs that exceed 3.5, and GRE scores that are at or above the 75th percentiles. In addition to the traditional quantitative indices of academic potential, we look for evidence of research experience and clinically-relevant service activities. We are particularly impressed by activities consonant with the applicant's identified career goals. In letters of recommendation, we look for indications that the applicant is intellectually curious and hardworking, socially adjusted and interpersonally skilled, and has a sense of humor and a mature self-perspective. We are committed to diversifying Clinical Psychology and strive to recruit students across race/ethnic groups, gender, age, geographical origin and other demographic characteristics.

The selection of new students proceeds through an initial credential review and culminates in a mid to late February open house for a select short-list of applicants who visit and are interviewed. Videoconferencing interviews are conducted for those who are not available or cannot afford to visit. Admission decisions are based on group consensus and undergo a review process by the Psychology Department Graduate Admissions Committee. We typically admit five to ten new students in the Clinical program each year. The number of students accepted approximates the number who graduate or leave for internship and will not return and the number for whom funding is available. In recent years, the number of applicants is typically in the range of 75-125 so admission is quite competitive.

SCHOOL/PSYCHOLOGICAL FOUNDATIONS REQUIREMENTS

Number	Course
523	Research Design
	TWO OF THE FOLLOWING FOUR COURSES:
522	Experimental Design (univariate stats)
524	Multivariate Statistics
QUAN 507	Multiple Regression
QUAN 508	Experimental Design
509	History and Systems of Psychology*
599 (4-6 hrs)	Thesis
600 (24 hrs)	Dissertation
---	Preliminary Examination (Prelims)

CLINICAL PROGRAM COURSE REQUIREMENTS

DISCIPLINE-SPECIFIC KNOWLEDGE

HISTORY AND SYSTEMS

509 History and Systems of Psychology (*may be waived if taken previously)

BIOLOGICAL ASPECTS OF BEHAVIOR

514 Neurobiological Bases of Behavior **(Required)**

AFFECTIVE ASPECTS OF BEHAVIOR

535 **OR** 581 Psychopathology **OR** Developmental Psychopathology **(Required)**
AND **AND**
 580 Cognition, Affect and Behavior **(Required)**

COGNITIVE ASPECTS OF BEHAVIOR

580 **OR** 515 Cognition, Affect, and Behavior **OR** **Cognitive Psychology (One Required)**
AND **AND**
 534 **OR** 556 Cognitive Behavior Therapy **OR** Child Psychotherapy **(Required)**

Students are also strongly encouraged to take one of the following courses:

511 Human Learning and Memory
 517 Aging, Memory & Cognition

DEVELOPMENTAL ASPECTS OF BEHAVIOR

554 Lifespan Developmental Psychology **(Required)**

SOCIAL ASPECTS OF BEHAVIOR

507 Advanced Social Psychology **(Required)**

ADVANCED INTEGRATIVE KNOWLEDGE

580 Cognition, Affect and Behavior **(Required)**

Students are strongly encouraged to additionally take one of the following courses:
 552 Advanced (Social) Developmental Psychology
 517 Aging, Memory and Cognition

RESEARCH METHODS, STATISTICAL ANALYSES AND PSYCHOMETRICS

PSYC 523	Research Methods
PSYC 522 OR QUAN 507	Experimental Design and Analysis (Univariate statistics)
PSYC 524 OR QUAN 508	Multivariate Methods of Psychology
PSYC 525	Psychological Measurement

PROFESSION-WIDE COMPETENCIES

PROFESSIONAL VALUES AND ATTITUDES

Psyc 586 Proseminar in Clinical Psychology **(Required)**

RESEARCH

Completion of research portfolio (see page 10). **(Required)**

COMMUNICATION AND INTERPERSONAL SKILLS

594C Clinical Skills **(Required)**

ETHICAL AND LEGAL STANDARDS

598 Ethical & Professional Problems in Psychology **(Required)**

INDIVIDUAL AND CULTURAL DIVERSITY

553 OR	Cross-Cultural Psychology (Every Spring) OR	(one class Required)
COUN 545	Cross Cultural Factors Affecting Counseling (May intersession)	

ASSESSMENT

540	Psychological Assessment (Required)
AND	AND
543 OR 544	Advanced Child Assessment OR Advanced Adult Assessment (One Required)
AND 594E	Practicum (Required)

INTERVENTION

530 OR 556	Theories of Psychotherapy and Counseling OR Child Psychotherapy (Required)
AND	AND
534 OR 559	534 Cognitive Behavior Therapy OR 559 Child Behavior Therapy (Required)
AND 594E	Practicum (Required)

SUPERVISION

561 Supervision of Psychotherapy **(Required)**
AND 594E Practicum **(Required)**

CONSULTATION

594E Practicum **(Required)**
AND 531 Community & Institutional Field Placement **(Required)**

SUMMARY OF REQUIREMENTS BY SPECIALIZATION**ADULT-CLINICAL**

Required Courses:

530	Theories of Counseling & Psychotherapy
535	Psychopathology
534	Cognitive Behavior Therapy
544	Advanced Adult Assessment
554	Lifespan Developmental Psychology
580	Cognition, Affect & Behavior

Clinical Electives* (3 required)

*NOTES: The clinical electives chosen should support the student's career goals (e.g., family therapy in Counselor Education, addiction courses in Rehabilitation; courses in Criminal Justice relevant to forensic careers). Child-Clinical courses may also count as electives in Adult-Clinical, promoting readiness for general-clinical internships.

CHILD-CLINICAL

Required Courses:

543	Advanced Child Assessment
554	Life Span Developmental Psychology
556	Child Psychotherapy
559	Behavioral Child Therapy
580	Cognition, Affect & Behavior
581	Developmental Psychopathology

AND One additional developmentally-oriented course:

552 OR	Advanced (Social) Development
570 OR	Early Cognitive Development
517	Aging, Memory, & Cognition

Clinical Electives** (2 required)

**NOTES: Electives can also include Adult-Clinical courses (e.g., Psyc 535) and courses in other departments as long as they support the student's career goals (e.g., family therapy in Counselor Education, addiction courses in Rehabilitation).

Examples of electives (but not limited to): 545 Introduction to Neuropsychological Assessment; 562 Adolescent Clinical Psychology ; 584 Pediatric Psychology

PRACTICUM REQUIREMENTS

PSYC 594E Clinical Practicum – Vertical Team

All students are expected to remain continuously enrolled* in practicum (V-team) at the Clinical Center through the fall of their fourth year. Caseloads and responsibilities are designated by year in the program:

<u>Year</u>	<u>Semester</u>	<u>Caseload</u>	<u>Responsibilities</u>
1	Fall	--	Observation of therapy & assessments
	Spring	1-2	Therapy/co-therapy cases
	Summer**	2	Therapy/co-therapy
2	Fall	2	Therapy & Assessments
	Spring	3	Therapy & Assessments
	Summer**	3+	Therapy & Assessments
3	Fall	3+	Therapy & Assessments
	Spring	3+	Therapy/Assessments/Consultation
	Summer**	3+	Therapy/Assessments/ Consultation
4	Fall	Terminate/ Transfer clients (as they are ready)	Therapy/Assessments/Consultation Co-supervision of one assigned case

***Note.** Students will enroll for 1 credit hour of 594E in their first semester, 2 credit hrs. in their second, and 2-3 credit hours over their subsequent fall, spring and summer terms. In keeping with APA norms, the program has traditionally required 400 hours of supervised experience hours (of which 150 are direct client contact hours) to be eligible for internship. In practice, students in the program typically accumulate over 1000 hours of experience by the time they complete four years in the program, assuming a clinical training assignment or supplementary elective practicum placement in year four.

****Requests to waive the summer requirement due to special circumstances, such as financial issues or opportunities to pursue a summer field placement at large, will be reviewed by the Clinical Committee on a case by case basis.**

Supervision & Consultation Training

All students will take PSYC 561 Supervision of Psychotherapy for didactic instruction. Practice and training in the delivery of supervision skills will be acquired in the vertical practicum teams. Students will be assigned to supervise at least one case in the fall semester of the fourth year. Training in models of Consultation will occur as part of didactics in practicum. In their third and fourth years, students should pursue opportunities to gain experience in the process of consultation with SIU Family Medicine, the Marion VAMC, and/or local pediatric group practices.

Summer Field Placement

Students are required to enroll in PSYC 531 Community & Institutional Field Placement beginning the summer after their second year in the program. The expectation is that students will work the equivalent of 125 total hours at an external agency. All hours completed with the agency will count toward this requirement (e.g., training/orientation, participating in treatment team meetings, observation, time spent toward documentation/record keeping, etc.). Generally, students should pursue these placements in residence at the sites for which elective practicum training has been approved. A formal request for approval form for all field placements should be submitted to the Clinical Committee no later than March 1st. Please see page 39 of this handbook for the request form. Students may apply to complete a summer field placement in settings beyond the region. Such requests will be reviewed in light of the following considerations:

- 1) Is the agency going to expect/require SIU to enter into a formal contract or Memorandum of Understanding (MOU)?
- 2) Is a licensed Clinical Psychologist and/or licensed allied mental health professional available to provide direct supervision that includes observation?
- 3) Is the student in Good Standing? (this means earning a 3.25+ GPA and on track with academic and clinical progress; if there is any chance the student will not be in good standing, the request will be denied)
- 4) Are there comparable training opportunities in our area/region?
- 5) Is this type of training essential to the student's career goals?
- 6) Will the student's absence have a negative/significant impact on services available at the SIU Clinical Center and/or quality of care for clients on their current caseload?

Please note that the criterion #1 and #2 are critically important to determine as soon as possible. First, it can take several months or more to obtain a formal MOU, which must be signed by the Office of the Provost and/or Chancellor. SIU Legal Counsel must review and approve all MOU forms before signatures will be obtained. Second, if no licensed/direct supervision (with observation of student services) is available, the site cannot be considered to meet the American Psychological Association requirements for practicum training. Third, students who are not in Good Standing should remain in residence and prioritize their academic progress. Finally, we have to balance the needs of the SIU Clinical Center to maintain services and regular client referrals.

TIMETABLE OF EXPECTED PROGRESS

In accord with the student evaluation policy (see pp. 28-30), students are evaluated on the quality and timeliness of their work. In particular, students are evaluated on the timeliness of completing the MA degree, prelims, and dissertation prospectus. The optimal date can be regarded as a target, the deadline as the one with a contingency. That is, failure to meet the deadline date will lead to Watch Status (see Clinical Student Evaluation Policy, pp. 28-30.) unless the student is already on Watch for some other reason. If the student is more than one semester behind schedule, the contingency will change from Watch to Warning, and then subsequently to Probation if more than two semesters behind.

MA PROSPECTUS

Optimal date: August, end of year 1 in program
 Deadline: January of year 2

MA ORALS

Optimal date: May of year 2 in program
 Deadline: September of year 3

PRELIM

Optimal date: January of year 3 in program *
 Deadline: August, start of year 4

*This is the earliest date students may take the exam.

DISSERTATION PROSPECTUS

Optimal date: August, start of year 4 in program
 Deadline: Prior to submission of internship applications

Notes: Students entering with a Master's degree in psychology (i.e., who have done an empirical thesis) can expect to spend three years rather than four years on campus. They should subtract one year from the above optimal and deadline dates.

Regarding timing, students should also be aware that the graduate school has timetables for number of years of funding at the MA level (3 years) and for completing the dissertation after admission to candidacy (5 years). These deadlines are strictly enforced.

SAMPLE CURRICULUM BY SEMESTER & YEAR

FALL	YEAR 1	YEAR 2	SPRING
597 Preprofessional Training (1 cr)	597 Preprofessional Training (1 cr)	597 Preprofessional Training	597 Preprofessional Training (1 cr)
535 Psychopathology OR	530 Theories of Counseling & Therapy OR	599 Thesis	530 Theories of Counseling & Therapy OR
581 Developmental Psychopathology	556 Child Psychotherapy (or 559 Child Behavior Therapy)	594E V-Team	556 Child Psychotherapy (or 559 Child Behavior Therapy)
523 Research Design	522 Experimental Design (or QUAN equivalent)	580 Cognition Affect and Behavior	522 Experimental Design (or QUAN equivalent)
540 Assessment	543/544 Advanced Assessment	xxx Elective OR 556/559 (Child Students)	543/544 Advanced Assessment
594C Clinical Skills	599 Thesis (1 cr.)	TOTAL HRS = 10-13	599 Thesis (1 cr.)
594E V-Team	594E V-Team		594E V-Team
594L Teaching Prac. (if TA-102)	594L Teaching Prac (if TA-102)		594L Teaching Prac (if TA-102)
586 Clinical Psychology Seminar	586 Clinical Psychology Seminar		586 Clinical Psychology Seminar
TOTAL HRS = 15-16	TOTAL HRS = 15-16		TOTAL HRS = 15-16

Summer: PSYC 594E (V-team), Thesis (1 hr), PSYC 597 Pre-professional Training

YEAR 2

597 Preprofessional Training	597 Preprofessional Training
599 Thesis	599 Thesis
594E V-Team	594E V-Team
524 Multivariate Stats (or QUAN equiv)	580 Cognition Affect and Behavior
xxx APA required course	xxx Elective OR 556/559 (Child Students)
TOTAL HRS = 10-13	TOTAL HRS = 10-13

Summer: Continue V-team, PSYC 531 Field Placement, PSYC 597 Preprof. Trg., Finish Thesis

YEAR 3

597 Preprofessional Training	597 Preprofessional Training
525 Measurement	553 Multicultural Course
xxx APA required course	xxx APA required course
xxx Elective	xxx Elective
594E V-Team or Specialty Prac.	594E V-Team or Specialty Prac.
TOTAL HRS = 11-13	TOTAL HRS = 11-13

Summer: Continue V-team, Diss (3), PSYC 597 Preprof. Trg

YEAR 4

597 Preprofessional Training	597 Preprofessional Training
561 Supervision of Psychotherapy	598 Ethical & Professional Problems in Psychology
600 Dissertation (8 hrs)	600 Dissertation (8 hrs)
TOTAL HRS = 12	TOTAL HRS = 12

Summer: Diss (5), PSYC 597 Preprof. Trg.

Note:

Residency Requirement for Doctoral Candidacy: 24 doctoral credit hrs must be taken after completing the M.A. degree. Only 6 hrs of PSYC 600 Dissertation will apply. (See Blue Book & Graduate Catalog.)

PROGRAM EXPECTATIONS FOR CLINICAL STUDENTS

(Adopted July 1997; Revised November 2011, October 2012, July 2013, August 2014)

Students in the SIU Clinical Program are expected to demonstrate professionalism across all realms of graduate study, including coursework, clinical work and research activities. With respect to coursework, students should regularly attend classes, and demonstrate active and appropriate participation in lecture and discussion. Students should refrain from using electronic devices such as smart phones or other technology/media, and from engaging in behaviors during class that may serve as a distraction either for themselves or other classmates. With respect to clinical work, teaching and research, students are expected to abide by the APA Ethics Code. Professionalism should also be exhibited in personal dress and more generally in interpersonal interactions with faculty, peers, clients and research participants.

Students are expected to demonstrate commitment to the program and to exercise good citizenship. Examples of this are as follows: First year students will assist with the coordination of the Open House potluck for prospective graduate students; all upper level students will participate in the potluck, and will be available for questions from student applicants; all upper level students will serve as a peer mentor for at least one year while completing the program; all students applying for internship will participate in the joint vertical team meeting focused on debriefing after the APPIC Match in the spring semester. This level of engagement helps to ensure that all students receive sufficient peer support and guidance as they progress through the program.

Students are also expected to demonstrate investment in their profession in several key respects that reflect a commitment to development both as a practitioner and as a scientist/scholar, i.e., producer of psychological knowledge in their specific subfield and consumer of knowledge in broader related fields. Although many students are committed to the development of their clinical skills and seek out a variety of opportunities for experience, an exclusive focus on such experiences can lead to a lack of balance and thus is not in the spirit of the SIU Clinical Psychology Program. For example, overemphasis on such training will often lead to time conflicts with involvement in research that might lead to presentation or publication, with attendance at departmental or program colloquia, brown-bag presentations, presentations by faculty candidates, regional or national conventions, and other opportunities for developing one's full potential as a balanced clinical psychologist. It is expected that students selected for this program will seek out such research-related opportunities and clinical training. Students are expected to submit their thesis and dissertation research for presentation at formal conferences and for publication. This will be important information for letters of recommendation. In addition, students are expected to demonstrate a significant interest and involvement in research beyond their thesis and dissertation.

Students' involvement will be monitored in connection with the faculty's assessment of whether a student completing his/her second year has demonstrated doctoral quality work and is deserving of continuing in the doctoral program beyond the MA. This will be one form of assessment considered along with progress and quality of the thesis research, quality of course work, and quality of clinical conceptualization.

DEVELOPING A CURRICULUM VITA

Specifically, students will be expected to submit a curriculum vita annually to the Director of Clinical Training at the beginning of August. Faculty will be particularly interested in the following kinds of information contained therein:

- * Attendance at colloquia of job candidates, faculty and special guests*
- * Regular reading of a research-oriented journal^
- * Attendance at regional and national conventions^
- * Submission of poster presentations for a regional or national convention^
- * Submission of papers for possible publication
- * Coauthoring a convention paper
- * Presenting a convention paper
- * Involvement in a research team, over and above work on thesis or as RA
- * Author/Coauthor on publication

*NOTE: Attendance at colloquia and conventions plus reading of journals would require special vita entries that would only be used for the clinical program vita but should be removed for clinical placement and internship applications.

COMPLETING A RESEARCH PORTFOLIO

To demonstrate research competence, all students will be required to complete a portfolio in for which they do at least one of the following:

A. Submit a first authored manuscript for publication.

OR

B. 1) Submit a paper or book chapter with a faculty member **AND**

2) Present a minimum of two (2) poster or paper presentations at a professional conference.

This portfolio must be submitted to the Director of Clinical Training prior to endorsement as ready for internship.

Observe that these research expectations are consistent with those agreed upon by the Council of University Directors of Clinical Psychology (CUDCP) expectations for internship eligibility (listed on p. 26).

TRAINING IN SUPERVISION AND CONSULTATION

As indicated previously, students are expected to remain continuously enrolled in practicum while in residence in the program. During the fall of the fourth year, students are also expected to enroll in PSYC 561 Supervision of Psychotherapy and provide supplementary supervision to a lower level student. Training in consultation will be provided during practicum with opportunities to practice skills in a variety of external settings.

PREPARING PROFESSIONAL PSYCHOLOGISTS TO SERVE A DIVERSE PUBLIC: A CORE REQUIREMENT IN DOCTORAL EDUCATION AND TRAINING

(Approved by the Clinical Faculty February, 9, 2016)

SOURCE: The material below is quoted directly or adapted slightly from the sample policy statements developed by the BEA Working Group on Trainee Conflicts Serving a Diverse Clientele (January, 2014) .

In our APA-accredited program we are committed to a training process that ensures that graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. When graduate students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors will work with students to become aware of and to remediate these issues to support the acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all clients/patients.

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

PUBLIC PROFESSIONALISM: WEBSITES, BLOGS, E-MAIL AND VOICEMAIL

Increasingly, as information becomes more widely available through the internet, lines between public and private information are blurring. Many students have websites, blogs, social networking sites/accounts (e.g., Facebook, Twitter), email signature lines, and voicemail/answering machine messages that are entertaining and reflect their personal preferences and personalities. However, students should consider the potential impact of this information on their professional image. For example, if the student uses his/her telephone or email account for professional purposes, clients, research participants, and potential employers may view the student as less professional. Also, according to information collected by the Council of University Directors of Clinical Psychology, clients, graduate and internship programs, and potential employers may all conduct internet searches and use the resulting information in decisions about internship or post-doctoral acceptance, hiring, and other relevant actions. Legal authorities also view websites for evidence of illegal activities.

Students should also note that if they identify themselves as a graduate student in the program or reveal information relevant to the graduate program in their email signatures, voicemail files, or website/blog information, then this information becomes part of their program-related behavior and may be used in student evaluations. For example, if a student posts doing something unethical or illegal on a web blog, or uses the website to engage in unethical or unprofessional behavior (e.g., disclosing confidential client or research information, cyberbullying), then the program may use this information in student evaluations, including decisions regarding probation or termination. Included in this would be unprofessional discussions about peers, program staff, or others. Thus, students are encouraged to consider the use of personal web pages and blogs, email, and other electronic media carefully. They should attend to what content to reveal about themselves and

others in these forums, and whether there is any personal information that they would not want program faculty, employers, or clients to read or view. Anything on the World Wide Web is potentially available to all who seek it. Students who use these media should also consider how to protect the security of private information.

Adopted Fall 2009, updated Fall 2011

(Adapted from a similar policy in the clinical program at University of Missouri Columbia)

ACADEMIC HONESTY

Students in Clinical Psychology shall abide not only by the APA Ethical Principles of Psychologists and Code of Conduct but also by the SIUC Student Conduct Code (see the SIUC Graduate Catalog.) Quoting from the Conduct Code:

Southern Illinois University Carbondale (SIUC) is dedicated not only to learning, research, and the advancement of knowledge, but to the development of ethical and responsible citizens. By accepting membership in SIUC, an individual joins a community characterized by free expression, free inquiry, honesty, respect for others, and participation in constructive change.

The University Standards for SIUC students regarding academic honesty are as follows:

In keeping with the principles and values of the University, students shall not:

1. Plagiarize or represent the work of another as one's own work;
2. Prepare work for another that is to be used as that person's own work;
3. Cheat by any method or means;
4. Knowingly or willfully falsify or manufacture scientific or educational data and represent the same to be the result of scientific or scholarly experiment or research;
5. Knowingly furnish false information to a university official relative to academic matters;
6. Solicit, aid, abet, conceal, or attempt acts of academic dishonesty.

Plagiarism can be defined as the use of another person's wording, phrasing, ideas, or collection of facts as your own. (Definition from the SIUC Writing Center)

Examples of plagiarism (as presented in the Morris Library Research Guide on Plagiarism):

1. turning in an essay you found on the internet
2. not putting quotation marks around a quotation
3. copying words or sentences without citing where you got the information
4. making up a source because you couldn't remember where you got the information
5. copying the sentence structure of a source even if you change the words

Please observe that, in addition to research papers, theses and dissertations, this applies to other work such as internship essays, cover letters and other forms of professional writing.

Consequences for academic dishonesty may include failing a course, academic probation, or termination from the program. In the view of the Clinical Psychology faculty, scholarly dishonesty can end a person's professional career.

STUDENT DEVELOPMENT: INTERFACE OF PROFESSIONAL AND PERSONAL ISSUES

Approved by the Clinical Faculty, Fall, 1994
Revised: Spring, 1996, Fall 2003, Fall 2011 Updated: Fall 2015

Clinical Psychology is a people-oriented profession in which competence and sensitivity in dealing with clients, research participants, colleagues, and supervisees is essential. Some writers in and outside the profession have argued that it is a weakness of the helping professions that there is relatively little screening of a personal nature to ensure that persons who should not be in the profession are not in fact credentialed. On the other side of this issue, some individuals (applicants and faculty) raise concerns about formal screening procedures. We do not use such a screening at admissions.

Nevertheless, students in clinical psychology have a personal responsibility to monitor and evaluate behaviors that may compromise their ability to function as psychologists-in-training and to take steps to address any problems that arise. Similarly, faculty in Clinical Psychology have a professional responsibility to monitor student development in areas which go beyond performance on examinations or other traditional academic measures. This is done routinely in the student evaluation process. Such monitoring includes but is not limited to personal impediments which may hinder professional development, appropriate relations with co-workers, and/or competent and sensitive work with clients, research participants and students whom you are teaching. At the same time, on occasion students offer personal information to request flexibility or understanding from faculty when tasks have not been accomplished correctly or in a timely fashion. For example, students might wish a faculty member to know about a family problem, personal emergency or traumatic event, medical problem, or disability that they wish to have taken into consideration at evaluation time. Sometimes such information could serve to mitigate concerns about student behavior.

Two problems related to these issues may occur. First, students may (understandably) wish to withhold such information until the last possible moment--just before student evaluations, especially when a deadline has been or will shortly be passed. Although the desire for confidentiality is understandable, this could have the appearance of manipulative excuse-making if done immediately before a critical evaluation is to be conducted (i.e., as if to say "I shouldn't be put on probation yet because...").

Second, students may wish to share information with a single faculty member (e.g., mentor), but would prefer that it not be divulged to other faculty members or noted in their departmental record. Several potential points of conflict may arise with this scenario. The student's desire for confidentiality must be balanced with the following considerations: a) the supervisor is responsible for the quality of the student's clinical, research and instructional activity and must consider the needs and rights of the recipient of such activities (e.g., clients, subjects, students); b) if the issue involves another faculty member (e.g., a training assignment evaluation problem), the student might wish to have an unbiased party know his/her side of some issue before it becomes problematic; c) most faculty and students prefer working in a congenial environment, and regard this department as congenial because relationships are relatively low-key, informal and personable. We would like to keep it that way.

For some matters that will have a limited bearing on performance and for which some limited accommodation in assignment might be necessary (e.g., circumscribed negative life events), private

disclosure to the advisor may be necessary and the information can be handled with discretion. However, students should realize that what starts out as a minor matter could become more serious, and whereas they may have only one advisor, they will routinely have 3-5 clinical supervisors. For example, if a student's clinical performance suffered because of personal problems, this would be a matter to be known by several clinical supervisors.

Personal Conduct and Self-Disclosure

First, realize that the activities of psychologists are such that personal and professional conduct have greater implications for each other than might be true in, say, sociology, biology or dentistry. Personal styles of behavior (including manner of habits, speech, dress) ***that bear on one's professionalism in work contexts*** are matters that might be commented upon in evaluation. This is not to say that, for example, you must wear a tie or must not wear jeans; but it could mean, for example, that some offensive habit (e.g., not bathing) will be pointed out by your supervisor, as tactfully and respectfully as possible. Thus the policy calls for use of common sense with due consideration for the context and possible meanings that your personal conduct may have for clients or subjects.

Second, realize that interpersonal style that is relevant to professional conduct is appropriate for discussion of the student's professional development. For example, if in your capacity as a teaching assistant, you were viewed by students as arrogant, you would be entitled to know and, for your professional development, should know that someone held this subjective observation about you.

Third, should you become aware of personal issues that may impact your professional activity, realize that it is your decision to share or not share this information with clinical faculty. It is your prerogative to request that such information not be shared with others (i.e., kept confidential). Realize that within a teacher-student relationship, like that of therapist-client, the faculty member (just as the student) is bound by the APA Ethical Principles as well as state law. If you have confided in a faculty member at one point in time and later desire to have that information shared with other faculty because it could represent extenuating circumstances for weak performance, realize that there is no guarantee that such information will be regarded by all faculty as justifying, say, time extensions to complete a task or a lesser negative consequence for failure to fulfill responsibilities in a timely and appropriate fashion. Normally, you would not be asked for documentation of problems. If faculty felt that the information might aid in your educational development, such as might hold for a learning disability, it might be desirable to share such documentation. However, the sharing of any documentation would always be at your prerogative.

It is acknowledged that this policy does not explicitly guide you to take or not take any particular course of action. Should you have questions about the implications of this document, feel free to discuss them with clinical faculty of your choice.

A Note on Obtaining Personal Therapy

Clinical Psychology students occasionally seek personal therapy for concerns that may or may not be related to their professional development. Graduate students at SIUC are generally able to obtain services through the Clinical Center and Counseling Center. However, to avoid dual roles for faculty and staff supervisors affiliated with these facilities, and to be sensitive to potentially uncomfortable and confidentiality-compromising situations, you are encouraged to use the mental health benefits afforded to you as part of your student health insurance. Effective August 1, 2015, you should be able to directly contact any provider that accepts the SIU Student Health plans and make an appointment. Consistent with the 1996 Health Insurance Portability and Accountability Act

(HIPAA) requirements, your protected health information will remain confidential. However, as mental health professionals in training, it is important that you understand that any therapist is a potential future colleague.

Revised 8/23/2015.

PROGRAM PROCESSES & POLICIES

PROGRAM PROCESSES

How are training assignments made? First year students are typically assigned to be a TA (Teaching Assistant) for PSYC 102 Introductory Psychology unless they have an interest in or are recruited to work as an RA (Research Assistant) in particular labs. Second year students are often RAs, particularly if they worked as TAs in their first year. Some may continue as RAs in the same lab; others might TA for a 300-level course. Students are requested to submit their preferences before the summer term begins, based on a description of available assignments. Third-year students fill a variety of positions -- TA, RA or clinical in nature. To apply for most clinical assignments you must have a very good chance of completing your thesis early in the summer at the end of your second year. Occasionally, there are clinical positions which would not require an MA; please see the Director of Clinical Training (DCT) for current information about these. (Taking a doctoral level position, as most clinical training assignments are, and failing to complete the MA puts your funding in jeopardy.) Many fourth- and fifth-year students fill clinical training assignments. Some students would like to be RAs with clinical faculty, but the difficulty here is knowing which clinical faculty will be given an RA. Optimally, you will list as "first-choice" a person who wants you and who has priority to get an RA. By mid-March each year, the DCT should be able to answer questions about which faculty are likely to have high priority for receiving an RA.

What about course advisement? The DCT advises first year students and continues to provide advisement to many students. Each May students will complete/update their Plan of Study forms (pp. 35-37) to document progress toward program completion. Technically, unless you are working with a non-clinical faculty member, your research advisor is your academic advisor. In addition, the DCT holds advisement meetings within the Psyc 586 seminar (including discussion of possible courses in future semester; "How to begin a thesis" etc.) The DCT holds a meeting in early spring for second- and third-year students to discuss various topics of interest at that point in training (particularly clinical training assignments). Finally, a series of meetings are held in summer and through the fall for fourth- and fifth-year students to discuss the internship application process.

How do I navigate the post-MA details for my Ph.D.? After completing the MA, students must apply to the graduate school for admission to the doctoral program. This application is conditional upon the department's recommendation of the student for the doctoral program (which happens at the end of your second year). Once the student is in the doctoral program, he/she must meet the **RESIDENCY REQUIREMENT**, that is 24 credit hours of course work. According to the Graduate School, only 6 dissertation credit hours will count toward residency. Thus, you need 18 hrs or six 3-credit courses, plus 6 credits of Psyc 600 to complete residency. Thus, it is *advisable not to accrue too many dissertation hours in the year immediately after completing your MA*. You should use the candidacy worksheet (p. 38) to track your hours. While completing residency, the student must pass **PRELIMS** (see pp. 21-24). Once a student has completed prelims and residency, he/she is a **PH.D. CANDIDATE**, in other words an A.B.D. ("All But Dissertation") student. Students may find themselves with two bureaucratic problems as they leave for internship. One problem occurs for students who have taken longer than 2 years to complete their MA thesis, then delay in completing the graduate school's application for the doctoral program. A second problem

occurs when students have taken too many credits of dissertation (Psyc 600) too early in their doctoral program.

Can I audit courses? Students may not audit required courses, or courses necessary to fulfill program requirements. Extra elective courses or courses that satisfy prerequisites for courses that will be used to fulfill course requirements may be audited with permission from the instructor. Please note the SIU Registrar policies on auditing, which are published on the web (<http://registrar.siu.edu/grades/audit.html>) and appear below:

Students enrolling for an *Audit* must designate their intent to enroll on an *Audit* basis at the time of registration, or prior to the end of the second week of a sixteen-week semester (prior to the end of the second week of an eight-week summer session). An equivalent prorated amount of time would be allowed for courses of shorter duration. Students registering for short courses must register for *Audit* prior to the beginning of those classes.

Students cannot designate a course for *Audit* from within SalukiNet Self-Service. Instead, they should first register for the course in SalukiNet Self-Service, then see their advisor to fill out a Course Request Form (CRF) which designates the change from regular registration to *Audit*.

Students registering for a course on an *Audit* basis receive no credit.

Auditing students' CRFs must be marked accordingly, and such students pay the same tuition and fees as though they were registering for credit. Students are expected to attend regularly and to determine from the instructor the amount of work expected of them. If auditing students do not attend regularly, the instructor may determine that the student should not have a satisfactory (*AU*) audit grade. If the audited class is unsatisfactory, a grade of *UAU* will appear on the student's transcript.

A NOTE ON CREDIT HOURS FOR PRACTICA, TRAINING ASSIGNMENT ETC.

At registration students frequently ask the question, "How many credit hours should I take for this course?" This section attempts to offer guidelines on this small but nagging question. Generally, for your **training assignment and internship** (Psyc 597 and 595, respectively) you enroll for just **1 credit hour** per semester even though these will equal 20 and 40 hours of work per week. Treat a seminar (Psyc 585) as a regular course so enroll for **3 credits**. Clinical Psychology Seminar (Psyc 586) will be for just 1 credit hour. For readings, independent research, thesis, and dissertation (Psyc 590, 593, 599 and 600), you will generally be concerned with meeting university requirements (e.g., minimum of 4 hrs for thesis, 24 for dissertation) and with balancing your schedule. Generally, you can start by assuming 1 hour for readings or research, 1 or 2 for thesis, and as many as needed for dissertation. Traditionally, **the rule of thumb for practicum** is 1 credit hour per client anticipated; and maximum of 3 credits per semester. However, **students are urged to remember that their fees do increase with each additional credit hour.** If you meet the university guidelines (at least 8 credit hours, 3 in summer while on assistantship), it really does not matter whether you enroll for 1, 2, or 3 hours for these courses--what matters is completing the required work. Students should enroll for Preprofessional Training in the summer, connected with their training assignments. Students who enroll in specialty or external practica which do not have their own course number should sign up with the Program Director.

SUMMER & INTERSESSION PRACTICUM POLICY (approved:11-01; modified 4-06, 11-11, 5-15)

1. Students who see clients in the Clinical Center or elsewhere should be registered for an appropriate practicum or field placement course number (Psyc 594E/PSYC 531) for liability purposes.
2. Unless students' cases are closed or transferred by the end of the Fall or Spring term—and paperwork completed—students will be responsible for fulfilling their clinical responsibilities during the intersession and they will be supervised by faculty.
3. Those students seeing clients during the intersessions between semesters (particularly the 4 weeks between May graduation and beginning of summer school) should notify the clinical program director for documentation as required by Risk Management Office for liability purposes. **Please do so by the second day of intersession.**
4. Students seeing Clinical Center clients are expected to refrain from taking vacation during the 8 week summer session and are expected to have weekly supervision.
5. Students wishing to register for practicum for special purposes (e.g., neuropsychological testing; parent training groups) should discuss this with the supervisor of record for the appropriate section (child or adult) before the end of the spring term. That faculty member may prefer they take practicum as independent study (i.e., see page 40 for faculty section numbers). This should be done by the first Wednesday of the summer semester.
6. If students have questions or problems with registration or supervision, they should consult the clinical program director as soon as possible.

ELECTIVE PRACTICUM/ FIELD PLACEMENT POLICIES (approved May, 2015)

1. Students may choose to pursue a variety of elective practicum training [Field Placement] experiences, providing they are in good standing in the program and with the Department.
2. All students pursuing a field placement must first consult with the Director of Clinical Training (DCT). They should submit a request to pursue field placement no later than finals week of the preceding semester. See p. 39 of this handbook for the request form. Students must observe the following limits* with respect to weekly hours dedicated toward such training. These are designated by year and semester the student is enrolled in the program.

<u>Year</u>	<u>Semester</u>	<u>Maximum Hours</u>
1	Fall	None
	Spring	5 hours (obs/co-therapy/WAIS or WISC administration only)
2	Fall	5 hours/week
	Spring	5 hours/week
3	Fall	10 hours/week
	Spring	10 hours/week
4	Fall	20 hours/week
	Spring	20 hours/week

*These limits may be increased in consultation with the student Advisor and DCT, under the following conditions (as relevant according to year in the program): student is in good standing; prospectus meeting held by beginning of second year (8/31); thesis defense held by beginning of third year in the program (8/31); preliminary Exam passed by beginning of fourth year (8/31).

3. All students pursuing an elective practicum **MUST** enroll in PSYC 531 Community & Institutional Field Placement. This is for professional liability purposes and for the purposes of record keeping and evaluation.
4. Students must complete a Practicum Information Sheet at the beginning of each semester in which they are enrolled in Elective Practicum and submit it to the Director of Clinical Training. They must submit a completed Confirmation of Practicum Hours sheet, signed by the respective supervisor, at the end of the semester or summer session. This is a requirement in order for a grade to be recorded.

PROFESSIONAL & LIABILITY ISSUES IN CLINICAL PSYCHOLOGY PRACTICA, PAID CLINICAL TRAINING ASSIGNMENTS, AND INTERNSHIPS

Students seeing clients at the Clinical Center or in an approved external practicum or Field Placement must register for 1-3 credit hours of Psyc 594E (Clinical Practicum) or Psyc 531 (Community Field Placement) in the appropriate section. If cases are not closed and paperwork completed by the end of an academic semester, students are responsible to maintain those clients and records through the intersession and to be supervised either by the supervisor of record of the previous semester (e.g., Spring) or the subsequent semester (Summer). Students seeing clients with a training assignment that is paid by SIU (employees of SIU) should register for the appropriate section of Psyc 597 (Preprofessional Training). Employees paid by SIU and enrolled students acting within the scope of an approved, unpaid clinical program are provided liability coverage as discussed below. If a student is seeing clients in an agency where the agency pays the student directly, the student must arrange liability coverage with the agency or purchase it. Note that all students on APPIC or APA-Accredited full year internships must register for Psyc 595, and (unless at the SIU Counseling Center) must arrange liability coverage with the agency or purchase it.

This section is quoted from the University Risk Management website, specifically on page 5 of the Self-Insurance Program (SIP) Guidelines, General and Professional Liability Insurance, which can be found at the following URL:

<http://siusystem.edu/risk-management/generalandprof.shtml>

“In consideration of the provisions and stipulations herein or added hereto, this Program does insure the following:

Insured

Board of Trustees of Southern Illinois University, and each trustee, officer, employee, student appointee; and any students, volunteer workers, visiting faculty and professionals, who are agents of the University in the performance or delivery of its programs or services; and enrolled students acting within the scope of an approved, unpaid clinical program for which academic credit or the equivalent may be awarded. (Clinical programs include, but are not limited to the following: externships, internships, preceptorships, practicums, pre-student teaching, student teaching, and medical student activities.)

Coverage will be extended only to claims arising from acts or omissions by the Insured acting within the scope of the Insured's responsibilities to Southern Illinois University. “

POLICIES REGARDING FIFTH YEAR STUDENTS

Students who stay on campus (i.e., do not leave for internship) after four years in the program are encouraged to enroll in one substantive course each fall and spring semester even though their Plan of Study indicates that all requirements are fulfilled. Substantive courses are those regular courses or seminars with a specified curriculum offered at specified meeting times and enrolling a number of students (i.e., courses that typically require papers, presentations and/or exams). By enrolling in such courses, students are demonstrating their commitment to the value of continuing education which is regarded as important by the faculty, the profession, and licensing boards. More pragmatically, taking courses in the fifth year can strengthen an internship application by expanding one's knowledge base for internship and clinical practice (e.g., a better appreciation of family systems, alcohol and substance use problems) or expanding one's methodological skill for future research applications. In addition, the tuition for such classes will be waived when students have a training assignment. It should be noted, however, that fifth-year students are at lower priority for funding than are students in years 1-4.

POLICIES REGARDING BOUND COPIES OF THESIS AND DISSERTATION

Please review the department Rules and Regulations ("Blue Book" pages 5-8). Each individual achievement of a clinical student in this program contributes to the collective achievements of the program as a whole. This becomes especially relevant when the program is being reviewed by APA for its continued accreditation. Thus, students are reminded of the expectation that they provide the department and their major advisor with a bound copy of the final thesis and dissertation product once it has been approved in the orals. These bound copies will be available for review by other students seeking models for their own work and for review by site visitors at the time of APA re-accreditation visits.

PRELIM EXAM INFORMATION

(Adopted May 1997)

Why Prelims?

The Prelim exam is more than a “rite of passage” before obtaining a Ph.D. It is an opportunity for you to integrate information which you have learned in different courses and to become familiar with new material to which you have not previously been exposed. You are expected to integrate basic core courses (e.g., cognitive and learning, social, biopsychology) with clinical areas such as psychopathology, assessment, and interventions. Thus, the period of studying for prelims is an opportunity to refresh your memory, to integrate that information, and--in so doing--see the “big picture” in important areas of Clinical Psychology. The focus on recent journals has two major goals: first, to make sure that you approach the exam with the most current information available and second, to begin the lifelong habit of reviewing relevant journals. In sum, Prelims give you the opportunity to demonstrate to the faculty that you approach problems in psychology as a doctoral level clinical psychologist.

What are faculty looking for?

It may seem obvious, but let’s begin at the beginning. Be sure you answer the question that has been asked! In answering the question, graders look for organization--like any good paper, you should describe how you are going to answer the question (including what information you will not be covering and why it is less relevant), answer the question, then provide a brief summary of key points. In answering the question, we look for the ability to recognize and cogently present concepts, theories and empirical findings which are central. In addition, you should be able to differentiate and integrate theoretical concepts and research results across a number of areas. In sum, you should provide sufficient breadth to answer the question, while also providing the depth necessary to truly understand your answer. Supportive citations should be included in all answers. The specific year of the citation is desirable but generally not required. Finally, it is important to understand that the five areas described are not *orthogonal*, but involve considerable overlap (e.g., something read for “psychopathology” may be included in your “assessment” answer). Grading typically flows from the following decision rules:

1. **Honors pass.** This answer reads almost like a journal article. Covers the key points, and demonstrates an understanding of the linkages between those points. Provides historical and current thinking and research. Demonstrates recognition of less central information and the relationship with key points. Generally provides conceptual integration of several divergent areas.
2. **Clear pass.** Covers the key points needed to answer the question. Contains efforts at integration, though lacks the integrative richness of an Honors pass. Often misses less central points.
3. **Borderline Pass.** Covers most though not all of the key ideas needed to answer the question, little integrative richness. Sometimes presents less central points, though these are often not clearly distinguished from central concepts.
4. **Borderline Fail.** Misses important points in providing answer. Typically includes minimal or no integration of information from different sources, or only superficially covers information. Clearly not doctoral level work.
5. **Clear Fail.** Misses many or a majority of important information relevant to answering the question. Information is often presented in a haphazard way, or is simply wrong.

ADULT-CLINICAL

5 Areas covered by exam

1. *Therapy and Interventions*: Familiarity with models of psychotherapeutic and behavioral change approaches, mechanisms of change, designing interventions, effectiveness of psychotherapy.
2. *Psychopathology/Personality*: Diagnostic and etiologic issues (applied and theoretical), including categorical vs. dimensional models of diagnosis and personality assessment, and socio-political issues in diagnosis form the main focus of this area. (Use a good Abnormal Psychology text to form the *outline* of areas to be studied but study in greater depth; *and* be sure you are familiar with genetic influences and DSM IV. Use a good personality theories text to make sure you have breadth covered.)
3. *Ethics/Professional issues*: Ethical, legal, and practical issues relevant to clinical psychology in both research and practice are covered. Be familiar with the current APA ethics code, significant legal cases, relevant empirical findings, etc. (Keith-Spiegel & Koocher's book provides a good overview, recent issues of *Professional Psychology* and the *APA Monitor on Psychology* also will be helpful.)
4. *Research Design & Statistics*: The emphasis here is on the importance of good design (including the considerations which go into good design), integration of research results, and understanding the implications of existing research. Often includes an applied (e.g., research design) and theoretical option. Useful reading includes: Barlow, et al., *The Scientist Practitioner*; Kazdin's *Research Design in Clinical Psychology*.
5. *Assessment*: Familiarity and understanding of basic concepts in assessment (including validity, reliability, group differences), as well as information about commonly used specific personality and cognitive abilities tests.

Useful reading

Useful readings include the following journals. (Use to familiarize yourself with major issues/topical areas, focusing on last 3-5 years of these. Do not read every article, but to get a sense of key current issues relevant to clinical psychology.)

Annual Review of Psychology
Clinical Psychology Review
J. of Consulting & Clinical Psychology
Professional Psychology: Res & Prac
Behavior Therapy

American Psychologist (selected articles)
Psychological Bulletin (selected articles)
J. of Abnormal Psychology
Psychological Assessment
Clinical Psychology: Science & Practice

Note: This provides a guide for beginning your study, not an exhaustive list of all the things you should read. For a more detailed list, please consult the Adult Program faculty.

CHILD-CLINICAL

5 Areas covered by exam

1. *Psychopathology*: This area covers issues related to etiology, development, outcome and conceptualization of childhood psychopathological disorders. You may use a good child psychopathology text (e.g., Mash & Barkley, *Child Psychopathology*), plus the Psyc 581 syllabus as an outline of areas to be studied; but realize that you will need to study the field in greater depth and breadth and that the Psyc 581 topics list is not a guarantee of topics that might be covered as the exam is written by the entire child-clinical faculty.

2. *Treatment:* This area covers knowledge of the models of psychological and biological treatments applied to child and adolescent disorders, the comparative effectiveness of various treatments for the various disorders and the factors contributing to treatment referral and outcome. Be familiar with the empirical literature and be able to inter-relate treatments to etiology and outcome of child disorders. Also be able to discuss commonalities across treatment approaches and key questions/debates in the treatment literature.

3. *Assessment:* This area covers knowledge of concepts that apply to all assessment tools (e.g., aspects of reliability, validity), and application to specific child referrals. Demonstrate a "doctoral" (i.e., sophisticated) level of knowledge of specific assessment procedures including interviews, objective tests of cognitive, achievement and neuropsychological performance, behavioral assessment and projective tests; and knowledge of the utility of these procedures in assessment plus understanding of the key questions/debates in the assessment literature. Students should demonstrate knowledge of how assessment devices are developed and constructed as well as how they are applied with individual referrals and in different service-delivery settings.

4. *Research Design:* This area requires an ability to discuss issues in the design and evaluation of research that would be important for all clinical child psychologists to know (e.g., outcome of child treatment, validation of a child assessment tool) and the ability to design a well-devised study on particular topics of interest to many clinical child psychologists (e.g., parent-child relations as they might apply to pathology, effects of traumatic events, etc.). Your answer requires specificity as to experimental or correlational design used, procedures, measures, analyses and ethical considerations. Useful readings include the Barlow et al. *The scientist practitioner* and Kazdin's *Research design in clinical psychology*.

5. *Ethics and Professional Issues:* Ethical, legal and practical issues relevant to clinical child psychology (research and practice) including knowledge of the APA Code, significant legal cases and relevant empirical (e.g., survey) findings on clinicians' practice or perceptions of relevant issues (e.g., sexual abuse reporting).

Useful reading

Child-clinical faculty have prepared a reading list; see the Director of Clinical Training for a copy. Beyond this list, it is useful to review the last few years of the following periodicals:

Advances in Clinical Child Psychology (series)
Clinical Child & Family Psychology Review (on-line)
J Clinical Child & Adolescent Psychology
Psychological Bulletin (selected articles)
J of Abnormal Child Psychology
Professional Psychology: Research & Practice

Clinical Psychology Review
Clinical Psychology: Science & Practice
Journal of Consulting & Clinical Psychology
Journal of Abnormal Psychology
American Psychologist (selected articles)
Annual Review of Psychology

PRELIM PROCEDURES

Clinical prelims are usually offered on the Friday before the beginning of fall and spring semesters.

General instructions for prelims are as follows:

Do not write your name on your answer. Use the last four digits of your I.D. number for identification. Please start each answer on a new page, beginning your answer to each question with a restatement or paraphrasing of the question itself, so we know which question you have chosen to answer. You may begin at 8:00 a.m. and you have until 4:30 p.m. to complete this prelim. You are permitted to take a lunch break; obviously, it is not permissible to discuss exam material with others during this time or to use this time to access information pertinent to the questions. **Your computer's internet connection has been disabled, as you are not allowed to access the internet. Please leave all electronic devices (e.g., cell/smart phones, flash drives, laptops, tablets) with Connie Kleven as these are not permitted during prelims.** While you take the exam, you may be monitored by program faculty. Connie will provide you with a flash drive on which to record your answers; please submit this flash drive with your saved answers to Connie at the end of the work day. Spell checking is permitted prior to turning in the examination at 4:30 p.m..

In summary, Departmental policy prohibits you from bringing the following items when you take prelims:

1. laptops
2. flash drives (aka thumb drives, memory sticks, etc.)
3. cell/smart phones
4. Electronic notepads, tablets (e.g. IPAD) and other similar devices
5. I-pods or mp3 players

Prelim coordinators for Spring 2021 (January) are Drs. Chad Drake for the adult prelim (email: chad.drake@siu.edu) and Mary Louise Cashel (mcashel@siu.edu) for the child exam. Generally all faculty from a specialization (adult or child-clinical) contribute to the questions and grade answers. Thus, you are advised to consult all faculty in your specialization for reading lists or recommendations for pertinent reading material.

POLICY & NOTES ON INTERNSHIP

POLICY ON APPLYING FOR INTERNSHIP

Students are required to have passed the prelim in Clinical Psychology and to have successfully held a dissertation prospectus meeting before faculty will approve a student as ready for internship. The implication of this policy is that any student who wishes to apply for internship in fall in any given year will have to: 1) have taken and passed the August prelim (or any preceding prelim); and, 2) successfully held a prospectus meeting by September 30 of that fall (or prior to the first due date for internship applications) before program endorsement forms will be completed. The Council of University Directors of Clinical Psychology (CUDCP) has published recommended expectations for internship eligibility. These criteria are listed on p. 26. The Director of Clinical Training will comment on the extent and manner in which you have fulfilled all of these expectations in letters of endorsement/readiness for internship. To ensure preparedness for the application and interview process, the Director of Clinical Training will hold a series of meetings with students, beginning in the summer. Attendance at these meetings is required. Complete drafts of all essays shall be submitted to the Director of Clinical Training by September 30th of the application year.

NOTES ON "COUNTING HOURS" FOR INTERNSHIP

Information on p. 27 of this handbook is taken from the APPIC rules for the counting of practicum experience hours. This is information which students should consider from the beginning of their time in the program. When you apply for internship, you will submit an electronic APPIC Application for Psychology Internships (AAPI) form(s) in which practicum hours are officially documented. If you are looking ahead to internship application time, it is useful to have these experience categories in mind as you periodically summarize your experience. Some internships expect to see a minimum of 1000 total practicum hours counting direct service, indirect service, and supervision. In practice, students leaving this program accrue 1200-2400 hours depending upon their post-MA training assignments and number of years in the program.

APPIC MATCH INFORMATION WHICH YOU MAY NEED

APPIC began a computer match procedure for intern selection in 1998-99. One item of information which you may need is the SUBSCRIBER NUMBER FOR THE SIUC CLINICAL PSYCHOLOGY PROGRAM. IT IS: **090**.

NOTES ON BECOMING AN "ABD"

As you depart for internship, it is our hope that your dissertation data collection is nearly complete. Students should realize that their doctoral candidacy extends for five years from the date of being admitted to candidacy, when means five years from the date of taking (passing) prelims/completing the residency requirement. If you fail to make dissertation progress during internship, in effect you may only have three years to finish the dissertation once you complete internship. If your time runs out, you will need to request an extension from the graduate school, which first requires program and departmental approval. Department policy (see Blue Book) requires you to provide documentation of three things if you make such a request: (a) that you have been staying in touch with your chairperson regularly--that is once a year or better--about your progress; (b) that you are making steady progress during the five years; and (c) that you are staying "current" with the discipline of Clinical Psychology. If there is any possibility that you will need an extension, remember that you will need to document these three conditions in your request.

VERY IMPORTANT FINAL NOTE: BEFORE YOU LEAVE TOWN...

You should enroll for 1 credit hour of ***Psyc 595, Section 800***, for Fall, Spring, and Summer while on internship. Please attend to these registration forms before you depart Carbondale. Also remember to save your course syllabi, your final Plan of Study and the version of this Green Book which you followed (if curriculum changed) so you have such information available when you apply for licensure.

COUNCIL OF UNIVERSITY DIRECTORS OF CLINICAL PSYCHOLOGY EXPECTATIONS FOR INTERNSHIP ELIGIBILITY

1. Trainee meets or exceeds foundational and functional competencies as outlined by the Assessment of Competency Benchmarks Work Group.
2. Trainee successfully completed a master's thesis (or equivalent).
3. Trainee passed program's comprehensive or qualifying exams (or equivalent).
4. Trainee's dissertation proposal has been accepted at the time of application to the internship.
5. Trainee successfully completed all required course work for the doctoral degree prior to starting the internship (except hours for dissertation and internship).
6. Trainee completed an organized, sequential series of practicum experiences supervised by at least two different clinical psychologists that involve formalized practicum experience in evidence-based assessment and therapy. The Trainee completed at least 450 face-to-face hours of assessment/intervention and at least 150 hours of supervision by a clinical psychologist who routinely employed individual and/or group supervision models and at least one or more of the following intensive supervision methods (e.g., direct observation, co-therapy, audio/videotape review). During early formative years, the ratio of face-to-face hours to supervision hours approximated 1:1 and increased to around 4:1 as the Trainee developed intermediate to advanced clinical skills.
7. Trainee has contributed to the scientific knowledge within psychology, as evidenced by:
 - a. Publishing an article in a refereed journal or a book chapter as an author or co-author,
or
 - b. Presenting at least three papers/posters/workshops at regional, national, or international professional conferences or meetings.
8. Trainee was enrolled in a program that conducts formal annual evaluations of each student for purposes of monitoring trainees' developing competencies and assuring that only students making satisfactory progress are retained and recommended for doctoral candidacy and entry into the profession. This annual program review of each student utilizes evaluations obtained from different faculty and supervisors and covers the full range of competencies including academic, research, clinical skills, and ethical professional behavior. Trainee has been rated as meeting expectations and possessing the required competencies at the time of applying for internship.

APPIC APPLICATION INFORMATION

You should only count hours for which you received formal academic training and credit or which were program-sanctioned training experiences (e.g., VA summer traineeship, clinical research positions). Practicum hours must be supervised. You will be asked to report your practicum hours separately for: (1) practicum hours accrued in your doctoral program, and (2) practicum hours accrued as part of a terminal master's experience in a mental health field. Hours accrued while earning a master's degree as part of a doctoral program should be counted as doctoral practicum hours. **Practicum hour** - A practicum hour is a clock hour, not a semester / quarter hour. A 45-50 minute client/patient hour may be counted as one practicum hour. You will also be asked about treatment settings and client characteristics.

1. INTERVENTION EXPERIENCE - How much experience do you have with different types of psychological interventions and assessment?

Please report actual clock hours in direct service to clients / patients. Hours should not be counted in more than one category. Time spent gathering information about the client / patient, but not in the actual presence of the client / patient, should instead be recorded under item 2, below ("Support Activities"). For the "Total hours face-to-face" columns, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours. For the "# of different ..." columns, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group. Groups may be closed or open membership; but, in either case, count the group as one group.

2 OTHER PSYCHOLOGICAL EXPERIENCE (under Intervention section) – this section includes consultation and supervision you provide to classmates (consultation) and lower division students (supervision), in addition to other activities such as program evaluation or assessment.

2. PSYCHOLOGICAL ASSESSMENT EXPERIENCE: This is the estimated total number of face to face client contact hours administering tests and providing feedback to clients/patients. This does not include time spent scoring and/or report writing, which should be included under the section entitled "Support Activities".

3. SUPERVISION RECEIVED – How much time have you spent in supervision? Supervision is divided into one-to-one (individual) and group supervision by licensed psychologists and allied mental health professionals. Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student. The hours recorded in the group supervision category should be actual hours of group focus on specific cases. Many excellent practicum courses incorporate both didactic and experiential components in the course activity. While the didactic portion is excellent training, it should not be recorded as a supervision activity; it should instead be included as a support activity (see point 4 below). This may necessitate breaking the hours spent in a practicum course into intervention, supervision, and didactic activities by actual course hours. For example, if you present on the "Psychosocial Issues of HIV Infection" using examples of cases, it is a didactic activity. Similarly, Grand Rounds that consists of in-service education on specific topics would not be considered supervision for the purposes of documenting practicum hours, but would be considered a support activity.

4. SUPPORT ACTIVITIES – How much time have you spent in support activities related to your intervention and assessment experience? This item includes activities spent outside the counseling / therapy hour while still focused on the client / patient (e.g. chart review, writing process notes, consulting with other professionals about cases, video / audio tape review, time spent planning interventions, assessment interpretation and report writing, etc.). In addition, it includes hours spent at a practicum setting in didactic training (e.g. grand rounds, seminars).

CLINICAL PSYCHOLOGY PROGRAM

STUDENT EVALUATIONS POLICY & PROCEDURES

(Approved by the Clinical Faculty: July, 16, 1991; Revised Sept. 21, 2004, Nov. 1, 2005, Spring 2016; Fall 2019)

POLICIES – Student Standing

1. Students are admitted in good standing and remain in good standing for keeping their GPA above 3.25, earning ratings of good or excellent in training assignments, and completing the program requirements (master's thesis, prelim, dissertation prospectus) in accord with the timetable delineated in this book.

2. Watch status signifies the student is experiencing some difficulty. Watch status can be assigned at any point over the course of the academic year and may be indicated when:
 - a) the student fails to begin or to complete the thesis or prelim in accord with the deadlines noted herein and in the Plan of Study.
 - b) the student obtains an Incomplete in course work
 - c) the student demonstrates less than satisfactory performance in any one of the following areas: class or practicum attendance, class or practicum participation, training assignment responsibilities,

3. Warning status is an indication that the faculty are seriously concerned with the student's performance in a variety of ways and is formally assigned at set intervals corresponding to the Student Evaluation Schedule outlined in the Department of Psychology graduate handbook (the "Blue Book"). Warning status denotes that the student must attend to the situation in order to return to good standing. Warning status is indicated when:
 - (a) the GPA falls below 3.25
 - (b) one or more practicum supervisors indicate areas of concern with the student's practicum work in end-of-semester written evaluations
 - (c) accumulating two "Incompletes" in course work during your graduate career (i.e., currently incomplete)
 - (d) failure to complete departmental requirements by the semester following Watch status for that difficulty
 - (e) failing a prelim exam
 - (f) obtaining a "C" in required clinical or departmental courses
 - (g) Warning might also be indicated if performance is less than satisfactory in several areas, no one of which would warrant "warning." As an example of the latter, absence or tardiness from classes combined with frequent cancellation of supervision sessions might merit a warning. So too, either of these concerns combined with borderline performance in a training assignment or in the clinical program evaluations of course work, research and practicum might warrant a warning.

4. Probation is a more serious category indicating some concern that the program and department may recommend termination of the student from graduate study if further problems occur or deficiencies are not corrected. Probation status is also assigned at set intervals corresponding to the Department Student Evaluation Schedule.

Performance deserving of a warning might merit probation when combined with an attitude of dogmatism, arrogance, or closed mindedness to faculty supervision. Probation is warranted for:

- (a) having a GPA at or below 3.25 beyond a semester of Warning status, or a GPA below 3.0
 - (b) continuation of problems or deficiencies in practicum performance after initial warning has been given.
 - (c) accumulating three or more "Incompletes" in course work during your graduate career (i.e., currently incomplete)
 - (d) failure to complete departmental requirements by the semester following a warning for that difficulty
 - (e) failing a second prelim exam
 - (f) obtaining an unsatisfactory training assignment
 - (g) serious unprofessional behavior
4. When students receive a warning or probationary status recommendation, the Clinical Director will request that the student arrange a meeting with those faculty members who delineated the concerns, including the DCT; or the student may request a meeting with the entire clinical faculty. Warning is not a prerequisite step for probation although some students who have been on probation first received a warning for some deficiency. That is, given sufficient and serious concerns, a student could be placed on probation directly from good standing. So too, probation is not always given prior to termination; given sufficient concerns (e.g., a serious ethical violation, being placed on a sex offender registry, being convicted of a felony), a student otherwise in good standing could be recommended for termination. APA standards and principles will be used in such deliberations.

PROCEDURES

1. As described in the Department Handbook, students are evaluated at regular intervals until all doctoral degree requirements except the dissertation have been completed. With the exception of first year students, all students are evaluated in the fall term, usually at the beginning of September. First year students are evaluated in the Spring term, usually in mid-January. Second year students are also evaluated in the Spring term for admission to the doctoral program. Students who have been placed on Watch, Warning or Probation status are reviewed as specified in evaluation letters, typically at the beginning of the subsequent term (fall, spring, or summer).
2. Student evaluations are conducted at the program and the Departmental/School level. The Clinical program faculty will submit their recommendations to the Department based on student academic progress, clinical work, research, and training assignment performance. After the recommended student status is approved by the Department/School, the student will receive a formal letter of evaluation from the School Director (Dr. Reza Habib).
3. The faculty mentor (typically the thesis or dissertation supervisor) will review the information provided in the evaluation letter with the student. Both the faculty mentor and the student must confirm this information was discussed by denoting such in a

document shared by the Director of Clinical Training.

4. It should be observed that students shall receive evaluation feedback on their practicum performance at the end of every semester, in addition to the grade on their transcripts. The practicum supervisor shall review their completed practicum evaluation form with the student at the conclusion of the semester. Both shall sign a copy and provide it to the Director of Clinical Training.
5. If a student is placed on Warning or Probation, he/she/they will likely require a remediation plan. In terms of guidance for problem remediation, the letter of evaluation will state the conditions for return to good standing. The letter will provide ample suggestions for meeting those conditions. Based on that feedback, the student should develop a self-remediation plan.
 - a. If poor performance is due to disability issues, students are eligible for support through Disability Support Services.
 - b. Students in need of counseling or other health services are encouraged to seek such and have the ability to do so with their Student Health benefits.
6. Students receive feedback on their efforts toward remediation immediately after the next scheduled student evaluation meeting (usually the next academic term – spring, summer or fall). The feedback again is provided both orally by the advisor and in writing in a letter from the School Head.

STUDENT GRIEVANCE POLICY

As stated in the Rules and Regulations of the Department of Psychology (“Blue Book”), all students have the right to petition any departmental decision. Students may also file grievances related to individual evaluations such as course or practicum grades, training assignment evaluations, etc.

If the grievance involves an individual evaluation or issue, the student should first discuss it with the individual involved. If this does not yield a satisfactory resolution, the student should provide a written statement to their advisor, the Director of Clinical Training, and the Department Chair. If this does not successfully resolve the issue, the student should consider filing a departmental grievance (procedures listed below)

Grievances concerning departmental decisions should similarly first be discussed with the student’s advisor. If this proves unsatisfactory, the student should provide a written statement to the Director of Clinical Training and request a meeting with the Clinical Faculty. If the issue remains unresolved, the student should file a departmental grievance with the Department Chair.

As also noted in the Blue Book, a written account of all grievances taken to the Director of Clinical Training or Department Chair/ School Director, and their resolutions, will be included in the student’s file. The procedures for filing a departmental grievance as they appear in the SIUC Graduate Catalog are listed as follows:

A graduate student desiring a hearing before a grievance committee of an academic department must submit a written request to the chair of the department no later than 30 calendar days after the beginning of the semester following the incident in question, excluding summer term. A student may request an extension of the deadline in writing by petitioning the department chair. In the event that informal proceedings are continuing toward resolution, such a request shall normally be granted.

The request for a hearing must state the following:

1. Name of the grievant.
2. Program in which the grievant is enrolled.
3. Name of the grievant's major adviser.
4. Name and title of the person(s) against whom the grievance is being filed.
5. Current address and phone number of the grievant.
6. Statement of the grievance including descriptions of the incident(s) involved, date(s) of occurrence, what remedy is being sought, as well as any supporting documents.

DEPARTMENT ACTION ON GRIEVANCE

Upon receiving a written request for a hearing regarding an academic grievance, the department chair shall send the respondent a copy of the grievance, who will provide the chair with a written response within a reasonable time as stipulated by the chair. The chair shall then forward the grievance and response to the department graduate student grievance committee. The department chair shall notify the parties of the identity of the individuals who have been selected to serve on the grievance committee. The participation of any committee member may be challenged for cause. If the department chair determines that the challenge is valid, she/he shall name a substitute. The committee chair shall request of both parties copies of any documents and a list of witnesses they wish to introduce. These should be submitted without delay. The committee chair shall convene a hearing within 20 days of receipt of the substantiating documents. These documents shall be available to both parties at least five days prior to the hearing. The hearing shall be conducted by the committee according to the hearing procedures which are outlined in the Appendix. In the absence of compelling circumstance, the committee shall make its recommendation on the grievance to the department chair within 10 working days after the conclusion of the hearing. The department chair shall decide to accept or reject the committee's recommendations and render a decision on the grievance promptly. The decision and the reasons for it shall be submitted to the parties, the committee members, and the collegiate dean at the same time. The department chair shall advise the parties of their right to appeal to the dean of the Graduate School. Hearings of appeals will not be automatically granted. Dissatisfaction with the decision shall not be sufficient grounds for appeal. The appellant must demonstrate that the decision at the department level was in error.

All student records of complaints and grievances will be kept in a locked filing cabinet in the office of the School Director, separate from Graduate Student files.

ADVISEMENT FOR PROFESSIONAL DEVELOPMENT

Academic Advisement pertaining to completing the required curriculum routinely occurs during the summer before enrolling in the program, during the first year within the Clinical Psychology Proseminar (Psyc 586), and as needed thereafter by graduate students' mentor/advisors and the clinical program director. Advisement regarding professional development – that is promoting students' long-term professional goals—occurs in five individual group and self-instructional formats.

1) The instructor of Psyc 586 will ask students to develop a one-page statement of their current views on their professional goals during the fall semester of their first year. Students may start this process by reviewing their personal statement from the previous fall when they applied for graduate school. This revised goal/mission statement can serve as a first draft for future revisions as students become acquainted with the multiple roles of psychologists. The draft should be shared with the Program Director (when he/she is not also the Psyc 586 instructor) and later with the student's thesis chairperson.

2) In connection with this task and within the framework of Psyc 586, students will review the program Templates (pp. 33-34) suggesting career paths taken by previous students. These templates can inform their choices or inquiry.

3) An important time for discussion of professional development is within practicum supervision, particularly during individual supervision sessions in weeks that client(s) have cancelled and there is no new clinical material for discussion. Individual supervisions should not be cancelled (e.g., when clients have cancelled) but used for discussion of the students' goals and professional development.

4) Advisement also occurs in two group meeting formats—(a) the annual meeting with students in years 2-4 to discuss training assignment options for the following year; and (b) the annual meetings for students in years 4-5 to review the internship application process. Subsequent meetings, formal and informal, can be held with the program director to discuss choices relevant to a student's professional goals as well as the process of application.

5) Students are advised to remember that faculty members are always willing to discuss professional development either on a drop-in basis for brief questions or by appointment.

CLINICAL PSYCHOLOGY PROGRAM SELF-ADVISEMENT TRAINING TEMPLATES

Students in the SIU Clinical Psychology program have options to develop specialized areas of expertise within the formal adult- and child-specializations to which they were admitted. The following templates are construed as giving students additional focused training and experience somewhat equivalent to what we previously defined (along with an exam) as a Minor Area. However, the templates are **flexible** and **optional** and intended to encourage reflective advisement and career planning. Students do not have to be tested to earn credentials; rather the pursuit of these templates will naturally suggest specialty interests in the graduates' curriculum vita or academic transcript (and presumably the kinds of clinical and research activities in which they engage). A student's credentials can be further-strengthened by conducting template-relevant research for their thesis and dissertation (e.g., studying appropriate research questions or populations).

Research/Academic Template: If you hope for a research-oriented academic career

1. Plan on 5 years on campus rather than 4
2. Select research advisor very early & plan to work with them on projects toward publication/presentation, and not just to complete thesis/dissertation requirements.
3. Select one+ additional statistics courses (e.g., Structural Equation Modeling, Factor Analysis)
4. Plan to write and submit a grant application during 3rd or 4th year (in hopes of funding self in 5th year).
5. Request a training assignment as the instructor of record for at least one class, or more if you are planning a more teaching oriented career.

Assessment-oriented Template: If you anticipate a career focused on clinical assessment

1. Take both 543 and 544 (Adv Child & Adv Adult Assess)
2. Request the 540 TA training assignment
3. Complete an assessment-oriented practicum at the Clinical Center, EDC, FWHS or an agency of the students choosing.
4. Apply for assessment oriented external training assignments such as are available at EDC and the Clinical Center
5. Take PSYC 545 (Intro to Neuropsychological Assessment) and volunteer in Dr. Kibby's research lab.

Prescription Privileges Template: If you hope to seek training for prescription privileges

1. Take Psyc 518 (Psychopharmacology)
2. Take Psyc 516 (Intro Clin Neuroanatomy) and Psyc 514 (Neurobiological bases of Behavior) as clinical electives.

Neuropsychology Template: If you anticipate a career focused on research or practice in neuropsychology or seek preparation for a relevant internship:

1. Take Psyc 514, 516, 518 and 545 to meet the Houston requirements for Neuropsychology training
2. Complete neuropsychology-oriented practica at the Clinical Center, CCS or EDC.
3. Seek additional assessment experiences in hospital settings (i.e., St. Louis Children's, Cardinal Glennon, Vanderbilt). Obtain at least 100 face-to-face assessment hours.
4. Choose research topics (M.A., Ph.D., independent study) that are relevant to the field of neuropsychology.
5. Join APA Division 40 as a student affiliate.

Generalist Template within Adult-Clinical: If you see yourself providing clinical services for adults, adolescents, and children

1. Take (as clinical electives) Psyc 581 (ChildPsychopathology)
2. Take either 556 or 559 (Child Therapy, Child Behavior Therapy)
3. Enroll in an elective child vertical practicum team.
4. Join both APA Divisions 12 and 53 as a student affiliate.

Administration Template: If you see yourself becoming a mental health or academic administrator

1. Take Psyc 564 (Prog Eval) as methodology elective (if available).
2. Seek training assignment at the Clinical Center

Marital & Family Therapy Template: If you anticipate a significant amount of your clinical activity being services to families rather than individual clients

1. Take Psyc 560 (Couples/Marital)
2. Take EPSY 548/560 and (in the latter) participate on the Clinical Center family team.
3. Participate in at least one adult and one child practicum team

Multicultural Competencies Template: If you anticipate a significant amount of your clinical or research activity serving minority individuals

1. Take Psyc 553 (Cross-Cultural Psychology)
2. Take EPSY 545 (Cross-Cultural Factors Affecting Counseling)
3. Participate in the department's Multicultural Task Force
4. Seek opportunities for multicultural practica
5. Join APA Division 45 as a student affiliate.

Forensic Template: If you anticipate a career in corrections

1. Take one or more courses in Criminal Justice (e.g., 576 Policy Analysis; 550 Seminar in Juvenile Justice & Delinquency; 571 Seminar in Punishment and Corrections)
2. Take advanced assessment courses and participate in assessment focused practica
3. Seek elective practicum training at Chester Mental Health Center, Marion or Vienna correctional facilities and others.
4. Join APA Division 41 as a student affiliate
5. Seek opportunities to shadow a practicing forensic psychologist.

PLAN OF STUDY: PART I (To Be Completed Each May)

Name: _____

Date: _____

Year of Program Completed: 1 2 3 4 5+

<i>Programmatic Tasks</i>	<i>Date Completed</i>	<i>Plan To Be Completed (Target)</i>	<i>*</i>
Thesis First Draft	_____	_____	1 st Yr May
Thesis Prospectus	_____	_____	1 st Yr August
Thesis Orals	_____	_____	2 nd Yr May
Prelims	_____	_____	3 rd Yr January
Dissertation Draft	_____	_____	3 rd Yr May
Dissertation Prospectus	_____	_____	3 rd Yr August
Internship Application	_____	_____	4 th Yr Nov
Dissertation Orals	_____	_____	4 th Yr May

Have You Discussed Your Plan with your advisor? Yes No

Practicum Hours Accrued TO END OF SPRING SEMESTER

Intervention	_____
Assessment	_____
Support	_____
Supervision	_____

***Note:** Published deadlines are used for student evaluations. They are as follows:Thesis Prospectus: January-year 2; Thesis Orals:September-year 3; Prelims: August-year 4.However, if you hope to apply for internship in the fall of your fourth year, reasonable target dates are: Thesis Prospectus: August-year 1; Thesis Orals: May-year 2; Prelims: January-year 3; Dissertation Prospectus: August-year 4.

ADULT-CLINICAL PLAN OF STUDY: PART II			
	COURSE NUMBER	SEMESTER COMPLETED	SEMESTER TO BE COMPLETED
DSK-Research Design	523		
DSK-Exp Design (Univariate)	522		
DSK- Multivariate Statistics	524		
DSK-Measurement	525		
DSK-History & Systems	509		
DSK- Biological Aspects	514		
DSK- Cognitive/Affective Aspects	580		
DSK- Social Aspects	507		
DSK- Developmental Aspects	554		
DSK- Advanced-Integrative	580		
PWC – Professional Values	586		
PWC – Interpersonal Skills	594C		
PWC – Ethical & Legal	598		
PWC – Ind/Cultural Diversity	553		
PWC - Psychopathology	535		
PWC - Assessment	540		
PWC - Adv Adult Assessment	544		
PWC- Theories of Psychotherapy	530		
PWC – CBT	534		
PWC – Supervision	561		
Field Placement	531		
Clinical Elective - 1			
Clinical Elective - 2			
Clinical Elective - 3			
Notes: DSK = Disciple-Specific Knowledge PWC = Profession-Wide Competencies			
Practica are also required (years 1-4) but not listed on this form.			
NOTES ON GRAD COURSES TAKEN ELSEWHERE			

Child-CLINICAL PLAN OF STUDY: PART II			
	COURSE NUMBER	SEMESTER COMPLETED	SEMESTER TO BE COMPLETED
DSK-Research Design	523		
DSK-Exp Design (Univariate)	522		
DSK-Multivariate Statistics	524		
DSK-Measurement	525		
DSK-History & Systems	509		
DSK- Biological Aspects	514		
DSK- Cognitive/Affective Aspects	580		
DSK- Social Aspects	507		
DSK- Developmental Aspects	554		
DSK - Advanced-Integrative	580		
PWC – Professional Values	586		
PWC – Interpersonal Skills	594C		
PWC – Ethical & Legal	598		
PWC – Ind/Cultural Diversity	553		
PWC – Dev Psychopathology	581		
PWC - Assessment	540		
PWC - Adv Child Assessment	543		
PWC- Child Psychotherapy	556		
PWC –Child Behavior Therapy	559		
PWC –Supervision	561		
Field Placement	531		
Second Development Course			
Clinical Elective - 1			
Clinical Elective - 2			
Notes: DSK = Disciple-Specific Knowledge PWC = Profession-Wide Competencies			
Practica are also required (years 1-4) but not listed on this form.			
NOTES ON GRAD COURSES TAKEN ELSEWHERE			

Admit to Candidacy Worksheet

Student Name (Last, First): _____

Dawg Tag: _____

Semester/Year Admitted into PhD: _____

Date Prelims Passed: _____

Date Candidacy Recommended: _____

Year: _____

Year: _____

Fall

	Credit Hrs
Grad-level	
PSYC 600	
Semester Total	
Cumulative Total	

Fall

	Credit Hrs
Grad-level	
PSYC 600	
Semester Total	
Cumulative Total	

Spring

	Credit Hrs
Grad-level	
PSYC 600	
Semester Total	
Cumulative Total	

Spring

	Credit Hrs
Grad-level	
PSYC 600	
Semester Total	
Cumulative Total	

Summer

	Credit Hrs
Grad-level	
PSYC 600	
Semester Total	
Cumulative Total	

Summer

	Credit Hrs
Grad-level	
PSYC 600	
Semester Total	
Cumulative Total	

**COMMUNITY FIELD PLACEMENT
(Elective Practicum)**

REQUEST FORM

Proposed Site (Name): _____

Address: _____

Name of Supervisor (credential): _____

Direct Observation Provided by Supervisor: YES NO

Anticipated Frequency of Supervision/Observation : _____

Description of Activities: _____

Anticipated Hours per week: _____

If this site is out of our region, how will proposed activities facilitate your career goals (over and beyond training opportunities available in our area) :

Will a Memorandum of Understanding (MOU) be required from the University? **YES** **NO**

Please attach a copy of your SIU transcript (unofficial).

The SIUC Clinical Faculty, 2020-2021

Core/Associated Faculty & Staff

Mary Louise Cashel (PhD, University of North Texas, 1997). [Director of Clinical Training]. Youth violence prevention; trauma; child & adolescent assessment. Program Director/Director of Clinical Training. Courses Taught: 531, 543, 561, 562, 586, 594E. (mcashel@siu.edu)

Holly Cormier (PhD, University of Toronto, 2004). SIU Clinical Center Director; Student Clinician & Graduate Assistant Supervisor. (cormierh@siu.edu)

Chad Drake (PhD, University of Mississippi, 2008). Contextual Behavioral Science, Relational Frame Theory, Acceptance and Commitment Therapy, mechanisms of action in psychotherapy, behavioral measures of psychological flexibility and related constructs. Assistant Professor. Courses Taught: 440, 594C, 594E (Adult). (chad.drake@siu.edu)

Lisabeth DiLalla (PhD, University of Virginia, 1987). Developmental behavior genetics; aggression and empathy development; temperament and personality; emotional development. Courses taught: 419, 491, 552 (Child). (ldilalla@siu.edu)

Karla Fehr (PhD, Case Western Reserve University, 2014). Psychosocial outcomes for children with medical conditions, including risk and resiliency factors, coping, and intervention development and dissemination; development of targeted interventions for pediatric populations by using pretend play as a developmentally-appropriate therapeutic approach to teach cognitive-behavioral coping skills. Courses taught: 556, 559, 594E, 584. (Child) (kfehr@siu.edu)

Michelle Kibby (PhD, University of Memphis, 1998). Clinical child neuropsychology (linguistic processing, working memory and executive functioning in children with reading disorders); Developmental Cognitive neuroscience (esp. brain morphology differences between typically developing children and those with reading disorders); Child Assessment. Courses taught: 540, 543, 545, 546, 594E (Child). (mkibby@siu.edu)

Eric Lee (PhD, Utah State University, 2019). Clinical research related to modern cognitive behavior therapies and the mechanisms of action that lead to meaningful improvements in people's lives; process-Based CBT that incorporates current knowledge at a personalized and contextually appropriate level with a particular focus on improving treatment for anxiety, OCD, perfectionism, and related problems. (eric.lee@siu.edu)

Adjunct and Cross-Appointed Faculty

Jeffrey Kellogg (PsyD, Rutgers, 1982). Practicum Supervisor and Supervisor for Training Assignment at Brehm Preparatory School. (drkids@siu.edu)

Daryl Kroner (Ph.D., Carleton University, 1999) Appointed to Criminal Justice and Criminology. His area of specialization includes offender assessment; violent and criminal risk; correctional intervention; mentally ill offenders, criminal desistance. (dkroner@siu.edu)

Emeritus Faculty

David Gilbert (PhD, Florida State, 1978). Neurobiology & genetics of individual differences in attention, cognition, affect, personality & psychopathology; brain imaging; smoking & addictions. (dgilbert@siu.edu)

**INDEPENDENT STUDY SECTION NUMBERS
FOR FACULTY****FOR USE WITH PSYC 590, 593, 597, 599 & 600.**

Number	Name	Number	Name
794	Cashel	799	Jacobs
701	Chwalisz	789	Kibby
783	Clancy-Dollinger	719	Lakshmanan
702	DiLalla, L.	TBD	Lee
720	Drake		
703	Etcheverry		
707	Fehr		
705	Habib		
796	Hylin		