Clinical Psychology PhD Program
Handbook for Graduate Students

2015-2016 Edition

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Students indicate their understanding and acceptance of the contents of this Handbook when accepting an offer of admission to the Program.
TABLE OF CONTENTS

Section I: Setting for Clinical Psychology PhD Program

- Department of Psychiatry and Behavioral Sciences ................................................................. 4
- The Feinberg School of Medicine and the Graduate School......................................................... 4

Section II: Program Structure and Policies

- Administrative Structure ........................................................................................................... 5
- Program Faculty .......................................................................................................................... 6
- Graduate Faculty Status ............................................................................................................ 6
- Administrative Staff .................................................................................................................. 6
- Financial Support ...................................................................................................................... 7
- Travel Grants .............................................................................................................................. 7
- Instructional Policies .................................................................................................................. 8
- Student Rights .......................................................................................................................... 9
- Confidentiality Policies ............................................................................................................. 9
- Student Evaluation, Feedback, and Advisement ........................................................................ 10
- Student Remediation, Probation and Dismissal ......................................................................... 11
- Termination from the Program/Terminal Master’s Degree ....................................................... 13
- Grievance Procedures .............................................................................................................. 14
- Psychotherapy for Students ..................................................................................................... 16
- Professionalism and Etiquette .................................................................................................. 17
- Social Media Policy .................................................................................................................. 18
- Emergency Contact Information & Missing Student Policy .................................................... 21
- Maintaining Records: Graduate Student Tracking System ...................................................... 21
- Academic Integrity .................................................................................................................... 22

Section III: Degree Requirements

- Teaching Experience ................................................................................................................. 23

Section IV: Course of Study ......................................................................................................... 25

Section V: Progress in the PhD Program in Clinical Psychology

- Orientation ................................................................................................................................. 28
- Curriculum ................................................................................................................................. 28
- Course Waivers/Substitutions .................................................................................................... 32
- Independent Study (ClinPsy 499) ............................................................................................. 33
- Processes and Procedures for Doctoral Candidacy & Graduation ............................................ 33

Section VI: Clinical Training ....................................................................................................... 37

- Addressing Conflict between Professional Competence and Trainee Beliefs ...................... 37
- Clinical Practica ....................................................................................................................... 38
- Practica Evaluations for Clinical Competency ........................................................................ 46
- Clinical Review ......................................................................................................................... 47
- Clinical Qualifying Examination .............................................................................................. 47
- Predoctoral Internship .............................................................................................................. 52
Section VII: Research Training

Psychiatry Grand Rounds

Friday Digest

Research Qualifying Paper (RQP)

Master’s Degree in Clinical Psychology

Section VIII: Candidacy and Dissertation

Dissertation Proposal Instructions

Stages of the Dissertation

Oral Defense of the Dissertation

The Dissertation

Graduation

Transcripts
Section I: Setting for Clinical Psychology PhD Program

Department of Psychiatry and Behavioral Sciences

The PhD Program in Clinical Psychology is one of only a few programs in the United States based in an academic medical center. The program takes advantage of its placement within the Department of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine by offering a true balance of research and clinical training. This unique setting provides opportunities for translational research and practice that span molecular to social models of disease, and epidemiologic to clinical and neuroimaging methodologies.

The Feinberg School of Medicine and the Graduate School

The Clinical Psychology PhD Program is supported by both Feinberg School of Medicine (FSM) and The Graduate School (TGS) at Northwestern University. Northwestern University was founded in 1851, followed by the Feinberg School of Medicine in 1859, as a private educational institution dedicated to serve the Northwest Territory of the United States (i.e., Ohio, Indiana, Illinois, Michigan, Wisconsin and parts of Minnesota). Northwestern University and the Feinberg School of Medicine have both become nationally and internationally recognized for the quality of their educational programs. Northwestern University is accredited by the North Central Association of Colleges and Schools and is consistently ranked by U.S. News & World Report as among the best in the country (12th among Tier 1 National universities; 19th medical school). The Department of Psychiatry and Behavioral Sciences is ranked in the top third for NIH research funding in the nation. Approximately 20,000 students are enrolled in the University's 12 schools and colleges, including over 2,800 students enrolled in PhD programs. The primary mission of Northwestern University and the Feinberg School of Medicine is to educate and train the next generation of researchers, clinicians, and teachers. Students in the Clinical Psychology PhD Program are expected to know and abide by the regulations and standards set forth by the Graduate School, as outlined on the Graduate School’s website (http://www.tgs.northwestern.edu).
Section II: Program Structure and Policies

Administrative Structure

The academic, research, and clinical training of all PhD students is the responsibility of the PhD Program in Clinical Psychology, which is located under the Division of Psychology in the Department of Psychiatry and Behavioral Sciences at Northwestern University Feinberg School of Medicine. The PhD Program in Clinical Psychology (the Program) is headed by the Director of Education and Clinical Training (DCT), with guidance from the Associate Director of the Program and the Chief of the Division of Psychology. The DCT maintains an advisory body, the Education and Clinical Training Committee (ETC), which meets monthly during the academic year. The ETC evaluates and makes ongoing changes to the Program’s overarching philosophy, objectives and competencies, curriculum, research and clinical training, admissions, as well as evaluations of briefings of departmental, university, regional, and national events affecting the Program. The ETC evaluates student progress annually and is the body to which students may appeal a decision by the DCT or one of the Program’s committees. The ETC is composed of core and associated faculty members in the PhD program. There are also two student representatives included in the council.

The DCT and ETC are also supported by the Clinical Training Committee (CTC). The CTC is a standing committee with a dedicated chair, under the strategic guidance and oversight of the DCT and the ETC. The CTC provides oversight for student clinical training by serving as a liaison to the practicum sites, managing the Clinical Mentors Program, and coordinating the Clinical Qualifying Examination process (further details provided below). The CTC is comprised of 15 to 20 faculty members representing the 4 clinical emphases of the program: adult, child, neuropsychology, and behavioral medicine. The CTC meets at least twice a year along with the DCT to review student progress in clinical domains and to review its own operations. The Chair of the CTC attends ETC meetings as necessary to provide communication and continuity in the education and clinical training structure of the Program.

Additional ad hoc committees are appointed at the discretion of the DCT, with consultation from the ETC, to address concerns, make recommendations, or design programmatic improvements to the PhD program.
Program Faculty

Both core, affiliated, and other faculty members of the Program come from diverse training backgrounds that complement students’ primary research and clinical emphases. For a complete and current list of faculty, review the Program’s website: http://psychiatry.northwestern.edu/education/clinical-psychology-program/faculty.html.

Graduate Faculty Status

Several of the milestones in the Program require committees composed of faculty members who have Graduate Faculty Status. Graduate Faculty Status is automatic for faculty members who hold tenure or are tenure eligible. Because most faculty members in academic medical centers are neither tenured nor tenure eligible, some core and nearly all affiliated/other faculty members in the Program must be actively nominated for Graduate Faculty Status, which are limited to 4-year terms. Students can find a list of faculty with Graduate Faculty Status on the Program’s Google Drive. For more information about Graduate Faculty Status, see TGS’s website: http://www.tgs.northwestern.edu/faculty-and-staff/membership/

Administrative Staff

In addition to the administrative, clerical, and technical support available within the Department of Psychiatry and Behavioral Sciences, the Program has an Administrative Assistant that devotes at least 75% time to the Program (the remaining 25% is devoted to the Division of Psychology’s Internship Program). For administrative questions related to policies and procedures specifically with the Graduate School, students can contact their student representative in Student Services (http://www.tgs.northwestern.edu/about/contact/index.html).
Financial Support

All students admitted to the Clinical Psychology PhD Program in the Department of Psychiatry and Behavioral Sciences receive a graduate scholarship that provides 50% tuition remission. Students also receive fully subsidized University health insurance for the first three (3) years of residency.

Specific research labs may provide additional funding to students in their lab, depending on the availability of grant funding. The highest level of support that research labs with funding may provide is a Research Assistant Scholarship (RAS), which provides full (100%) coverage of tuition (based on ~80% graduate scholarship from the Program and ~20% tuition support from a lab’s grant) and at least a minimum monthly stipend established by TGS. Students and faculty are also encouraged to apply for external funding, such as NIH training or administrative grants. Students from underrepresented minority groups may be eligible for additional scholarships and tuition remission, depending on availability.

For additional financial information, refer to the “Financial Landscape for Clinical Psychology PhD Students AY16” document in the Program’s Google Drive.

Travel Grants

All students in the Program qualify for a limited number of travel grants to present research via posters or symposia/talks at regional, national, or international academic conferences. Travel awards cover the following conference-specific expenses:

- Conference registration fees
- Transportation to/from meeting
- Economical lodging and food
- Ground transportation while attending the conference

Students are eligible to apply for travel grants from the Department of Psychiatry and Behavioral Sciences and from TGS. Travel grants provided by the Department of Psychiatry and Behavioral Sciences are at least $200 per year application, with additional amounts provided when funds are available. Trainees are eligible to receive the travel awards as long as they are registered in the program. A single award may be used for multiple conferences and students may apply for multiple awards, if funds are available. The number of Departmental grants available per year varies depending on the
availability of funding, and is awarded by the DCT after receipt of the student’s travel award application (see Google Drive, “APPLICATION_FOR_TRAINEE_TRAVEL_FUNDS.docx”), on a first-come, first-serve basis. Because travel grants are funded through philanthropic donations, there is no guarantee that Departmental travel awards will be available for every student. Consequently, applications for Departmental travel awards should be submitted to the department immediately after notification that the presentation has been accepted.

Students that have obtained a Departmental travel grant award (or an equivalent award from their Primary Research Mentor) are also eligible to receive an additional travel grant award from TGS for up to $600. The TGS travel grant award is limited to two times during the student’s residency at Northwestern, and therefore students should choose wisely about when to apply for a TGS award. Students can only apply for a TGS travel grant after they have already received a grant from the Department or from their Primary Research Mentor. Detailed instructions for submitting TGS travel grant applications can be found here: [http://www.tgs.northwestern.edu/funding/fellowships-and-grants/internal-grants/conference-travel-grant/](http://www.tgs.northwestern.edu/funding/fellowships-and-grants/internal-grants/conference-travel-grant/)

**Instructional Policies**

Together with the Graduate School, the Program emphasizes requirements of scholarship that are expected of all graduate-level programs at Northwestern and that are consistent with top-ranked clinical psychology graduate programs in the United States and Canada. Formal courses, seminars, and clinical practica are planned and organized to suit the needs and interests of each PhD student while maintaining the Program’s commitment to the education of academic clinical psychologists. Courses are organized to provide a core curriculum in the science of psychology, with emphases on sophisticated clinical practice and research. Faculty members are expected to comply with the responsibilities outlined in Northwestern University’s Faculty Handbook ([http://www.northwestern.edu/provost/docs/faculty-handbook-2015.pdf](http://www.northwestern.edu/provost/docs/faculty-handbook-2015.pdf)).

The Program has moved towards a competency-based educational model. Within this model, students are expected to obtain a high level of competence across research, clinical, and professional domains, with specific objectives identified within each domain, and specific knowledge, skill, and attitude competencies identified within each objective. Within courses, instructors are expected to clearly outline
the specific competencies that derive from the goals and objectives of the course. Students are expected to work towards mastery of these course specific competencies, as evidenced through course assignments (e.g., quizzes, reports, papers, exams, observations, performance-based evaluations). Based on existing rubrics for each assignment in the course, instructors grade each assignment to determine if the student’s performance meets minimal competency, generally defined as 87th percentile or greater. Assignment grades that fall below the 87th percentile on any metric are considered below basic competence and instructors will provide students with additional instruction or assistance to bring their knowledge or skill to a minimally acceptable level of competence.

For research and clinical training, competence is assessed developmentally over time, with mentors or supervisors rating students using standard rating forms that compare the student's performance to expected competencies for their level of training and education.

If a student is unable to bring their performance up to par for any specific competency (or in broader domains), or if a pattern of performance at this level is identified, individual remediation plans are developed with specific and actionable milestones identified (See the “Student Remediation, Probation and Dismissal” section of the Handbook).

**Student Rights**

Consistent with Northwestern’s Policy Statement on Student Rights and Responsibilities (Northwestern University Student Handbook, [http://www.northwestern.edu/student-conduct/about-us/student-handbook](http://www.northwestern.edu/student-conduct/about-us/student-handbook)), the Clinical Psychology PhD Program recognizes and abides to the rights and responsibilities of students. Our goal is to create an environment imbued with courtesy and respect. The Program also recognizes and values cultural and individual diversity, and upholds the rights of individuals to be free of prejudice or discrimination with respect to program access and completion that are irrelevant to success in graduate training or the profession of psychology.

**Confidentiality Policies**

It is expected that all faculty, students, and staff will keep discussions of student selection strictly confidential. Only chairs of such meetings will disclose the recommendations and conclusions of discussions; comments of individual participants will not be identified. It is assumed that all evaluations
will be conducted in a thoughtful and professional manner. Any violation of this policy can be cause for disciplinary action, including termination as a member of the Program’s faculty. Graduate students have access to their Program files upon request. Such files contain records of their academic, research, and clinical progress in the program. Students may not review any letters of recommendation that accompanied their initial applications if, as applicants, they waived their right of review.

**Student Evaluation, Feedback, and Advisement**

Students receive evaluations and feedback in multiple ways. In their coursework, students are evaluated by and provided feedback from instructors through assignments and examinations. Instructors also provide feedback informally through classroom discussions and individually, as needed. Any specific assignment or examination that does not meet a minimum or basic level of competency (i.e., 87th percentile) will need to be improved by the student so that it meets the basic level of competency indicated for that specific assignment or examination, and ultimately for that course. Students that are unable to bring their competency to a basic level with their instructor will be removed to the PhD program administration for development of an Individual Remediation Plan (see the section “Student Remediation, Probation and Dismissal” in this Handbook).

Primary and secondary research mentors, whom are composed of faculty within a student’s lab(s), also provide evaluation, feedback, and advisement through weekly or biweekly group meetings, as well as individual meetings with students. Primary research mentors also provide annual formal evaluations using the *Research Mentor Competency Evaluation Form*, which are completed at the end of the academic year. The DCT and Associate Director also act as a secondary advisors to all students.

Students are matched with a primary clinical Mentor through the CTC’s Clinical Mentors Program. A clinical mentor is assigned to each trainee at the start of her or his first practicum (prior to their second year) to shepherd them through their course of clinical training. The selection is made in a way that maximizes the match of student and mentor in terms of clinical emphasis and training needs. Once assigned, a clinical mentor works with the student for the remaining duration of their time in the Program’s pre-internship placement. All mentors are faculty central to the operations of clinical training aspect of the Program by virtue of their participation in the CTC. Clinical mentors engage in the following activities:
• Meet with students on a regular (at least quarterly) basis to determine clinical training needs and progress. Training needs and progress are measured against basic competencies expected to be developed during the student’s participation in the graduate program as well as student individual training goals.
• Discuss with practicum site supervisors on a regular (and at least semi-annual) basis students’ clinical training needs and progress.
• Serve as the first line of involvement should any issues arise with students and/or training sites.
• Report on an ongoing basis to the CTC Chair any concerns that cannot easily be resolved and/or warrant attention by the DCT.
• Meet at least twice a year along with the DCT to review students’ clinical progress and inform mid-year and annual student reviews.

Clinical supervisors and practicum site coordinators also provide evaluation and feedback regularly to students through scheduled meetings with practicum students. Clinical supervisors and practicum site coordinators also provide mid-year and annual formal evaluations using the Clinical Supervisor Competency Evaluation Form (Therapy and Assessment versions).

Comprehensive reviews of all students are conducted annually in July or August with the full faculty of the ETC, as well as semi-annually with the CTC (January and June). The DCT and Associate Director aggregate all evaluations provided throughout the year and provide formal feedback of students’ educational, research and clinical progress via individual meetings annually in January. Additional meetings are also scheduled in August and September, when necessary, to address any concerns that were raised during the comprehensive reviews in July or August.

**Student Remediation, Probation and Dismissal**

Based on the aforementioned evaluation processes, if a concern is raised with a student, the DCT has the option of developing an informal or program-level remediation plan. The informal or program-level remediation plan is developed in collaboration with the DCT, the student, and any necessary faculty. The remediation plan details the specific identified concerns of the student, targets of remediation, and a detailed plan for remediation, including behavioral indices of improvement. Ideally, the student and
DCT agree to the informal or program-level remediation plan; however, if necessary, the DCT can implement an informal or program-level remediation plan without the student’s agreement. If the student is able to complete the informal or program-level remediation plan successfully, as agreed upon by the student and the DCT, the informal remediation plan will be removed from the student’s file, and no additional action will be taken. A digital copy will be kept in the DCT’s personal files for purposes of accreditation or administrative review. If the student does not successfully complete the remediation plan within the agreed-upon timeframe specified in the remediation plan, the DCT has the option to establish a formal remediation plan that would include involvement of TGS and other faculty as needed for increased accountability and oversight. Should these procedures ultimately fail in behavioral improvement, escalating the concerns either through a Faculty Challenge or Probation procedures through TGS is the next step.

A student’s inability to thrive in the Program at a professional and/or productive level may be due to medical or mental health issues of a personal nature. A student is never under any obligation to disclose these personal issues to the Program, its faculty, or TGS. The Program holds all students to the same expectation of PhD-level trainees, regardless of personal matters. If these matters interfere with a student’s ability to function properly in advancement in the Program, the student will be encouraged to seek assistance and/or the treatment necessary for her or him to maintain the minimum standard of performance set forth by the Program. Reasonable accommodations will also be provided at the discretion of the DCT and/or the ETC. At any time during the student’s tenure in the Program, she or he is eligible to request a Leave of Absence as outlined by TGS policy (http://www.tgs.northwestern.edu/about/policies/leaves-of-absence.html). Initiating a Leave of Absence is entirely at the student’s discretion and will not be at the behest of the Program. Should a student decide to take a Leave of Absence, the DCT and other faculty if necessary, will develop a plan for reintegrating the student back into the Program after the leave is over.

Probationary status is reserved for students with difficulties sufficiently serious to raise the possibility of eventual dismissal. Probation can occur for clinical and nonclinical reasons, such as failure to meet academic deadlines, research incompetence, and ethical and professional shortcomings. The normal or expected developmental difficulties associated with becoming a clinical psychologist, either in practice or research, do not ordinarily warrant probationary status. The problems that may warrant probation and even dismissal include but are not limited to failure to correct identified deficits in meeting
administrative requirements (attendance, charting), failure to respond to supervision, and other
difficulties interfering with either clinical functioning that puts patient well-being in jeopardy, or
research functioning that jeopardizes the responsible and ethical conduct of research.

The DCT will work with any student placed on probation to develop a remedial plan. The site training
director, clinical supervisors, and/or research mentor will collaborate in this process as appropriate.
During the ensuing 6 months, the student will meet with the appropriate supervisors, DCT, and/or
mentor to discuss progress on the plan. At the end of 6 months from the development of the remedial
plan, the student on probation will receive substantive, written feedback on the extent to which the
corrective actions in the remedial plan have or have not been successful in addressing the issue or
concern of a grievance.

Although probationary status shall usually be resolved favorably by the end of practicum or the
academic year, it can, if necessary, be extended into future practica or academic years until remediated.
No student on probation can attain candidacy.

Whatever the source of the recommendation to dismiss, the ETC will make the decision after soliciting
and hearing an array of evidence and faculty opinion on all relevant aspects of the student’s
performance. No proxy votes will be permitted. Balloting will not be secret; however, the details of the
voting other than the outcome will remain confidential information. In all cases the ETC’s decision to
dismiss a student may be appealed to the Chair of the Department of Psychiatry and Behavioral
Sciences. See the section on grievance procedures for more information.

**Termination from the Program/Terminal Master’s Degree**

The Program offers a Master’s degree on the way to obtaining the PhD (see below for details). If a
student is terminated from the program after obtaining a Master’s degree, the student will maintain this
degree. The Division of Psychology, however, does not offer a separate, terminal master’s degree
program apart from the PhD program.
Grievance Procedures

Grievance procedures can be initiated in the following four types of situations:

1. A student may seek redress for actions taken by any member of the faculty or staff of the Clinical Psychology PhD Program, the Division of Psychology, or the Department of Psychiatry and Behavioral Sciences.

2. A student may challenge actions or decisions taken by the Director of Education and Clinical Training (DCT)

3. The DCT or a member of the faculty may initiate action against a student

4. A qualified student with a disability may initiate a complaint if the student believes any University employee has discriminated against him or her because of a disability.

These situations are described below in detail:

1. **Redress for Action**
   A student may seek redress for actions taken by any member of the faculty or staff of the Clinical Psychology PhD Program, Division of Psychology, or Department of Psychiatry and Behavioral Sciences by formally presenting a concern to the DCT. The DCT will review the area of concern, gather information, and render a decision and recommendation. If the student wishes to appeal the decision and recommendation of the DCT, he or she may request that a Review Panel be convened, as described below.

2. **Student Challenge**
   If a student wishes to formally challenge any action taken by the DCT, the student must, within five (5) workdays of receipt of the DCT’s decision, inform the DCT, in writing, of such a challenge. When a challenge is made, the student must provide the DCT with information supporting the student’s position or concern. Within three (3) workdays of receipt of this notification, the DCT will implement Review Panel procedures as described below.

3. **Faculty Challenge**
   If a faculty member has a specific student concern that is not resolved informally through consultation and intervention by the DCT, or an informal remediation plan, the faculty member may seek resolution of the conflict by written request to the DCT for a review of the student’s
behavior. Within three (3) working days of receipt of the faculty member’s challenge, the DCT will consult with the ETC and a Review Panel will be convened, as discussed below.

4. Discrimination due to a Disability

If a student believes any University employee has discriminated against him or her because of a disability, he or she has the right to seek a review of such concerns. For this type of grievance, the Program will use Northwestern University’s Informal Complaint and Formal Grievance Procedures for qualified students with a disability (i.e., a student who has provided documentation of disability and is registered with the Office of Services for Students with Disabilities). The Grievance Procedure for this type of grievance can be found on the “Grievance Procedure” webpage of Northwestern’s Office of Services for Students with Disabilities (http://www.northwestern.edu/accessiblenu/).

Review Panel and Process

When needed, a Review Panel will be convened to address the following:

1. An appeal of a decision and recommendation in response to a Redress for Action
2. A Student Challenge
3. A Faculty Challenge

The Review Panel will consist of three (3) core faculty members of the Clinical Psychology PhD Program who are selected by the DCT. If the review panel is convened to challenge an action taken by the DCT, the Chief of the Division of Psychology will select the three core faculty members of the Clinical Psychology PhD Program for the Review Panel. Faculty members who are party to the dispute will recuse themselves from deliberations and will not receive any communications associated with ongoing deliberations.

Within five (5) workdays of convening the Review Panel, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) workdays of the completion of the review, the Review Panel will submit a written report to the DCT, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
The student has the right to hear the challenge and all relevant material that is presented to the Review Panel. The student has the right to dispute or explain the challenge and/or any relevant material presented to the Review Panel.

As the Review Panel represents the ETC, the vote and recommendations of this panel will stand as the final decision of the ETC. The Review Panel will prepare a summary letter regarding its decision that will be provided to the student and to the DCT. Within three (3) workdays of receipt of the recommendation, the DCT will either accept or reject the Review Panel’s recommendations. If the DCT rejects the panel’s recommendations, due to an incomplete or inadequate evaluation of the dispute, the DCT may refer the matter back to the Review Panel for further deliberation and revised recommendations. If referred back to the Review Panel, the panel will report back to the DCT within five (5) workdays of the receipt of the DCT’s request of further deliberation with a final decision and recommendations. After the final decision of the Panel is rendered, the DCT will inform the student and, if necessary, the Graduate School of the decisions made. If the student disputes the final decision, the student has the right to contact the chair of the Department of Psychiatry and Behavioral Sciences to make a final appeal.

All information and records (including electronic records) pertaining to a formal complaint or grievance against the program and/or individuals in the program will be maintained by the DCT in perpetuity. These records may be reviewed by the student, the DCT, the ETC, the administration of the Department of Psychiatry and Behavioral Sciences, the administration of the Feinberg School of Medicine, or official representatives of the American Psychological Association’s Commission on Accreditation.

**Psychotherapy for Students**

During her or his enrollment in graduate school, a student may wish to enter psychotherapy. The Program encourages this practice either for the student’s personal growth or to enhance his or her understanding of the psychotherapeutic process. The director of education and clinical training maintains a list of contributed service faculty members who have agreed to see Clinical Psychology PhD students at reduced fees (see *Psychotherapy Services Brochure.pdf*). The Program maintains strict standards as to which faculty members a student may see for individual psychotherapy. This is to ensure
that psychotherapeutic and teaching/supervisory relationships between students and faculty do not overlap or otherwise involve potentially incompatible roles.

Students may also elect to obtain a referral to a psychotherapist through Northwestern’s Counseling and Psychological Services (CAPS) or through their personal insurance. CAPS offers a range of services to support undergraduate and graduate students (see: http://www.northwestern.edu/counseling). CAPS provides short-term psychotherapy for adjustment-related and mild-to-moderate mood/affective concerns. If the clinical need is beyond their scope of service, they will refer out to a community clinician or agency. Interested students should contact the CAPS directly and arrange for an initial interview in order to make the referral. Student copayments for the CAPS service are relatively inexpensive. Please note, however, that some of our students have experienced CAPS as being hesitant to provide psychotherapy services to clinical psychology PhD students. For example, even if the clinical need is within their scope of services, CAPS may still refer out for treatment depending on what they believe are actual, perceived, or possible professional conflicts.

Professionalism and Etiquette

In our academic medical setting, students will invariably find themselves in multiple settings interacting with a variety of clinicians, scientists, and staff, or learning in lectures, seminars, small groups and classroom settings. In these situations, students not only act for themselves but are also representatives of the Program. As such, general the following guidelines on conduct and etiquette are recommended:

- **Appropriate dress** – wear clothes that are appropriate for the setting (e.g., clinic, lab, class, etc.), but strive to look professional. Avoid extreme styles as well as torn, ragged or sloppy attire.
- **Arrive on time** – when possible avoid being late to class, supervision, and other meetings. It respects everyone’s time and encourages productivity. Being punctual gets noticed!
- **Address faculty and staff appropriately** – initiate interactions with their preferred title (e.g., Dr.) until directed otherwise. Different cultures with regard to title may exist depending on the setting. When in the presence of patients always address physicians/psychologists as “Doctor.”
- **Be prepared** – for class, meetings and supervision this includes completing assigned readings, having data/results finalized in slides or other format for mentors to review, and charts/notes for clinical supervision.
- **Cell phone** – mute or turn off, particularly for class, but also during lab meetings and clinical supervision. If expecting an urgent call/text, have it on silent and excuse yourself from the room to take it (do not text throughout).
- **Laptops/tablets** – if using to take notes, do not use to browse the Internet or text/instant message, stay focused on the present meeting
- **Be respectful in your interactions** – especially during heated exchanges, avoid inflammatory statements, generalizations, accusatory language or belittling. Maintain a professional demeanor and remove yourself should the situation escalate or fail to resolve.
- **Avoid small chat or side discussions** – especially during lectures, presentations, or meetings.

**Social Media Policy**

*Introduction*

Applicants to the program, as well as current students, are personally responsible for the content they publish on blogs, wikis, social networks, forum boards, or any other form of user-generated media. It is important to remember that all content contributed on online platforms becomes immediately searchable and is immediately shared. This content may leave the contributing individual’s control forever and may be traced back to the individual even after long periods of time have passed.

For both applicants and current students, information posted on social networking sites may be considered and evaluated as to how it reflects your professionalism. Professionalism is considered a core competency of psychology and the Program. It consists of (a) Professional Values and Attitudes, (b) Individual and Cultural Diversity, (c) Ethical Legal Standards and Policy, and (d) Reflective Practice, Self-Assessment, and Self-Care.

This policy defines public information as anything that can be collected by a basic Internet search using an engine such as Google; this includes search results for social media sites like Facebook, MySpace, Twitter, and LinkedIn, among others. It does not provide the Program with permission to perform an in-depth investigation of an individual’s Internet history. You will never be asked to disclose your password as a condition of either interviewing or enrollment.
The faculty of the Program is committed to protecting future clients from harm by ensuring that all students are competent in the practice of clinical psychology. Therefore, public information obtained via the Internet may be used by faculty to evaluate applicants and current students on behavior that might be indicative of competence problems, poor professionalism, or poor interpersonal judgment. This evaluation may result in adverse actions. This practice is consistent with the role played by training programs as gatekeepers to the profession. Examples of troubling behavior include acts of discrimination such as racism or sexism, illegal behavior, or behavior that suggests a lack of professional judgment relevant to the professional practice of counseling.

*Reasonable Right to Privacy*

Principle E of the Ethical Code for Psychologists (2002) states in part that: Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups.

Consistent with this, faculty members are respectful of individuals’ reasonable right to privacy, even on a medium as inherently public as the Internet. It is the responsibility of applicants and current students, however, to decide what information about themselves they want shared with the general public. Program faculty will therefore not circumvent established privacy settings in an attempt to “dig” for information that individuals are making a reasonable attempt to keep private.

*Evaluation Criteria*

An applicant will never be evaluated based on their race, sex, religion, or any other protected class listed in United States antidiscrimination laws.

When problematic behavior is identified, it shall be reviewed and discussed using the following criteria (adapted in part from Lamb, Cochran, & Jackson, 1991; Fouad et al., 2009): What are the actual behaviors that are of concern, and how are those behaviors related to the goals of the Program? How and
in what settings have these behaviors been manifested? How serious is this behavior on the continuum of ethical and professional behavior? What is the explanation for the behavior?

While each case is different and requires individual assessment, the following factors may indicate that the problem is more serious: The individual does not acknowledge, understand or address the problematic behavior when it is identified; the problematic behavior is not merely a reflection of a skill deficit that can be rectified by training; the behavior has the potential for ethical or legal ramifications if not addressed; the behavior negatively affects the public image of the Northwestern University and/or the Program.

*Evaluation Process*

Evaluation will occur at the program level and adhere to the evaluation criteria listed in the following subsection. A single faculty member will never be responsible for evaluating or reaching a decision on an applicant or student by themselves. The process will occur first in a group discussion with the DCT and Associate Director to assess the extent and severity of the information brought forward, and so that individual faculty member might both share their evaluations and perceptions. If further review is required, the situation will be formally presented before the Education and Training Committee for further consideration. Final determination of action will then be settled upon by the Education and Training Committee.

If/when information has been obtained, it will be reviewed for any implications it has for the professional practice of psychology, potential challenges to the training as a psychologist, as well as any signs that it might reflect interpersonal challenges to developing the deportment and competence necessary for becoming a psychologist.

Applicants as well as current students will be contacted so as to provide an explanation for the obtained information. The DCT shall promptly offer to discuss the information with the individual. The purpose of this discussion is to permit the student to contextualize and explain the information uncovered. From this determination, options will be developed; these options include but are not limited to denial of an interview or of entry to the program, remedial training, or other interventions to address professionalism.
Emergency Contact Information & Missing Student Policy

It is the student’s responsibility to maintain current contact information, including for emergencies, with the Program. Ideally emergency contacts would include a local individual (e.g., spouse, roommate, or friend) as well as family member (e.g., parent, grandparent, etc.). Information should include at a minimum:

- Student address/phone number/alternate phone/email/alternate email
- Emergency name/relationship to student/address/phone number/alternate phone/email

This information is kept confidential within the Program, and not disclosed to any other party, including faculty without prior consent.

If the DCT or Associate Director are unable to locate a student after reasonable attempts, including use of the emergency contact, and there is concern that the student is missing, University Police will be notified, consistent with Northwestern University’s Missing Student Policy:

http://www.northwestern.edu/up/safety/missing-student-policy.html

Maintaining Records: Graduate Student Tracking System & MyPsychTrack

The Graduate Student Tracking System (GSTS) is a web-based academic monitoring system as well as a central record repository for all information and documentation related to your residency in the PhD program in Clinical Psychology at Northwestern University Feinberg School of Medicine. The GSTS replaced our paper-based file system in the Summer Quarter of 2015. Students and PhD Program Administration are responsible for managing the GSTS, as specified in the GSTS Instructions, found in the Google Drive. Students are expected to keep the information in the GSTS current, and to review the GSTS for accuracy every quarter. Students can access the GSTS here:

https://gsts.northwestern.edu/site/login

Students are also provided with free access to MyPsychTrack for tracking their clinical practicum hours (http://www.mypsychtrack.com/). Although students are not required to use MyPsychTrack, it is strongly encouraged because data entered into this system is integrated into the internship application.
Academic Integrity

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

Plagiarism

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

The program strongly adheres to the policies and procedures for academic honesty as outlined by TGS (http://www.tgs.northwestern.edu/about/policies/academic-integrity.html). In brief, allegations of dishonesty are required to be reported by faculty to TGS, which then initiates a formal process that includes a case review, hearing, and possible sanctions depending on the outcome (see TGS website for more details). Allegations of academic dishonesty on grant applications and scientific papers is potentially considered research misconduct and will be investigated by the Office for Research Integrity.
Section III: Degree Requirements

Students must successfully complete the following minimum requirements to obtain a PhD in Clinical Psychology from the PhD Program at Northwestern University’s Feinberg School of Medicine:

1. 30 credits of graduate course work (equivalent to 120 quarter hours) at Northwestern University
2. Grades of at least a B for all courses
3. Completion of all required coursework
4. Successful completion of an approved teaching experience
5. Successful completion of the Research Qualifying Paper
6. Successful completion of the Clinical Qualifying Exam
7. Successful proposal and defense of the doctoral dissertation
8. Successful completion of 3 years of approved clinical practica
9. Successful completion of a full-time, 1-year APA-accredited clinical internship

Students should consult The Graduate School (TGS) webpage, “Doctor of Philosophy Degree Requirements” (http://www.tgs.northwestern.edu/academics/academic-services/phd/index.html) for information and requirements concerning degree granting, course registration, grading, official leaves, and residency.

In accord with TGS policy, all PhD students will be informed of their standing in the program in a written communication from the program director of graduate study at the end of each academic year. If progress is not satisfactory, students will be made aware of the problem and provided with both an opportunity to respond and, if appropriate, explicit instructions regarding how to remediate.

Teaching Experience

Teaching is an essential element of the education and training experience of PhD students at Northwestern University. For this reason, The Graduate School requires that all PhD students serve in some instructional capacity for at least one academic quarter during their graduate education. As such, students in the Clinical Psychology PhD Program are required to complete one (1) academic quarter as a teaching assistant for instructors teaching courses to first year students in the Program. First year students in the doctoral program were selected as the target population because there is not an
undergraduate population in the Feinberg School of Medicine, and it is not feasible for all students to teach in other graduate or medical programs on the Chicago campus.

The DCT will match advanced students, typically in their 4th year of residency, to instructors who have indicated an interest in having a Teaching Assistant (TA). The instructor and the matched doctoral student will work together to create the specific teaching experience; however, the following elements are expected of the teaching experience:

a. The doctoral student will give at least one lecture lasting at least 1.5 hours.

b. The doctoral student will direct an ancillary class for one-hour per week, such as a practical lab (e.g., statistics, research methods, assessment) or journal club.

The doctoral student will be required to work with the professor for no more than five hours during the quarter to prepare for the course, to prepare for or discuss the ancillary class, and to assist the instructor with other course-related duties.

TA’s will not participate in evaluation or assessment of first year doctoral students because of the potential for conflicts of interest.

Other teaching experiences, such as teaching medical, MPH, or other graduate students, as well as teaching courses in the School for Continuing Studies or outside of Northwestern will generally qualify for meeting the Teaching Experience requirement. Such experiences must be approved by the DCT in order to qualify for meeting the Teaching Experience requirement.
Section IV: Course of Study

What follows is a typical sequence of courses for our graduate students, subject to change in individual instances. Note that by design, program completion at a minimum occurs in 5 years; however, 6 years may be required in some labs or elected by some students who wish to devote additional time to research and/or clinical training. Regardless of the length of the program, the program is intensive. Students should anticipate dedicating between 60-80+ hours a week for the duration of their residency towards all Program activities, including coursework, completing milestones, research work and obligations, clinical practica, and general involvement in the department (e.g., Grand Rounds, Friday Digest, committee meetings, special lectures, etc…).

A typical sequence of activities over the course of residency includes:

First Year
1. Register for twelve (12) credits of courses, including:
   a. Two (2) credits of Foundational Courses
   b. Two (2) credits of Bases of Behavior Courses
   c. The 3-credit Assessment Sequence
   d. The 3-credit Statistical Sequence
   e. Advanced Research Design
   f. Introduction to Psychotherapy
2. Begin research apprenticeship in the primary mentor’s lab
   a. Identify possible co-author and/or primary author publications
3. Begin the Research Qualifying Paper

Second Year
1. Register for nine (9) to Twelve (12) credits of courses, including:
   a. Two (2) credit of Foundational Courses
   b. One (1) Bases of Behavior Course
   c. Cognitive Behavior Therapy & CBT Seminar
   d. Grant Writing Seminar (option for year 3 available)
e. Five (5) to Eight (8) credits of Elective of Track-Specific Courses

2. Continue apprenticeship in the primary mentor’s lab
   a. Begin working on co-author and/or primary author publications

3. Continue or complete the Research Qualifying Paper

4. Clinical Practica

5. Begin developing NRSA/Dissertation Research Award

**Third Year**

1. Register for nine (9) to Twelve (12) credits of Elective courses, Emphasis-Specific courses, remaining required courses, or Research

2. Continue apprenticeship in the primary mentor’s lab
   a. Continue working on co-author and/or primary author publications

3. Complete the Research Qualifying Paper, if not already completed

4. Complete the Clinical Qualifying Exam

5. Begin developing Aims for Dissertation and/or submit NRSA/Dissertation Research Award

6. Clinical Practica

**Fourth Year**

1. Register for Continuous Registration (TGS512) or Advanced Study (TGS500)

2. Continue apprenticeship in the primary mentor’s lab
   a. Continue working on co-author and/or primary author publications

3. Advanced Clinical Practica

4. Dissertation Research

5. Apply for clinical internship at APA-Accredited site (optional)

**Fifth Year**

1. Clinical internship at APA-Accredited site
   a. Register for CLIN_PSY550-0: APA Internship

2. Complete Dissertation Research, if not already completed

3. Application for Postdoctoral Training
   OR

1. Register for Continuous Registration (TGS512) or Advanced Study (TGS500)
2. Continue apprenticeship in the primary mentor’s lab
   a. Continue working on co-author and/or primary author publications
3. Advanced Clinical Practica (optional)
4. Dissertation Research, ideally completed by end of the year
5. Apply for clinical internship at APA-Accredited site

**Sixth Year (if applicable)**
1. Clinical internship at APA-Accredited site
   a. Register for CLIN_PSY550-0: APA Internship
2. Complete Dissertation Research, if not already completed
3. Application for Postdoctoral Training

It is the expectation of the Program that all students will graduate within 6 years of residency. Exceptions to this expectation are students who obtained training or dissertation funding (e.g., F31, T32) that extend into their advanced years, prolonging their time in the program. For these students, an extended residency of 7 or even 8 years is acceptable if the time is used productively for gaining additional research training and for scientific productivity.
Section V: Progress in the PhD Program in Clinical Psychology

Orientation

To acquaint incoming students with current students, faculty, and personnel, a full-day orientation program, conducted by the DCT, is held shortly before the start of the fall quarter. Copies of the Orientation presentation are available on the Program’s Google Drive.

Curriculum

Goals
The PhD Program in Clinical Psychology at Northwestern University’s Feinberg School of Medicine combines the scholarly, research orientation of the traditional PhD degree with advanced training in the professional skills necessary for practicing clinical psychology. We believe in the viability of the scientist-practitioner model and that its existence in the comprehensive system of health care and health sciences education provides a unique and enriching environment for training. The goal of our program is to provide students with a broad understanding of the principles of scientific investigation and human behavior, normal and abnormal, throughout the life cycle. We also believe that we can use our distinctive setting in a department of psychiatry within an academic medical center to produce psychologists who will contribute to the advancement of psychological science and practice in similar health care settings. Our objective is to train psychologists proficient in the conduct of both scientific research and psychological assessment and treatment with special experience in the problems of health and illness that confront comprehensive health care systems.

Design
The curriculum is designed to provide the core structure around which further concentration through track-specific electives may be fashioned. All students are strongly encouraged to fulfill their course requirements with courses taught through the Program. Courses from other departments within The Graduate School at Northwestern may be acceptable as substitutes with the consent of the DCT. Students are welcome and encouraged to take graduate-level courses throughout Northwestern’s Evanston and Chicago campuses. Independent study courses will not be accepted in lieu of required courses, unless the student has prior graduate coursework in content area of the required courses.
**Curriculum Outline**

The program requires a minimum of 30 credits, including up to six practica credits. Clinical and research emphases have additional educational and training requirements specific to each emphasis. These required and emphasis-specific courses should be completed by the end of the student’s third year of residency.

**Courses**

The following courses are routinely made available to students. Additional courses, including Special Topics, may also be made available to students. Courses are categorized as *Foundational Courses, Courses in the Bases of Behavior, Required Clinical Courses, Required Research Courses, and Elective and Emphasis-Specific Courses.*

**Required Foundational Courses include:**

- History and Systems of Psychology (1 credit)
- Scientific and Professional Ethics in Psychology (1 credit)
- Diversity in Psychological Science and Practice (1 credit)
- Life-Span Developmental Psychology (1 credit)

**Required Courses in the Bases of Behavior include:**

- Behavioral Neuroscience (1 credit)
- Cognitive Psychology (1 credit)
- Advanced Social Psychology (1 credit)

**Required Clinical Courses include:**

- Psychological Assessment I, II, III (3 credits)
- Psychopathology (1 credit)
- Introduction to Psychotherapy (1 credit)
- Cognitive Behavior Therapy (1 credit)
Required Research Courses include:

- Research Methods I, II, III (aka, Statistics; 3 credits)
- Advanced Research Design (1 credit)
- Grant Writing Seminar (1 credit, pass/fail)

Elective and Emphasis-Specific Courses include (all 1 credit, unless indicated):

- Advanced Psychotherapy (*Psychopathology & Treatment*)
- Behavioral Neuroanatomy (*Neuropsychology & Behavioral Neuroscience*)
- Behavioral Neurology (*Neuropsychology & Behavioral Neuroscience*)
- Child and Adolescent Psychotherapy (*Clinical Child & Adolescent*)
- Child Psychological Assessment (*Clinical Child & Adolescent*)
- Child Psychopathology (*Clinical Child & Adolescent*)
- Cognitive and Behavioral Treatments for Depression (*Psychopathology & Treatment*; 0.5 credit)
- Cognitive Models of Psychopathology and Psychotherapy (*Psychopathology & Treatment*)
- Family Therapy (*Clinical Child & Adolescent*)
- Forensic Psychology & Neuropsychology (*Neuropsychology & Behavioral Neuroscience*)
- Health Psychology (*Behavioral Medicine*)
- Introduction to Clinical Neuropsychology (*Neuropsychology & Behavioral Neuroscience*)
- Marital and Sex Therapy (*Psychopathology & Treatment*)
- Mental Health Policy (*Policy*)
- Motivation and Self-Control in Health Behavior (*Behavioral Medicine*)
- Neuropsychological Assessment (*Neuropsychology & Behavioral Neuroscience*)
- Principles of Neuroimaging (*Neuropsychology & Behavioral Neuroscience*)
- Primary Care & Rehabilitation Psychology (*Behavioral Medicine*)
- Psychodynamic Traditions (*Psychopathology & Treatment*)
- Psychopharmacology (*Psychopathology & Treatment*)
- Seminar Series (0.25 credits):
  - Cognitive Psychology
  - Diversity
  - Social Psychology
Course Registration and Tuition

Students register for courses through CAESAR (http://www.northwestern.edu/caesar/), following all deadlines established by TGS (e.g., initial registration, adding/changing/dropping courses). Current deadlines can be obtained through the Northwestern Calendar:

http://www.registrar.northwestern.edu/calendars/

Under the TGS tuition model, tuition is charged by quarter, not by the number of courses for which students are registered. Students are charged the full tuition rate for the first eight (8) quarters of registration. For the ninth (9) quarter and beyond, student remain in residence as full times students at the advanced tuition rate by registering for TGS 500 Advanced Doctoral Study, which is approximately one-fourth of the full tuition rate. Current tuition rate information can be found on TGS’s website (http://www.tgs.northwestern.edu/financial-aid/fello-schola-grants/tuition-rates/index.html).

Students in their first three years of the Program must register for at least 3 credit hours per quarter, and should attempt to register for 4 credit hours, when possible. Students should consider using practicum credits and research credits (which can be from 1-3 credits per quarter) to maintain 4 credit hours per quarter.

Students who are no longer taking courses (e.g., students in the 4\textsuperscript{th} year or beyond) register for either Advanced Doctoral Study (TGS500) or Continuous Registration (TGS512). If a student is receiving a stipend from TGS\textsuperscript{1} and/or a tuition scholarship (e.g., 50\% tuition remission or RAS from the Program), he or she must register for Advanced Doctoral Study (TGS500). Students who do not receive a stipend and/or a tuition scholarship and are no longer taking courses must register for Continuous Registration (TGS512). If a student remains in the program without completing their dissertation by the beginning of their 10\textsuperscript{th} year in the program, that student will register for Advanced Continuous Registration (TGS513).

The year-long subsidy for Northwestern student health insurance, which is funded by the Program, is provided only when a student registers either at the full rate or the advanced rate of tuition. The

\textsuperscript{1} A stipend is a salary or fellowship that is paid to a student, typically from a grant and typically on a monthly basis. Students who are hired as part-time or temporary employees (usually on an hourly basis), either by a grant or through other means, are not considered to be receiving a stipend.
Program only provides this subsidy for the first three years of residency, regardless of registration. No health insurance subsidy is provided when a student is registered for Continuous Registration (TGS512). Please note that students who register for TGS 512 Continuous Registration for the summer term will maintain their subsidized insurance through August 31st of that year. Students registered for TGS512 are eligible to self-pay the full premium for the health insurance plan through Northwestern University.

Students should consult with their TGS Student Representative if they need additional help with registration problems, adding/dropping, overloading courses, etc... (http://www.tgs.northwestern.edu/academics/academic-services/).

Course Waivers/Substitutions

In accordance with the policy of The Graduate School, course credit is not provided for courses taken at other institutions prior to admission to the Clinical Psychology PhD Program. As such, waivers are not provided. Under certain circumstances, the DCT in consultation with the ETC will allow a student to substitute a course if he or she has had suitable previous experience or course work. In such a situation, the substitute course must be of similar and preferably more advanced content to the substituted course. A maximum of nine (9) courses may be substituted.

Circumstances for granting a course substitution

A student may choose to petition for a course substitution if he or she can demonstrate thorough background and knowledge in the area of study that the course in question encompasses, most typically through a prior graduate course.

Procedure

Substitutions are obtained by petitioning the DCT using The Petition for Course Waiver/Substitution form (available on the Program’s shared Google Drive). The student should carefully outline the rationale underlying the request and provide course syllabi and other supporting materials (e.g., textbooks used, papers written, reading lists) when possible to facilitate a decision by the committee. The form must be signed by the student’s faculty adviser and the instructor teaching the course, and then presented to the DCT. If the student’s faculty adviser and the course instructor disagree, the ETC will resolve the matter. The petition should be submitted before the beginning of the required course.
Independent Study (ClinPsy 499)

To allow in-depth research in a specific area of study, a student may register for Independent Study. As is true of all other Program courses, 499 courses require a minimum of two hours per week of contact with the faculty preceptor, an explicit syllabus, and a final product, such as a paper, exam, or annotated bibliography, that can serve as the basis of an evaluation of the student’s work.

Procedure
Before the quarterly registration period, the student must complete a 499 Independent Study Permission form (available on the Program’s shared Google Drive folder). The student provides a proposed bibliography and mode of study, rationale for need of a 499 course as opposed to a regular course offering, a focus of goals for the course, and a statement of how the student’s performance will be evaluated (paper, exam, etc.). The form is signed by the student’s faculty adviser and the proposed instructor of the course, and then submitted to the DCT for approval. The form must be submitted at least one week prior to registration.

Restrictions
First-year students are rarely granted permission for a 499 course and may take it only on a graded basis. Advanced students may register for no more than two 499 courses.

Processes and Procedures for Doctoral Candidacy & Graduation

Doctoral Candidacy
Advancement to Doctoral Candidacy first requires the student to have completed all required courses and emphasis-specific elective coursework. Next, the PhD Qualifying Exam must be completed by the end of the third (3rd) year of residency. Please refer to the TGS website regarding specific deadlines for the PhD Qualifying Exam (http://www.tgs.northwestern.edu/academics/academic-services/phd/timeline/index.html)
To pass the PhD Qualifying Exam, students must complete all necessary requirements of the Clinical Qualifying Exam (CQE) and the Research Qualifying Paper (RQP). See below for details about the CQE and RQP. After completion of the RQP and/or the CQE, the student must upload the completed and signed CQE and RQP Competency Evaluations forms directly to the GSTS, with original copies being provided to the Division’s Administrative Assistant in Abbott 1205 (forms are available on the Program’s Google Drive). After both forms are correctly completed and submitted, the PhD Qualifying Exam will be approved by the Program in CAESAR.

Students must also upload electronic copies of the final and approved RQP manuscript and CQE’s Evidence-Based Case Study to the GSTS.

Prospectus or Dissertation Proposal
The PhD Prospectus must be completed by the end of the fourth (4th) year in the program. Please refer to the TGS website regarding deadlines for the PhD Prospectus:
http://www.tgs.northwestern.edu/academics/academic-services/phd/timeline/index.html.

Once students have a PhD Prospectus defense date, they must submit the PhD Prospectus form in CAESAR, providing the following information: Scheduled Date of Prospectus; Committee Members, indicating graduate faculty status (at least 2 with graduate faculty status; see Graduate Faculty List in the Google Drive); and select Advisor name. If a faculty member does not appear using the lookup function, just type in the name and check the box. Students should print out the PhD Prospectus form in CAESAR and provide this form to faculty for signatures after successful defense of the PhD Prospectus. After successful completion of the PhD Prospectus defense, students must upload the printed and signed into GSTS and submit the original form directly to the Division’s Administrative Assistant in Abbott 1205. The PhD Prospectus will be approved by the Program in CAESAR once documentation of the successful PhD Prospectus defense is received.

Students must also upload an electronic copy of the final and approved PhD Prospectus to the GSTS.

PhD Final Exam (Oral Dissertation Defense)
Students will only be allowed to sit for the PhD Final Exam (oral dissertation defense) if all members of the dissertation committee agree that the written dissertation is in near-final condition. Near-final
condition is defined as requiring no more than minor edits, changes, and/or corrections that involve either no final approval from the dissertation committee, or only oversight/approval by the chair of the dissertation committee. Any minor edits, changes, and/or corrections to a written dissertation after a successful oral defense must be made by the doctoral candidate within 7 days of the oral defense. If a substantive change(s) to a written dissertation is required, it must be approved by the dissertation committee before the doctoral candidate can sit for the oral defense. A substantive change is defined as any change greater than minor edits, changes, or corrections (e.g., re-organization of sentences/paragraphs, confusing or unclear writing, additional analyses, clarification of interpretations, new paragraphs, sections, or points/thoughts, etc…), which requires review by committee members. If a substantive change(s) to the dissertation is not completed and reviewed in time for the oral defense, the oral defense must be rescheduled to a later date.

Although dissertation committees will work diligently to provide timely feedback to students, students should be advised that dissertation committees are under no obligation to respond to time pressures experienced by the student (e.g., deadlines for start dates of postdoctoral fellowships). As such, the PhD Final Exam should ideally be completed several months before completion of the clinical internship, and ideally before beginning the clinical internship. Refer to the TGS website regarding deadlines for the PhD Final Exam (http://www.tgs.northwestern.edu/academics/academic-services/phd/timeline/index.html).

Once a student has a PhD Final Exam (oral dissertation) defense date, he or she must submit the Application for Degree form in CAESAR (under TGS Forms), entering the quarter for which the student anticipates receiving the PhD (Review TGS deadlines to determine which quarter to select: http://www.tgs.northwestern.edu/academics/academic-services/calendar/). The student must select “Clinical Psychology:PhD” for the degree, and provide the following information: Scheduled Date of Final Exam; Dissertation Title; Committee Members, indicating graduate faculty status (at least 2 with graduate faculty status; see Graduate Faculty List in the Google Drive); and Select/enter Advisor name. The student must print out the completed Application for Degree form from CAESAR for the dissertation committee to provide signatures after successful defense of the PhD Final Exam.

Students are required to announce to the Department of Psychiatry and Behavioral Sciences their PhD Final Exam (oral dissertation defense) at least two weeks in advance of the dissertation date.
Announcements are to be made by sending the title of the dissertation, the name of the student who is defending, the names of the chair and committee members, and the date, time, and location of the defense to the Division’s Administrative Assistant (clinpsych@northwestern.edu), who will distribute the announcement to the members of the department.

After successful completion of the PhD Final Exam defense, upload the printed and signed form to GSTS and submit the original copy to the Division’s Administrative Assistant in Abbott 1205. The PhD Final Exam will be approved by the Program in CAESAR once documentation of the successful PhD Final Exam defense is received, and once the student has completed their last day of their clinical internship. Because approval of the PhD Final Exam indicates to TGS that the student has completed all degree requirements, the PhD Final Exam cannot be approved earlier than completion of all degree requirements, including the clinical internship. Students must upload an electronic copy of the final and approved PhD Final Exam (Dissertation) to GSTS.
Section VI: Clinical Training

Supervised clinical experience is a central and essential component of the Program. Clinical training in the greater Chicago metropolitan region provides students with a truly unique opportunity to gain experience in the clinical evaluation and treatment of a broad range of patient populations including diverse racial and ethnic groups, varied socioeconomic backgrounds, multiple disease states, particularly rare form of certain illness, and especially those that have been identified nationally as underserved, such as older adults, the seriously mentally ill, children, and families. Clinical training takes place in three main contexts: courses (Years 1-3), practica (Years 2-4/5), and predoctoral internship (Year 5 or 6).

By the time a student enters a predoctoral internship, he or she will have completed approximately 1,500 hours of supervised clinical practica and will have made significant progress toward developing clinical proficiency in diagnostic interviewing, psychological/neuropsychological testing, psychotherapy and other psychological interventions.

The Program requires students to pass a Clinical Qualifying Examination in the third-year as one component of attaining doctoral candidacy.

Addressing Conflict between Professional Competence and Trainee Beliefs

The PhD Program in Clinical Psychology at Northwestern University’s Feinberg School of Medicine is strongly committed to the training of individuals in the research and practice of professional clinical psychology. As such, it takes appropriate steps to ensure that PhD-level graduates are prepared to serve a diverse public, which is particularly relevant given the Program’s training setting in one of the largest and most diverse metropolitan cities in the United States. The Program demonstrates its commitment to ensure psychology trainees obtain acceptable levels of knowledge, skills, and awareness to work effectively with diverse individuals primarily through didactic coursework, varied clinical practica, and other opportunities. These competencies in professional practice are regularly evaluated at appropriate training intervals.
It is recognized that some trainees possess worldviews, values, or religious beliefs that conflict with serving specific subgroups within the public. For example, they may experience strong negative reactions toward clients/patients who are of a particular sexual orientation, religious tradition, age, or disability status. Based on APA’s diversity training statement, it is the Program’s policy that when such conflicts arise, they present an opportunity for the trainee, with the support of the Program, to develop and foster core competencies in working with diverse populations. The Program will respect the right of trainees to maintain their personal belief systems, while simultaneously assisting them in acquiring such professional competencies. Personal introspection and the exploration of personal beliefs, attitudes, and values are key processes in the identification and development of skills to serve a broad spectrum of patients. It is important to recognize that as a provider of clinical services to the public, trainees will eventually work with individuals whose group membership, demographic characteristics, or worldviews and beliefs will conflict with their own. Working effectively and professionally with such individuals is a skill highly valued by the Program.

Certain situations may arise where the Program or clinical training sites may elect to consider client/patient reassignment to allow trainees time to work on developing their competence to work with individuals that challenge their beliefs. The overriding consideration in such cases must always be the welfare of the client/patient. The Program also recognizes that tensions arising from sincerely held beliefs or values require support and time to understand and integrate with standards for professional conduct. Trainees should have no reasonable expectation of being exempted from having any particular category of potential clients/patients assigned to them for the duration of their training while enrolled in the Program.

Clinical Practica

Training Sites
All practicum sites must be approved by the DCT before a student may receive training.

Definition of a Clinical Practicum
A clinical practicum (and the hours counted within with internship) must be:

1. Program sanctioned
   a. All practicum placements must be approved and supervised by the doctoral program
b. Practicum placements must be approved before the practicum experience begins; clinical experience cannot be retrospectively approved as a practicum

c. Any clinical experience that has not been approved by the doctoral program for practicum is considered work or other non-practicum clinical experience

2. Clinical

a. A practicum experience must involve clinical contact and clinical activities (e.g., assessment/evaluation and/or treatment)

b. Consultation experience (e.g., consultation and liaison service) that involves direct client contact, either with a patient or someone involved in their treatment (e.g., parent, adult child, teacher) is an acceptable practicum experience

3. Supervised

a. All practicum experience must involve case level supervision

   i. Group experience must involve a discussion/case conceptualization of specific group members, in addition to group process

   ii. Assessments must be reviewed individually, not as a mean of scores

b. At least one-hour per week of direct, individual clinical supervision from a clinical psychologist licensed in the state in which state services are conducted is required.

Practicum Requirements

Students are required to complete a minimum of three (3) full-year practica before applying for admission to a predoctoral internship program. The practica are taken during the second, third, and fourth years.

Each practicum involves a year-long, 15-20+ hour per week time commitment, which includes direct clinical service to patients and supervision (primarily individual, with some group), supplemented by clinical seminars and case conferences provided by the clinical site.

Some variation exists among practicum sites in the training year calendar. A student who enrolls in a practicum beginning in or running through the summer is expected to complete the full year at that site.

All students seeing patients must be registered at Northwestern University, so that liability coverage is maintained. An exception to this rule is summer quarter, when this requirement is waived for students
who were registered the previous spring and who intend to register the following fall, or when students are no longer taking courses.

Practicum training begins in the summer quarter of the first year of the program (typically July 1). For simplicity, we will refer to these students as being in their second year.

Depending on their clinical emphasis, **second year students** are placed at the following sites:

- **Northwestern Memorial Hospital’s Stone Mental Health Center**: Students at this practicum site engage in diagnostic evaluations and psychological testing. Limited experiences for individual and group psychotherapy may be possible, but should not be expected. This testing practicum provides clinical services to a diverse patient population with severe and persistent mental illnesses (e.g., schizophrenia, bipolar disorder, personality disorders, and various comorbid disorders). Students receive at least 1 hour of supervision per week from a licensed clinical psychologist on our faculty.

- **Ann & Robert H. Lurie Children’s Hospital of Chicago (Lurie Children’s) Diagnostic and Pediatric Neuropsychological Testing practicum**: Students at this practicum site conduct diagnostic psychiatric interviews and neuropsychological evaluations at Lurie Children’s outpatient clinic. Approximately halfway through the year, students are also introduced to individual therapy. Training is intensive at 16 hours per week for 12 months, with approximately 3 hours per week devoted to live/direct clinical supervision provided by licensed clinical psychologists on Lurie Children’s faculty. Students also participate in weekly didactics on neuropsychological test administration and neurodevelopment. Patients seen for neuropsychological testing typically exhibit complex medical problems that have impacted the central nervous system, such as leukemia, epilepsy, brain tumors, and immune dysfunction. In the diagnostic clinic, students work with a diverse, underserved patient population. Common psychiatric difficulties include ADHD, oppositional defiant disorder, disturbance in mood, and anxiety.

- **Neurobehavior and Memory Health Clinic of the Cognitive Neurology and Alzheimer’s Disease Center at Northwestern University**: Students at this practicum site learn how to administer full outpatient neuropsychological evaluations. The clinic serves older adults who are referred for a wide range of neurodegenerative and aging disorders, including Alzheimer’s disease, frontotemporal
dementia, cerebrovascular dementia, aphasia, memory disorders, mild cognitive impairment and other cognitive changes related to aging. Training involves 3-4 patients a week with 12-16 hours of face-to-face patient care. Evaluations consist of an interview and a full battery of neuropsychological tests decided upon by the student in consultation with the supervisor measuring premorbid intellectual functioning, attention and concentration, visuospatial skills, speech and language abilities, learning and memory, and executive abilities. Another 4 hours a week is required for scoring the battery and writing a complete neuropsychological report. Students receive approximately 2-3 hours of individualized supervision with licensed clinical neuropsychologists on Northwestern's faculty and a fellow, and attend the Clinic's weekly patient management rounds.

- **NMG Outpatient Neuropsychology Service in the Department of Psychiatry and Behavioral Sciences:** This clinic offers training opportunities to clinical psychology doctoral students and post-doctoral fellows interested in adult neuropsychology. Trainees gain skills in the neuropsychological assessment of referred adult inpatients and outpatients with a broad range of neuropathological conditions, including: psychiatric disorders, traumatic brain injury and post-concussive syndromes, seizure disorders, brain tumors, autoimmune disorders, cerebrovascular disorders, transplant patients and metabolic disorders among others. Trainees receive supervised experience in test selection, administration and interpretation, report writing, and communication of neuropsychological findings to referring providers as well as patients and family members.

- **Illinois Masonic Medical Center.** Students at this practicum site have the opportunity to work with an ethnically and racially diverse population of children, adolescents and adults in an outpatient setting. Therapeutic modalities include: individual, family, couples and group psychotherapy. In addition to the outpatient clinic, intensive training opportunities are offered through the following programs: Emergency Department, Adolescent Intensive Outpatient Program, School-Based Health Services. The practicum is for a one year, 1000 hour (20 hours per week) commitment, beginning July 1 of each year. Each trainee receives a minimum of 2 hours of clinical supervision each week by a licensed clinical psychologist, including one hour individual and one hour group supervision. Training is further augmented by 1.5 hours per week of didactic/case presentations.

**Third and Fourth year students** are placed at the following sites, consistent with their clinical emphasis.
• **Lurie Children’s Child & Adolescent Psychiatry Outpatient Services Department:** Students at this practicum site provide diagnostic evaluations as well as individual, family, and group psychotherapy. Students achieve competence in the areas of cognitive and developmental assessment, behavioral analysis and treatment, short-term therapy, cognitive-behavior therapy, parent training, family therapy, consultation with school and agency personnel, and consultation within a medical setting. Training is intensive at 20 hours per week for a period of 12 months, with approximately 10 hours a week devoted to supervised clinical activities and approximately 3 hours per week devoted to live/direct clinical supervision provided by licensed clinical psychologists on our faculty. Psychological services are provided to children and their families from a diverse, underserved patient population presenting with psychiatric difficulties including disturbances in mood, attention, cognition, behavior, and interpersonal relations. Training objectives include: 1) an orientation to clinical work guided by scientific inquiry and the application of scientific principles to the practice of clinical psychology, 2) broad-based training in child, adolescent, and family psychology across a range of clinical settings, 3) exposure to a variety of clinical orientations and approaches to treatment, 4) sensitivity to issues of cultural and individual diversity, 5) knowledge of professional ethics and awareness of ethical and legal guidelines governing the delivery of psychological services to children and their families, and 6) experience with multi-disciplinary collaboration.

• **Inpatient Neuropsychological Consultation Service at Northwestern Memorial Hospital:** Students at this practicum site provide full, as well as brief, neuropsychological and psychological assessments and treatment recommendations for acute medical inpatients with a wide range of neurologic and psychiatric disorders. Students receive intensive training in evaluating various dementias, decision-making capacity, psychiatric disorders, seizure disorders, substance abuse, stroke, delirium, brain tumors, acute TBI, ADD, aphasia, MR rule out and LD. Training involves 16 hours a week of face-to-face assessments, during which students assess 2-4 patients, including a bedside interview and assessment, scoring the battery and writing the neuropsychological report. Students receive approximately 30 minutes of individualized supervision per patient evaluation (1-2 hours per week) with a licensed neuropsychologist on Northwestern’s faculty.
• Northwestern Behavioral Medicine Advanced Clinical Practicum: This practicum is housed within both Northwestern Memorial Hospital and the Northwestern Medical Group and provides students with broad exposure to clinical health psychology in both inpatient and outpatient medical settings. Supervised by licensed clinical health psychologists, students are exposed to the wide range of roles a health psychologist occupies in a medical setting. Students each year rotate in 6 month intervals on 2 specialties at a time, acquiring approximately 10hrs per week per specialty. Major rotations include: Psychosocial Oncology, Gastrointestinal Behavioral Medicine, Tobacco Use and Cessation, and Behavioral Sleep Medicine.

• School of the Art Institute of Chicago (SAIC): Students at this practicum site provide mental health services to undergraduate and graduate students within the Institute’s Counseling Services Department. The practicum corresponds to the SAIC academic calendar, beginning at the end of August and lasting until the end of May. Training includes 16 hours per week of training, with at least two hours devoted to individual supervision with licensed clinical psychologists. Trainees conduct intake interviews, determine diagnoses and treatment needs, and typically carry a caseload of approximately eight individual clients. They provide brief (16-session maximum) individual psychotherapy to current SAIC students with problems ranging from academic and relational distress to severe Axis I symptoms and disorders. Trainees also attend a weekly didactic seminar and case conference led by a licensed clinical psychologist.

• Jessie Brown VA Medical Center: Students at this practicum site engage in psychotherapeutic treatment and psychodiagnostic experiences, with some flexibility for individualization given the specific training needs, preparation and experience of the student. Training is intensive at 20 hours per week for 12 months, where students participate in two six-month rotations insuring a breadth of experience as well as exposure to several professional role models. The students select their two rotations from a variety of choices: Inpatient Psychiatry, Outpatient Mental Health, Outpatient Addictions Treatment, Health Psychology, Day Hospital, and Neuropsychology. Veterans of the Armed Services, of course, comprise the population; some women, but mostly men, ranging from young adult to elderly, some who have made remarkable sacrifices, and all of whom have served in our nation's defense. Supervisors work from a variety of theoretical perspectives and viewpoints, including psychodynamic, family systems, contemporary eclectic/integrative, and cognitive-behavioral. Students also partake in a 3-hour,
once weekly seminar that addresses a variety of diagnostic, therapy, ethical, and professional issues. Also, on a monthly basis, students present diagnostic or treatment data to peers and supervisors.

- **Hines VA Medical Center**: Hines VA Hospital, in suburban Chicago, is one of the largest and most diversified medical and surgical hospitals in the Department of Veterans Affairs system. Hines is one of the flagship hospitals in the VA health care system, and is located on a 147 acre campus 12 miles west of downtown Chicago. Hines VA Hospital offers extended eleven- and twelve-month practica in one of five clinical areas. The practicum at Hines VA Hospital begins in early July and ends in late May or late June. Practicum students are expected to complete 700+ hours within this time frame. Furthermore, students are expected to work at least 16 hours per week, with a typical workday beginning at 8:00 a.m. and ending at 4:30 p.m. Students will work on one rotation for the entire year, although exposure to different supervisors is included in some rotations. Available rotations include:
  - Neuropsychological Assessment
  - Substance Abuse Residential Rehabilitation Treatment Program
  - TBI/Polytrauma Outpatient Clinic
  - Trauma Services Program
  - Primary Care/Behavioral Health Integration
  - Community-Based Outpatient Clinic Psychotherapy Rotation
  - Spinal Cord Injury Program
  - Psychosocial Rehabilitation and Recovery Center Rotation

- **Rehabilitation Institute of Chicago**: The Rehabilitation Institute of Chicago is a freestanding rehabilitation hospital with numerous clinics and hospital partnerships in the Chicago area offering inpatient and outpatient services to persons with a variety of physical disabilities and chronic illnesses. The Institute is known nationally for its expertise in this area, having been voted the best rehabilitation hospital in the country for over 15 years by the U.S. News and World Report. One practicum student is assigned to rehabilitation therapy and another is assigned to clinical neuropsychology. The practicum requires a commitment of 16-20 hrs. per week for 10-12 months, starting in July or September of each year.
• **Illinois Masonic Medical Center** (described above)

• **University of Chicago.** Practica at the University of Chicago provide training in assessment and intervention for patients presenting to a large academic medical center for evaluation and/or treatment. All of these practica require at least a 12-month commitment with 2-3 days on site. Training involves individual supervision with licensed clinical psychologist, group supervision, case conferences, and didactics. Numerous opportunities for practica are available for students at the University of Chicago, including:
  - Adult Neuropsychology
  - Cognitive-Behavior Therapy for Mood and Anxiety Disorders
  - Eating Disorders
  - Child and Adolescent and Pediatric Health psychology
  - Adult Health Psychology
  - Pediatric Neuropsychology
  - Substance Abuse
  - Severe and Persistent Mental Illness

• **University of Illinois at Chicago.** Numerous practica are available at the University of Illinois at Chicago, including the Disruptive Behavior Disorders Clinic, the Pediatric Mood Disorders clinic, the Cranial Facial clinic, the Adult Mood Disorders clinic, and the Clinical Neuropsychology Clinic.

• **Shriners Hospital for Children.** *Shriners Hospitals for Children®* (SHC) is an international health care system of 22 hospitals dedicated to improving the lives of children by providing pediatric specialty care, innovative research, and outstanding teaching programs. The Chicago hospital provides one-of-a-kind specialized care for children with orthopedic problems, craniofacial anomalies, and spinal cord injuries, regardless of the patients’ ability to pay. Practicum students at the Chicago Pediatric/Rehabilitation Psychology Practicum will gain experience providing consultation and liaison services to children and their families in outpatient medical clinics (e.g., spina bifida, spinal cord injury, cleft lip and palate, rheumatology) as well as inpatient services (rehabilitation, pediatric intensive care). Students also obtain therapy experience with children
both in inpatient and outpatient settings. Pending students’ prior experience and interests, students may additionally conduct neuropsychological evaluations. All students participate in medical rounds, goal conferences, case conferences, and team meetings as well as didactics, such as grand rounds. Students receive weekly supervision as well as observation of their clinical skills and performance. They are expected to read current literature regarding psychological and medical issues impacting the patients and their families. Opportunities to present at hospital-wide lectures and conduct research including abstract and manuscript preparation are also available. The student must have a Master’s Degree in Clinical Psychology prior to the start date of the practicum. The 2016-17 practicum has availability for up to three students committing to 20 hours (2.5 days)/week.

**Student Assignments**
Practicum assignments are made by the DCT in consultation with the student, and when necessary, the student’s primary clinical mentor. These are generally made during the beginning of the winter quarter for the following year. A Practicum Preparation meeting is provided to the students by the DCT in late November or early December to provide information on available practica and procedures for applying.

**Practicum Requirements in Specific Clinical Emphases**
Specific emphases may require practica within their respective areas. These requirements will be communicated to students by the DCT and primary mentor.

**Psychological Testing Requirements**
All students are required to complete at least six supervised and integrated psychological test batteries before applying to a predoctoral internship. Many practica provide opportunities for students to do testing on site; students are thus encouraged to fulfill this assessment requirement by integrating it into their practicum assignment. Students should aim for obtaining approximately 100 hours of direct assessment experience by the time they apply for internship.

**Practica Evaluations for Clinical Competency**

All students in a clinical practica/externships must have completed and signed *Clinical Supervisor Competency Evaluation* (Assessment & Intervention) forms at the mid-year (6 month) and final-year (12
month) timepoints. Students are responsible for providing and collecting the forms (available on the Google Drive) from their supervisors. Completed forms should be uploaded directly to the GSTS. Students should and review the evaluation forms with their Primary Clinical Mentors.

Clinical Review

The DCT along with consultation from the ETC, and the CTC when needed, examines each student’s clinical development during each of the required full-time practica. The goal of these clinical reviews is to provide students with a comprehensive and constructive evaluation of emerging strengths and to define areas on which continuing clinical experience and supervision should concentrate. Clinical reviews occur as part of the mid-year and annual student reviews. Written feedback from the practicum supervisors, which have already been shared with the student by the practicum supervisors, and reviewed by the student’s Primary Clinical Mentor, are reviewed during the mid-year and annual student reviews. When warranted, additional clinical reviews may be held at any time during the year. Student evaluation forms and practicum site evaluation forms are available on the PhD program’s shared Google Drive folder.

Clinical Qualifying Examination

Purpose: The purpose of the Clinical Qualifying Examination (CQE) is to demonstrate competence in basic clinical psychological practice that is sufficient, in combination with a similar demonstration in psychological research, to attain doctoral candidacy. Competence at this level is evaluated primarily in terms of an adequate knowledge base for clinical work, sufficient clinical skill set, as well as thoughtfulness or reasonableness in exercising clinical judgment.

Timeline: Successful passage of the CQE must take place before the beginning of the student’s fourth year in the Program; in practice, it is expected that students will sit for this exam between the fall quarter and the end of spring quarter of the third year of residency in the Program. Students are not eligible to apply for internship until they have attained candidacy in The Graduate School (TGS). Therefore, in addition to satisfying the nine quarter residency requirement of TGS, students may not apply for internship until they have successfully passed the CQE as well as the Research Qualifying Paper (RQP).
Students will also not be eligible to apply for internship unless they have successfully defended their dissertation proposal (prospectus) before September 30th of that year.

Procedure: The procedure for the CQE is as follows:

1. The student selects a committee of two or three Northwestern faculty members who are licensed clinical psychologists and designates one of the members to serve as chair. The chair of the committee must be a member of the Clinical Training Committee. The student’s primary mentor (i.e., the student’s likely dissertation chair) is prohibited from chairing a CQE. Any faculty member who served as a clinical supervisor concerning the case presented in the CQE is prohibited from serving on the committee.

2. The student selects a case to present for the CQE. The student is encouraged to work with her or his CQE chair, Primary Clinical Mentor, and clinical supervisor(s) to select a case. The student is required to obtain approval to use the selected case for her or his CQE from the clinician that provided direct clinical supervision for the selected case. Approval should be documented in an email from the clinical supervisor to the CQE chair, for example, “I approve of the use of the case I supervised of an older female with major depressive disorder receiving CBT for depression for this student’s CQE”.

3. With the approval of the CQE chair, the student selects a case to present,

4. After selecting a case to present, the student identifies a Written Practice Sample, secures the Taped Practice Sample, completes the Evidence-Based Case Study, and submits all of these CQE components to the committee.

5. After review of the Evidence-Based Case Study, Taped Practice Sample, and Written Practice Sample, the committee assigns a rating of pass or fail to each of these three submitted components. A date for the oral examination is set only if after all three of these components of the CQE are rated at passing.

6. After the oral examination, the committee assigns a rating of pass or fail for the oral examination component, using the CQE Competency Evaluation Form as a guide.

7. Students who fail any component of the CQE must be provided within 48 hours of the decision with a written statement of the grounds for failing by the committee. The student and the committee will consult with the DCT to determine a plan to address concerns identified on any of the failed components. After concerns are address, the student will be provided with a second
opportunity to take the CQE. No third attempt will be provided, in which case the student will not be able to progress to doctoral candidacy, likely resulting in termination from the Program.

8. After successfully completing both the CQE and the RQP, the student will generate the appropriate qualifying examination forms from the Graduate School (TGS).

Structure of the CQE: The CQE is based on board examinations developed by the American Board of Professional Psychology. The CQE includes the following components:

1. Practice Samples
   a. Taped Practice Sample. For students in the Adult Clinical, Clinical Child and Adolescent, and Behavioral Medicine clinical emphases, the Practice Sample includes one (1) video (videotape, DVD, digital format) of the student’s actual clinical work lasting for at least 50 minutes. Audiotaping will only be accepted if videotaping is not possible at the student’s practicum sites. Good audio video quality is essential, and poor quality tapes will not be accepted. If audiotaping is also not acceptable, the student must obtain permission from the DCT to use verbatim transcripts of a session (intervention and consultation only). The tape practice sample should be de-identified according to the practicum site’s policies and procedures, and all patients taped should receive appropriate informed consent processes consistent with the practicum sites’ policies and procedures. These taped practice samples should be made no more than 18 months prior to the CQE oral defense. Tape practice sample should reflect the student’s competencies in typical rather than exemplary situations. The student may select to provide taped practice samples reflecting one of the following competencies, consistent with their Clinical Emphasis:
      i. Intervention, consisting of an unrehearsed psychological intervention, usually as part of ongoing psychotherapy with the case.
      ii. Consultation, consisting of an unrehearsed consultation(s) in any context.
         Consultations samples may consist of numerous brief consultations combined into a 50-minute tape.
      iii. Neuropsychological Evaluation, a taped practice sample cannot include administration of standardized tests due to nationally accepted policies prohibiting third party observers – including recordings – of neuropsychological examination (see AACN Policy Statement on the Presence of Third Party Observers in
Neuropsychological Assessments). When possible, Neuropsychology Emphasis students should provide an unrehearsed pre-assessment clinical interview, provision of feedback, or similar clinical interaction with a patient for their taped practice sample. If this is not possible due to the structure of the clinical practicum (e.g., practicum students do not conduct the interview or provide feedback independently), the CQE committee can approve the use of pre-existing evidence of clinical competence in neuropsychological test administration obtained during a practicum in lieu of a taped practice sample. For example, the CQE committee can choose to review administration competency rating forms for specific tests, or general competency forms completed by an appropriately trained observer (e.g., neuropsychological technician).

b. **Written Practice Sample.** The Written Practice Sample should reflect the student’s clinical competencies in a written format. The Written Practice Sample can include any existing clinical document created as part of the student’s routine clinical work. The Written Practice Sample should not be created specifically for the CQE. The Written Practice Sample may come from the same patient used in the Taped Practice Sample. Examples of a Written Practice Sample include a diagnostic interview, a psychological or neuropsychological testing report (complete with test data), a series of psychotherapy process notes, or a treatment or termination summary. Other less conventional work products may be proposed, but must be acceptable to the CQE Committee. The Written Practice Sample must be appropriately de-identified according to HIPAA’s de-identification standard (45 C.F.R. §164.514[a][b]) to protect and preserve a patient’s right to privacy.

2. **Evidence-Based Case Study.** The Evidence-Based Case study consists of a 15-20 page double-spaced manuscript that reviews relevant scientific literature pertaining to the case chosen for the practice sample(s). The student can choose the foci of the evidence-based case study based on the specifics of the case and the student’s interests. Ideally a combination of the following will be focused on for the evidence-based case study: diagnostic, assessment/evaluation, etiology and mechanisms, or intervention/consultation. Students should use this existing literature to critically examine the case, with an emphasis on how their clinical work is consistent with the literature from an Evidence-Based Practice Process approach. Students should be both self-critical of their clinical
work in light of the evidence, as well as critical of the extant evidence in light of the specific characteristics, needs, and preferences of their case. The Evidence-Based Case Study must also evaluate data on the specific patient. For psychotherapy or other psychological interventions, students must report longitudinal data on the patient’s progress over the course of treatment to document clinical outcome.

3. **Oral Examination.** The oral exam will last approximately 2 hours in duration. The following Oral Examination Schedule will be followed by the student and the student’s committee to standardize the oral examination process:
   a. Student presentation of the case(s) reviewing the critical components of the case (15 minute max)
   b. Examination of the Taped and Written Practice Sample, covering the following competency domains (60 minutes):
      i. Scientific basis of clinical approach
      ii. Case conceptualization
      iii. Intervention and/or evaluation
      iv. Interpersonal interaction
      v. Consideration, respect, and adjustment for individual and cultural diversity
   c. For Neuropsychology Emphasis students only: Fact-Finding Examination which requires the student to evaluate a neuropsychological case de novo to determine how the student “collects, organizes, evaluates, weighs, and integrates information, conceptualizes the case, constructs differential diagnoses, and prepares recommendations for managing the problem,” consistent with the Board Certification Exam in Clinical Neuropsychology: [https://www.theaecn.org/userdocuments/aacn_studyguide.pdf](https://www.theaecn.org/userdocuments/aacn_studyguide.pdf)
   d. Examination of ethics and legal foundation of clinical practice (30 minute max)
      i. Student review of ethical vignette (5 minute max)
      ii. Student response to ethical vignette (5 minute max)
      iii. Discussion of student response and ethical and legal concerns pertaining to the Taped and Written Practice Sample by committee (20 minute max)
   e. Discussion of examination by committee (student not present; 10 minute max)
   f. Feedback to student by committee, and wrap-up of examination (5 minutes)
**Evaluation of the CQE:**

Student performance on the CQE will be evaluated according to the following criteria:

- a. Quality of case presentation
- b. Quality of Written Practice Sample
- c. Competence in integration of science and practice, within an evidence-based practice process that equally respects evidence and the specific patient.
- d. Competence in intervention and/or evaluation knowledge skills
- e. Competence in case conceptualization knowledge and skills
- f. Quality of interpersonal interaction
- g. Competency in considering, respecting, and adjusting for individual and cultural diversity.
- h. Competency in ethics and legal knowledge and application

Evaluation of the aforementioned criteria will be completed via the CQE Competency Evaluation Form. The student will be evaluated as “pass” or “fail” by the student’s committee. Note that all of the aforementioned criteria must be evaluated by the CQE committee as meeting minimum competency for a “pass”.

**Predoctoral Internship**

The culmination of clinical training is the successful completion of a yearlong APA-approved predoctoral internship in clinical psychology, which is typically taken during the fifth or sixth year in the program.

**Prerequisites**

Before applying for an internship, a student must have been admitted to candidacy for the doctoral degree. Candidacy requires completion of all course work, research, and residency requirements, as well as approval of both the RQP and the CQE, as described previously. Students are required to have their dissertation proposal (prospectus) successfully defended before September 30th of the year they wish to apply for internship.
Internship Requirements
The predoctoral internship requires a minimum of 1,750 hours of supervised clinical experience, which is approximately equivalent to one year of full-time work.

Students in the Program must obtain their internship only in a program that has been accredited by the American Psychological Association (APA). A list of these approved sites is published every year in the December issue of the American Psychologist; the most recent list is available on the APA Website at www.apa.org. No credit will be given for training received from an internship site that has applied for, but not yet received APA accreditation. It is also required that students in the program accept only paid internship positions, a policy that is consistent with APA’s determination that unpaid internships are exploitative. Students on internship must register every quarter for Continuous Registration (TGS512).

Application and Acceptance Procedures
The DCT works closely with students to maximize their ability to successfully match by identifying appropriate internship programs. Applications to internship programs are made during the fall quarter of every year, with due dates at most facilities between November 1st and December 15th.

Students are expected to comply with the standards and procedures of the Association of Psychology Postdoctoral and Internship Centers (APPIC) concerning internship admissions. A copy of the APPIC guidelines is available in the Division of Psychology office and on the APPIC Website at www.appic.org.

Evaluation of Clinical Performance
The Program receives information from internship sites concerning the performance and progress of our graduate students. Documentation from the internship that indicates successful completion of the program is essential before the doctoral degree may be granted.

Contact Information
Students are required to advise the Program administration of their mailing address, phone number, email and dates of the internship period before leaving for an internship. Notification of any subsequent changes should likewise be provided in a timely manner.
Section VII: Research Training

The Program provides a sequence of activities toward developing proficiency in scientific inquiry. The culmination of the student’s research training is the doctoral dissertation.

Psychiatry Grand Rounds

The Department of Psychiatry and Behavioral Sciences at Northwestern University sponsors a weekly Grand Rounds seminar during the academic year Wednesdays 11:00am to 12:30pm. This provides an excellent opportunity for graduate students to observe research or scholarly presentations in company of other members from our large and diverse department. Presentations are given by prominent local and visiting speakers from across the country, and students often have an opportunity to meet with these speakers at a trainee lunch held after the presentation. Psychiatry Grand Rounds is an important opportunity for shared professional experience, and students are expected to attend regularly; first year students are required to attend Grand Rounds.

Friday Digest

Friday Digest is a monthly “brown bag” series designed to provide a relaxed and collegial environment (enhanced by a complimentary lunch) to support the dissemination and development of research ideas and products in the Department of Psychiatry and Behavioral Sciences. Presenters are typically senior trainees or junior faculty (although senior faculty members are also invited) from labs within the Department presenting on research works in progress. Additionally, the Digest series has also been a venue for advanced clinical psychology graduate students to present their current research, whether as practice for conference talks or defense of their Masters Thesis/Dissertation Prospectus. First year students are expected to attend, while other years are strongly encouraged to attend.

Research Qualifying Paper (RQP)

The research qualifying paper consists of planning, analyzing, and writing a complete empirical project. Students work closely with their primary mentor on all aspects of the design and implementation of the
study. Students are expected to be active participants in the conceptualization and data analysis stages of the project and to assume leadership roles in some of these activities. The final report is written by the student in consultation with the primary mentor and/or other mentors. The RQP, along with the CQE, constitutes the Program’s candidacy qualifying examination.

Content
The content of the project may include any topic that is broadly relevant to the field of clinical psychology. It could be exploratory with a few subjects, a pilot test of new methods, a reanalysis of archival data, or, if a student is prepared, a full-scale study. There is considerable leeway in the nature and magnitude of the project, but it must be empirical, based on data, containing quantitative analysis, and conforming to APA guidelines for research practice and report writing. The RQP should be of sufficient quality to be published in a peer-reviewed journal. The report itself is approximately 15-25 pages, about the length of an APA journal article. When human subjects are employed, the student must submit a protocol to the Institutional Review Board (IRB). If Northwestern Memorial Hospital (NMH) or VA Chicago Health Care System patients are involved, the proposals are also submitted to the NMH Research Committee. The majority of these projects involve the use of data collected by the student’s primary mentor or other archival data.

The deadline for the final RQP is September 30th of the student’s third year in the program. In practice, many second year projects are completed at the end of the second year.

Review
After the primary mentor receives the final report, it is reviewed for overall acceptability and the mentor completes the RQP Competency Evaluation Form. No formal revisions are needed if the adviser agrees that the project meets the minimum requirements. If revisions are required, the primary mentor will note on the RQP Competency Evaluation Form that the student has not passed the RQP and will listed the required revision on the Form. The student must then make the necessary revisions and submit the paper again for review by the primary mentor.
Waiving the RQP

Occasionally, a student comes into the program having completed a master’s thesis or published an article that could be considered comparable to the RQP. Prior work products, be it a previous master’s thesis or another research product, will not be accepted in lieu of the RQP requirement.

Master’s Degree in Clinical Psychology

Students enrolled in the Clinical Psychology PhD Program may obtain a Master’s of Science Degree in Clinical Psychology as part of their doctoral studies. To obtain the Master’s Degree, a student must meet the following requirements:

1. **Eligibility:** The student must be enrolled in the PhD Program in Clinical Psychology at FSM to be eligible for the Master’s of Science Degree in Clinical Psychology.

2. **Curriculum:** The student must complete at least 21 courses or academic units with a grade of “B” or higher.

3. **Final Comprehensive Examination:** The student must successfully defend a Master’s Thesis through an oral examination with her or his Master’s Thesis committee. The Master’s Thesis is a revision of the Research Qualifying Paper. The defense of the Master’s Thesis will be completed after an oral presentation of the paper/master's thesis to the doctoral student’s examining committee and approval of the defense by the examining committee. The defense of the Master’s thesis can occur along with or after the defense of the RQP. The examining committee will be composed of the doctoral student’s primary mentor and an additional member of the PhD Program faculty, both of whom must have Graduate Faculty status. Following successful completion of the oral defense of the Master’s Thesis, the examining committee will complete the Master’s Thesis Documentation section of the RQP Competency Evaluation Form.

4. **Submission of Application for Degree and a Master's Degree Completion forms.** Students are required to complete the necessary TGS Forms in CAESAR by the deadlines published by TGS for the degree to be awarded in a given quarter. The Master’s thesis must be defended no later than the end of the fourth (4th) year in the PhD program. Note that the RQP defense deadline is earlier than the Master’s thesis defense deadline (please refer to the TGS website regarding deadlines for the PhD Qualifying Exam: [http://www.tgs.northwestern.edu/academics/academic-services/phd/timeline/index.html](http://www.tgs.northwestern.edu/academics/academic-services/phd/timeline/index.html)).
Once students have a Master’s thesis defense date schedule, they should submit an *Application for Degree* form via CAESAR (under TGS Forms), entering the quarter for which they anticipate receiving the degree. Students must be mindful of the TGS deadlines to determine which quarter to select in CAESAR (see: [http://www.tgs.northwestern.edu/academics/academic-services/calendar/](http://www.tgs.northwestern.edu/academics/academic-services/calendar/)). In the Masters Completion form in CAESAR, students should select “Clinical Psychology:MS” for the degree and provide the following information: Thesis Title; Examination Date; Committee Members (indicating graduate faculty status); and Advisor’s Name. If a faculty member does not appear using the lookup function, just type in the name and check if the faculty member has Graduate Faculty Status.

After successful completion of Master’s thesis defense, complete and submit the Program’s *Master’s Thesis Defense Form* (which is included with the RQP competency evaluation Form) directly to Cleo Powell in Abbott 1205. After this form is correctly completed and submitted, the *Masters Completion* form in CAESAR will be approved by the Program.
Section VIII: Candidacy and Dissertation

The dissertation is the synthesis of the student’s academic, research, and clinical preparation. The design of the dissertation should reflect the student’s knowledge and understanding of the science of psychology; furthermore, the dissertation should deal with issues that are of concern and importance to the profession. Per TGS policy, a dissertation proposal must be formally accepted by the end of the fourth year of residency.

The Program adheres to TGS rules and schedule for admission to candidacy (http://www.tgs.northwestern.edu/academics/academic-services/phd/candidacy/index.html). In addition to coursework and residency requirements, the Program’s candidacy qualifying examination consists of two components previously described: the Research Qualifying Paper (RQP) and the Clinical Qualifying Examination (CQE).

Course Registration during Candidacy

Students must register for Continuous Registration (TGS512) or Advanced Study (TGS500) beginning in the fourth year of enrollment and maintain their registration until they graduate with their PhD. Failure to register for TGS512 or TGS500 will result in dismissal from Northwestern University.

Dissertation Proposal Instructions

Students will prepare, present, and defend a dissertation research proposal. For training purposes, the proposal should take the form of either:

1. A NRSA grant application (http://grants.nih.gov/training/nrsa.htm)

Several training factors may influence which route the student may take, but ultimately it is a collaborative decision made by both the student, their research mentor and committee members, with
final approval from the DCT. These guidelines are purposely flexible to accommodate the diversity in training and experience our students encounter in the Program. This encourages active participation in the formation of the proposal from involved parties.

Submission of the NRSA is not required by the time of the dissertation proposal defense; however, the major components of the NRSA (e.g., Research Proposal, Human Subjects, Training Plan) must be fully completed by the time of the dissertation proposal defense. Further, it is not necessary to include a Biosketch, letters of support, or to have IRB approval at the time of the dissertation proposal. In addition to the AERA/NRSA application, the dissertation committee is free to require students to complete additional appendices, ancillary chapters, or other supporting information or documents. A dissertation proposal defense is always required, regardless of submission or funding outcome.

When arranging and preparing for the dissertation proposal defense, students should be mindful of committee members’ other commitments by providing adequate time for proper review of the draft proposal. Doctoral candidates will only be able to sit for the oral defense of their dissertation if all members of the dissertation committee agree that the written dissertation is in near-final condition. Near-final condition is defined as requiring no more than minor edits, changes, and/or corrections that involve either no final approval from the dissertation committee, or only oversight/approval by the chair of the dissertation committee. Any minor edits, changes, and/or corrections to a written dissertation after a successful oral defense must be made by the doctoral candidate within 7 days of the oral defense. If a substantive change(s) to a written dissertation is required, it must be approved by the dissertation committee before the doctoral candidate can sit for the oral defense. A substantive change is defined as any change greater than minor edits, changes, or corrections (e.g., re-organization of sentences/paragraphs, confusing or unclear writing, additional analyses, clarification of interpretations, new paragraphs, sections, or points/thoughts, etc…), which requires review by committee members. If a substantive change(s) to the dissertation is not completed and reviewed in time for the oral defense, the oral defense must be rescheduled to a later date.

### Stages of the Dissertation

**Standardized Guidelines**

Each student should be thoroughly familiar with two texts on dissertation guidelines:


*Replacement of Committee Members*

When a Dissertation Committee member cannot fulfill service through dissertation completion, he or she may be replaced with another faculty member who meets Dissertation Committee requirements.

*Disputes in the Dissertation Committee*

In rare cases, a dispute may arise within the Dissertation Committee that significantly obstructs the progress of the project. The student then may use a grievance procedure to rectify the dispute, as defined previously “Grievance Procedures” section. In addition to the appeals listed in the Grievance Procedures section of this handbook, the student also has access to the dean of the Graduate School for a final appeal associated with a dissertation.

*Data Collection and Analysis*

Students are required to conduct all data analyses themselves. Statistical consultants may provide advice but may not analyze data for a student.

*Oral Defense of the Dissertation*

The student must submit a final draft of the dissertation to each Dissertation Committee member usually *one month* before the oral defense.

*Defense Committee*

The final examination committee must include no fewer than three members of the Northwestern University faculty, two of whom, including the chair, must be members of The Graduate School faculty. The committee chair should hold an appointment in the Department of Psychiatry and Behavioral Sciences. With the approval of The Graduate School, a faculty member who leaves the University may serve as one of the three faculty members for one year following departure. To obtain approval, the student must request continuation of the faculty member, and the faculty member must agree in writing.
Proceedings of the Oral Defense

According to TGS guidelines, the oral defense is an event open to the public. Students are responsible for coordinating with the Program Assistant to advertise for the defense two weeks prior to the defense date. This generally consists of creating a flier that will be distributed via email and other means (e.g., social media). Typically, the oral defense is a one- to two-hour examination of the student’s mastery of the research topic, implications and ramification of the findings for the relevant field, and recognition of the student’s strengths and limitations. The emphasis will be on the student’s abilities to present and defend the study results in light of existing research. Questioning usually begins with the members of the Dissertation Committee, followed by questions from interested attending faculty.

Oral defense of the dissertation will have an open and closed session. The chair of the student’s committee is responsible for determining the exact structure of the open session (e.g., a formal presentation, questions and answers, and discussion are common elements of an open session). Non-committee participants in the defense are encouraged to participate in the open session by posing questions or engaging in discussion with the student and/or committee members. The chair of the dissertation committee shall manage the participation of non-committee participants, and shall maintain full control over the open session. The closed session of the dissertation defense will consist of only the student and the student’s dissertation committee; non-committee defense participants shall not be allowed to participate in or observe the closed session of the defense.

Outcome

When the examination is completed, the student will temporarily leave the premises while only the Dissertation Committee remains to contemplate its final vote. There are four possible outcomes:

1. Approve without qualification: Final Approval
2. Approve with recommendations of specific revisions: Final Approval
3. Approval pending specific revisions: Final Approval Deferred
4. Reject with specific recommendations for revisions
The Dissertation Committee chair will specify the vote and any recommendations in oral and written form to the student. If “Final Approval Deferred” is recommended, the student may present the amended version to the Dissertation Committee members individually or as a group. In this case, a second oral defense is not required. If “Reject with specific recommendations for revisions” is recommended, the student will be expected to repeat the oral defense.

**The Dissertation**

The dissertation-level student is encouraged to choose a topic for investigation that has special interest and appeal for themselves, has relevance within clinical psychology, and is of appropriate scope and sophistication for the doctoral degree. The student has a responsibility to choose a Dissertation Committee of faculty members who meet the standards of the Program and the Graduate School. In addition, the student has a responsibility to choose individuals who are well-versed in the content area under investigation and/or relevant methodological procedures and statistical design.

The dissertation-level student is ultimately responsible for the entire dissertation product: its conception, hypotheses, place in the relevant literature, design of methodology, selection of measurements, recruiting and testing of subjects, selection and execution of statistical procedures, and data analysis and interpretation. From time to time, the nature of a dissertation demands that a student engage another student or additional personnel to administer tests or in other ways assist in data collection and/or scoring, e.g., in a double-blind design.

From time to time, the uniqueness of the data collected demands that a student, with prior approval of his or her Dissertation Committee, seek consultation from a methodologist/statistician regarding procedures that might not be part of the student’s statistical armamentarium nor of any of the committee members. In many cases, the student confers with statistical experts regarding the best program available to analyze the data for the hypotheses under study. However, the final choice of program is up to the student.

Under no circumstances should the student during the course of the dissertation relinquish raw, scored, or converted data to a methodologist/statistician/programmer for that person to execute analyses and/or interpret statistical analyses.
In the majority of cases, the Dissertation Committee selected by the student should act as sole board of advisers and as the primary source of expertise about the subject matter, methodology, and statistical analyses of the study. In that capacity, the committee has the responsibility of insuring that the student is properly prepared to undertake the dissertation topic proposed, including all its phases, and can execute the test of that topic in its entirety.

Content
The substantive content of the dissertation is determined solely by the candidate and their Dissertation Committee, as approved by that committee. Consequently, the following comments are intended to reflect the Program’s collegial spirit and philosophy about the quality of the dissertation, viewed in the light of the research literature available in the behavioral sciences.

The Program encourages the student to produce a dissertation that, when properly edited, could be submitted for publication(s) in a relevant, refereed journal and/or for presentation at professional and scientific meetings. If a student and the Dissertation Committee chair are considering submitting the dissertation for publication as co-authors, the APA Ethics Office offers these guidelines for faculty participation:

- Only second authorship is acceptable for the Dissertation Committee chair (herein called the supervisor);
- Second authorship may be considered obligatory if the supervisor designates the primary variable, makes major interpretive contributions, or provides the data base;
- Second authorship is optional if the supervisor designates the general area of concern, is substantially involved in the procedures, or substantially contributes to the write-up of the published report;
- Second authorship is not acceptable if the supervisor only provides encouragement, physical facilities, financial support, critiques, or editorial support;
- In all instances, agreements should be reviewed before the writing for publication is undertaken and also at the time of submission; if disagreements arise, they should be resolved by a third party, using these guidelines.
Results

The Program encourages the student to distinguish between results that meet the accepted statistical significance levels and those that suggest trends at non-significant levels. If results do not reach the appropriate confidence levels, the interpretation of results should remain within the bounds of logic permitted by the research models employed. The Program does not equate a quality dissertation with the presence of statistically significant findings.

Use of Research Methods

The Program respects diversity of relevant research models and statistical treatments – including correlation data, small sample in-depth analysis, and exploratory research-as well as the more traditional large-group comparisons. The important feature is that the interpretation of results remains within the boundaries permitted by the research model employed.

Quantitative Analysis

The Program anticipates that the dissertation will contain quantitative analyses. Qualitative dissertations should use appropriate and current qualitative analytics.

Commendations

The Program, upon nomination by a Dissertation Committee will commend candidates whose dissertations are judged as exceptional contributions to the field of study. Students who receive commendations are publicly recognized as George Yacorzynski Scholars, named in honor of the founder of the Division of Psychology.

Style

The final dissertation document must be letter-perfect. In every detail, the dissertation must conform to both The Graduate School requirements as set forth in its pamphlet on dissertations and to the APA Publication Manual (6th ed.). In addition to the requisites, the Program requires that figures, graphs, tables, and all other presentations of statistical data conform to APA standards with the following exception: A common error is the use of notations in the dissertation text indicating “Insert table here.” Although this may be required for APA publications, it is inappropriate in the dissertation and will not be accepted by the Graduate School. Citations occurring in the text must also follow APA style. Additionally, the Program requests that the reference section be compiled according to APA style. If
students have questions regarding acceptable letter quality styles of type, appropriate presentation of charts and illustrations supplementary to the text, or any special issues pertaining to the dissertation, they can bring sample pages to the office of the office of the Graduate School to confer with a student monitor before preparing the final dissertation copy.

If a student has further questions regarding the final examination or submission of the dissertation, he or she should communicate with the Graduate School.

*Model Outline for the Dissertation*

The candidate’s Dissertation Committee holds final authority as to the presentation of the study, as limited by the stylistic requirements of the Graduate School and the APA. The following outline is only a model, subject to variation for individual needs.

Title Page
Copyright Statement
Abstract
Acknowledgements
Table of Contents
List of Tables
List of Figures
List of Illustrations
Chapter I. Statement of the Problem
  • Significance and Purpose of the Study
  • Review of Relevant Literature
  • Statement of Hypotheses

Chapter II: Methods
  • Subjects
  • Measures
  • Procedures
  • Rationale for Statistical Analyses

Chapter III: Discussion
  • Results as Related to Hypotheses
Graduation

Graduation occurs at 4 times throughout the academic year, corresponding with the end of each quarter. In order to graduate with your PhD from Northwestern University in a given quarter, you must complete all of the degree requirements for the PhD Program in Clinical Psychology before to the TGS deadlines. Please note that the deadlines for submitting all degree requirements are updated every year and are posted on TGS’s academic calendar: (http://www.tgs.northwestern.edu/academics/academic-services/calendar/). For more information on the TGS degree completion process, please see: http://www.tgs.northwestern.edu/academics/academic-services/phd/degree-completion/index.html.

Initiation and completion of the graduation process is the student’s responsibility, although assistance is available from TGS’ student services (http://www.tgs.northwestern.edu/academics/academic-services/) and from the DCT.

Per APA policy, all program requirements, including the clinical internship, must be satisfactorily completed prior to awarding the PhD. Please note that internship completion dates are typically after the graduation dates provided by TGS. For example, many internships end on June 30th, whereas TGS hold’s the Spring quarter graduation typically in mid-June. In this situation, a student finishing her or his internship on June 30th will only be eligible for graduation in the Summer quarter (end of August), not in the June quarter, even if all other degree requirements are completed by the June deadlines.

Hooding Ceremony

Participation in the hooding ceremony is limited to students who complete all degree requirements by TGS’s Spring graduation deadline. Students with clinical internships ending on the last day of June can
petition to participate in the Spring ceremony if they submit the dissertation, final exam form, and all pending grade changes by May 31st of that year. Students who wish to petition to participate in the June hooding ceremony as an August graduate must send an email to the Director of Student Services (Currently Kate Veraldi, k-veraldi@northwestern.edu) confirming that they will finish these degree requirements by May 31, along with a supporting statement in a separate email from the DCT.

Anyone completing degree requirements before August 31 can participate in the all-University Commencement ceremony at Ryan Field. Students who complete degree requirements on or after June 1 are invited to participate in the following year’s Hooding Ceremony.

*Graduate School Certificate of Completion*

The Graduate School provides Certificates of Completion for students that have completed all of the degree requirements (including the internship), but haven’t formally graduated. These Certificates of Completion indicate the date that all degree requirements were met as well as the upcoming graduation date, and can be useful for postdoctoral/employment positions, as well as licensure. Most programs, employers, and state licensing boards will begin counting postdoctoral hours starting with the day that all degree requirements were met, rather than the actual day of graduation. Students can request Certificates of Completion from their student representative.

*Transcripts*

The official record of the student’s graduate work at Northwestern University is the transcript. Thus, a student should request an unofficial transcript from the Registrar’s office and check the transcript for accuracy. It is the student’s responsibility to determine that the official Northwestern University transcript accurately reflects his or her Graduate School studies.