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Clinical Psychology PhD Program

Department of Psychiatry & Behavioral Sciences

Handbook for Graduate Students

2023-2024 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 4
- Department of Psychiatry and Behavioral Sciences 4
- The Feinberg School of Medicine and The Graduate School 4

Section II: Program Structure and Policies 5
- Administrative Structure 5
- Program Faculty 6
- Graduate Faculty Status 6
- Administrative Staff 6
- Changes to Policies, Courses, and Requirements 7
- Financial Support 7
- Additional Pay 8
- Travel Grants 9
- Instructional Policies 10
- Student Rights 11
- Northwestern University Nondiscrimination Statement 12
- Confidentiality Policies 13
- Holistic Review of Applicants to the Program 13
- Student Evaluation, Feedback, and Advisement 16
- Student Remediation, Probation and Exclusion 17
- Termination from the Program/Terminal Master's Degree 20
- Grievance Procedures 21
- Psychotherapy for Students 23
- Responsible and Ethical Behavior 24
- Social Media Policy 25
- Emergency Contact Information & Missing Student Policy 28
- Maintaining Records and Completing TGS Forms: Graduate Student Tracking System 29
- Employment Policy 29
- Academic Integrity 29
- University Policies and Guidelines 31

Section III: Degree Requirements 31
- Teaching Experience 32

Section IV: Course of Study 34
- Major Areas of Study in Clinical Psychology 34
- Sequence of Education and Training 36

Section V: Progress in the PhD Program in Clinical Psychology 40
- Orientation 40
- Curriculum 40
- Course Waivers/Substitutions 47
- Independent Study (ClinPsy 499) 48
- Electives through Practicum 49

Taking Courses Outside of Northwestern 49
Processes and Procedures for Doctoral Candidacy & Graduation 50
Optional Practical Training (OPT) for International Students 55

Section VI: Clinical Training 56
Addressing Conflict between Professional Competence and Trainee Beliefs 57
Clinical Practica 58
Practica Evaluations for Clinical Competency 61
Practicum Site Evaluations 62
Patient Communication at Practica 62
Clinical Review 62
Clinical Qualifying Examination 62
Doctoral Internship 69

Section VII: Research Training 71
Psychiatry Grand Rounds 71
Friday Digest 71
Research Qualifying Paper (RQP) 71
Master's Degree in Clinical Psychology 73

Section VIII: Candidacy and Dissertation 76
Dissertation Proposal (Prospectus) Instructions 76
Stages of the Dissertation 78
Oral Defense of the Dissertation 78
The Dissertation 80
Graduation 85
Transcripts 87
Licensure 88

Section IX: Competency-Based Evaluation Forms 89

Section X: Consumer Disclosure Information 129

Section XI: Graduate Student Tracking System 134

Section XII: Clinical Practica Descriptions 142

Section XIII: Dissertation Announcement Template 152

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 healthcare system. 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 (9th among Tier 1 National universities; 18th medical school). The Department of Psychiatry and Behavioral Sciences is ranked in the top third for NIH research funding in the nation. Approximately 21,000 students are enrolled in the University's 12 schools and colleges, including over 3,200 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 Clinical Training (DCT). The DCT receives support in running the program from the Director of Graduate Studies (DGS) and the Associate Director (AD). The DGS and AD oversee all graduate and clinical training programs within the Division of Psychology, including the Master of Arts in Clinical Psychology and the Clinical Psychology Internship program. The DGS also maintains an advisory body for the PhD and MA graduate programs, the Education and Clinical Training Committee (ETC), which meets monthly during the academic year. The ETC is the primary decision-making body for the PhD Program, evaluating and making 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 ETC from the PhD program, as well as two students from the department's Master of Arts program in Clinical Psychology.

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 5 major areas of study of the program: adult, child, neuropsychology, behavioral medicine, and forensic. 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

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: https://www.psychiatry.northwestern.edu/education/clinical-psychology-phd/faculty-mentors.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 search for faculty with Graduate Faculty Status by using the faculty lookup function for Committee Chairs in the Graduate Student Tracking System (see "TGS Forms" Master's Thesis, Prospectus, or Final Exam pages).

Administrative Staff

In addition to the administrative, clerical, and technical support available within the Department of Psychiatry and Behavioral Sciences, the Program has a Program Coordinator that devotes at least 75% time to the Program (the remaining 25% is devoted to the Division of Psychology's Residency Program). For administrative questions related to policies and procedures specifically with the Graduate School, students can contact Academic Student Services (https://www.tgs.northwestern.edu/academic-policies-procedures/academic-student-services/).

Changes to Policies, Courses, and Requirements

Northwestern University reserves the right to change without notice any statement in this publication concerning, but not limited to, rules, policies, tuition, fees, curricula, and courses.

The Clinical Psychology PhD Program also reserves the right to change without notice any statement in this publication concerning, but not limited to, program-specific policies, course offerings, or requirements. Although changes are often implemented at the outset of the academic year, changes may be implemented at any time. The program will always notify students who are affected by these changes via email.

Financial Support

Since September 2018, all students in the Clinical Psychology PhD Program in the Department of Psychiatry and Behavioral Sciences receive a Research Assistant Scholarship or equivalent award that provides a 100% tuition scholarship (or the equivalent) and a 12-month stipend. Each year, Northwestern sets a minimum stipend rates (current rate can be found here: https://www.tgs.northwestern.edu/funding/index.html). Although all labs are required to fund their student at the minimum stipend rate, labs are free to fund their students above the minimum stipend rate.

The tuition scholarship and monthly stipend are provided for 20 quarters, including four (4) academic years and four (4) summers, as well as funding for an additional year (academic year plus summer) as part of the fulltime clinical internship. Stipend funding for the internship year includes the stipend provided by the internship, as well as any stipend support from the University that is necessary to bring the internship stipend up to the minimum stipend levels set by the graduate school.

Students receive a full health insurance subsidy, if enrolled in the Northwestern Student Health Insurance Plan (NUSHIP), for the first four (4) academic years and four (4) summers. Please note that NUSHIP is active for 12 months, from the first of September through the last day of August. Health insurance during the clinical internship year is provided by the internship site; the Program does not

provide a health insurance subsidy during the internship year, although students are able to purchase the NUSHIP plan out-of-pocket.

International students may be required to have NUSHIP, even during their clinical internship, unless the optional insurance provides coverage for medical evacuation and repatriation. If an international student has this coverage in their non-NUSHIP health insurance, they must contact a Northwestern Student Health representative to manually waive the automatic enrollment in NUSHIP that occurs for international students.

As part of the acceptance of this financial support, students are required to contribute 20-30 hours a week in an identified research lab(s). Students are also required to apply for at least one external funding opportunity (e.g., NIH F31, NSF), typically in their third year of the program. Students from underrepresented minority groups (as defined by the National Institutes of Health or Northwestern University) may be eligible for additional internal and external scholarships, depending on availability.

Additional quarters of funding (e.g., 5th year or more of funding other than the clinical internship) may be available through interdisciplinary graduate assistantships and receipt of external funding. TGS also offers additional sources of funding including internal fellowships and grants. The PhD program, however, does not provide stipend funding or health insurance subsidies to students after the fourth year in the program.

Additional information on University-wide policies on financial support for graduate students can be found on the TGS website: https://www.tgs.northwestern.edu/about/policies/financial-aid-policies.html#regulations

Additional Pay

Per TGS policy, graduate students are expected to be full-time students conducting their studies and research. On occasion, another funding opportunity may arise. When that situation occurs, permission to receive additional remuneration must be requested. TGS approval is required if any of these thresholds are exceeded: student will work more than 10 hours/week, time period of service is more than one month, and/or compensation is $600 or more. For full policy and access to the online form, see

https://www.northwestern.edu/tgs/about/for-staff/funding/graduate-student-permission-to-work-request.html.

The Program will make every effort to ensure equitable access to additional funding opportunities. Any announcements for additional pay opportunities will be distributed to all students.

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 if 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 SharePoint "Travel Grants & Reimbursement" folder), 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 DCT 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 (please note that this was previously $800; however, TGS reduced the amount in 2022). For clarity, a student has two opportunities throughout their time in the program to obtain a total combined award of a maximum of $800 ($200 departmental/faculty + $600 from TGS). 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 been approved to receive a $200 grant from the Department or from their Primary Research Mentor. Detailed instructions for submitting TGS travel grant applications can be found here: https://www.tgs.northwestern.edu/funding/fellowships-and-grants/internal-fellowships-grants/conference-travel-grant.html.

Reimbursement for expenses for approved travel is submitted through the following website: https://northwestern.az1.qualtrics.com/jfe/form/SV_0oZgeJSQ23Fwk5g

International Travel Resources and Requirements

International travel resources may be accessed at https://www.northwestern.edu/global-safety-security/index.html. If you are a student traveling overseas for any Northwestern-related reason, you **must** register with the Office of Global Safety and Security so that they can help you to manage the travel as safely and securely as possible. Students must pay particular attention to:

1. Graduate Student Travel Policies (https://www.northwestern.edu/global-safety-security/travel-policies/graduate-students/), which can help you determine risk levels for the areas you are traveling
2. Obtaining cheap – and required – international health insurance, which includes political, security, and weather protection
3. Obtaining travel immunizations

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 emphasis on sophisticated clinical practice and research. Faculty members are expected to comply with the responsibilities outlined in Northwestern University's Faculty Handbook (https://www.northwestern.edu/provost/faculty-resources/governance-handbook/faculty-handbook.html).

The Program embraces 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 87% or greater. Assignment grades that fall below 87% 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 (see Section XI) 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 in Student Rights and Responsibilities (Northwestern University Student Handbook, https://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, upholding 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.

Additional information on University-wide policies on student's rights can be found on the Northwestern University Student Handbook: https://www.northwestern.edu/student-conduct/about-us/student-handbook/ and on the University's equal opportunity website: https://www.northwestern.edu/hr/equlopp-access/equal-employment-opportunity/index.html

Northwestern University Nondiscrimination Statement

Northwestern University does not discriminate or permit discrimination by any member of its community against any individual on the basis of race, color, religion, national origin, sex, pregnancy, sexual orientation, gender identity, gender expression, parental status, marital status, age, disability, citizenship status, veteran status, genetic information, reproductive health decision making, or any other classification protected by law in matters of admissions, employment, housing, or services or in the educational programs or activities it operates. Harassment, whether verbal, physical, or visual, that is based on any of these characteristics is a form of discrimination. Further prohibited by law is discrimination against any employee and/or job applicant who chooses to inquire about, discuss, or disclose their own compensation or the compensation of another employee or applicant.

Northwestern University complies with federal and state laws that prohibit discrimination based on the protected categories listed above, including Title IX of the Education Amendments of 1972. Title IX requires educational institutions, such as Northwestern, to prohibit discrimination based on sex (including sexual harassment) in the University's educational programs and activities, including in matters of employment and admissions. In addition, Northwestern provides reasonable accommodations to qualified applicants, students, and employees with disabilities and to individuals who are pregnant.

Any alleged violations of this policy or questions with respect to nondiscrimination or reasonable accommodations should be directed to Northwestern's Office of Civil Rights and Title IX Compliance (https://www.northwestern.edu/civil-rights-office/), 1800 Sherman Avenue, Suite 4-500, Evanston, Illinois 60208, 847-467-6165, ocr@northwestern.edu, or filed using the Report of Discrimination and Harassment form.

Questions specific to sex discrimination (including sexual misconduct and sexual harassment) should be directed to Northwestern's Office of Civil Rights and Title IX Compliance (https://www.northwestern.edu/civil-rights-office/), 1800 Sherman Avenue, Suite 4-500, Evanston,

Illinois 60208, 847-467-6165, ocr@northwestern.edu, or filed using the Report of Discrimination and Harassment form.

A person may also file a complaint with the Department of Education's Office for Civil Rights regarding an alleged violation of Title IX by visiting www2.ed.gov/about/offices/list/ocr/complaintintro.html or calling 800-421-3481. Inquiries about the application of Title IX to Northwestern may be referred to Northwestern's Office of Civil Rights and Title IX Compliance (https://www.northwestern.edu/civil-rights-office/), 1800 Sherman Avenue, Suite 4-500, Evanston, Illinois 60208, 847-467-6165, ocr@northwestern.edu, or filed using the Report of Discrimination and Harassment form.

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.

Holistic Review of Applicants to the Program

It is expected that all faculty and the Program administration use a holistic approach (https://cgsnet.org/wp-content/uploads/2022/01/CGS_HolisticReview_final_web.pdf) to evaluate applicants to the Program. Holistic review employs broad-based criteria, emphasizing the Program's mission and aims, and avoiding cut-offs and an over-reliance on standardized test scores. Use of the holistic review approach is also designed to specifically promote student diversity (https://store.aamc.org/roadmap-to-diversity-integrating-holistic-review-practices-into-medical-school-admission-processes-pdf.html).

To achieve a holistic review, criteria are balanced across experience, attributes, and academic metrics, considering how specific individuals may contribute to the Program and the broader field of clinical psychology. Background, opportunity, and evidence of compensatory factors are used to contextualize both strengths in the application, as well as weaknesses.

To assist in the holistic review, the PhD program uses an admissions rubric that provides structure for balancing the criteria used to evaluate applicants. The rubric uses a limited ordinal rating system for scoring each item, either 0/1 or 0/1/2 depending on the item. The limited rating system helps to avoid overinflating or underinflating any given item, while also making certain that each item and each category is balanced in the evaluation process.

The following general categories and specific criterion items are used as a guide to evaluate applicants:

1. *Academic Preparation*. Evaluators consider if applicants had a psychology major, performance on specific courses related to psychology, their overall undergraduate GPA, if applicants have a Master's degree, any awards or grants received, any leadership positions held, and the overall quality of the application forms (e.g., completed, followed instructions). Due to the covid-19 pandemic in 2020, our Program eliminated the GRE General Test for recruitment of applicants for the Fall 2021 cohort. To maximize holistic review and move toward greater equity and fairness in the admissions process, the Program will not accept or consider GRE scores for applications submitted for future cohorts until further notice. The GRE policy will be reviewed annually.
2. *Research Preparation*. Evaluators consider if applicants have research experience, the relevance of that research experience to clinical psychology broadly, the duration, type and depth of research experience, and research productivity (presentations, publications).
3. *Clinical Preparation*. Evaluators consider if applicants have been exposed to clinical populations in some capacity. If the applicants are applying for a clinical neuropsychology major area of study, the evaluators also consider the degree of neuropsychological experience of the applicants.
4. *Alignment with Program and Lab*. Evaluators consider the degree to which applicants endorse integrating research and clinical practice into their careers, the context in which they intend to work (e.g., academic healthcare systems), experience and interest in areas of research related to specific labs, and the degree of stated alignment with the mission of the PhD program and specific labs within the program.

5. *Personal Statement*. Evaluators consider the depth of the content, writing quality, voice, maturity, and articulation and realism of goals on the applicants' personal statements.
6. *Letters of Recommendations*. Evaluators consider each letter of recommendation with regard to the strength of endorsement and specificity of competencies, aptitudes, and experiences.
7. *Interview*. If an applicant is interviewed, the applicant is evaluated on the applicant's quality of their articulated goals, broad communication skills, non-verbal behavior, poise, maturity, and ability to articulate responses to adversity.

For University-wide policies on recruitment and admissions, please reference the following websites:

1. https://www.tgs.northwestern.edu/admission/
2. https://www.northwestern.edu/diversity/
3. https://www.tgs.northwestern.edu/diversity/

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., 87%) 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. If a student is unable to bring their competency to a basic level through the instructor, the instructor will notify the PhD program administration and an Individual Remediation Plan will be developed (see the section "Student Remediation, Probation and Dismissal" in this Handbook).

Students collaborate with their primary and secondary research mentors to complete Individualized Development Plans (IDP; see SharePoint folder titled "GSTS and IDP Information"). The IDP is expected to be completed within the first quarter of starting the PhD Program, and reviewed and updated collaboratively at least twice a year with the student and research mentor(s). The IDP is intended to facilitate a shared understanding of research goals, milestones, and skills, as well as outline products (e.g., manuscripts, presentations, grants) that are to be achieved.

Primary and secondary research mentors, who 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 (see Section XI for the form), which are completed by September 1st of each academic year and reviewed with the students. The DCT also acts as a primary advisor and back-up research mentor 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 their 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 major area of study 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 members that are 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.
- 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 CTC Chair and 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 aggregates 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.

Additional information on University-wide policies on student progress for graduate students can be found on the TGS website: https://www.tgs.northwestern.edu/academic-policies-procedures/policies/satisfactory-academic-progress.html

Student Remediation, Probation and Exclusion

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 an academic, clinical, and/or productivity level may be due to medical or mental health concerns of a personal nature. A student is <u>never</u> under any obligation to disclose these personal concerns to the Program, its faculty, TGS, or the University. Indeed, it is unethical for a faculty member to require disclosure of personal medical or mental health concerns. Students experiencing a personal concern that is impacting their performance in the program are welcome – but not required – to contact their primary research advisor and/or the leadership (DCT/DGS/AD) of the Clinical Program to obtain assistance (e.g., support, referral information). The student-faculty relationship, however, is different from a relationship between a patient and their health care provider. In contrast to a health care relationship, in which information is bound by confidentiality (with certain limitations), no such expectation of confidentiality is expected, guaranteed, or provided by faculty when students choose to share personal concerns to program faculty. Faculty may feel it is necessary to share concerns with other faculty or Program leadership if doing so is in the best interests of the Program, research participants and projects, patient care, or the student themselves. Indeed, faculty may be ethically required to share such information if a student's personal concerns are interfering with their clinical work or the well-being of research participants.

To minimize potential harm associated with the sharing of personal concerns of students, faculty must refrain from any reference to:

- The students' disability or health status
- Any potentially private or irrelevant fact(s)
- Subjective evaluation or unfounded opinion of the student or their performance
- Concerns that warrant the involvement of an outside office, such as the Office of Civil Rights and Title IX Compliance.

Instead, faculty should only focus on the impact of personal concerns on the student's competencies and grades, progress in the program, and completion of milestones, as well as the avenues available to assist the student (e.g., leave of absence, support through Accessible NU, other resources and supports).

It is important to note that the Program holds all students to the same expectation of PhD-level trainees, regardless of personal concerns. If personal concerns interfere with a student's ability to function properly in advancement in the Program, the concerns will be identified and shared with the student. Reasonable accommodations will be provided when requested and at the discretion of the DCT and/or the ETC, unless otherwise dictated by Accessible NU. At any time during the student's tenure in the Program, they are eligible to request a Leave of Absence as outlined by TGS policy (https://www.tgs.northwestern.edu/academic-policies-procedures/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 exclusion (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 exclusion (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 exclude (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 of Science degree on the way to obtaining the PhD (see below for details). If a student is excluded (dismissed) from the program after obtaining the Master of Science degree, the student will maintain this degree.

A separate degree program for the Master of Arts (MA) in Clinical Psychology is offered apart from the PhD program. Students in the PhD program are not eligible for the MA degree. Students in the MA program are eligible to apply for the PhD Program in Clinical Psychology. Because the coursework for the MA program is shared with the PhD program, course credit will be provided from the MA program for the PhD program; however, these students must still complete the Research Qualifying Paper (RQP) and they also remain eligible for the Master of Science degree on the way to the PhD.

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 DCT, AD, or DGS.
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 them 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, they 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 them because of a disability, they have 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 (https://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 DGS 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.

Additional information on University-wide policies on due process for students can be found in the Northwestern University Student Handbook: https://www.northwestern.edu/communitystandards/student-handbook.

Psychotherapy for Students

During their enrollment in graduate school, a student may wish to enter psychotherapy or obtain other psychological services. The Program encourages this practice either for the student's personal growth or to enhance their 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 SharePoint's "Psychotherapy Services" folder for details). The Program maintains strict standards as to which faculty members can be on this list 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: https://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 to make the referral. Student copayments for the CAPS service are relatively inexpensive. Please note, however, that if you take advantage of services at CAPS, you will no longer be eligible for training opportunities at CAPS, such as their internship program.

Prayer, Meditation, and Mindfulness

A prayer and meditation space is offered in the Religious Life Center located in the mezzanine of Abbott Hall, as well as in other locations throughout the Downtown and Evanston campuses (https://www.northwestern.edu/religious-life/discover-our-spaces/meditation--prayer-spaces-on-campus.html). Northwestern also offers drop-in meditation in a group setting with an instructor in the Women's Center in Abbott Hall every Tuesday (https://www.northwestern.edu/religious-life/explore-our-programs/mindfulness/drop-in-meditation.html). Finally, mindfulness-based stress reduction courses are offered. The cost is $75 per student, and needs-based scholarships for students are available (https://www.northwestern.edu/religious-life/explore-our-programs/mindfulness/mindfulness-based-stress-reduction.html).

Responsible and Ethical Behavior

In our academic medical setting, students will invariably find themselves in multiple settings interacting with a variety of clinicians, scientists, staff, and patients, 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 and of the field of clinical psychology. As such, the following general guidelines on conduct and etiquette are recommended:

- Appropriate dress – wear clothes that are appropriate for the setting (e.g., clinic, lab, class, etc.). Avoid extreme styles as well as attire that is torn, ragged or would be considered "sloppy" in university or medical contexts. Students are expected to proactively address individual or cultural exceptions regarding attire with their mentors or supervisors in a civil and solution-focused manner. Similarly, mentors and supervisors are expected to be civil and solution-focused in addressing conflicts between existing expectations/norms in a particular setting and individual and cultural diversity in 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.

Consistent with profession-wide competencies, reviews regarding behavioral and professionalism are conducted on an annual basis. See Appendix for Behavioral and Professionalism Concern Documentation.

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 on your responsible and ethical behavior. Responsible and ethical behavior 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, Instagram, 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 Program's faculty members are committed to protecting future patients 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 clinical psychology.

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 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., partner, roommate, or friend) as well as family member (e.g., sibling, cousin, parent, grandparent). 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 is 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: https://www.northwestern.edu/up/how-to-report/missing-students.html

Maintaining Records and Completing TGS Forms: Graduate Student Tracking System

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 the Program's paper-based file system in the Summer Quarter of 2015. GSTS also replaced CAESAR for online administrative forms from TGS in June 2019, including the Application for Degree form, Master's Degree Completion form, PhD Qualifying Exam form, PhD Prospectus form, and the PhD Final Exam form (see https://www.tgs.northwestern.edu/documents/academic-policies-procedures/tgsformsstudentquickguide.pdf for guidance on using GSTS to complete forms)

Students and Program Administration are responsible for managing the GSTS, as specified in the GSTS Instructions, found in the Program's SharePoint and in the Appendix of this document. Students are expected to keep the information in GSTS current, to submit TGS forms in GSTS on a timely basis, and to review the GSTS for accuracy and currency every quarter. Students can access the GSTS here: https://gsts.northwestern.edu/site/login.

Employment Policy

Students are not permitted to accept any clinical positions, paid or unpaid, in addition to their program sanctioned practica, without prior approval from the DCT. Per TGS policy, students seeking employment in a non-clinical role must complete the Graduate Student Permission to Work Request Form (https://www.northwestern.edu/tgs/about/for-staff/funding/graduate-student-permission-to-work-request.html).

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, such as 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 is 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 (https://www.tgs.northwestern.edu/academic-policies-procedures/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 are potentially considered research misconduct and will be investigated by the Office for Research Integrity.

Generative Artificial Intelligence

Generative Artificial Intelligence (AI) is defined as any AI natural language processing tool or related technology in which a user enters some text as a data input and is provided with a textual output that is created by incorporating multiple information sources using mathematical and computational processes. The PhD Program in Clinical Psychology considers the use of generative AI to be a form of deliberate plagiarism, a potential violation of copyright laws, and as a form of ghostwriting in educational and research contexts, as well as a violation of privacy laws in a clinical context. As such, the use of generative AI is strictly prohibited in: (a) any course assignment, exam, paper, or any other written evaluative product; (b) any program milestones (e.g., CQE, RQP, Dissertation Prospectus, Dissertation Final Exam); (c) the development of grants, manuscripts, presentations, or research reports; (d) any clinical documentation; or (e) any other educational, research, or clinical written product in which a student is expected to create a unique or original written product. Violation of this policy will result in

an immediate faculty challenge (as described in Grievance Procedures) with the goal of exclusion (dismissal) from the PhD program.

University Policies and Guidelines

Students are expected to be aware of and comply with all relevant University policies and guidelines, as identified on the Northwestern website: https://policies.northwestern.edu/all-policies/university.html

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" (https://www.tgs.northwestern.edu/about/policies/phd-degree-requirements.html) for information and requirements concerning degree granting, course registration, grading, official leaves, and residency.

In accordance 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 but earlier is acceptable, 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 any 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

The PhD Program in Clinical Psychology provides students preparation for research and practice in Health Service Psychology. Health Service Psychology is defined as "the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorder (APA SoA, 2016).

Major Areas of Study in Clinical Psychology

In addition to providing general education and training in Health Service Psychology, we provide opportunities for graduate-level preparation in defined areas within Health Service Psychology. Since 2010, the program has been structured by "emphases", both in research and clinical areas within clinical psychology. To avoid confusion and to better align the program with the *APA Taxonomy for Education and Training in Health Service Specialties in Professional Psychology* (https://www.apa.org/ed/graduate/specialize/understanding-taxonomy), starting in the academic year 2020-2021, the program identified doctoral-level education and training opportunities in the specific specialty areas within clinical psychology that are identified by the Council of Specialties in Professional Psychology (https://www.cospp.org/). The Taxonomy identifies multiple levels of specialty preparation (see an example in *Figure 1* below), from an Exposure level opportunity to a Major Area of Study level of opportunity.

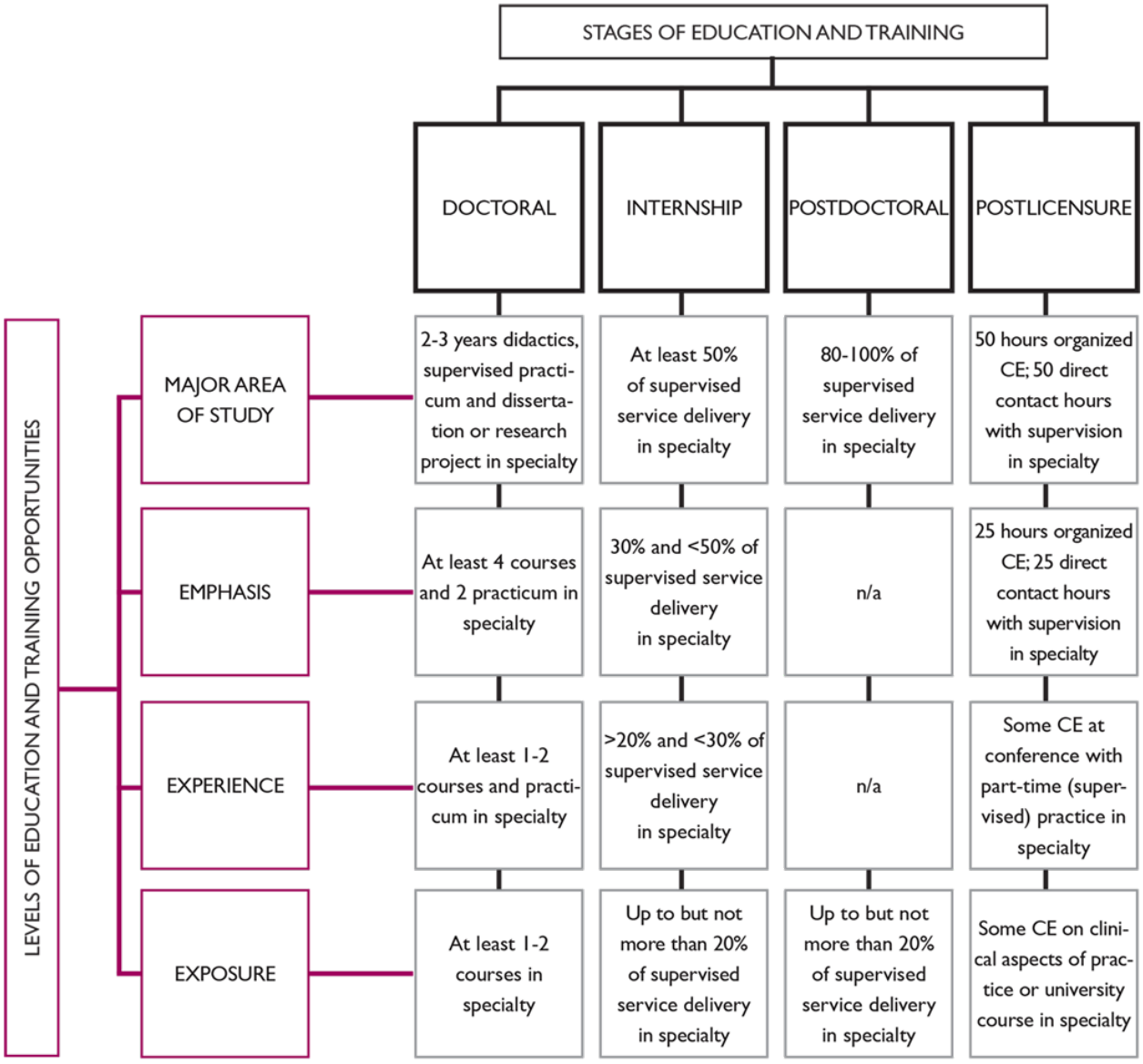
Based on the Taxonomy Guidelines provided by the individual specialty councils (available at www.cospp.org), the Program has determined that the doctoral-level educational and training available to students provides opportunities for specialty preparation at the level of a Major Area of Study in the following areas:

- Behavioral Medicine or Health Psychology
- Clinical Adult Psychology[1]

[1] Although Clinical Adult Psychology is not identified as a specialty COSPP, it is assumed that the *Clinical Psychology* specialty is focused on general adult clinical psychology.

- Clinical Child Psychology
- Clinical Neuropsychology
- Forensic Psychology

Figure 1



APA (2016). *Overview of the Taxonomy for Doctoral Programs, Directors and Students*. Accessed May 28, 2020 from: https://www.apa.org/ed/graduate/specialize/understanding-taxonomy

We also offer a *Focus Area* in Policy. Although Policy is not an identified specialty in clinical psychology, the ability of our program to offer focused research and other educational and training experiences in this area are sufficient for recognition as a relevant area of focus within clinical psychology. While our program does not specifically offer courses in Policy, students interested in this Focus Area are encouraged to take policy-relevant courses in other departments at Northwestern or at outside institutions. For example, there are several Policy courses offered through the Human Development and Social Policy program (https://www.sesp.northwestern.edu/hdsp/curriculum/index.html), the Master's of Public Health Program (https://www.feinberg.northwestern.edu/sites/cehs/our-programs/program-in-public-health/courses.html), and the Institute for Public Health and Medicine (https://www.feinberg.northwestern.edu/sites/ipham/education-training/index.html). Students may search for policy-related courses in the TGS course catalog (https://catalogs.northwestern.edu/tgs/courses-az/#p3641612). Students are permitted to take any course offered through TGS as long as course prerequisites are met and the instructor agrees. Finally, students may take Policy courses at other institutions via the BTAA Traveling Scholar Program (https://www.btaa.org/resources-for/students/traveling-scholar-program/introduction) or the Chicago Metropolitan Exchange Program (https://grad.uic.edu/chicago-metropolitan-exchange-program/).

Finally, PhD Students are also encouraged to explore Ad Hoc Combined degree programs, which provide the opportunity to gain knowledge and skills – as well as a master's degree – outside of the PhD program (https://www.tgs.northwestern.edu/academic-policies-procedures/policies/ad-hoc-combined-degrees.html). For example, the Master of Science in Statistics ad hoc combined degree provides an opportunity for students to sharpen their quantitative focus during the PhD program (https://statistics.northwestern.edu/graduate/ms-stat-program/index.html). Students can apply for the JD-PhD program (https://www.tgs.northwestern.edu/admission/academic-programs/explore-programs/jdphd-combined-degree-program.html), even after acceptance into the PhD program.

Sequence of Education and Training

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 around 60 hours a week for the duration of their residency (with some weeks being more and others being less) 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. Assessment Sequence (3 credits)
    b. Statistics Sequence (3 credits)
    c. Advanced Research Design
    d. Introduction to Psychotherapy
    e. Scientific and Professional Ethics in Psychology
    f. Psychopathology
    g. Diversity in Psychological Science and Practice
    h. Additional Discipline-Specific Knowledge Courses
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. Cognitive Behavior Therapy
    b. Additional Discipline-Specific Knowledge Courses
    c. Elective 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 or other Dissertation Research Award

Third Year

1. Register for nine (9) to Twelve (12) credits of remaining Discipline-Specific Knowledge courses, or Elective courses
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. Submit NRSA or other Dissertation Research Award
6. Clinical Practica

Fourth or Fifth Year

1. Register for 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 or Sixth 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

It is the expectation of the Program that all students will graduate within 5-6 years of residency, including the year-long clinical internship. Exceptions to this expectation are students who obtained training or dissertation funding (e.g., F31, T32) that extend into their advanced years, or students completing dual-degree or ad hoc combined master's programs, 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 education, more training in research, and greater scientific productivity.

Section V: Progress in the PhD Program in Clinical Psychology

Orientation

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

Curriculum

Mission

The mission of the PhD Program in Clinical Psychology is to graduate clinical psychologists who are highly competent, ethical, and productive in the science and practice of clinical psychology, particularly within academic healthcare systems and similar settings.

Aims

This mission of the PhD Program in Clinical Psychology is accomplished through the following aims:

1. Provide core knowledge and methods in psychological science, including in:
   a. The origins and development of major ideas in the discipline of psychology.
   b. The basic psychology-specific content areas of scientific psychology, specifically the affective, biological, cognitive, developmental, and social aspects of behavior.
   c. Psychological research methods, statistical analysis, and psychometrics
2. Develop competencies in the integration of different areas of psychological science, including advanced (graduate-level) scientific knowledge that integrates two or more of the multiple basic psychology-specific content areas identified in aim #1
3. Develop competencies in the integration of science and practice
4. Develop research competencies
   a. Demonstrate the substantially independent ability to formulate research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
   b. Conduct research or other scholarly activities.
   c. Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local, regional, or national level.
5. Develop competencies in ethical and legal standards
   a. Be knowledgeable of and act in accordance with:
      i. The current version of the APA Ethical Principles of Psychologists and Code of Conduct

ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
iii. Relevant professional standards and guidelines.

b. Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
c. Conduct self in an ethical manner in all professional activities.

6. Develop competencies in individual and cultural diversity
    a. Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
    b. Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
    c. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
    d. Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups and apply this approach effectively in their professional work.
7. Develop professional values and attitudes
    a. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
    b. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
    c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
    d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
8. Develop competencies in communication and interpersonal skills
    a. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
    b. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
    c. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

9. Develop competencies in psychological assessment
    a. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
    b. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective.
    c. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
10. Develop competencies in psychological intervention
    a. Establish and maintain effective relationships with the recipients of psychological services.
    b. Develop evidence-based intervention plans specific to the service delivery goals.
    c. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
    d. Demonstrate the ability to apply the relevant research literature to clinical decision making.
    e. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
    f. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
11. Develop competencies in supervision
    a. Demonstrate knowledge of supervision models and practices.
12. Develop competencies in consultation and interprofessional/interdisciplinary skills
    a. Demonstrate knowledge and respect for the roles and perspectives of other professions.
13. Develop competencies to prepare students for careers within an academic health care system, VA medical center, and/or children's hospital
    a. Identify and pursue coursework and/or research/clinical training within at least one emphasis or major area of study, including Behavioral Medicine, Clinical Child Psychology, Clinical Adult Psychology, Clinical Neuropsychology, and Forensic Psychology.

Design

The curriculum is designed to provide education and training in the science and practice of clinical psychology, with opportunities for doctoral-level preparation in Major Area of Study of clinical psychology. 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 that has been vetted and approved by the DCT.

Curriculum Outline

The program requires a minimum of 30 credits, including up to six practica credits. Elective courses specific to each Major Area of Study are identified for students who wish to develop knowledge and skill competencies in areas that will lead to specialty preparation at the postdoctoral level. Required and elective courses are typically completed by the end of the student's third year of residency, but are allowed into the fourth and fifth year of residency, depending on students' individualized development plan.

Courses

The following courses are routinely made available to students. Additional courses may also be made available to students.

Courses are categorized as *Discipline-Specific Knowledge Category 1, Discipline-Specific Knowledge Category 2*, *Profession-Wide Competencies,* and *Major Area of Study* courses. Please note that students are free to take any of the *Major Area of Study* courses, as long as they meet the pre-requisites. If a student takes a course outside of their Major Area of Study, that course is simply consider an *Elective* course.

<u>Required Courses for Discipline-Specific Knowledge Category 1 (History & Systems)</u>:

- History and Systems of Psychology (1 credit)*

<u>Required Courses for Discipline-Specific Knowledge Category 2 (Basic Content Areas)</u>:

- Cognitive Psychology (1 credit)
    - Covers foundational cognitive and affective psychological sciences
- Behavioral Neuroscience (1 credit)
    - Functional Neuroanatomy (1 credit) is an acceptable alternative
- Life-Span Developmental Psychology (1 credit)

- Advanced Social Psychology (1 credit)

Required Courses for Discipline-Specific Knowledge Category 3 (Advanced Integrative):

- Cognitive Psychology (1 credit
    - Integrates cognitive, affective, and biological content areas

Required Courses for Discipline-Specific Knowledge Category 4 (Research Methods, Statistics, Psychometrics):

- Research Methods I, II, III (aka, Statistics; 3 credits)
- Advanced Research Design (1 credit)

Required Courses for Profession-Wide Competencies:

- Scientific and Professional Ethics in Psychology (1 credit)
- Diversity in Psychological Science and Practice (1 credit)
- Psychological Assessment I, II, III (3 credits)
- Psychopathology (1 credit)
- Introduction to Psychotherapy (1 credit)
- Cognitive Behavioral Therapy (1 credit)
- Interprofessional Education Seminar (1 credit)

Elective Specific Courses (all 1 credit, unless indicated):

- Acceptance and Commitment Therapy (*Clinical Adult Psychology*)
- Advanced Psychotherapy (*Clinical Adult Psychology*)
- Behavioral Neuroanatomy (*Clinical Neuropsychology*)
- Child and Adolescent Psychotherapy (*Clinical Child Psychology*)
- Child Psychological Assessment (*Clinical Child Psychology*)
- Child Psychopathology (*Clinical Child Psychology*)
- Cognitive and Behavioral Treatments for Depression (*Clinical Adult Psychology*; 0.5 credit)
- Dialectical Behavior Therapy (*Clinical Adult Psychology*)
- Family Therapy (*Clinical Child Psychology*)
- Forensic Neuropsychology & Psychology (*Forensic Psychology*)

- Health Psychology (*Behavioral Medicine*)
- Introduction to Clinical Neuropsychology (*Clinical Neuropsychology*)
- Sexual and Relationship Health – Assessment and Intervention (*Clinical Adult Psychology*)
- Neuropsychological Assessment (*Clinical Neuropsychology*)
- Positive Psychology and Wellness in Clinical Practice (*Behavioral Medicine*)
- Principles of Neuroimaging (*Clinical Neuropsychology*)
- Primary Care Psychology (*Behavioral Medicine*)
- Psychodynamic Traditions: Implications for an Integrative Approach to Psychotherapy (*Clinical Adult Psychology*)
- Psychopharmacology (*Clinical Adult Psychology*)

*Pursuant with the July 2017 *Implementing Regulations* for the *Standards of Accreditation for Health Service Psychology*, the requirement for Discipline-Specific Knowledge (DSK) in History and Systems in Psychology is "the only portion of the DSK that may be accomplished entirely prior to matriculation into the doctoral program and/or through undergraduate-level work after matriculation into the doctoral program" (C-7 D). Students who completed an evaluated educational experience that sufficiently addressed DSK in History and Systems of Psychology prior to matriculation, at the graduate or undergraduate level, are exempt from taking the program's required History and Systems of Psychology course. To qualify for this exemption, students must provide a copy of the syllabus and evidence of a grade of B or higher to the DGS for review and approval. Once approved by the DGS via email, students must upload the syllabus and evidence of the grade into GSTS under the "General" category, with the following note: "Evaluative Educational Experience in History and Systems approved by DGS as meeting SoA requirements".

Course Registration and Tuition

Students register for courses through CAESAR (https://www.northwestern.edu/caesar/), following all deadlines established by Northwestern University (e.g., initial registration, adding/changing/dropping courses). Current deadlines can be obtained through the Northwestern Calendar: https://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. The full tuition rate is charged for the first eight (8) quarters of registration. For

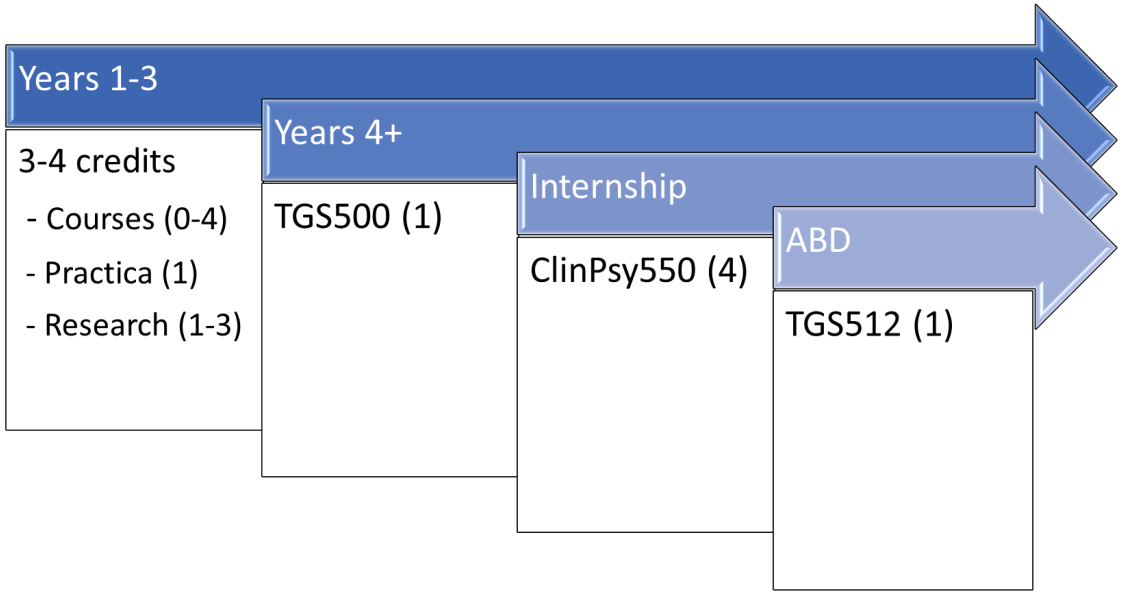
the ninth (9) quarter and beyond, students remain in residence as full-time students at a reduced "advanced tuition rate" by registering for TGS 500 Advanced Doctoral Study, which is approximately one-fourth of the full tuition rate. Students completing their clinical internship register for ClinPsy 550 (APA-Accredited Internship, Full-Time, 1-year) which maintains full-time status without any tuition cost. Note that students are not eligible for a NUSHIP subsidy when registered for ClinPsy 550 but may purchase it out of pocket. Current tuition rate information can be found on TGS's website (https://www.northwestern.edu/sfs/tuition/graduate/the-graduate-school.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 to maintain 4 credit hours per quarter. Students can register for up to three research credits per quarter (ClinPsy 590). Registering for more than one research credit in a quarter may require students to contact TGS Academic Student Services at gradservices@northwestern.edu.

Students in their fourth (4th) year or beyond must register for Advanced Doctoral Study (TGS500) while still in the program and not on clinical internship. Students completing their clinical internship must register for ClinPsy 550 (APA-Accredited Internship, Full-Time, 1-year) for every quarter, up to four quarters, that they are mostly at the internship. For example, if a student's internship starts in July, they will register for ClinPsy 550 starting that Summer quarter and remain enrolled in ClinPsy 550 through the following Spring quarter. If, however, a student's internship starts in August, the student will register for ClinPsy 550 starting that Fall quarter and remain enrolled in ClinPsy 550 through the following Summer quarter.

In rare circumstances, students may have not yet graduated, are not funded with stipend or tuition scholarship, and are not on their clinical internship. In most situations, these students will register for Continuous Registration (TGS512) for Fall/Winter/Spring quarters until they graduate (there is no need to register for TGS512 in the Summer quarter). Use of TGS512 is atypical, usually only occurring when a student has completed all degree requirements, including the internship, but has not yet completed their dissertation final exam. Please note that students registered for TGS512 do not pay the activity fee and therefore are not eligible for the UPass, nor are they eligible for a NUSHIP subsidy (although they are welcome to pay for NUSHIP out-of-pocket).

Students are fully responsible for maintaining their registration with the University and to accept or address consequences associated with failure to maintain their registration. Failure to register for a quarter by the Registrar's posted deadline may result in loss of stipend support or exclusion (dismissal) from the PhD program. Funded students must register every quarter, including during Summer quarter, until they successfully complete their clinical internship and defend their dissertation final exam.



*ABD = All But Doctorate, which occurs when a student has completed all degree requirements, including the internship, but has not yet defended their dissertation final exam

Students should consult with TGS Student Services if they need additional help with registration problems, adding/dropping, overloading courses, etc. (https://www.tgs.northwestern.edu/academic-policies-procedures/academic-student-services/)

Course Waivers/Substitutions

Under certain circumstances, the DCT, in consultation with the ETC, will consider accepting course credits toward the PhD from other graduate-level programs *within* Northwestern. Although Northwestern University does not accept transfer credits from other universities at the graduate level, under certain circumstances, the DCT, in consultation with the ETC, will accept a previously completed graduate course from another institution as satisfying a curricular requirement of the PhD program. All PhD students, however, must complete at least nine (9) quality letter-graded graduate level courses within Northwestern as part of meeting the Program's requirements for the PhD.

Procedure

Requests for the Program to consider accepting a previously completed graduate course from another institution as satisfying a curricular requirement of the PhD program are started by completion of a *Petition for Course Waiver/Substitution* form (available on the Program's shared SharePoint). 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 DCT and ETC.

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 evaluated product, such as a paper, exam, or annotated bibliography, that can serve as the basis of an evaluation of the student's knowledge and skills in the area of study. 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 that has been vetted and approved by the DCT.

Procedure

Before the quarterly registration period, the student must complete a 499 *Independent Study Permission* form (available on the Program's shared SharePoint 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.

Electives through Practicum

In some cases, elective courses may be offered through practicum. To qualify for course credit, they must satisfy TGS course requirements, including a syllabus that clearly documents at least 30 hours of instruction per credit, assessment of learning, and depth and complexity of course material at a graduate level. All elective courses must be approved by the ETC and TGS.

Taking Courses Outside of Northwestern

Students wishing to register at other Universities for courses that are not available at NU can do so via the following programs (https://www.tgs.northwestern.edu/academic-policies-procedures/policies/general-registration-policies.html):

Traveling Scholar Program

The Traveling Scholar Program includes Big Ten Academic Alliance (BTAA) Institutions (https://btaa.org/about) as well as The University of Chicago. Through this program, doctoral students may spend up to a full academic year at another BTAA Institution, where they may take courses and engage in research, without additional tuition or change in registration procedures from Northwestern. Students interested in this program must first consult with their research advisor and the DCT to determine that the opportunity is likely to enhance the student's development and that such an opportunity or course is not available at Northwestern. An instructor/advisor at the host campus must also approve the student before the student can apply. Detailed information regarding the program as well as the Application can be found on the program's website (https://btaa.org/resources-for/students/traveling-scholar-program/introduction) and through TGS (https://www.tgs.northwestern.edu/academic-policies-procedures/policies/general-registration-policies.html).

Chicago Metropolitan Exchange Program (CMEP) and Academic Exchange Program (AEP)

CMEP and AEP allows doctoral students enrolled at Northwestern University, University of Illinois at Chicago, and the University of Chicago to take courses which are not offered at the students' home institution at one of the other 2 institutions. Students pay for classes at Northwestern, at Northwestern

rates, and show proof of payment to the host campus. Tuition and most fees are waived by Northwestern, and students should not accrue extra costs in using these programs. See the Program website for further information and link for the application: CMEP (University of Illinois at Chicago): https://grad.uic.edu/chicago-metropolitan-exchange-program/; AEP (University of Chicago): https://grad.uchicago.edu/academic-support/academic-exchange-program/

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 (https://www.tgs.northwestern.edu/about/policies/phd-degree-requirements.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 GSTS, with original copies being provided to the Program's Program Coordinator in Abbott 1205 (forms are available in the Appendix and on the Program's SharePoint). Students must also upload electronic copies of the final and approved RQP manuscript, signed RQP Competency Evaluation Form, the CQE's Presentation of the Evidence-Based Case Study, and the signed CQE Competency Evaluation From to the GSTS.

After all the CQE and RQP documents are correctly completed and submitted, the student must complete the *PhD Qualifying Exam* form in GSTS under "TGS Forms". In the *PhD Qualifying Exam* form, the student must provide the date of either the RQP or CQE (select the date of whichever was the last to be defended) under "Scheduled Date of Qualifying Exam". The student must also indicate if all incomplete coursework (i.e., courses with Y, X, or NR grades) has been completed, as well as if the student has completed nine (9) quality (i.e., B or higher) letter-graded (i.e., ABC, not P/NP), graduate level courses while enrolled in The Graduate School. After submitting the *PhD Qualifying Exam* form, the Program will review all documentation and approve the form for review and final approval by TGS.

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: https://www.tgs.northwestern.edu/about/policies/phd-degree-requirements.html.

Once students have a PhD Prospectus defense date, they must submit the *PhD Prospectus* form in GSTS, providing the following information: Scheduled Date of Prospectus; Committee Members with graduate faculty status (*note:* at least two committee members must have graduate faculty status), any "Additional Committee Members" that don't have graduate faculty status, identify their role on the committee, and identify if the Committee Chair is also the student's Advisor (aka, Research Mentor), and if not, provide the Advisor's name. After submission of the *PhD Prospectus* form in GSTS, members of the student's Committee will be sent an email requesting their electronic approval of the PhD prospectus.

In addition to the *PhD Prospectus* form in GSTS, the Committee must also complete the Dissertation Prospectus Competency Evaluation Form (available in the Appendix and on the SharePoint). Students must provide the Committee with a digital or print version of the *Dissertation Prospectus Competency Evaluation Form* after the Committee is formed so that all members understand and are knowledgeable of the expected competencies. At the time of the prospectus defense, the student must provide one printed copy of the *Dissertation Prospectus Competency Evaluation Form* to the committee for completion after the delivery of the oral defense, and before feedback to the student (*note*: this form can also be completed and signed digitally). The Committee members will evaluate the student using consensus agreement. Deviations from consensus must be noted on the form. If lack of consensus results in competencies rated as below the threshold (see below) for any specific item, the Committee Chair will make a final determination. Any committee member(s) that disagrees with the Chair's final determination have the ability to file a grievance with the PhD Program (see Grievance Procedures). The threshold for passing the PhD Prospectus is defined as 100% of competencies rated as 3 (agree) or 4 (strongly agree).

After successful completion of the PhD Prospectus defense, students must upload a PDF of the printed and signed *Dissertation Prospectus Competency Evaluation Form* into GSTS and submit the original form directly to the Division's Program Coordinator in Abbott 1205. The *PhD Prospectus* form will then be approved by the committee members who received the email, and once approved by the committee members, the Program administration will approve the *PhD Prospectus* form in GSTS once documentation of the successful PhD Prospectus defense is uploaded and verified.

Students must also upload an electronic copy of the final, committee-approved PhD Prospectus document to GSTS.

PhD Final Exam (Oral Dissertation Defense)

Students will only be allowed to sit for the Final Exam of the PhD (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 seven (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* (https://www.tgs.northwestern.edu/about/policies/phd-degree-requirements.html).

All PhD students are required to announce to the Department of Psychiatry and Behavioral Sciences the date of the oral defense for their *PhD Final Exam* (dissertation) at least two weeks in advance. Announcements are to be made by completing the dissertation announcement (see Appendix or Program SharePoint for template and example) and sending to the Division's Program Coordinator (clinpsych@northwestern.edu), who will distribute the announcement to the members of the department.

Once a student has a *PhD Final Exam* oral defense date, they can begin the form approval process for the *PhD Final Exam* in GSTS if they are within two quarters of graduation with their PhD. In order to start the *PhD Final Exam* form in TGS Forms within GSTS, students must first have an *Application for Degree* form submitted in TGS Forms within GSTS. Unfortunately, an *Application for Degree* form in GSTS can only be completed within two quarters of the expected date of graduation. Because many of our students complete their dissertation defense well before they finish their clinical internship, this system does not work perfectly for the Program. If a student submits an *Application for Degree* form earlier than two months prior to graduation, they will need to cancel their initial *Application for Degree* form as the graduation date comes and goes, and then submit a new *Application for Degree* form when they get within two quarters of actually graduating.

To avoid the difficulties with cancelling and resubmitting an *Application for Degree* form, **the Program recommends that students wait to complete their *Application for Degree* form and their *PhD Final Exam* form until they are within two quarters of graduation**. For example, if a student defends their dissertation in June of their 4th year, subsequently leaves for their yearlong internship in July of their 4th year, the student should wait until Spring quarter of their 5th year to submit their *Application for Degree* form and *PhD Final Exam* form.

To complete the *PhD Final Exam* form, the student must select "Clinical Psychology: PhD" for the "Expected Degree", and the anticipated actual date of graduation in the "Expected Quarter of Degree" dropdown box. Once the *Application for Degree* form is approved, the student can then complete and submit the *PhD Final Exam* form in GSTS. Both the *Application for Degree* form and the *PhD Final Exam* form will not be immediately approved by the Program administration, remaining in "pending approval" status, until the last day of the student's clinical internship. Using the example from above, the student that completed their dissertation defense and left for internship in the Spring quarter of their 4th year will submit their *Application for Degree* form and *PhD Final Exam* form in Spring quarter of

their 5th year, and the Program administration will approve both forms on the last day of the student's internship (e.g., June 30th of the 5th year).

As with the *PhD Prospectus* form, the student must also provide the following information in the *PhD Final Exam* form: Scheduled Date of Final Exam; Dissertation Title; Committee Members with graduate faculty status (note: at least two committee members must have graduate faculty status), any "Additional Committee Members" that don't have graduate faculty status, identify their role on the committee, and identify if the Committee Chair is also the student's Advisor (aka, Research Mentor), and if not, provide the Advisor's name. After submission of the *PhD Final Exam* form in GSTS, members of the student's Committee will be sent an email requesting their electronic approval of the *PhD Final Exam*.

In addition to the *PhD Final Exam* form in GSTS, the Committee must also complete the Dissertation Final Exam Competency Evaluation Form . Students must provide the Committee with a digital or print version of the *Dissertation Final Exam Evaluation Form* after the successful defense of the PhD Prospectus so that all members understand and are knowledgeable of the expected competencies. At the time of the prospectus defense, the student must provide a digital or printed copy of the *Dissertation Final Exam Evaluation* Form to the committee for completion after successful defense of the dissertation, and before feedback is provided to the student. The Committee members will evaluate the student using consensus agreement. Any deviations among Committee members from consensus must be noted on the form. If lack of consensus results in competencies rated as below the threshold (see below) for any specific item, the Committee Chair will make a final determination. Any Committee member(s) that disagrees with the Chair's final determination has the ability to file a grievance with the PhD Program (see Grievance Procedures). The threshold for passing the PhD Prospectus is defined as 100% of competencies rated as 3 (agree) or 4 (strongly agree).

After successful completion of the PhD Final Exam oral defense, the student must scan and upload the *Dissertation Final Exam Evaluation* Form to GSTS and submit the original signed form to the Division's Program Coordinator in Abbott 1205. Please note that the *PhD Final Exam* form will only be approved by the Program in GSTS if a) all members of the committee have approved the dissertation final exam in GSTS; b) documentation of the successful *PhD Final Exam* defense is received and uploaded into GSTS; and c) all other degree requirements are completed, including the clinical

internship (see the next section and Section VIII: Candidacy and Dissertation for more details).

Graduating with your PhD in Clinical Psychology

Students must complete all degree requirements in order to graduate with their PhD in Clinical Psychology, including completion of the *PhD Final Exam* and the full-time clinical internship. In preparation for graduation, students must submit the *Application for Degree* form in GSTS (under TGS Forms) by the date dictated by TGS, for the quarter for which the student anticipates receiving the PhD (Review TGS deadlines to determine by what date to submitted the application: https://www.registrar.northwestern.edu/calendars/academic-calendars/). The *Application for Degree* can only be submitted up to two quarters in advance of graduation, even before all degree requirements are completed; however, if all degree requirements are not met by the date indicated in the *Application for Degree*, the student will need to cancel the form and submit a new form.

Because approval of the *TGS Final Exam* indicates to TGS that the student has completed all degree requirements, the *TGS Final Exam* form cannot be approved earlier than completion of all degree requirements, including the full completion of the clinical internship. For more details on the requirements and processes involved in graduating with your PhD in Clinical Psychology, please carefully review Section VIII: Candidacy and Dissertation.

TGS Forms Approval Workflow

As noted in the table below, TGS approval is required for all forms except the Application for Degree, which is approved by the Program only.

FORM TYPE	STUDENT	PROGRAM	TGS
Application for Degree	✓	✓	*N/A*
Master's Degree Completion	✓	✓	✓
Master's in Primary PhD	✓	*N/A*	✓
PhD Qualifying Exam	✓	✓	✓
PhD Prospectus	✓	✓	✓
PhD Final Exam	✓	✓	✓
Petition for Absence	✓	✓	✓
Program Withdrawal Request	✓	✓	✓

Optional Practical Training (OPT) for International Students

Optional Practical Training (OPT) is a work authorization program available to F-1 international students who have been full-time students for at least one academic year and plan to seek employment in the United States in their fields of study. Because our program is designated as STEM, students are eligible for a 24-month STEM OPT Extension after graduation. For more information, see https://www.northwestern.edu/international/international-students/student-employment/stem-opt-f1-students/.

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 doctoral internship (Year 5 or 6).

As part of internship application requirements, students must keep track of clinical hours completed. It is recommended that students begin tracking hours as soon as they begin practica, and log hours immediately after each clinical hour is completed. Students can select from the following options for logging hours:

1. Time2Track (https://time2track.com): Students log their hours into this website, and the hours import into the internship application portal, saving time with the application. Many students have used this over the years, and it is a well-trusted site; however, it costs $65 per year (if student pre-pay for four years).
2. PsyKey Doctoral (https://www.psykey.com/doctoral): Like Time2Track, is reportedly also imports hours into the internship application portal; however, we are concerned that the website hasn't been clearly updated in ten years. It is substantially cheaper than T2T, but be wary.
3. Delta Autumn Training Academy (https://data.deltaautumn.com): Created by some faculty at Ole Miss, it is a free hour tracking system. It requires creating an account but costs nothing to use (free). After registering and logging, select “Clinical Hours” under the account tab.

4. Self-tracking: Students can use an excel template from the Program's SharePoint ("hours log" located under "practica") or create their own. This is a free option that many of our students have used over the years.

By the time a student enters a doctoral internship, they will have completed approximately 1,500 total hours of supervised clinical practica (including at least 500 direct face-to-face hours) 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 the *Clinical Qualifying Examination* in their 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 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 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 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 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 an internship) must be:

1. Program sanctioned
    a. All practicum placements must be approved by the DCT and supervised by the doctoral program
    b. Practicum placements must be approved before the practicum experience begins; clinical experiences 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., psychological assessment/evaluation or treatment)

b. Consultation experience (e.g., consultation and liaison service) that involves direct patient 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 the services are conducted is required.

Practicum Requirements

Students are required to complete a minimum of three (3) year-long clinical practica before beginning a doctoral internship program. These clinical practica are taken during the second, third, and fourth years.

Each clinical 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), direct observation (live or electronic) at least once every evaluation period by a supervisor, and 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 unfunded students who were registered the previous spring and who intend to register the following fall.

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. Descriptions of clinical practica opportunities are provided in Section XII.

Depending on their Major Area of Study (MAS), **second year students** are placed at the following clinical practica:

- Northwestern Medicine, Department of Psychiatry Assessment Practicum (Clinical Adult Psychology, Behavioral Medicine)
- Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) Diagnostic and Pediatric Neuropsychological Testing (Clinical Child Psychology)
- NMG Outpatient Neuropsychology Service in the Department of Psychiatry and Behavioral Sciences (Clinical Neuropsychology)

Third and Fourth year students are placed at the following sites, consistent with their clinical emphasis. See Clinical Practica Descriptions for further detail of each site.

- Depression and Anxiety Specialty Clinic
- Hines VA Medical Center
- Illinois Masonic Medical Center
- Inpatient Neuropsychological Consultation Service at Northwestern Memorial Hospital
- Jessie Brown VA Medical Center
- Lurie Children's Child & Adolescent Psychiatry Outpatient Services Department.
- Metropolitan Correctional Complex, Bureau of Prisons
- Neurobehavior and Memory Clinic of the Mesulam Center at Northwestern Medicine
- Northwestern Behavioral Medicine Advanced Clinical Practicum
- Rush University Medical Center
- School of the Art Institute of Chicago
- Shirley Ryan Ability Lab
- Shriners Hospital for Children
- University of Chicago Medicine
- University of Illinois at Chicago

There are many other practica available throughout the Chicagoland area, and new partnerships with clinical training sites are continuously added. Students can see a full list of practicum sites, as well as application information, on the Program's SharePoint.

Student Assignments

Practicum assignments are made by the student in consultation with the DCT, and when necessary, the student's primary clinical mentor. A Practicum Preparation meeting is provided to the students by the DCT in the early Fall to provide information on available practica and procedures for applying. Many practicum sites in Chicago are following a coordinated schedule, with applications due late January and final decisions made by late February. The DCT will send detailed information about the coordinated schedule once available each year.

Practicum Requirements in Specific Major Areas of Study

Consistent with the education and training plan for a specific MAS, students are encouraged to complete practica within their respective areas. The selection of practica, however, are based on the student's career goals and are not restricted in any way by the MAS elected by a student. Indeed, while the program requires a strong foundation in clinical psychology and encourages students to consider practica that are available within their MAS, students are also encouraged to explore potential interests and opportunities for clinical training.

Psychological Testing Requirements

All students are required to complete at least six supervised and integrated psychological test batteries before applying to a doctoral 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 must have completed and signed *Clinical Supervisor Competency Evaluation* (Assessment & Intervention) forms at the mid-year (6 month) and final-year (12 month) timepoints. Please note that at each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated (live or video). Students are responsible for providing and collecting the forms (see Section IX or SharePoint for forms) from their supervisors. Completed forms should be uploaded directly to the GSTS. Students should share and review the evaluation forms with their Primary Clinical Mentors.

Practicum Site Evaluations

All students who complete a practicum must complete the Practicum Site Evaluation Form and upload the form to GSTS. The form should also be shared and discussed with the student's primary clinical mentor.

Patient Communication at Practica

Students must adhere to HIPAA compliance regulations when communicating with patients by phone or email (https://www.hhs.gov/hipaa/for-professionals/index.html). Personal cell phones, google voice, and personal or university email accounts for patient communication are not HIPAA compliant. Ideally, communication services are provided through practica. In the instance that they are not, students must inform the program administration, who will work with the student and practicum to determine a solution.

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 has 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 SharePoint 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 end of the student's third 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. Per TGS policy, students may be placed on academic probation if the CQE is not completed by the end of the third year. 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 (CTC). A list of current CTC members can be found on the program's SharePoint. The student's primary mentor (i.e., the student's likely dissertation chair) and primary clinical mentor are 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 their CQE chair, Primary Clinical Mentor, and/or clinical supervisor(s) to select a case. The student is required to obtain approval to use the selected case for their 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 electronic (e.g., PowerPoint) Presentation of the

Evidence-Based Case Study (described below), and submits these CQE components to the committee. Committee members may provide feedback about the final work products once they are complete but are not involved in review and revisions of drafts along the way.

5. After a review of the Presentation, Taped Practice Sample, and Written Practice Sample, the committee assigns a rating of pass or fail to each of these three submitted components. Based on our competency-based approach, if the work submitted does not meet competency, committee members should provide feedback for the improvements necessary to meet competency. 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 addressed, 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 Behavioral Medicine, Clinical Adult, Clinical Child, and Forensic Psychology MAS, 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 site. 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 taped

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. Taped practice samples 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 MAS:

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. Consultation samples may consist of numerous brief consultations combined into a 50-minute tape.

For students in the Clinical Neuropsychology MAS, 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 MAS 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) or clinical supervisor competency evaluation forms.

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. Ideally, the written practice sample will be from the same patient as the taped practice sample; however, if this is not feasible, it

is acceptable for the Written Practice Sample to be from a different patient than the taped practice sample. The Written Practice Sample and Presentation should always be from the same patient. 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. **Presentation of the Evidence-Based Case Study**. The Presentation of the Evidence-Based Case study is prepared using electronic slides (e.g., PowerPoint) and serves to introduce the case and relevant clinical details (e.g., sociodemographics, presenting problem, history), review the clinical services provided (e.g., evaluation protocol/administration/results, therapeutic progress/process), results of the services (e.g., case conceptualization, interpretations of results, outcome of treatment), and reviews the relevant scientific literature pertaining to the case chosen for the practice sample(s). The student can choose the foci of the Presentation based on the specifics of the case and the student's interests. Ideally a combination of the following will be focused on for the Presentation: 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 – or deviates from – the literature from an Evidence-Based Practice Process approach. Students should be both self-critical of their clinical work in the context of the evidence, as well as critical of the extant evidence in light of the specific characteristics, needs, and preferences of their case. The Presentation 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. The Presentation and Written Practice Sample should always be from the same patient.

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 slideshow presents the case(s) using the approved Presentation, reviewing the critical components of the case, including the literature review (30-45 minutes for intervention cases). For neuropsychology cases, this should include background information, behavioral observations, test scores, interpretation of scores, impressions, diagnosis (including differentials / rule outs), etiology, prognosis, and any relevant neuroanatomy.
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

    Note: At the time of the oral examination, committee members will have already reviewed and approved the taped and written practice samples. Students should not present their written practice samples, their taped practice samples, or any new audio or video during the oral exam. During this segment, they will present on the above-mentioned competency domains as they pertain to the taped and written practice samples. Examiners will ask questions during and after the student presentation.

c. For Neuropsychology MAS students only: Students will be provided by their CQE chair with a background/history section and data summary sheet of a real case one week before the oral defense. During the defense, they will spend 20-30 minutes evaluating the case to demonstrate how the student "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. This will be discussion-based, and no slides are necessary. Although this is akin to a fact finding, students will be provided with all background information and scores on the case in advance. During the examination, the Chair will introduce the case, identifying pertinent information and highlighting salient aspects of the history. The student will summarize and interpret the data, domain by domain, asking any relevant questions along the way. The student will then present their overall impressions, including summary of test

findings, diagnosis, proposed etiology, prognosis, relevant neuroanatomy, etc, followed by treatment recommendations. Committee members may ask questions throughout.

d. Examination of ethics and legal foundation of clinical practice (30-minute max)
    i. Student review of ethical vignette (5-minute max)
        1. Per the chair's discretion, a standard ethical vignette or ethical vignettes created by the chair and based on the case can be presented.
    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". The definition of Minimal Acceptable Competencies = 90% of all competencies on pages 1-2 of the CQE Competency Evaluation Form are rated as a level of 4 or 5, and no competencies are rated at a level of 1 or 2.

Doctoral Internship

The culmination of clinical training is the successful completion of a yearlong APA-approved doctoral 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

Most doctoral internships 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. Please note that in 2020, the Association of Psychology Postdoctoral and Internship Centers (APPIC) began a policy requiring all internship sites who participate in the APPIC Match be accredited by APA. 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.

Registration during Internship

Students on internship must register every quarter for ClinPsy 550, APA-Accredited Internship (Full-Time, 1-year). This course provides all of the benefits associated with TGS512 (e.g., full-time registration) while also indicating on the transcript that the student is completing a fulltime, one-year APA-accredited internship in clinical psychology. Please note that the dates of the internship are unlikely to perfectly match with the start and end of Northwestern's quarters. In general, if internship

starts in July, register for ClinPsy 550 beginning in the Summer quarter and remaining registered through Spring quarter. If internship starts in August or September, register for ClinPsy 550 in Fall through Summer. If internship extends beyond one year, for whatever reason, please contact the DCT to determine the appropriate registration.

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 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 on Thursdays from 12:00pm to 1:00pm. 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 Master's Thesis/Dissertation Prospectus. First year students are expected to attend, while other years are strongly encouraged to attend. Please note that due to safety concerns during the covid-19 pandemic, Friday Digest has been temporarily suspended at least until Fall 2023.

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 or qualitative 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 the end of the student's third year in the program. Per TGS policy, students may be placed on academic probation if the RQP is not completed by the end of the third year. 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 (see Appendix for Form). No formal revisions are needed if the advisor 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, even if the thesis or research product was completed at Northwestern University.

Master's Degree in Clinical Psychology

Students enrolled in the Clinical Psychology PhD Program may obtain a Master 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 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 their 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 research mentor (referred to as "advisor" by TGS) and an additional member of Northwestern's Graduate Faculty. Please note that the TGS website states: "The advisor and at least two of the committee members must be members of the Northwestern University Graduate Faculty." This does not mean that the committee must be three members; the advisor (aka, Research Mentor) can be one of the two committee members. Following successful completion of the oral defense of the Master's Thesis, the examining committee will complete the Master's Thesis Documentation form (see Appendix) and the student is responsible for uploading a PDF of this form to GSTS and providing the original copy to the Program's Program Coordinator.
4. Submission of *Request for Master's in Primary Field of PhD Study* and *Application for Degree* Submission for your Master of Science in Clinical Psychology requires three steps.

a. First, the student must submit the *Request for Master's in Primary Field of PhD Study* form via GSTS (under TGS Forms). Within the *Request for Master's in Primary Field of PhD Study* form, the student must navigate to the "Available Programs/Degrees" dropdown menu and select "Clinical Psychology: MS". This form can be completed after the student has scheduled their Master's thesis defense date.
b. After the *Request for Master's in Primary Field of PhD Study* form is submitted, TGS will review and approve the form. After notification of approval of the form by TGS, the student navigates back to GSTS to complete the *Application for Degree* form, selecting the "Expected Quarter of Degree" for the MS degree, as well as the "Expected Degree" (Clinical Psychology: MS). Please note that the *Application for Degree* form in GSTS can be completed up to two quarters before you defend; however, it is recommended that you wait until the defense date is as firm as possible before you submit these forms so as to avoid going beyond the two quarter limit. Students must be mindful of the TGS deadlines to determine which quarter to select in GSTS (see: https://www.registrar.northwestern.edu/calendars/academic-calendars/).
c. Before the oral defense of the Master's thesis, the student must also complete the *Master's Degree Completion* form in GSTS, selecting "Clinical Psychology: MS" for the degree and providing the following information: Thesis Title; Examination Date; Committee Members (indicating graduate faculty status, as appropriate); and Advisor's (aka, Research Mentor's) Name. If a faculty member does not appear using the lookup function, please contact the Director of Graduate Studies immediately.

After successful completion of the Master's thesis oral defense, the committee members should sign the Master's Thesis Documentation Form (available on the Program's SharePoint). The student is responsible for making a PDF of this form and uploading it directly into GSTS; the original should be provided to the PhD Program Program Coordinator in Abbott 1205. After this form is correctly completed and uploaded, the *Master's Degree Completion* form in GSTS will be approved by the Program. Please note that the Master's thesis must be defended no later than the end of the fourth (4th) year in the PhD program. Please also note that the RQP defense deadline (August 31st at the end of the 3rd year) is earlier than the Master's thesis defense deadline (August 31st at the end of the 4th year; please refer to the TGS website regarding

deadlines for the PhD Qualifying Exam: https://www.tgs.northwestern.edu/about/policies/phd-degree-requirements.html).

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 (https://www.tgs.northwestern.edu/about/policies/phd-degree-requirements.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 Advanced Study (TGS500) beginning in the fourth year of enrollment and beyond to maintain fulltime status in the Program. Failure to register for TGS500 will result in exclusion (dismissal) from Northwestern University. Students can still register for courses along with TGS500 (e.g., register for the course and TGS500). Please do not register for research (ClinPsy590) or practica (ClinPsy523) in your fourth year or beyond. If a student is on internship during candidacy, they will register for ClinPsy 550, APA-Accredited Internship (Full-Time, 1-year).

Dissertation Proposal (Prospectus) 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)
2. An AERA Dissertation Grant Proposal (http://www.aera.net/ProfessionalOpportunitiesFunding/AERAFundingOpportunities/AERAGrantsProgram/DissertationGrants/tabid/12812/Default.aspx)
3. An NIH Dissertation Award (R36) (e.g., https://researchtraining.nih.gov/programs/research-education/r36)

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.

Upon completion of the proposal defense, the dissertation committee will fill out the Dissertation Prospectus Competency Evaluation Form, indicating whether or not the student has passed and can

continue with the proposed dissertation project. See Appendix for Dissertation Prospectus Competency Evaluation Form.

Stages of the Dissertation

Standardized Guidelines

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

- The Graduate School's "Format Guidelines for Doctoral Dissertations," obtained at https://www.tgs.northwestern.edu/documents/policies/dissertation-format-guidelines.pdf
- *Publication Manual* of the American Psychological Association (6th ed., 2009).

Replacement of Committee Members

When a Dissertation Committee member cannot fulfill service through dissertation completion, they 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. Data collection by the student is not required for the dissertation.

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, two of whom, including the chair, must be members of the Graduate 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 Committee will use the Dissertation Final Exam Competency Evaluation Form (see Appendix) to assist in determining if the student passed the 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 their 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 database;
- 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, they 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, as determined by a student's Dissertation Committee.

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
- Nonhypothesized Findings
- Limitations of Study
- Recommendations and Conclusions

Reference

Appendices (if needed)

Autobiographical Statement (Vita)

Bundled/Integrated Dissertation Option

Students and their committee may consider the option of a "bundled" or "integrated" dissertation format. The bundled/integrative dissertation format includes the following components:

1. Three empirical manuscripts
2. An Introduction section that integrates all three empirical manuscripts
3. A Discussion section that summarizes and integrates findings across all three manuscripts, as well as discusses broad implications.

The bundled/integrated format has the advantage of encouraging students to produce a program of research rather than a single document. This format also maximizes the student's research productivity as part of the dissertation process, rather than as an additional step after the dissertation is defended.

The following guidelines should be considered by the student and committee when the bundled/integrated option is selected:

- The three (3) manuscripts must be conceptually related to each other, ideally demonstrating a programmatic line of research.
- The three (3) manuscripts must be empirical studies.

- The three (3) manuscripts must be based on work begun, performed and completed while a student is in residency in a clinical psychology graduate program at Northwestern University.
- There must be Introduction and Discussion sections that integrate all three manuscripts together in a meaningful way as part of the final dissertation. The Introduction (which includes an integrative review of the literature as well as a brief overview of each of the three (3) manuscripts that will be included in the dissertation) must be included as part of the proposal document. The Discussion must summarize and integrate the findings of the three studies and discuss broad implications of the work for further research.
- No more than one (1) of the three (3) manuscripts may be accepted for publication or published prior to the dissertation proposal meeting. Manuscripts can be submitted for peer review before the oral defense but only with the prior review and approval of all dissertation committee members.
- Non-significant results that emerge from the analyses must still be in "ready to be submitted" format.
- The student must be the first author (i.e., the major contributor) on all manuscripts.
- One of the papers may be a meta-analysis or a systematic review. Book chapters, conference presentations, encyclopedia entries, and book reviews cannot be included as one of the papers for the dissertation.
- The student's Master's thesis/RQP or any publications from the student's Master's thesis/RQP cannot be included as one of the papers for the dissertation

Graduation

Graduation occurs at 4 times throughout the academic year, corresponding with the end of each quarter. 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 prior to the University deadlines. Please note that the deadlines for submitting all degree requirements are updated every year and are posted on the University's academic calendar: (https://www.registrar.northwestern.edu/calendars/academic-calendars/).

For more information on the TGS degree completion process, please see: https://www.tgs.northwestern.edu/about/policies/phd-degree-requirements.html.

Initiation and completion of the graduation process is the student's responsibility, although assistance is available from TGS' student services (https://www.tgs.northwestern.edu/academic-policies-procedures/academic-student-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 holds the Spring quarter graduation typically in mid-June. In this situation, a student finishing their 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. As indicated elsewhere in this Handbook, the *TGS Final Exam* form will not be approved by the Program in GSTS until all degree requirements are completed, including the final day of the clinical internship.

Hooding Ceremony

Participation in the hooding ceremony is limited to students who complete all degree requirements by TGS's Spring graduation deadline, with the following exceptions. Students with clinical internships ending at the end of June, July, or August can petition to participate in the Spring Hooding Ceremony if they submit the dissertation, final exam form, and all pending grade changes by May 31st of that year. Students with internships ending at the end of June or August who wish to participate in the June Hooding Ceremony must do the following:

1. Request that the student's current internship Training Director send an email to the PhD Program's DCT confirming that the student is on-track to complete the internship by the expected end of the internship.
2. Have the DCT email the Senior Director of Academic Student Services at TGS to confirm that the student will finish all degree requirements – except the internship – by May 31.
3. After approval from the Senior Director of Academic Student Services, the student will work with the TGS Events & Engagement Manager (https://www.tgs.northwestern.edu/about/our-people/staff/) in early May to inform them that they are a summer graduate who plans to

complete degree requirements prior to May 31 and wants to participate in the hooding ceremony. The Event Coordinator will then send students the *Hooding Ceremony Intent to Participate* form.

Students who complete the dissertation, final exam form, and/or any pending grade changes 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 (see https://www.tgs.northwestern.edu/academic-policies-procedures/policies/graduation-and-diploma-mailing.html). 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 in TGS Student Services (https://www.tgs.northwestern.edu/academic-policies-procedures/academic-student-services/).

Diploma

None of the diplomas issued by the Graduate School include the field of study, including the PhD. The Northwestern diploma lists only the degree type, not the field of study. The reason for this is that the diploma is not considered the official degree document. Rather, it is a symbolic representation of the degree, but not the official degree record. The transcript is the document that lists the program of study, along with additional information about the degree that wouldn't normally be included on a diploma.

Transcripts

The official record of the student's graduate work at Northwestern University is the transcript. Thus, a student should examine their unofficial transcript on CAESAR, check it for accuracy, and contact the Registrar's office if there are any concerns. It is the student's responsibility to determine that the official Northwestern University transcript accurately reflects their Graduate School studies.

Licensure

The Program makes every effort to provide education that is compliant with national standards and to prepare students to practice clinical psychology. As recognition of our compliance with national standards, our Program is accredited by the American Psychological Association. The practice of psychology, however, is regulated at the state level. State licensing authorities, commonly referred to as "State Boards," determine the specific educational and training requirements for licensure in their State. Of note, many States require post-doctoral training as well as examinations beyond educational and training requirements. As such, a PhD degree from our Program in Clinical Psychology is not sufficient, in and of itself, to meet licensure requirements in most states.

In 2020, the Association of State and Provincial Psychology Boards (ASPPB) published a comprehensive document of state-by-state requirements for initial licensure (https://cdn.ymaws.com/www.asppb.net/resource/resmgr/files/Consumer_Information_Disclos.pdf), which is regularly updated. As noted in the document, while it represents a concerted effort to be accurate, it does not guarantee that a student will or will not meet the licensure requirements for a particular jurisdiction. As such, it is strongly recommended that students contact the appropriate licensing entity in the state for which they are seeking licensure or certification to obtain information and guidance regarding licensure or certification requirements before beginning an academic program. Given that State requirements for licensure or certification vary and may change over time it is also strongly recommended that students review licensing or certification requirements as they get closer to seeking licensure or certification. Students are also encouraged to confirm state licensing requirements directly with the state they are interested in seeking licensure or certification.

Please see Section X for the determination, to the best of our ability, if our curriculum meets – or does not meet – the educational requirements for licensure or certification to practice psychology in each of the States in the Union.

Section IX: Competency-Based Evaluation Forms

Research Mentor
Competency Evaluation Form

Student Name: _____ Date: _____

Rater: _____ Additional Rater: _____

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

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

Basic Research and Lab Skills

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

Comments:

Scientific Foundation of Psychology

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

Comments:

Ethics

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

5. The student's research in your lab complied with all ethical, legal, and/or professional standards or guidelines	1 2 3 4 5 NA
6. Seeks consultation regarding complex ethical and legal dilemmas to research conducted in the lab	1 2 3 4 5 NA

Comments:

Research Activity

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

Comments:

Responsible and Ethical Behavior

1. Consistently reliable and accountable for behavior (e.g., arrives on time, prepared, meets deadlines promptly, handles absences appropriately)	1 2 3 4 5 NA
2. Behavior is consistent with the professional values and codes of conduct of psychology, including accountability, ethical engagement, self-reflection, excellence, humanism, civility, collaboration, cultural humility, psychology's social contract with society, and social responsibility	1 2 3 4 5 NA
3. Identifies and ethically addresses potential conflicts between personal belief systems, APA ethics code and legal issues in practice	1 2 3 4 5 NA
4. Communications, physical conduct, and attire are consistent with norms and expectations of the site, and any individual or cultural exceptions are discussed and addressed in a civil and solution-focused manner	1 2 3 4 5 NA
5. Integrates into the lab and actively engages in lab activities	1 2 3 4 5 NA
6. Demonstrates self-care, including attention to personal health and well-being, to assure effective professional functioning	1 2 3 4 5 NA
7. Develops and maintains effective and meaningful interpersonal relationships with other graduate students, lab staff, and mentors	1 2 3 4 5 NA
8. Demonstrates appropriate and effective affective and self-regulatory skills (e.g., affect tolerance, tolerance of interpersonal differences, tolerance of ambiguity and uncertainty, effective negotiation of interpersonal differences, active problem solving, and appropriate disclosers regarding problematic interpersonal situations)	1 2 3 4 5 NA
9. Demonstrates appropriate and effective expressive skills (e.g., clear and articulate verbal and non-verbal expression of feelings and information).	1 2 3 4 5 NA
10. Monitors and applies knowledge of the role of culture and awareness of self and others in research activities	1 2 3 4 5 NA

Comments:

Overall Comments on Progress:

Responsible and Ethical Behavior Review

Student Name:

Date of Review:

Based on a review and discussion of all available evidence, the Faculty is confident that the aforementioned student:

Ethical Behavior

- ☑ Is knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct
- ☑ Is knowledgeable of and acts in accordance with the relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
- ☑ Is knowledgeable of and acts in accordance with the relevant professional standards and guidelines.
- ☑ Will or has recognized ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.
- ☑ Conduct self in an ethical manner in all professional activities.

Comments (required if any box unchecked):

Individual and Cultural Diversity

- ☑ Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- ☑ Is knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- ☑ Integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
- ☑ Demonstrates the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

Comments (required if any box unchecked):

Values, Attitudes, and Behaviors

- ☑ Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- ☑ Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

- ☑ Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- ☑ Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Comments (required if any box unchecked):

Communications and interpersonal skills

- ☑ Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- ☑ Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- ☑ Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Comments (required if any box unchecked):

Clinical Supervisor Competency Evaluation Form Assessment Version

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

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

Rater: _____ Additional Rater: _____

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

☐ Direct observation ☐ Discussions in supervision ☐ Video tape review

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

☐ Review of records ☐ Other, specify:

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

1 = Development lags expectations; remedial action required

2 = Development lags expectations; can be addressed within supervision

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

4 = Achieved minimum competency (advanced practicum-level)

5 = Surpassed minimum competency (internship-level)

NA = Not Applicable or Unable to Judge

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

Please provide comments!

Scientific Foundation

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

Comments:

Standardized Assessment

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

Comments:

Test Selection and Administration

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

Test Selection and Administration continued…

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

Comments:

Interpretation of Results

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

Comments:

Report Writing & Feedback

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

Comments:

Diagnostic Skills

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

Comments:

Case Formulation

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

Comments:

Supervision, Consultation, and Collaboration

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

Supervision, Consultation, and Collaboration continued…

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

Comments:

Responsible and Ethical Behavior

1. Consistently reliable and accountable for behavior (e.g., arrives on time, prepared for clinical activities, meets deadlines promptly, handles absences appropriately)	1 2 3 4 5 NA
2. Behavior is consistent with the professional values, ethics, and codes of conduct of psychology, including accountability, ethical engagement, self-reflection, excellence, humanism, civility, collaboration, cultural humility, psychology's social contract with society, and social responsibility	1 2 3 4 5 NA
3. Identifies and ethically addresses potential conflicts between personal belief systems, APA ethics code, and legal issues in practice	1 2 3 4 5 NA
4. Communications, physical conduct, and attire are consistent with norms and expectations of the site, and any individual or cultural exceptions are discussed and addressed in a civil and solution-focused manner	1 2 3 4 5 NA
5. Demonstrates concern for the welfare of others	1 2 3 4 5 NA
6. Demonstrates self-care, including attention to personal health and well-being, to assure effective professional functioning	1 2 3 4 5 NA
7. Developed and maintains effective and meaningful interpersonal relationships with other trainees, supervisors, and other staff	1 2 3 4 5 NA
8. Demonstrates appropriate and effective affective and self-regulatory skills (e.g., affect tolerance, tolerance of interpersonal differences, tolerance of ambiguity and uncertainty, effective negotiation of interpersonal differences, active problem solving, and appropriate disclosers regarding problematic interpersonal situations)	1 2 3 4 5 NA
9. Demonstrates appropriate and effective expressive skills (e.g., clear and articulate verbal and non-verbal expression of feelings and information).	1 2 3 4 5 NA

Comments:

Diversity

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

Comments:

Site-Specific Competencies

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

Overall Comments:

Clinical Supervisor Competency Evaluation Form Intervention Version

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

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

Rater: _____ Additional Rater: _____

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

☐ Direct observation ☐ Discussions in supervision ☐ Video tape review

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

☐ Review of records ☐ Other, specify:

Please rate the student's competencies using the following scale:

1 = Development lags expectations; remedial action required

2 = Development lags expectations; can be addressed within supervision

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

4 = Achieved minimum competency (advanced practicum-level)

5 = Surpassed minimum competency (internship-level)

NA = Not Applicable or Unable to Judge

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

Please provide comments!

Scientific Foundation

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

Comments:

Diagnostic Skills

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

Comments:

Case Formulation

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

Comments:

Treatment Planning

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

Comments:

Foundational Therapeutic Skills

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

Comments:

Model-Specific Therapeutic Skills

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

Comments:

Supervision, Consultation, and Collaboration

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

Comments:

Responsible and Ethical Behavior

1. Consistently reliable and accountable for behavior (e.g., arrives on time, prepared for clinical activities, meets deadlines promptly, handles absences appropriately)	1 2 3 4 5 NA
2. Behavior is consistent with the professional values, ethics, and codes of conduct of psychology, including accountability, ethical engagement, self-reflection, excellence, humanism, civility, collaboration, cultural humility, psychology's social contract with society, and social responsibility	1 2 3 4 5 NA
3. Identifies and ethically addresses potential conflicts between personal belief systems, APA ethics code, and legal issues in practice	1 2 3 4 5 NA
4. Communications, physical conduct, and attire are consistent with norms and expectations of the site, and any individual or cultural exceptions are discussed and addressed in a civil and solution-focused manner	1 2 3 4 5 NA
5. Demonstrates concern for the welfare of others	1 2 3 4 5 NA
6. Demonstrates self-care, including attention to personal health and well-being, to assure effective professional functioning	1 2 3 4 5 NA
7. Developed and maintains effective and meaningful interpersonal relationships with other trainees, supervisors, and other staff	1 2 3 4 5 NA
8. Demonstrates appropriate and effective affective and self-regulatory skills (e.g., affect tolerance, tolerance of interpersonal differences, tolerance of ambiguity and uncertainty, effective negotiation of interpersonal differences, active problem solving, and appropriate disclosers regarding problematic interpersonal situations)	1 2 3 4 5 NA
9. Demonstrates appropriate and effective expressive skills (e.g., clear and articulate verbal and non-verbal expression of feelings and information).	1 2 3 4 5 NA

Comments:

Diversity

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

Comments:

Site-Specific Competencies

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

Overall Comments:

Clinical Qualifying Exam Competency Evaluation Form

Student Name: _____ Date of Defense: _____

CQE Title: _____

_____

Please rate the student's competencies on the Work Product, Taped Practice Sample, and Oral Examination using the following scale:

1 = Development lags expectations, remedial action required
2 = Development lags expectations, address within supervision
3 = Developing as expected towards basic competency
4 = Achieved basic competency
5 = Achieved advanced competency

Scientific Foundation

1. Demonstrates knowledge of the scientific foundations of human behavior (biological, social, affective, and/or cognitive) in the clinical conceptualization	1 2 3 4 5
2. Applies an Evidence-Based Practice Model to the clinical decision making in the case presented	1 2 3 4 5
3. Literature review is broad and comprehensive, demonstrating knowledge of the scientific foundations of human behavior related to the topic under study	1 2 3 4 5
4. Presents a balanced perspective of the literature, reviewing and critiquing the evidence supporting and refuting a diagnosis or treatment decisions	1 2 3 4 5
5. References recent empirical literature to support decisions regarding diagnosis, assessment, testing, and/or intervention.	1 2 3 4 5

Comments:

Psychological Assessment (If Applicable)

1. Selection of assessment tools reflects a flexible approach that allows a focus on the patient and the presenting problems, rather than on the test procedures	1 2 3 4 5
2. Demonstrates awareness and competent use of culturally sensitive instruments and norms	1 2 3 4 5
3. Limitations of assessment data clearly reflected in assessment report	1 2 3 4 5
4. Generated correct clinical insights from interpretation of data	1 2 3 4 5
5. Produced a sophisticated written report that emphasized communication efficiency and readability/style	1 2 3 4 5
6. Refined skills for discussing evaluation results	1 2 3 4 5
7. Personalized recommendations and responsive to questions about recommendations when presented	1 2 3 4 5

Comments:

Diagnostic

1. Used appropriate diagnostic nomenclature and DSM diagnoses	1 2 3 4 5
2. Distinguished developmentally normative behavior from clinically significant symptoms	1 2 3 4 5
3. Used concepts of differential diagnosis	1 2 3 4 5
4. Diagnosis is accurate	1 2 3 4 5
5. Demonstrates a comprehensive and in-depth understanding of the patient's diagnosis(es)	1 2 3 4 5
6. Demonstrates knowledge of the range of available interventions for the patient's diagnoses or problem(s)	1 2 3 4 5

Comments:

Psychological Intervention (If Applicable)

1. Incorporates elements of the Evidence-Based Practice model (e.g., Ask, Acquire, Appraise, Apply, Analyze & Adjust) when discussing clinical decision making for assessment and treatment	1 2 3 4 5
2. Initial intervention plans flow directly from a case formulation that includes a theoretically-consistent theory of change	1 2 3 4 5
3. Changes in the case formulation coincide with appropriate changes in the treatment plan	1 2 3 4 5
4. Demonstrates fundamental clinical skills (e.g., development of a therapeutic alliance, empathic listening, problem framing) at an advanced trainee level	1 2 3 4 5
5. Integrates evaluation of treatment progress into treatment	1 2 3 4 5
6. Describes instances in which there is a lack of progress and the actions taken in response to the lack of progress	1 2 3 4 5
7. Identifies and acknowledges limitations of interventions for certain patients	1 2 3 4 5
8. Modifies intervention to fits patient's characteristics, preferences, and circumstances	1 2 3 4 5
9. Discusses limitations and/or adaptations to psychological interventions based on factors related to individual and cultural diversity.	1 2 3 4 5

Comments:

Responsible and Ethical Behavior

1. Behavior is consistent with the professional values and codes of conduct of psychology, including accountability, ethical engagement, self-reflection, excellence, humanism, civility, collaboration, cultural humility, psychology's social contract with society, and social responsibility	1 2 3 4 5
2. Identified and ethically addressed potential conflicts between personal belief systems, APA ethics code and legal issues in practice	1 2 3 4 5
3. Communications, physical conduct, and attire are consistent with norms and expectations of the site, and any individual or cultural exceptions are discussed and addressed in a civil and solution-focused manner	1 2 3 4 5
4. Demonstrates appropriate and effective affective and self-regulatory skills during oral exam	1 2 3 4 5
5. Demonstrates appropriate and effective expressive skills (e.g., clear and articulate verbal and non-verbal expression of feelings and information).	1 2 3 4 5
6. Evidences knowledge of the role of culture and awareness of self and others in clinical case	1 2 3 4 5

Comments:

Overall Comments:

Does the student's performance meet minimal acceptable competencies[2] on the following components:

- Work Product: ☐ Yes ☐ No
- Scientific Paper: ☐ Yes ☐ No
- Oral Defense : ☐ Yes ☐ No

Has the student passed the CQE? ☐ Yes ☐ No

If "No," describe the revisions necessary for the student to pass the CQE:

A minimum of two faculty members must serve on the committee. The Chair must be a member of the Clinical Training Committee (CTC).

Committee Members and Signatures:

			CTC Member?	Approve?
Chair:	_____ Printed Name	_____ Signature	☐	☐
Co-Chair:	_____ Printed Name	_____ Signature	☐	☐
Member:	_____ Printed Name	_____ Signature	☐	☐
Member:	_____ Printed Name	_____ Signature	☐	☐

[2] Definition of Minimal Acceptable Competencies = 90% of all competencies on pages 1-2 are rated as a level of 4 or 5, and no competencies are rated at a level of 1 or 2

Research Qualifying Paper (RQP) Competency Evaluation Form

Student Name: _____ **Date: _____**

Primary Mentor: _____ **Additional Mentor: _____** (optional)

RQP Title: _____

_____

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

1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree

Research methodology and analysis

1. The study is empirical and uses measurable evidence to test specific hypotheses or explore logical or adequately reasoned research questions.	1 2 3 4
2. The study has clearly formulated the goals, aims, and/or hypotheses of the study	1 2 3 4
3. The design of the study was appropriate to test the hypotheses or answer the research questions	1 2 3 4
4. The analyses used to test the hypotheses or answer the research questions were appropriate to test the hypotheses or answer the research questions	1 2 3 4
5. Interpretations of the results were correct and were appropriately used to answer hypotheses or research questions.	1 2 3 4

Comments:

Scientific Foundation of RQP

1. Literature review is broad and comprehensive	1 2 3 4
2. The RQP integrates the latest research on the scientific foundations of human behavior (biological, social, affective, and/or cognitive) into the research question and/or hypotheses.	1 2 3 4
3. Writing is clear, concise, and scientific	1 2 3 4

Comments:

Ethics

1. All of the relevant ethical, legal, and/or professional standards or guidelines were appropriately identified and addressed	1 2 3 4

2. Ethical implications in the design and implementation of the research study were identified, addressed, and discussed	1 2 3 4
3. The student sought consultation regarding complex ethical and legal dilemmas related to the RQP	1 2 3 4
4. All applicable ethical principles and standards were addressed in the RQP	1 2 3 4

Comments:

Overall Comments:

Has the student passed[3] the RQP? ☐ Yes ☐ No

If "No," describe the revisions necessary for the student to pass the RQP:

Signature of Primary Mentor: _____
Signature

[3] "Passed" is defined as 100% of competencies rated as 3 (agree) or 4 (strongly agree).

Master's Thesis Documentation

Final Title of Thesis Project:

Master's Thesis Oral Defense Date:

Has the student passed the Oral Defense? ☐ Yes ☐ No

A minimum of two faculty members must serve on the committee. At least two members of this committee, including the chair, must be members of the Northwestern University Graduate Faculty.

Committee Members and Signatures:

			Grad Faculty?	Approve?
Chair:	_____ Printed Name	_____ Signature	☐	☐
Co-Chair:	_____ Printed Name	_____ Signature	☐	☐
Member:	_____ Printed Name	_____ Signature	☐	☐
Member:	_____ Printed Name	_____ Signature	☐	☐

Dissertation Prospectus Competency Evaluation Form

Student Name: _____ **Date:** _____

Prospectus Title: _____

_____

_____

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

1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree

Theory

1. Aware of the relevant theories	1 2 3 4
2. Accurately identifies and articulates the degree of research support for relevant theories	1 2 3 4
3. Integrates relevant theory and empirical findings to generate predictions or research hypotheses	1 2 3 4

Comments:

Scientific Foundation of Prospectus

1. Literature review is broad and comprehensive, with appropriate citation of relevant works	1 2 3 4
2. Literature review is balanced and without bias, including findings that both strengthen and weaken hypotheses	1 2 3 4
3. Demonstrates in-depth and sophisticated knowledge of the topic and areas related to the topic	1 2 3 4

Comments:

Scientific Writing and Speaking

1. Writing is clear, concise, and scientific	1 2 3 4
2. Attributes ideas to appropriate sources, and uses references effectively to make specific points or arguments	1 2 3 4
3. Demonstrates ability to make a scientific argument in written form	1 2 3 4

4. Demonstrates ability to make a scientific argument in oral form	1 2 3 4

Comments:

Research methodology and analysis

1. The study proposes an empirical approach to knowledge generation and proposes to use measurable evidence to test specific hypotheses or explore logical or adequately reasoned research questions	1 2 3 4
2. The study has clearly formulated the goals, aims, and/or hypotheses of the study	1 2 3 4
3. The design of the study is appropriate to test the hypotheses or answer the research questions	1 2 3 4
4. The analyses proposed are appropriate to the data that will be collected and are best for addressing the hypotheses or answering the research questions	1 2 3 4
5. The analyses proposed will generate results that are interpretable for the hypotheses or research questions posed	1 2 3 4

Comments:

Scientific Thinking

1. The prospectus combines and integrates theories and/or empirical findings to generate new integrative ideas and directions; goes well beyond simply listing and reviewing studies	1 2 3 4
2. Provides an in-depth and accurate critique of existing literature, including an understanding of ambiguities and limitations	1 2 3 4
3. Identifies what is actually demonstrated in the literature review, not simply what the authors of specific studies may have claimed was demonstrated	1 2 3 4
4. Prospectus formulates testable hypotheses	1 2 3 4

Comments:

Ethics & Individual/Cultural Diversity

1. All of the relevant ethical, legal, and/or professional standards or guidelines were appropriately anticipated, identified, addressed, and discussed	1 2 3 4
2. Ethical implications in the proposed design of the research study were anticipated, identified, addressed, and discussed	1 2 3 4
3. The student sought consultation regarding complex ethical and legal dilemmas related to the prospectus	1 2 3 4 N/A

4. All applicable ethical principles and standards were addressed in the prospectus	1 2 3 4
5. The prospectus demonstrated awareness, knowledge, and skill in considering issues of individual and cultural-diversity when designing the prospectus	1 2 3 4

Comments:

Professionalism, Communication, and Interpersonal Skills

1. Behavior during oral exam was consistent with the professional values and codes of conduct of psychology, including accountability, ethical engagement, self-reflection, excellence, humanism, civility, collaboration, cultural humility, psychology's social contract with society, and social responsibility	1 2 3 4
2. Communications, physical conduct, and attire during the oral exam were consistent with norms and expectations of the program, and any individual or cultural exceptions were discussed and addressed in a civil and solution-focused manner	1 2 3 4
3. Student demonstrated appropriate and effective affective and self-regulatory skills during oral exam	1 2 3 4
4. Student demonstrated appropriate and effective communication skills during oral exam (e.g., clear and articulate verbal and non-verbal conveyance of information; effectively responds to questions/criticisms/concerns)	1 2 3 4
5. Student maintained strong, effective, consistent, and appropriate interpersonal relationships with committee members during the preparation of the prospectus	1 2 3 4

Comments:

Overall Comments:

Chair Signature: _____ Pass?[1] ☐ Yes ☐ No

Co-Chair Signature: _____ Pass?[1] ☐ Yes ☐ No

Committee Member Signature: _____ Pass?[1] ☐ Yes ☐ No

Committee Member Signature: _____ Pass?[1] ☐ Yes ☐ No

Committee Member Signature: _____ Pass?[1] ☐ Yes ☐ No

[1] "Passed" is defined as 100% of competencies rated as 3 (agree) or 4 (strongly agree).

Dissertation Final Exam Competency Evaluation Form

Student Name: _____ **Date:** _____

Dissertation Title: _____

_____

_____

Please rate the Final Exam on the following competencies using the following scale:

1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree

Theory

1. Dissertation document and final exam includes relevant theories	1 2 3 4
2. Dissertation document and final exam accurately identifies and articulates the degree of research support for relevant theories	1 2 3 4
3. Dissertation document and final exam integrates relevant theory and empirical findings to generate predictions or research hypotheses	1 2 3 4

Comments:

Scientific Foundation of Final Exam

1. Literature review is broad and comprehensive, with appropriate citation of relevant works	1 2 3 4
2. Literature review is balanced and without bias, including findings that both strengthen and weaken hypotheses	1 2 3 4
3. Dissertation document and final exam demonstrates in-depth and sophisticated knowledge of the topic and areas related to the topic	1 2 3 4

Comments:

Scientific Writing and Speaking

1. Writing is clear, concise, and scientific	1 2 3 4
2. Dissertation document and final exam attributes ideas to appropriate sources, and uses references effectively to make specific points or arguments	1 2 3 4

3. Through the dissertation document, the student demonstrates the ability to disseminate information in written form	1 2 3 4
4. Through the final exam, the student demonstrates the ability to disseminate information in oral form	1 2 3 4

Comments:

Research methodology and analysis

1. The study is empirical and used measurable evidence to test specific hypotheses or explore logical or adequately reasoned research questions	1 2 3 4
2. The dissertation document and final exam has clearly formulated goals, aims, and/or hypotheses	1 2 3 4
3. The research design was appropriate to test the hypotheses or answer the research questions	1 2 3 4
4. The analyses conducted are appropriate to the collected data and are best for addressing the hypotheses or answering the research questions	1 2 3 4
5. The analyses generated results that are interpretable for the hypotheses or research questions posed	1 2 3 4

Comments:

Scientific Thinking

1. Dissertation document and final exam combines and integrates theories and/or empirical findings to generate new integrative ideas and directions; goes well beyond simply listing and reviewing studies.	1 2 3 4
2. Dissertation document and final exam provides an in-depth and accurate critique of existing literature, including an understanding of ambiguities and limitations.	1 2 3 4
3. Dissertation document and final exam identifies what is actually demonstrated in the literature review, not simply what the authors of specific studies may have claimed was demonstrated	1 2 3 4
4. Dissertation document and final exam includes testable hypotheses	1 2 3 4

Comments:

Ethics & Individual/Cultural Diversity

1. All of the relevant ethical, legal, and/or professional standards or guidelines were appropriately identified and addressed in the final exam and/or dissertation document	1 2 3 4
2. Ethical implications in the design and implementation of the research study were identified, addressed, and discussed in final exam and/or dissertation document	1 2 3 4
3. The student sought consultation regarding complex ethical and legal dilemmas related to the final exam and dissertation document	1 2 3 4
4. All applicable ethical principles and standards were addressed in the final exam and dissertation document	1 2 3 4
5. Aware, knowledgeable, and skillful in considering issues of individual and cultural-diversity in the dissertation document and during the final exam	1 2 3 4

Comments:

Professionalism, Communication, and Interpersonal Skills

1. Behavior during final exam was consistent with the professional values and codes of conduct of psychology, including accountability, ethical engagement, self-reflection, excellence, humanism, civility, collaboration, cultural humility, psychology's social contract with society, and social responsibility	1 2 3 4
2. Communications, physical conduct, and attire during the oral exam were consistent with norms and expectations of the program, and any individual or cultural exceptions were discussed and addressed in a civil and solution-focused manner	1 2 3 4
3. Student demonstrated appropriate and effective affective and self-regulatory skills during final exam	1 2 3 4
4. Student demonstrated appropriate and effective communication skills during final exam (e.g., clear and articulate verbal and non-verbal conveyance of information; effectively responds to questions/criticisms/concerns)	1 2 3 4
5. Student maintained strong, effective, consistent, and appropriate interpersonal relationships with committee members during the preparation of the final exam and dissertation document	1 2 3 4

Comments:

Overall Comments:

Chair Signature: _____ Pass?[1] ☐ Yes ☐ No

Co-Chair Signature: _____ Pass?[1] ☐ Yes ☐ No

Committee Member Signature: _____ Pass?[1] ☐ Yes ☐ No

Committee Member Signature: _____ Pass?[1] ☐ Yes ☐ No

Committee Member Signature: _____ Pass?[1] ☐ Yes ☐ No

[1] "Passed" is defined as 100% of competencies rated as 3 (agree) or 4 (strongly agree).

Psychology Trainee Evaluation of Supervision Competencies

Student's Name: Click here to enter text.

Supervisor's Name: Click here to enter text.
Capacity: ☐ Individual Supervisor ☐ Rotation Supervisor ☐ Training Director

Name of Site: Click here to enter text.

Name of Rotation (if applicable): Click here to enter text.

Date: Click here to enter a date.

Period being rated: ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ 24 months

Your position: ☒ Extern

COMPETENCY RATING DESCRIPTIONS		
1	Poor	Behavior Never Displayed/Observed
2	Fair	Behavior Rarely Displayed
3	Good	Behavior Frequently Displayed
4	Very Good	Behavior Typically Displayed
5	Excellent	Behavior (Almost) Always Displayed
NA	NA	Not Applicable

Adapted from:

Falender, C.A., Cornish, J.A.E., Goodyear, R., Hatcher, R., Kaslow, N.J., Leventhal, G., Shafranske, E.,
& Sigmon, S. (2004). Defining competencies in psychology supervision: A consensus statement. Journal of Clinical Psychology, 60, 771-785

American Psychological Association. (2014). Guidelines for Clinical Supervision in Health Service
Psychology. Retrieved from http://apa.org/about/policy/guidelines-supervision.pdf

© Vas, Dave, & Kass (2015)

Domain A: SUPERVISOR COMPETENCE

A1. Goal: Assurance of competence in provision of services

Choose	Provides competent supervision of services to ensure welfare of patients.

Specific Objectives:

Choose	Ensures that patients receive competent services and protects others from harm.
Choose	Possesses and demonstrates up-to-date knowledge and skill about the areas being supervised.
Choose	Takes reasonable steps to ensure competence when less familiar with the areas being supervised.
Choose	Sets appropriate boundaries and seeks consultation when supervisory issues are outside domain of supervisory competence.
Choose	Refers trainee to other resources (e.g., consultation, research, etc.) when appropriate
Choose	Demonstrates knowledge about the context of supervision (e.g., expectations of the system within the trainee works, departmental/institutional policies, etc.)
Choose	Demonstrates knowledge about relevant events that may impact patient care (e.g., billing and administrative procedures, etc.) in the organizational context.
Choose	Consistently enforces appropriate standards for billing procedures, documentation, and administrative protocols, and encourages trainee to become fluent in this domain.
Choose	Demonstrates flexibility in teaching modalities, case conceptualization, and treatment plan suggestions
Choose	Demonstrates scientific thinking and appropriate translation of scientific findings to practice.
Choose	Collaborates with all faculty/staff involved in the training process at the site.
Choose	Communicates with trainee's graduate program as necessary, especially when performance problems need to be addressed.
Choose	Strives for diversity competence across populations and settings
Choose	Demonstrates knowledge about diversity issues that are specifically relevant to the setting and environment within which the trainee works.
Choose	Possesses relevant knowledge, skills, and values/attitudes to provide culturally sensitive care and supervision.
Choose	Provides evaluative feedback routinely to enhance development of trainee competence.
Choose	Demonstrates and models transparency in the process of communication and encourages similar behavior in supervisee.
Choose	Strives to be competent in the use of technology in clinical care (including distance supervision).

Choose	Demonstrates awareness of the policies and procedures in place for ethical practice of telepsychology, social media, and electronic communication.
Choose	Possesses relevant knowledge about legal issues specific to technology, supervision, and practice
Choose	Models ethical practice, decision-making, and professionalism by facilitating thoughtful discussion regarding relevant issues (e.g., social networking).

A2. Goal: Competence in the provision of supervision

Choose	Demonstrates competence in the provision of supervision.

Specific Objectives:

Choose	Seeks to attain and maintain competence in the practice of supervision through consultation, education, and training.
Choose	Demonstrates requisite knowledge of models, theories, modalities, and research on clinical supervision and relevant skills.
Choose	Demonstrates commitment to knowing and utilizing available psychological science related to supervision.
Choose	Manages supervisory relationship appropriately while enhancing trainee's skills.
Choose	Demonstrates familiarity with and uses a developmental approach to supervision.
Choose	Formally and/or informally assesses the learning needs and developmental level of the supervisee on an ongoing basis.
Choose	Continually adjusts teaching model to skill level in accordance with the developmental model of supervision.
Choose	Provides input consistent with developmental needs of supervisee (e.g., less specific feedback over time, increased encouragement of higher-level case conceptualization, promotion of autonomous thinking appropriate to level of training, etc.)

Domain B: DIVERSITY

Goal: Diversity Competence

Choose	Strives to develop diversity competence as an element of supervision competence, and infuses diversity into all aspects of clinical practice and research.

Specific Objectives:

Choose	Demonstrates awareness and knowledge of diversity in all of its forms.
Choose	Develops and maintains self-awareness regarding their diversity competence, which includes attitudes, knowledge, and skills.
Choose	Demonstrates efforts to be introspective, revise and update knowledge, and advance diversity skills.
Choose	Models openness to self-exploration, understanding one's own biases, and willingness to pursue education or consultation as necessary.

Choose	Recognizes the value of and pursues ongoing training in diversity competence as part of professional development and life-long learning.
Choose	Attempts to be knowledgeable about the effects of bias and prejudice, and as necessary, models advocacy behaviors to promote change.
Choose	Serves as a role model regarding diversity knowledge, skills, and attitudes
Choose	Strives to be familiar with the literature concerning diversity competence in supervision
Choose	Encourages sensitivity to diversity in all its forms.
Choose	Establishes a respectful supervisory relationship to facilitate diversity competence
Choose	Creates a safe environment within which to address diversity issues in clinical care, supervision, and organizational context.
Choose	Manages individual difference variables that may impact the supervisory relationship.
Choose	Assists with and encourages the development of a cogent case formulation that includes individual difference variables.
Choose	Assists trainee in navigating tension between personal and professional values in providing competent patient care.

Domain C: SUPERVISORY RELATIONSHIP

Goal: Development and maintenance of positive supervisory relationship

Choose	Creates a supervisory relationship that facilitates effective clinical supervision.

Specific Objectives:

Choose	Values, creates, and maintains a collaborative relationship that promotes the supervisee's competence.
Choose	Specifies responsibilities and expectations of both parties in the supervisory relationship.
Choose	Identifies expected program competencies and performance standards.
Choose	Collaboratively develops individualized goals for supervision in the form of a clearly specified supervisory contract
Choose	Collaboratively assesses progress towards goals on an ongoing basis
Choose	Regularly reviews progress of trainee and the effectiveness of the supervisory relationship and addresses relevant issues as necessary.
Choose	Demonstrates sensitivity to multiple potential roles with supervisee and exhibits ability to perform and balance multiple roles
Choose	Promotes growth and self-assessment in the trainee
Choose	Encourages and uses evaluative feedback from the trainee on an ongoing basis
Choose	Demonstrates respect for trainees, patients and colleagues
Choose	Promotes autonomy appropriate to supervisee's level of training

Domain D: PROFESSIONALISM

Goal: Comportment reflecting the fundamental values of professional psychology

Choose	Prioritizes needs and welfare of patients and trainees, and exhibits integrity, professional behavior, accountability, and concern for the welfare of others.

Specific Objectives:

Choose	Models professionalism through their own behavior and interactions with others.
Choose	Teaches knowledge, skills, and attitudes associated with professionalism.
Choose	Provides ongoing feedback and evaluation of trainee progress towards meeting professional expectations appropriate for level of education and training.
Choose	Is available as needed for consultation.
Choose	Provides own work samples to illustrate specific issues.
Choose	Sets and keeps regularly scheduled meeting times.
Choose	Provides for a covering supervisor during absences.

Domain E: ASSESSMENT, EVALUATION, AND FEEDBACK

Goal: Assessment, evaluation, and feedback

Choose	Provides appropriate and timely assessment, evaluation, and feedback.

Specific Objectives:

Choose	Promotes openness and transparency in assessment and feedback by relating this information to competency development.
Choose	Describes how supervision is to be conducted and follows model described.
Choose	Utilizes multiple methods of evaluation (e.g., live observation, chart review, tapes) to monitor performance.
Choose	Provides direct, clear, timely, and behaviorally anchored feedback.
Choose	Is mindful of the impact of feedback on the supervisory relationship.
Choose	Incorporates trainee self-assessment into the evaluation process.
Choose	Highlights trainee strengths and impact on performance.
Choose	Seeks feedback from trainee about supervision and incorporates this information appropriately.
Choose	Provides effective formative and summative feedback
Choose	Demonstrates knowledge of evaluation, process, and outcomes
Choose	Observes both positive and negative trainee behaviors
Choose	Balances between being supportive and challenging
Choose	Written material (e.g., notes, reports) is reviewed and returned with appropriate feedback in a timely manner
Choose	Supervisor submits all materials in accordance with departmental deadlines and policies.

Domain F: TRAINEE REMEDIATION AND MANAGING PROFESSIONAL COMPETENCE PROBLEMS

Goal: Management of Professional Competence Problems

Choose	Addresses problems with competence and provides remediation as necessary.

Specific Objectives:

Choose	Understands and adheres to the supervisory contract and procedures related to performance evaluations.
Choose	Identifies current or potential performance problems promptly and directly communicates them to the supervisee.
Choose	Addresses problems in a timely manner to allow opportunities for change.
Choose	Develops and implements an appropriate remediation plan for performance problems.
Choose	Communicates with supervisee's graduate program as necessary.
Choose	Takes ethically appropriate action in response to supervisee's performance problems.

Domain G: ETHICS, LEGAL, AND REGULATORY CONSIDERATIONS

Goal: Ethical and Appropriate Conduct

Choose	Values and models ethical behavior and adheres to relevant legal and regulatory parameters.

Specific Objectives:

Choose	Demonstrates knowledge of ethics and legal issues specific to supervision.
Choose	Demonstrates knowledge of and upholds professional ethical standards, and encourages this practice among supervisees.
Choose	Models ethical practice and decision-making and conducts self in accord with APA and other guidelines and laws/regulations.
Choose	Upholds primary ethical and legal obligation to protect the welfare of the patient.
Choose	Provides information about expectations for and parameters of supervision in a clearly specified contractual agreement.
Choose	Maintains accurate and timely documentation of trainee performance related to expectations for competency and professional development.
Choose	Manages responsibility as "gatekeeper" to the profession by assessing suitability to enter and remain in the field.

ACQUISITION OF PROFESSION WIDE COMPETENCIES

Now, consider your work with this supervisor and reflect on your training experience. Please provide a numerical rating for each competency using the following scale (note that the scale is different from the rest of the document):

COMPETENCY RATING DESCRIPTIONS	
1	Strongly Disagree
2	Disagree
3	Neutral
4	Agree
5	Strongly Agree
NA	Not Applicable

Profession-Wide Competencies	**Degree of Agreement**
My training experience with this supervisor addressed the development of my competency in **Science, Research, & Evaluation.**	Choose
My training experience with this supervisor addressed the development of my competency in **Ethical and Legal Standards.**	Choose
My training experience with this supervisor addressed the development of my competency in **Cultural and Individual Diversity.**	Choose
My training experience with this supervisor addressed the development of my competency in **Professional Values, Attitudes, and Behaviors.**	Choose
My training experience with this supervisor addressed the development of my competency in **Communication and Interpersonal Skills.**	Choose
My training experience with this supervisor addressed the development of my competency in **Psychological Assessment and Diagnosis.**	Choose
My training experience with this supervisor addressed the development of my competency in **Psychotherapeutic Intervention.**	Choose
My training experience with this supervisor addressed the development of my competency in **Supervision, Education, and Training.**	Choose
My training experience with this supervisor addressed the development of my competency in **Consultation and Inter-Professional Collaboration.**	Choose

Rating Descriptions (Please rate ALL goals and objectives)

1: Strongly Disagree **2:** Disagree **3:** Neutral
4:Agree **5:** Strongly Agree N**A:** Not applicable

SUMMARY OF SUPERVISOR STRENGTHS: Click here to enter text.

AREAS FOR IMPROVEMENT/ADJUSTMENT, INCLUDING RECOMMENDATIONS: Click here to enter text.

Section X: Consumer Disclosure Information

Consumer Disclosure Information

Educational Requirements for Licensure in Psychology

The Clinical Psychology PhD Program in the Department of Psychiatry and Behavioral Sciences at Northwestern University (referred to as the "Program") makes every effort to provide education that is compliant with national standards and to prepare students to practice clinical psychology. As recognition of our compliance with national standards, our Program is accredited by the American Psychological Association.[4] The practice of psychology, however, is regulated at the state level. State licensing authorities, commonly referred to as "State Boards," determine the specific educational and training requirements for licensure in their State. Of note, many States require post-doctoral training as well as examinations beyond educational and training requirements. As such, a PhD degree from our Program in Clinical Psychology is not sufficient, in and of itself, to meet licensure requirements in most states.

If you are planning to pursue professional licensure or certification, it is strongly recommended that you contact the appropriate licensing entity in the state for which you are seeking licensure or certification to obtain information and guidance regarding licensure or certification requirements before beginning an academic program. Given that State requirements for licensure or certification vary and may change over time it is also strongly recommended that you review licensing or certification requirements as you get closer to seeking licensure or certification. You are encouraged to review the Association of State and Provincial Psychology Boards' online tool, PsyBook (https://www.asppb.net/page/psybook), which summarizes requirements for most states and territories. You are also encouraged to confirm state licensing requirements directly with the state for which you are interested in seeking licensure or certification.

Northwestern University, to the best of its ability, determined that the curriculum offered by our Program meets – or does **not** meet – the educational requirements for licensure or certification to practice psychology in each of the States listed in Table 1. For States in which the Program's educational offerings do not meet a specific State's requirements for licensure or certification, students may be required to obtain alternate, different, or more courses, or more experiential or clinical hours required. These findings are accurate, to the best of our ability, as of August 1, 2020.

[4] For further information about APA accreditation or specific information about the accreditation status of our PhD program, please contact Jacqueline Remondet Wall, PhD Director, Office of Program Consultation and Accreditation American Psychological Association 750 First Street, NE Washington, DC 20002-4242 202-336-5979, http://www.apa.org/ed/accreditation.

Table 1

This table specifies if, based on the available information available as of July 15, 2021, the Clinical Psychology PhD Program in the Department of Psychiatry and Behavioral Sciences at Northwestern University Feinberg School of Medicine satisfies the curricular requirements for licensing in each state. Please note that this table does not include an evaluation of state-specific requirements beyond that of educational or curricular requirements.

	Program Satisfies Curricular Requirements?			
State	Yes	No	Unable to Determine	State Professional Association or License Authority and Notes
1. Alabama	X			http://www.psychology.alabama.gov/default.aspx
2. Alaska	X			https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofPsychologists.aspx
3. Arizona	X			https://psychboard.az.gov/
4. Arkansas	X			https://psychologyboard.arkansas.gov/
5. California		X		https://www.psychology.ca.gov/ Although a doctoral degree in Clinical is required, additional coursework or experience beyond what is routinely offered at the Clinical Psychology PhD Program at Northwestern University Feinberg School of Medicine may be required in California, including pre-license curriculum or training in: human sexuality (10 contact hours); alcoholism/chemical dependency detection and treatment (one semester or quarter); child abuse assessment (7 hours); spousal/partner abuse, detection and intervention strategies (15 contact hours); aging and long-term care (10 contact hours); suicide risk assessment and intervention (6 hours)
6. Colorado	X			https://dpo.colorado.gov/Psychology
7. Connecticut	X			https://portal.ct.gov/DPH/Public-Health-Hearing-Office/Board-of-Examiners-of-Psychologists/Board-of-Examiners-of-Psychologists
8. Delaware	X			https://dpr.delaware.gov/boards/psychology/
9. District of Columbia	X			https://dchealth.dc.gov/service/psychology-licensing
10. Florida	X			https://floridaspsychology.gov/
11. Georgia	X			https://sos.ga.gov/index.php/licensing/plb/44
12. Hawaii	X			http://cca.hawaii.gov/pvl/boards/psychology/
13. Idaho	X			https://ibol.idaho.gov/IBOL/BoardPage.aspx?Bureau=PSY
14. Illinois	X			https://www.idfpr.com/profs/psych.asp
15. Indiana	X			https://www.in.gov/pla/psych.htm
16. Iowa	X			https://www.idph.iowa.gov/Licensure/Iowa-Board-of-Psychology
17. Kansas	X			https://ksbsrb.ks.gov/ (note: at least 24 semester (or equivalent quarter) hours must be completed during residency)
18. Kentucky	X			http://psy.ky.gov/
19. Louisiana	X			http://www.lsbep.org/
20. Maine	X			https://www.maine.gov/pfr/professionallicensing/professions/board-examiners-psychologists
21. Maryland	X			https://health.maryland.gov/psych/Pages/Home.aspx
22. Massachusetts	X			https://www.mass.gov/orgs/board-of-registration-of-psychologists
23. Michigan	X			https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_27552---,00.html NOTE: Beginning on March 30, 2022, a one-time training in identifying victims of human trafficking must be completed before licensure

24. Minnesota	X			https://mn.gov/boards/psychology/
25. Mississippi	X			https://www.psychologyboard.ms.gov/Pages/default.aspx
26. Missouri	X			https://pr.mo.gov/psychologists.asp
27. Montana	X			http://boards.bsd.dli.mt.gov/psy
28. Nebraska	X			http://dhhs.ne.gov/licensure/Pages/Psychology.aspx
29. Nevada	X			http://psyexam.nv.gov/
30. New Hampshire	X			https://www.oplc.nh.gov/board-psychologists
31. New Jersey		X		https://www.njconsumeraffairs.gov/psy/ In addition to a doctoral degree from an APA accredited program like the Clinical Psychology PhD Program at Northwestern University Feinberg School of Medicine, New Jersey requires the following breakdown of credits and topic areas (Note: 1.0 unit at Northwestern = 2.66 semester hours or 4 quarter credit hours): • Six (6) semester credits in Personality Theory and Human Development Theory; • Six (6) semester credits in Learning Theory and/or Physiological Psychology; • Six (6) semester credits in Psychological Measurement and Psychological Assessment; • Six (6) semester credits in Psychopathology; • Six (6) semester credits in Psychological therapy/counseling or Industrial/Organizational Psychology; and • Six (6) semester credits in Research and Statistical Design
32. New Mexico	X			http://www.rld.state.nm.us/boards/Psychologist_Examiners.aspx
33. New York	X			http://www.op.nysed.gov/prof/psych/ In addition to a doctoral degree from a program like the Clinical Psychology PhD Program at Northwestern University Feinberg School of Medicine, New York requires the following breakdown of credits and topic areas (Note: 1.0 unit at Northwestern = 2.66 semester hours or 4 quarter credit hours): • Five (5) quarter credits in biological bases of behavior • Five (5) quarter credits in cognitive-affective bases of behavior • Five (5) quarter credits in social bases of behavior • Five (5) quarter credits in individual differences • Five (5) quarter credits in psychometrics • Five (5) quarter credits in history and systems of psychology • Five (5) quarter credits in research design, methodology, and statistics
34. North Carolina	X			http://www.ncpsychologyboard.org/
35. North Dakota	X			http://ndsbpe.org/index.html
36. Ohio	X			https://psychology.ohio.gov/
37. Oklahoma	X			https://www.ok.gov/psychology/ In addition to a doctoral degree from an APA accredited program like the Clinical Psychology PhD Program at Northwestern University Feinberg School of Medicine, Oklahoma requires at least 42 hours of coursework that is primarily psychological in content, with 3 or more semester hours in the following areas for a total of 21 hours. the following breakdown of credits and topic areas (Note: 1.0 unit at Northwestern = 2.66 semester hours or 4 quarter credit hours): • Three (3) semester credits in Scientific and professional ethics and standards; • Three (3) semester credits in Research design and methodology • Three (3) semester credits in Statistics and psychometrics • Three (3) semester credits in Biological bases of behavior • Three (3) semester credits in Cognitive-affective bases of behavior

				• Three (3) semester credits in Social bases of behavior • Three (3) semester credits in Individual bases of behavior
38. Oregon	X			https://www.oregon.gov/psychology/pages/index.aspx
39. Pennsylvania	X			https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Psychology/Pages/default.aspx#.VgG6GN9VhBc
40. Rhode Island	X			https://health.ri.gov/licenses/detail.php?id=241
41. South Carolina	X			https://llr.sc.gov/psych/
42. South Dakota	X			https://dss.sd.gov/licensingboards/psych/psych.aspx
43. Tennessee	X			https://www.tn.gov/health/health-program-areas/health-professional-boards/psychology-board/psych-board/about.html
44. Texas	X			https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/applying-for-a-license/index.html
45. Utah	X			https://dopl.utah.gov/psych/index.html
46. Vermont	X			https://sos.vermont.gov/
47. Virginia	X			http://www.dhp.virginia.gov/psychology/
48. Washington	X			https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Psychologist.aspx
49. West Virginia	X			https://psychbd.wv.gov/Pages/default.aspx
50. Wisconsin	X			https://dsps.wi.gov/pages/Professions/Psychologist/Default.aspx
51. Wyoming	X			https://psychology.wyo.gov/

Section XI: Graduate Student Tracking System

Graduate Student Tracking System
Guide for Clinical Psychology PhD Students

The Graduate Student Tracking System (GSTS) replaced our paper-based file system in the Summer Quarter of 2015. The GSTS is an academic monitoring system as well as a central repository for all information and documentation related to your residency in the PhD program in Clinical Psychology at Northwestern University Feinberg School of Medicine. Students and PhD Program Administration are responsible for managing the GSTS, as specified below.

Overall Guidelines when updating the GSTS:

- Access GSTS through http://gsts.northwestern.edu and sign in using your netid and password. Obtain additional general assistance with GSTS through the comprehensive guide or the quick guide on TGS's website.

- All information and/or documentation pertaining to your residency in the PhD program in Clinical Psychology (e.g., courses, project, publications, evaluations, copies of CQE/RQP, etc.) should be entered into GSTS. Although the PhD Program Administration may maintain paper copies, as required by NU, TGS, and/or APA, all information will also be entered and/or scanned and uploaded into GSTS.

- The information in the GSTS must be current, with updates at least quarterly. Students are responsible for documenting their progress and uploading documents as soon as events occur; do not allow a backlog to develop. Each student's GSTS file will be audited twice a year by PhD Program Administration to verify completeness. For annual updates (e.g., updated CV), please complete all updates prior to meeting with the Director or Associate Director during your Annual Reviews in the Winter quarter.

- When editing or adding information, make certain that the slider under "Completed and ready for review?" indicates "Not Yet". Only slide to "Completed" when all of the information in that tab is finalized for the quarter or the year.

- When saving documents and/or printing to PDF, save them according to the naming conventions outlined below.

- When possible, reduce the file size of the PDF by printing directly to PDF instead of printing to paper and then scanning in as PDF. For large PDF files, try printing to PDF using the "smallest file size" option in Adobe (e.g., https://acrobatusers.com/tutorials/reducing-file-size) or use a PDF compression service (e.g., http://smallpdf.com/compress-pdf).

- For documents that refer to milestones that stretch over an academic year (e.g., 2015-2016), the YEAR notation in the naming convention should indicate the start of that specific academic year, even if the document was completed at the end of that academic year. For example, for a form completed in June 2016 of the 2015-2016 academic year, name the file "XYZ 2015".

- When necessary, specific dates on filenames should follow this format: "XYZ_YY_MM_DD", although in most cases a 4-digit year is all that is necessary.

Below are Specific Guidelines for each of the tabs available in GSTS.

Committee tab

1. *Principal Research Advisor* Section
    a. Slide to "Yes"
    b. Add your Primary Research Mentor
2. *Committee* Section
    a. Add members of your multiple committees using the following guide:
        i. Master's Thesis Committee:
            1. Select specific Faculty member
            2. Select "Qualifying-Exam Member" for each faculty member
            3. Under Comments, list faculty members on your Master's Committee by writing: "Master's Thesis: NAME, NAME, NAME"
        ii. Clinical Qualifying Exam Committee:
            1. Select specific Faculty member
            2. Select "Qualifying-Exam Member" for each faculty member
            3. Under Comments, list faculty members on your Clinical Qualifying Committee by writing: "Clinical Qualifying Committee: NAME, NAME, NAME"
        iii. Dissertation Prospectus Committee:
            1. For your Chair:
                a. Select Faculty member
                b. Select "Chair"
            2. For your Co-Chair (if applicable):
                a. Select Faculty Member
                b. Select "Co-Chair"
            3. For your other Committee member(s)
                a. Select Faculty Member(s)
                b. Select "Prospectus"
            4. Under Comments, list faculty members on your Dissertation Prospectus Committee by writing: "Prospectus: NAME, NAME, NAME"
        iv. Dissertation (Final Exam) Committee:
            1. Chair and Co-Chair should be the same as Prospectus
                a. If different, using the editing functioning by selecting the "Chair" faculty member and hitting the little pencil in the bottom corner of the applet.
            2. For your other Committee member(s)
                a. Select Faculty Member(s)
                b. Select "Final-Thesis (Dissertation) Member"
            3. Under Comments, list faculty members on your Dissertation (Final) Committee by writing: "Dissertation: NAME, NAME, NAME"

Plan of Study tab

1. *Courses Taken* Section
    a. The "unassigned" section automatically populates from CAESAR; Please review for errors
    b. After you have selected your *Area of Specialization* (see below), you need to assign each course to a Course Category. The following Course Categories (in italics) are currently available:
        i. *Core*
            1. Includes all required courses
            2. Includes Research (590), Practicum (523)
        ii. Emphasis-specific courses:
            1. *Behavioral Medicine*
            2. *Clin Child/Adol*
            3. *Forensic*
            4. *Neuropsychology*
            5. *Policy*
            6. *Psychopathology & TX*
        iii. *Elective*
            1. NOTE: Elective would be any courses that is not Core (required) and not part of your emphasis-specific courses. Please also assign "Elective" to any emphasis-specific course that is not part of your identified Area of Specialization.
    c. Once you have assigned a course a Course Category (and refreshed), the course will move from the "unassigned" category box to specific Course Category boxes.
    d. Continuous Registration (TGS512) or Advanced Registration (TGS500) should remain in the "Unassigned" category box.
2. *Area of Specialization* Section
    a. Select your Combined Research and Clinical Emphases
        i. If your specific combination of Research & Clinical Emphasis is not listed, please contact the DCT.
3. *Courses Waived* Section
    a. The section is only used for students that were approved by the DCT to substitute courses taken at a prior graduate program. Approval is only provided if the student demonstrates successful completion of past graduate work in that content area and uploads a syllabus for that course.
    b. Enter the course for which you received approval from the DCT to take a substitute course.
    c. After entering the course that has been substituted, make certain to upload the syllabus from your prior graduate training in the Documents tab (see below).
4. *Courses Planned* Sections
    a. Enter the course that you plan on taking by entering a search term and then selecting the appropriate course.
    b. Edit the information about the course using the edit icon, indicating when you plan to take the course (Term), the Course Category, and any notes about the course.
5. *Comments* Section
    a. Add any comments about your Plan of Study that you would like in your record.

Academic Progress tab

1. *Self-Evaluation* Section
    a. Complete this at the end of the summer quarter of each year
2. *Narrative Statement on Progress* Section
    a. Select "Edit" for the current academic year and enter a narrative statement about your progress over the last academic year
3. *Research Topic* Section

   a. Select "Edit" for the current academic year and enter a narrative statement about all of your current research topics. Specify which research topic you are working on currently, such as:
      i. RQP/Master's Thesis:
      ii. Dissertation:
      iii. Posters/presentation:
      iv. Publication:
         1. NOTE: Include any publications topics that are separate from or in addition to your RQP/Master's Thesis and/or Dissertation.
4. *Awards* Section
   a. Add any awards received over the last academic year
      i. Use the "+" sign
5. *Publications* Section
   a. Under "Books and Journal Articles":
      i. Add any journal articles or book chapters published over the last academic year, including those in press
         1. Use the "+" sign
   b. Under "Other Publications"
      i. Add anything else published over the last academic year
      ii. Include journal articles or books that are under review
         1. Select the "Edit" link after the "Other Publications"
6. *Honors* Section
   a. Add any honors received over the last academic year
      i. Use the "+" sign
7. *Meetings Attended/Presentations* Section
   a. Add any meetings attended over the last academic year, regardless of if you presented
   b. Add any Poster presentations given over the last academic year. Indicate "(Poster)" in title
   c. Add any Symposia or Individual presentations given over the last academic year
      i. Use the "+" sign
8. *Teaching* Section
   a. Add any teaching activities (TA, Searle teaching, outside teaching) over the last academic year
      i. Select the correct quarter from dropdown menu
      ii. Search for courses and select "Add" button
9. *Other Courses or Seminars Attended* Section
   a. Select "Edit" to list any courses, seminars, or any other academic or professional training that you received over the last academic year. Do not add NU Grand Rounds or usual didactics received at practicum; however, please do add special didactics or training programs that may be associated with your practicum (e.g., weekend training in hypnosis)
10. *Goals for Academic/Research Progress for Upcoming Year* Section
   a. Select "Edit" to provide a narrative of your academic and research goals. Please also include your clinical/practicum/internship goals as well.
11. *Annual Meeting* Section
   a. Please note that we do not have annual "Committee" meetings because we have multiple committees for multiple things. As such, select "Edit" and enter the following:
      i. Frequency with which you met with your primary research mentor (e.g., "Met weekly for one hour with my primary research mentor, Dr. NAME NAME).
      ii. Frequency with which you met with your primary clinical mentor (e.g., "Met every quarter for one hour with my primary clinical mentor, Dr. NAME NAME).
      iii. Date(s) you met with the Director or Associate Director for your annual review, by writing: "Annual review with DIRECTOR/ASSOCIATE DIRECTOR NAME on MM/DD/YYYY).

12. *Comments* Section
    a. Select "Edit" to add any additional information not categorized previously, and/or provide comments/clarification on anything.

Research Project tab

1. *Research Project* Section
    a. Select "Edit" to indicate the current status and plan for your RQP, Prospectus, and Dissertation Final Exam, when appropriate:
        i. Topic, current status, and expected completion timeline (specific dates are ideal, but general timelines are acceptable) of your RQP (E.g., "RQP: I am examining XYZ. I am currently collecting data and anticipate data collection being completed by XYZ. I anticipate having the RQP finished by XYZ and my Master's Thesis defended by Fall 2017). Feel free to add as much detail as you wish.
        ii. Topic, current status, and expected completion timeline (specific dates are ideal, but general timelines are acceptable) of your Dissertation Prospectus (E.g., "Prospectus: I plan to examine XYZ. I am currently working on a draft of the prospectus and anticipate defending the prospectus by XYZ). Feel free to add as much detail as you wish.
        iii. Topic, current status, and expected completion timeline (specific dates are ideal, but general timelines are acceptable) of your Dissertation Final Exam (E.g., "Dissertation: I am examining XYZ. I am currently working on data analysis, and I anticipate defending the final exam by XYZ"). Feel free to add as much detail as you wish.
2. *Comments* Section
    a. Select "Edit" to add any comments about your RQP/Prospectus/Dissertation.

Documents tab

1. *General* Section
    a. The following documents will be uploaded by the PhD Program Administration:
        i. Application to the PhD Program ("Application")
        ii. Offer Letter to the PhD Program ("Offer")
        iii. Former Paper-Based Annual Review Forms ("Annual Review YEAR")
        iv. Formal Remediation Plans, if applicable ("Remediation DATE")
        v. Grievance Documentation, if applicable ("Grievance DATE")
        vi. Letters Written on Student's Behalf ("Letter-TOPIC DATE")
        vii. TGS Letters and Misc. Correspondence, if applicable ("TGS Letters DATE")
        viii. Change of Grade forms ("Change of Grade")
        ix. For students in their 6th year and beyond:
            1. Research Competency Evaluation Form ("Research Competency Evaluation Y6)
                a. Add additional years as needed (e.g., Y7, Y8, etc…)
            2. Annual Academic Progress Letter "Progress Letter Y6)
                a. Add additional years as needed (e.g., Y7, Y8, etc…)
    b. Students are responsible for uploading the following documents, when necessary:
        i. Departmental Travel Award Notifications ("Travel Award-CONFERENCETITLE DATE")
        ii. TGS Travel Award Notifications ("TGS Travel Award-CONFERENCETITLE DATE")
        iii. Other Award Notifications, including grants awards, honors, etc… ("Award-TITLE DATE")
        iv. Independent Study Form and Syllabus ("Independent Study")
        v. Individualized Development Plans ("IDP – MONTH YEAR")
        vi. For practica in the 5th year and beyond:
            1. Clinical Competency Evaluation Forms – Midyear ("Clinical Competency Mid – Y5")

a. Add additional years as needed (e.g., Y6, Y7)
2. Clinical Competency Evaluation Forms – Final ("Clinical Competency Final – Y5")
a. Add additional years as needed (e.g., Y6, Y7)

c. To Upload Documents:
i. Go to "Upload Documents" tab and select "*General*" from the TYPE dropdown box.
ii. Enter the title of the document in the NOTES box, using the naming convention for each document (see titles above in quotation marks inside the parenthesis after each document type).

2. *Milestones* Section
a. The following documents will be uploaded by the PhD Program Administration:
i. Research Competency Evaluation Form ("Research Competency Evaluation Y1-Y5)
ii. Annual Academic Progress Letter ("Progress Letter Y1-Y5")
iii. Program/TGS Approval of Master's Thesis screenshots/emails ("MS Approval")
iv. Program/TGS Approval of Doctoral Candidacy screenshots/emails ("Admitted to Candidacy")
v. Program/TGS Approval of Prospectus screenshots/emails ("Prospectus Approval")
vi. Program/TGS Approval of dissertation Final Exam screenshots/emails ("Dissertation Final Exam Approval")
vii. Internship Acceptance Letter ("Internship Acceptance")
viii. Internship Completion Letter ("Internship Completion")
b. Students are responsible for uploading the following documents separately into GSTS:
i. CITI Completion Documentation ("CITI/RCR")
ii. Clinical Competency Evaluation Forms – Midyear ("Clinical Competency Mid – YEAR")
iii. Clinical Competency Evaluation Forms – Final ("Clinical Competency Final – YEAR")
iv. Practicum Site Evaluation Forms ("Practicum Site – YEAR")
v. Current CV ("Current CV")
1. Edit (select the 'pencil' icon and replace with latest)
vi. Final Clinical Qualifying Exam Paper ("CQE")
vii. Signed Clinical Qualifying Exam Competency Evaluation Form ("CQE Competency Evaluation")
viii. Final Research Qualifying Exam Paper ("RQP/MS Thesis")
1. Only upload the final approved MS Thesis, if different from the initial RQP document
ix. Signed Research Qualifying Exam Competency Evaluation Form ("RQP Competency")
x. Final Dissertation Prospectus (Select: "Proposal/Prospectus")
xi. Signed Prospectus form via CAESAR ("Prospectus Form")
xii. Final Dissertation ("Dissertation")
xiii. Signed Final Exam form via CAESAR ("Dissertation Form")
xiv. TA Documentation Form ("TA Requirement")
c. To Upload Documents:
i. Go to "Upload Documents" tab and select "*Milestones*" from the TYPE dropdown box.
ii. Select the specific milestone under "Record" and upload the document(s)
iii. No need to enter anything in NOTES, unless there is something important to note about the Milestone.

3. *Plan of Study: Courses Planned* Section
a. It is highly unlikely that you will upload any documents for this section; however, feel free to add anything that you believe is important to keep in your record.

4. *Plan of Study: Courses Taken* Section
a. Students are responsible for uploading the following document into GSTS:

i. Syllabi for all of your courses "Syllabus_ClinPsyNUMBER"
    1. NOTE: "NUMBER" = course catalog number. If the course is outside of Clinical Psychology, remove "ClinPsy" and provide an appropriate departmental or program abbreviation before the course number.
ii. Independent Study Permission Forms, if applicable ("Independent Study YEAR")

b. To Upload Documents:
    i. Go to "Upload Documents" tab and select "*Plan of Study: Courses Taken*" from the TYPE dropdown box.
    ii. Under "Record", select the appropriate course from the list and upload the document(s).
    iii. No need to enter anything in NOTES, unless there is something important to note about the course taken

5. *Plan of Study: Courses Waived* Section
    a. Students are responsible for uploading the following document into GSTS:
        i. Course Substitution Form, if applicable ("Course Substitution Approval YEAR")
        ii. Course Syllabus from prior graduation institution ("Course Substitution Syllabus YEAR)
    b. To Upload Documents:
        i. Go to "Upload Documents" tab and select "*Plan of Study: Courses Waived*" from the TYPE dropdown box.
        ii. Under "Record", select the appropriate course from the list and upload the document(s).
        iii. No need to enter anything in NOTES, unless there is something important to note about the substitution.
6. *Academic Progress: Publications* Section
    a. Make certain that you have entered your publications in the *Academic Progress* tab under the *Publications* Section. You will not be able to upload publications unless you have entered the publication information there first!
    b. Students are responsible for uploading PDFs of each of their publications
        i. Go to "Upload Documents" tab and select "*Academic Progress: Publications*" from the TYPE dropdown box.
        ii. Under "Record", select the specific publication
        iii. No need to enter anything in NOTES, unless there is something important to note about the publication.

Thank you for keeping your information up-to-date using the GSTS. Please note that the PhD Program Administration will audit your GSTS profile every 6 months, so please stay current!

Section XII: Clinical Practica Descriptions

Northwestern Medicine, Department of Psychiatry (Clinical Adult Psychology, Behavioral Medicine, Forensic Psychology): Students at this practicum site engage in diagnostic evaluations and psychological testing in inpatient and outpatient settings, as well as carry a caseload of approximately three (3) individual psychotherapy patients. Limited experiences for group psychotherapy may be possible, but should not be expected. This evaluation practicum provides clinical services to a diverse patient population with a wide range of mental disorders. Students receive at least 1 hour of supervision per week from a licensed clinical psychologist on our faculty, as well as group supervision.

Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) Diagnostic and Pediatric Neuropsychological Testing (Clinical Child Psychology): 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.

NMG Outpatient Neuropsychology Service in the Department of Psychiatry and Behavioral Sciences (Clinical Neuropsychology): 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 outpatients with a broad range of neuropathological conditions, including: psychiatric disorders, traumatic brain injury and post-concussive syndromes, epilepsy, 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. Each trainee receives at least one hour of clinical supervision each week by a licensed clinical psychologist, as well as 1.5 hours a week of group supervision, which includes didactics and case presentations.

Neurobehavior and Memory Health Clinic of the Mesulam 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, Lewy body dementia, vascular dementia, aphasia, memory disorders, mild cognitive impairment, and other cognitive changes related to aging. Training involves ~2 patients a week. 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. Students receive at least 1 hours of supervision from a licensed clinical psychologist with a specialty in neuropsychology on Northwestern's faculty. Additional supervision may be provided by a postdoctoral fellow. Trainees also attend the Clinic's weekly patient management rounds.

Illinois Masonic Medical Center (Clinical Adult Psychology, Clinical Child Psychology). Students at this practicum site have the opportunity to gain intensive psychological intervention experience with a diverse population of children, adolescents, adults, and older adults in an outpatient setting. Therapeutic modalities include: individual, family, couples and group psychotherapy. In addition to the outpatient clinic, training opportunities are offered through the following programs: Emergency Department, Adolescent Intensive Outpatient Program, School-Based Health Services. The practicum is for a one full year and requires a 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.

Lurie Children's Child & Adolescent Psychiatry Outpatient Services Department (Clinical Child Psychology): 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 (Clinical Neuropsychology): 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, aphasia, MR rule out and LD. Training involves 16 hours a week of face-to-face assessments, during which students assess 1-2 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 postdoctoral fellow and licensed neuropsychologist on Northwestern's faculty.

Northwestern Behavioral Medicine Advanced Clinical Practicum (Behavioral Medicine): 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 10 hrs per week per specialty. Major rotations include: Neurology, Psychosocial Oncology, Gastrointestinal Behavioral Medicine, Tobacco Use and Cessation, Transplant, Inpatient Consultation/Liaison, and Behavioral Sleep Medicine.

School of the Art Institute of Chicago (SAIC; Clinical Adult Psychology): 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 patients. 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 (Clinical Adult Psychology): 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 (Behavioral Medicine; Clinical Adult Psychology; Clinical Neuropsychology): 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

Shirley Ryan Ability Lab (SRAL; Behavioral Medicine, Clinical Neuropsychology): Formerly The Rehabilitation Institute of Chicago, SRAL 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. SRAL 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.

University of Chicago Medicine (Behavioral Medicine, Clinical Adult Psychology, Clinical Child Psychology, Clinical Neuropsychology, Forensic Psychology). 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:

- Addiction and Related Disorders
- Adult Neuropsychology
- Bariatric Surgery

- Cognitive-Behavior Therapy for Mood and Anxiety Disorders
- Eating Disorders
- Child and Adolescent Advanced Psychotherapy and Pediatric Psychology
- Inpatient Psycho-Oncology and Outpatient Health Psychology
- Integrated Primary Care
- Obsessive-Compulsive and Related Disorders Clinic
- Parent-Child Interaction Therapy Program
- Pediatric Neuropsychology Program
- Psychotic Disorder Spectrum
- Reproductive Behavioral Health
- Severe Mental Illness Program
- University of Chicago Stress, Trauma and Resilience Program

University of Illinois at Chicago (Clinical Adult Psychology, Clinical Child Psychology, Clinical Neuropsychology). 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 (Clinical Child Psychology). *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.

Depression and Anxiety Specialty Clinic (DASC; Clinical Adult Psychology): DASC is a community-based private clinic operated by Rodney Benson, PhD, a member of the other faculty in the PhD program. Dr. Benson established DASC with the explicit purpose of providing training and services based in cognitive behavioral therapy. Students with a desire for intensive training in cognitive behavioral therapy with adults with mood and anxiety disorders seek out DASC for their training. Training is typically 15-20 hours a week for 12 months, and includes intensive didactics around cognitive behavioral therapy. Students receive at least 60 minutes of individualized supervision per week by Dr. Benson or another licensed clinical psychologist at DASC.

Metropolitan Correctional Complex, Bureau of Prisons (MCC; Forensic Psychology). The MCC is one of 116 facilities in the Federal Bureau of Prisons (BOP), which is responsible for the care and custody of over 210,000 federal offenders. MCC Chicago is a 26-story administrative facility that houses male and female offenders of all security levels who are facing federal charges in the Northern District of Illinois. Practicum students are offered a number of unique training opportunities. Depending upon the training area of emphasis, students may conduct intake assessments, provide brief therapy, monitor mentally ill inmates, provide group therapy, or conduct psychological testing. They may have the opportunity to develop and implement a treatment group, shadow forensic evaluators in interviews with examinees, and observe expert testimony in federal court (often provided by our examiners via videoconference with distant courts). The department has a wide range of psychological tests, including WAIS-IV, WMS-III, MMPI-2, MCMI-III, Rorschach, TAT, malingering tests (e.g., M-FAST, SIMS, SIRS, VIP), forensic assessment tools (e.g., ECST-R, MacCAT-CA, CAST*MR), and many others. Training is intensive, requiring a 12-month commitment of 16-20 hours a week. Students receive a minimum of one hour of weekly individual supervision and one hour of weekly group supervision, case conferences, and didactic training.

Rush University Medical Center (Behavioral Medicine, Clinical Child Psychology): Rush's Department of Psychiatry and Behavioral Sciences offers specialty training for psychology trainees of

varying training levels. All positions include high quality clinical training, supervision, and didactic experiences, and many include an opportunity for research involvement as well. Opportunities include:

- Advanced Child and Adolescent Therapy and Assessment Practicum: Externs provide both therapy and assessment services within the Child and Adolescent Psychiatry Clinic. This clinic provides quality care to 5-18 year old children and adolescents presenting with a wide array of behavioral, mood and anxiety disorders. Although our families come from an array of socio-economic backgrounds, the majority come from a lower SES, minority population. Externs carry a caseload of between 5-8 patients per week and complete 10-12 assessments over the course of the training year. They receive weekly supervision in both aspects of their training along with a weekly rotation of case conferences, seminars and journal clubs
- AARTS Center Psychology Practicum: The Autism Assessment, Research, Treatment, and Services (AARTS) Center offers advanced externships for clinical psychology trainees seeking experience related to neurodevelopmental disorders. The AARTS Center serves individuals with autism and their families across the lifespan, from infancy through adulthood. Trainees participate in multidisciplinary diagnostic evaluations for individuals with concerns about possible autism spectrum disorder and neuropsychological evaluations for children with complex medical history. Advanced trainees also have the opportunity to gain treatment experience in parent training, individual psychotherapy, and group therapy
- Psychosocial Oncology Practicum: This is an advanced health psychology externship designed to provide training experiences in Psychosocial Oncology. The Psychosocial Oncology team is an integral part of the Rush University Cancer Center Supportive Oncology Program, which is a comprehensive suite of services designed to improve the quality of life, quality of care, and outcomes for patients with cancer and their caregivers. The mission of the supportive oncology program is to: 1) decrease distress and improve quality of life using evidence-informed practices; 2) connect people with the resources they need; and 3) decrease symptom burden associated with cancer or its treatment.
- Neurobehavioral Psychology Practicum: Pediatric Neuropsychological and Psychoeducational Assessment for specific learning disabilities, intellectual disabilities, traumatic brain injury, ADHD, autism spectrum disorders, and nonverbal Learning Disorders.

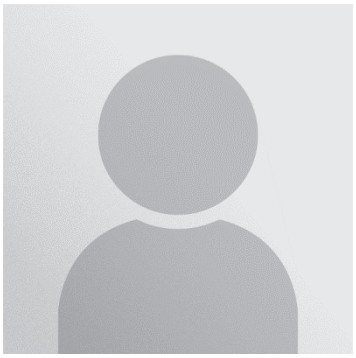
There are many other practica available throughout the Chicagoland area, and new partnerships with clinical training sites are continuously added. Students can see a full list of practicum sites, as well as application information, on the Program's SharePoint.

Section XIII: Dissertation Announcement Template

Northwestern Medicine®
Feinberg School of Medicine

Northwestern
THE GRADUATE SCHOOL

PhD Program in Clinical Psychology



Ph.D. Dissertation Examination Announcement

NAME, MS

Northwestern University Ph.D. Candidate

Title: TITLE

Abstract: [3-5 SENTENCE ABSTRACT]

DATE
TIME
Zoom: LINK

Committee Members:
XXX (Chair)
XXX
XXX