

**HANDBOOK**  
*of the*  
***Clinical Psychology Doctoral Program***  
***Department of Psychology***  
***Saint Louis University***



**SAINT LOUIS**  
**UNIVERSITY™**  
— EST. 1818 —

***2017-2018***

***Department of Psychology***  
***Saint Louis University***  
***2017-2018***

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## **I. MISSION**

The mission of the clinical psychology graduate program is to provide training in health service psychology, defined as “the integration of psychological science and practice in order to facilitate human development and functioning” (2017, American Psychological Association). In realizing its mission, the clinical psychology graduate program is committed to preparing students to achieve knowledge and understanding in the following areas:

**A. *Discipline-Specific Knowledge:*** History and systems of psychology and the basic content areas in scientific psychology;

**B. *Discipline-Specific Knowledge:*** Research and quantitative methods and advanced integrative knowledge;

**C. *Profession-Wide Competencies*** in research, ethics, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, consultation, interprofessional/interdisciplinary skills, and psychopathology.

## **II. OVERVIEW OF THE CLINICAL PSYCHOLOGY PROGRAM SAINT LOUIS UNIVERSITY**

As part of its commitment to educating and training professional psychologists, the Department of Psychology in the College of Arts and Sciences at Saint Louis University offers a Doctor of Philosophy degree in clinical psychology. In recognition of its consistent quality and excellence in the education and training of clinical psychologists, the clinical psychology program has been accredited by the American Psychological Association since 1965. The most recent APA accreditation site visit occurred in 2013, and the clinical psychology program was awarded accreditation with the next accreditation site visit to be held in 2020. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington, DC 20002  
Phone: (202) 336-5979  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

The clinical psychology program at Saint Louis University is designed to provide broad and general doctoral education and training in health service psychology. Our faculty are committed to training and education that evidences the integration of science and practice, that is sequential, cumulative, graded in complexity, and designed to prepare students for further organized training, and that indicates respect for and understanding of cultural and individual differences and diversity.

These elements are reflected in our curriculum and training opportunities. Our faculty are committed to developing broad and diverse training opportunities by seeking and obtaining extramural funding. Students working on successfully funded projects have had the opportunity to be involved with nationally recognized programs of research. In addition, the clinical psychology program offers a joint Ph.D. in clinical psychology and Masters of Public Health. Students are trained in a scientist-practitioner approach to clinical psychology which values breadth, depth, and integration of clinical practice and research training. Students develop a working, integrated knowledge of the general discipline of psychology and the field of clinical psychology through broad-based and in-depth coursework, research training, and supervised clinical experiences with faculty representing a variety of interests, theoretical orientations, and approaches. The foundation of the clinical program is a supportive learning environment in which faculty and students work collaboratively and responsibly to promote individual and social welfare through both the science and practice of clinical psychology. The education and training of clinical psychologists at Saint Louis University is enhanced by our commitment to cultural diversity and respect for individual differences.

The Department of Psychology's three graduate programs—clinical, experimental, and industrial/organizational psychology--work together to educate and train psychologists for

careers in academic and research-based environments, professional practice, consultation, and teaching through an integrated curriculum of coursework, research training, and supervised practica. Our environment is further enriched by a large undergraduate program offering both the Bachelor of Science and Bachelor of Arts degrees, a major in neuroscience, and a psychology minor.

Located in Morrissey Hall, the graduate programs are supported by a variety of laboratories and training facilities. The Psychological Services Center serves as the primary site for supervised clinical experience in the delivery of psychological services. The clinical program also has established collaborative relationships with Saint Louis University Health Sciences Center and with various hospitals, agencies, institutions, and private practitioners throughout the community to provide advanced training and experience in the science and practice of clinical psychology.

### **III. PHILOSOPHY OF TRAINING, GUIDING PRINCIPLES, and VALUES**

In support of its mission, the clinical psychology program is guided by the following philosophy of training, guiding principles and values:

#### ***A. Respect for and Understanding of Cultural and Individual Diversity***

The clinical program supports the recognition and understanding of the role of cultural and individual differences as they relate to both the science and the practice of psychology. The clinical psychology program is committed to establishing and maintaining a supportive and encouraging learning environment for students and faculty representing a variety of backgrounds that includes, but is not limited to age, disability, ethnicity, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program reflects its commitment to diversity in its policies for recruitment, retention, and development of students and faculty. This commitment is reflected in a participatory, democratic governance model that strives to balance the needs, rights, and interests of individuals with those of the program to accomplish its mission, goals, and objectives.

#### ***B. Broad and General Preparation of Entry Level Clinical Psychologists***

Doctoral education and training for the entry-level scientist-practitioner of clinical psychology requires an integration of the existing and evolving body of knowledge in the general discipline of psychology as well as profession wide competencies. The scientist-practitioner model of training values breadth and depth in discipline-specific and profession-wide competencies. Education and training for the science and practice of clinical psychology is a developmental process involving both experiential and academic learning. Further, this training is sequentially-based, cumulative, and graded in complexity so as to prepare students for further organized training and lifelong learning.

#### ***C. The Scientist-Practitioner Model of Training***

The clinical program is based on a recognition, understanding, and commitment to the scientific foundations of the discipline. Students and faculty support and contribute to the science of clinical psychology through the discovery and dissemination of knowledge. The clinical program is also based on a recognition, understanding, and commitment to the applied foundations of the discipline of psychology. Students and faculty support and contribute to the practice of clinical psychology through the application of psychological principles to address problems within individuals, groups, communities, and society. Education and training in the clinical psychology program is based on integration of the science and practice of clinical psychology through the scientist-practitioner model of training. The clinical program promotes the integration of science and practice; it works to see that the science of clinical psychology is informed by the practice of clinical psychology and that the practice of clinical psychology is informed by the science of clinical psychology. The clinical program values the science and practice of clinical psychology as two aspects of an integrated whole.

#### ***D. Program Aims and Student Competencies.***

The clinical program is committed to excellence in training students in health service psychology by equipping them with discipline-specific knowledge in psychology and the profession wide competencies. The resources, methods, and processes by which these outcomes are to be attained are presented in our goals, objectives, and curricular plan (section 4 of this handbook). These aims are consistent with our identity as a Jesuit University and the corresponding principle of service to others. These aims are also consistent with those of the profession in that they provide excellent education and training in health service psychology as well as protect local, regional, and national consumers of psychological services thereby maintaining the integrity of the profession.

***E. Contribution to the Catholic, Jesuit Identity of Saint Louis University***

The clinical program contributes to the Catholic, Jesuit identity of the University by preparing clinical psychologists who provide service to others and who are effective leaders of social change based on ethical values and principles.

## IV. GOALS, OBJECTIVES, AND CURRICULUM PLAN

The objectives of the clinical psychology program at Saint Louis University are to educate and train students training in health service psychology, defined as “the integration of psychological science and practice in order to facilitate human development and functioning” (2017, American Psychological Association). In realizing its mission, the clinical psychology graduate program is committed to preparing students to achieve competence in both the discipline specific and profession-wide competencies that define providers of health service psychology.

Various university, graduate education, department, and program requirements are integrated to form a curriculum plan which reflects our commitment to individual and cultural diversity, the scientist-practitioner model, and broad and sequentially-based education and training. As a program, we strive to cultivate the recognition and understanding of the role of cultural and individual differences as they relate to both the science and the practice of psychology. Given the growing and evolving demands of our profession, we are committed to the education and training of clinical psychologists who are capable of functioning within a wide range of environments and with diverse populations. Further, education and training in the clinical psychology program is based on integration of the science and practice of clinical psychology through the scientist-practitioner model of training. Students develop a working, integrated knowledge of the general discipline of psychology and the field of clinical psychology through broad-based discipline specific and professional coursework. Students obtain education and training for conducting psychological research through academic coursework, participation on a research team, and mentoring from faculty researchers. Students acquire the knowledge, skills, and competencies for clinical practice through academic coursework, clinical practica, and supervised clinical experiences including clinical vertical team associated with the Psychological Services Center, external clerkships, and clinical internship. Through the broad-based, integrated, and sequential curriculum plan which is graded in complexity, students will achieve competency in the following areas:

### ***A. Discipline-specific knowledge: History and systems of psychology and the basic content areas in scientific psychology***

Students will acquire and demonstrate understanding of and competence in the breadth of health service psychology, its history of thought and development, and its basic content areas in scientific psychology. To achieve this end, students will be exposed to discipline specific knowledge including: 1) the history and systems of psychology; 2) the social-affective aspects of behavior; 3) the biological aspects of behavior; 4) the cognitive aspects of behavior; 5) the developmental aspects of behavior; and 6) the social aspects of behavior . To achieve these objectives, the following educational experiences are required:

*History and Systems of Psychology (3 hours).* Each student must successfully complete a 3 credit hour, graduate-level course in the history and systems of psychology. Successful completion is defined as a letter grade of B or better. This requirement is met through completion of:

PSY-5100: History of Psychology

*Social-Affective Aspects of Behavior (3 hours)*. Each student must successfully complete a 3 credit hour, graduate-level, broad-based survey course in the social and affective aspects of behavior. To satisfy this requirement, students must complete the following course:

PSY 5300: Advanced Social Psychology

*Biological Aspects of Behavior (3 hours)*. Each student must successfully complete a 3 credit hour, graduate-level, broad-based survey course in the biological aspects of behavior.

Courses that meet this requirement include:

PSY-5130: Advanced Physiological Psychology  
PSY-5930: Fundamentals of Neuropsychology

*Cognitive Aspects of Behavior (3 hours)*. Each student must successfully complete a 3 credit hour, graduate-level, broad-based survey course in the cognitive aspects of behavior. To satisfy this requirement, students must complete the following course:

PSY-5120: Cognition

*Developmental Aspects of Behavior (3 hours)*. Each student must successfully complete a three-credit hour, graduate-level course in the developmental aspects of behavior. To satisfy this requirement, students must complete the following course:

PSY-5220: Lifespan Developmental Clinical Psychology

*Social Aspects of Behavior (3 hours)*. Each student must successfully complete a 3 credit hour, graduate-level, broad-based survey course in the social aspects of behavior. To satisfy this requirement, students must complete the following course:

PSY-5300: Advanced Social Psychology

***B. Discipline-specific knowledge: Research and quantitative methods and advanced integrative knowledge***

*Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas (3 hours)*. Each student will complete a graduate-level course that entails integration of multiple basic discipline-specific content areas (i.e., integration of at least two: affective, biological, cognitive, social, or developmental aspects of behavior). Social psychology integrates the social and affective bases of behavior with relevant cognitive, cultural, and biological components. Cognition addresses the cognitive aspects of behavioral and integrates source material in the affective and biological aspects of behavior.

PSY-5300: Advanced Social Psychology  
PSY-5120: Cognition

*Research Methodology (6 hours).* Each student in the clinical psychology program must successfully complete six credit hours of graduate-level coursework in research methodology. The Department of Psychology offers the following courses to meet this requirement, although graduate courses from other departments (e.g., Public Policy Studies, Research Methodology) may be accepted with prior written permission from the student's advisor and the Director of the Clinical Psychology Program:

PSY-5080: Advanced Quantitative Research Methods

PSY-5090: Psychometric Theory

*Quantitative Methods (6 hours).* Each student in the clinical psychology program must successfully complete six credit hours of graduate-level coursework in statistics. To meet this requirement, the following courses in Psychology are offered, although graduate courses from other departments (e.g., Public Policy Studies, School of Public Health, Sociology) may be accepted with prior written permission from the student's advisor and the Director of the Clinical Psychology Program:

PSY-5790: Applied Univariate Statistics in Behavioral Science

PSY-6500: Applied Multivariable and Multivariate Statistics in Behavioral Science

*Psychological Measurement.* Each student in the clinical psychology program will acquire and demonstrate understanding and competence in psychological measurement. Education and training in psychological measurement are provided in the required Clinical Assessment I and II courses (PSY-5030 and 5040). Additionally, students are exposed to the current and evolving body of knowledge in psychological measurement through the required completion of six-hours in research methodology which may be met through completion of PSY-5080 Advanced Quantitative Research Methods and PSY-5090 Psychometric Theory.

Additionally, students obtain training in the application of psychological measurement principles through completion of the thesis and dissertation. Students have the option of earning a concentration in Quantitative Methods in the Behavioral Sciences by completion of two additional courses in research methodology and/or statistics and by completion of a capstone project that entails application of their statistical and/or methodological knowledge in a career-consistent manner. Specific requirements for the concentration may be found in the concentration guidelines.

PSY-5090: Psychometric Theory

***C. Profession-wide competencies in research, ethics, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, consultation, and interprofessional/interdisciplinary skills.***

***1. Knowledge and Understanding of the Conduct of Psychological Research***

Students will demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program

development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base; conduct research or scholarly activities; and critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level. To meet these objectives, the following courses and training experiences are required:

*Research Vertical Team (0 hours).* Each clinical psychology student must participate in a Research Vertical Team during each Fall, Spring, and Summer semester. This requirement is met by registering for zero credit hours each semester in the following sequence:

PSY-5860: Clinical Research I (Fall, Spring, Summer of 1st year)

PSY-5870: Clinical Research II (Fall, Spring, Summer of 2nd year)

PSY-6860: Advanced Clinical Research I (Fall, Spring, Summer of 3rd year)

PSY-6870: Advanced Clinical Research II (Fall, Spring, Summer of 4th year and beyond)

*Thesis Research (6 hours).* Each student in the clinical program must complete a thesis in accordance with policies of the Office of Graduate Education in partial fulfillment of the requirements for the Masters of Science (Research) degree. In addition to the thesis, this requirement is met by completion of 6 graduate credit hours of:

PSY-5990: Thesis Research

*Dissertation Research (12 hours).* Each student in the clinical program must complete a dissertation in accordance with the policies of the Office of Graduate Education in partial fulfillment of the requirements of the Doctor of Philosophy degree. In addition to the dissertation, this requirement is met by completion of 12 graduate credit hours of:

PSY-6990: Dissertation Research

## ***2. Knowledge, Understanding, and Competence in Ethical and Legal Standards***

Students will be knowledgeable of and act in accordance with each of the following: a) the current version of the APA Ethical Principles of Psychologists and Code of Conduct; b) relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and c) relevant professional standards and guidelines. Further, students will recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. Finally, students will conduct themselves in an ethical manner in all professional activities. To meet these objectives, the following courses and training experiences are required:

*Ethics.* Each clinical psychology student is required to complete three graduate credit hours in ethics and professional issues for clinical practice and research. This requirement is met by completion of:

PSY-6800: Ethics, Supervision, and Consultation

### ***3. Knowledge, Understanding, and Competence in Individual and Cultural Diversity***

Students are expected to demonstrate a) 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) 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) 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; and 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.

Students partially achieve this objective by the required completion of a three-credit-hour graduate course in Human Diversity (PSY-6030). However, education and training in cultural and individual diversity is integrated throughout the curriculum. For example, the roles of cultural and individual diversity in clinical assessment, psychopathology, and clinical interventions are incorporated into each of the respective core clinical courses and many of the specialized elective courses. Supervised clinical experience with culturally diverse populations is provided through Clinical Vertical Team and clinically related clerkships. The scientific study of the role of individual and cultural differences are also examined and addressed through Research Vertical Team.

PSY-6030: Human Diversity

### ***4. Knowledge, Understanding, and Competence in Professional Values and Attitudes***

Students are expected to 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.

Education and training for the role of a professional psychologist is integrated throughout the curriculum. For example, students learn the professional role of a scientist through exposure and modeling on Research Vertical Team and completion of the thesis and dissertation. Students learn the professional role of a clinical practitioner through exposure and modeling on Clinical Vertical Team, clerkships, and internship. Students gain applied

exposure to professional issues via our Professional Seminar.

### ***5. Knowledge, Understanding, and Competence in Communication and Interpersonal Skills***

Students are expected to 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; and c) demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Education and training in communication and interpersonal skills is integrated throughout the curriculum. Our courses in the DSKs and PWCs contain written and oral communication requirements via the conduct of class discussions (e.g., presentations, discussions, debates), written work (e.g., tests, quizzes, papers), and experiential exercises. In addition, students learn and demonstrate their communication skills through participation on Research Vertical Team, completion of their master's and doctoral oral examinations, and the proposal and defense of the thesis and dissertation. Students also refine and develop their communication skills through participation on Clinical Vertical Team, clerkships, and internship. Students gain formal exposure to models of supervision and consultation via the following course:

Psy 6800: Ethics, Supervision, and Consultation

### ***6. Knowledge, Understanding, and Competence in Assessment***

Students are expected to a) select and apply assessment methods that draw from the best available empirical literature 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, distinguishing the aspects of assessment that are subjective from those that are objective; and 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.

*Clinical Assessment (6 hours).* Students in the clinical psychology graduate training program are required to complete six graduate credit hours of coursework in the foundations of clinical assessment. This requirement is met by completion of three credit hours of each of the following two courses:

PSY-5030: Clinical Assessment I

PSY-5040: Clinical Assessment II

*Practicum in Clinical Assessment (0 hours).* In conjunction with the core two-semester

sequence in clinical assessment, students are required to complete two semesters of practicum in the selection, administration, scoring, and interpretation of psychological tests and measures.

Students should register for zero credit hours as follows:

PSY-5800: Clinical Assessment Practicum I  
(Fall semester, in conjunction with PSY-5030: Clinical Assessment I)  
PSY-5830: Clinical Assessment Practicum II  
(Spring semester, in conjunction with PSY-5040: Clinical Assessment II)

### ***7. Knowledge, Understanding, and Competence in Interventions***

Students are expected to 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; and f) evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

*Clinical Interventions (3 hours)*. Each student in the clinical psychology program must complete three graduate credit hours in the foundations of clinical interventions. This requirement is met by completion of following course:

PSY-5610: Clinical Interventions

*Practicum in Clinical Interventions (0 hours)*. In conjunction with the clinical interventions graduate course (PSY-5610), students are required to complete one semester of practicum in the techniques and methods of psychotherapeutic interventions. Students should register for zero credit hours as follows:

PSY-6880-01: Clinical Interventions Practicum  
(Spring semester, in conjunction with PSY-5610: Clinical Interventions)

*Clinical Vertical Team (12 hours)*. Students are required to participate in Clinical Vertical Team (CVT) during each Fall, Spring, and Summer semester in residence. Each student is required to successfully complete 12 graduate credit hours of Clinical Practicum (i.e., CVT). This requirement is met by registering for zero credit hours each Fall and Spring semester and for 3 credit hours during the Summer semester in the following sequence:

PSY-5810: Clinical Practicum I  
(1st year; 0 hours Fall, 0 hours Spring, 3 hours Summer)  
PSY-5820: Clinical Practicum II  
(2nd year; 0 hours Fall, 0 hours Spring, 3 hours Summer)  
PSY-6810: Clinical Practicum III

(3rd year; 0 hours Fall, 0 hours Spring, 3 hours Summer)

PSY-6820: Clinical Practicum IV

(4th year and beyond; 0 hours Fall, 0 hours Spring, 3 hours Summer)

*Clerkships in Clinical Psychology (0 hours).* Students may elect to obtain additional supervised training in research, clinical practice, or teaching through clerkships established through collaborative arrangements with various agencies, facilities, organizations, and individuals; teaching opportunities are also available in the Department of Psychology and the School for Professional Studies at Saint Louis University. No student may be engaged in the delivery of psychological services outside the Psychological Services Center without permission of his/her advisor and the DCT and without registering for clerkship hours.

PSY-5890-01: Clerkship in Clinical Psychology

PSY-5890-02: Clerkship in Clinical Child Psychology

PSY-5890-03: Clerkship in Health, Neuropsychology and Trauma

PSY-5890-04: Clerkship in Community Psychology

PSY-5890-05: Clerkship in Academic Psychology

PSY-5890-06: Clerkship in Sport Psychology

*Internship in Clinical Psychology (0 hours).* Each student must complete an APA-approved internship in clinical psychology. Students must have completed their written and oral preliminary examinations and have an approved dissertation proposal by October 15 in order to apply for internship. The student must receive approval of readiness for internship from the clinical faculty through the Director of the Clinical Psychology Program. Students must register for zero credit hours for each Fall, Spring, and Summer semester during their internship as follows:

PSY-6890: Internship in Clinical Psychology

### ***8. Knowledge and Understanding of Supervision***

Students are expected to demonstrate knowledge of supervision models and practices. To achieve this objective, students must successfully complete:

PSY-6800: Ethics, Supervision, and Consultation

### ***9. Knowledge and respect for Consultation and Interprofessional/interdisciplinary skills***

Students are expected to demonstrate knowledge and respect for the roles and perspectives of other professions as well as to demonstrate knowledge of consultation models and practices. To achieve this objective, students must successfully complete:

PSY-6800: Ethics, Supervision, and Consultation

### ***10. Knowledge, Understanding, and Competence in Psychopathology***

Students are expected to gain knowledge, understanding, and competence in the

theoretical and conceptual bases of psychopathology, diagnosis, and assessment. Students are exposed to the applied aspects of psychopathology including diagnosis, assessment, symptom presentation, and case conceptualization and via their work on Clinical Vertical Team, clerkships, and internship. To further achieve this competency, formal course work in psychopathology provides knowledge and training in the theoretical and conceptual bases of psychopathology and formal training in assessment provides knowledge and training in the assessment thereof:

*Psychopathology (3 hours).* Each clinical psychology graduate student is required to complete three graduate credit hours in the foundations of psychopathology. This requirement is met by completion of the following course:

PSY-5520: Psychopathology

*Practicum in Psychopathology (0 hours).* In conjunction with Psychopathology (PSY-5520), students are required to complete one semester of practicum in the identification and conceptualization of mental disorders and dysfunctional behavior. Students should register for zero credit hours for the following course:

PSY-5880-01: Psychopathology Practicum  
(Fall semester, in conjunction with PSY-5520: Psychopathology)

*Clinical Assessment (6 hours).* Students in the clinical psychology graduate training program are required to complete six graduate credit hours of coursework in the foundations of clinical assessment. This requirement is met by completion of three credit hours of each of the following two courses:

PSY-5030: Clinical Assessment I  
PSY-5040: Clinical Assessment II

*Practicum in Clinical Assessment (0 hours).* In conjunction with the core two-semester sequence in clinical assessment, students are required to complete two semesters of practicum in the selection, administration, scoring and interpretation of psychological tests and measures.

Students should register for zero credit hours as follows:

PSY-5800: Clinical Assessment Practicum I  
(Fall semester, in conjunction with PSY-5030: Clinical Assessment I)  
PSY-5830: Clinical Assessment Practicum II  
(Spring semester, in conjunction with PSY-5040: Clinical Assessment II)

#### ***D. Levels of Education and Training Opportunities***

The Taxonomy for Health Service Specialties defines four areas of education and training opportunities within APA-accredited doctoral programs. A major area of study involves 2-3 years of didactics, supervised practicums, and the completion of the dissertation or research project in the area of specialty. An area of emphasis is defined as involving at least 4 courses and 2 practicum experiences in the specialty. An area of experience involves at least 1-2 courses and practicums in the area of specialty. An area of exposure involves at least 1-2 courses in the specialty.

Our program's major area of study is that of clinical psychology. Although there are no formal areas of pre-doctoral specialization in our clinical psychology graduate training program, students may elect one of the following education and training opportunities: Clinical Neuropsychology, Clinical Child Psychology, Health Psychology, Psychology of Trauma, and Sports Psychology. Students interested in pursuing one of these areas should work with their advisor to establish an individualized curriculum and training plan.

### *1. Areas of Emphasis, Experience, or Exposure*

**Clinical Neuropsychology:** Elective graduate courses for students interested in the field of clinical neuropsychology include Fundamentals of Neuropsychology, Neuropsychological Assessment, Memory and Cognition, Physiological Psychology, and Psychopharmacology. Supervised clinical experience in neuropsychological assessment, consultation, and treatment is offered through the Psychological Services Center and various external placements. Faculty research in clinical neuropsychology focuses on cognitive changes associated with neurodegenerative disease, mild head injury, and healthy aging, along with developmental populations such as ADHD and Autism Spectrum Disorder. Faculty research also focuses on enhancing the evidence-based practice of clinical neuropsychology, including the examination of response bias and effort.

### *2. Areas of Experience or Exposure*

**Clinical Child Psychology:** Elective graduate courses for students interested in clinical child psychology include Child Assessment and Psychopathology, Child Interventions, Couples and Family Therapy, Cognitive Behavioral Interventions, and Psychopharmacology. External placements involving pediatric, child and adolescent assessment, consultation, and intervention are also available. Faculty research in clinical child psychology includes community psychology and primary prevention, religion and mental health, family conflict and adjustment, family violence, children of battered women, treatment of physical and/or sexual abuse, parent training, parent attitudes, and graduate training in clinical child psychology.

**Health Psychology:** Elective graduate courses for students interested in health psychology should consider taking courses in the following areas as they are available: Clinical Health Psychology, Cognitive Behavioral Interventions, Psychopharmacology, Addictions: Assessment and Interventions, and Sports Psychology. Additional courses related to health psychology are offered in SLU's School of Public Health. External placements in the application of psychological services to enhance physical well-being and health are available. Faculty research in health psychology include pain and rehabilitation, sports psychology (including performance enhancement, player assessment, coping with athletic injuries), exercise adherence, eating disorders, obesity, health behavior change, depression,

anxiety disorders, addictions, and interventions for health behavior change (including motivational interviewing, contingency management, and cognitive behavioral interventions).

**Trauma Psychology:** Students interested in working in the field of traumatic stress are offered elective graduate coursework in the Psychology of Trauma, Cognitive Behavioral Interventions, and Addictions: Assessment and Interventions. Additional courses related to traumatic stress can be found in SLU's School of Public Health. Supervised clinical training experiences with individuals who have experienced potentially traumatic events can be found within the Psychological Services Center on a trauma-focused clinical vertical team. On this team trainees will be guided by the New Haven Trauma Competencies guidelines for clinical interventions and will receive exposure and experience with empirically supported therapies for posttraumatic stress and other trauma spectrum disorders. These therapies include Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE). Faculty research in traumatic stress studies include the examination of factors associated with the development of posttraumatic stress disorder (PTSD), the impact of potentially traumatic events (especially family violence and sexual assault) and PTSD on health and health behaviors, the psychological impact of violence-related injury, and the association between the experience of potentially traumatic events and health disparities.

**Sports Psychology:** For students interested in sports and performance psychology, elective courses in Sports Psychology, Health Psychology and Cognitive Behavioral Interventions are available. Additionally, both research and practicum opportunities are available through the Sports Psychological Sciences and Consultation Lab (SPSC). The SPSC provides comprehensive sports psychological services to the SLU Department of Athletics, as well as to athletes and teams throughout the St. Louis community. Supervised clinical training opportunities include: (1) psychotherapy with student-athletes through the University Counseling Center, (2) performance enhancement interventions with individual athletes and teams, (3) biofeedback training, (4) sport-focused assessments, and (5) interdisciplinary consultation with coaches, trainers, medical staff, and athletics administration. Applied sport psychology research opportunities are also available including examination of flow states, motivation, self-focused attention and other dispositional and situational factors affecting athlete performance as well as effectiveness research, particularly with mindfulness-based interventions and biofeedback training.

## V. DEGREE REQUIREMENTS

Each student must comply with Saint Louis University Office of Graduate Education regulations regarding the Masters of Science (Research) and Doctor of Philosophy degrees (see the [Graduate Education Catalog](#)). Students entering the program without a master's degree in psychology must complete the requirements for the Masters of Science (Research) degree at Saint Louis University before official admission and matriculation to the Ph.D. program. We do not offer a terminal master's degree. It is anticipated that each student admitted to the clinical psychology program without an approved master's degree will successfully complete the M.S.(R) and Ph.D. degrees. Students who have obtained an approved master's degree in psychology prior to matriculation in the clinical program are admitted directly to the Ph.D. program. The general program requirements include:

**A. Masters of Science (Research).** Each student must successfully complete the requirements of Saint Louis University's Office of Graduate Education for the Masters of Science (Research) degree if they have not yet obtained an approved master's degree prior to matriculation. These requirements include:

**1. Coursework:** Each student must complete a total of 36 credit hours which includes 30 credit hours of academic coursework and 6 credit hours of thesis research, including:

- Nine credit hours of statistics and research methods (9)
- PSY-5030: Clinical Assessment I (3)
- PSY-5040: Clinical Assessment II (3)
- PSY-5520: Psychopathology (3)
- PSY-5610: Clinical Interventions (3)
- PSY-6800: Ethics, Supervision, and Consultation (3)
- PSY-5810: Clinical Practicum I (3)
- PSY-5820: Clinical Practicum II (3)
- PSY-5860: Clinical Research I (0)
- PSY-5870: Clinical Research II (0)
- PSY-5800: Clinical Assessment Practicum I (0)
- PSY-5830: Clinical Assessment Practicum II (0)
- PSY-5880: Psychopathology Practicum (0)
- PSY-6880: Clinical Interventions Practicum (0)
- PSY-5990: Thesis Research (6)

**2. Thesis:** Each student in the clinical program must complete a thesis in accordance with the requirements of SLU Graduate Education. The student is required to complete 6 credit hours of thesis research (PSY-5990). The thesis committee must consist of three members, at least two of whom are psychology faculty (Clinical, Experimental, or I/O) who have Graduate Faculty status. Appointment of a third committee member who does not have Graduate Faculty status requires permission of the Associate Dean for Graduate Education. The thesis must be approved in writing by all members of the thesis committee.

Students entering the clinical psychology program with a non-thesis master's degree are required to complete a post-master's degree research project under the supervision of an approved faculty member in the Department of Psychology. The completed research project requires approval of the faculty supervisor.

**3. *Advancement to Candidacy:*** The master's thesis defense occurs in conjunction with master's oral examination in a single meeting. During the semester in which the student plans to defend, students must be registered for Special Study for Exams (Psy 5950) and must have completed or be registered to complete the 6 hours of thesis research (PSY 5990). Should the thesis credits already be fulfilled, students should register for zero credit hours of Psy 5990.

In preparation for the defense, students should follow the procedures found on the Office of Graduate Education website. In brief, students need to complete the following tasks before the defense can be held: a) complete the Application for Degree through Banner Self Service, b) complete the Degree Audit form sent by the Master's Candidacy Advisor, and c) complete the Thesis Proposal/Prospectus Form. Students planning on defending during the 8-week summer sessions must have written permission of the mentor, committee members, and department chair. All of the above must be received by the Master's Candidacy Advisor **no less than two full weeks** prior to the date of the Master's Oral Examination.

**4. *Master's Comprehensive Oral Examination:*** Each student must pass an oral examination in accordance with the requirements of SLU Office of Graduate Education prior to advancement to candidacy for the Masters of Science (Research) degree. The student should register for zero credit hours of PSY-5950: Special Study for Exams during the semester in which the master's oral examination will be held. The examination committee typically (but not necessarily) is the same as the thesis committee; however, the committee must consist of at least three members, two of whom are clinical psychology faculty who have Graduate Faculty status. Appointment of any committee member who does not have Graduate Faculty status requires permission of the Associate Dean for Graduate Education. The exam should be scheduled for 90 minutes; however, the exam is to last no less than 60 minutes nor more than 90 minutes. The student will be examined over: 1) the contents of the thesis; 2) research methodology, statistics, and psychological measurement; 3) the theoretical, scientific, and conceptual foundations of the field of clinical psychology (i.e., clinical assessment, psychopathology, clinical interventions); and 4) ethics and diversity. Students will also be evaluated in terms of their ability to integrate within each of the clinical core areas (i.e., clinical assessment, psychopathology, clinical interventions, ethics, and diversity) which serves as a diagnostic indicator of readiness for the written preliminary examination. The committee members communicate their evaluations of the student's performance to the Associate Dean for Graduate Education in writing. If the student fails the examination, the examination may be repeated, but only once, provided that a second exam is recommended by the committee and is approved by the Associate Dean for Graduate Education.

## ***B. Doctor of Philosophy Degree (Ph.D.)***

**1. *Petition for Acceptance for Doctoral Studies:*** Upon completion of the Masters of Science degree, each student must petition SLU Graduate Education for acceptance and enrollment in the Doctor of Philosophy degree program. These forms are available through the Graduate Education Catalog.

**2. *Coursework:*** In addition to the coursework required for the Masters of Science (Research) degree, each student must complete a total of 54 graduate credit hours including 42 hours of coursework and 12 hours of dissertation research:

Three graduate credit hours of Research Methods/Statistics (3)

-Total of 12 hours which must include 6 hours of Research Methods and 6 hours of Statistics

PSY-5100: History of Psychology (3) PSY-6030: Human Diversity (3)

PSY-5130 or 5930: Biological Aspects of Behavior (3)

PSY-5120: Cognitive Bases of Behavior (3)

PSY-5300: Social and Affective Aspects of Behavior (3)

PSY-5220: Lifespan Developmental Clinical Psychology (3)

PSY-6810: Clinical Practicum III (3)

PSY-6820: Clinical Practicum IV (3)

PSY-6860: Advanced Clinical Research I (0)

PSY-6870: Advanced Clinical Research II (0)

PSY-6890: Internship in Clinical Psychology (0) Electives (15)

PSY-6990: Dissertation research (12)

**3. *Written Preliminary Examination.*** Following completion of the master's degree, each student must pass a written examination in accordance with the requirements of SLU's Office of Graduate Education. The student is to register for zero credit hours of PSY-6950: Special Study for Exams during the semester in which they will take the written preliminary examination. The written preliminary examination tests the student's comprehension and integration of knowledge in clinical psychology. The examination is administered and scored by the clinical faculty. The student is required to successfully answer two questions in each of the following areas--clinical assessment, psychopathology, and interventions. The student must successfully answer one question in each of the following areas—ethics and diversity. A student who fails one or two areas must successfully pass a second examination over the areas previously failed in one of two ways – a) retake the failed section(s) at the next administration or b) write a peer-review publication quality answer to each question that was failed within the section(s). A student who fails more than two areas must successfully pass each of the five areas on a second examination. If the student fails any area on the third examination, the student is no longer considered in good academic standing in the clinical program and will be dismissed from the clinical program.

**4. *Oral Preliminary Examination.*** Each student must pass an oral examination in accordance with the requirements of SLU Graduate Education prior to advancement to candidacy for the Doctor of Philosophy degree. The examination committee must consist

of four members, at least three of whom are psychology faculty who have Graduate Faculty status. Appointment of a fourth committee member who does not have Graduate Faculty status requires permission of the Associate Dean for Graduate Education. One of the committee members must be a full time clinical faculty member. Students should register for PSY 6950 during the semester in which they plan to take the oral preliminary exam. In addition, the following activities, detailed on the Office of Graduate Education website, must be completed at least two weeks prior to scheduling: a) complete the Doctoral Oral Examination Form; b) complete the Degree Audit Form that will be sent to the student following submission of the Doctoral Oral Examination Form.

The examination is to last no less than one hour nor longer than one and a half hours. During the examination, the student will be examined over the dissertation proposal/prospectus (consisting of a statement of the problem, literature review, and the research design prepared for the investigation). The examination is designed to assess the student's ability to integrate knowledge across the discipline of psychology.

The members of the oral preliminary examination committee communicate their evaluations of the student's performance to the Doctoral Candidacy Advisor via the ballots provided. If the committee's decision is Passing or Passing with Distinction, the student is notified of the results and is automatically advanced to doctoral candidate status. A student receiving two or more unfavorable evaluations from the examiners fails the examination. If the student fails the examination, the examination may be repeated, but only once, and ordinarily the second attempt should not be scheduled within the same academic term as the first. The committee that administered the first exam will also administer the second exam under ordinary circumstances. The chairperson of the examination committee must submit a written request for a second exam to the Associate Dean for Graduate Education well in advance of the desired examination date. Should the outcome of the second examination be unsatisfactory, a third exam is rarely approved, and is considered by the Associate Dean for Graduate Education only upon the unanimous recommendation of the examining committee.

**5. *Dissertation:*** Each student in the clinical program must complete a dissertation in accordance with the requirements of the Office of Graduate Education. The student must submit and defend an original and independent research investigation. Each student is required to complete 12 credit hours of dissertation research (PSY-6990). The dissertation committee must consist of three members, at least two of whom are psychology faculty (Clinical, Experimental, I/O) who have Graduate Faculty status. Appointment of a third committee member who does not have Graduate Faculty status requires permission of the Associate Dean for Graduate Education.

**6. *Public Presentation and Oral Defense of the Dissertation.*** Each student in the clinical program is required to make a public, oral presentation and defense of the dissertation. Students must have completed or be registered to complete 12 hours of dissertation credits by the semester of the defense (PSY 6990). If they have already completed 12 credit hours, they must register for zero credits during the semester during which the defense is scheduled. In addition, students must submit the completed "Notification of Readiness

for the Public Oral Defense Form” available on the Office of Graduate Education website at least two weeks in advance of the oral defense. Results of the defense are communicated to the Doctoral Candidacy Advisor via the forms provided.

**5. *Internship in Clinical Psychology.*** Each student must complete an APA-approved internship in clinical psychology. Students are required to successfully complete written and oral preliminary examinations and have an approved dissertation proposal prior to beginning internship. The student must receive approval of readiness for internship from the clinical faculty through the Director of the Clinical Psychology Program. The student must register for zero credit hours of PSY-6890: Internship in Clinical Psychology for each Fall, Spring, and Summer semester during their internship.

## VI. RESOURCES

To achieve its education and training goals, the clinical psychology program requires resources of appropriate quality, sufficiency and stability. Resources for the clinical program are provided by the Department of Psychology, the Colleges of Arts and Sciences, and the Office of Graduate Education and include:

### A. *Faculty and Staff*

#### 1. *Core Clinical Faculty*

The core clinical faculty consist of full-time, tenured/tenure-track faculty in the Department of Psychology who meet the professional standards for specialization in clinical psychology including an earned doctorate from an APA-accredited clinical psychology program and a valid Missouri license to practice psychology. Core clinical faculty share responsibility for development and implementation of the clinical program's goals, objectives, and curriculum plan. Core clinical faculty represent a diversity of theoretical orientations and approaches, and serve as mentors and role models for students. For the current academic year, the core clinical faculty are:

**Kira H. Banks, Ph.D.** (University of Michigan)

Associate Professor of Psychology

Administrative responsibilities: Coordinator, Clinical Psychology Admissions

Research and clinical interests: Diversity; minority mental health; discrimination and mental health; intergroup relations; depressive symptomatology

Teaching: Human Diversity; Research Vertical Team; Clinical Vertical Team

**Phyllis Terry Friedman, Ph.D.** (California School of Professional Psychology)

Clinical Professor of Psychology

Administrative responsibilities: Director of the Psychological Services Center;

Assistant Coordinator, Clinical Psychology Admissions

Teaching: Clinical Vertical Team

**Annie Garner, Ph.D.** (University of Alabama-Birmingham)

Assistant Professor of Psychology

Research and clinical interests: Clinical child psychology; Attention Deficit Hyperactivity Disorder (ADHD); ADHD and driving; ADHD and adolescence; ADHD Transition into adulthood; ADHD nosology and assessment; sluggish cognitive tempo (SCT).

Teaching: Lifespan Developmental Clinical Psychology; Clinical Child Assessment; Clinical Child Interventions; Research Vertical Team, Clinical Vertical Team

**Jeffrey Gfeller, Ph.D.** (Ohio University)

Professor of Psychology

Associate Professor of Neurology and Psychiatry

Administrative responsibilities: Chair, Department of

## Psychology

Research and clinical interests: Clinical neuropsychology (age-related changes in cognition and cognitive sequelae of mild head injury), hypnosis, neuropsychological assessment, solution-focused therapy, behavioral medicine and health psychology.

Teaching: Clinical Assessment I; Neuropsychological Assessment; Fundamentals of Neuropsychology; Research Vertical Team

### **Paul J. Handal, Ph.D.** (Saint Louis University)

Professor of Psychology

Research and clinical interests: Community psychology and primary prevention; psychotherapy outcome; religion and mental health, death anxiety, family conflict and adjustment.

Teaching: Ethics, Supervision, and Consultation; Clinical Vertical Team; Research Vertical Team

### **David A. S. Kaufman, Ph.D.** (University of Florida)

Assistant Professor of Psychology

Research and clinical interests: Clinical neuropsychology; attention and cognitive flexibility; electrophysiology; neuropsychological effects of traumatic brain injury and aging.

Teaching: Neuropsychological Assessment; Fundamentals of Neuropsychology; Research Vertical Team, Clinical Vertical Team

### **Michael J. Ross, Ph.D., ABPP** (University of Missouri-Columbia)

Professor of Psychology

Professor of Neurology and Psychiatry

Research and clinical interests: Sports psychology; rehabilitation psychology; rehabilitation of athletes following injury; social cognition in depression and anxiety; ethical beliefs and practices; professional issues.

Teaching: Clinical Interventions; Sport Psychology; Clinical Vertical Team; Research Vertical Team

### **Jillon S. Vander Wal, Ph.D.** (University of Missouri-Columbia)

Professor of Psychology

Administrative responsibilities: Director, Clinical Psychology Program

Research and clinical interests: Assessment of eating behaviors; models of eating disorder/obesity development and maintenance; and the treatment of disorders of eating inclusive of obesity, eating disorder recovery, and health behavior change. Broader clinical interests include the evidence-based treatment of psychopathology, particularly disorders of eating, depression, and anxiety as well as the promotion of health behavior change.

Teaching: Cognitive Behavioral Interventions; Psychometric Theory; Univariate Statistics, Clinical Vertical Team; Research Vertical Team

**Terri L. Weaver, Ph.D.** (Virginia Polytechnic Institute and State University) Professor of Psychology

Research and clinical interests: Post-traumatic stress disorder (PTSD); psychological and physical sequelae of traumatic events, especially family violence and sexual assault; psychological impact of violence-related injury; treatment outcome research; mental health treatment with war-exposed refugee populations.

Teaching: Psychopathology; Psychology of Trauma; Clinical Vertical Team; Research Vertical Team

**Jeremiah Weinstock, Ph.D.** (University of Memphis)

Associate Professor of Psychology

Administrative responsibilities: Coordinator, Written Preliminary Examinations

Research and clinical interests: Addictions, including gambling, college student hazardous drinking, cocaine and opiate dependence, interventions for addictions including motivational interviewing, contingency management, and cognitive behavior therapy; exercise adherence, health behavior change; sports psychology including performance enhancement and player assessment.

Teaching: Addictions: Assessment and Intervention; Research Vertical Team; Clinical Vertical Team; Clinical Health Psychology

## ***2. Additional Clinical Faculty***

Full and part-time, non-tenure-track clinical faculty contribute to the clinical psychology program through teaching, research, supervision and/or administration. For the current academic year, these additional clinical faculty include:

**Chammie Austin, Ph.D.** (University of Kentucky) Adjunct Instructor and Clinical Vertical Team Supervisor

**Patrice Pye, Ph.D.** (Saint Louis University)  
Clinical Vertical Team Supervisor

**Honore Hughes, Ph.D.** (University of South Carolina)  
Emeritus Professor of Psychology

## ***3. Affiliated Faculty***

Full-time, tenured/tenure track faculty in the Department of Psychology contribute significantly to the clinical program through mentoring and committee membership for theses and dissertations, teaching, and serving on masters and doctoral oral examination committees. The following members of the Department of Psychology hold Graduate Faculty appointments and provide contributions to the clinical program:

**A. Michael Anch, Ph.D.** (Saint Louis University)  
Associate Professor, Cognition and Neuroscience  
Research interests: Sleep; sleep disorders; nutrition and sleep; pharmacology of sleep;

biological rhythms; shift work; brain-behavior relationships.

**Tony Buchanan, Ph.D.** (University of Oklahoma)

Associate Professor, Cognition and Neuroscience

Research interests: Cognitive neuroscience of stress; cognitive, psychophysiological, and neuroimaging studies of stress and the effects of stress on memory processes.

**Eddie M. Clark, Ph.D.** (Ohio State University)

Professor, Social Psychology

Research Interests: Close relationships (relationship satisfaction and commitment); health psychology (social psychological aspects of weight control and smoking); attitudes and persuasion (health-related communications and the effects of advertising on attitudes).

**Richard D. Harvey, Ph.D.** (University of Kansas)

Associate Professor, Social and Industrial Organizational Psychology

Research Interests: Psychology of the stigmatized; self-enhancement/protection; attitude expression and measurement; intergroup relations; organizational attitudes; personnel selection; performance appraisal; organizational change and development.

**Dustin K. Jundt, Ph.D.** (Michigan State University)

Assistant Professor, Industrial Organizational Psychology

Research Interests: Individual and team adaptation to changing task demands; Self-regulated learning/skill acquisition; team processes and effectiveness.

**Ronald Kellogg, Ph.D.** (University of Colorado)

Professor, Cognitive Neuroscience Psychology

Research interests: Cognitive processes in writing; working memory in language production and thinking; conscious and unconscious processing in memory.

**Brenda Kirchhoff, Ph.D.** (Boston University)

Assistant Professor, Cognitive Neuroscience Psychology

Research Interests: Cognitive neuroscience of memory; functional and structural neuroimaging; aging; diabetes.

**Janet E. Kuebli, Ph.D.** (Emory University)

Associate Professor, Developmental Psychology

Research Interests: Social/emotional development; development of self understanding; role of family discourse processes in socialization; psychology of gender.

**Donna LaVoie, Ph.D.** (Claremont Graduate School)

Professor, Cognitive Neuroscience Psychology

Associate Dean, College of Arts and Sciences

Research Interests: Memory and cognition; memory function in healthy older adults; knowledge loss in Alzheimer's disease.

**Kimberly K. Powlishta** (Stanford University)

Associate Professor, Developmental Psychology  
Research Interests: Children's social-cognitive development; stereotyping and intergroup relations, gender role development, and gender segregation; adult development, aging, and Alzheimer's disease.

**Cort W. Rudolf, Ph.D.** (Wayne State University)

Assistant Professor, Industrial Organizational Psychology  
Research Interests: Work and aging; retirement; sustainable employability; stigma; personnel psychology; judgment and decision making.

**Edward Sabin, Ph.D.** (Saint Louis University)

Associate Professor, Industrial Organizational Psychology  
Research Interests: Organizational planning, change and development; psychology of language and communication; human factors in aviation; interdisciplinary approaches to the humanities, social sciences and technologies.

**Bryan Sokol, Ph.D.** (University of British Columbia)

Assistant Professor, Developmental Psychology  
Research Interests: Social understanding and developing theories of mind in middle childhood; moral psychology and empathy; social-emotional learning programs; adolescent identity development; self and culture; history and systems of psychology.

**Candice L. Thomas, Ph.D.** (University of Houston)

Assistant Professor, Industrial Organizational Psychology  
Research Interests: Work-life balance; occupational health psychology; employee health and safety; workplace incivility; gender and diversity; healthcare management effectiveness; team coordination and feedback.

**Jill D. Waring, Ph.D.** (Boston College)

Assistant Professor of Psychology  
Research interests: Behavioral and neuroimaging studies of cognitive and affective Neuroscience, with relationship to aging and wellbeing.

**Ruth H. Warner, Ph.D.** (University of Kansas)

Associate Professor, Social Psychology  
Research Interests: Social justice and psychological well-being; history of victimization; intergroup relations; social identity; prejudice and stereotyping.

**Lisa Willoughby, Ph.D.** (Saint Louis University)

Associate Professor, Cognition and Neuroscience  
Research Interests: Normal and abnormal cognitive function; psychopharmacology, and health outcomes in older adults.

#### ***4. Clinical Psychology Program Support Staff***

**Administrative Assistant, PSC and Clinical Psychology Program—Cathy**

Donaldson

**Administrative Assistant, Department of Psychology—Beth Glauber**

**Administrative Assistant, Neuroscience Program, Department of Psychology – Zack Thatcher**

## ***B. Training Facilities***

### ***1. Psychological Services Center (PSC)***

The Psychological Services Center of Saint Louis University serves as an on-campus site for supervised experience and training in the delivery of a full range of psychological services (i.e., assessment, intervention, consultation). As a comprehensive, University-based training clinic, the PSC offers both direct and indirect psychological services to the Greater St. Louis metropolitan community. All services are provided by clinical psychology graduate students under the supervision of Missouri-licensed, clinical psychology faculty. Services include psychological assessment and intervention for individuals, couples, families, and groups, and are offered to children, adolescents, and adults representing a wide range of problems.

The PSC is located on the first floor of Morrissey Hall and includes 12 rooms for psychological therapy or assessment, a play therapy room equipped with toys, a workroom with computers and a laser printer, a student conference room, a waiting room, a business office, an office for the Administrative Assistant, an office for the PSC Assistant Director, and a storage room with client files and testing materials. All therapy rooms are equipped with web cams. The Psychological Services Center functions in conjunction with Clinical Vertical Team (CVT). Students receive individual and group supervision for their psychological assessment, intervention, and consultation training cases in the PSC through Clinical Vertical Team.

Beginning in the first year of entrance in the clinical program, students are assigned to a Clinical Vertical Team under the supervision of a clinical faculty member. CVTs typically consist of five students representing various levels of training (e.g., 1st year, 2nd year, 3rd year, 4th year, 5th year). CVTs remain intact for three consecutive semesters (fall, spring, summer), after which students rotate to another CVT for their next year. Students typically are exposed to four different CVT supervisors during the course of their training.

Clinical Vertical Team serves as a primary structure for the integration of both the science and practice of clinical psychology. It affords students the opportunity to recognize and understand the role of individual and cultural diversity and its integration with self-awareness in the context of developing profession-wide competencies. It serves a curricular function in providing a mechanism for the transmission of theoretical and empirical information related to clients seen through the Psychological Services Center. Additionally, CVT provides students with a unique opportunity for integration of their

academic coursework and clinical experience. Under the mentoring of a clinical supervisor, students gradually assume increased clinical responsibilities and roles, from intakes to the administration and scoring of psychological tests to conducting full psychological assessments to psychotherapy and, if desired, to consultation and community-based activities. Clinical Vertical Teams also allow students to encounter ethical and professional issues on an ongoing basis, facilitating the integration of coursework with clinical experience.

## ***2. Clerkships/External Placements***

Opportunities for additional training and experience in clinical practice, research, and teaching are available through graduate assistantships and clerkships either within the university or at external placements in the community. These assistantships and clerkships provide financial support for students, as well as opportunities for supervised teaching, research, and clinical experience. Graduate assistantships are funded positions which typically include a stipend, tuition remission, and health insurance benefits, and are provided to the Department of Psychology by the College of Arts and Sciences Graduate Education. External placements or clerkships are typically associated with contracts and grants obtained by the Psychological Services Center. Clinical students must obtain approval from their advisor and the Director of the Clinical Program for any placements or jobs (either paid or unpaid) related to psychology. In accordance with the guidelines established by the Office of Graduate Education, no clinical student is allowed to work more than 20 hours per week.

*Teaching.* Graduate teaching assistantships provide students with an opportunity to work under the supervision of a faculty member involved in teaching at the undergraduate or graduate level. Graduate teaching assistants in the Department of Psychology often work with undergraduate General Psychology discussion groups, assist with undergraduate Statistics labs, and assist faculty in the preparation, administration, and pedagogy of classes. Advanced clinical graduate students may obtain teaching experience by serving as the assistant for one of the graduate Assessment, Psychopathology, or Clinical Intervention practica. Clinical students also may be eligible for paid teaching positions at the St. Louis College of Pharmacy and other institutions of higher learning in the greater St. Louis area.

*Research.* Students often obtain experience and training in research by serving as a research assistant for a faculty member within the Department of Psychology. Graduate research assistantships provide students with the opportunity to work with a faculty member on literature reviews, data collection, data analyses, and manuscript preparation. Students have conducted research studies in conjunction with placements at institutions such as Mercy Medical Center, Employment Connection, the St. Louis VA Medical Center, Family Care Health Center, Saint Louis Department of Neurology and Psychiatry.

*Clinical.* There are a number of opportunities for students to obtain supervised clinical experience through various contracts arranged by the Psychological Services Center.

Clerkships in external agencies and facilities provide students with supervised experience and training in assessment, psychotherapy, and consultation. Over the past several years, clinical students have been engaged in such psychological services as neuropsychological assessment for children and adults, the provision of therapy for under-served populations, therapeutic services for child and families in pediatric hospital settings, therapy for college students, therapeutic oncology services, and the assessment of police officers. Additional information on the external clinical training activities of the clinical students is available each year in the *Annual Report of the Psychological Services Center*.

### **C. Student Financial Support**

At Saint Louis University, graduate tuition is \$1,100 per credit hour for the 2017-18 academic year; consequently, the tuition costs for completion of a Ph.D. in clinical psychology at Saint Louis University are approximately \$99,000. It is noted that students are typically provided financial support throughout their graduate education and training through research and teaching assistantships, external placements, and grants. For the 2017-18 academic year, each entering student will receive a minimum of 18 hours of tuition remission (valued at approximately \$19,800) plus a stipend of \$18,000 during their first year. It is anticipated (but not guaranteed) that each of these students subsequently will receive a minimum of 12 hours of tuition remission (valued at approximately \$13,200) and a stipend of \$9,000 during their second year in the program. Beginning in the second year, students typically obtain paid training and experience through external placements and grants to supplement their income.

A number of sources exist to provide financial support to students in the clinical psychology program. The *Graduate Education Catalog* and the Office of Financial Aid can provide valuable information and assistance for financing graduate education. Listed below are some of the various types of financial support for clinical psychology graduate students that have been available over the past several years. It is noted that the amounts, availability, terms and conditions of any types of financial support are likely to change during matriculation through the clinical program. Students are encouraged to frequently speak with their advisors, the Director of the Clinical Psychology Program, the Director of the Psychological Services Center, and fellow students concerning the various funding opportunities, as well as obtain current information from various university resources (e.g., Graduate Education Catalog, Office of Financial Aid., etc.).

There are various types of financial support available to students in the clinical psychology program. Fellowships and assistantships are available through the Graduate School. A limited number of Presidential Fellowships (\$26,000 stipend, 21 hours tuition remission, health benefits) and Diversity Fellowships (\$22,750 stipend, 21 hours tuition remission, health benefits) have been available over the past several years. These fellowships are highly competitive across all programs and schools at Saint Louis University.

Several types of assistantships are available to the Department of Psychology by the College of Arts and Sciences. Graduate Research Assistantships (RA) are 11-month appointments and provide a stipend of \$22,000, 21 hours of tuition remission, and health benefits. Graduate Teaching Assistantships (GTAs) are 9 month appointments and provide a stipend of \$18,000

and 18 hours of tuition remission for 9 months. Both the RAs and GTAs allow students to obtain valuable research, teaching, and clinical experience working up to 20 hours per week with a faculty member. Half Graduate Assistantships are also available and students work 10 hours per week and receive a stipend of \$9,000 and 12 hours of tuition remission over 9 months. The clinical program also typically receives over forty tuition remission hours each academic year.

Normally, the maximum number of years that a graduate student may hold an assistantship is two years while pursuing a Master's degree and five years in a Doctoral program. In the case of a student pursuing the Master's and Doctoral degree in the same major field, eligibility for funding is also normally limited to five years. A third year of funding for the Master's (thesis option only) or a sixth year for the PhD is possible provided funding through the department in question is available and the following criteria are met: 1) the student has advanced to Master's or PhD candidacy, with an approved thesis or dissertation prospectus, and 2) the student's advisor, the graduate program director and the chair of the department have all recommended the third or sixth year. The appeal should be made during the spring semester of the second year of funding for the Master's or the fifth year for the PhD to the Associate Dean for Graduate Education. Funding is also available to students through various grants and contracts obtained through the Psychological Services Center. Clinical students have obtained funded positions at the St. Louis College of Pharmacy providing clinical and counseling services. Students may also be paid for assessments conducted for various agencies through the Psychological Services Center.

Additional positions are available throughout the community and typically pay approximately \$12-20 per hour. The student must obtain written approval from their advisor and the Director of the Clinical Psychology Program for any external employment or placement.

The Dorothy Orthwein Bates Research Award is available through the generosity of the family of a clinical psychology graduate, Dr. Ellen Bates Scott. This scholarship is given annually to every clinical student at Saint Louis University upon successful completion of the doctoral oral examination (i.e., dissertation proposal). The scholarship is designed to facilitate students' dissertation research and ranges from approximately \$1,000 to \$1,500.

Clinical psychology graduate students may obtain a limited amount of financial support for equipment, supplies, travel, registration fees, etc. related to research or clinical training through the Clinical Student Development Fund. Similarly, students may obtain reimbursement for selected professional development through the Department of Psychology Severin Fund.

## **VII. QUALITY ASSURANCE and OUTCOMES ASSESSMENT**

In support of its commitment to excellence, the clinical psychology program engages in regular, systematic, evaluative assessment of the program's attainment of its education and training goals.

### **A. Evaluation of the Program Mission, Goals, Objectives and Processes**

Program evaluation and quality assurance is facilitated by the accreditation process of the American Psychological Association (APA). An annual report, as well as a five-year, comprehensive self-study report and site visit by the American Psychological Association serve as primary mechanisms for external evaluation. The clinical psychology program at Saint Louis University was first accredited by APA in 1965 and has maintained full accreditation since that time. The clinical program received its most recent accreditation site visit in the Spring of 2013 and was accredited with the next site visit in 2020.

Additionally, the Department of Psychology, including the three graduate programs (clinical, experimental, industrial-organizational) and the undergraduate program, provides an annual report to the College of Arts and Sciences each year. The university administration also periodically conducts a more comprehensive review of the department and its programs. This review process includes a Departmental self-study and review by a committee of external evaluators.

The clinical faculty conduct an annual review of the program's mission, goals, objectives, processes, and outcomes. Each summer the clinical faculty engages in a two-day retreat for program evaluation and development. Additionally, monthly clinical faculty meetings serve as an arena for identification and discussion of issues related to the clinical program, as well as serving as an essential means for communication among the clinical faculty.

Monthly student meetings provide an opportunity for students to discuss issues related to the program, and student input to clinical faculty decision-making is provided through a student representative who attends clinical faculty meetings. Monthly open forums provide an opportunity for students to meet with the Director of the Clinical Program and other interested faculty to identify, discuss, and resolve any existing or potential issues which pertain to the clinical program.

The department Executive Committee consists of the Department Chairperson, Director of the Clinical Graduate Program, Director of the Experimental Graduate Program, Director of the Industrial-Organizational Graduate Program, Director of the Neuroscience Undergraduate Program, and Director of the Undergraduate Program. This committee functions to facilitate program development in the context of the department as a whole.

Various mechanisms and measures are utilized for program evaluation and development. Student performance in academic coursework provides feedback regarding the acquisition of essential theoretical, scientific and conceptual knowledge. Evaluation of students' performance on Clinical and Research Vertical Teams provide evaluative information regarding the adequacy of

instruction and preparation for clinical practice and research. Various written and oral examinations (e.g., master's orals, written prelims, oral prelims, dissertation defense) serve as indicators of students' abilities to integrate knowledge essential for both the science and practice of clinical psychology. Student research competencies are reflected in successful completion, presentation, and publication of theses and dissertations. Student acceptance to and performance in APA-accredited internships and postdoctoral fellowships serve as indicators of the implementation of our scientist-practitioner model of clinical training. Evaluation of students' clinical, research, and teaching activities in various external placements provide important information regarding the adequacy of training. Additionally, semi-annual clinical student evaluations provide an opportunity for clinical faculty to review the program's effectiveness in achieving its goals and objectives on an individual student basis. Initial employment of students who have graduated from the clinical program is monitored as part of the annual report for APA accreditation. Alumni from the clinical program are surveyed regarding their perceptions and satisfaction with their education and training in the clinical program.

### ***B. Evaluation of Clinical Faculty***

A critical component in ensuring the quality of education and training of clinical psychologists is the systematic evaluation of clinical faculty. All academic courses taught, as well as all Clinical and Research Vertical Teams conducted by clinical faculty, are evaluated by students each semester. *Evaluations are to be completed by students no later than the last day of class for that semester.* The clinical program is moving toward on-line evaluations in which faculty send out a course evaluation link to their students. Students complete the evaluations anonymously and the results are given to each faculty member at the conclusion of the semester. In some instances, a student from each clinical course, CVT, or RVT distributes, compiles and summarizes the evaluations and provides a written summary indicating means, ranges, and Ns for individual items, as well as a typed version of all written comments. After destroying the raw data to protect student confidentiality, *the final summary is presented to the faculty member and to the Director of the Clinical Psychology Program immediately after final grades have been assigned by the instructor.*

Clinical faculty are also evaluated on an annual basis by the Chair of the Department of Psychology in accordance with the policies and procedures of the College of Arts and Sciences. Clinical faculty are evaluated in terms of their contributions to the university mission through teaching, clinical supervision, research, and service. Additionally, clinical faculty undergo extensive internal and external evaluations as part of the tenure and promotion process.

### ***C. Review of Students' Professional Development***

The clinical psychology program engages in regular, ongoing, and systematic reviews of each student to assess the degree to which s/he has achieved the education and training goals and objectives of the clinical psychology program. Grades for academic coursework, Clinical Vertical Team, Research Vertical Team, and Thesis and Dissertation credit hours serve as one type of indicator of a student's mastery of the education and training objectives. However, student progress is also reviewed within the clinical program through such processes as the thesis, master's oral examination, written preliminary examination, oral preliminary examination,

clinical internship, dissertation, and dissertation oral defense.

Additionally, the professional development of each student in residence is reviewed by the entire clinical faculty twice a year, typically at the end of each fall and spring semester. This comprehensive review provides feedback to the student of his or her performance and progress in all aspects of the clinical program, including academic coursework, practica, Clinical Vertical Team, Research Vertical Team, clerkships, assistantships, thesis, master's oral examination, written preliminary examination, oral preliminary examination, readiness for clinical internship, dissertation and personal adjustment for the role of a clinical psychologist.

To facilitate the review process, students are required to submit a current copy of their vita, a summary of their current total number of APPIC hours of intervention, assessment, supervision, and support as well as a completed *Student Activity Report* to the Director of the Clinical Program and to his/her advisor prior to each student evaluation meeting. Performance reviews from all supervisors, including those from clerkships and external placements, are also required. During this meeting, clinical faculty will share information about each student's progress and professional development, including strengths, areas for further professional development, and any areas of concern or problems that may be limiting the student's professional development. A student may provide additional information either in writing or in person at the student professional development review meeting with the faculty.

Similarly, the clinical faculty may request additional information from the student either in written format or by attendance at a portion of the student performance review meeting.

Based on this evaluation of the student, one of the following recommendations will be made:

**Satisfactory Progress:** The student is making satisfactory progress in all aspects of the clinical program and is encouraged to continue their professional development in the program;

**Area of concern:** The student has meet the minimal level of competency in a specified area but there are concerns that the competency is just at a minimal level and could rise to the level of a problem (i.e., not meeting the minimal level of competency) if not addressed and improved. This category is designed to raise awareness for both the student and the faculty of an area to which needs monitoring, attention and improvement.

**Problem identification:** The student is notified that they have not met the minimal level of competency in a specified area. The identified problem area must be improved to meet the minimal level of competency within a specified period of time (usually the next Student Development meeting unless the problem is related to client care and well-being in which case we may require greater monitoring and more immediate resolution of the problem).

**Probation:** The student is placed on probation in the clinical program if previously identified problems have not been remediated to the minimal level of competency within the specified time frame OR if the problem is so significant in nature and/or severity (e.g., ethical problem, client care and well-being compromised) that probation is warranted.

Probation is for a specified time period and conditions for removal of probationary status are stated in writing.

**Suspension:** The student is suspended from the clinical program or from specific aspects (e.g., clinical work, external placement) of the program if the identified problem(s) is of such nature and/or severity (e.g., ethical problem, client care and well-being compromised) or magnitude that limiting or curtailing all or some aspects of the clinical program is warranted. Suspension is for a specified period of time and conditions for removal of suspension status are stated in writing.

**Dismissal:** The student is dismissed from the clinical program due to the failure to remediate one or more identified problems and thus does not meet one or more minimal required levels of competency. The student may also be dismissed due to the presence of a problem that is significant in nature and/or severity (e.g., ethical misconduct, academic dishonesty).

Following the clinical faculty's review of the student's professional development, the student's academic advisor will meet with the student to present the feedback both verbally and in writing. Students will receive feedback about their overall professional development and progress, including areas of strength, areas for further professional development, areas of concern, problem areas, as well as suggestions and recommendations for continued professional development. This meeting also provides an opportunity for students to discuss any concerns or disagreements regarding the feedback. If the student does not agree with the feedback or wishes to provide additional information for consideration by the clinical faculty, the student may request a meeting with the clinical faculty by contacting the Director of the Clinical Program within **two weeks** from the date the student was presented feedback from his or her advisor. The student will have a full and fair opportunity to present any information verbally or in writing to the clinical faculty at the meeting regarding their education, training, and performance in the clinical program. The student may bring a representative (who is not an attorney) to the meeting; the representative may address the clinical faculty only at the discretion of the Director of the Clinical Program in consultation with the clinical faculty. Following such meeting, the clinical faculty will reconsider the student's professional development review and provide additional feedback to the student. The student may appeal the actions and decisions of the clinical faculty by following the procedures specified below and in the SLU Graduate Education Catalog (provided below).

#### ***D. Procedures for Academic Appeals***

If still dissatisfied, the student may follow the grievance procedure outlined by the Faculty Council and specified in the Graduate Catalog on the Office of Graduate Education website:

“All adverse decisions regarding graduate student conduct or performance considered *unsatisfactory* (as defined in individual graduate program handbooks) must be made in writing, dated, and sent to the student and copied to the Program Director and Department Chairperson (or Center Director) (the *Initial Faculty Decision – Document A*). The *Initial Faculty Decision* must include a statement advising the student that he or she has a right to appeal the decision and the *Appeals Procedures* document should thence be directly shared with the student or an accessible internet link to this protocol provided. The *Initial Faculty*

*Decision* will not be valid unless and until this directive has been met.

The student may elect to appeal the *Initial Faculty Decision* to the Department Chairperson (or Center Director) (the *Student Appeal to Department Chairperson (or Center Director) – Document B*). The appeal must be made in writing within **10 business days** (not including the calendar period May 15–Aug 15)\*\* after the student’s receipt of the *Initial Faculty Decision* and sent to the Department Chairperson (or Center Director) with copies sent to the faculty member and Program Director.” **\*\*Important exception: Because our program is a year-round program, these rules apply year-round except during recognized university holidays.** “The appeal will not be considered if it is not submitted within the prescribed time limit. The Department Chairperson (or Center Director) shall review the *Initial Faculty Decision* and *Student Appeal* documents and either uphold the faculty member’s recommendation or determine an appropriate alternative outcome. This decision (the *Department Chairperson (or Center Director) Response to Student – Document C*) must be made in writing (dated) and sent to the student within **10 business days** of receipt of the *Student Appeal to Department Chairperson (or Center Director)* and copied to the faculty member and Program Director.”

“Should the student wish to continue the appeals process, the next step involves the Board of Graduate Education (BGE) of the College (the *BGE Appeal*). The student must request that the CAS Associate Dean for Graduate Education forward their appeal to the BGE within **10 business days** of the student’s receipt of the *Department Chairperson (or Center Director) Response to Student*.\*\* **\*\*Important. As the BGE only meets during the regular academic year, appeals to the BGE must be made between August 15 and May 15; that is, if a student wishes to appeal a decision made in July, the appeal must be filed within 10 days of August 15.** “The appeal will be dismissed if the request is not made within the prescribed time limit. The Associate Dean will notify the student, faculty member, and BGE Chairperson of the *BGE Appeal*. Written submissions to the BGE will be composed of Documents A–C only.

The *BGE Appeal* shall be heard as an agenda item at one of the regularly scheduled BGE meetings, or a special meeting may be called if the BGE does not meet within **20 business days** of the *BGE Appeal* submission. A quorum of the BGE, excluding ex-officio members, must be in attendance. When the BGE sits as appeals board, a graduate student representative selected by the Graduate Student Association (GSA) will be appointed to the board as a voting member. The GSA representative must be a graduate student in the CAS but not from any departments involved in the appeal. The appealing student may be accompanied by an advisor of his or her choosing who is not acting as an attorney as this is an internal and not a legal procedure. If a member of the BGE is a member of the department or program involved in the appeal, that BGE member will abstain from participation in the appeals process and will not be counted for quorum purposes. The CAS Associate Dean for Graduate Education shall be present throughout the entire process, but shall not be allowed to propose or second any motion, or to cast a vote on any motion related to the appeal.

The BGE will hear the case presented by the student and others supporting the student’s appeal and will also hear the presentation of the faculty member or other departmental representative. Then, the student and all other parties to the proceedings will be excused and the BGE and GSA representative will conduct a closed discussion. If the BGE finds that

insufficient information has been presented, it may request a period of no longer than **20 business days** to obtain the information, meet again, and reach a decision. The BGE will consider the merits of the student's appeal and the adequacy of procedures followed in the department. The BGE may support the decision being appealed, overturn it, or change the penalty imposed (the *BGE Decision – Document D*). The CAS Associate Dean for Graduate Education will inform the student in writing (dated) of the BGE's decision and copy the faculty member, Program Director, and Department Chairperson.

Should the student wish to appeal the decision beyond the College, the student may request that the CAS Associate Dean for Graduate Education submit their appeal to the Associate Provost (AP) for Graduate Education (the *AP Appeal*). This must occur within **10 business days** of the student's receipt of the *BGE Decision*. The appeal will be dismissed if the request is not made within the prescribed time limit. Written submissions to the AP will be composed of Documents A-D only. The AP will review the documents submitted to the BGE along with the *BGE Decision* and may request additional information to determine whether or not the process as outlined in this section was appropriately followed. The AP cannot overturn a decision but can remand the decision back to the BGE for further investigation if the procedure was not properly followed.

***Itemized list of documents (signed and dated formal letters) required to be considered for the BGE Appeal:***

Document A (the Initial Faculty Decision). Must include notification of the student's right to appeal.

*Document B* (the *Student Appeal to Department Chairperson (or Center Director)*). Limited to 5 pages of single-spaced, font-size 12 text. The appeal is dismissed if not submitted within the prescribed time limit.

*Document C* (the *Department Chairperson (or Center Director) Response to Student*). The student may automatically submit *Document B* to the CAS Associate Dean for Graduate Education (and BGE) if *Document C* is not provided within the prescribed time limit. *Document C* is not required for the *BGE Appeal* if it is not provided within the prescribed time limit.

**Additional document (signed and dated formal letter) required to be considered for the AP Appeal: Document D (the BGE Decision)."**

In addition to the academic standards specified by the University, Graduate Education Catalog, College of Arts and Sciences, and Department of Psychology, the student is expected to meet the academic standards of the clinical psychology program. These academic standards are reflected in the goals and objectives of the clinical program listed in the document titled Academic Standards and Student Outcomes Assessment (see Section XI). Additionally, this document provides information regarding the measures, timeframes, responsibilities, and criteria for assessing student performance and outcomes. Students are also evaluated in terms of their clinical competencies as specified in the document titled Scientist-Practitioner Competencies (see Section IX).

## VIII. PROGRAM GOVERNANCE

The clinical psychology program uses a participatory, democratic model of governance for decision-making to achieve its goals and objectives. This model is based on fundamental principles which apply to all constituents of the clinical program (faculty, students, and staff). These fundamental principles of governance for the clinical program include: 1) equality of members; 2) freedom of discussion; 3) majority rule; and 4) rights of the minority. Each member of the clinical faculty (or student group) has the same rights, privileges, and duties as any other member of that group. He or she has the right to present an idea for consideration, to discuss and recommend its adoption, and to have it critically examined by the group before a decision is made. Each member has the right to expect respectful and courteous treatment from others and a duty to extend this courtesy to others. Each person's vote carries the same weight as that of any other member, and each person has the right to refrain or abstain from discussion or voting if they wish. Additionally, each clinical faculty member (or clinical student) has the right to be heard and to hear what others have to say about an idea, proposition, or motion before making a decision. Each member has the right to information which may be helpful to the decision-making process. Information is to be shared equally and all members are entitled to the same information. Although the clinical program strives for (and frequently achieves) consensus, we also rely on majority rule when consensus cannot be reached. Issues and conflicts are resolved by agreeing to accept a decision, solution, or recommendation which has been approved by a majority of the clinical faculty (clinical students). It assumes that those in the minority agree to accept the decision of the majority.

During any decision-making process, everyone has the right to be heard, to oppose what appears to be a majority position, and to try to persuade others to accept a different point of view. Members who express an opinion different from the majority or who vote in opposition to the majority cannot be discriminated against because of their opinion or votes. However, opinions should be expressed in a courteous, respectful, and professional manner.

The clinical program values efficient, practical, and effective decision-making processes. Procedures for decision-making are determined by the group and can be modified or changed if the group desires. Overall, we strive for simple, informal procedures to enhance our decision-making abilities while protecting our fundamental principles of governance.

The governance and leadership of the clinical psychology program is shared equally among each member of the core clinical faculty. Each core clinical faculty member has the right and the responsibility to contribute to the development, implementation, and evaluation of the clinical program to ensure that the program's mission, goals, and objectives are achieved. The core clinical faculty meet on a monthly basis during the fall, spring, and summer semesters to administer the clinical psychology program. Additionally, the clinical faculty conduct an annual retreat to review the mission, goals, objectives, outcomes, policies, and procedures of the clinical program. Clinical faculty development meetings are held periodically to enhance collaboration among the clinical faculty. Monthly student meetings provide an opportunity for students to discuss issues related to the program, and student input to clinical faculty decision-making is provided through a student representative who attends clinical faculty meetings. Monthly open forums provide an opportunity for students to meet with the Director of the Clinical Program and

other interested faculty to identify, discuss, and resolve any existing or potential issues that pertain to the clinical program. The department Executive Committee consists of the Department Chairperson, Director of the Clinical Graduate Program, Director of the Experimental Graduate Program, Director of the Industrial-Organizational Graduate Program, Director of the Neuroscience Undergraduate Program, and Director of the Undergraduate Program. This committee facilitates program development in the context of the department as a whole. Finally, the faculty of the entire department of psychology regularly meets each semester.

## **IX. ADMISSIONS**

The clinical psychology program usually receives over 140 applications for admission each year. Typically, eight new students are admitted at the beginning of each fall semester. Selection is based on faculty review of application materials, including academic transcripts, research and clinical experience, personal essay, diversity statement, 3 letters of recommendation, and an invited interview. A typical entering group of students will have an average undergraduate GPA of 3.5 (on a 4.0 scale) and both Verbal and Quantitative GRE scores above the 50% percentile.

Admitted students typically have relevant clinical and research experience. Most students enter the program with a bachelor's degree and complete both the Masters of Science (Research) degree and the Doctor of Philosophy degree in the clinical program. The clinical psychology program does not offer a terminal master's degree. Students who have obtained an approved master's degree in psychology prior to matriculation may be admitted directly to the Ph.D. program upon recommendation and approval of the clinical faculty. Additional information is available on our website under "Student Admission, Outcomes, and Other Data" which provides disclosure of outcomes and information allowing for informed decision-making to prospective doctoral students (<https://www.slu.edu/departments-of-psychology-home/graduate-studies/clinical-psychology/student-admissions-outcomes-and-other-data>).

As part of a Catholic, Jesuit University located in the Midtown area of the City of St. Louis, the clinical program is committed to serving the community through the education and training of minority clinical psychologists. Applications from minorities and those interested in psychological research and practice with culturally diverse populations are encouraged.

The application deadline for admission to the clinical psychology program initiating in the Fall semester of an academic year is December 1. Additional information regarding admissions requirements and application materials are available through the Office of Graduate Education, Saint Louis University, 221 N. Grand Boulevard, St. Louis, Missouri 63103 and through the University's website at [www.slu.edu](http://www.slu.edu).

## **X. SCIENTIST-PRACTITIONER COMPETENCIES**

### Introduction

This document identifies and describes the set of core competencies to be acquired and demonstrated by students in the scientist-practitioner clinical psychology graduate program at Saint Louis University. This document has been adapted from APA's (2009) Competency Benchmarks and from the Association of Directors of Psychology Training Clinics (2005) Report on Practicum Competencies.

### Describing Levels of Competence

It is important to recognize that competencies are acquired at different rates. Some competencies, such as administrative or supervisory skills, may come slowly and later in professional development. Other more basic competencies, such as timeliness, ability to utilize supervision, etc., may be expected and/or required to be substantially attained very early in training. These differences in the rate of development are reflected in the level of competence expected at the conclusion of graduate education and training in clinical psychology.

One of the most widely used schemes for describing the development of competence is that of Dreyfus and Dreyfus (1986), who define five stages, from Novice to Advanced Beginner to Competent to Proficient to Expert. The Dreyfuses' overall idea (in common with many other skill development and competency models) is that as the learner becomes more and more familiar with the analytic and action tasks of the field, performance becomes more integrated, flexible, efficient and skilled. Patterns and actions that have to be carefully thought about and/or taught by supervisors become internalized and increasingly automatic.

When discussing competence, keeping the terms straight is a challenge, since similar-sounding terms refer to different concepts. In particular, note that "competency" refers to a skill domain (e.g., assessment), "competence" or "level of competence" refers to the level of skill an individual has acquired (e.g., intermediate level of competence in assessment), and "competent" is a description of a particular level of skill (e.g., this psychologist is competent in neuropsychological assessment).

The clinical psychology program utilizes the following categories in describing the level of competence expected for the stated Scientist-Practitioner Competencies. Again please note that in some areas, substantial competence is expected, while in others, just the beginning of understanding is expected – a student, or any psychologist for that matter, may be expert in some areas and a novice in others. The definitions, (based on Dreyfus & Dreyfus, 1986) are modified versions of definitions offered by Benner (1984), with further input from Alexander (2004). Some of the category labels and descriptive contents have been changed to fit the particular circumstances of psychology training.

**1. Novice (N):** Novices have limited knowledge and understanding of (a) how to analyze problems and of (b) intervention skills and the processes and techniques of implementing them. Novices do not yet recognize patterns, and do not differentiate well between important and unimportant details; they do not have filled-in cognitive maps of how, for example, a given client may move from where he/she is to a place of better functioning or a research project moves from conceptualization to methodology to data analysis to interpretation of findings.

**2. Intermediate (I):** Psychology students at the intermediate level of competence have gained enough knowledge and experience through coursework, supervision, training and practice to be able to recognize some important recurring domain features and to select appropriate strategies to address the issue at hand. Surface level analyses of the Novice stage are less prominent, but generalization of diagnostic, intervention, and research skills to new situations, problems, research projects, and clients is limited, and support is needed to guide performance.

**3. Advanced (A).** At this level, the student has gained deeper, more integrated knowledge of the competency domain in question, including appropriate knowledge of scholarly/research literature as needed. The student is considerably more fluent in his/her ability to recognize important recurring domain features and to select appropriate strategies to address the issue at hand. In relation to clinical work, recognition of overall patterns, of a set of possible diagnoses and/or treatment processes and outcomes for a given case, are taking shape. Overall plans, based on the more integrated knowledge base and identification of domain features are clearer and more influential in guiding action. In relation to research, the student is increasingly able to synthesize and integrate empirical literature and is more knowledgeable and skilled at conducting research, albeit with supervision and direction. At this level, the student is less flexible in these areas than the proficient psychologist [the next level of competence] but does have a feeling of mastery and the ability to cope with and manage many contingencies of clinical work.

**4. Proficient.** The proficient psychologist perceives situations as wholes rather than in terms of chopped up parts or aspects. Proficient psychologists understand a situation as a whole because they perceive its meaning in terms of longer-term goals. The proficient psychologist learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient psychologist can recognize when the expected normal picture does not materialize and takes steps to address these situations (including seeking supervision, reviewing research literature). This holistic understanding improves the proficient psychologist's decision making; it becomes less labored because the psychologist now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones – the psychologist has developed a nuanced understanding of the clinical and/or research situation.

**5. Expert.** The expert no longer relies on an analytic principle (rule, guideline, or maxim) to connect her or his understanding of the situation to an appropriate action. The expert psychologist, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative solutions. The expert operates from a deep understanding of the total situation. This is not to say that the expert never uses analytic tools. Highly skilled analytic ability is necessary for those situations with which the psychologist has had no previous experience. Analytic tools are also necessary for those times when the expert gets a wrong grasp of the situation and then finds that events and behaviors are not occurring as expected. When alternative perspectives are not available to the clinician, the only way out of a wrong grasp of the problem is by using analytic problemsolving.

#### Trajectory of Acquiring Competence

As noted above, it is important to recognize that competencies are acquired at different rates. Some competencies, such as administrative or supervisory skills, may come slowly and later in professional development. Other more basic competencies, such as timeliness, ability to utilize supervision, etc., may be expected and/or required to be achieved at a fully professional level very early in training. As the learner becomes more and more familiar with the analytic and action tasks of the field, performance becomes more integrated, flexible, efficient and skilled. Patterns and actions that have to be carefully thought about and/or taught by supervisors become internalized and increasingly automatic.

These differences in trajectory are reflected in the level of competence expected at the conclusion of clinical training. For example, in Section B.1.a.i below, “Ability to take a respectful, helpful professional approach to patients/clients/families” is expected to be at the Advanced, or “A” level by the end of the practicum, since these skills are basic or foundational clinical skills; in Section B.2.a below, “Development of skills and habits in seeking and applying theoretical and research knowledge relevant to practice of psychology in the clinical setting, including

accessing and applying scientific knowledge bases” is expected to be at the Intermediate or “I” level at the end of practicum, since these skills will be a focus of considerable work in the internship year.

#### Individual and Cultural Differences

A core principle behind all competencies listed in this document is awareness of, respect for, and appropriate action related to individual and cultural difference (ICD). Issues of ICD are relevant to each of the competencies described, but take a particularly large role in some. In these instances, ICDs are mentioned specifically.

## SCIENTIST-PRACTITIONER COMPETENCIES

### A. Basic Skills, Attitudes, and Knowledge

#### 1. Personality Characteristics, Intellectual, and Personal Skill

- \_\_\_\_\_ Interpersonal skills: ability to listen and to be empathetic with others; respect for/interest in others' cultures, experiences, values, points of view, goals, and desires, fears, etc. These skills include verbal as well as non-verbal domains. An interpersonal skill of special relevance is the ability to be open to feedback.
- \_\_\_\_\_ Cognitive skills: problem-solving ability, critical thinking, organized reasoning, intellectual curiosity, and flexibility
- \_\_\_\_\_ Affective skills: affect tolerance/understanding of interpersonal conflict; tolerance of ambiguity and uncertainty
- \_\_\_\_\_ Personality/Attitudes: desire to help others; openness to new ideas; honesty, integrity/valuing of ethical behavior; personal courage
- \_\_\_\_\_ Expressive skills: ability to communicate one's ideas, feelings, and information in verbal, non-verbal, and written forms
- \_\_\_\_\_ Reflective skills: ability to examine and consider one's own motives, attitudes, behaviors, and one's effect on others
- \_\_\_\_\_ Personal skills: personal organization, personal hygiene, appropriate dress

#### 2. Core Knowledge

##### a. Assessment & Clinical Interviewing

- \_\_\_\_\_ Knowledge regarding psychopathology related to the population(s) served
- \_\_\_\_\_ Knowledge of scientific, theoretical, empirical and contextual bases of psychological assessment
- \_\_\_\_\_ Knowledge of test construction, validity, score reliability and related assessment psychometrics
- \_\_\_\_\_ Training in the principles and practice of systematic administration, data-gathering and interpretation for assessment, including identifying problems, formulating diagnoses, goals and case conceptualizations; understanding the relationship between assessment and intervention, assessment of treatment progress and outcome
- \_\_\_\_\_ Training in the models of techniques of clinical interviewing

##### b. Psychopathology

- \_\_\_\_\_ Knowledge and understanding of the scientific, theoretical, empirical, and contextual bases of psychopathology
- \_\_\_\_\_ Training in diagnostic classification systems, including the DSM

##### c. Intervention (\*\*Specific features of "Intervention" are more fully described in Section B.4below.)

- \_\_\_\_\_ Knowledge of scientific, theoretical, empirical and contextual bases of intervention
- \_\_\_\_\_ Training in basic clinical skills, such as empathic listening, framing problems, etc.
- \_\_\_\_\_ Training in the assessment of treatment progress and outcome.

##### d. Ethical and Legal

- \_\_\_\_\_ Principles of ethical practice and decision making (APA, 2002)
- \_\_\_\_\_ Legal knowledge related to the practice of psychology [Federal (e.g., HIPPA), State Law]

##### e. Individual and Cultural Differences (ICD)

- \_\_\_\_\_ Knowledge and understanding of principles and findings related to ICD as they apply to the dimensions of ICD (e.g., class, race, physical disability, etc.)

- \_\_\_\_\_ Understanding of one's own situation (situation (e.g., one's own ethnic/racial, socioeconomic, gender, sexual orientation; one's attitudes towards diverse others) relative to the dimensions of ICD (e.g., class, race, physical disability, etc.)
- \_\_\_\_\_ Understanding of the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues, etc.)
- f. Lifespan Development
  - \_\_\_\_\_ Knowledge and understanding of the scientific, theoretical, empirical, and contextual bases of development across the lifespan as they relate to clinical assessment, psychopathology, intervention, and ethics.
- g. Biological Aspects of Behavior
  - \_\_\_\_\_ Knowledge and understanding of the broad theoretical, empirical, conceptual, methodological, sociocultural, historical and technical foundations of the biological aspects of behavior.
- h. Cognitive-Affective Aspects of Behavior
  - \_\_\_\_\_ Knowledge and understanding of the broad theoretical, empirical, conceptual, methodological, sociocultural, historical and technical foundations of the cognitive-affective aspects of behavior.
- i. Social Aspects of Behavior
  - \_\_\_\_\_ Knowledge and understanding of the broad theoretical, empirical, conceptual, methodological, sociocultural, historical and technical foundations of the social aspects of behavior.
- j. Statistics
  - \_\_\_\_\_ Knowledge and understanding of statistics and techniques of data analyses in the behavioral sciences
- k. Research Methods
  - \_\_\_\_\_ Knowledge and understanding of research methods in the behavioral sciences
- l. Psychometric Theory
  - \_\_\_\_\_ Knowledge and understanding of psychological measurement and psychometric theory
- m. History and Systems of Psychology
  - \_\_\_\_\_ Knowledge and understanding of history and systems of psychology

**B. Skills Necessary to Demonstrate Competencies**

1. *Relationship/Interpersonal Skills*
  - a. With patients/clients/research participants
    - \_\_\_\_\_ Ability to take a respectful helpful professional approach to patients/clients/families.
    - \_\_\_\_\_ Ability to form a working alliance
    - \_\_\_\_\_ Ability to deal with conflict, negotiate differences
    - \_\_\_\_\_ Ability to understand and maintain appropriate professional boundaries
  - b. With colleagues
    - \_\_\_\_\_ Ability to work collegially with other students and trainees
    - \_\_\_\_\_ Ability to support others and their work and to gain support for one's own work
    - \_\_\_\_\_ Ability to provide helpful feedback to peers and receive such feedback nondefensively from peers
  - c. With supervisors

- \_\_\_\_\_ Ability to work collaboratively with the supervisor; Collaboration means understanding, sharing, and working by a set of common goals for supervision; working cooperatively and collaboratively with the supervisor to enhance the student's skills
- \_\_\_\_\_ Ability to prepare for supervision
- \_\_\_\_\_ Ability/willingness to accept supervisory input, including direction; ability to follow through on recommendations; ability to negotiate needs for autonomy from and dependency on supervisors
- \_\_\_\_\_ Ability to self-reflect and self-evaluate regarding clinical and research skills and use of supervision including using good judgment as to when supervisory input is necessary
- d. With support staff
  - \_\_\_\_\_ Ability to be respectful of support staff roles and persons
- e. With professional teams
  - \_\_\_\_\_ Ability to participate fully in team's work
  - \_\_\_\_\_ Ability to understand and observe team's operating procedures
- f. With other professionals
  - \_\_\_\_\_ Ability to communicate professionally and work collaboratively with other professionals both within and external to the setting or placement
- g. With the practicum site (PSC and external placements)
  - \_\_\_\_\_ Ability to understand and observe the agency's operating procedures
  - \_\_\_\_\_ Ability to participate in furthering the work and mission of the practicum site
  - \_\_\_\_\_ Ability to contribute in ways that will enrich the site as a practicum experience for future students

## 2. *Research Skills*

- \_\_\_\_\_ Ability to formulate a research question that contributes to the field and society
- \_\_\_\_\_ Ability to conduct a thorough and relevant literature review; ability to critically review research literature
- \_\_\_\_\_ Ability to develop and articulate hypotheses appropriate to the research question(s)
- \_\_\_\_\_ Ability to incorporate operationally defined, measurable constructs into research methods
- \_\_\_\_\_ Ability to select and use psychometrically sound measures in research design
- \_\_\_\_\_ Ability to use appropriate, "best practices" methods of data analyses; data analyses are consistent with the hypotheses
- \_\_\_\_\_ Understanding and compliance with Institutional Review Board policies and procedures
- \_\_\_\_\_ Ability to present conclusions and discussion that are reflective of the research findings
- \_\_\_\_\_ Ability to articulate limitations in the research design and methodology

## 3. *Skills in Application of Research*

- \_\_\_\_\_ Development of skills and habits in seeking and applying theoretical and research knowledge relevant to practice of psychology in the clinical setting, including accessing and applying scientific knowledge bases
- \_\_\_\_\_ Understanding and application of theoretical and research knowledge related to diagnosis/assessment and intervention, diversity, supervision, ethics, etc.

## 4. *Psychological Assessment Skills*

- \_\_\_\_\_ Ability to select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups
- \_\_\_\_\_ Ability to utilize systematic approaches to gathering data to inform clinical decision making
- \_\_\_\_\_ Knowledge of psychometric issues and bases of assessment methods
- \_\_\_\_\_ Knowledge of issues related to integration of different data sources
- \_\_\_\_\_ Ability to integrate assessment data from different sources for diagnostic purposes
- \_\_\_\_\_ Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches
- \_\_\_\_\_ Capacity for effective use of supervision to implement and enhance skills

#### 5. *Intervention Skills*

- \_\_\_\_\_ Ability to formulate and conceptualize cases
- \_\_\_\_\_ Ability to plan treatments
- \_\_\_\_\_ Ability to implement intervention skills, covering a wide range of developmental, preventive and “remedial” interventions, including psychotherapy, psychoeducational interventions and crisis management, depending on the focus and scope of the problem
- \_\_\_\_\_ Knowledge regarding psychotherapy theory, research, and practice
- \_\_\_\_\_ Knowledge regarding the concept of empirically supported treatments methods and activities
- \_\_\_\_\_ Knowledge regarding specific empirically supported treatment methods and activities
- \_\_\_\_\_ Ability to apply specific empirically supported treatment methods (e.g. CBT, empirically supported relationships)
- \_\_\_\_\_ Assessment of treatment progress and outcome
- \_\_\_\_\_ Linking concepts of therapeutic process and change to intervention strategies and tactics
- \_\_\_\_\_ Effective use of supervision to implement and enhance skills

#### 6. *Consultation Skills/Interprofessional Collaborations*

- \_\_\_\_\_ Knowledge of unique client/patient care roles of other professionals
- \_\_\_\_\_ Ability to effectively relate to other professionals in accordance with their unique client/patient roles
- \_\_\_\_\_ Understanding of the consultant’s role as an information provider to another professional who will ultimately be the client/patient care decision maker
- \_\_\_\_\_ Capacity for dialoging with other professionals which avoids use of psychological jargon
- \_\_\_\_\_ Ability to choose an appropriate means of assessment to answer referral questions
- \_\_\_\_\_ Ability to implement a systematic approach to data collection in a consultative role
- \_\_\_\_\_ Consultative reports are well organized, succinct, and provide useful and relevant recommendations to other professionals

#### 7. *Diversity – Individual and Cultural Differences*

- Knowledge of self in the context of diversity (one's own beliefs, values, attitudes, stimulus value, and related strengths/limitations) as one operates in the clinical setting with diverse others (i.e., knowledge of self in the diverse world.)
- \_\_\_\_\_ Knowledge about the nature and impact of diversity in different clinical situations (e.g., clinical work with specific racial/ethnic population) and in the conduct of research
- \_\_\_\_\_ Ability to work effectively with diverse others in assessment, treatment, consultation and research

### 8. *Ethics*

- \_\_\_\_\_ Knowledge of ethical/professional codes, standards, and guidelines; knowledge of statuses, rules, regulations and case law relevant to the science and practice of psychology
- \_\_\_\_\_ Recognize and analyze ethical and legal issues across the range of professional activities in clinical work and in conducting research
- \_\_\_\_\_ Recognize and understand the ethical dimensions/features of his/her own attitudes and practice in clinical work and in conducting research
- \_\_\_\_\_ Seek appropriate information and consultation when faced with ethical issues
- \_\_\_\_\_ Practice appropriate professional assertiveness related to ethical issues (e.g., by raising issues when they become apparent to the student).
- \_\_\_\_\_ Evidence commitment to ethical practice in clinical work and in research

### 9. *Professional Development*

#### a. Professional Skills for Effective Clinical Practice and Conducting Research

- \_\_\_\_\_ Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, notes, reports) in both clinical work and in conducting research; arriving promptly at meetings and appointments
- \_\_\_\_\_ Developing an organized, disciplined approach to writing and maintaining notes and records in clinical work and to writing related to the conduct of research
- \_\_\_\_\_ Negotiating/ managing fees and payments in clinical work
- \_\_\_\_\_ Organizing and presenting case material; preparing professional reports for health care providers, agencies, etc.
- \_\_\_\_\_ Organizing and presenting ideas and information related to research
- \_\_\_\_\_ How to self-identify personal distress, particularly as it relates to clinical work
- \_\_\_\_\_ How to seek and use resources that support healthy functioning when experiencing personal distress
- Organizing one's day, including time for clinical notes and records, for research activities, for rest and recovery, etc.

#### b. Professional Development Competencies

- \_\_\_\_\_ Critical thinking and analysis
- \_\_\_\_\_ Using resources to promote effective practice (e.g. published information, input from colleagues, technological resources)
- \_\_\_\_\_ Using resources to promote effective research (e.g. empirical literature, input from colleagues, technological resources)
- \_\_\_\_\_ Responsibility and accountability relative to one's level of training and seeking consultation when needed
- \_\_\_\_\_ Time management
- \_\_\_\_\_ Self-awareness, understanding, and reflection
- \_\_\_\_\_ Self-care

- \_\_\_\_\_ Awareness of personal identity (e.g., relative to individual and cultural differences)
- Awareness of one's own beliefs and values as they relate to and impact professional clinical and research activities
- \_\_\_\_\_ Social intelligence; ability to interact collaboratively and respectfully with other colleagues
- \_\_\_\_\_ Willingness to acknowledge and correct errors
- \_\_\_\_\_ Ability to create and conduct an effective presentation

**C. Metaknowledge/ Metacompetencies – Skilled Learning**

- Knowing the extent and the limits of one's own skills; learning the habit of and skills for self-evaluation of clinical and research skills
- \_\_\_\_\_ The ability to use supervision, consultation and other resources to improve and extend skills (note the related relationship competence – to work collegially and responsively with supervisors)
- \_\_\_\_\_ Knowledge of the process for extending current skills into new areas
- \_\_\_\_\_ Knowledge of the epistemologies underlying various aspects of clinical practice (e.g., assessment, diagnosis, treatment)
- \_\_\_\_\_ Commitment to life-long learning and quality improvement
- Awareness of one's identity as a psychologist; an aspect and reflection of metaknowledge that is role specific, knowing what one knows and can do (and should do) as a psychologist