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**THE CLINICAL PSYCHOLOGY  
PROGRAM MANUAL OF PROCEDURES  
AND REQUIREMENTS**

**DEPARTMENT OF PSYCHOLOGY  
THE PENNSYLVANIA STATE  
UNIVERSITY**

**2013-2014**

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**View of Moore Building, Home of Penn State Psychology Department**

The Clinical Psychology Training Program at The Pennsylvania State University is one of the oldest in the country. It was first accredited in the 1940s, and consistently ranks within the top 10-20 programs in the country (e.g. Gourman Reports, the National Research Council, University Rankings and U.S News and World Report). We are one of the founding members of the Academy of Psychological Clinical Science, a 42-member organization of highly selective clinical science doctoral programs whose broad mission is the advancement of clinical science. Throughout its history, the stated goal of the program has been to integrate clinical science and professional development as later articulated by the Boulder Conference. The current APA-accredited program<sup>1</sup> emphasizes the study of both adult and child clinical psychology. Our clinic is one of the largest training clinics located within a Psychology department in the country, and supports a number of clinical-research programs such as the **Families and Schools Together (FAST Track) Program**, an NIMH-funded community-based prevention research program. Additionally, the **Practice Research Network (PRN)** is run through the Psychological Clinic and is recognized as a leading model of integrating practice and research. It is the site of several studies conducted by students and faculty. The **Penn State Sports Concussion Program** and the **Penn State Personality Disorders Program** are also run through the Psychological Clinic and are recognized as models of practice and research integration.

The **Center for the Treatment of Anxiety and Depression** is also run through the Psychological Clinic and provides an opportunity for students to receive training in the implementation of time-limited protocols for the treatment of any anxiety disorder. Any graduate student, child or adult, can be supervised in the treatment of anxious clients (sometimes including their families) through the Clinic. This experience is built into the Clinical Assistantship (CA) but is also open to other students. Students who are appointed as CAs can have a portion of their time assigned to using these protocols with persons with anxiety and depression. Also, clinical students interested in receiving such training are free to attend the weekly supervision meeting even if they are not carrying cases through the center. Students interested in gaining assessment experiences with anxious clients can also volunteer to conduct intakes on Mondays as well. Also, students participating in this activity attend weekly

meetings. Students interested in gaining assessment experiences with anxious clients can also volunteer to conduct intakes on Mondays as well.

There is a wide range of other research conducted by our faculty outside of the Psychological Clinic structure, much of which is supported by external grants including those from the NIH. The **Penn State Social Cognition Research Lab** explores differences in social information processing as predictors of child abuse and neglect, as well as interpersonal aggression and clinical and legal decision making. The **Development of Emotion Regulation Lab** examines factors that contribute to the early childhood development of the ability to self-regulate, particularly to regulate angry reactions. Emotion regulation and related emotional processes are research themes pursued by many of our faculty. For example, the **Parent-Infant Research Lab** studies ways in which early experiences of parental depression and marital conflict affect bio-behavioral systems of emotion regulation and how genes interact with parenting to affect developing regulatory systems. Another lab focuses on **ADHD in childhood**, focusing on how children with attention problems acquire new skills, and how difficulties in emotion regulation, motivational biases, self-perception, anxiety, and depression may interfere with the ability to use routine academic and social skills. In addition to studies of the development of psychopathology and prevention, students can also participate in faculty labs that focus on serious forms of psychopathology in adults and on the conditions that foster or interfere with health. **Research on PTSD** explores factors (e.g., social information biases, interpersonal factors, emotion and hormonal regulation) that might lead to psychological and physical aggression in intimate relationships. Finally, the **Culture, Health and Emotion Lab** investigates the intersections of these three forces such as how cultural and ethnic variation in emotion regulation relates to healthy psychological functioning.

There are a number of clinical **Neuroscience-Oriented Research Programs** in the Clinical area. **The Brain Plasticity Lab** explores how the brain restructures itself following brain injury or disease in humans using state of the art neuroimaging techniques, such as fMRI, to assess alterations in functional brain organization. Another clinical neuroscience-oriented research program studies the types of brain activation patterns that underlie things like anxiety and emotion regulation. Ongoing **Addictions Research** utilizes an interdisciplinary approach, merging theories about traditional behavioral addiction with work from the affective, cognitive and social neurosciences with a focus on functional brain imaging. The **Multiple Sclerosis (MS) Neuropsychology Lab** examines the intersection of emotion and cognition in patients with MS.

Our graduate students are actively involved in all of these research programs, typically playing critical roles in running experiments with research participants, analyzing research data, presenting scientific findings at national and international conferences, and writing up papers for publication. Combined with their clinical training, students are competitive for top clinical internships, jobs in academia, academic medical centers, and other research-oriented settings. Undergraduate students are also frequently involved in research, working closely with both faculty and graduate students. Many undergraduates work in research labs for several years, often working on honors theses as part of their research work.

The major overall goal of our clinical training program is to train graduate students for research-oriented careers at universities, medical schools, and settings which integrate research and evaluation along with professional services. Consequently, there is a strong emphasis on the clinical science of psychology in our program. It is the strong belief of the faculty that excellence in this domain is best provided by superior training in both the scientific methods and clinical assessment and intervention.

Our program is largely competence-based with a strong emphasis in research methodologies and procedures as well as training in treatment and assessment procedures. We expect an individual at the completion of the Ph.D. program to be able to embark on a research-oriented career as well as successfully complete state licensure in psychology.

The clinical training at Penn State takes place in the Psychological Clinic which is operated by the Department of Psychology. Thus, clinical students are fully integrated into the department and receive their Ph.D. in psychology. The Psychological Clinic (1) serves as the principal practicum training center for clinical students, (2) supports an infrastructure to facilitate the conduct of clinical research, and (3) is a community mental health center for the surrounding tri-county area, which exposes our students to training in a wide range of psychological problems. To foster the integration of research and clinical practice, much of the clinical supervision in our program is provided by licensed core clinical faculty.

The Clinical Program requires that: 1) Its graduate students complete a minimum of three full-time academic years of graduate study; 2) at least two of those three years be at Penn State University; 3) at least one year be in full-time residence; and 4) students complete an internship before receiving the Ph.D. degree. However it is expected, and the large majority of students does, that students spend 5-6 years in residence, completing all program requirements and acquiring requisite scholarly and clinical skills in a timely fashion. Most students complete their internship in the sixth or seventh year.

### **I. Departmental Requirements**

All clinical graduate students receive their education and degree within the Department of Psychology and thus must meet all of the requirements of the Department. Clinical students are expected to follow the Guidelines for Psychology Graduate Students, which is published regularly by the Department of Psychology. The requirements for the major concentration of study, the potential minors, statistics, English language proficiency, breadth, the Master's thesis, advancement to candidacy, the comprehensive examination, and the dissertation are spelled out in the Guidelines.

<sup>1</sup>*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 1st Street, NE, Washington, DC 20002  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*

Clinical students are expected to major in clinical psychology. Child Clinical students are also required to complete a minor in Developmental psychology or SCAN, and also complete a developmentally framed study at some time during their graduate training. Adult clinical students fulfill the minor by completing a minor research project. This project should result in a high quality written product of potentially publishable quality that is then turned in as part of, and at the same time as, the student's comprehensive examination.

**II. THE CLINICAL MAJOR CURRICULUM**

<b>Required Courses:</b>	
Clinical Assessment <sup>1,2</sup>	Psy 554
Psychopathology <sup>1,2</sup>	Psy 542
Research Design in Clinical Psychology <sup>1,2</sup>	Psy 543
Practicum in Clinical Methods (Adult Practicum) <sup>1</sup>	Psy 560
Clinical Practicum with Children (Child Practicum) <sup>2</sup>	Psy 561
Multicultural Perspectives in Clinical Psychology <sup>1,2</sup>	Psy 566
Advanced Psychotherapy <sup>1</sup>	Psy 569
<b>At Least One of the Following Assessment Courses:</b>	
Child-Clinical Assessment <sup>2</sup>	Psy 577
Theory and Practicum in Clinical Assessment (Personality Assessment)	Psy 555
Neuropsychological Assessment	Psy 556
<b>Examples Of Regularly Offered Electives:</b>	
Child-Clinical Psychopathology <sup>2</sup>	Psy 575
Child-Clinical Intervention <sup>2</sup>	Psy 576
Behavior Modification	Psy 563
Seminars in Clinical Problems	Psy 540

**Note.** <sup>1</sup>These courses are required for Adult-Clinical students. <sup>2</sup>These courses are required for Child-Clinical students.

In addition to meeting the 20-23 credit major requirements, each clinical student enrolls for practicum experience each semester for most of the semesters during which they are in the program.

**III. Suggested program for first four years of study (Note: students with 20 hour per week assistantships may only register for 11 credits in a semester)**

<b>CHILD CLINICAL</b>			<b>ADULT CLINICAL</b>	
		<b>YEAR 1</b>		
<b>FALL SEMESTER:</b>			<b>FALL SEMESTER:</b>	
501	General Psychology Seminar		501	General Psychology Seminar
561	Introduction to Child Practicum		560	Introduction to Adult Practicum
575	Child Psychopathology		542	Adult Psychopathology
507	Statistics		554	Clinical Assessment
<b>Complete English Requirement</b>			507	Statistics
<b>Select Master's Research Advisor</b>			<b>Complete English Requirement</b>	
<b>Write, Submit Masters Thesis Proposal</b>			<b>Select Master's Research Advisor</b>	
<b>Identify Masters Thesis Reader</b>			<b>Write, Submit Masters Thesis Proposal</b>	
			<b>Identify Masters Thesis Reader</b>	
		<b>YEAR 1</b>		
<b>SPRING SEMESTER:</b>			<b>SPRING SEMESTER:</b>	
543	Research Design in Clin. Psy		543	Research Design in Clin. Psy
561	Child Practicum		560	Adult Practicum
577	Child Clinical Assessment		569	Advanced Psychotherapy
508	Statistics		508	Statistics
		<b>YEAR 2</b>		
<b>FALL SEMESTER:</b>			<b>FALL SEMESTER:</b>	
561	Child Practicum		560	Adult Practicum
576	Child Clinical Interventions		600	Thesis
542	Adult Psychopathology		566	Multicultural Perspectives in Clinical Psychology
	Developmental Minor Course			Breadth Course
		<b>YEAR 2</b>		
<b>SPRING SEMESTER:</b>			<b>SPRING SEMESTER:</b>	
	Breadth Course <sup>1</sup>			Assessment (555, 556, 577)
561	Child Practicum		560	Adult Practicum
	Developmental Minor Course			Breadth Course
600	Master's Thesis		600	Master's Thesis
566	Multicultural Perspectives in Clinical Psychology		<b>Select Minor Advisor</b>	
<b>Complete Masters Thesis</b>			<b>Complete Masters Thesis</b>	
		<b>YEAR 3</b>		
<b>FALL SEMESTER:</b>			<b>FALL SEMESTER:</b>	
561	Child practicum		560	Adult Practicum
	Developmental Minor Course <sup>1</sup>			Intervention Course
	Breadth Course <sup>1</sup>			Breadth Course
	Elective		596	Research Project
		<b>YEAR 3</b>		
<b>SPRING SEMESTER:</b>			<b>SPRING SEMESTER:</b>	
	Breadth Course <sup>1</sup>			Breadth Course
561	Child Practicum		560	Adult Practicum
	Developmental Minor Course <sup>1</sup>		596	Research Project
				Elective
<b>Select, submit Doctoral Committee Members</b>			<b>Select, submit Doctoral Committee Members</b>	

<sup>1</sup>Some courses may satisfy both breadth and minor requirements.

Suggested program continued

<b>FALL SEMESTER:</b>		<b>YEAR 4</b>	<b>FALL SEMESTER:</b>	
561	Child Practicum (* See below)		560	Adult Practicum (* See below)
<b>Complete Minor Requirement</b>			<b>Complete Minor Project</b>	
<b>SPRING SEMESTER:</b>		<b>YEAR 4</b>	<b>SPRING SEMESTER:</b>	
561	Child Practicum (* See below)		560	Adult Practicum (* See below)
<b>Take and Pass Comps</b>			<b>Take and Pass Comps</b>	
<b>Begin to work on dissertation</b>			<b>Begin to work on dissertation</b>	
		<b>YEAR 5</b>		
<b>Apply for Internship contingent on dissertation proposal approval</b>			<b>Apply for Internship contingent on dissertation proposal approval</b>	
<b>Dissertation data collection</b>			<b>Dissertation data collection</b>	
<b>Complete dissertation</b>			<b>Complete dissertation</b>	
<b>Complete Internship</b>		<b>YEAR 6</b>	<b>Complete Internship</b>	

\*Take Clinical Practica as needed or required, take Electives.

#### IV. MANDATORY DEADLINES

ALTHOUGH SUGGESTED COURSE TIMELINE IS LISTED ABOVE, STUDENTS SHOULD KEEP IN MIND THE FOLLOWING MANDATORY DEADLINES:

- Statistics course requirements should be completed by end of 2<sup>nd</sup> year
- Master's Thesis must be completed by beginning of 4<sup>th</sup> year Fall Semester
- Minor or Minor Project must be completed prior to Comprehensive Exams (for the child clinical track, the minor project is the comprehensive depth paper, plus specialization courses in developmental, or SCAN).
- Doctoral Comprehensive exams must be passed by end of the 4th year.
- Letters of recommendation for internship will not be sent until comprehensive exams are completed and Dissertation proposal is approved.

#### V. THE MINOR AND BREADTH REQUIREMENTS

*The mandatory minor specialization is a requirement of the clinical program.*

##### a. CHILD TRACK STUDENTS

For those in the child clinical track, the minor requirement is met with a developmental minor, or Specialization in Cognitive and Affective Neuroscience (SCAN). Students involved in the Training in Educational Science (TIES) sequence must still take all other child clinical requirements. The developmental minor consists of 3 substantive developmental courses (from courses offered in Psychology and HDFS and, on some occasions, other departments that offer a course with a clear developmental foundation). Only one of these courses can be a methods/statistics course. Students may also take the formal HDFS minor (15 credits) to satisfy the course requirement. For students who take the developmental minor courses, this effectively covers their developmental breadth requirement, however, students must insure that collectively, the three courses cover several developmental periods. Appendix E

outlines procedures students must follow to insure this. Students who take the SCAN sequence as their minor emphasis must still take one of the three core developmental breadth courses listed below. For students entering the child track in the Fall 2005 or later, there is no longer an additional minor research requirement (beyond other required research projects). Instead, conducting at least one developmentally framed study during graduate training satisfies the research portion of the developmental minor.

**b. ADULT TRACK STUDENTS**

For those in the adult clinical track, the minor requirement is met with an additional research project (beyond other required research projects) or a substantive paper. This project may be conducted within any area of interest and is typically used as a means to satisfy the departmental requirement of working with more than one faculty member. This project should result in a high quality written product of potentially publishable quality that is then turned in as part of, and at the same time as, the student's written comprehensive examination. Adult clinical students wishing to develop a formal minor area of specialization (e.g., joint degrees in Women's Studies, minor in Health Psychology, SCAN) may do so as long as the written minor project requirement is also met.

**BACKGROUND:** The breadth requirement is a longstanding requirement of the Psychology Department (please refer to the graduate guidelines on the department web site), reinforced by the APA's breadth requirements and by state licensing boards. The requirement reflects the value placed in psychologists being trained broadly in their field and then specialized in a particular sub-discipline. At Penn State, this requirement involves (1) course requirements outside the major area and (2) work in two different research programs, in order to gain breadth in content and in the conduct of research.

**COURSE REQUIREMENT FOR BREADTH:** The course requirements are intended to provide breadth in content.

- Human Development met by a grade of B or better in Psy 549, 547, or in courses required for the developmental minor. HDFS 501 can also meet this requirement
- Biological bases of behavior, met by a grade of B or better in Psy 511\*
- Cognitive/affective bases of behavior, met by a grade of B or better in Psy 521
- Social bases of behavior, met by a grade of B or better in Psy 517

\* **Note:** Only 511 course that counts is, "Foundations of Cognitive and Affective Neuroscience"

Courses suggested in each of the above areas are required for the adult track students. Child track students are required to take Psy 511, Psy 521, and Psy 517, as well as to complete the developmental minor or SCAN courses. Required courses outside of the major should provide fundamental grounding in the major theories and empirical literature in the particular domain of psychological functioning. These insure that students entering the job market are knowledgeable about classical and current work in the major fields and able to communicate effectively with faculty from other areas. Students who decide to deviate from recommended courses need to select these courses in consultation with the faculty advisor and clinical faculty. Often students propose to have a course "double-count," most often proposing a course in developmental psychology. The department guidelines state that a single course may not be used to satisfy requirements in more than one category. Although developmental psychology is often regarded as a "perspective" on other areas of psychology, in fact it is also a content area of its own. Courses that teach developmental theory and research therefore cannot also cover the main theories and literature in cognitive, biological, or social psychology.

**REQUIREMENT TO WORK WITH TWO FACULTY:** The Psychology Department requires that every student works with one major research advisor and at least one other faculty member (in Psychology or in another department) for at least two semesters, preferably consecutive, and in a separate area of psychology (please refer to page 25 of the departmental graduate guidelines). In recent years, there have been candidates who have failed to meet this requirement and, as a result, the Department is now monitoring this requirement more closely to be sure it is met. This requirement can be met by doing research with another faculty member (either for credit or not) or being a paid research assistant in a lab. Separate is not defined by area lines and students may work with two faculty in the same area if the research programs diverge sufficiently. Working with faculty outside of Psychology is not only acceptable but encouraged and is consistent with the growing trend in showing competence in the ability to work across disciplines. Human Development and Family Studies constitutes a different discipline. What is central to the Department's requirement is that the work with the second faculty person involve exposure to "differing research content and methods" as stated on page 26 of the guidelines. Because each student will go about this requirement in different ways that are appropriate to their career goals, each student should work with the major advisor and the proposed doctoral committee to insure that the requirement is adequately satisfied.

**REQUIREMENT TO DESIGN AND CARRY OUT A RESEARCH PROJECT FROM BEGINNING TO END:** The adult clinical track requires that one of the projects you conduct during your time here is a project that you have designed (with the help of your mentor) and carried through to the end. We believe that this is an important educational tool for becoming an independent researcher. Although it would be ideal for all students, we recognize that the child track students may be unable to do this, as the time to recruit and conduct research with children, particularly from a developmental perspective, can be prohibitive.

## **VI. The Clinical Practicum (Psy 560 and 561) & Psychological Clinic**

Clinical students are required to register for at least one clinical practicum team (Psy 560 or Psy 561) each academic semester (i.e., fall and spring) during the first four years in residence. All students must take a psychotherapy team during their first two years in the program.

The practica usually scheduled include introductory child and adult teams, assessment teams, and advanced child and adult teams. All first year students will be assigned to either the introductory adult team or the introductory child team during the fall semester of their first year. During the spring semester, both child and adult track students continue their introductory teams.

All of the practicum training takes place in our Psychological Clinic, and much of the supervision in that Clinic is provided by our core faculty, creating an ideal circumstance for the modeling of, and education in, the integration of theory, empiricism, and practice. To train students in the integration of science and practice, a research infrastructure exists within the clinic to allow for considerable student- and faculty-initiated scientific research on clinically meaningful questions in a naturalistic setting. Our faculty members embody the scientist-practitioner model in their daily professional lives and are actively engaged in clinically relevant scientific research. Faculty supervisors thus serve as both excellent role models and as sources of knowledge and training that reflect that integration.

Moreover, as one of the two major service providers for the county, the Clinic exposes our students to training in a wide range of psychological problems and a diversity of clientele. The varied psychological services provided by the clinic include adult and child assessment; consultation with parents, schools, and public officials; individual and group therapy; marital and family counseling;

neuropsychological assessment; psychodiagnostic testing; and community mental health consultation.

The course work designated Psychology 560 (Adult) and Psychology 561 (Child) represents graduate student clinical training in the Psychological Clinic. These courses are known as practicum teams. All clinical students take an active part in clinic functions and sign up for a clinic team nearly every semester. Each practicum team, under a faculty supervisor, consists of students from various year levels. Most training services offered by the clinic are provided through these teams in a series of graded experiences ranging in degree of difficulty of the cases and progressing from observation through interviewing, assessment, and treatment. The clinic maintains a contract for services with the Centre County Office of Mental Health/Mental Retardation. This provides clinical assistantships for several advanced students. Ample and comfortable space is available in the clinic for all scheduled activities, and the learning experiences and close faculty supervision are aided by such facilities as closed-circuit TV and audio and video recorders. The clinic's staff is made up of one full-time clinical faculty member who serves as Psychological Clinic Director and another full-time clinical faculty member who serves as Assistant Director. A psychiatrist is also on staff, several staff psychologists and post-docs, and two nurse practitioners.

**Team Assignments:** All students are assigned to teams to give balance to the service needs of the teams and The Psychological Clinic, as well as to meet the requirements of the program. All students are expected to learn to implement therapy from more than one theoretical approach. At the beginning of each academic year, students will be asked to rank order their preference, however, the final decision about team assignment is made by the Director of Clinical Training (DCT). Students should not expect to be assigned more than once (i.e., two semesters) to the same team leader, and all students are expected to take at least one psychodynamic team and one CBT team.

Students are encouraged to take summer teams if they have continuing cases or if they feel the need for more clinical training. Supervisors of summer teams will be responsible for the cases on the team from the end of the spring semester (i.e., the first day after Spring finals) to the beginning of the Fall semester (first day of Fall classes).

Students are expected to keep a log of client contact hours, group supervision hours, individual supervision hours, and other support hours, and to have that log verified by supervisor signature at the end of every semester (or summer) period. The total, including client contact and supervision hours, should exceed 50 hours at the end of the first year, 150 at the end of the second, 250 at the end of the third, and 350 at the end of the fourth. NOTE: These are minimum hours; many sites expect applicants to accrue 500-1000 hours (i.e., contact and supervision) before beginning internship. This information is important for monitoring student progress and is needed for internship application.

***Pre-Practicum:*** During the Fall semester, a pre-practicum experience for first-year students is often organized by advanced students. Several weekly evening meetings are devoted to practicing general clinical skills in a non-evaluative, peer situation.

## **VII. The Master's Thesis**

All graduate students, including clinical students, are expected to complete their Master's thesis before the start of Fall semester of the student's fourth year at the very latest. Completion means that the thesis has been approved and signed by the advisor and committee members and has been deposited with the Graduate School. Master's thesis committees must include at least one clinical faculty member, as well as one faculty member within the Psychology Department outside of clinical. If, for some reason, the thesis is not completed, then the student and advisor must develop a schedule

for completion of the thesis, to be presented to the clinical faculty. The schedule should address changes in the course or clinic load to ensure the prompt completion of the thesis. Students who have not completed the thesis by the end of the third year (i.e. first day of Fall semester of 4th year), will not be allowed to register for classes. NOTE: Students cannot be funded if they are not registered.

### **VIII. Comprehensive Examination** (*Students must be sure that they have been advanced to candidacy before comps. See Department Manual*)

Students are expected to take the comprehensive examination by the Fall of the fourth year. Breadth comprehensive examination questions for both adult and child clinical tracks are provided to students when they enter the program. Students who do not pass the examination by then will have the lowest priority for funding and may have their assistantship appointment rescinded. **In order for a clinical student to apply for internship the student must have (a) passed the comprehensive examination and (b) successfully defended the dissertation proposal. Moreover, these must have been accomplished by September 15<sup>th</sup> of the year the student applies for internship.**

**Adult Track:** For adult track comps, students must prepare answers to a standard set of questions covering major issues in clinical psychology having to do with psychopathology, assessment, psychotherapy, ethics, diversity, and research methodology. The committee selects three to six of these questions for the student to address in writing during the exam period (1-2 hours per question) without the aid of books or written material. The oral examination is based on the students' written answers to the above questions, although any other questions within clinical psychology may be asked by committee members. It must take place within three weeks of the completion of the written examination. The oral examination is scheduled for at least two hours. For adult track students, the written Minor Research Project must be completed and submitted to the committee along with the written comprehensive examination responses prior to the oral exam. The specific questions for the adult track comprehensive examination are listed in Appendix D at the end of this brochure.

**Child Track:** The comprehensive examination is composed of 2 portions—breadth and depth—involving both a written and oral examination. In 2012, the child clinical comps procedures were modified. Students who entered the program before Fall 2012 have the option of completing comps in the old or new format. Students who entered the program in Fall 2012 or afterward are required to complete comps in the new format. The specific breadth questions and depth requirements for both Child Track comps can be found in Appendix C at the end of this brochure.

**--Pre-2012:** Students who entered the program prior to Fall 2012 who choose to follow the old child comps format must prepare answers to a set of 10 questions, provided in the first year of the program, covering developmental psychopathology, child psychotherapy, and child assessment. When the student sets a date to write the comprehensive exam, the student's doctoral committee selects 3 of these questions, 1 from each domain. The student answers these questions for 2 hours per question without the aid of any materials.

**--Effective Fall 2012:** The new format for the written comps was intended to update the questions, to increase the opportunity for pieces of work completed for comps to become publishable manuscripts, and to continue to help students internalize the knowledge they have gained.

Before beginning written comps, which are comprised of 2 parts—depth and breadth, the student must consult with the primary advisor(s). After planning the approach to the written comps, the student must submit a written plan to the doctoral committee and gain approval from the doctoral committee members for the components of the plan, i.e., the approach to the selected questions and

the approach to fulfilling the depth requirement. (Doctoral committees are formed when a student advances to candidacy; advancement occurs at designated general Psychology Department faculty meetings that occur in Fall and Spring semesters). The student articulates the student's approach to the comps, which provides an opportunity for feedback from doctoral committee members and heightens the likelihood that breadth and depth are appropriately covered.

- (a) Depth paper—the student articulates to the doctoral committee the type of depth paper to be written (e.g., book chapter, empirical article, major fellowship application), the topic chosen, and a general description of the approach to the topic. Usually this step will be taken first, but it is not required that it be first.
- (b) Breadth question papers—the student will describe to the doctoral committee the plan for demonstrating breadth of knowledge; once the committee has had an opportunity to review, question, and guide the plan and it is approved, the committee chair notifies the student. The student must then submit the papers 1 month from that date.

For breadth, the student writes 1 paper in each area of 3 areas of competence (psychopathology, assessment, and intervention). For depth, the student writes and submits a publishable paper, book chapter, or submittable grant application. Competence in research methods, ethics, supervision, consultation and diversity is infused in courses and practica and evaluated throughout the curriculum, and students should integrate these competencies into their breadth and depth papers. Most students will complete the depth portion first. Approximately 3 weeks after completing the breadth papers and submitting the breadth and depth papers to the Administrative Support Assistant for Graduate Student Records (Sherri Gilliland), the student must orally defend the work. At the oral defense, the student can be queried about any of the 6 areas of competence: psychopathology, assessment, intervention, research methods, ethics, and diversity. **The student is responsible for contacting the Graduate office about the start of the breadth papers (by sending the email with committee approval to the office) and for informing the office of the date scheduled for the oral defense.**

Further details about the specific breadth questions and depth options are listed in Appendix C at the end of this brochure.

## **IX. Student Evaluations**

Students in the Clinical Program are expected to pass with a grade of “B” or better in all departmental and program required courses. If a grade of “C” or lower is received, the course must be repeated. Students are required to keep their advisor informed of their progress in the program as well as their current research and clinical activities.

Students are reviewed by the faculty at the end of every semester. The domains of evaluation include progress and quality in research, clinical work, assistantship duties, overall progress in the program, and student-defined goals. Rating forms are completed by supervisors of any clinic team and of any assistantship activity prior to each semester’s evaluation meeting. Students also submit a yearly accomplishment form at the end of the spring semester, which lists completions of program requirements, other accomplishments, and student-defined goals for the upcoming year. The students also submit a departmental checklist of requirement completions. The advisor is responsible for summarizing all of the above information for presentation to the faculty at the evaluation meeting, and other faculty provides additional commentary. From these discussions, areas of strength are identified, and areas for further development or attention and ways of improving in those areas, are determined and form the basis of feedback to the student. Fall semester feedback from the advisor is provided to students during the first week of the spring semester during an informal meeting. Formal, written feedback and meeting with the advisor for the spring semester occurs during the first four weeks after the end of the spring semester. The written feedback given to the student is signed by both the advisor and the Director of Clinical Training.

Clinical students also receive on-going evaluations of clinical skills by their team leader and semesterly ratings. The formal ratings and evaluations serve primarily as a stimulus and guide to discussion between the student and supervisor about clinical progress and potential problems in need of remediation.

It is extremely rare that a clinical student has been terminated from our program, however, it does happen. In these very rare cases, considerable advance warning about lack of progress or quality of clinical, academic, or research work has always occurred, usually from two or more semesters of formal feedback with explicit guidance on what the student must do to be viewed as being in good standing. It is only after receiving feedback on several occasions with insufficient improvement that a student will be formally terminated. In a couple of cases in the past 20 years, a student who was making good progress academically and in research but was unable to develop as a clinician sufficiently to be recommendable for an internship was counseled into receiving a Ph.D. in General Psychology. Please remember that we are devoted to your ultimate success, and history shows that nearly all of our students will ultimately succeed.

## **X. Advisors**

Every psychology graduate student must have an academic advisor. In addition, students select advisors to supervise the Master’s thesis and to serve as chairs of the Comprehensive Examination and Dissertation committees. In general, a student’s research advisor typically acts as their academic advisor.

In the clinical program the selection of advisor is made by the student, with the advisor’s consent. The advisor may be changed; but when the chairs of the comprehensive committee or the dissertation committee are changed, the committee members must agree to the change. This process requires

formal notification to the Graduate School (see admissions secretary for forms). If a student selects a Master's thesis supervisor or a dissertation advisor who is not on the clinical faculty, then a member of the clinical faculty should be selected to serve as a clinical mentor and co-chair of the thesis committee. (For additional information see Guidelines for Department of Psychology Graduate Students and Penn State Graduate Degree Programs Bulletin)

### **XI. Comprehensive Examination and Dissertation Committees--(Students must be sure that they have been advanced to candidacy before comps. See Department Manual)**

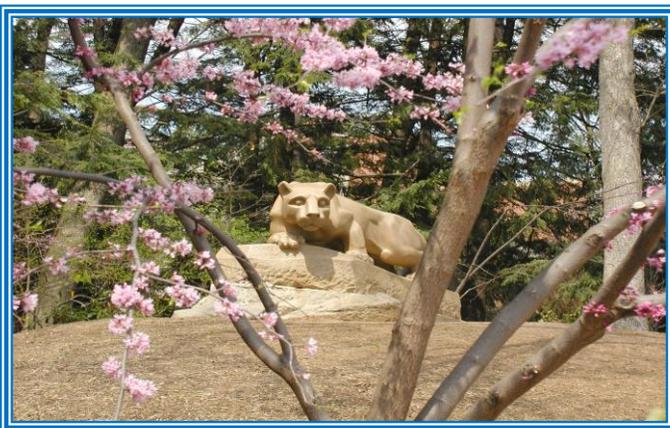
For all clinical students the Chair of the Comprehensive Examination Committee must be a member of the clinical faculty. The selection of other members, including the outside member, is made by the student. Child-clinical students must have at least one committee member from the child-clinical track and adult-clinical students must have at least one committee member from the adult-clinical track.

The dissertation committee must include at least one member of the clinical faculty. For child-clinical students, that member must be from the child-clinical area. Additionally, all dissertation committees must include a faculty member outside of the Psychology Department.



**View of Old Main**

### **XII. Financial Assistance**



**Nittany Lion Shrine in Spring**

Decisions about financial assistance are traditionally made by requesting funding from the Director of Graduate Training. Students should also consult with their advisor, the Director of Clinical Training, the Director of the Clinic, and other appropriate individuals. Students should consult early concerning potential funding sources. A number of grants are available from Foundations and Government sources.

Priority for assistance is given to students based on their general progress and performance in the program and in past assistantships. Students must make special applications for assistantships in the Psychological Clinic and at CAPS and for Graduate School Fellowships. Research and teaching

assistantships and minority fellowships are assigned according to special abilities or interests of the students. Depending on the source of the funding, some appointments cannot be made until the beginning of the school year. We have a long record of being very successful in finding funded positions for nearly all of our students.

### **XIII. Governance**

Policies and procedures of the clinical program are determined by the Clinical Training Committee composed of the Clinical Faculty, the Director and Assistant Director of the Psychological Clinic, and two graduate students elected from each class (the first year, second year, third year, fourth year, and fifth year and beyond). The Director of Clinical Training is selected by faculty consensus.

### **XIV. Internships**

All clinical students must complete a 12-month accredited internship before receiving the Ph.D. degree. Students make individual applications for the internship typically during the Fall of their fourth year (most applications are due by November 1st), after they have successfully completed all curricular requirements through and including the comprehensive examination and dissertation proposal. Information about internships and the Directory of the Association of Psychological Internship Centers (APPIC Manual) are filed in the office of the secretary to the Director of Clinical Training.

### **XV. Grievance, Due Process, and Termination Procedures**

**Procedure for Addressing Student-Faculty Disagreement, Conflict, or Perceptions of Unfair Treatment:** During the course of graduate study, disagreement and conflict may arise between students and faculty either during formal classroom instruction or in more informal individual instruction that takes place during the supervision of research and clinical experience. The nature of the close working relationships inherent in graduate education in psychology creates a situation where conflict may arise on occasion. Examples of possible areas of disagreement and conflict include the quality of instruction in courses; the quality of supervision of research or clinical work; course requirements that are viewed by students as excessive; demands placed by faculty on graduate teaching, research, or clinic assistants or supervisees that are viewed by the student as excessive or inappropriate; and standards for evaluating students' progress (such as grades or other forms of evaluation) that a student feels are inappropriate.

When such conflict does arise, the Department expects that both the student(s) and faculty involved will conduct themselves in a professional manner with mutual respect. In addition, the Department is committed to ensuring that students and faculty are treated fairly when such disagreements arise. The Department expects the faculty and students to treat concerns with dignity and respect. Further, the Department guarantees that students and faculty will be fully heard, that their concerns will be treated with dignity and respect, and that an honest attempt will be made to reach a reasonable solution. The Department endorses the following principles and guidelines for resolving disagreements and conflicts between students and faculty regarding instruction, training, student-faculty relationships, and evaluation.

The Department recommends that a graduate student who has concerns about the professional behavior of a faculty member take the following steps in the following order. Using these grievance procedures as a guideline will better ensure that the grievance will be resolved expeditiously and fairly.

1. Discuss the problem with the faculty member in question (informal/verbal).
2. Consult with your Faculty Advisor, or the Director of Clinical Training. Consultation with any of these individuals will usually be helpful in determining whether or not a grievance is legitimate. (They may also assist or give advice as to how to develop an effective strategy for presenting the concern to the faculty member in question.) (Informal/Verbal)
3. Write a formal statement of complaint to the Director of Clinical Training. (Formal/Written)
4. Write a formal statement to the Head of the Department. (Formal/Written)

If the complaint is not resolved after following the above procedure, the Director of Clinical Training may appoint a committee charged with working with the student and faculty member in resolving the grievance.

If the resolution worked out by the parties is not satisfactory, the decision may be appealed to the appropriate University institution (see Graduate Bulletin). If the decision is appealed, the Director of Clinical Training reserves the right to turn over any and/or all documentation and/or notes of the committee proceedings to the University institution handling the appeal.

Realize also that it may be useful to discuss concerns with one of the student representatives from your year or a more advanced year. This person may be able to offer support and advice and may be willing to bring your concerns to the attention of the Director of Clinical Training or Department Head in an anonymous and confidential fashion, if you are hesitant initially to raise the concerns yourself.

**Procedures for Termination from Assistantship:** On rare occasions, problems arise in assistantship assignments or in relationships between faculty and their assigned graduate or teaching assistants. If problems develop, the first step in resolution is for the individual faculty member and the graduate assistant to meet and attempt to reconcile any difficulties. If a satisfactory solution is not reached, the student or faculty person may request a hearing or review by the Graduate Training Committee (GTC), which will serve as a grievance committee for such requests. The GTC will meet separately with the individual student, the individual faculty member, and collect any other necessary information to adjudicate the matter. The GTC could recommend reconciliatory steps or termination from the assistantship, this decision to be binding upon approval from the Department Head. Graduate students terminated from an assistantship can appeal a decision further by filing a written grievance with the Dean of the College of Liberal Arts. Procedures for such an appeal are specified in the appendices of the *Graduate Bulletin*. Students may also lose assistantship guarantees for not making acceptable progress toward degree (see Appendix IV of the *GRADUATE GUIDELINES*).

**Procedures for Termination of the Degree Program of a Graduate Student for Unsatisfactory Scholarship:** On the rare occasion that the Clinical Training Committee determines that the program of a graduate student must be terminated for unsatisfactory scholarship, the student must be given advance notice, in writing, which in general terms shall advise the student of the academic reasons for the termination. Examples of unsatisfactory scholarship may include, but are not limited to, inadequate GPA, failure to obtain satisfactory grades in required courses for the program, or failing the candidacy, comprehensive, or final oral examination.

Upon receipt of this notice the student has the opportunity to seek a review of the decision. If the student desires such a review, the student must, within ten days of receipt of the notice, submit a written appeal to the Director of Clinical Training. The DCT then provides an opportunity for the

student to meet with the Clinical Training Committee who made the decision to terminate the student's program.

Formal rules of evidence are not applicable to the meeting, and attorneys are not permitted to represent any person attending the meeting. If the student's faculty adviser would not otherwise be present (i.e., was not involved in the decision to terminate), the adviser should be permitted to attend this meeting if requested by the student or program chair, or if the adviser wishes to do so. The DCT is responsible for ensuring that minutes of the meeting are taken and copies distributed to all those in attendance.

Following this meeting, the program chair must notify the student, in writing, whether the termination decision has been sustained or reversed. If it is sustained, the program chair shall notify the Dean of the Graduate School.

If the student alleges that discrimination including, for example, sexual harassment either was the reason for the termination or caused the unsatisfactory scholarship, and the discrimination or harassment was committed by an individual in a role of authority, such as an administrator, faculty member, instructor, teaching assistant or research assistant, the matter shall be referred to the Affirmative Action Office of the University, 328 Boucke Building, established to review such claims. The findings of that Office will be reported back to the program chair and any other University offices as appropriate. Based upon the recommendation of the Affirmative Action Office, the program chair may then provide an opportunity for the student to meet with him/her and, if applicable, the program committee or other faculty involved in the decision to terminate the student's program.

Within five days of receiving this notice of termination for unsatisfactory scholarship, the student may make a written request to the Dean of the Graduate School for a further review of the decision. The standard of review by the Graduate School is whether the decision to terminate for unsatisfactory scholarship was arbitrary and capricious. The terms "arbitrary and capricious" mean that the decision to terminate is not supportable on any rational basis, or that there is no evidence upon which the decision may be based. The Graduate School does not review faculty judgments as to the quality of a student's academic performance, but only whether a program's decision was arbitrary and capricious.

Although not required to do so, the Dean of the Graduate School may meet with the student and/or program chair, or request additional information from the student and/or the program chair. If a meeting is held, the student may not be represented by an attorney but may have a faculty adviser of his or her choice present. The student is permitted to submit additional information or statements in writing.

After this review, the Dean of the Graduate School either sustains the termination and, at the discretion of the program, directs that it be entered on the student's transcript or requests additional information from the student and/or program chair or, only if he or she determines that the decision was arbitrary and capricious, reverses the decision and permits the student to continue in the program. The Dean of the Graduate School gives written notice of the decision to the program chair and to the student within three (3) weeks of receipt of the student's written request to the Dean. In the event of a reversal, such written notice shall contain a statement of the basis on which the decision was made.

A registration hold may be placed on the student's records while action is pending under these procedures.

<sup>1</sup>American Psychological Association

Committee on Accreditation  
750 First Street, NE  
Washington, DC 20002-4242  
(202) 336-5500



**Appendix A  
Adult-Clinical Academic-Requirements Checklist**

**Departmental Requirements**

	<b><u>Course Number</u></b>	<b><u>Instructor</u></b>
_____ English language competence	_____	_____
_____ Statistics (3 credits)	_____	_____
_____ Statistics (3 credits)	_____	_____
_____ General Psychology (1 credit)	_____	_____

**Requirement to work with more than one Faculty Member**

<b><u>Faculty Member</u></b>	<b>What did you do with that person?:</b>
_____	_____
_____	_____

**Breadth Requirements**

	<b><u>Course Number</u></b>	<b><u>Instructor</u></b>
_____ Biological Psy 511 (3 credits)*	_____	_____
_____ Cognitive-Affective- Psy 521 or 524(3 credits)*	_____	_____
_____ Social- Psy 517 or 597G, (3 credits)*	_____	_____
_____ Devel. Psy 547, 549/HDFS 501 (3 credits)*	_____	_____

\*These specific courses are required beginning with Fall 2006 incoming students. For students who started before 2006, these courses are recommended but in consultation with their mentors, these students can choose from the list of options provided to them in their graduate handbooks. *Also note that for 511, the only 511 course that counts is, "Foundations of Cognitive and Affective Neuroscience."*

**Major-Area Requirements**

	<b><u>Course Number</u></b>	<b><u>Instructor</u></b>
_____ Research Design in Clinical Psy-543 (3 credits)	_____	_____
_____ Clinical Assessment-554 (3 credits)	_____	_____
_____ Psychopathology-542 (3 credits)	_____	_____
_____ Advanced Psychotherapy-569	_____	_____
_____ Multicultural Perspectives in Clinical Psychology 566*	_____	_____

\*A required course beginning with Fall 2006 incoming students

**At least one of the following:**

	<b><u>Instructor</u></b>
_____ Child-Clinical Assessment-577 (3 credits)	_____
_____ Personality Assessment-555 (3 credits)	_____
_____ Neuropsychological Assessment-556 (3 credits)	_____

**At Least Four Years of Teams to Fulfill Practica Requirements:**

<b><u>Faculty Member</u></b>	<b><u>Year Completed</u></b>
_____	_____
_____	_____
_____	_____
_____	_____

**Research Requirements**

<b><u>Date completed</u></b>	<b><u>Title</u></b>	<b><u>Designed and carried out from beginning to end?*</u></b>	<b><u>Mentor</u></b>
_____	<b>Masters</b>	_____	_____
_____	<b>Minor</b>	_____	_____
_____	<b>Dissertation</b>	_____	_____
_____	<b>Other</b>	_____	_____

\*Note. One research project during your time here needs to be one that you designed and carried out from beginning to end.

**Date completed**

\_\_\_\_\_ **Comps**  
\_\_\_\_\_ **Advancement to Candidacy**

**Appendix B  
Child-Clinical Academic-Requirements Checklist**

**Departmental Requirements**

	<b><u>Course Number</u></b>	<b><u>Instructor</u></b>
_____ English language competence	_____	_____
_____ Statistics (3 credits)	_____	_____
_____ Statistics (3 credits)	_____	_____
_____ General Psychology (1 credit)	_____	_____

**Requirement to work with more than one Faculty Member**

<b><u>Faculty Member</u></b>	<b>What did you do with that person?:</b>
_____	_____
_____	_____

**Breadth Requirements (1 of each )**

	<b><u>Course Number</u></b>	<b><u>Instructor</u></b>
_____ Biological Psy 511 (3 credits)*	_____	_____
_____ Cognitive-Affective- Psy 521 or 524(3 credits)*	_____	_____
_____ Social- Psy 517 or 597G, (3 credits)*	_____	_____
_____ Devel. Psy 547, 549, or HDFS 501(3 credits)	_____	_____

\*These specific courses are required for all students entering in classes starting in Fall 2006 or later. For students starting before 2006, these courses are recommended but in consultation with their mentors, these students can choose from the list of options provided to them in their graduate handbooks. Child clinical students who take the developmental minor courses do not need to take one of the above developmental breadth courses, as their developmental minor course sequence effectively covers their developmental breadth requirement. Students who take the SCAN sequence as their minor emphasis must still take one of the two core developmental breadth courses listed above. *Also note that for 511, the only 511 course that counts is, "Foundations of Cognitive and Affective Neuroscience."*

**Major-Area Requirements**

	<b><u>Course Number</u></b>	<b><u>Instructor</u></b>
_____ Child-Clinical Assessment-577 (3 credits)	_____	_____
_____ Research Design in Clinical Psy-543 (3 credits)	_____	_____
_____ Clinical Assessment-554 (3 credits)	_____	_____
_____ Psychopathology-542 (3 credits)	_____	_____
_____ Child-Clinical Psychopathology-575	_____	_____
_____ Child-Clinical Interventions-576 (1 semester)	_____	_____
_____ Multicultural Perspectives in Clinical Psychology 566*	_____	_____

\*Is a required course beginning with Fall 2006 incoming students

**At Least Four Years of Teams to Fulfill Practica Requirements:**

<b><u>Faculty Member</u></b>	<b><u>Year Completed</u></b>
_____	_____
_____	_____
_____	_____
_____	_____

**Developmental Minor Requirements (Write in Course Titles – 9 credits of 3 developmental courses, or SCAN course sequence + developmentally framed study)**

<u>Course Title</u>	<u>Course Number</u>	<u>Instructor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Research Requirements**

<u>Date completed</u>	<u>Title</u>	<u>Developmentally framed study?*</u>	<u>Mentor</u>
_____	Masters _____	_____	_____
_____	Dissertation _____	_____	_____
_____	Other _____	_____	_____

\*Note. One research project during your time here needs to be a developmentally framed study.

**Date completed**

_____	Comps
_____	Advancement to Candidacy

## Appendix C

### CHILD CLINICAL TRACK COMPS EXAMINATION (EFFECTIVE AUGUST, 2012)

#### BREADTH QUESTIONS

(Evaluating breadth, ability to critically analyze literature and take a position and justify it in a scholarly manner)

Select one question from each of the three domains of Psychopathology, Assessment, and Intervention. Because your competence in areas such as research methods, human development, professional ethics and multicultural issues is infused in your training, remember to demonstrate your competence in these areas in one or more of your answers to the questions. For each of the 3 selected questions, write a 5- to 10-page, double-spaced paper that addresses the question. All three papers must be completed within one month of the time the selected questions are submitted to the doctoral committee.

#### **Psychopathology:**

1. Discuss how recent research on the biological, cognitive, OR social-affective basis of behavior has changed conceptual models and research on developmental psychopathology.
2. Current research and theory in psychopathology increasingly emphasizes that cognitive, biological, affective, behavioral, genetic, and environmental factors represent multiple levels of analysis rather than competing etiologic theories. Using a disorder of your choosing, illustrate these different levels and how they operate to produce the phenotype of that disorder.

#### **Assessment:**

1. Consider any two recent proposals for how the taxonomy of mental health disorders might be improved or adjusted. Discuss the research evidence to support those changes. What are the implications of these changes to evidence-based assessment?
2. In personalized (adaptive, tailored) intervention approaches and in RtI (response to intervention), ongoing assessment is used to individualize intervention components and/or intensity. Discuss the promise and challenges associated with these intervention approaches. What research is needed in order to explore their validity, utility, cost-effectiveness, and acceptability?

#### **Intervention:**

1. Define evidence-based treatment (EBT). Discuss the pros and cons of recent efforts to limit insurance reimbursement to EBTs. Consider practical issues in terms of the feasibility of using EBTs in “real world” practice settings. Take a personal position on this issue and defend it.
2. You have been appointed Director of Child and Adolescent Services at a community mental health center. How would you go about maximizing the positive impact of the services your agency delivers? Describe how you would decide which services to deliver, and how you would maximize the cost-effectiveness of service delivery. For example, consider the strengths and weaknesses of using multiple treatment agents (in addition to psychologists), different formats for delivering treatment, and alternative treatment settings. Consider the supports needed for these sets of services to work well.

**CHILD CLINICAL TRACK COMPS EXAMINATION (EFFECTIVE AUGUST, 2012)  
DEPTH REQUIREMENT**

In addition to completing the major breadth questions, each student satisfies the depth requirement by producing a document representing original work and which demonstrates depth in a sub-area specialization, often closely aligned with the student's doctoral research.

This document can be a:

- review paper
- a submitted or published first-authored article (based on PSU work other than master's thesis)
- a submitted or published first-authored chapter
- a major doctoral grant application (e.g., a federal dissertation or fellowship grant)

The paper/grant must be one that was written by the student at Penn State. In addition, given the collaborative nature of contemporary research, the primary mentor must attest in writing to document the *primary nature and substance* of the student's contribution to the document that is submitted as evidence of competence in depth on a specialty topic.

## **CHILD CLINICAL TRACK COMPS EXAMINATION (PRIOR TO AUGUST 2012) BREADTH REQUIREMENT**

To assess breadth of knowledge within the field of child clinical psychology, all students will answer a set of questions addressing three core areas of the program: Developmental Psychopathology, Child Psychotherapy, and Child Assessment. Each student will be asked to answer 1 question from each of the core areas. The set of 10 questions from which 3 are chosen by the doctoral committee is listed below. The committee selects one from each core competency. Students prepare answers to ALL of these questions, but are only asked to write on the 3 selected by the committee. Students are not notified in advance which of the questions the committee selected.

The goal of the comprehensive examinations in general and the breadth questions in particular are to evaluate students' mastery of core subject material of the field. Students are encouraged to remember that their answers should come from their own synthesis of material learned in the program: the faculty does not have a perfect or right answer in mind. The questions are intended to address key issues and constructs in the field: specific names for concepts were intended to be illustrative rather than limiting.

Further, students are reminded that these questions tap the integration of concepts covered in the introductory course sequence; excessive reliance on reading lists may be ill-advised. Although such reading lists may be useful in suggesting potential articles for review, existing lists may well be too cumbersome for their intended purpose.

Finally, all students should consult with their faculty advisor **THROUGHOUT** the process. Students are encouraged to meet with their advisor both before beginning studying and while drafting answers.

### Developmental Psychopathology.

1. In what ways has developmental psychology, from both substantive and methodological perspectives, contributed to our understanding of psychopathology in children? How is this different from or an improvement upon previous conceptualizations? Are there weaknesses within a purely developmental approach, and if so, what are they?
2. Critically discuss different ways to conceptualize psychopathology. Describe the fundamental assumptions, advantages, and disadvantages of each approach.
3. Psychopathological disorders of childhood are typically conceptualized along two major dimensions (e.g., internalizing-externalizing, overcontrolled-undercontrolled, etc.). How useful are these two broad dimensions as organizing constructs for child psychopathology? What alternative distinctions might be applied (cite evidence for support)?
4. What is the relation between childhood disorders and later adult mental health outcomes? Explain how concepts of stability, continuity, and predictability might apply to such processes.

### Psychotherapy.

5. The effectiveness of psychotherapy with children has been an issue of some debate. Is it meaningful to ask such a global question as "Is child psychotherapy effective"? Why or why

not? Considering the current state of the literature, how would you answer such a question, or how would you reframe the question to answer it?

6. As a child clinician working privately or in a mental health clinic, you have a large client load. As years go by, you read in books and journals of newly developed therapies for children and families. What are the criteria by which you would judge whether or not the new treatments are worthy of learning and subsequently applying in your work? Offer some support for your choices.
7. Consider the empirical literature linking family processes (and especially parent-child relations) with children's development of emotion regulation and behavioral control. What implications does this work have for psychotherapy with children?

#### Assessment.

8. What is the rationale for conducting child assessment as part of the treatment process? What evidence and arguments can be garnered to support the contention that child assessment informs treatment decisions and processes? Include in your discussion future directions for research and practice in this area.
9. Contextual models of development have numerous implications for child assessment processes. Critically discuss the importance of multimodal measurement across developmental and functional domains in comprehensive approaches to the clinical assessment of children. In your response, consider the clinical utility, reliability, and validity of different informants and techniques.
10. In planning psychological assessments and treatments of ethnic minority children, critically discuss the issues in relations to methods and strategies which may affect the validity of the assessment and the utility of treatment approaches. What are the relevant ethical guidelines and legal protections? What are the historical bases of these policies?

### **CHILD CLINICAL TRACK COMPS EXAMINATION (PRIOR TO AUGUST 2012) DEPTH REQUIREMENT**

Beyond the general breadth of knowledge issues, all students must choose from 1 of 3 procedures to demonstrate depth of knowledge in their chosen area of concentration and interest. Students may complete this depth requirement by 1) completing a grant proposal, 2) writing a review manuscript, or 3) preparing answers to 6 questions of which they will be asked to answer three. As with other sections of the comprehensive exam, students should consult with their faculty advisors throughout their work on the breadth portion, including selection of procedure.

Unlike the breadth area, the depth area may involve issues specific to individual disorders, particular treatment modalities, specific assessment techniques or issues, design and methodology, specific developmental constructs or processes, ethics, major relevant theories, historical development, etc. There is wide variability, and this is meant to provide the student with the opportunity to demonstrate EXPERTISE in specific areas of child clinical psychology.

Grant proposal. This option must be completed using current national funding agency requirements (e.g., NIMH). The grant must be complete in all sections and ready for submission before being reviewed by the committee. The student is not required to submit the grant but this is encouraged.

Review manuscript. This manuscript should be the size and scope of a Psychological Bulletin paper. It should provide an integrative literature review that expands current understanding of the topic area. The paper must be complete and ready for submission before being given to the committee. The student is not required to submit the manuscript for publication although this is encouraged.

Questions. The students submit 4 questions to the committee. These should address specific areas of the student's interest and expertise and allow the student to respond in detail and complexity to a particular subject. Based on their consultation with the student, the committee will add 2 more depth questions that address other specific issues of the student's interest. The student prepares answers to the 6 questions but is only asked to write about 3 of them on the day of the exam. These 3 questions are selected by the student's comprehensive exam committee and not be identified in advance.

### Oral Defense

Approximately two weeks after the completion of the breadth portion of the comprehensive exam, the student will have a comprehensive exam meeting with all committee members present. The purpose of this meeting is to further examine the student on all issues of training, but in most cases will focus on the comprehensive examination products. Specific notification of this meeting must be given to the Graduate School, as this is the point at which the student is officially considered to be taking the comprehensive exam. The student must notify the Graduate Records secretary in 350 Moore Building at least three weeks prior to the date on which the oral defense will take place. The Graduate Records secretary will then submit the necessary paperwork to the Graduate School.

### General Issues

The comprehensive exam is given in the following format. On the morning of the exam, the student reports to the Graduate Records secretary to pick up the three selected breadth questions. The student then immediately proceeds to a private room on the campus and writes the answers to the questions. The student is allowed 2 hours per question and may not take any notes or references into the exam. Students must arrange an appropriate room and computer resources for completing the exam. All students are expected to have completed their comprehensive exams before beginning their fourth year in the program. Although there may be some latitude in this respect, **STUDENTS WILL NOT BE SUPPORTED TO APPLY FOR INTERNSHIP AND WILL NOT BE PROVIDED LETTERS OF REFERENCE FOR INTERNSHIP IF THEY HAVE NOT SUCCESSFULLY PASSED THEIR COMPREHENSIVE EXAMS.** The minor project must also be completed before the comprehensive exam can be successfully passed.

The above format is intended to be the policy for all child clinical students. However, **IT IS IMPORTANT TO NOTE THAT THE STUDENT'S COMPREHENSIVE EXAM COMMITTEE RESERVES THE RIGHT TO MAKE ADDITIONAL REQUESTS OF STUDENTS.** To this end, all students are expected to work closely with their committee members. Preparing for the comprehensive exam should be an interactive process in which the student and faculty members have ongoing contact. The faculty members are expected to guide the student's direction and reading, and students are expected to make independent contributions as well.

Finally, the comprehensive exam process is subject to change and refinement. To facilitate improvements, students are encouraged to discuss their experience with their committee members.

## **Appendix D**

### **ADULT CLINICAL TRACK COMPS EXAMINATION (EFFECTIVE AUGUST 2011)**

The committee will select three to six of these questions for the student to address in writing during the exam period (1-2 hours per question) without the aid of books or written material.

#### **ASSESSMENT**

1. You will be provided with case material, test results, and a referral question(s) reflecting the major psychological assessment methods and instruments covered in your clinical training curriculum. Select one of the two cases (a = personality assessment, b = neuropsychological assessment). Write a brief report answering the referral question(s) and providing a general description of test-taking attitudes, test validity, and cognitive, affective, and interpersonal functioning as appropriate to the case. Be sure to include a recommendations section as part of your write-up.
2. Choose one hypothetical construct from the field of clinical psychology. What evidence exists for convergent and discriminant validity? What is the “gold standard” assessment method for measuring this construct? Describe the current evidence for and against the validity of this measurement device. What research do you believe needs to be undertaken to improve this measurement device?

#### **DIVERSITY**

1. Culture is often defined in either narrow or broad terms. Using one of these definitions, discuss how concepts such as cultural/ethnic identity, acculturation, stereotype/prejudice, and worldview impact the external validity of the knowledge base in clinical science. How might these concepts influence core features of psychopathology such as definition, diagnosis, manifestation, etiology, course, and treatment?
2. What is the state of the literature regarding whether empirically supported treatments (ESTs) have been validated for use with ethnic minority populations? Be sure to draw on a breadth of literature, at least including research on efficacy studies, effectiveness studies, and cultural adaptations of ESTs. What are some conceptual and methodological issues important for clinical scientists to consider as we move forward?

#### **PSYCHOPATHOLOGY**

1. Discuss the strengths and limitations of the DSM as a system to define psychopathology, focusing on current knowledge and debate in the field. Also discuss advantages and disadvantages of alternative classification systems. On the basis of these discussions, state and defend your view with regard to the future of the DSM (e.g., should we abandon it altogether, use it in combination with other classification systems, use it for research purpose only?)
2. Briefly define the core of psychodynamic and cognitive-behavioral theories of psychopathology. Using a specific psychological disorder as an example, describe the unique aspects of human functioning (and/or malfunctioning) identified by each of these theories, as well as some potential elements of convergence between them with regard to the etiology and maintenance of psychopathology. Using the same specific disorder as an example, state and defend your position with respect to the relationship between these different theories (e.g., they are mostly antithetical; they

have some elements of complementarity and explain different causes and or types of the disorder; they can be integrate into coherent and comprehensive new theories of the disorder).

## **RESEARCH METHODS**

1. You have encountered several theories of intelligence, personality, and psychopathology through your graduate training. Which theory do you find most convincing and why? After outlining the core aspects of the theory you find most convincing, present at least two rebuttals to the validity of that theory, then respond to the rebuttals. How has the theory that you find most compelling held up to attempts to falsify it? What type of research design is necessary for the next step in validating the theory?

2. Describe the major tenets of Karl Popper and Thomas Kuhn's philosophies of science. Using these epistemologies as a basis, select a major form of psychopathology and describe how empirical knowledge regarding mechanisms of the disorder has progressed over time. Has the advancement of knowledge primarily followed the prescription of Popper or Kuhn (or both or neither)? What methodological and/or philosophical suggestions do you have for the field as it moves forward?

## **ETHICS**

Since the Tarasoff decision in 1976, there has been much debate about whether and under what circumstances a mental health professional owes a duty of care to a third party victim, and what form that care should take. The following case was the basis for the first decision by the Pennsylvania Supreme Court (*Emerich v. Philadelphia Center for Human Development*) that directly addresses these questions.

Gad Joseph and Theresa Hausler, his girlfriend, were both being seen for treatment at a mental health treatment center in Philadelphia, PA. Mr. Joseph had a history of past drug and alcohol problems and was suffering from both a personality and an affective disorder. He had a history of physical and verbal abuse towards his former wife and towards Ms. Hausler, and had in the past voiced homicidal ideation towards Hausler and others.

In late May or June of 1991, Ms. Hausler ended her relationship with Mr. Joseph. On a number of occasions during sessions after their breakup, Mr. Joseph voiced the feelings that he wanted to harm Ms. Hausler. Then on June 27, 1991 at approximately 9:25 a.m., Mr. Joseph called his therapist and reported that he was going to kill Ms. Hausler. The therapist asked to meet with Mr. Joseph immediately, and they agreed to an 11 a.m. appointment. In the course of this session, Mr. Joseph reported that he felt he was under tremendous stress and that his anger towards Ms. Hausler was escalating because she was going to be returning to their apartment later that day in order to get some of her clothes that remained there. Mr. Joseph told his therapist that he was going to kill Ms. Hausler if he found her removing any clothing from their residence.

The therapist recommended that Mr. Joseph agree to voluntary hospitalization, but he refused. He did, however, assure his therapist that he would not harm Ms. Hausler. At 12 noon, Mr. Joseph left his therapist's office and the clinic. At 12:15, Mr. Hausler telephoned the therapist and stated that she was en route to their apartment and enquired about the whereabouts of Mr. Joseph.

What would you have done in this situation? Describe in detail the specific actions that you would have taken and the decision making process and rationale for these actions. Include in your

discussion how you would balance the different ethical, clinical and legal issues that you see coming into play in this case.

## **TREATMENT**

1. Identify and describe two psychotherapy approaches that have been evaluated empirically for a particular clinical disorder. Based on what we know empirically about the process and outcome of these approaches, discuss the strengths and limitations of each. Furthermore, discuss directions for future basic and applied research that could help us improve the effectiveness of these approaches, as well as to increase our understanding of their therapeutic mechanisms.

2. Define the criteria for empirically supported treatments (ESTs) recommended by the Task Force for the Promotion and Dissemination of Empirically Supported Treatments, then summarize the arguments for and against the use of this framework for drawing applied conclusions or implications. Taking these arguments into account, outline a research program that you believe would address the needs of the practicing clinician. Also discuss how researchers and clinicians could better collaborate in their attempt to increase the effectiveness of interventions.

**Minor Project:** Note that the minor requirement is met with an additional research project (beyond other required research projects) or a substantive paper. This project may be conducted within any area of interest and is typically used as a means to satisfy the departmental requirement of working with more than one faculty member. *This project should result in a high quality written product of potentially publishable quality that is then turned in as part of, and at the same time as, the student's written comprehensive examination.*

## Appendix E

### Procedure for insuring that the courses Child Track students take for the Developmental Minor cover several developmental periods

For students in the Child Track, the minor requirement is met with a developmental minor, or the Specialization in Cognitive and Affective Neuroscience (SCAN). Child Track students who take the SCAN sequence as their minor emphasis must still take one of the three core developmental breadth courses (Psy 549, Psy 547, or HDFS 501) required of the Adult Track students to meet their developmental breadth requirement.

The developmental minor consists of 3 substantive developmental courses (usually from courses offered in Psychology or Human Development and Family Studies (HDFS)). Only one of these courses can be a methods/statistics course. For students who take the developmental minor courses, this effectively covers their developmental breadth requirement. All child clinical students are also required to conduct at least one developmentally-informed research project.

To complete their developmental minor, students select from a course menu (see below) that suits their training goals. To insure that, together, the courses a Child Track student takes to meet this requirement cover multiple age periods, as required by the spirit of the developmental breadth requirement, students review their planned course sequences with their advisors. When there is a question about whether the selected course sequence will satisfy the developmental breadth requirement, the Director of Clinical Training is consulted. What follows is a course list from which Developmental Minor courses are typically chosen, though other courses may also be selected, per guidelines below:

#### **Courses from which Developmental Minor courses are typically chosen**

- HDFS 501, Human Development Across the Lifespan
- HDFS 517, The General Linear Mixed Model
- HDFS 519, Methods of Statistical Analysis in Human Development
- HDFS 520, Prenatal and Infant Development
- HDFS 523, Strategies for Data Analysis in Developmental Research
- HDFS 526, Measurement in Human Development
- HDFS 529, Child Development Seminar: Temperament and Development (cross-listed as Psychology 529).
- HDFS 529, Child Development Seminar: Regulatory Processes in Human Development (cross-listed as Psychology 529).
- Psychology 529, Child Development Seminar: Developmental Behavior Genetics
- HDFS 549, Developmental Theory (cross-listed as Psychology 549)
- HDFS 597B, Parenting
- HDFS 597B, Applied Longitudinal Data Analysis: Intensive Longitudinal Data
- HDFS 597B, Biological Systems in Developmental Context
- HDFS 597C, Developmental Cognitive Neuroscience of Adolescence
- HDFS 597G, Advanced SEM
- Psychology 529, Fundamentals of Cognitive Development
- Psychology 547, Fundamentals of Social Development
- Psychology 549, Developmental Theory

**Note:** Also note that this listing of courses is not exhaustive, but includes all courses that Child Track students currently in the program have taken as part of their developmental minor sequence. If other courses are offered in the future that are not on this list, but students wish to consider taking them as part of their minor sequence, then they can do this in consultation with their advisors and the Director of Clinical Training in order to meet their specific training goals.

## Appendix F

### PSU Clinical Program Policy Regarding Exemptions from Required Courses

**For courses students have taken elsewhere:** Occasionally, students enter the program having taken graduate level courses (e.g., in a Master's program prior to coming to Penn State) that could potentially meet program requirements. Students are usually discouraged from attempting to meet core clinical course requirements with transfer courses (e.g., Psychotherapy/Intervention or Psychopathology courses). However, breadth or statistics course requirements can sometimes be waived if a course the student has taken elsewhere is deemed equivalent to the course offered at Penn State. If students wish to do this, they should first discuss the possibility with their advisor and the Director of Clinical Training, who screen the initial request. The request is also then reviewed by the rest of the clinical faculty. If the substitution is deemed reasonable by the faculty, given the requested waiver and the student's progress in the program, the student is asked for a transcript from the institution at which they took the course, as well as the syllabus for the course. The syllabus for the course the student has taken elsewhere is given to the instructor at Penn State who teaches the course for review. If the instructor deems the course reasonably equivalent, then the student's request for the course substitution is granted.

**For courses students wish to take at Penn State that are different from required courses:** Occasionally students and their advisors believe that the student's training goals would be better served by them taking a course different from the recommended required course for a particular domain. For example, although most students take Psychology 511 (Foundations of Cognitive-Affective Neuroscience) to meet their course requirement for biological breadth, a student may wish to take an alternative that may better meet their training needs, or the course may not be offered during the semester in which the student must take it to meet program requirements in a timely fashion. If students wish to do this, they should first discuss the possibility with their advisor and the Director of Clinical Training, who screen the initial request. The request is also then reviewed by the rest of the clinical faculty. If the substitution is deemed reasonable, given the requested waiver and the student's progress in the program, the syllabus for the course the student wishes to take is given to the instructor who teaches the primary course for review. If the instructor deems the course reasonably equivalent, then the student's request for the course substitution is granted.