

PENNSTATE



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

**DEPARTMENT OF PSYCHOLOGY
THE PENNSYLVANIA STATE
UNIVERSITY**

2020-2021

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View of Moore Building, Home of Penn State Psychology Department

Introduction

The Clinical Psychology Training Program at The Pennsylvania State University is one of the oldest in the country. It has been continuously accredited since the 1940s and is a founding member of the Academy of Psychological Clinical Science, a highly selective organization of clinical science doctoral programs, and is a member of the Child Clinical and Pediatric Psychology Training Council.

Our **PCSAS**¹ and **APA**² accredited **Clinical Science** program is designed to train graduate students to produce and disseminate cutting edge knowledge that moves the field of clinical science forward. The structure of tomorrow's mental health care system should be determined based on the best scientific evidence available and Penn State's graduates are playing leading roles in this future -- designing, building, overseeing, delivering, and evaluating the science-driven system of tomorrow.

¹Questions related to the program's PCSAS accredited status should be directed to the PCSAS:

Psychological Clinical Science Accreditation System

Alan G. Kraut, Executive Director

1800 Massachusetts Ave NW, Suite 402

Washington, DC 20036-1218 USA

Phone: (301) 455-8046

Email: akraut@pcsas.org

Web: <http://www.pcsas.org>

²Questions 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

Web: www.apa.org/ed/accreditation

Overview of the Clinical Psychology Program

The overall goal of the training program is to provide a **seamless integration of clinical science and practice**. We provide students with the highest quality science-centered education and training in both research and application. Our graduates demonstrate competence: (a) to conduct research relevant to the promotion of mental health, and the assessment, prevention, treatment, and understanding of psychopathology; and (b) to apply clinical science to design, develop, select, evaluate, deliver, supervise, and disseminate empirically based assessments, interventions, and prevention strategies. We train graduate students for research-oriented careers at universities, medical schools, and settings that integrate research and evaluation along with professional services. It is the strong belief of the faculty that excellence in clinical psychology is best provided by superior training in both research and empirically-supported clinical assessment and intervention.

Research. Our graduate students are actively involved in clinical research, typically playing critical roles in running experiments with research participants, analyzing data, presenting scientific findings at national and international conferences, and writing papers for publication.

Clinical Assessment and Intervention. Training takes place in the Penn State Psychological Clinic, one of the largest training clinics in the United States, which is operated by the Department of 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 requires our students to learn to treat a wide range of psychological problems. Much of the clinical supervision in our program is provided by licensed core clinical faculty who are actively engaged in research and thus serve as models of the integration of clinical science and practice.

The training program has two tracks:

Adult Track. The adult track provides integrative training in clinical research, assessment, and intervention with adults. Faculty areas of research specialization are in psychotherapy process and outcome, personality assessment and personality disorders, multicultural factors in psychopathology, clinical neuropsychology, anxiety disorders and PTSD, intimate partner violence, emotion regulation, sports-related concussion, neuroscience, and addiction. Faculty labs employ a range of advanced research methods including brain imaging, ecological momentary assessment and experience sampling, and psychophysiological assessment, often integrated with direct clinical interviews.

The Psychological Clinic includes a Practice Research Network, allowing students streamlined access to clinical populations for research and promoting the seamless integration of science and practice. Students also gain extensive clinical experiences in cognitive-behavioral and psychodynamic therapies, clinical neuropsychology, diagnostic assessment, and crisis management.

Adult track students wishing to develop a minor specialization (e.g., Women's Studies, Health Psychology, Methodology) or complete the Specialization in Cognitive and Affective Neuroscience (SCAN), may do so by taking additional coursework.

Child Track. The child track lies at the interface of developmental and clinical child psychology and emphasizes research and intervention with individuals ranging in age from early childhood to young

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adulthood. Students in this track obtain specialized training in: (1) understanding the effects of biological, cognitive, social, emotional, and family and community factors on typical and atypical development; (2) research translating knowledge to interventions for early childhood mental health, school readiness, stress related to poverty and acculturation, and parenting problems associated with risk for maltreatment; and (3) mental health services to children and families, including evidence-based intervention, school-based consultation, and comprehensive neuropsychological evaluation.

Specific areas of expertise in the child track faculty include emotion development, stress and coping in children and adolescents, neuropsychology of disruptive behavior disorders, parenting and child maltreatment, and prevention science. Faculty labs employ a range of advanced research methods including psychophysiological assessments, intensive observational methods, state-of-the-art data analytic techniques for longitudinal and within-person analysis, and community and field research. Students also gain extensive practical experience in cognitive-behavioral and family-based therapies, clinical neuropsychology, diagnostic assessment, and crisis management.

Child track students are required to complete a specialization in Developmental Psychology or Human Development. Some students may choose their developmental focus as part of the Specialization in Cognitive and Affective Neuroscience (SCAN).

Program Timeline

The program is designed to be completed within 6-7 years. Primary requirements include coursework, clinical practica, a masters research project, comprehensive exam, doctoral dissertation, and an APA accredited pre-doctoral internship. Students generally complete the masters by their second year, coursework by their third year, the comprehensive examination by their fourth year, the dissertation by the fifth or sixth year, and the pre-doctoral internship in the sixth or seventh year.

Graduate school is a full-time, 12 months per year undertaking. Unlike undergraduate education, summers are not free time. **Students are expected to be engaged in ongoing research every semester and summer and clinical training nearly every semester and summer.**

The Clinical Program requires that students: 1) complete a minimum of three full-time academic years of graduate study; 2) at least two of those three years at Penn State University; 3) at least one year in full-time residence; and 4) complete an APA accredited predoctoral internship before receiving the Ph.D. degree. However, most students spend 5-6 years in residence and 1 year in the pre-doctoral internship, completing all program requirements and acquiring requisite scientific and clinical competencies in a timely fashion.

Documenting Student Progress and Continuing Contact with Graduates

Maintaining PCSAS and APA accreditation requires extensive documentation and evaluation of our training processes and the progress of our students, as well as the outcome of our graduates. Over the course of your time at Penn State you will be asked to regularly complete: i) evaluations of training, supervisors, and courses; ii) updates of your program progress and scholarly activities and achievements; and iii) various surveys that help us assess student experiences and concerns. These types of evaluations are required for us to meet the documentation expectations for accreditation. Furthermore, when you apply for licensure after you leave Penn State, you will likely be asked to provide detailed information about coursework and clinical hours. **You should therefore maintain, for your own records, all course syllabi and documentation of your clinical hours and supervision.** Note that program requirements meet APA accreditation educational criteria but

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licensing requirements vary by state and may require additional supervised practical experience and licensing examinations.

Certain outcomes (e.g., licensure, professional placement, etc.) must be tracked for all graduates of the program, including a program evaluation survey at 2 years post-graduation and a professional activities survey at 5-years post-graduation. Thus, **we ask all students to maintain contact with the program for at least 10 years following graduation.** It is important that graduates respond to these periodic surveys in order for the program to maintain adequate records and meet accreditation requirements.

Departmental Requirements

All clinical graduate students receive their education and degree within the Department of Psychology and thus must meet all the requirements of the Department. Clinical students are generally expected to follow the Guidelines for Psychology Graduate Students, which is published regularly by the Department of Psychology. However, the clinical program has specific additional requirements that may vary from departmental requirements due to accreditation requirements.

Clinical Psychology Program Requirements

A. Profession-Wide Competencies

All clinical psychologists are expected to demonstrate competence in several skill areas. Students are expected to continually advance their skills in these areas through all aspects of the training program. Student progress in these competencies is evaluated in several ways, including graded coursework, annual evaluations of student progress documented in formal evaluation letters, clinical practicum evaluations, and formal ratings by committee members evaluating the masters project, comprehensive examination, and dissertation. Successful completion of the training program requires students to have demonstrated mastery in:

- **Research**
 - 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 other scholarly activities.
 - 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.
- **Ethical/Legal Standards**
 - Be knowledgeable of and act in accordance with each of the following:
 - the current APA Ethical Principles of Psychologists and Code of Conduct
 - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
 - relevant professional standards and guidelines.
 - Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
 - Conduct self in an ethical manner in all professional activities.

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- **Individual & Cultural Diversity (see also Policies Related to Preparing Professional Psychologists to Serve a Diverse Public pp. 14-15)**
 - An understanding of how your own personal/cultural history, attitudes, and biases may affect how you understand and interact with people different from you in various ways
 - 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
 - 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 your own
 - Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in your professional work
- **Professional Values & Attitudes**
 - 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
 - Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness
 - Actively seek and demonstrate openness and responsiveness to feedback and supervision.
 - Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training
- **Communication & Interpersonal Skills**
 - Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
 - Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts
 - Demonstrate effective interpersonal skills and the ability to manage difficult communication well
- **Assessment**
 - Current knowledge of functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
 - The ability to apply the knowledge of client strengths and psychopathology to the assessment process with sensitivity to cultural and individual differences
 - Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient
 - Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while

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- guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective
- 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
 - **Intervention**
 - Establish and maintain effective relationships with the recipients of psychological services
 - Develop evidence-based intervention plans specific to the service delivery goals
 - Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
 - Demonstrate the ability to apply the relevant research literature to clinical decision making
 - Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking
 - Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation
 - **Supervision**
 - Demonstrate knowledge of supervision models and practices
 - **Consultation**
 - Demonstrate knowledge and respect for the roles and perspectives of other professions
 - Demonstrates knowledge of consultation models and practices

B. The Clinical Psychology Major Courses

Required Core Clinical Courses for all students:	
Lifespan Development and Psychopathology- Adulthood	PSY 542
Lifespan Development and Psychopathology- Childhood and Adolescence	PSY 575
Research Design in Clinical Psychology	PSY 543
Multicultural Perspectives in Clinical Psychology	PSY 566
Additional Required Courses for Adult Track students	
Advanced Theory and Practicum in Counseling and Psychotherapy	PSY 569
Practicum in Clinical Methods (4 years required)	PSY 560
Clinical Assessment	PSY 554
At least one additional assessment course from the following:	
Clinical Child Assessment	PSY 577
Theory and Practicum in Clinical Assessment (aka “Personality Assessment”)	PSY 555
Neuropsychological Assessment	PSY 556
Additional Required Courses for Child Track students:	
Clinical Child Interventions	PSY 576
Clinical Practicum with Children (4 years required)	PSY 561
Clinical Child Assessment	PSY 577

C. Discipline Specific Knowledge

The APA Council on Accreditation (CoA) has established Discipline-Specific Knowledge (DSK) requirements, reflecting the value placed in clinical psychologists being trained broadly in psychological science as well as specialized knowledge in clinical psychology. Students must demonstrate Foundational Knowledge, graduate level DSK, and advanced integrative knowledge of two or more basic DSK content areas (see below). Students typically meet these requirements through a combination of undergraduate preparation, graduate level coursework and research experiences. **It is essential that students work with their academic advisors to ensure that they meet all DSK requirements.**

Foundational Knowledge: Undergraduate Preparation

The clinical psychology program assumes that students begin their graduate coursework with prior foundational knowledge in history and systems, and in the affective, biological, cognitive, developmental, and social bases of behavior. Graduate level training providing DSK is assumed to build on this prior foundational knowledge. For students entering the program in 2017 and 2018, prior foundational knowledge is demonstrated by a passing score (greater than the 50th percentile) on the GRE Psychology Subject Test or successful completion (grade of B or better) on prior coursework in each domain of knowledge. Entering students lacking relevant background preparation and foundational knowledge will be required to gain these competencies through supplemental readings or additional course work. Students entering the program after 2018, are *required* to take and achieve a passing score (greater than the 50th percentile) on the GRE Psychology Subject Test before or soon after entering the program to demonstrate prior foundational knowledge.

Graduate Level Requirements for DSK Basic Content Areas

The major domains of DSK and ways in which they are acquired in our program are:

- History & Systems of Psychology: Infused across multiple courses during Year 1 and 2
- Research and Quantitative Methods
 - Research Methods: PSY 543 and research requirements including Masters project, Comprehensive Examination, and Dissertation
 - Statistical Analysis: PSY 507 and 508
 - Psychometrics: PSY 577 (child track) or PSY 554 (adult track)
- Basic Content Areas in Scientific Psychology (see below)
 - Affective Bases of Behavior
 - Biological Bases of Behavior
 - Cognitive Bases of Behavior
 - Developmental Affective Bases of Behavior
 - Social Bases of Behavior

All courses must be passed with a grade of B or better. For students entering the program prior to January 2017, different courses may meet DSK breadth requirements with approval of the faculty. For students entering the program after January 2017, the following courses are required. In addition to the following required courses, other graduate level courses may provide supplemental DSK knowledge.

- Affective bases of behavior (PSY 575 and (PSY 511¹ or 597²)) or PSY 521
- Biological bases of behavior (PSY 511¹ or 597²)
- Cognitive bases of behavior PSY 511¹ or 597² or PSY 521
- Developmental bases of behavior PSY 542 and 575

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- Social bases of behavior PSY 566³ or PSY 517
- Advanced Integrative Knowledge: At least one advanced course that integrates at least two DSK domains (e.g., PSY 589 Social Cognition and Social Perception; PSY 529 Brain and Cognitive Development; PSY 529 Developmental Behavior Genetics; PSY 511 Foundations of Cognitive Affective Neuroscience; PSY 575 Lifespan Development and Psychopathology-Childhood and Adolescence; PSY 597 Special Topics Foundations of Clinical Neuroscience).

¹ Only section “Foundations of Cognitive and Affective Neuroscience” meets requirement.

² Only section “Foundations of Clinical Neuroscience” meets requirement.

³ PSY 566 fulfills the Social requirement *only* when taken Fall 2018 or later.

D. Breadth Requirement—Working with Two Faculty Members

In addition to breadth obtained by completing DSK requirements, the Psychology Department requires that every student work with one major research advisor and at least one other faculty member for at least two semesters, preferably consecutive, and in a separate area of psychology (please refer to Psychology Departmental Graduate Guidelines). 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 also encouraged and is consistent with the growing trend in interdisciplinary science. What is central to the Department’s requirement is that the work with the second faculty person involve exposure to “differing research content or methods.” Because students will go about this requirement in different ways that are appropriate to their career goals, each student should work with the major advisor and secondary research faculty member to ensure that the requirement is adequately satisfied. For adult track clinical students, this work is often used for the Minor Project (see below).

E. Minor Specialization

a. CHILD TRACK STUDENTS

For the child track, the minor requirement is met with a Developmental specialization or Specialization in Cognitive and Affective Neuroscience (SCAN). Students involved in the Training in Educational Science (TIES) sequence must take all other child clinical requirements. The Developmental specialization 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). The 575/542 sequence that all students must take can count as one of the courses for the specialization. Only one of the specialization courses can be a developmental methods/statistics course. Students may also take the formal HDFS minor (15 credits) to satisfy the minor specialization requirement. Additionally, conducting at least one developmentally framed study during graduate training satisfies the research portion of the developmental minor.

b. ADULT TRACK STUDENTS

For the adult track, the minor requirement is met with an additional research project (beyond the Masters and Dissertation) or a substantive review paper completed with a faculty mentor other than the student’s primary mentor. This project may be conducted within any area of interest and is typically used to satisfy the requirement of working with more than one faculty member. The project should result in a high-quality, potentially publishable written product. Adult track students wishing to develop a formal minor area of specialization (e.g., Women’s Studies, Health Psychology, SCAN) may do so as long as the written minor project requirement is also met.

E. Requirement to Design and Carry Out a Research Project from Beginning to End

The **Adult track** requires that one of the research projects that students conduct during their time at Penn State (Masters, Minor, Dissertation) is a project that they have designed (with the help of their mentors) and carried through to the end. The faculty 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.

Research Requirements

As a Clinical Science program, students in the program acquire extensive training and skills in conducting and disseminating empirical research. Many students enter the program with prior research training and publications. All students are required to complete at least three individual research projects—the Masters project, the Depth Paper (child track) or Minor Project (adult track), which are part of the Comprehensive Examination, and the Dissertation. In addition to completing these research projects, students are expected to submit their work for publication and are expected to leave the program with a minimum of one first-authored publication and one co-authored paper.

Masters Project

Students are required to complete their Masters research by the end of spring semester of the 2nd year at the latest, unless they enter the program with a Masters thesis approved by the clinical faculty. Completion means the advisor and committee has approved the written summary, the student has passed the oral defense, and the appropriate version has been deposited with the Graduate School. If the thesis is not completed on time, a schedule for completion, addressing changes in the course or clinic load to ensure prompt completion must be developed and presented to the faculty. Students who have not completed the Masters by the end of the second year (i.e., first day of fall semester of 3rd year), may not be allowed to register for classes. NOTE: Students cannot be funded if they are not registered. After successfully completing the Masters and at least 18 credits of coursework, students are considered Advanced to Candidacy. The Masters defense meeting counts as the departmental Qualifying Examination for advancement to candidacy.

- Year 1
 - Form Committee: 3 faculty
 - 2 clinical faculty, 1 outside of clinical faculty (Psychology or another department)
 - A 1-4 page prospectus should be circulated for the committee to approve
 - Can be worked on as part of PSY 543 research methods in spring of Year 1
- Year 2
 - The written summary of an original scientific project will be circulated to the committee at least two weeks before a defense meeting is scheduled
 - Defense Meeting: Maximum 60 minutes; Held no later than end of the spring semester
 - Maximum 20-minute oral presentation in the format consistent to a scientific conference presentation to assess oral communication skills
 - Maximum 40-minute question/answer/discussion/decision period
 - Committee decides pass/fail
 - Qualifying Exam: Passing the exam occurs at the time the masters project defense paperwork is filed via Sherri and Director of Graduate Studies
- The Written Summary

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- Format: In the form of a paper ready for submission to a scientific journal.¹
 - Submission and ultimate publication are strongly encouraged, but not required
- Content: A summary of an original empirical study, a meta-analysis, or a major systematic review of a body of empirical work
 - Review papers must include a substantial focus on critical evaluations of the research methods in the review domain
- The clinical area encourages all students to obtain a Masters degree based in part on this project

Doctoral Committee

After being advanced to candidacy, students are expected to form a doctoral committee in preparation to move on toward the Comprehensive Examination and Dissertation. The doctoral committee evaluates the Comprehensive Examination and Dissertation and assesses the student's professional development. In special circumstances, the composition of the doctoral committee may change between the Comprehensive Examination and Dissertation, but this is rare. Doctoral committees must have at least 4 members, including the chair. If a student identifies a doctoral committee chair who is not on the Clinical faculty, then a member of the Clinical area faculty must be selected to serve as co-chair of the committee and Clinical program mentor. Doctoral committees typically consist of two faculty members from the Clinical area, one faculty member in Psychology but outside of Clinical (cognitive, developmental, I/O, social), and one faculty member from outside of the PSU Psychology department. Any outside member must meet the University Graduate School requirements for committee members. For all Clinical students the chair or co-chair of the doctoral committee must be a member of the Clinical faculty and the doctoral committee must include at least one other member of the Clinical faculty. The identification of other members, including the outside member, is made by the student, in consultation with the advisor. Child track students must have at least one committee member from the child track faculty and adult track students must have at least one committee member from the adult track faculty.

Comprehensive Examination

Students are required to take the Comprehensive Examination by the fall semester of the fourth year. Students who do not pass the examination by that time will have a lower priority for funding and may have their assistantship appointments rescinded.

Note that students must be registered as full-time or part-time students for the semester in which the Comprehensive Exam is taken and continuous registration is required for all semesters after the Comprehensive Examination is passed until the Ph.D. dissertation has been accepted by the doctoral committee (with exceptions for approved leaves of absence). Note this means you cannot register for PSY601 or 611 in the same semester that you take your comprehensive examination.

Child Track Comps (see Appendix C for questions): The comprehensive examination is composed of two portions—depth and breadth—involving both a written and oral examination. For depth, the student writes a publishable paper, book chapter, or submittable grant application. For breadth, the student writes an 8-10 page response to one question in each of 3 domains of competence (psychopathology, assessment, and intervention), i.e., three 8-10 page response papers. Throughout responses, students should consider ethical and diversity issues throughout responses. Students are also required to incorporate into the response to (at least) one of the questions a detailed discussion

¹ Students will also have to format the written document in the thesis format required by the graduate school for submission to the graduate school.

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about issues of individual and cultural diversity related to the topic question and for (at least) one of the other questions to incorporate a detailed discussion of ethical issues related to the topic question. The specific depth requirements and breadth questions for child track comps can be found in Appendix C at the end of this manual.

Before beginning written comps, 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. The student articulates his or her approach to comps, which provides an opportunity for feedback from 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. All three papers must be completed within one month of the time the selected questions are approved by the doctoral committee.

Most students will complete the depth portion first. Approximately 2-3 weeks after completing the breadth papers, the student must orally defend the work. At the oral defense, the student can be queried about any of 6 areas of competence: psychopathology, assessment, intervention, research methods, ethics, and diversity. **The student is responsible for contacting the Administrative Support Assistant for the Graduate Program about the start of the 1-month period for writing 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.**

Adult Track (see Appendix D for questions): For adult track comps, students prepare answers to a standard set of questions covering major issues in clinical psychology in the domains of psychopathology, assessment, psychotherapy, ethics, and research methods. The doctoral committee will select five questions (one from each domain) for the student to address in writing during a 1-month (4 week) examination writing period. The student will write 8-10 page responses (open book) for each question. For adult track students, the written Minor Project must be completed and submitted to the committee along with the written comprehensive examination responses prior to the oral examination.

Approximately 2-3 weeks after completing the breadth papers, the student must orally defend the work. **The student is responsible for contacting the Administrative Support Assistant for the Graduate Program about the start of the 1-month period for writing 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.** Note that students must submit materials to their committee at least two weeks in advance of the defense meeting to allow committee members sufficient time to read and evaluate examination materials.

The oral examination is based on the students' written answers to the questions and the Minor Project paper, although any other questions within clinical psychology may be asked by committee members. The oral examination must take place within three weeks of the completion of the written examination and is scheduled for at least two hours.

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The Dissertation

As described above, the Doctoral Committee typically serves for both the Comprehensive Examination and for the Dissertation. The dissertation should be an original and independent scholarly work that makes an empirical and/or conceptual contribution to knowledge within a substantive area in Psychology. The student must first develop a **dissertation proposal** to present to the doctoral committee for approval. A formal proposal meeting must be held with the doctoral committee and the written dissertation proposal must be distributed to committee members at least two weeks in advance of the proposal meeting. Prior to the meeting, a proposal form should be obtained from the Graduate Staff Assistant and taken to the meeting by the student. After review and discussion, the student's committee will indicate approval of the project as proposed, approval with a request for revisions, or will not approve the proposal, the latter decision will typically require a second proposal meeting. After any necessary revisions or re-proposal, the student will begin the dissertation research. Ongoing contact with each committee member is strongly encouraged.

The date of the Dissertation defense should be given to the Graduate Staff Assistant **at least three weeks prior** to the oral defense/exam. The Dissertation document must be complete before the examination and delivered to all committee members **at least two weeks** prior to the final oral exam. It is typical for revisions to the dissertation to be requested by committee members on the basis of the final oral examination. These changes need to be made and submitted to the Graduate School prior to the dates set for graduation (see Graduate Staff Assistant).

Clinical Practica (Psy 560 and 561) & Psychological Clinic

Policies Related to Training Clinical Psychologists to Serve a Diverse Public

In our APA-accredited program, faculty, students, and staff are united in our commitment to uphold the aspirations articulated in the APA Multicultural Guidelines: "to recognize and understand that as cultural beings, psychologists hold attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical and empirical conceptualizations. As such, psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities" (APA, 2017). We further recognize that psychological science, including clinical psychology, has historically excluded the perspectives of those with less power, privilege, and status, which may create personal and professional "blind spots" for working with individuals from diverse backgrounds. Therefore, our training ensures that graduate students are provided the opportunity to develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. We believe the provision of an equitable, supportive, and inclusive environment for all clients, faculty, and students, is foundational to our training mission.

In support of our mission, our program provides opportunities for students to examine how their own attitudes, beliefs, and values may affect their professional competencies in treating members of the public. In recognition of the fact that integrating personal beliefs and values with professional competence is a developmental process, supervisors work together with students to identify instances when it may not be in the client's and student's best interest to work together. Ultimately, however, students cannot choose to avoid working with specific client populations or refuse to develop professional competencies *solely* on the basis of the students' attitudes, beliefs, or values and students may be assigned to treat clients who challenge their perspectives, experiences, or beliefs. In these instances, we support students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with such clients. As with any other professional core competency, failure to meet levels of competence set forth are first addressed with a remediation

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plan; unsuccessful remediation could lead to dismissal from the clinical psychology doctoral training program.

Clinical Practica

All required clinical 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, research, and practice. To train students in the integration of science and practice, a research infrastructure exists within the Clinic (The Practice Research Network) to allow for considerable student- and faculty-initiated scientific research on clinically meaningful questions in a naturalistic setting. Our faculty members embody the clinical science 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 clients with a wide range of psychological problems and to 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.

Clinical students are required to register for at least one **clinical practicum team** (Psy 560 Adult track or Psy 561 Child track) each academic semester (i.e., fall and spring) and during summers for the first four years in residence and are encouraged to acquire advanced clinical training during their fifth year through clinic assistantships, externships, or additional practicum teams. The teams 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 and spring semesters of their first year.

Each practicum team under a faculty supervisor consists of students from various year levels except for the first-year introductory teams. 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 from interviewing to assessment and treatment.

Ample and comfortable space is available in the Clinic for all scheduled activities, and the learning experiences and close faculty supervision are aided by digital video recording facilities, allowing for extensive direct observation of students' clinical training. The Clinic staff is made up of one full-time clinical faculty member who serves as Psychological Clinic Director and two full-time clinical faculty members who serve as Assistant Directors. A psychiatrist and a prescribing psychologist are also on staff, along with staff psychologists, post-docs, social workers, and Masters level practitioners.

Team Assignments. All students are assigned to teams to give balance to the training needs of the teams and the service needs of the 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) in consultation with the Clinical faculty. Students should not expect to be assigned more than once (i.e., two semesters) to the same team leader, and all adult track students are expected to take at least one psychodynamic team and one CBT team.

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Students are expected to carefully track and log their 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. In general, 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., direct services and supervision) before beginning internship. This information is important for monitoring student progress and is needed for internship applications.

Pre-Practicum/SPoT. During the Fall semester, a pre-practicum experience for first-year students in the adult track is often organized by advanced students. Similarly, a group of advanced students in the child track (SPoT) provide mentoring and support throughout the first year of clinical training. Several meetings are devoted to practicing general clinical skills in a non-evaluative, peer situation.

Externships

Most students receive all of their clinical training during their time in the program within the Department Clinic. However, students may choose to supplement clinical training with experiences involving professionals and sites outside the Clinic, and for these situations there are several guidelines to help insure appropriate off-site placement. **Students must receive approval from the Clinical faculty to participate in an externship.**

Time-Period and Time Commitment: The length or period of an externship can range from one semester to a full-year but typically spans two-semesters or lasts for the summer. Externships during the semesters typically are part-time, between 8-20 hours, although informal and unpaid externships can be as little as 5 hours per week. Summer externships tend to be either part-time or full-time.

Local vs. Out of Town Externships: There are local externships available to students including as The University and Health Services Counseling and Psychological Services (CAPS), the Centre County Correctional Facility, Geisinger health care system, and Penn State Hershey Collaborative Care. Local externships allow students to remain in residence and maintain continuity with the program and their research. Some local externships may require day travel such as the externship at Penn State Hershey Medical Center or Geisinger Medical Center in Danville, PA. Other externship opportunities are in cities that would require significant commutes, maintaining housing in two locations, and/or incur other related transportation/moving expenses. Some students have had part-time externships in Pittsburgh or Philadelphia and spent two to three days a week in those cities and four to five days a week in State College, typically for a summer. Other students have moved temporarily to other cities to complete two-semester/year-long externships (e.g., Washington, DC; NYC).

Volunteering vs. Paid positions: Supplementary training may take the form of both volunteering and paid positions at alternative sites. Ideally, given the expertise most of our students bring with them to other clinics/organizations, payment should be sought, but this is not always possible. We recommend discussing financial concerns with faculty as well as with other students who have taken off-site externships.

Formal vs. Informal Externships: Some externships are part of organized preexisting or formal training experience developed by an external organization such as the externship at CAPS. Other externships are informal experiences developed specifically for the extern by the student in conjunction with staff psychologists at the institution where the student is working. **Formal**

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externships typically have an existing application process that can be competitive. Additionally, they typically accept more than one extern and thus have an “externship class.” Formal externships often, but not always, offer or require classwork in addition to the provision of direct clinical services. Informal externships are often developed or arranged through faculty or student contacts in the community or various institutions, tend to be voluntary, and can be quite flexible.

Externship Supervision: Regardless of whether or not the externship is part-time or full-time, for the summer or during the school year, paid or unpaid, local or out of town, and formal or informal, the externship experience needs to provide supervision by a licensed psychologist or psychiatrist. Additionally, for externship hours to count for internship preparation hours, externship supervisors must provide supervision via direct observation (live or video recording review) at least once per evaluation period (typically a semester or summer session). Note that audio recording alone does not meet this requirement. The student will be required to confirm supervision by direct observation. When exploring externship possibilities, the student should inquire and confirm they will receive supervision by direct observation.

Externship Evaluations: Externship supervisors must provide students with written evaluations and feedback at least once per evaluation period (typically a semester or summer session). Thus, for a 2-semester externship, a student should receive 2 evaluations, one each semester. These evaluations must also be forwarded to the Director of Clinical Training (DCT). At the end of an externship, students may be asked by the DCT to complete an evaluation of the externship and externship supervision.

Timeline: We highly recommend that any student aiming to receive training at another site plan at least one year in advance, especially if the site does not have an established relationship with the program. Contracts may be required and can take several months to complete. There are many reasons for this. First, the student will want to work with mentor(s) in active discovery of all training options and guarantee that the chosen site offers high level training. Second, there are often insurance/legal issues for placement of students at alternative sites and this is often site-specific. This will require time on the part of the student working with faculty at each institution to guarantee that the work that they will be engaging in is covered by the facility’s insurance and that any legal concerns have been addressed. Regardless of whether the student is covered by the other institution’s insurance, we require students doing an externship outside of Penn State to apply for personal professional liability insurance, which the program will pay for. Third, many externships have an application process that occurs many months in advance of the externship start date and may require time to prepare application material.

Procedure for Approval: Individuals aiming to pursue clinical training at an externship must be post-masters and in good standing with the program. Initial steps should include conversations with mentors and submission of a Training Plan to be achieved during the time period away to the DCT. There is no specific format for the Training Plan, but it should be brief (~1 page) and include the goals of the training, hours, level of supervision, and type of work to be conducted while at the externship site. Students who have already accepted responsibilities to the clinic for the following year (e.g., clinical assistantship) are not eligible. The Clinical faculty reviews the training plan before providing final approval of the externship.

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Suggested program of study for years 1-3

CHILD CLINICAL			ADULT CLINICAL	
		YEAR 1		
FALL SEMESTER:			FALL SEMESTER:	
501	General Psychology Seminar		501	General Psychology Seminar
561	Clinical Practicum with Children (Intro Team Child track)		560	Practicum in Clinical Methods (Intro Team Adult track)
575	Lifespan Development and Psychopathology - Childhood and Adolescence		542	Lifespan Development and Psychopathology - Adulthood
507	Analysis of Psychological Data I		507	Analysis of Psychological Data I
			554	Clinical Assessment
Complete English Requirement (in PSY 501)			Complete English Requirement (in PSY 501)	
Identify Masters Research Advisor			Identify Masters Research Advisor	
		YEAR 1		
SPRING SEMESTER:			SPRING SEMESTER:	
543	Research Design in Clinical Psych		543	Research Design in Clinical Psych
561	Clinical Practicum with Children (Intro Team)		560	Practicum in Clinical Methods (Intro Team)
577	Clinical Child Assessment		569	Advanced Theory and Practicum in Counseling and Psychotherapy
508	Analysis of Psychological Data II		508	Analysis of Psychological Data II
Submit Masters Prospectus and Form Masters Committee		By end of Year 1	Submit Masters Prospectus and Form Masters Committee	
		YEAR 2		
FALL SEMESTER:			FALL SEMESTER:	
561	Clinical Practicum with Children (Mixed Year Team)		560	Practicum in Clinical Methods (CBT or Psychodynamic [PDT] Team)
576	Clinical Child Interventions		575	Lifespan Development and Psychopathology - Childhood and Adolescence
542	Lifespan Development and Psychopathology - Adulthood		511 or 597	Seminar in Contemporary Psychology: Foundations Cog Affect Neuro OR Special Topics: Foundations of Clinical Neuroscience (may be taken in Spring if offered)
600	Masters Research		600	Masters Research
		YEAR 2		
SPRING SEMESTER:			SPRING SEMESTER:	
	Developmental Minor Course or PSY 511 Seminar in Contemporary Psychology: Foundations Cog Affect Neuro OR Psy 597 Special Topics: Foundations of Clinical Neuroscience (may be taken in Year 3 if preferred)		555, 556, or 577	Additional assessment course (may be taken in Fall if offered)
561	Clinical Practicum with Children (Mixed Year Team)		560	Practicum in Clinical Methods (CBT or PDT)
566	Multicultural Perspectives in Clinical Psychology		566	Multicultural Perspectives in Clinical Psychology
600	Masters Research		600	Masters Research

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Defend Masters (and pass Qualifying Exam) by		By end of Year 2	Identify Minor Advisor Defend Masters (and pass Qualifying Exam)	
FALL SEMESTER:		YEAR 3	FALL SEMESTER:	
561	Clinical Practicum with Children (Mixed Year Team)		560	Practicum in Clinical Methods (Assessment, CBT, or PDT Team)
511 or 597	Seminar in Contemporary Psychology: Foundations Cog Affect Neuro OR Special Topics: Foundations of Clinical Neuroscience (may be taken in Year 2 if preferred)			Minor Research Project
	Developmental Minor Course		600	Research Credits
600	Research Credits			
SPRING SEMESTER:		YEAR 3	SPRING SEMESTER:	
561	Clinical Practicum with Children (Mixed Year Team)		560	Practicum in Clinical Methods (Assessment, CBT, or PDT Team)
600	Research Credits			Minor Research Project
			600	Research Credits
Write Depth Paper during Year 3 Form Doctoral Committee		By end of Year 3	Complete Minor Project Form Doctoral Committee	

Suggested program of study for years 4-6

FALL SEMESTER:		YEAR 4	FALL SEMESTER:	
561	Clinical Practicum with Children (School Based Mental Health Team)		560	Practicum in Clinical Methods (Assessment, CBT, or PDT Team)
600	Research Credits		600	Research Credits
Take and Pass Comprehensive Exam by end of Fall Year 4			Take and Pass Comprehensive Exam by end of Fall Year 4	
SPRING SEMESTER:		YEAR 4	SPRING SEMESTER:	
561	Clinical Practicum with Children (School Based Mental Health Team)		560	Practicum in Clinical Methods (Assessment, CBT, or PDT Team)
600/601	Research Credits		600/601	Research Credits
Propose Dissertation by end of Year 4*		By end of Year 4	Propose Dissertation by end of Year 4*	
		YEAR 5		
Clinical Practicum as needed or desired.			Clinical Practicum as needed or desired.	
Apply for Internship contingent on dissertation proposal approval*			Apply for Internship contingent on dissertation proposal approval*	
601 Dissertation Research Credits			601 Dissertation Research Credits	
Work on/Complete Dissertation			Work on/Complete Dissertation	
		YEAR 6		
Complete Internship			Complete Internship	

* Students must successfully propose their dissertations by September 15th of the fall that they intend to apply for internship.

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Mandatory Deadlines

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

- Statistics course minimum requirements should be completed by end of 2nd year
- Qualifying Exam (Masters Project defense) must be completed before the end of 2nd year
- Developmental/SCAN Minor or Minor Project must be completed prior to the Comprehensive Exam
- Comprehensive exam must be passed by end of the 4th year

Letters of recommendation for internship will not be sent until the Comprehensive Examination is completed and the Dissertation proposal is approved. The Dissertation must be successfully proposed by September 15th of the fall that students intend to apply for internship.

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 advisors 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 coursework, assistantships, research, and all other profession-wide competency areas required by the program (see pp. 6-8). 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 self-evaluation at the end of the spring semester, which lists completion of program requirements, other achievements, and student-defined goals for the upcoming year. The advisor is responsible for summarizing all of the above information for presentation to the faculty at the evaluation meeting, and other faculty members provide additional information. 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 supervisors and formal ratings each semester. 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.

Discussions about lack of progress or concerns about profession-wide competencies are documented and occur over an appropriate period of time and remediation measures are taken when necessary. If remediation efforts are unsuccessful and a student is unable to make progress, that student may be terminated from the program (see pp. 23-25 for information about this process), although this is very rare. 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 recommended for an

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internship was counseled into receiving a Ph.D. in general Psychology, that is, without the expectation of becoming a licensed clinical psychologist. Please remember that we are devoted to students' ultimate success, and our history shows that nearly all our students graduate and go on to have very successful careers.

Advisors

Every psychology graduate student must have an academic advisor. Students typically enter the program to work with a specific faculty member, who serves as the primary academic and research advisor and chair of the student's Masters and doctoral committees. We strongly encourage students and advisors to engage in regular discussions about expectations that each has of the other and about what is and is not working well in their advising relationship. We also understand that communication challenges may be a central concern in some cases and, because of the inherent power differential in faculty-student relationships, it may be more difficult for students to be as direct as would be helpful. However, managing professional relationships and interpersonal communication effectively are important professional competencies that students must develop during their graduate training. Thus, if students are struggling with communicating with their advisors, they should seek the support and advice of other faculty members or from outside mentors who can provide appropriate guidance. Likewise, we encourage faculty members to consult with other faculty members or administrators, as needed, regarding building and maintaining a successful mentorship.

Changing Advisors

It is not uncommon for students to change advisors. This typically occurs after completion of the Masters thesis, but it can occur at any time. Sometimes a change is precipitated by a shift in the students' research interests. Other times, a specific student-faculty advisor match is not a good fit and either the student, the faculty mentor, or both believe that continuing to work together is not in their best interests. We take the view that when a mentoring relationship stops being mutually beneficial, it does not prima facie indicate that there is "fault" that belongs to either party and we try to help students make the change through a process that creates the least disruption and difficulty. We understand that changing advisors reflects a situation with the potential for stress for both the student and advisor. As a program, we wish to be as supportive as possible to all parties as they consider the available possibilities. This same process occurs when a student is considering changing advisors due to a shift in research interests, even in the absence of interpersonal challenges in the mentoring relationship. We encourage students to begin conversations with their mentors as soon as they are aware of shifts in their professional interests or concerns about interpersonal challenges.

Note that when a doctoral committee changes, including the chair, who is typically the student's advisor, the initial committee must agree to the change. This process requires formal notification to the Administrative Support Assistant for the Graduate Program.

Internships

All clinical students must complete a 12-month APA accredited internship before receiving the Ph.D. degree. Students make individual applications for the internship typically during the Fall of their 5th or 6th 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 available online at www.appic.org.

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Financial Assistance

Decisions about financial assistance are traditionally made by requesting funding from the Director of Graduate Studies (DGS). Students should also consult with their advisors, the Director of the Clinic, and other appropriate individuals. Students should consult early concerning potential funding sources. A number of fellowships and grants are available from private foundations and federal 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 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. **Funding after the 5th year cannot be guaranteed**; however, we will make every effort to fund all students in good standing.

Governance

The Director of Clinical Training (DCT) and Associate Director of Clinical Training (Associate DCT) provide general program leadership and represent the program at the department level and to external organizations (e.g., APA, APCS). See Appendix F for a list of current and past Program Directors. The DCT and Associate DCT are selected by faculty consensus and the positions rotate among the Clinical tenure-line faculty. The Clinical Faculty, which consists of all tenure-line and clinic professors (Director and Assistant Directors of the Clinic) provides primary responsibility for determining and implementing the Clinical Program curriculum. The Clinical Faculty meets at least twice per semester and at the end of each semester to conduct student evaluations.

Policies and procedures of the Clinical Program are determined by the Clinical Faculty and the Clinical Training Committee (CTC), which is composed of the Clinical Faculty and two graduate students elected from each class (the first year, second year, third year, fourth year, and fifth year and beyond). The CTC typically meets twice per semester and student representatives are asked to communicate with students in their cohorts about any concerns or issues they would like to be addressed.

The Steering Committee serves to coordinate policies and procedures between the Psychological Clinic and the Clinical Psychology program. The primary mission of the Psychological Clinic is to provide infrastructure for practicum training; nearly all clinical training in the program takes place in the Clinic, and over 70% of services provided by the Clinic are provided by students in training and supervised by tenure-line program faculty members. The Steering Committee helps to assure consistency and communication between the Clinic and the Clinical Program. The Steering Committee consists of the DCT, Associate DCT, a faculty member-at-large, Director of the Clinic, two Assistant Directors of the Clinic, and two student members elected by the student body. The Steering committee typically meets 1-2 times per semester.

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

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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 conflict does arise, the Department expects that both the students and faculty members involved will conduct themselves in a professional manner with mutual respect. In addition, the Department is committed to ensuring that students and faculty members are treated fairly when such disagreements arise. The Department expects the students and faculty members to treat concerns and each other with dignity and respect. Further, the Department guarantees that students and faculty members will be fully heard and that honest attempts 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 ensure that the grievance will be resolved as expeditiously and fairly as possible:

1. If possible, discuss the problem with the faculty member in question.
2. Consult with your Faculty Advisor (if not the faculty member in question), the DCT, the Associate DCT, or other trusted faculty member. Consultation with any of these individuals will usually be helpful in determining how to proceed. 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.
3. If that is ineffective or unsatisfactory, the student should then discuss next steps with the DCT. In most cases, the DCT will make efforts to resolve the problem situation.
4. If that is ineffective or unsatisfactory, the student should write a formal statement of complaint to the DCT. The DCT may then formally appoint a committee charged with working with the student and faculty member in resolving the grievance.
5. If that is ineffective or unsatisfactory, or if the student does not want to write a formal complaint, or does not want a committee within the clinical program to address the issue, the student should meet with the Department Head to determine next steps. The Dept Head may or may not ask the student to write a formal statement.

Note that if a student is unwilling to identify the specific individual with whom they have a problem, in some cases (but not all), it may be more difficult or not possible to resolve a problem. Regardless, the program will do its best to address any concern raised by a student in a way that is fair and reasonable.

It may be useful to discuss concerns with one of the student CTC representatives. This person may be able to offer support and advice and may be willing to bring your concerns to the attention of the DCT or Department Head in an anonymous and confidential fashion, if you are hesitant initially to raise the concerns yourself.

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If the steps taken and 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 DCT 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.

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 departmental 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 by 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.

Procedures for Termination of the Degree Program of a Graduate Student for Unsatisfactory Scholarship: On the rare occasion that the Clinical faculty 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 (DCT). The DCT then provides an opportunity for the student to meet with the faculty members 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 DCT must notify the student, in writing, whether the termination decision has been sustained or reversed. If it is sustained, the DCT 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 DCT and any other University offices as

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appropriate. Based upon the recommendation of the Affirmative Action Office, the DCT 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 supported by 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 DCT, or request additional information from the student and/or the DCT. 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 DCT 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.

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**Appendix A
Adult Track Clinical Program Academic Requirements Checklist**

Departmental Requirements

	<u>Course Number</u>	<u>Semester/Year</u>	<u>Instructor</u>
_____ English language competence	_____	_____	_____
_____ Analysis of Psychological Data I (3 credits)	_____	_____	_____
_____ Analysis of Psychological Data II (3 credits)	_____	_____	_____
_____ Seminar in General Psychology (1 credit)	PSY 501	_____	_____

Requirement to work with more than one Faculty Member

<u>Faculty Member</u>	When and what activities did you complete?
_____	_____
_____	_____

Foundational and Discipline Specific Knowledge in Psychology

_____ GRE Subject Test* Year Taken _____ Score (Percentile) _____

* Required for all students entering the program starting in 2019

Breadth Requirements

	<u>Course Number</u>	<u>Semester/Year</u>	<u>Instructor</u>
_____ Biological: (PSY 511 ¹ or PSY 597 ²)	_____	_____	_____
_____ Cognitive: PSY 511 ¹ or PSY 597 ² or PSY 521	_____	_____	_____
_____ Social: PSY 566 (if FA2018 or later) or PSY 517	_____	_____	_____
_____ Development: PSY 542 <u>and</u> PSY 575 ³	_____	_____	_____
_____ Affective: PSY 575 <u>and</u> (PSY 511 ¹ or PSY 597 ² or PSY 521)	_____	_____	_____

¹ Note that for 511, the only section that counts is “Foundations of Cognitive and Affective Neuroscience.”

² For 597 the only Special Topics that meets requirements is “Foundations of Clinical Neuroscience.”

³ Effective for students beginning the program in Fall 2014, Lifespan human development is covered across these two courses.

Major-Area Requirements

	<u>Semester/Year</u>	<u>Instructor</u>
_____ PSY 543	_____	_____
_____ PSY 554	_____	_____
_____ PSY 542	_____	_____
_____ PSY 569	_____	_____
_____ PSY 575	_____	_____
_____ PSY 566	_____	_____

At least one of the following:

	<u>Semester/Year</u>	<u>Instructor</u>
_____ PSY 577	_____	_____
_____ PSY 555	_____	_____
_____ PSY 556	_____	_____

At Least Four Years of Teams to Fulfill Practica Requirements:

Team/Faculty Member	Semester/Year Completed
_____	_____
_____	_____
_____	_____
_____	_____

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

<u>Date completed</u>	
_____	Qualifying Exam (Masters defense)
_____	Comprehensive Examination

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**Appendix B
Child Track Clinical Program Academic Requirements Checklist**

Departmental Requirements

	<u>Course Number</u>	<u>Semester/Year</u>	<u>Instructor</u>
_____ English language competence	_____	_____	_____
_____ Analysis of Psychological Data I (3 credits)	_____	_____	_____
_____ Analysis of Psychological Data II (3 credits)	_____	_____	_____
_____ Seminar in General Psychology (1 credit)	PSY501	_____	_____

Requirement to work with more than one Faculty Member

<u>Faculty Member/Lab</u>	<u>When and What activities did you complete?</u>
_____	_____
_____	_____

Foundational and Discipline Specific Knowledge in Psychology

_____ GRE Subject Test* Year Taken _____ Score (Percentile) _____

* Required for all students entering the program starting in 2019

Breadth Requirements

	<u>Course Number</u>	<u>Semester/Year</u>	<u>Instructor</u>
_____ Biological: (PSY 511 ¹ or PSY 597 ²)	_____	_____	_____
_____ Cognitive: PSY 511 ¹ or PSY 597 ² or PSY 521	_____	_____	_____
_____ Social: PSY 566 (if FA2018 or later) or PSY 517	_____	_____	_____
_____ Developmental: PSY 542 <u>and</u> PSY 575 ³	_____	_____	_____
_____ Affective (PSY 575 <u>and</u> (PSY 511 ¹ or PSY 597 ²)) or PSY 521	_____	_____	_____

¹ Note that for 511, the only section that counts is “Foundations of Cognitive and Affective Neuroscience.”

² For 597 the only Special Topics that meets requirements is “Foundations of Clinical Neuroscience.”

³ Effective for students beginning the program in fall 2014, Lifespan human development is covered across these two courses.

Major-Area Requirements

	<u>Semester/Year</u>	<u>Instructor</u>
_____ PSY 577	_____	_____
_____ PSY 543	_____	_____
_____ PSY 542	_____	_____
_____ PSY 575	_____	_____
_____ PSY 576	_____	_____
_____ PSY 566	_____	_____

At Least Four Years of Teams to Fulfill Practica Requirements:

<u>Team/Faculty Member</u>	<u>Semester/Year Completed</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

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

Research Requirements

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

Date completed

_____ **Qualifying Exam (Masters defense)**
 _____ **Comprehensive Exam**

Appendix C

Child Track Comprehensive Examination (Effective August 2012)

Breadth Questions

Select one question from each of the three domains of Psychopathology, Assessment, and Intervention. Throughout responses, students should consider ethical and diversity issues throughout responses. Students are also required to incorporate into their response to (at least) one of the questions a detailed discussion about issues of individual and cultural diversity related to the topic question and for (at least) one of the other questions to incorporate a detailed discussion of ethical issues related to the topic question. These are required components, although students have latitude to specify the issues they wish to discuss and the context (questions) within which to consider the issues. Your responses should also be framed in a developmental perspective. For each of the 3 selected questions, write an 8-10 page, double-spaced paper that addresses the question.

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 Track Comprehensive 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:

- publishable first-authored review paper
- publishable first-authored article (based on PSU work other than Masters thesis)*
- publishable first-authored chapter*
- submittable 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 the *primary nature and substance* of the student's contribution to the depth paper that is submitted as evidence of competence in depth on a specialty topic.

For timeline and committee requirements, see pp. 12-13.

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Appendix D

Adult Track Comprehensive Examination (Effective May 2016) Breadth Component Questions

The committee will select five of these questions (one from each domain) for the student to address in writing during the 1-month (4 weeks) examination writing period. The student will write 8-10 page responses (open book) for each question.

Your responses to the questions for your comprehensive examination will be evaluated on the following criteria. Please read the guidance below carefully. Do not assume that other students' written responses from past years (that may not have followed this guidance) are good models. There are several over-arching considerations when constructing your responses:

1. Comps are designed to assess breadth, as well as depth. As you formulate your responses, we strongly encourage you to discuss multiple constructs, theories, and disorders across the questions. Avoid writing about only the constructs, theories or disorders that you study in your lab or that you focused on for your minor or Masters. So, for example, for your answer to the Psychopathology question # 2 and Treatment question #1, use a different psychopathology example for each.
2. Students should endeavor to demonstrate competence in cross-cutting themes such as diversity, quantitative methods, and neuroscience by infusing these elements throughout responses when relevant. Prompts have been provided where you should consider these elements, and these may be appropriately included elsewhere dependent upon your response.
3. Students should also demonstrate competence in philosophies of science by infusing consideration of how knowledge is most effectively advanced throughout their responses, as relevant.
4. Each question was specifically written to tap into different areas of knowledge. Furthermore, each question contains multiple subcomponents. Make sure you answer the question that was asked and make sure you address all of the subcomponents.
5. One goal of comps is to test your critical thinking skills. Students should take a specific position and to justify that position using logical arguments and a critical review of relevant and recent literature throughout their responses. Students should not simply summarize existing literature and others' opinions or critiques, but should form their own opinions and argue the validity of such using independent critical thinking skills. Thus, when using research to support a position, make sure the research is up to date, and that the methodology soundly supports that position (e.g., cross-sectional correlational research cannot be used to make a causal argument) and demonstrate your knowledge of the weaknesses of any methods used when critiquing research.

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

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brief report answering the referral question(s) and providing a general description of test-taking attitudes, test validity, possible influences of culture and context as appropriate to the case, and cognitive, affective, and interpersonal functioning. 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? Are there important considerations with respect to measurement invariance between contexts, demographics, and/or cultures?

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, including how well diagnostic categories capture both individual differences and cultural/racial differences in disease expression. What evidence is there from neuroscience or quantitative classification approaches (taxometrics, LPA, LCA, cluster analysis, etc.) that either support or call into question the DSM approach to understanding psychopathology? On the basis of these discussions, state and defend your view with regard to the future of diagnostics including the DSM.

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. If there are cultural factors that can impact the expression of psychopathology similarly or differently across theories, these should be integrated. Be certain to state and defend your position with respect to the relationship between these different theories of psychopathology.

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? To what extent does the theory address variability in the construct due to cultural factors?

2. Choose a specific area of research (e.g., therapy outcome, emotion regulation, brain plasticity) and outline recent methodological or statistical advancements in its study. Consider the utility of the approach(es), how they have been used in the literature, and the natural limitations to the approach(es) discussed, including inherent biases in the paradigm. For example, what is the specific level/unit of analysis employed by the methodology, and how does the methodology advance our understanding of the construct or theory? In what ways have novel methods advanced or failed to advance theory (e.g., blobology in brain imaging)?

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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 across multiple contexts (e.g., culture, gender), 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. How well have ESTs 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

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scientists to consider as we move forward? How can researchers and clinicians 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 the Masters and Dissertation) 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.

For timeline and committee requirements, see pp. 12-13.

Appendix E

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 Masters program prior to coming to Penn State) that could potentially meet program requirements. Students are typically unable to meet core clinical course requirements with transfer courses (e.g., Psychotherapy/Intervention or Psychopathology courses), in part because core courses may include readings and evaluation necessary for also meeting breadth requirements. 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 may be granted.

Appendix F

Past and Present Program Directors

Directors of Clinical Training

William Ray
Keith Crnic
Thomas Borkovec
Michelle Newman (2003-2010)
Peter Arnett (2010-2016)
Aaron Pincus (2016-2018)
Ginger Moore (2018-present)

Associate Directors of Clinical Training

Pamela Cole (2010-2020)
Martha Wadsworth (2020-present)