

CLINICAL PSYCHOLOGY PROGRAM

DEPARTMENT OF PSYCHOLOGY

THE UNIVERSITY OF SOUTH DAKOTA

GRADUATE HANDBOOK

2010-2011

*The mission of the Clinical Psychology Program is
to prepare clinical psychologists who will work effectively
as scientist-practitioners within the culturally diverse world.*

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SECTION I. INTRODUCTION TO THE GRADUATE HANDBOOK

The purpose of this handbook is to assist you in assuming your role as an active and informed participant in our graduate program. It includes important program and university policies and procedures that are guided or informed by regulations and expectations established by the Clinical Training Committee (consisting of all clinical faculty and two elected student representatives), the USD Graduate School and College of Arts & Sciences, and/or professional standards (APA, Commission on Accreditation, ASPPB, etc.). It also includes guidelines, forms, templates, and practical suggestions to help you navigate the academic, research, clinical, and service components of our program.

The handbook is intended to complement other important published materials, such as the Psychological Services Center Manual and the USD Graduate Catalog. (Current and past editions of the Clinical Program Handbook are available at www.usd.edu/ctp/. Current and past editions of the USD Graduate Catalog are available at www.usd.edu/gradsch/catalogs/main.cfm.) Clinical students and faculty are expected to be familiar with the policies and recommendations printed in these documents. Students are also expected to remain aware of various deadlines and other significant dates publicized by the Program, Department, and Graduate School. By becoming familiar with the program and graduate school policies and procedures and the accompanying "steps" lists provided in this handbook, you will be able to anticipate and more effectively complete your graduate training as a member of this program.

This handbook is updated annually. Suggestions for revisions of this handbook are welcome anytime. Submit them to the Director of Clinical Training (DCT).

SECTION II. PROGRAM MISSION, PHILOSOPHY, AND GOALS

"OUR-STORY"

The Clinical Psychology Training Program in the Department of Psychology at The University of South Dakota was established in 1967 and graduated its first doctoral students in 1970. The program has been continuously accredited by the American Psychological Association since 1971.

To maintain our accreditation, the program submits an annual report summarizing the past academic year's activities of our faculty, students, and alums (publications, presentations, professional activities, internships, post docs, employment, etc.). A more detailed self-study report is prepared every five-seven years, which is reviewed by the APA Commission on Accreditation and is followed by a site visit from a three-person accreditation team. Our last site visit took place in October 2009 and we were notified in April 2010 that our program is accredited for seven years (the maximum time allowed between accreditation visits). Our next visit will be in the 2016-2017 cycle.

Though the Director of Clinical Training (DCT) is responsible for the preparation of the final self-study report, clinical faculty and students actively collaborate in various components of the program review process and contribute information to the process as a whole. Copies of previous self-study documents are available for review by clinical students and faculty upon request to the DCT.

Information about accreditation can be obtained in writing by contacting the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC, 2002-4242, reviewing their website at www.apa.org/ed/accreditation, or by calling (202) 336-5500 or (202) 336-6123 (TDD).

PROGRAM MISSION

The mission of the Clinical Psychology Program is to prepare clinical psychologists who will work effectively as scientist-practitioners within the culturally diverse world.

TRAINING MODEL AND GOALS

The CTP adheres to the scientist-practitioner model of training as originally proposed in the Boulder Conference over 50 years ago, and as revalidated and refined in the *Proceedings from the 1990 National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology* (Belar & Perry, 1992). In this model, science and practice are truly integrated rather than simply parallel processes—science informs practice and science is informed by and relevant to practice. As a scientist practitioner program, we seek to prepare psychologists who are not only able to generate new knowledge through their research and scholarly activities, but who are also able to be effective consumers of the literature and to effectively integrate science and scientific thinking into their clinical practice. Furthermore, we seek to prepare psychologists who strive to adhere to high ethical and professional standards and who are sensitive to, and advocate for inclusion of, diverse perspectives in their research and clinical activities.

Consistent with our scientist-practitioner training model, the program has three primary goals:

- To prepare clinical psychologists who are skilled in the interface of theory, science, and practice.
- To prepare clinical psychologists who have the appropriate theoretical background, skills, and experience to function as professionals in a research, clinical, and academic capacity.
- To prepare socially responsible clinical psychologists who demonstrate respect for individual and cultural differences in their contributions to the science and practice of psychology.

A complete listing of the program goals and objectives and outcome measures and benchmarks is provided in Appendix A.

THEORETICAL ORIENTATION

The Clinical Program offers a broad exposure to a variety of clinical and research training opportunities with children, adolescents and adults. Specific training and research emphases include (1) rural community psychology; (2) cross-cultural/individual differences, with a particular focus on Native American mental health; (3) disaster mental health and psychological first aid; (4) trauma; (5) ethics and professional issues; (6) substance abuse; and, (7) health disparities.

The program incorporates an evidence-based approach to its clinical training. While the primary theoretical orientation of the program and practicum supervisors is cognitive-behavioral, specific theoretical orientations of individual clinical faculty and supervisors also include behavioral, developmental/systems, and psychodynamic (such as interpersonal; object relations).

SECTION III. ETHICS AND PROFESSIONALISM

ETHICS

All students are expected to be familiar with and must abide by the ethical principles of the American Psychological Association and the South Dakota Board of Psychology Examiners set forth in the publications listed below:

- (a) APA Ethical Principles of Psychologists and Code of Conduct (2002, with 2010 Amendments)
<http://www.apa.org/ethics/code/index.aspx>
 - a. 2010 Amendment (Addresses potential conflicts among professional ethics, legal authority and organizational demands)
<http://www.apa.org/news/press/releases/2010/02/ethics-code.aspx>

NOTE: APA's Council of Representatives adopted current version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010. The amendments became effective on June 1, 2010.

- (b) Association of State and Provincial Psychology Boards (ASPPB) Code of Conduct (2005)
<http://www.asppb.org/publications/model/conduct.aspx>

Failure to abide by these ethical principles will result in strict censure by the faculty. Repeated offenses or a particularly egregious single offense will result in dismissal from the program.

In addition, students are also expected to be familiar with relevant documents relating to emerging ethical and professional issues, such as:

- (a) APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations. (www.apa.org/pi/oema/guide.html)
- (b) Guidelines on Multicultural Education, Research, Training, Practice, and Organizational Change for Psychologists (www.apa.org/pi/multiculturalguidelines.pdf)
- (c) Guidelines for Psychotherapy with Gay, Lesbian, and Bisexual Clients (www.apa.org/practice/guidelines/glbt.pdf)
- (d) Statement on the Use of Secure Psychological Tests in the Education of Graduate and Undergraduate Psychology Students (www.apa.org/science/securetests.html)
- (e) The American Disabilities Act and How it Affects Psychologists (www.apa.org/pi/act.html)
- (f) APA Committee on Professional Practice & Standards (COPPS) (2007): Record keeping guidelines. (www.apa.org/practice/guidelines/record-keeping.pdf)
- (g) Ethical Principles in the Conduct of Research with Human Subjects (B. D. Sales & S. Folkman, Eds., June 2000; APA Publications; www.apa.org/books/4312310.html)

NOTE: The Center for Ethical Practice maintains a resource page with links to a number of other APA resources relating to ethical research and practice. www.centerforethicalpractice.org/Links-Psychologists.htm

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Students are encouraged to join and participate in professional organizations. **All students are required to become student affiliates of APA** (at a cost of \$52 per year) **by the end of their first year in the program.** This membership not only makes you eligible for reduced subscription rates for APA journals, but also is required in order to subscribe to the APA Insurance Trust (APAIT) Professional liability insurance program. You may apply for APA membership on-line at www.apa.org/membership/stuapp.html.

All graduate students who obtain student affiliate membership to APA are automatically members of APA Graduate Students (APAGS). For more information about APAGS, see www.apa.org/apags/join.html.

Membership application forms for regional, and the other professional psychological associations (e.g., SDPA, MPA, APS, ABCT) are available on-line through the organization websites.

PROFESSIONAL LIABILITY INSURANCE

All clinical students and faculty are required to have their own professional liability (malpractice) insurance policy throughout their time in residence in the program. Clinical students receive this insurance through an APA sponsored program and as such must be APA student affiliate member in order to be eligible for this coverage. Application forms for this low cost coverage are available on-line at www.apait.org/apait/products/studentliability/. For students, the minimum coverage required is 1 million per incident/3 million coverage aggregate (at a cost of \$35 per year). **This insurance must be obtained by the end of your first year in the program or before you begin to see clients in the PSC or other practicum setting, whichever comes first.** A copy of your current policy statement must be on file in your student file in Room 105 and must be updated annually while in residence in the program.

PROFESSIONALISM AND PROFESSIONAL ETIQUETTE

It is important to remember that clinical students represent the profession of clinical psychology in the classroom, clinical and research settings, and community. This involves demonstrating professionalism in your actions and interactions with peers, faculty, staff, supervisors and other professionals as well as with the students you teach/mentor, clients, research participants, and others with whom you work.

Dress in Professional Environments. When in the main area of the Psychological Services Center and on clinical placements, students should dress in a reasonably neat manner that is appropriate to the professional nature of their activities. (e.g., no jeans, t-shirts, transparent or low cut blouses, short skirts, tennis shoes, flip-flops, etc.). Clinic/placement dress code may be modified on a case by case basis (e.g. when working with a child client, etc.).

Professional dress is also expected for official presentations in the department (thesis/dissertation proposals/defenses; clinical orals) and at professional meetings. Casual dress is permitted in the classroom and in the PSC quiet room.

Responsibilities Regarding Websites, Blogs, Email, Email Signature and Answering Machine/Voice Mail Messages (This information modeled after comments shared on the CUDCP listserv and a prepared statement presented in KU's Child Clinical Program training manual). The Council of University Directors of Clinical Psychology (CUDCP) has shared information with member programs concerning the potential implications of information clinical graduate students share in various electronic modalities, such as blogs, personal pages in sites such as FaceBook or MySpace, on personal web pages, emails, and recorded messages on home answering machines or voicemails. These electronic media are being accessed or used in ways that extend beyond their original intent. That is, what may seem to be fun, informative, and candid might actually put the student and, by extension, the Program, USD, and/or the profession in a bad light. Furthermore, there are now a number of negative episodes in training programs and at universities where graduate students have been negatively affected by material on websites, emails, and answering machine messages.

Examples of how these media have been accessed include, but are not limited to, the following:

- Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicant in the match.
- Clients are conducting web-based searches on trainees' names and finding information about therapists (and declining to come to clinics based on what they find).
- Potential employers are conducting on-line searches of potential employees prior to interviews and job offers.
- Legal authorities are looking at websites for evidence of illegal activities. Some *prima facie* evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.
- Emails from faculty and students have been shared with/published in newspapers, which, in turn, has caused harm for those involved.
- Answering machine/voicemail messages are designed to be entertaining to your peers, express your individuality, and be cute indications of your sense of humor, but are perceived as unprofessional when accessed by supervisors, students, clients, or current or potential employers.

Consequently, what might be seen as "private" self-disclosure reflecting a student's perception of him/herself among friends may actually be very public. This includes blogs, personal pages in FaceBook and MySpace (or similar types of sites) that may have been started *before* graduate school. *Anything on the internet is potentially available to all who seek.*

Trainees are reminded that, when you identify yourself as a graduate student in the program, the program has an interest in how you portray yourself and the program. Students are advised to engage in "safe" internet/electronic practices and be cognizant about your professional demeanor and presentation. If you report doing (or are depicted on a website or in an email as doing) something unethical or illegal or if you violate ethical and professional guidelines in the information you share with others electronically and if this information is conveyed to or observed by program faculty, this information will be considered as any other professional or ethical issue that may occur in the program. As such, this information may be used to determine your status and/or continuation in the program.

As a preventive measure, students (and faculty) should approach online blogs and websites that include personal information, carefully. Carefully consider content you share regarding the program, your clinical, research, and service activities, and comments about colleagues, faculty, and supervisors. **Be professional and ethical at all times.** Consider the image you wish to portray of yourself in the content and signature lines of your email. In these cases, is there anything posted that one would not want the program faculty, employers, family, or clients to read or view? **When in doubt, consult!**

Furthermore, students are expected to familiar with and adhere to SD Board of Regents/USD policies regarding appropriate use of information technology and network access: (www.usd.edu/its/policies/SDBOR_AUP_rev061504.pdf; www.usd.edu/its/techsupport/Network-Policy.pdf).

Cell Phones. Professionalism is expected in appropriate student use of cell phones and texting. Use the vibrate function or turn your cell phone off during all classes, in clinical and research sessions, during supervision and meetings with your mentor or mentees, while teaching, and when presenting at or attending sessions at a professional meeting or conference. **It is disrespectful and inappropriate to send or respond to calls or texts during these activities.**

Because cell phones and cordless telephones are subject to possible deliberate and inadvertent interception, **DO NOT** use cell phones or cordless phones for calls to clients or calls that include confidential client information. This also applies to calls involving confidential information to/about research participants or your students (if a TA or instructor of record).

Furthermore, if your cell phone or home telephone is ever used for professional purposes (research, teaching, or clinical activities), be sure the voice mail greeting is appropriate and professional in demeanor and content. Greetings on voicemail services and answering machines should be thoughtfully constructed.

Email. USD provides a USD account for all students upon entering the University. The account is free of charge and remains active as long as the student remains actively enrolled. Per USD's Student Communication's Policy (www.usd.edu/its/docs/USDStudentCommunicationPolicy.pdf), email sent by the University and the Program to the student's university assigned email address constitutes an official means of communication.

Important program information and announcements are made primarily through email messages sent to USD email addresses, thus it is critical that students, faculty and staff check their messages regularly. Computers are available in the department and across campus to send and read email messages.

With regard to email messages, CUDCP members shared examples where students have included content in their message concerning themselves, others, or the program that was inappropriate, unprofessional, or unethical to share with others. One is not in control of who eventually views these emails (e.g., if they are forwarded to others or inadvertently sent out to a complete email list) or how the content of the email will affect the impressions others may form of you, both personally and professionally.

Do not use email to communicate with PSC clients unless approved to do so by your clinical supervisor (refer to PSC manual for more information about this policy). Check with supervisors at off campus practicum sites regarding their email policies.

SECTION IV. GENERAL PROGRAM POLICIES AND PROCEDURES

STUDENT INPUT TO THE PROGRAM

Occasionally faculty or students recommend changes in policy or procedures. These recommendations are reviewed in the Clinical Training Committee and if approved, are shared with faculty and students in writing and are included as an addendum to the current handbook.

Student input is encouraged and seriously heeded. Faculty-student interaction and input on an informal basis occur continuously. Formal input is encouraged by two primary mechanisms. The first Friday of each month the Seminar in Professional Development focuses on open communication between students, faculty, and staff and provides opportunities for student-to-faculty and faculty-to-student input on any number of program related issues/topics. In addition, students elect two representatives (one representing the first/second year classes and one representing the third/fourth year classes) who have full participation with the clinical faculty on the Clinical Training Committee. The clinical faculty welcome student input and seek their participation in establishing program decisions and policies. However, faculty reserve the right to enact their training responsibilities without student endorsement.

STUDENT SUPPORT SERVICES

A number of resources are available to graduate students on and off campus. For a complete list, please see Appendix B

STUDENT CONTACT INFORMATION

Students are expected to keep the Program and PSC secretaries informed of your current local home address and telephone/cell number. If you are seeing clients or are on a clinical placement, you are expected to inform the Program and PSC secretaries where/how you can be reached in case of an emergency. Thus, when you go out of town, including vacations, please post an address and phone number where you can be reached on the bulletin board in the PSC file room.

MAIL

Each graduate student in residence is assigned a mailbox in SDU 201. Mail received from both on- and off-campus is placed in the mailboxes. Outgoing off-campus business-related mail and on-campus exchange mail may be sent through the campus exchange mail system. Personal mail must be mailed at off-campus postal sites.

BUILDING and OFFICE KEYS

Students are issued keys that will open the outside doors to the building, their office, and the PSC quiet room. Keys for access to offices within the PSC and to room 205 are kept in the locked file cabinet ("drop box") in the PSC assessment materials storage room.

USE OF DEPARTMENT PHONES FOR LONG DISTANCE CALLS

Land line telephones are available for student use (local calls only) in the PSC quiet room, Undergraduate research space (SDU402), and the Terry Parks Library (basement).

All PSC-related calls should be made from the land line phone located in the PSC quiet room.

As mentioned above, because cell phones and cordless telephones are subject to possible deliberate and inadvertent interception, **DO NOT** use cell phones or cordless phones for calls to clients or calls that include confidential client information. This also applies to calls involving confidential information to/about research participants or your students (if a TA or instructor of record).

Long distance PSC calls to clients made from the clinic phones may be charged to PSC. (Long distance calls to clients from your personal phone or from your placement site cannot be reimbursed by the program). Phone calls to your practicum site can NOT be charged to, or reimbursed by PSC or the program.

All long distance calls relating to research projects, off-campus placements, and possible internship sites must be charged to a personal phone credit card if made from a departmental phone. **Please restrict your long distance telephone calls to PSC or assistantship sanctioned business.** The secretaries will teach you the intricacies of this system. (See Appendix C for specific phone policies and procedures).

DEPARTMENT COMPUTERS

Computers are available in the department for student use. These computers are located in the PSC, the SCIP Office (111), the department mailroom (201), and in most faculty research labs and student offices.

Computers located at the secretaries' work stations are OFF LIMITS for student use. Exceptions to this include the following:

In the PSC: Students who are providing coverage for the clinic (e.g., clinic assistants, clinic after hours graduate assistants, students “covering” in the secretary’s absence) may use the PSC secretary’s computer during the time they are on-duty in the clinic (for both clinic and academic work).

In the Disaster Mental Health Institute: Because the DMHI is a separate training facility within the clinical program and psychology department, students and faculty not directly affiliated with the DMHI may not use the DMHI computers, fax machine, or printers without first seeking permission from the DMHI Director. DMHI RAs have permission to use the DMHI work stations.

DEPARTMENT PRINTERS

ALL students who want to print materials from any of the departmentally supported printers located in 105, 205, the PSC, and the DMHI **must** pay a \$0.10 per page charge for documents that are not assistantship-sanctioned.

There is no charge for assistantship-sanctioned work but these must first be approved by the student’s assistantship supervisor, who, in turn, must inform the appropriate secretary (or in the case of the DMHI, the DMHI Director) of this approval. Examples of assistantship sanctioned documents include PSC reports/notes; publicity for student groups (such as SCIP, ALLY, BRIDGES, etc); TA/IOR handouts or exams; and RA research related documents. Non-sanctioned materials include your class papers or presentations, personal correspondence, email messages, theses, dissertations, or any other materials for personal use (academic or otherwise).

Some research labs may have printers available for student use. Use of and any affiliated costs incurred with the use of these printers must be approved by the lab supervisor.

IMPORTANT NOTE: Printers are available for student use at various computer lab locations across campus. The University provides a \$28.00 allotment to each student (as well as faculty) for each academic year. For more information about this campus allocation and location of campus computer labs, go to UPORTAL and click on the Technology tab then scroll down to the Computer Lab section. (*DCT NOTE: The \$28.00 allocation translates to 400 pages and is less expensive than the \$0.10 printer charge for use of department printers!*) For more information, refer to www.usd.edu/technology/printing-on-campus.cfm.

DEPARTMENT COPY MACHINE

The department's copy machine is located in SDU205. Similar to the printing charges described above, there is a \$0.10 per page charge for all copies that are not assistantship-sanctioned copies. There is no charge for assistantship sanctioned copies. **All copies must be recorded on the copier log located next to the copy machine.**

DEPARTMENT FAX MACHINES

A fax machine is available for general department use in SDU 205 (605-677-3195). Again, as with use of departmental printers or copy machine, there is no user charge for faxes sent or received if the information is assistantship sanctioned. All other use of the fax machine incurs a cost at the rate of \$1.00 per page for personal faxes received and \$.50 per page for personal faxes sent out.

A second fax machine is available in the DMHI. Use of this machine must be approved by the DMHI Director and should only be used for DMHI approved business. (Non DMHI use, if approved, incurs similar costs for personal use described above.)

COLLECTION OF USER CHARGES

All costs incurred through use of the department printers, copier, and/or fax machines should be paid at time of use. However, these costs may be "charged." The department secretary prepares monthly statements for any charges accrued during a given month. These bills should be paid upon receipt. If necessary, a payment plan may be negotiated with/approved by the department secretary; however, the total balance **must** be paid by the end of each academic semester. Failure to pay user charges may result in loss of these privileges.

SECRETARIAL ASSISTANCE

Secretaries will type any forms or letters involved with legitimate Departmental or PSC business for all graduate students. Faculty advisor approval should be obtained prior to submitting any typing project to the secretary.

The PSC secretary will type intakes, letters to clients, reports, treatment summaries, and other clinic related correspondence. All clinical materials to be typed must first be approved by a clinical faculty member (refer to PSC Manual for more information).

Any departmental secretary may, for a fee, type personal work (e.g., thesis, dissertation, reports for class) for graduate students. This must be done after hours (i.e., not during the secretary's regular work hours).

USE OF STATE (FLEET) VEHICLES

Graduate students may be eligible to use a state fleet vehicle for program related business (e.g., travel to a professional meeting or to a program sanctioned outreach activity). Vehicles must be reserved ahead of time. Formal paperwork designating the university account to which the vehicle use will be charged and the approval of the account administrator (e.g., department chair; grant manager) are required to reserve a university vehicle.

The following state vehicle usage policy was taken from the University Policy and Procedure Manual:

All FM (*Fleet Management*) fleet vehicles shall be used for State/University business only (exception: responding to Fire/EMT emergencies, state policy per Governor's guidance in August 1995). As required by law, users shall maintain a valid driver license. If for some reason the license is revoked, users are required to report this immediately to their supervisor. Users shall obey all traffic laws and University regulations. The driver of the vehicle is responsible for the safety of all passengers and should enforce policies and common sense safety measures. Drivers and passengers are to wear seatbelts in accordance with Executive Order 88-7 and [Bureau of Personnel Policy](#). In accordance with the Federal Fair Labor Standards Act regarding youth employment, no person under the age of 18 shall be allowed to drive any motorized vehicle, regardless of whether they have a valid driver's license. This prohibition includes all licensed vehicles or powered vehicles including carts (golf or electric), gators, or other. Users will not drive or park on the campus lawns unless absolutely necessary to complete work needs. Use parking lots, wide sidewalks and drives to park and carry work tools and materials to the work site. Vehicles shall be locked at all times when not in use and keys removed from the ignition. Vehicles must be attended for cold weather warm up and not left un-locked/locked and idling.

Addition information pertaining to student use of a fleet vehicle is provided in Appendix D.

SECTION V. COURSEWORK AND TIME IN THE PROGRAM

REQUIRED COURSES

The typical sequence of required courses is provided in Appendix E. Because there are some changes in this sequence for the 2010-2011 entering class (due to curricular revisions approved and enacted last year), Appendix E1 provides an example of the revised sequence for this group of students. Appendix E2 provides the course sequence for students entering in 2009-2010. Appendices E3 and E4 provide a description of the "typical" sequence of courses for students entering in even and odd numbered years, respectively.

The curricular changes that have taken place since 2005 are listed in Appendix F. The academic requirements for the specialty track in Clinical/Disaster Psychology are provided in Appendix G.

Often students are asked how their coursework during graduate school meets accreditation or state licensure requirements. Appendix G presents a listing of required and elective courses, organized by core accreditation and licensure domains. Additional methods for assessing exposure to and competency in these domains are also presented.

TRANSFER OF GRADUATE CREDIT

USD Graduate School policy permits a maximum of 9 semester hours of graduate credit to be transferred towards the MA (if taken pre-masters degree) or PhD (if taken post MA degree). If a student has earned a master's degree prior to enrolling in the USD clinical program AND is required to complete a second master's degree in our program (see below), 9 credits from the previous master's degree may be applied to the USD master's program of study. These credits must have been completed in a regionally accredited institution, must have grades of A or B, and must have been taken within 7 years prior to the time you receive your USD degree (e.g., if you receive your USD MA in 2010, you may transfer credits from classes taken since 2003). Exceptions are made on a case by case basis and require a justification by the student and the DCT. The final decision regarding transfer credits is made by the Dean of the Graduate School.

To request approval of transfer credit, the student completes the Approval of Transfer Credit Beyond Highest Degree Form (found on the USD portal at: www.usd.edu/graduate-school/student-resources.cfm). The student should discuss this request with his/her major advisor then submit the completed form to the DCT for review and approval. Once approved by the DCT, the student then submits the form with supporting documentation to the Dean of the Graduate School. **Requests for transfer credits should be made by the end of your first semester in the program.**

REQUEST FOR COURSE WAIVER

The clinical faculty recognize that students entering the clinical program may have taken courses that are comparable to required courses in our curriculum and must meet these criteria:

1. The course must have been offered by a **psychology** department ("PSYC" prefix).
2. The course must have been taken at the graduate level and the student earned an A or B for the course.

In these situations, a course waiver may be requested. The criteria for obtaining a course waiver were reviewed and modified in December, 2009, by the CTC. The revised procedure is as follows:

1. The student submits a waiver request in writing to the DCT, describing how the first two criteria (above) are met. A copy of the previous course syllabus must be included with this request.
2. For **REQUIRED** program courses: The DCT will ask the current or most recent course instructor for the course under consideration to review the request. If necessary, the instructor and student meet to discuss the content and similarities and differences in the two courses. The course instructor, in consultation with the DCT and student's major advisor will determine whether the course content is substantially similar to the course for which it is to be substituted.
3. For **ELECTIVE** courses: The student's major advisor will review the course syllabus and made a recommendation to the DCT regarding elective course waiver. The major advisor may choose to consult with the current or most recent course instructor if additional input is desired before forwarding a recommendation to the DCT.
4. Following the review process outlined above, the DCT will communicate the final recommendation(s) to the student in writing. A copy of this decision will be forwarded to the Graduate School Registrar (for future reference) and another will be maintained in the student's training program file.

There is no official limit on the number of departmental courses that can be waived though it is rare to have more than four courses waived. The program courses that may **not** be waived are the two required assessment courses (PSYC 751 & 752), Seminar in Science and Practice I (PSYC 747), Seminar in Professional Development (PSYC 786), Clinical Vertical Team (PSYC 749), and Peer Supervision Practicum (PSYC 765). Other courses must be substituted for waived courses to ensure completion of at least 106 credit hours (masters and doctoral credits combined; at least 54 of which must be post masters)

NOTE: Students who enter the program with an approved master's degree and thesis from a clinical or counseling **psychology** masters degree program and who are approved to be in residence for only three years prior to internship, will be exempt from the spring Seminar in Science and Practice II and will instead be assigned to a Vertical Clinical Team. This will allow supervisors to assess clinical skill development prior to the student's assignment to a clinical placement in his/her second year in the program.

REQUEST FOR WAIVER OF MASTER'S THESIS

Some students entering the program will have already completed a Master's degree from another institution. If the Master's degree did not require an empirical thesis, students must complete a thesis in our program (and, as a result, a second Master's degree). If the previous Master's degree required an empirically based thesis, the thesis requirement in this program may be waived if the following criteria are met:

1. The thesis was part of a Master's degree in psychology or a closely related field (e.g., counseling, social work).
2. The project utilized quantitative or qualitative research methodology (as opposed to a literature review or term paper).
3. Following a review by the student's major advisor and approval by a majority of the clinical faculty, the final document is determined to be comparable to our program's thesis requirement.

The procedure for obtaining the Masters thesis waiver is as follows:

1. The student submits a letter to the DCT requesting the waiver, and includes a copy of the thesis. In the letter the student should indicate how the first two criteria above are met.
2. The DCT and the student's major advisor review the thesis. They will present their recommendation to the entire clinical faculty for a vote regarding approval of the waiver request.
3. Based on the results of this review/vote, the DCT will notify the student in writing of the faculty's decision. This decision will also be noted in the student's training program file.

Students who waive the Master's thesis requirement may begin taking dissertation credit hours as soon as they are ready to start work on their dissertation project (typically no earlier than the second semester of their first year in the program).

In approving a thesis waiver request, the clinical program is also accepting the student's previously earned Master's degree and, as such, the student is not required to complete another Master's degree in our program. The credits earned during the first Master's degree program will count towards the hours required for the Ph.D. as long as at least 54 semester credit hours are earned post-masters and in residence in our program. **Acceptance of a previously earned,**

thesis-based Master's degree does not exempt a student from taking required coursework in our program. If a student's prior degree was earned in a clinical or counseling **psychology** program and included clinical training/ practicum experiences supervised by a licensed psychologist, the student *may* be permitted, upon clinical faculty approval, to complete the in-residence program requirements within three years (as opposed to the required four years in residence for all other students).

NOTE: Students should complete the process of waiving coursework and the thesis (if applicable) after they have been notified of their acceptance for admission to the program and no later than the end of their first semester in residence.

REMOVAL OF INCOMPLETE GRADES

Students are expected to complete course requirements within the semester that they are taken. It is at the discretion of each course instructor to assign an INC (incomplete) and permit an extension for completion of course requirements beyond the end of the semester in which the course was taken. If permitted, failure to complete course requirements by the end of the following semester (or earlier if so designated by the instructor) risks an automatic grade reduction. Course work not completed within one year of the end of the class risks an automatic failing grade. Variations in this policy must be negotiated between individual students and faculty.

The course instructor may develop a contract that outlines the expectations for removal of the INC, deadline for completion, and consequences for failing to meet the expectations and deadlines. This document should be signed by the professor and student receiving the incomplete and a copy placed in the student's file. Students have until the deadlines set by the course professor OR until the end of the summer prior to internship, whichever is sooner, to complete any incomplete coursework (other than dissertation and internship credits).

NO-AUDIT POLICY

Students may not audit graduate level courses taught by clinical psychology faculty for the following reasons:

1. To ensure that we always have the required minimum enrollment of seven graduate students. If students choose to sit in on an interesting course but not enroll in it, the chance that a course will not "make" is increased.
2. To ensure that those in the class are not only getting the most from the class through full participation (e.g., doing the required reading, doing written assignments, tests/papers, etc), but that they are also contributing to the class on a regular basis (e.g., participating in class discussion, etc.). Our experience has been that students too easily lose incentive to do these things if they are not enrolled in the class.
3. To ensure that the faculty and the department receive workload credit (which comes in part from enrollments in courses) for teaching. Thus, even if non-enrolled students promise to be full participants in the class, the faculty person is faced with the additional work that comes with additional students without getting the workload credit which comes from enrollment numbers.

Exceptions to the No-Audit Policy:

1. When a student has already taken a similar course at another university but is required to attend all or portions of the USD course to obtain course content that had not been included in the previous course (e.g., cross cultural aspect). In these cases, the student may be asked to enroll in independent study credit(s). Students are discouraged from simply sitting in the class as a "refresher" course and not enroll in any credits (though this can be decided on a case by case basis).
2. Students who are course instructors-of-record are required to either enroll in or audit the Seminar in Teaching Psychology. Students must enroll in this seminar the first two semesters they teach and must audit this seminar any subsequent semesters they teach.

TIME IN PROGRAM

The Clinical Psychology Program is designed so students who progress satisfactorily may complete all doctoral requirements in five years (four years in residence; one year of pre-doctoral internship). Students entering with a Master's degree in psychology, comparable to that granted by this department (e.g. in clinical or counseling psychology with an empirical thesis) *may* have the opportunity to complete all doctoral requirements in four years (three years in residence; one year of pre-doctoral internship.)

Extension of Time in Residence (pre-internship). Students may request an extension of pre-internship time in the program, typically not to exceed one year (excluding any approved leaves of absence, as described below). A request for an extension should be first discussed with the student's major advisor then with the DCT. The DCT will then present the request to the entire clinical faculty for their discussion and approval. Extensions are viewed as a privilege (not a right) and will be granted only if the student is in good standing and is otherwise making good progress in the program. Students who receive approved extensions in the program remain eligible for graduate assistantships but will not receive priority nor be guaranteed funding beyond their 4th year in residence.

Leave of Absence. In the event that circumstances necessitate a leave of absence, students must petition the clinical faculty for such a leave. The student is expected to meet with their major advisor and DCT to discuss his/her reasons for requesting the leave. The DCT will then forward this request to the clinical faculty for their discussion and approval. If approved, the leave is not to exceed one calendar year (except in extremely extenuating circumstances). Furthermore, any time taken during a leave will not count towards the required time in the program. That is, if one year is taken off, one year must be added to a student's time in the program.

During a leave of absence, students may enroll in thesis or dissertation credits, but will not receive a teaching, research, or clinical assistantship and should not represent themselves as a clinical psychology trainee in any employment they obtain during the leave.

Students wishing to return from an authorized leave of absence must petition the clinical faculty in the semester preceding their return for permission to return to the program as a full-time student. **Students who take unauthorized leaves of absence will be dismissed from the program.**

Continuing Enrollment for ABD (all but dissertation, post internship) students. Students who have completed all of their doctoral program requirements except the completion of their dissertation, are expected to continuously enroll in a zero credit (no cost) dissertation sustaining credit (PSYC 899D: Dissertation sustaining) after completion of their internship and until they have successfully defended their dissertation.

ABD students who choose to enroll as a part-time student during the semester following completion of their internship in order to complete their dissertation may be eligible for financial aid during this time which may delay the onset of loan repayment. The ABD student pursuing this option should check their status with financial aid PRIOR to enrolling in fee bearing credits. In these situations students are not eligible for graduate assistantships, and, as such, must pay full tuition for credits earned.

TIME LIMITS TO DEGREE COMPLETION

According to USD Graduate School policy, all **Master's** students must complete their Master's degree requirements within **seven** years of entry into the program. Effective for the 2005 entering class, all PhD students must complete their degree requirements within **five** years of achieving doctoral candidacy. (catalog.usd.acalog.com/content.php?catoid=4&navoid=44#time_limi_vali)

Students who do not complete their **PhD** requirements within the five year post candidacy deadline may be eligible to receive a one-time extension. A student must be making progress on their dissertation in order for the faculty to recommend an extension to the Graduate Dean. Typically extensions will not exceed two years beyond the deadline AND all work beyond the Master's degree which is more than seven years old must be validated. If approved, the clinical faculty will determine the method of course validation which may include but not be limited to repeating the course, documenting experience and/or alternative methods of remaining current in the course materials, taking a content-based exam, etc. Furthermore, if approved, only one extension for degree completion will be granted.

This one-time extension option is only available to PhD students who have completed all of their program requirements except their dissertation. They must be actively working on their dissertation prior to and at the time an extension is requested.

SECTION VI. ASSISTANTSHIPS AND NON-PROGRAM EMPLOYMENT

ASSISTANTSHIP POLICIES

A variety of funded graduate assistantships are available to clinical psychology graduate students. These include university (department) funded teaching and research assistantships, grant funded research assistantships, and a wide variety of clinical practica in campus or community mental health settings. As of 2010-2011, stipend amounts vary from a minimum of \$5,558 per academic year (9 months) to \$17,000 for a full year (12 months), depending on the type of support awarded. Efforts are made to provide assistantship support to all clinical students in residence for at least four years (excluding time spent on an approved leave of absence). In general, efforts are also made to ensure all students receive at least two different 9-12 month clinical practica/traineeships prior to leaving for internship. ALL assistantship awards, regardless of source, include a reduction of tuition costs to one-third in-state tuition rates.

A list of the assistantships, traineeships, and fellowships for 2010-2011 is provided in Appendix I

As mentioned above, efforts are made to support all clinical students for at least four years. If funding is available, pre-internship students on an approved extension **may** receive funding in their extended year (though it may be at a lower rate than in their previous years).

Students entering the program prior to August 2006,

- (1) Students who do not complete their Master's degree requirements by the end of their third year in the program will be considered seriously delayed in the program and will be expected to finish their degree requirements by the end of their fourth year.
- (2) Failure to meet these expectations may result in a recommendation to the Graduate School for dismissal from the program with or without a terminal Master's degree.

For students entering the program since August 2006:

- (1) **Graduate assistantship funding is contingent on completing Master's degree requirements within a maximum of three years in residence** (not including an approved leave of absence).
 - a. If these requirements are not completed by the end of a student's second year in the program, he/she will receive notification from the clinical faculty that he/she is delayed and must complete the thesis by the end of the third year.
 - b. Students who have not completed their Master's degree requirements by the end of the summer of their third year in the program will be placed on a program probation until such time as these requirements have been successfully completed. While on probation, the student *may* not be eligible for a graduate assistantship and the accompanying tuition reduction.
 - c. Failure to complete the Master's requirements by the end of the student's fourth year in the program may result in a recommendation to the Graduate School for dismissal from the program with or without a terminal Master's degree.
- (2) Students may not be eligible for assistantship funding, or the accompanying tuition reduction, after five years in residence in the Program. (An approved leave of absence for up to one year will not count against this five year limit).

CLINICAL PRACTICA (*aka* Clinical Placements; Clinical Traineeships)

Psychological Services Center

The Psychological Services Center (PSC) is the Program's in-house training clinic. It is the first and primary practicum site for all clinical psychology graduate students. It is administered by a Director, who is also a member of the core faculty, two senior clinical students who serve as clinic assistants, and a secretary. All PSC therapy cases are recorded on DVD and supervised by one of the three clinical faculty assigned to lead vertical clinical supervision teams and by senior students under supervision for his/her supervision training.

First year students complete their practice assessments and practice interview sessions in the PSC as part of their assessment courses. Students begin their formal practicum experiences in the clinic starting in their second year and continue their training at this site for a minimum of three years. Assignment to team supervisors is based on a combination of factors: student preference, year in program, gender, previous member on the supervisor's team, and supervisor input .

NOTE THE FOLLOWING WAS APPROVED BY THE DCT AND PSC CLINICAL SUPERVISORS ON 9/9/10 AND SHARED WITH ALL STUDENTS AND FACULTY ON 9/17/10.

Additional information regarding practicum training in the PSC:

1. Students who are in residence in the program for a minimum of four years will enroll in PSYC 749: Clinical Vertical Team for a minimum of 4 semesters, starting in the fall of their second year. Students who entered the program with an approved thesis-based master's degree AND who have been approved for and who have agreed to a one year reduction in residence requirements (e.g., three years vs. four years on campus), may begin their enrollment in team (749) in the spring of their first year in the program, completing this 4 semester requirement in the fall of their 3rd/final year..
2. To ensure that all clinical students are exposed to didactic and experiential supervision training, ALL students are expected to serve as peer supervisors during their final year on team. During this time, students register for PSYC 765: Peer Supervision Practicum *instead* of PSYC 749--under the name of the team supervisor to whom they are assigned.
3. Students in residence for four or more years are expected to be enrolled in PSYC 765 for a minimum of one academic year (2 semesters). Students who entered the program with an approved thesis-based master's degree AND who have been approved for and who have agreed to a one year reduction in residence requirements (e.g., three years vs. four years on campus), are expected to be enrolled in PSYC 765 for a minimum of one semester (final semester in the program).
4. Peer supervisors are expected to participate in vertical team activities (including direct clinical work) as well as in didactic supervision training. NOTE: Faculty supervisors may invite senior students on their team to serve as peer supervisors prior to the time these students officially enroll in PSYC 765. When this happens, these students are expected to participate in the peer supervisor training offered as part of team, while continuing their enrollment in PSYC 749. They will repeat/refresh this training at the start of their first semester enrolled in PSYC 765.
5. Enrollment in PSYC 749 OR PSYC 765 may be extended beyond the minimum number of semesters required (e.g., 4 semesters of PSYC 749; 2 semesters of PSYC 765) upon the recommendation of clinical supervisors or by student choice if the student has extended his/her time in residence beyond four years. Students who meet the minimum expectations for participation in team and peer supervision and who subsequently extend in the program and continue on team, are encouraged to enroll in PSYC 765 rather than PSYC 749 (in recognition of their seniority on the team and continuation of development of supervisory skills/experience).
6. All students in residence are required to participate in a vertical clinical team if they meet one or more of the following conditions:
 - a. They have not yet completed 4 semesters of PSYC 749 (excluding summers)
 - b. They have not yet completed 2 semesters of PSYC 765 (or 1 semester for approved post-master's students on 3 year plan)
 - c. They have not completed their clinical orals.
 - d. They are one of the PSC Clinic Assistants

- e. The current supervisor and major advisor recommend continued participation on team for additional clinical skill development prior to internship.
7. All students enrolled in 749 and 765 are expected to maintain a clinical caseload in the PSC.

External Clinical Practicum Sites

In addition to the PSC practicum experiences, students also complete a minimum of two 9-12 month, 16 hour per week, clinical practicum/traineeships at external training sites. The Program maintains formal affiliation agreements with a variety of clinical practicum sites which are characterized by a wide range of opportunities that match both the Program's mission and the students' professional interests. These sites provide funded opportunities for supervised training with clients of all ages, presenting with a range of diagnoses/clinical service needs, in rural and urban settings. In addition, the majority of sites provide services to underserved populations (Native Americans, immigrants, low SES) or veterans. The majority also provide opportunities for students to work as part of a multidisciplinary team. While some placements emphasize assessment and others emphasize empirically supported individual and group therapy modalities, most provide a balance or gear the training experience to the students' interests. Some are committed to train students in their pre-masters years, while others are tailored for more experienced students in their final, pre-internship year of training. These placements are responsive to the needs of students at various levels of training, providing a graduated series of training experiences.

Clinical training sites with approved affiliation agreements and/or contracts with the university and program are considered to be officially sanctioned training sites. USD recognizes that the stipend paid to students by these sites as a graduate assistantship for tuition reduction purposes. That is, clinical students on approved, paid clinical practica are eligible for the tuition reduction to 1/3 in-state tuition (assuming the stipend meets or exceeds the USD minimum stipend required to qualify for the tuition reduction).

Placement Match Process

In a meeting of all students in the spring of each year, current training sites are described and discussed. Students receive a listing of sites that will be available in the upcoming year and are asked to identify/rank order their preferences. Students submit their preferences to the DCT in April. The DCT considers preliminary matches and discusses these with practicum supervisors in May. Final matches are announced before the end of June. Variables considered in making the assignments include the training needs of the student, the student's expressed preference, the needs of the training site/agency, and the availability of training sites. Prior to internship all students will have had training experiences in the PSC and in at least two additional clinical training/practicum sites.

Expectations While on Clinical Practica (Traineeships)

Participation in all clinical practica training, both on and off campus, is a serious clinical and professional responsibility. Once a commitment has been made to a practicum site, the student or the placement may only make changes if there are extenuating circumstances. The site and the program assume this is a professional commitment for the designated time period.

During the academic year, students are typically limited to a maximum of two days per week on external clinical practicum (**most often 16 hours**). There may be occasions that agencies request additional student assistance beyond the allotted time. In these instances, the placement supervisor is to request extra student time through the DCT (**not to exceed 20 hours per week**).

The DCT will review and discuss the request with the student's major advisor. If the advisor and DCT agree that this additional time will not have a negative impact on the student's progress or standing in the program, the DCT will approve the time increase to a maximum of 20 hours per week. (Factors included in the decision to allow extra time on placement involve status of a student's research, progress in course work, etc.)

Students on practicum are not only trainees but are also considered professionals within the agency where they work. As professionals, students must consider the collective implications of starting and ending dates and leave times. Thus, while it may be nice to maximize student vacation and/or study time, this is not to be a priority while on site. Instead, efforts should be directed towards maximizing your training experiences during this time. Any requests for schedule changes OR leaves (for vacations, exams, etc) must be made with the approval of the placement supervisor.

Placement transitions will typically occur between mid June and early August. Exceptions to this typically include the following:

1. The exiting student is leaving for internship (at which point he/she should not terminate the placement much more than two weeks prior to departure). Arrangements must be made prior to departure to ensure adequate coverage in that student's absence (i.e., the remaining student(s) may work extra days or an unplaced student may begin placement early).
2. The exiting or beginning student is taking their comprehensive exams ("Prelims"). In this case, the student may, upon consultation with and approval by the practicum site supervisor, take up to two weeks off from placement--the full week prior to exams and the full week of exams. Any other time off *must* be negotiated with your placement supervisor and must minimize disruption to the placement. Students on placement who are not taking prelims may opt (with supervisor's and clinical faculty's approval) to work extra days to help provide coverage during the prelims time.

STUDENTS SUPPORTED BY FUNDING SOURCES OTHER THAN USD ASSISTANTSHIPS OR EXTERNAL PRACTICUM SITES (e.g. Military Scholarships or Fellowships through I.H.S., APA Minority Fellowship, N.I.H., NRSA, etc.)

Students are encouraged to seek external support for their graduate training through national grants and fellowships. Well-funded external fellowships or scholarships are designed so students may complete their education/training without having to seek additional funded teaching, research or clinical assistantships that might consume time that could be dedicated towards completing their degree requirements. Fellowship/scholarship funded students may receive full or partial assistantship funding (e.g., 50%; to supplement what is already earned through their fellowship) if (1) program or practicum site funds are available and/or (2) funded traineeships are acceptable to the conditions of their fellowship/scholarship.

TRACKING YOUR CLINICAL TRAINING EXPERIENCES

In anticipation of the information required on the standardized pre-doctoral Application for Professional Psychology Internship (APPI), students should begin documenting ALL of their clinical training experiences from the moment they begin the program. Types of information that should be recorded (and appropriately disguised so not to disclose any identifying information on clients) include the number of clock hours of client contact, therapy format and theoretical orientation followed, client demographic characteristics (age, gender, ethnicity, sexual

orientation, disability, etc.), numbers and types of psychological tests administered and reports written, and hours of supervision and other support activities. It is helpful for you to review the current application to guide your documentation procedures. The APPI is available through the Association of Professional Psychology Internship Centers (APPIC) website:

www.appic.org/match/5_3_match_application.html

Effective in the Fall of 2010, all students are strongly encouraged to utilize a formal tracking system to document the number and types of clinical training experiences they obtain across their time in the program. One frequently used tracking program is Time 2 Track, a commercial tracking system offered for a small annual fee (<http://www.time2track.com/>). A no cost tracking method that has been regularly updated and made available for general use is available at:

<http://education.uky.edu/EDP/content/counseling-psych-practicum-guidelines>

(scan down to bottom of page under section titled: *Practicum Hours Record and Weekly Activity Report Recommendations*. A brief description of this information is also provided in APPENDIX J.)

Effective in the Fall of 2011, first and second year students (who are not on external placements), will submit a summary form in December and May. Students who are on external placement sites will submit a summary form with their mid year and end of placement evaluations. Separate forms will be prepared and submitted for each practicum site (including PSC). These summaries must be reviewed with and signed by primary practicum supervisor(s) prior to submitting these to the DCT.

NOTE: The final procedures and format for the summary information are under development and will be shared with students as soon as they become available.

"MOONLIGHTING" (OUTSIDE EMPLOYMENT)

Due to the additional demands of an already busy schedule, students are discouraged from seeking part-time work outside of the program. However, if a student chooses to seek part-time employment, he/she needs to ensure that there is no conflict of interest or misrepresentation of themselves as a clinical psychology student in their part-time job. All part-time work should be cleared with your major advisor or the DCT prior to beginning a job. The faculty will monitor the impact of the additional work and should the student's academic work or progress be negatively affected, the student will meet with his/her advisor to consider possible alternatives.

LETTERS OF RECOMMENDATION

Students will need letters of recommendation for a variety of purposes during graduate school (e.g., support travel grants; research fellowships; internship; prospective employers). It is recommended that students approach each prospective faculty letter writer and personally request letters of recommendation. Provide each letter writer with a current CV, and any additional information that may be helpful (e.g., when letter is due, correct address, and, if any special interests or training foci need to be emphasized).

In the case of internship letters, as of summer 2009, faculty letters will be submitted online through the APPIC online application process. All letter writers (faculty, supervisors) should be given sufficient time to prepare their letters of support (a minimum of two weeks prior to application deadlines). In addition to a current CV, students should provide each letter writer with a brief description of how and when they have worked together (e.g., class, research, clinical

work, service) and a brief description of how each internship site addresses the student's training needs/interests. Letters to internship sites will only be submitted when the student has passed his/her (1) clinical oral examination (remediation may be pending), (2) clinical and general prelims (remediation may be pending) (3) dissertation proposal defense, and (4) when the student has received faculty approval regarding readiness for internship.

SECTION VII. ASSESSMENT OF STUDENT PROGRESS

MID YEAR AND ANNUAL EVALUATION

The clinical faculty, with input from course instructors and assistantship supervisors, complete an evaluation of first year students at the end of their first semester in the program. All clinical faculty are in attendance at these evaluation meetings. The DCT summarizes the results of the mid-year evaluation in a letter to each student.

ALL students are evaluated at the end of the Spring semester each year they are in residence in the program. Progress is assessed in the areas of coursework and research, clinical skills, performance on assistantship, and professional development. During the annual review, faculty also outline areas of strength and areas for continued development. (A copy of the annual evaluation form is provided in Appendix K).

Students placed on a formal remediation plan and/or on probation are notified in writing of the reason for the action taken and the expectations that must be met in order to complete the remediation plan or for removal from probation. This document will also be reviewed in a face to face meeting with the student's major advisor (and DCT if deemed necessary). Students on a remediation plan or probation will be evaluated by the entire faculty at times deemed appropriate for such review.

While all clinical faculty may choose to be present during the annual student evaluations, clinical faculty who have had direct contact with the student during the past year (e.g., course instructor, research advisor, clinical supervisor, etc), are expected to be present during that student's evaluation. All clinical faculty are expected to attend the mid-year evaluation of first year students and evaluation discussions involving students who are on a remediation plan, on probation, or who otherwise may be needing close monitoring due to concerns about progress in the program

The results of the annual evaluation are communicated to the student by the student's major advisor. The student receives a copy of the evaluation and the original is filed in the student's program file. Students may challenge all or part of the evaluation. (Refer to Appeals Section below.)

Interns are evaluated by their predoctoral internship site at intervals decided by the internship, but typically at midyear and at the completion of internship. Copies of these evaluations are sent to the program and maintained in the student's program file. Program faculty discuss these evaluations, when available, during the annual student evaluation meetings.

A formal annual evaluation form is not completed on ABD students. However, a general update on ABD student progress is discussed among the clinical faculty during the annual fall faculty retreat and during the annual student evaluation meetings in the spring.

EVALUATION OF STUDENT INSTRUCTORS OF RECORD AND TEACHING ASSISTANTS

Teaching evaluations are completed on all course instructors at the end of each semester. USD utilizes the IDEA Student Rating of Instruction form (as described on the Office of Academic Evaluation and Assessment website: <http://www.usd.edu/academics/academic-affairs/faculty-and-administrative-assessment.cfm>). This form is distributed to each instructor prior to the end of each semester with specific instructions for administration to ensure confidentiality of respondents and accuracy/value of the data. In addition, student instructors are encouraged to complete mid-term course evaluations (using either the USD form or a self-made form). Student instructors are also evaluated through their participation in the required Seminar in Teaching and through classroom observations and feedback by faculty. These evaluations are included/reflected in the student's annual evaluation.

Teaching Assistants assigned to support the large undergraduate psychology courses are evaluated at the end of the each semester. The Department Coordinator for Undergraduate Studies (Dr. C. Struckman-Johnson) solicits evaluative feedback (Appendix L) from each undergraduate course instructor with whom a TA worked. These forms are submitted to the Director of Training for inclusion in the students' mid-year and annual evaluations. Evaluation feedback for TAs assigned to graduate courses (e.g., Assessment I and II) is provided by the course instructors during the annual student evaluation.

CLINICAL PLACEMENT EVALUATIONS (*updated summer 2009*)

Psychological Services Center./Clinical Vertical Team

Evaluation of Students. In May 2009, the clinical program introduced a new student evaluation form in the program's in-house training clinic, the Psychological Services Center (PSC), that incorporates specific areas of clinical competency linked to our program goals, objectives and competencies. The new form, the Clinical Trainee Competency Evaluation Form (CTCEF; Appendix M), identifies a number of specific areas of competency that are important to ensuring that the clinical program is meeting its goals to ensure our students are prepared for internship and beyond.

All clinical students complete two to three years in the PSC. Supervision of this clinical work takes place in Clinical Vertical Teams. Team supervisors complete the CTCEF for each of their supervisees at the end of each semester the student is enrolled in team. Copies of these evaluations are included in the students' evaluation file and are discussed during the students' annual evaluation.

Evaluation of Vertical Team Supervisors. Vertical Team Supervisors are also evaluated by their team members at the end of each semester (Appendix N). This information is provided to the supervisor in a summary report. (The program secretary collects the evaluation forms, provides means for the quantitative data and typed comments from the qualitative data, thus preserving the students' anonymity in the evaluation process.) The DCT reviews a copy of the results of this evaluation and forwards the copy to the Department Chair for inclusion in the supervisor's Departmental annual evaluation.

External Clinical Practica (aka Clinical Placements; Clinical Traineeships)

Evaluation of Students. Effective Summer 2009, the CTCEF (described above) was introduced to supervisors at external practicum sites to replace the previously used student evaluation form. Supervisors were informed that not all sites will offer training experiences in all domains covered on the evaluation form; however, most of the domains covered will be relevant to nearly all sites.

Clinical supervisors at each of these sites submit the CTCEF for their of student supervisees at mid-placement (January) and at the end of the placement (summer). The practicum supervisor is asked to review his/her evaluation results with the student prior to mailing the completed evaluation form to the DCT. These evaluations are included in the student's evaluation file in Room 105 and are discussed during the student's annual evaluation.

Evaluation of Practicum Supervisor and Site. Students evaluate the practicum supervisors and sites at mid-placement and at the end of the placement. A revised version of this form was implemented in 2010. (Appendix O) Completed forms are submitted to and reviewed by the DCT. Issues about the placement or supervisor deemed in need of immediate attention are addressed between the DCT and student and, if indicated, with the placement supervisor, as they occur. The DCT compiles aggregate information over 3-5 years per site and discusses these results with practicum supervisors during her annual visit to each practicum site. Students are encouraged to share their placement evaluations with their practicum supervisors

COMPREHENSIVE EXAMINATIONS (“PRELIMS”)

Students are eligible to sit for their comprehensive examinations in the summer after they have completed requirements for their Master's degree (typically following their second year in the program). Eligibility to sit for these exams requires that the student has completed the coursework listed on the Master's degree Program of Study and has successfully defended his/her master's thesis by the end of the Spring semester prior to the summer in which they plan to take prelims (typically offered in early August). In circumstances where substantial progress has been made on a thesis project and is nearing completion but will miss the May deadline, the student's major advisor may petition the clinical faculty, on the student's behalf, for a one-time extension not to exceed the summer graduation deadlines established by the Graduate School. This request must be presented to the faculty no later than the final CTC meeting of the spring semester and should only be submitted if, in the advisors opinion, the student can realistically complete their project within the requested timeframe. Approval of the petition requires a simple majority vote of the clinical faculty.

Students entering the program with an approved Master's degree (e.g., not completing MA in program) may opt to take their preliminary exams after their first year in the program. This should be done in consultation with the student's major advisor.

Content of the Written Examination

All psychology graduate students are required to take the two day general written examinations. In addition, clinical students are required to take a written exam in their specialty area (clinical). Students may take generals and specialty exams during the same testing cycle OR they may opt to take them at two different testing sessions. That is, students have the option of taking *generals* after completing their Master's degree requirements and take their *clinicals* at the next sitting (a year later). Though we expect most students will opt to take both sets of exams during the same

offering, there is flexibility for those who would like to spread these out. Comprehensive exam sessions will still only be offered once a year.

General Exams (psychology core content). These exams are completed in two 8-hour days (open book, take home). Areas covered include: physiological; history & systems, learning, memory and cognition; developmental; personality theories; social; research methods and statistics; and general psychology. Questions may be submitted by any faculty member in the department but are specifically solicited from the instructors of these core content areas.

Clinical Exams. This closed book exam consists of one day (4.5 hours) of questions in the clinical content areas covered during the first two years of training: assessment of abilities, personality assessment, adult psychotherapy, psychotherapy research and practice, and adult psychopathology. Also included in these exams are course-related issues pertaining to ethics and diversity. Questions are submitted by core clinical faculty.

Grading of Written Exams

Various combinations of pairs of clinical and human factors faculty are assigned to grade the general written questions. Various combinations of pairs of clinical faculty are assigned to grade the clinical written questions. In most cases, at least one of the scorers in each pair is the current or former course instructor for the question's content area. The two graders' scores are averaged together. To pass the overall examination, students must receive an average overall score of 2.0 (on a 4-point scoring template) across all questions on the general and on the clinical components of the comprehensive examination.

Remediation of individual questions. Students passing the overall clinical exam and overall general exams, but failing any question or section of the examination, are **REQUIRED** to remediate that question or section. Remediation may include additional course work, readings, and/or re-examination on the section previously failed. **Effective Fall 2005, remediation is expected to be completed by the end of the semester in which they received notification of exam scores.** An exception will be made to this time-frame if remediation requires completion of a course or other extensive remediation plan, in which case remediation must be completed within an academic year from the time scores were received.

Faculty graders are expected to return completed remediation work within 10 working days of having received the student's work. However, if the faculty person requires extra time, every effort should be made to review/grade the remediation work prior to the end of the semester in which the remediation work is submitted. Consistent with a mastery model, there is no limit to the number of times a student can submit revisions of remediated questions or sections; however, the faculty should be as clear as possible about expectations for what is expected in the remediation and communicate this to the student. Remediation must be completed as a condition for recommendation to doctoral candidacy.

Retaking failed components of the comprehensive exams. If a student receives an overall failing score on either the general or the clinical written exams, he/she will be allowed to retake the failed group of exam questions (general or clinical) one time. If either exam is failed a second time, a recommendation will be made to the Graduate School that the student be dismissed from his/her respective doctoral program. If there are compelling reasons/extenuating circumstances contributing to a student's failing performance on the general exam, he/she may be permitted to take the exam more than two times if a minimum of two-thirds of the full time faculty support this recommendation.

Cheating or plagiarizing on the preliminary exams is a serious violation of academic integrity and professional ethics may result in a number of consequences, including, but not limited to (1) failing a portion of or the entire exam and receiving a formal censure from the program, with the requirement that the student retake the exam at the next exam offering, (2) step (1) coupled with an ethics remediation, or (3) a faculty recommendation to the Graduate School that the student be dismissed from the program.

CLINICAL CASE PRESENTATION (“CLINICAL ORALS”)

The primary purpose for clinical orals is for clinical students to provide a sample of their “best” clinical work (written, oral, demonstration of skills) prior to applying for internship. It is an opportunity for students to demonstrate the depth and breadth of their clinical knowledge. Clinical faculty agree that a more accurate sample of this level of skill would come after students have had the opportunity to accumulate supervised clinical experiences (through the PSC and external practica). Students should plan to complete their clinical orals in the spring semester preceding the fall they apply for internship. This allows faculty to evaluate pre-internship clinical skills closer in time to when they would typically write internship letters of recommendation AND would allow students time for remediation and re-takes, if needed, prior submitting internship applications (typically around November 1st). Clinical orals must be completed no later than October 1st of the semester students apply for internship.

The clinical orals case must be a PSC case that has been active within the academic year prior to the clinical orals to ensure that the orals committee is viewing a recent sample of the student’s clinical work. Students submit a written summary of the case to each committee member at least five working days before the clinical orals meeting. The orals document is not to exceed 10 single spaced pages and provides a case history, assessments, diagnosis, case conceptualization and treatment plan/outcome. Evidence-based practice should be evident and empirical support for conceptualization, assessment, and intervention, as relevant, should be included. Assessment results (raw data, tables, diagnosis) maybe included in an attachment that is not counted against the 10 page limit. Students should select a five to ten minute video clip from one session that demonstrates an interesting strategy that matches the students’ case conceptualization and treatment plan.

Each student completing their clinical orals will present before a three-member orals committee. Committee members include a core faculty member selected by the student, the student’s major advisor, and one core faculty member appointed by the Director of Clinical Training and the Clinical Orals Coordinator. **The clinical orals committee will not include the current clinical supervisor.** If the major advisor is also the current supervisor, a replacement committee member will be appointed in his/her place. The student verbally defends his/her assessment, conceptualization, and treatment approach during this meeting. During the orals meeting, the written case summary, the videotaped segment of a therapy session and the clinical chart are reviewed and the oral presentation/defense are reviewed and evaluated. Relevant ethical, diversity, empirical, and outcome issues are also likely to be discussed.

Grading of Clinical Orals.

Grading of the clinical orals is done via a Pass/Fail vote by the clinical orals committee. The outcome of this vote may be (1) Pass, no remediation; (2) Pass, with specific remediations and

specified timeline for completion of remediation; or (3) Fail, with specific remediation and timeline for repeating the clinical oral exam.

Appendix P provides additional guidelines for preparing for clinical orals.

ACADEMIC PERFORMANCE

For students entering the program prior to August 2006:

Clinical students must earn at least a “B” in required clinical courses. (Required clinical courses include the Assessment sequence, Adult Psychopathology, Child Psychopathology, Psychotherapy with Adults, Psychotherapy Research & Practice, Rural Community Psychology, Professional Issues, Child & Family Therapy, and Clinical Vertical Team.) A grade of less than "B" in any of these courses will require course repetition or remediation as proposed by the course instructor and approved by the Clinical Training Committee.

For students entering on or subsequent to August 2006:

Clinical students must receive a grade of “B” or better in all required graduate coursework completed while a student in the USD Clinical Psychology Program. Required courses include all required psychology courses, the additional required stats/methods course (either in or outside of the department), and any course required by the student’s dissertation committee.

For ALL students:

Any required course for which a grade of C, D, F, or U is received, may be repeated a maximum of two times to improve the grade to at least a B. Upon consultation with the course instructor, major advisor, and DCT, one of these retakes may be with an approved alternative course covering the same content area. This alternative course will count as one of the two retakes allowed. Failure to receive at least a B in a single course after two retakes will result in dismissal from the program.

Students must earn at least a “C” for any elective courses taken in or outside of the psychology department.

ACADEMIC STANDING, PROBATION, AND DISMISSAL

Students will be placed on a University academic probation if their cumulative GPA falls below 3.0. This may have implications for continuation of a graduate assistantship until such time as the cumulative GPA returns to a 3.0 or above.

According to USD Graduate School Policy, as outlined in the 2009-2010 USD online Graduate Catalog (Graduate School Policies): "

The graduate student admitted to a graduate program must make satisfactory academic progress each term toward completion of the graduate degree being sought. Students who fail to make satisfactory progress are subject to academic probation. If the cumulative GPA of graduate students receiving assistantships falls below a 3.0, the student will not continue to receive the assistantship without the express approval of the department chair and the Graduate Dean.

Furthermore, according to Graduate School Policies:

If a student has more than one course of unsatisfactory work and/or has not maintained a 3.0 graduate GPA, The Graduate School may place the student on probation and/or dismiss him/her. Degree programs review academic standing of all their graduate students each term, notifying students directly of academic probation, and for recommending dismissal of a student to the Graduate Dean. A graduate student may be recommended for dismissal from the program at any time for failure to meet the degree program's or The Graduate School's standards of academic performance and progress.

It is the policy of The Graduate School that any department, through due process, may deny a graduate student admission or continued enrollment in a program. The reasons for denial or dismissal include: (1) academic performance that does not meet the standards of the department and The Graduate School, or (2) conduct in violation or unfavorable of the ethical or professional standards of the degree program or discipline involved. Academic appeals are handled through the Graduate Academic Appeal Policy (see below). In addition, general campus rules and policies relating to student conduct are found in the Student Handbook available at <http://www.usd.edu/graduate-school/student-resources.cfm>. For further information, call the Office of Student Life (605) 677-5331 or The Graduate School (605) 677-6287.

Any student placed academic probation may pursue program and university appeals procedures (described below).

Recommendations for dismissal from the program may be made without a probationary period for major violations of ethical codes of the American Psychological Association and ASPPB, unprofessional behavior or behavior judged to be harmful to clients, faculty, staff, or other students; fraudulent behavior (misrepresenting self; falsifying information); and significant or repeated acts of academic dishonesty (cheating; plagiarism).

Any student receiving a clinical program recommendation for dismissal shall have the right to a hearing with the clinical faculty and may follow program and university appeals procedures (described in the Appeals section, below).

Clinical Program Probation

Clinical students may be placed on an internal (clinical program) probation if the clinical faculty determine that (1) the student has failed to make satisfactory progress in clinical and/or research domains and/or (2) the student consistently demonstrates professional immaturity as evidenced by making consistent errors in professional judgment and/or behavior.

When placed on a program probation, the student will be given a written statement explaining the reasons for the action taken, the remediation requirements, the timeframe within which these requirements must be met, and the consequences that will occur if the student fails to satisfactorily meet these requirements. A copy of this letter will be placed in the student's academic file. The DCT and/or the student's major advisor will also meet with the student to discuss the expectations for removal of probation.

During the clinical program probation, clinical faculty (1) will not write letters of recommendation for the student, (2) may restrict the number and nature of classes a student may take, (3) may restrict the student's participation in professional/program activities, and (4) may recommend withdrawal, withholding, or reduction of assistantship support during the

probationary period. Failure to meet the requirements of probation may result in a recommendation to the Dean of the Graduate School for dismissal from the program. Clinical program probation will be removed by a majority vote of the clinical faculty.

Any student placed on clinical program probation shall have the right to a hearing with the clinical faculty and may follow program and university appeals procedures (described below).

NOTE. IF A STUDENT IS PLACED ON PROBATION DURING HIS/HER TENURE IN THE CLINICAL PSYCHOLOGY PROGRAM, THIS WILL BE NOTED ON THE DCT's INTERNSHIP APPLICATION VERIFICATION FORM.

APPEAL (GRIEVANCE) PROCEDURES

Clinical Program Appeals

If a student has a complaint about the Clinical Psychology Program or his/her annual evaluation, they should first discuss this with their major advisor. If the problem is not resolved there, the Director of Clinical Training should be seen next. If the problem is still not resolved, a student may request in writing a hearing before the Clinical Training Committee. The written request for a hearing should include a precise statement of the problem. Within five working days of the receipt of a written request for a hearing, the Clinical Training Committee will meet with the student to discuss the problem (provided a majority of clinical faculty is on contract and in town). The final outcome will be determined by a majority vote of the clinical faculty.

If a student has a complaint about his/her external placement, the on-site or placement supervisor should be seen first. If the problem is not resolved there, the Director of Clinical Training should be informed of the concern and of the efforts made to resolve the problem on-site. A meeting may be scheduled between the placement supervisor and/or administrator, the DCT, and the student in an effort to resolve the problem.

NOTE. STUDENTS MAY OPT TO FOLLOW THE UNIVERSITY APPEAL PROCEDURES IN LIEU OF THE PROCEDURES DESCRIBED ABOVE.

University/Graduate School Appeals

Academic: If a student has a complaint about grades and/or other actions taken officially against the student by the program or Graduate School, the student may choose to follow the standard University appeal procedure. This procedure, as it currently stands is described on the Graduate School Student Resources site on the portal.

Non-academic. Students and faculty are directed to Board of Regents policies guiding appeals decisions, also noted on the Graduate School website at (www.usd.edu/graduate-school/student-resources.cfm).

Additional information about student rights and responsibilities is available at:

<http://www.usd.edu/campus-life/student-services/student-rights-and-responsibilities/index.cfm>

SECTION VIII. DISASTER MENTAL HEALTH INSTITUTE AND SPECIALTY TRACK IN CLINICAL/DISASTER PSYCHOLOGY (www.usd.edu/dmhi/)

The Disaster Mental Health Institute (DMHI) was established within the Department of Psychology in 1993 as the Disaster Mental Health Center. In that same year, the South Dakota Board of Regents approved its designation as an Institute, in recognition of its focused training, research, and service activities related to disaster mental health. On July 1, 1997, the DMHI was awarded the designation as one of nine Regental Centers of Excellence established at state universities across South Dakota (1 of 3 allotted to USD). As such, the DMHI received State funds to support staff, graduate assistantships, and operating expenses. Unfortunately, due to system wide budget cuts, the Center of Excellence funds were officially discontinued at the end of the 2009 academic year.

The DMHI retains its Institute status following the budget cuts. Furthermore, the doctoral specialization in Clinical/Disaster psychology within the clinical program has been retained and DMHI graduate student support has been shifted to clinical program (departmental) allocations. Secretarial support for DMHI faculty is primarily provided by the clinical program secretary (or department secretary, as needed) and general operational expenses are covered within the Department's budget and/or through grants awarded to the DMHI.

The DMHI affiliated staff consists of clinical faculty who allocate a portion of their time to teaching DMHI graduate and/or undergraduate courses, supervising DMHI-related research, and participating in local, regional, national, and/or international training, outreach, and service activities. Dr. Gerard Jacobs serves as the Director of the DMHI.

The DMHI affiliated faculty and students completing the clinical/disaster specialization are available to help communities in South Dakota, across the nation, and around the world in disaster preparedness from the mental health perspective. The DMHI has already provided substantial service to South Dakota, the nation, and the international community. Faculty and graduate students participating in these and other disaster mental health activities have received considerable recognition for being on the forefront of using psychological principles to assist disaster victims, family members, and relief workers in coping with the stress of natural and human-caused disasters.

The DMHI specialty track is open to ALL interested students admitted to the clinical program. The academic requirements for the Doctoral Specialty track in Clinical/Disaster Psychology are in Appendix G.

SECTION IX. CLINICAL TRAINING PROGRAM ORGANIZATIONS

ADVOCACY COORDINATING TEAM (ACT) (www.usd.edu/psyc/act.cfm)

The Advocacy Coordinating Team consists of students and faculty who are committed to advocating for the profession of psychology at the local, state, regional and national level. The APA Graduate Student Association (APAGS) designates students to be regional coordinators, who in turn assist in the development of state and department/program based committees. The 2010-2011 State Representative and student member of the Executive Board of the South Dakota Psychological Association is Tyler Wray. The local (campus) representative is Aimee Deliramich. The faculty advisor is Dr. Yutrzenka.

ALLY GROUP

Since 1995, the Ally Group has consisted of students and faculty who share a commitment to understanding the connections between racism, sexism, socioeconomic status, heterosexism, and other forms of prejudice, discrimination, and injustice. Discussions and activities have focused on individual/personal awareness and growth as well as identifying strategies to promote inclusiveness in the program, profession and community and to establish meaningful relationships among/with people of diverse backgrounds. The 2010-2011 Ally graduate student mentor is Liz Hunziker and the faculty mentor is Dr. Caraway.

B.R.I.D.G.E. COMMITTEE AND BUILDING BRIDGES CONFERENCE

(www.usd.edu/bridges)

The Building Bridges Conference, established as a grass roots initiative among the SCIP student leadership in 1997, has become a recognized regional conference with a primary focus on topics relating to Native Americans in higher education. Annual themes have included the integration of cultural values into the academic environment and creating connections with Native American students. The B.R.I.D.G.E. (Building Relationships, Integrating Diversity and Growth in Education) Conference Committee is comprised of clinical students and faculty who serve as the conference planning committee. However, the entire clinical training program participates in the implementation of the conference (set up, registration, serving meals, etc). Drs. Boyd and Yutrzenka provide oversight of the BRIDGES planning committee.

INTERNATIONAL EMERGENCY MANAGEMENT STUDENT ASSOCIATION (IEMSA;

www.usd.edu/orgs/orgDetails.cfm?orgID=185)

The purpose of the IEMSA is to strive to promote community awareness through practical education and the dissemination of information on the field of Emergency Management. We aspire to engage students in volunteer and/or interned positions that will benefit the students and prepare them for a career in the field. We will become a networking resource for students and alumni to increase student opportunities within the field of Emergency Management. We will be a uniting force "for students and by students." The faculty mentor is Dr. Jacobs.

SOCIAL COMMITTEE

The Social Committee consists of a group of clinical students who coordinate, plan and fund raise for social activities within the Clinical Training Program and Department of Psychology. Annual activities include: a fall welcoming picnic, winter party, and end of the year picnic/farewell to interns pot-luck lunch.

STUDENTS OF COLOR IN PSYCHOLOGY (SCIP) MENTORING PROGRAM

(www.usd.edu/psyc/mentors/index.html)

In 1993, the Psychology Department established the Students of Color in Psychology (SCIP) Mentoring Program. The SCIP program encourages students of color to explore issues of race and ethnicity in order to promote the full development of their unique personal and professional talents, abilities, and potentials. Undergraduate and graduate students of color from within the department are encouraged to participate. Bi-weekly meetings and/or social events are held across the academic year. The 2010-2011 SCIP student mentor is Hanako Shishido and the faculty mentor is Dr. Boyd.

SECTION X. STEPS TO THE PH.D.: A STUDENT GUIDE

The following list of "steps" is designed to help you successfully complete your Master's and doctoral degrees in a timely fashion. Typically a student will proceed consecutively through the "steps" by the times indicated. The steps outlined are intended for students entering the program with their bachelor's degree or with a non-thesis granting master's degree. All modifications for those entering with an approved Master's degree (as described above) will be so noted.

STEP 1: Major Advisor and Participation in a Research Team

Your major advisor serves as one of your primary advocates and mentors during your matriculation in our program and serves as the chairperson for your thesis committee and, most likely, also your dissertation committee; oversees the development of your programs of study; and provides your annual evaluation feedback.

Students often keep the same major advisor for both their thesis and dissertation projects. However, students have the option of changing major advisors and may do so for a variety of personal or professional reasons (e.g., personality conflicts, departure of faculty member, change in student's research interests). It is expected that students will consult with both their current and future major advisors prior to making a change. If changes are to be made, it is expected that these will take place PRIOR to a significant investment of time on the project by the major advisor. In only the most extenuating circumstances should a major advisor be changed following approval of the thesis or dissertation proposal.

All incoming students are strongly encouraged to attend and participate in at least one research team during their first year in the program. In most cases this will be the research team directed by your major advisor. However, participation in other research teams or collaboration with students across teams is encouraged. This participation exposes new students to the various research activities of the faculty members and the research of graduate and undergraduate student members of the teams.

NOTE: USD students and faculty participating on research teams (as well as those submitting research proposals) are required to complete an internet-based human subject education program before participating in any USD based research project or before the end of the first semester in the program, whichever comes first. The Collaborative IRB Training Initiative (CITI) course consists of 14 module "encompassing the history of the IRB, regulations governing human subject research and topics specific to areas of particular importance, controversy or complexity. You must submit your Certificate of completion with your study proposal. This training is provided free of charge to anyone affiliated with USD" (CITI web). For more information about, and to complete, the CITI course, go to: www.usd.edu/oorsch/compliance/researchereducation.cfm

STEP 2: Research Committee

In addition to a major advisor, students select additional faculty to serve as members of their thesis and dissertation advisory committees. These committee members are responsible for helping the student develop, conduct, and interpret the results of their thesis and dissertation research. Select these committees with care and view them as an asset to help you with your graduate work.

All committee members **MUST** have graduate faculty status. It is important to check this out before you ask people to serve on your committee. All departmental faculty are grad faculty; some, but not all, adjunct psychology faculty are grad faculty; and most, but not all, extra-departmental USD faculty are grad faculty. If you are unsure about the graduate faculty status of individuals you are considering for your committee, contact the Graduate School.

The master's thesis committee is comprised of a minimum of three members. Two of these must be psychology faculty in residence in our department (one of whom is your major advisor). The third member must be an extra-departmental (i.e., non-psychology) USD faculty person. It is often to your advantage that at least one of your committee members has a strong stats/experimental design background.

The dissertation committee is comprised of a minimum of five members. Four of these must be psychology faculty (one of whom is your major advisor, who serves as committee chair). For the dissertation, you have the choice to fill one of the psychology faculty positions with an adjunct psychology faculty person with graduate faculty status. An adjunct faculty member may not serve as chair of a dissertation committee. The fifth member of this committee must be an extra-departmental (i.e., non-psychology) USD faculty person. At least one of your committee members should have a strong stats/experimental design background.

Discuss research committee membership with your major advisor. If he/she agrees with your choices, contact these individuals and invite them to serve on your committee. Once all committee members have agreed to serve, the student should formally "constitute" this committee by giving a written list of committee names, degrees, and departmental affiliations to the program secretary in SDU 105. She, in turn, will prepare a letter for the Dean of the Graduate School listing the relevant information about your committee members. Before this letter is sent to the Graduate School, you are responsible to obtain the signatures of your Major Advisor, the Department Chair, and the Director of Clinical Training. Once these are obtained and you have signed the letter, make a copy for your personal files and return the signed letter to the program secretary (in SDU 105). She will make a copy for your student file, then forward this original to the Dean of the Graduate School.

If a change is made in your committee membership after the committee has been formally constituted, the student must "reconstitute" his/her committee. This is done by giving the program secretary (in 105) a revised list of your committee membership. A new letter will be prepared, appropriate signatures obtained, copies made, and the letter forwarded to the Dean of the Graduate School. A copy of this letter will be placed in your student file in 105.

You may have more than the minimum number of committee members (but not fewer). However, remember that the more individuals you have on your committee, the more schedules you have to juggle when it comes time to schedule proposal and defense meetings!

STEP 3: Program of Study

During your first year in the program it is recommended that you meet with your major advisor to discuss the courses that you plan to take as part of your master's and/or doctoral training. The courses you select, in addition to those that are program requirements, will be listed on either your master's or doctoral Program of Study. The program of study for each of these degrees must conform to the course requirements for the Clinical Training Program, the Department of Psychology, and the Graduate School.

It is to your advantage to at least prepare a draft version of a Program of Study early in your time in the program. By so doing you are able to (1) protect yourself from having to take unanticipated courses late in your academic program, (2) select courses required by the program and elective courses that match your interests/goals, and (3) lay-out a schedule that ensures timely completion of your graduate work. In order to take committee requirements/expectations into account, students are encouraged to complete their programs of study in consultation with their major advisor and committee members.

Specific forms must be filled out for the Master's Program of Study and the Doctoral Program of Study. Templates for the Master's and Doctoral Programs of study are provided in Appendices Q and R, respectively. Electronic copies of these forms are available electronically on the portal. Go to the academic tab - academic policies and forms- forms-graduate school. ***It is the student's responsibility to prepare these forms.*** These forms must be either typed or word processed. Handwritten forms will not be accepted by the Graduate School.

Note: Though the program secretary is a resource for completing these forms, it is the student's responsibility to actually complete them.

Once the Program of Study form has been filled out, it is then reviewed and signed by your Major Advisor, all members of your thesis (or dissertation) research committee and the Department Chair. A copy of the signed form should be retained in your student file (in 105). The program secretary will forward the signed original program of study to the Dean of the Graduate School. The courses listed on the Program of Study serve as a contract with the Graduate School. That is, all courses listed on these forms must be completed (with acceptable grades) prior to receiving Graduate School approval for graduation. All courses listed on the programs of study must have a grade assigned prior to degree completion/graduation.

For the Master's Degree Program of Study, a minimum of 35 semester credit hours are required. At least six of these credit hours must be thesis credits. Students in our program often complete 50-60 hours of course work prior to completing their Master's degree. However, only a core grouping of coursework completed in the first few semesters is included on the Master's Program of Study. The remainder is included later on the Doctoral Program of Study. (Please note that there may be slight variations between students, but these variations should be minimal). All transfer courses must be listed on the Master's program of study (and must have prior program and graduate school approval before the program of study is approved). Fifty percent or more of the coursework must be at the 700 level or above to qualify for graduation. An example of a completed Master's Degree Program of Study form is included in Appendix Q.

For the Doctoral (Ph.D.) Degree Program of Study, a minimum of 54 credit hours must have been earned as post-Master's degree credits at USD. A minimum of 15 hours of Dissertation credit is required. All DMHI specialty track courses and elective courses should be included on the Doctoral Program of Study. Fifty percent or more of the coursework must be at the 700 level or above to qualify for graduation. An example of a completed Doctoral form is included in Appendix R.

COMPLETED PROGRAM OF STUDY FORMS MUST BE IN THE GRADUATE SCHOOL NO LATER THEN THE START OF THE SEMESTER IN WHICH YOU PLAN TO GRADUATE. (For a listing of these dates, either check in 105 or go to the portal-academics tab-academic policies and forms- graduate school, then click on the Graduate Student Responsibilities and Deadlines link in the left margin. However, if this timeline fits with the scheduling of your proposal meeting, tradition in the program is that this form is prepared prior

to, and signed following, the completion of the thesis (or dissertation) proposal meeting. (This prevents you from having to track down all of your committee members for signatures at a later time.)

You are responsible for seeing that a program of study is accurate, approved, and submitted to the graduate school on or before the specified deadline. Vigorously resist the temptation to procrastinate in the completion of this important step in your training.

STEP 4: The Master's (M.A.) Thesis

The purpose of the Master's thesis project is to provide training and supervised experience in the design, implementation, analysis, and interpretation of research.

All students who enter the program without a thesis-based M.A. or M.S. degree comparable to the Master's Degree granted by USD's clinical program/Department of Psychology will be expected to complete a Master's Degree/thesis in our program. In a rare instance when incoming clinical students are entering the program as post-master's students in the final stages of their thesis research, these students are expected to complete their thesis within one year of entering our program.

Selecting a Research Problem

The thesis research problem should be developed in collaboration with the student's major advisor/thesis chair. Usually research for the master's thesis has a more restricted focus than research for the doctoral dissertation. (This is discussed further in the next section of this Handbook).

The Proposal

In collaboration with their major advisor, a student prepares a formal proposal for the proposed research, including a thorough and professional review of the literature, a statement of the proposed hypotheses, methodology, and analyses and submit it to his/her Chair for review. The Chair will return drafts of the document to the student in a timely manner, however, students should allow at least five working days for each draft given to their Chair for review. When the student and Chair are satisfied with the prospectus, the student will distribute copies of the proposal document to members of the thesis committee and schedule a meeting to discuss the proposal. The Committee members should have a copy of the proposal at least five working days (excluding holidays and weekends) in advance of the proposal meeting.

Human Subjects (Institutional Review Board-IRB) Approval

Upon successful completion of the thesis proposal meeting, the student may prepare the paperwork for submission to the USD Institutional Review Board for review/ approval. Students should not submit IRB paperwork nor begin collecting data until after successfully completing their proposal meeting. The required forms are available online from the USD Research Compliance Office <http://www.usd.edu/research/research-and-sponsored-programs/human-subjects-protection.cfm>.

A copy of your Certificate of Completion of the CITI (online research ethics training course, described above) must either be on file with the IRB or accompany a copy of your study proposal.

The Defense

Upon completion of the research project, the student will submit a draft of the completed thesis to her/his Chair for review. Again, the student should allow at least five working days for each draft

reviewed by the Chair. When the student and Chair are satisfied with the final draft, the student will distribute copies of the final document to members of the thesis committee and schedule a thesis defense meeting. The Committee members should have a copy of the final document at least five working days (excluding holidays and weekends) in advance of the defense meeting. Once the meeting time has been scheduled, the student should inform the program secretary (105) so she can notify the Graduate School and post announcements about the meeting. The secretary will need the following information: Thesis title, date, time and location of defense meeting. A copy of your thesis should also be made available in 205 for general departmental review prior to your meeting.

Time Frame for Completion of MA.

The USD Graduate School policy states that students must complete their master's degree requirements within seven years from admission to the master's program. However, the Clinical Training Program expects research advisory committee approval of the M.A. thesis proposal by the start of the fall semester of year two and approval of the final document and completion of Master's degree requirements by the end of the spring semester of year two in the program. Graduate assistantship funding is contingent on completing Master's degree requirements within a maximum of three years in residence (not including an approved leave of absence). Refer to section information described above.

STEP 5: Comprehensive Examinations ("Prelims")

Currently, students typically take comprehensive examinations during the summer following their second year in the program. Students entering the program with an approved Master's degree may opt to take their preliminary exams after their first year in the program. This should be done in consultation with the Major Advisor. (See Section VII above for a description of the prelims process.)

STEP 6: The Ph.D. Dissertation

As with the Master's thesis requirement, the purpose of the dissertation project is to provide training and supervised experience in the design, implementation, analysis, and interpretation of research. However, the expectation is that students will be prepared for a greater level of independence and creativity in the completion of this project and that the dissertation research should provide a significant contribution to the literature. (The distinction between thesis and dissertation research is addressed further in the next section of this Handbook)

Selecting a Research Problem

The dissertation research project should be developed in collaboration with the student's major advisor/dissertation chair. However, relative to the thesis project, it is expected that students will demonstrate higher levels of independence in the development and implementation of the dissertation project than was characteristic of the thesis project.

The Proposal

Students are eligible to formally propose their dissertation at any point in time after they have completed their master's degree. Students must successfully propose their dissertation prior to submitting applications for internship.

The student will prepare a formal proposal for the proposed research, including a thorough and professional review of the literature, a statement of the proposed hypotheses, methodology, and analyses and submit it to his/her Chair for review. The Chair will return drafts of the document to

the student in a timely manner, however, students should allow at least five working days for each draft given to their Chair for review. When the student and Chair are satisfied with the prospectus, the student will distribute copies of the proposal document to members of the thesis committee and schedule a meeting to discuss the proposal. The Committee members should have a copy of the proposal at least five working days (excluding holidays and weekends) in advance of the proposal meeting.

Human Subjects (IRB) Approval

Upon successful completion of the dissertation proposal meeting, the student may prepare the paperwork for submission to the USD Institutional Review Board for review/ approval. Students should not submit IRB paperwork nor begin collecting data until after successfully completing their proposal meeting. The required forms are available online from the USD Research Compliance Office (<http://www.usd.edu/research/research-and-sponsored-programs/human-subjects-protection.cfm>). A copy of your certificate of completion of the on-line human subject training program (CITI) must either be on file with the IRB or accompany a copy of your study proposal.

The Defense

Upon completion of the research the student will submit a draft of the completed dissertation to her/his Chair for review. Again, the student should allow at least five working days for each draft reviewed by the Chair. When the student and Chair are satisfied with the final draft, the student will distribute copies of the document to members of the dissertation committee and schedule a thesis defense meeting. The Committee members should have a copy of the proposal **at least 10 working days** (excluding holidays and weekends) **in advance of the dissertation defense meeting**. Once the meeting time has been scheduled, the student should inform the program secretary (105) so she can notify the Graduate School and post announcements about the meeting. The secretary will need the following information: Dissertation title, date, time and location of defense meeting. A copy of your dissertation should also be made available in 205 for general departmental review prior to your meeting.

NOTE. For students who intend to “walk early” during the May commencement ceremonies and who would like to schedule their dissertation defense in within a few days of May commencement (to save on travel costs), copies of the dissertation must be distributed **four weeks** prior to the scheduled defense. Committee members will provide preliminary feedback within one week to confirm whether or not the student should make final travel/defense plans. (see Step 9 below)

Dissertation Proposal and Completion Timelines

Our clinical program in recent years has made efforts to facilitate completion of dissertations prior to the start of internship. Furthermore, internship sites have raised concerns about the “distraction” of dissertations during internship training and their interest in reducing this by increasing expectations for completion of dissertations prior to the start of internship.

Therefore, **clinical students must successfully propose their dissertation prior to submitting applications for internship**. Students who fail to meet this deadline will be required to defer the internship application process until the next application year. At a minimum, students are expected to have finished data collection for their dissertation prior to the start of their internship. Ideally, students will have defended their dissertation prior to the start of internship.

Dissertation progress at the start of internship should match what was indicated on the internship application (i.e., students should only indicate data collection or dissertation completion on the

application form if they are reasonably certain that barring any unexpected or extenuating circumstances, they will meet these deadlines). Students who fail to meet the dissertation completion goals indicated on their applications will be expected to share this information with their internship training director prior to the start of their internship.

Students may begin enrolling in PSYC 898 (dissertation) as soon as they have completed all of their requirements for their Master's degree. Students who enter the program with an approved Master's degree may begin enrolling in Dissertation credits upon successful completion of one semester in the program. A minimum of 15 dissertation hours are required by the program prior to graduation. Because students are not eligible for the 1/3 in-state tuition reduction while on internship, it is to their fiscal benefit to enroll in all of their dissertation credit hours prior to leaving on internship.

STEP 7. Admission to Doctoral Candidacy

Admission to doctoral candidacy is dependent on successful completion of the (1) clinical and general preliminary examinations (including relevant remediation), (2) clinical orals (including relevant remediation), and (3) dissertation proposal. Following successful completion of (1) – (3), the clinical faculty vote on their recommendation for candidacy and forward this recommendation to the entire Department of Psychology faculty. If a majority of faculty vote for admission to candidacy, a letter to this effect is forwarded to the Dean of the Graduate school and a copy maintained in the student's program file. **Doctoral candidacy must be approved by the psychology department faculty before students submit their internship preference/rank lists to the internship Match (typically in the first week in February).** Students who fail to meet this deadline will be required to reapply for internship during the next application year.

Time Limits.

Prior to Fall 2005, USD Graduate School policy stated that, students must complete their doctoral degree requirements within seven years from the point at which they begin their doctoral training (post masters). **Effective for the 2005 entering class, this deadline is now five years from doctoral candidacy.** Upon special permission of the Graduate Dean, these timelines may be extended but all work beyond the master's degree which is more than seven years old must be validated. The clinical faculty will review extension requests, and if accepted, will determine which courses must be repeated and/or which content areas must be updated. The clinical faculty will forward to the Graduate Dean a recommendation regarding course requirements and a recommended deadline for completion. The Graduate Dean will review the request and will notify the student and program of his decision. **CLINICAL FACULTY WILL ONLY SUPPORT ONE RECOMMENDATION FOR PROGRAM EXTENSION.** If students do not complete degree requirements within the extended deadline, the program will recommend to the dean that the student be terminated from the program and the Graduate School.

STEP 8: The Pre-doctoral Clinical Psychology Internship

All Clinical students must complete a pre-doctoral one-calendar year, full-time, clinical internship which shall consist of at least 1800 hours. Students should familiarize themselves with the internship hours requirements for licensure in the states in which they think they may someday want to practice (e.g., some states require 2000 hours of predoctoral internship).

Students are **strongly** encouraged to complete APA approved internships. However, while the demand for internships exceeds the availability of these sites (per national trends), students may apply to/accept offers from non-APA approved internship sites **IF, AND ONLY IF,** these sites

are APPIC members (e.g., meet the strict APPIC member guidelines). Students should inform themselves of the limitations that attending a non-APA accredited site regarding future employment possibilities (e.g., federal positions often require an APA accredited internship; academic positions in APA accredited programs often also require an APA accredited internship) as well as possible licensure or other professional credential. Because an internship is designed to polish the totality of skills learned in graduate school, and is primarily a learning experience in a setting equipped with staff and facilities for organized training, no amount of experience at any prior level can be substituted for the internship required at the end of on-campus education.

All interns register for 1 credit of PSYC 894, Clinical Internship, during each of 3 semesters (Fall, Spring, Summer) of the internship year. According to Graduate School policy, adopted in 1994, this single credit per semester classifies the student as full-time for purposes of financial aid. However, during the internship year, students are no longer eligible for the 1/3 in-state tuition rate and thus will be charged full in-state or out-of-state rates (whichever applies to you).

STEP 9: Graduation (PhD Degree conferral)

According to the APA Accreditation guidelines, students from accredited programs are expected to complete ALL graduation requirements on or before their graduation date. This includes the 12-month predoctoral internship. In accordance with these expectations, the USD Clinical Training Program will adhere to the following guidelines regarding summer graduation:

If your 12-month internship is officially over on or before August 31, you will be eligible to graduate that summer. This presumes that you also meet USD's graduation deadlines regarding completion of your dissertation and that you have successfully completed all other program requirements, including internship.

If your 12-month internship is officially over after August 31 you will **not** be eligible to graduate in the summer and must instead wait until December degree conferral to receive your degree. ***THERE WILL BE ABSOLUTELY NO EXCEPTIONS TO THIS DEADLINE.*** Most states will allow you to begin counting post-doctoral hours from the time that you have completed all degree requirements (dissertation, internship) regardless of when the degree is actually conferred. You may want to check with the state licensing board in the state(s) in which you plan to work/do your post doc and see what their criteria are for starting to "count" post doc supervision hours.

Policy for Early Participation in Commencement Ceremonies (effective 2010)

Effective December 2009, USD will no longer offer summer commencement ceremonies. Therefore, the only opportunities for clinical students to participate in a commencement ceremony are in December and May. Early participation in the May commencement ceremonies may be a preferred option for clinical students who (1) would typically meet all graduation requirements for the summer degree conferral (see above), (2) would like to participate in commencement ceremonies with classmates and (3) are unlikely to return to campus in December to go through ceremonies and (4) whose family/friends are more likely to be able to attend the summer graduation than December's ceremonies.

Early participation in the Spring (typically early May) commencement will be allowed if the following criteria are met:

- 1) The student successfully completes all of his/her coursework and successfully defends his/her dissertation prior to the May commencement ceremony.
 - a) For students who would like to schedule their defense meeting to coincide with the May commencement ceremonies (that is, make one trip to USD), the defense document must be submitted to the dissertation committee no fewer than four weeks prior to the scheduled defense.
 - i) The committee will provide a preliminary review within one week of receipt of this document.
 - ii) Students should not make their travel arrangements until the committee has provided approval to move ahead with the defense.
- 2) The internship is officially completed on or before August 31.
- 3) The internship training director states, in writing to the DCT (signed letter), that the student/intern is in good standing (no ethical/legal problems under consideration or pending) and is expected to complete the remainder of the internship without difficulty.
- 4) The student reviews and signs The Request to Attend Early Commencement Form (available on the portal under academic forms) and forwards this to the DCT.
 - a) The DCT reviews the form, and if all criteria are met, will sign the form and forward it to the Graduate Dean for her approval.
 - b) Your signature on this form specifies that you understand and agree with the following:
 - i) Your name will not appear in the graduation program but will appear in the following December graduation program.
 - ii) Participation in early commencement does not allow you to consider yourself as “graduated.” You must still successfully complete your internship and wait for the official diploma that will be issued in August.

NOTE 1: As mentioned above, students who would like to walk in the May Commencement ceremonies AND who would like to schedule their defense to coincide with the ceremonies (make one trip to USD), the defense document must be submitted to the dissertation committee no fewer than four weeks prior to the scheduled defense. The committee will provide a preliminary review within one week of receipt of this document. Students should not make their travel arrangements until the committee has provided approval to move ahead with the defense.

NOTE 2: Students who are approved to “walk early” may not refer to themselves as “Dr...” nor add Ph.D. in their signature block until their degree has been conferred (degree completion posted on transcript, which is typically the last week of August). However, in most states, students may start counting post doc licensure hours after having successfully completed **all** program/ degree requirements (including your internship). You will need to check with the licensing board in your state to determine if this is accurate for your situation.

SECTION XI. SUMMARY OF DOCTORAL STUDENT GUIDELINES

Approval to propose dissertation

In order to formally propose his/her dissertation, a student must have successfully completed all requirements for the Master’s degree.

Approval to submit internship applications

In order to apply for internship, a student must meet the following requirements:

- a. completion of Masters degree
- b. passing scores on general and clinical prelims (remediation can be pending)
- c. completion of clinical orals (remediation can be pending)
- d. committee approval of dissertation proposal
- e. approval of clinical faculty

NOTE: Students are not permitted to register for the internship match until they have been approved to apply for internship (e.g., passed all prelims, clinical orals, and dissertation proposal).

Approval to submit internship ranking list

In order to submit internship ranking list, a student must be a doctoral candidate.

Requirements for Doctoral Candidacy

In order for a student to be forwarded to the entire psychology department faculty, the following requirements must be met:

1. Completion of Master's degree
2. Completion of General prelims (remediation must be completed)
 - a. 15 hours of classes shared by all psychology graduate students (6 seminars, L&M, stats/methods)
 - b. "8" hours, two days, take-home, open-book written exam
3. Completion of Clinical prelims (remediation must be completed)
 - a. 15 hours of class work covered in first two years of program (2 Assessment courses, Adult PP, Adult PT, PT Research, basic ethics & diversity)
 - b. 4.5 hours, closed-book, integrative written exam in building
4. Completion of Clinical Orals (remediation must be completed)
5. Completion of Dissertation proposal (committee approval)
6. Approval of Clinical Faculty
7. Approval of Department of Psychology Faculty

Clinical courses typically covered in the final two years of the program and additional stats/methods courses will not be evaluated by a final comprehensive exam. Instead, faculty are encouraged to include integrative work/questions as part of their course projects and/or final exams. Additional integration of clinical knowledge will occur on internship and in preparation for licensing exams. Stats/methods will be further assessed in dissertation proposals and defenses.

Students have until the deadlines set by the course professors OR until the end of the summer prior to internship, whichever is sooner, to complete any incomplete coursework.

The following knowledge/skills will have been formally evaluated by doctoral candidacy:

1. Clinical (course work, placement & team evals, clinical orals, written prelims),
2. Research (course work, thesis, dissertation proposal, written prelims)
3. Writing (course work, prelims, thesis, dissertation proposal).
4. Oral presentation (course work, clinical orals, thesis, dissertation proposal)

SECTION XII. PROCEDURAL GUIDELINES FOR THE MASTER'S THESIS AND DOCTORAL DISSERTATION

INTRODUCTION

In Psychology, the master's thesis and doctoral dissertation are usually based on original empirical or methodological studies. Either calls upon one's organized knowledge, imagination, investigative acumen, industry, persistence, analytical and critical powers. The thesis or dissertation is a model of one's scholarship and a specimen of what one can achieve at this important stage of personal and professional development. At least one of your research projects must involve collection of original data (as opposed to use of archival data sets, etc).

NOTE: For students completing the Clinical/Disaster Psychology specialty track, at least one of the required research projects (thesis or dissertation) must be in an area relevant to disaster/trauma.

MAGNITUDE OF EFFORT

The dissertation is the culmination of the student's entire graduate education. The dissertation should also reflect the technical mastery of a specific area of study. Insofar as possible, the dissertation should make an original, substantive contribution to the literature. Some dissertations will come closer to achieving these goals than others. In practice, the originality and importance of a dissertation is determined primarily by the student and his/her dissertation advisor and dissertation committee.

As described above, master's thesis research typically has a more restricted focus than does research for the doctoral dissertation. Therefore, the expectation is that the typical master's thesis will be shorter in length and may involve simpler but no less powerful analytical methods than the typical dissertation. Since both are creative products, it has not been possible to develop very precise metrics and standards by which either might be closely circumscribed. How much is enough? The answer to this question depends on many factors, including the curiosity and ambition of the degree candidate, the educated judgment of members of the advisory committee, and practical considerations like availability of resources. Every attempt will be made to obtain a "best fit" to the desires of student and faculty members.

The student and his/her Major Advisor should come to some agreement about the scope of the research project being undertaken. Obviously, all research projects do not result in data clearly consistent with a prior hypothesis; and procedures often do not work as anticipated. Consequently, the student should not be expected to continue his/her research indefinitely. Such disagreements that may arise between student and advisor on these issues can generally be resolved by conferring with the entire thesis or dissertation committee.

Research is generally done in the Vermillion area. However, occasionally research can be performed elsewhere if the proper advice and supervision are available. Research committees will make judgments concerning the possibility of doing thesis or dissertation research elsewhere.

In the written thesis or dissertation the student should demonstrate their best communicative, intellectual and integrative skills. The review of the literature should be thoughtful and complete up to the date at the time of submission. The discussion section should clearly relate the obtained results of the literature. Since the thesis or dissertation is not a journal article, more details of

procedure may be included in the method section than would usually be placed in a journal article. (Additional information pertaining to specific sections of the thesis/dissertation document is provided below.)

Use of Research Consultants for Thesis and Dissertation Projects

Because thesis and dissertation projects are considered part of the core research training experiences in the clinical training program and, as such, serve as one of the primary outcome measures for research knowledge and skills, students are primarily responsible for the conceptualization, implementation, and interpretation of their thesis and dissertation projects.

It is understood that faculty advisors play a significant role in the development and guidance of these projects, and that other faculty members or peers may serve in consultation roles throughout the course of a project. It is also understood that the quantity of the consultation/guidance required on thesis and dissertation projects may vary with the developmental stage of the student (e.g., greater independence for dissertation projects than for thesis projects) and with the complexity of the project. However, **for both thesis and dissertation projects, the contribution of consultants (paid or volunteer) must be limited to assisting/collaborating with design and/or statistical analyses rather than assuming a primary role/responsibility for these tasks.**

Thus, the following guidelines are provided regarding the use of consultants for thesis and dissertation projects:

1. Students must consult with their major advisor prior to seeking out consultation about/assistance with significant components of their thesis or dissertation projects (most often this will be for methods and/or statistical analyses). If the advisor agrees that consultation from another faculty member or a peer is indicated and/or would be beneficial, the student is responsible for keeping their advisor informed about what is being covered in the consulting activities. Furthermore, no changes in the dissertation design or analyses should be made without the prior consultation with /approval of the student's major advisor.
2. It is acceptable to have assistance with data entry provided that graduate students are responsible for developing the data entry template, enter some of the data themselves prior to training the data entry assistant(s), and assume responsibility for quality control and confidentiality of the data.
3. Students are to work closely (side-by-side) with their consultants and, in the case of statistical analyses, ensure that the analyses are consistent with the original design of the study (as approved by your advisor and/or committee), that the consultant *assists/guides* the student in running and interpreting analyses, but does not *do* the analyses for the student. The consultant may assist in the interpretation of the analyses, and provide suggestions for wording or interpretation, but should not provide a written summary of the results/analyses for use by the student in their thesis or dissertation.
4. Ultimately, it is the responsibility of students completing their thesis and dissertation to be intimately involved in the design of their study as well as in the input, analyses, and interpretation of their data. At proposal and defense, students are held responsible for understanding these details and cannot rely exclusively or primarily on the experience or knowledge of their consultants. (For example, it is unacceptable at thesis and dissertation defense meetings to respond to a committee query with "I'm not sure how the data were

entered or why the data were entered this way.” Or “My consultant suggested I do it this way, but I’m not sure why or how to interpret the results.”) The greater dependence on consultants, the less “ownership,” learning, and experience in the research domain for the student completing the thesis and dissertation.

Note. These guidelines only apply to thesis and dissertation projects and not to the additional research projects a student may engage in during graduate school.

THE FORMAL PROPOSAL

As described in the previous section, for both the thesis and dissertation, a complete proposal should be in the hands of all members of the advisory committee at least five working days before its meeting. The proposal shall be presented in a format determined by the student in consultation with his or her major advisor.

SAMPLE PROPOSAL OUTLINE

(Note: The format for studies using qualitative methodology will differ from the template described below. Discuss these with your major advisor and/or review examples of qualitative projects completed in the program.)

I. Introduction and Review of the Literature

It is helpful for a thesis to be formatted in such a way that you have 2-3 pages of a brief overview/intro to your lit review (a very broad overview of the literature ending with a brief statement of what you intend to do in your study). Make it clear what you are intending to do in a fairly brief format, since you will add the detail later. This then leads into your formal literature review section. Structure your literature review in such a way that there is a logical progression for your reader building broadly to your more specific research focus (purpose of this study) and hypotheses.

The literature review should:

- Present succinctly the current state of knowledge.
- Refer only to those matters that are most directly and immediately pertinent to the research being proposed.
- State the research problem and/or hypothesis to be tested.
- Be comprehensive for the topical area of the thesis or dissertation.

By the time the proposal is presented to the committee, the review should be mostly ready for inclusion in the final version of the thesis, lacking only those new findings that may be published during the research process.

II. Methods.

At a minimum, this section should include:

- Description of Participants/Sample
- Description of Materials/Measures (include a thorough description of materials, including psychometrics of tests/measures used; scoring systems for variables under consideration in your study etc.)
- Procedures, presented in a chronological, step-by-step order

- Experimental design and proposed analyses.

TECHNICAL (WRITING) CONSIDERATIONS.

The student must adhere to the most recent Graduate School requirements for organizing and typing the thesis/dissertation in the preparation of draft and final copies of proposal and defense documents. Current Graduate School guidelines are available on the portal. See Appendix S for an example of the clinical program format to be used for the title page. Appendix T provides a summary of program guidelines for preparing for proposal and defense meetings.

Current APA Publication Manual guidelines for thesis and dissertations preparation should also be followed.

General comments about writing style/document preparation

- 1. NO headers in a thesis or dissertation.**
2. Title page of the proposal should follow format of actual title pages for theses and dissertations as recommended by the USD Graduate School, with “proposal” inserted as noted.
3. The date on the title page of the proposal document may either be the proposal date OR may be the official graduation date (which will be required for the final, post defense document).
4. An acknowledgement page and abstract are not necessary for the proposal. The abstract is required in the final document. Follow Grad School guidelines for the abstract (single spaced; one paragraph with a 2 point indent; not to exceed 350 words.) The acknowledgement page is the student’s choice and is set as double spaced, regular indents. It typically follows the signature page and precedes the abstract page.
5. Page numbering begins after the title page. All pages prior to first page of text (the Introduction section) should have lower case, roman numerals at the bottom center of the page. All pages starting on the first page of text, with numbers placed in the upper right hand corner.
6. The Table of Contents will include entries/page numbers for the acknowledgements, abstract, list of figures, list of tables (if applicable), then the sections of text, followed by references, appendices, and actual list of figures and tables.
7. Set margins to 1.5” on the left and 1” top, right, and bottom
8. Double space document (exception: Abstract, references); and use at least 12 point font
9. Use APA format for listing items in a sentence and for introducing levels (headings/subheadings) within the text.
10. Figures and tables may be embedded in the text or may be on separate pages of the text (consult your Major Advisor). If you choose to place the tables/figures on separate pages, they should directly follow the page on which they were first mentioned (e.g., if Table 1 is

referred to on page 15 of the text, the table should appear on a page of its own on page 16. If multiple tables are mentioned on a single page of text, multiple pages of tables follow with the text picking up on first page after table inserts.)

11. Attend to your use of language and comply with APA guidelines when ever possible. Replace word "subjects" with "participants" throughout text. Use person first language where ever possible and avoid sexist language.

SUBMITTING THE THESIS OR DISSERTATION PROPOSAL TO COMMITTEE

The student, in collaboration with the Major Advisor, will bring the draft thesis/dissertation to what is, in their combined judgment, a fully satisfactory form. Advisors will attempt to return drafts of the thesis/dissertation within five working days after they receive the draft copies. Multiple drafts of the thesis are likely to be needed at this stage. The proposal is then distributed to committee members for their review a minimum of five working days prior to the scheduled proposal meeting.

Electronic Copies of Thesis and Dissertation Documents

If agreed upon by the major advisor, students may share working documents with the advisor and/or committee members in electronic form for preliminary editing/comments. However, **committee members must receive paper copies of the final documents prior to proposal and defense meetings.**

PROPOSAL MEETING

The full committee will meet with the student to review the proposal in depth no sooner than five working days after the proposal has been given to the committee for review. All such committees act for the Department and Graduate School to assure that the research promises to make real contribution to existing knowledge. The committee will thus make suggestions about the content and/or written form of the thesis/dissertation. It will work importantly to insure that all foreseeable features of the research are both methodologically feasible and in keeping with currently recognized ethical standards.

Amendments to the written proposal may be required as a direct result of the meeting. If the changes are substantial, another meeting of the committee and revision of the proposal may be needed.

Once the proposal meeting is completed, all committee members will initial and date a copy of the title page. This will be maintained in the students' file in 105 as a record of completion of the proposal.

Neither thesis nor dissertation research may begin until approved by the Human Subjects Committee. Following committee approval of the project, and after obtaining the signature of the Chair of Psychology and Dean of Arts and Sciences, students may submit their Requests for Approval by the Human Subjects Committee to the USD Compliance Office in Churchill-Haines. The Request for Approval of Research Project Involving Human Subjects may be downloaded from the Office of Research's web page.

CHANGES IN THE RESEARCH PLAN

Even thesis or dissertation plans will sometimes need revision as a result of the unplanned circumstance, the excessively optimistic projection, or the simple faith that behavior is predictable. If either data collection or analysis do not go as planned, in order to avoid compounding grief and pain the researcher should:

1. Seek and obtain permission of the members of the thesis/dissertation advisory committee for some mutually agreeable revision of the research plan.
2. Inform the University Human Subjects Committee if the proposed change may in any possible way affect the rights and welfare of any subjects.

FINAL DEFENSE OF RESEARCH PROJECT

When the student has completed his/her study, and has prepared a final committee draft of the complete document, he/she should distribute the thesis to committee members at least five working days prior to defense; or ten working days prior to the scheduled oral defense for dissertations.

The Department office must be notified of scheduled dates for final oral examinations before such examinations occur. According to Graduate School policy the Graduate School must be notified in advance of such examinations and they are open to members of the Graduate Faculty. The program secretary should be notified of dates/times of formal thesis and dissertation orals two weeks prior to these meetings. She will publicize this information within the Department and will forward this information to the Dean of the Graduate School.

A copy of the student's thesis or dissertation must be turned in to the department office at the time that copies are distributed to the oral examination committee in preparation for the final oral examination.

The thesis or dissertation oral defense consists of a presentation by the student followed by a period of questioning moderated by the Major Advisor/Chair of the committee. Finally, the advisory committee will meet separately in a closed session to determine whether the student shall be considered to have passed or failed the examination. If approved, two copies of the Graduation Approval Form and two-three copies of the thesis/dissertation signature page will be signed. Traditionally, the Committee Chair will refrain from signing the approval form and signature page until all changes requested by the committee have been satisfactorily made.

NOTE. FOR ADDITIONAL INFORMATION PERTAINING TO REQUIRED PAPERWORK AND DEADLINES FOR COMPLETION OF YOUR THESIS/DISSERTATION, REFER TO APPENDIX S.

PRIOR TO SUBMITTING YOUR FINAL COPIES OF YOUR THESIS OR DISSERTATION TO THE GRADUATE SCHOOL, BE SURE YOU HAVE FOLLOWED THE GRADUATE SCHOOL GUIDELINES FOR PREPARING THESES AND DISSERTATIONS (available on the portal) Follow the clinical program template for the title page (Appendix S).

A FEW FINAL THOUGHTS ABOUT THESIS AND DISSERTATION EXPECTATIONS:

In order to sharpen the meaning of the foregoing policy statements, a list of "don't expects" and "do expects" is offered below:

1. Don't expect to be able to complete an entire thesis/dissertation in one semester.
2. Do expect to be challenged by the task of writing an acceptable thesis/dissertation proposal if you have no research experience in the area, and if you haven't selected, and consulted with, your thesis/dissertation advisor, or if the necessary facilities are not available.
3. Don't expect to complete your entire dissertation while on internship. If you are as busy as you should be, you may not have sufficient time to do it properly. At a minimum, students should strive to complete their dissertation proposal and data collection prior to the start of their internship to ensure completion of the dissertation by the end of internship.
4. Do expect the data analysis and preparation of the final document to take at least a couple of months.
5. Plan time in your schedules to account for problems with scheduling and participant attrition.
6. Do involve your advisor in the thesis/dissertation proposal and planning from the very beginning. You may have to break him/her in gradually to your concept of the Great American Dissertation, so get to the task early.
7. Do expect to make many research decisions on your own with increasing independence as you progress from the thesis to the dissertation experience.
8. Do expect your advisor to act on your input, such as reading rough drafts, etc., within five working days.
9. Don't expect your thesis/dissertation committee to return your drafts sooner than five working days after you submit them. It is the student's responsibility, not the faculty's, to plan ahead to assume the burden of meeting deadlines and to take into account whether faculty members are in town and on contract with the University (e.g., during summer break).
10. Do expect your original guess about how long a project will take to be underestimated by a factor of 2 or 3.
11. Above all, remember that your research product is has the potential of making a valuable contribution to the field of knowledge underpinning our discipline/profession. Furthermore, your training as a scientist through involvement in research distinguishes your training from many other professional training programs. So, engage in and enjoy the research process and the outcome!

APPENDIX A

Program Goals and Objectives

The Program's goals and their accompanying objectives and competencies, as well as the outcome measures and minimum thresholds for achieving the goals are outlined below:

Goal #1: To prepare clinical psychologists who are skilled in the interface of theory, science, and practice.		
Objectives and Competencies for Goal #1		
A	Develop identification with and appreciation for science as the foundation for the discipline of psychology.	
	A1	Attain knowledge of broad domain (substantive content areas) of psychology.
	A2	Demonstrate ability to apply scientific thought (critical thinking).
	A3	Demonstrate ability to apply scientific concepts and methods in the conduct of professional practice
B	Demonstrate adherence to ethical practice in graduate training and professional practice.	
	B1	Attain knowledge of ethical/professional codes, standards and guidelines relevant to research and clinical practice.
	B2	Demonstrate the ability to recognize ethical and legal issues across the range of psychological activities.
C	Demonstrate sensitivity to individual and cultural differences in graduate training and professional practice.	
	C1	Attain knowledge of issues related to cultural diversity and individual differences.
	C2	Demonstrate the ability to recognize the role of one's own culture and/or that of those with whom we work as professional psychologists, across a range of psychological activities/settings.
How Outcomes are Measured		Minimum Thresholds for Achievement
Completion of required coursework (as outlined in curriculum table below)		Minimum grade of "B" in <u>all</u> required courses (new FY07)
General and Clinical Comprehensive Exams		Overall passing score (2.0 and above)
Annual Student Evaluations (by core faculty)		Achieves "meets expectations"
ACT Survey of Current Students		Ratings of 4 or above (6 point scale)
Current Student Survey (online)		Satisfaction rating of 4 or above (6 point scale)
Survey of Former Interns		Level of quality of training of 5 or above (10 point scale)
Alumni Survey		Alumni report engaging in professional activities relevant to goal/obj/comp; satisfaction rating of 4 or above (6 point scale) for training experiences
Student Focus Groups		Students are able to articulate scientist-practitioner model of training

Goal #2: To prepare clinical psychologists who have the appropriate theoretical background, skills, and experience to function as a professional in a research, clinical, and academic capacity		
Objectives and Competencies for Goal #2 (Research focus)		
A	Attain knowledge of research methodology and techniques of data analysis.	
	A1	Demonstrate ability to select research design and techniques of data analyses appropriate to research question under consideration.
	A2	Attain knowledge of clinical and community based research design and methods.
	A3	Attain knowledge of the strengths and limitations of research methods regarding their application with diverse populations/communities.
B	Demonstrate competence in research from conceptualization through implementation, to synthesis and interpretation and communication of results.	
	B1	Demonstrate ability to seek, read, access, critically evaluate, and apply professional literature.
	B2	Demonstrate knowledge of evidence-based (quantitative and/or qualitative) research methods.

	B3	Demonstrate knowledge of major statistical concepts and ability to select and conduct appropriate analyses and interpret the results of statistical procedures in published research.
	B4	Demonstrate writing skills in preparing a thesis and dissertation as well as conference submissions and manuscripts for peer review.
	B5	Demonstrate ability to present research knowledge and experiences to professional and lay audiences.
C		Demonstrate competence in the conduct of research that is culturally sensitive and in accordance with ethical guidelines.
	C1	Demonstrate knowledge of ethical considerations involved in research with human subjects.
	C2	Demonstrate knowledge of diversity considerations involved in research.
How Outcomes are Measured		Minimum Thresholds for Achievement
Completion of stats and methods courses		Minimum grade of "B" on required courses
General Comprehensive Exams		Overall passing score (2.0 and above)
Annual Student Evaluations (by core faculty)		Achieves "meets expectations"
Thesis/Dissertation Defense		Passes Committee Review
Professional Presentations/Publications		While student, minimum one presentation at professional meeting and/or submits one manuscript for publication
ACT Survey of Current Students		Ratings of 4 or above (6 point scale)
Current Student Survey (online)		Satisfaction rating of 4 or above (6 point scale)
Survey of Former Interns		Level of quality of training of 5 or above (10 point scale)
Alumni Survey		Alumni will report engaging in continued scholarly activity
Objectives and Competencies for Goal #2 (Clinical focus)		
D		Demonstrate knowledge of theories and scientific bases of the diagnostic and psychological assessment process, including awareness of strengths and limitations in their application with diverse populations.
	D1	Demonstrate diagnostic skills related to theoretically, empirically, and/or culturally based conceptualizations of disorders.
	D2	Attain solid understanding of the strengths and limitations of the process of diagnosis as well as the diagnostic system utilized (e.g., DSM).
	D3	Demonstrate ability to assess cognitive, affective, behavioral, and personality dimensions of human experience.
	D4	Demonstrate knowledge of theories of assessment and psychometrics.
	D5	Demonstrate basic skills in selecting, administering, scoring, and interpreting cognitive and personality tests.
E		Demonstrate knowledge of major clinical theories, strategies and interventions (including empirically supported procedures) and awareness of strengths and limitations in their application with diverse populations.
	E1	Demonstrate understanding of the relation between assessment and intervention, and intervention planning.
	E2	Demonstrate knowledge of different theories associated with psychological treatments (especially empirically supported procedures) and the ability to apply these appropriately.
	E3	Demonstrate ability to establish a therapeutic relationship.
	E4	Demonstrate basic crisis intervention skills, especially suicide risk assessment.
	E5	Demonstrate ability to evaluate therapy outcome in applied and research settings.
	E6	Demonstrate ability to write clinical reports appropriate to referral question and/or referral source.
	E7	Demonstrate ability to present clinical knowledge and experience to peers.
	E8	Attain clear sense of one's own theoretical orientation.
How Outcomes are Measured		Minimum Thresholds for Achievement
Completion of required assessment, diagnosis, and intervention coursework		Minimum grade of "B" in all required courses
Clinical Comprehensive Exams		Overall passing score (2.0 and above)
Clinical Oral Exam		Achieves a "pass"
Annual Student Evaluations (by core faculty)		Achieves "meets expectations"
Practicum Evaluations (by supervisors)		Achieves "comparable to average" on final eval
Internship Evaluation (by supervisor/DCT)		Achieves "meets expectations"
ACT Survey of Current Students		Effectiveness ratings of 4 or above (on 6 point scale)

Current Student Survey (online)		Satisfaction ratings of 4 or above (on 6 point scale)
Survey of Former Interns		Level of quality of training of 5 or above (on 10 point scale)
Objectives and Competencies for Goal #2 (Professionalism focus)		
F	Demonstrate skill in seeking out information and knowing when to consult as well as how to offer consultation	
	F1	Seek out and effectively use supervision.
	F2	Demonstrate ability to work as part of a multidisciplinary team.
G	Demonstrate freedom from behavioral problems that seriously limit student's potential for effective functioning as a psychologist.	
	G1	Demonstrate ability to work effectively with others (colleagues, supervisors, supervisees).
	G2	Demonstrate commitment to accurately represent professional competence and qualifications.
	G3	Demonstrate ability to take responsibility for identifying needs, and planning and structuring training to meet personal and professional goals.
H	Demonstrate commitment to continued learning, scholarly inquiry, and professional problem-solving as psychologists in the context of an evolving body of scientific and professional knowledge.	
	H1	Demonstrate flexibility regarding professional roles and career options.
	H2	Develop a professional identity as a psychologist and serve as an active participant in the profession
How Outcomes are Measured		Minimum Thresholds for Achievement
Annual Student Evaluations (by core faculty)		Achieves "meets expectations"
Practicum Evaluations (by supervisors)		Achieves "comparable to average"
Internship Evaluation (by supervisor/DCT)		Achieves "meets expectations"
ACT Survey of Current Students		Effectiveness ratings of 4 or above (on 6 point scale)
Current Student Survey (online)		Satisfaction ratings of 4 or above (on 6 point scale)
Alumni Survey		Alumni will report range of professional development activities

Goal #3: To prepare socially responsible clinical psychologists who demonstrate respect for individual and cultural differences in their contributions to the science and practice of psychology.		
Objectives and Competencies for Goal #3		
A	Increase awareness of individual and cultural values and biases.	
	A1	Demonstrate respect for diversity and openness to work with diverse populations.
	A2	Understand impact of personal and cultural biases in the development and application of psychological science and practice.
B	Recognize the importance of conducting culture-sensitive and ethical psychological research with <i>all</i> populations, including persons from ethnic, linguistic, and racial minority background.	
	B1	Demonstrate an understanding of the importance of cultural factors on research development, implementation, interpretation and communication of results.
	B2	Demonstrate familiarity with community protocols for (a) accessing the research population and (b) establishing and maintaining the proper relationships within the research population.
	B3	Understand strengths and limitations of research paradigms (e.g., quantitative, qualitative) applied to culturally diverse populations.
	B4	Demonstrate knowledge about assessment techniques, data generating procedures, and standardized instruments whose validity, reliability and measurement equivalence have been investigated across culturally diverse groups.
	B5	Report on the sample group's cultural ethnic and racial characteristics and report on the cultural limitations and generalizability of the research results.
	B6	Understand the potential impact of the research and its products on the community.
C	Demonstrate knowledge of the role of individual and cultural differences in clinical theories, intervention, assessment, and consultation	
	C1	Demonstrate knowledge of different dimensions of client culture including history, values, belief systems, acculturation, and language.

	C2	Demonstrate knowledge of strengths and limitations of assessment practices (interview, standardized tests) as applied to culturally diverse populations.
	C3	Demonstrate understanding of cultural differences in diagnosis and case conceptualization as well as in the acceptability and effectiveness of various treatment modalities.
	C4	Demonstrate knowledge of when and how to access and involve community resources (family, healers, spiritual leaders) in the treatment process.
	C5	Demonstrate knowledge of own limitations and when to refer
How Outcomes are Measured		Minimum Thresholds for Achievement
Thesis/Dissertation Defense		Demonstrates knowledge and awareness of impact of diversity issues relevant to research projects
Clinical Comprehensive Exams		Passing score (2.0 and above) on relevant questions
Clinical Oral Exam		Demonstrates knowledge and awareness of impact of diversity issues relevant to clinical case
Informal feedback from practicum supervisors to DCT and inquiries to supervisors during Supervisors' Roundtable		Meets expectations of practicum site(s)
Participation in Program diversity initiatives		Participates in minimum of two diversity events per year
ACT Survey of Current Students		Effectiveness ratings of 4 or above (on 6 point scale)
Current Student Survey (online)		Satisfaction ratings of 4 or above (on 6 point scale)
Alumni Survey		Alumni will continue to work with underserved populations
Exit Interviews		Students will self report growth in knowledge and self awareness relating to issues of diversity.

APPENDIX B

Student Support Services

GRADUATE STUDENTS SUPPORT SERVICES

Student Support Services

Clinical Psychology Training Program

Director, Barbara Yutrzenka

Program Secretary, Pam Jurgensen

SDU 105

677-5353

www.usd.edu/ctp

Financial Aid

Associate Director for Financial Aid, Grace Bick (Graduate Student Contact)

Slagle Hall 14

677-5446

gbick@usd.edu

International Student Advising

Advisor, Jacy Fry

211 McKusick Technology Center

677-5332

www.usd.edu/international_advising/

ISA@usd.edu

Graduate School

Dean , Dr. Laurie Becvar

McKusick Technology Center

Graduate Registrar, Mandie Feterl

677-6498

Senior Secretary, Linda Martinson

www.usd.edu/gradsch/

Office of Research and Sponsored Programs

Slagle Hall 107

Vice President for Research, Dr. Laura Jenski

Coordinator of Sponsored Programs, Brian Mathers

677-5370

www.usd.edu/oorsch/

Registrars Office

Belbas Center 223

677-5229

registrar@usd.edu

USD Veterans Services

Belbas Center

www.usd.edu/vetserv/

677-5001

vetserv@usd.edu

Housing

University Housing – Off Campus

Temporary Coyote Student Center

www.usd.edu/student-life/orgs/och/

677-5334

www.usd.edu/student-life/orgs/och/

University Housing- On Campus

Slagle Hall 50

677-5663

www.vermillionapartments.com/

Student Family Housing

677-6877

www.usd.edu/reslife/fsh/

Libraries

www.usd.edu/library/

ID Weeks

677-5371

Lommen Health Sciences

677-5348

McKusick Law Library

677-5259

Muenster University Center (MUC)

Coyote Card Office 677-5415
Barnes and Noble at USD (bookstore) 677-6291
Link Lab (attached to ID Weeks Library) – 677-6275

USD Health Services

Student Health
(Sioux Valley Clinic/Hospital) 624-9111 www.usd.edu/shs
Family Planning
Julian Hall 323 677- 5278
Student Health Insurance
(Sioux Valley Clinic/Hospital) 624-9111
Speech & Hearing Clinic
Noteboom Hall 677-5474 www.usd.edu/dcom/shcenter.cfm

Counseling/Mental Health Services

USD Student Counseling Center
336 Julian Hall 677-5777 www.usd.edu/scc/
USD Counseling and School Psychological Services Center (Counseling and Psychology in Education)
210 Delzell Education Building 677-5250 www.usd.edu/scc/sccfamilycenter.cfm
Lewis and Clark Behavioral Health Services
Vermillion Office: Main Office: 24 hour crisis line
28 E. Cherry Street 1028 Walnut 605-665-4606
624-9148 Yankton, SD
606-665-4606

Private Practitioners in the Region (on request)

Vermillion Coalition Against Domestic Violence 624-5311
South Dakota Domestic Abuse Hotline 1-800-430-SAFE
National Rape Crisis Hotline 1-800-656-4673

Other Support Services

Disability Services
Room 119B in Service Center Building, 677-6389 www.usd.edu/disabrs/
Student Support Services
26 Dakota Hall 677-5308 www.usd.edu/trio/
trio@usd.edu
Legal Aid (Student)
Law School 624-7090
Career Development Center
Burr House at Cherry and Ratigen Sts 677-5307 www.usd.edu/cde
cdc@usd.edu
Vucurevich Children's Center 677 6880 www.usd.edu/childcare/main.cfm
(USD childcare center) child@usd.edu
Dakota Dome (open recreation hours) 677-5324

APPENDIX C

Long Distance Phone Policies and Procedures

LONG DISTANCE PHONE CALLS

Policies & Procedures

ACCOUNT TO BE BILLED

TYPES OF CALLS

PSC support

PSC Clients

T&F Psychology

For course instructors (e.g. course related calls),
For Staffing Coordinators. (e.g. Staffing speaker related) calls)
For program group planning (Bridges, Ally, Social, ACT, SCIP)

Telephone Credit Card:

All personal calls and other work related calls not described above (e.g , call to placement, potential internship sites, etc.)

1. Record All Calls and note nature of call/account to be billed.
Billings begin after about 3 rings. If multiple calls are made to the same number over a brief period of time, you may make a single entry in the ledger with an indication of number of calls listed (e.g., "5 calls made" or "X5").
2. For local calls, dial "9" first.
3. For non-credit card long distance calls, dial "9", (Dialtone), 1, area code, and 7 digit number.
4. Long-distance calls made by graduate students should only be made from 677-5182 (Quiet room phone). DO NOT MAKE LONG DISTANCE CALLS FROM THE SECRETARIES' PHONES (677-5354; 677-5353).

YOUR COOPERATION WITH THESE GUIDELINES IS GREATLY APPRECIATED.

APPENDIX D

Guidelines for Student Use of State (“Fleet”) Vehicles

SOURCE: 2008 Faculty Handbook
<https://portal.usd.edu/portalpages/academic-affairs>

SAFETY BELT USE IN FLEET VEHICLES (p.103)

Purpose

The purpose of this policy is to require the driver and passengers of state of South Dakota vehicles to use safety belts during time of travel. It is the intent of this policy to help reduce the number of injuries and deaths associated with motor vehicle accidents and to promote a safer lifestyle for the administrators, faculty, career service personnel, and students at The University of South Dakota.

Use and Non-Use of Safety-Belts

All drivers and passengers of state vehicles must use safety belts during time of travel. The only exception would be in the case where safety belts are not standard equipment in the vehicle or they have been removed for other reasons.

STUDENT DRIVER COVERAGE (Pp 175-176)

Students not employed by the University who drive state of South Dakota vehicles are provided coverage under the State of South Dakota liability program **ONLY IF THE FOLLOWING CONDITIONS** have been met:

1. At the time the student (designated as driver) makes application to use a state vehicle, the student must present a valid driver's license and current proof of compliance with the financial responsibility laws of the State of South Dakota.
2. The Dean, Director, or Department Chair authorizing a student to drive a state vehicle shall attach, to the Request for FTM Fleet Vehicle form, photocopies of the student's driver's license and proof of financial responsibility. Vehicles will not be dispatched without this information.
3. The University shall keep the documentation required in paragraph 2 for a minimum of three (3) years.
4. If the information and documentation required in paragraph 1 is false, or if the University fails to perform the requirements in paragraph 3, no liability coverage shall be provided. When a student not employed by the University is driving a state vehicle in accordance with the above, the **STUDENT'S OWN INSURANCE SHALL BE PRIMARY**. The State of South Dakota liability program coverage is secondary and available only after all other available coverages are exhausted. This does not apply to students employed by the University driving state vehicles in connection with that employment. Students who are employed by the University are considered employees of the University, and the State liability program coverage is primary for legal liability resulting from driving a vehicle.

APPENDIX E

TYPICAL SEQUENCE OF COURSEWORK

E1 – Entering Class 2010-2011

E2 – Entering Class 2009-2010

E3 – Entering Classes (even years; 2006, 2008)

E4 – Enter Classes (odd years; 2005, 2007)

APPENDIX E1

Entering Class 2010-2011

**TYPICAL CLINICAL STUDENT COURSE ROTATION
(For Students Entering in 2010-2011)**

Year 1 (2010-2011)

Fall

747 Science and Practice I (2)
750 Adult Psychopathology (3)
771 Research Design and Statistics I (3)
786 Sem: Professional Development (1)
711 Sem: Physiological Psyc (1)¹
722 Sem: Developmental (1)¹
777 Sem: Stats Topics: Quasiexp design (1)¹

Spring

708 Sem: History & Systems (1)¹
741 Sem: Social Psychology (1)¹
764 Sem: Personality Theories (1)¹
748 Science and Practice II (2)
751 Psychological Assessment I (3)
772 Research Design and Statistics II (3)
786 Sem: Professional Development (1)

Summer

Master's Thesis Research (0-6)

Year 2 (2011-2012)

Fall

749 Vertical Clinical Team (2)
705 Learning, Memory, and Cog (3)¹
752 Psychological Assessment II (3)
779 Child Psychopathology (2)²
786 Sem: Professional Development (1)
798 Master's Thesis Research (0-6)

Spring

749 Vertical Clinical Team (2)
783 Psychotherapy Tech w/Adults (3)¹
782 Psychotherapy Research and Prac (3)²
786 Sem: Professional Development (1)
798 Master's Thesis Research (0-6)

Summer

Preliminary Examinations

<p>¹ Course offered on alternating years for 1st & 2nd year students ² Course offered on alternating years for 2nd and 3rd year students ³ Courses offered on alternating years for 3rd and 4th year students</p>
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Year 3 (2012-2013)

Fall

749 Vertical Clinical Team (2)
780 Rural Community Psychology (3)³
769 Clinical Practicum (1)
786 Sem: Professional Development (1)
898 Doctoral Dissertation Research (0-15)
XXX Elective (3)

Spring

749 Vertical Clinical Team (2)
781 Child & Family Psychotherapy (3)³
769 Clinical Practicum (1)
786 Sem: Professional Development (1)
898 Doctoral Dissertation Research (0-15)
XXX Stats Elective (3)

Summer

769 Clinical Practicum (1)
714 Psychopharmacology (2)³
898 Doctoral Dissertation Research (0-15)

Year 4 (2013-2014)

Fall

765 Peer Supervision Practicum (2)
769 Clinical Practicum (1)
786 Sem: Professional Development (1)
898 Doctoral Dissertation Research (0-15)
XXX Elective (3)

Spring

765 Peer Supervision Practicum (2)
769 Clinical Practicum (1)
701 Sem: Ethics & Prof Issues (3)³
786 Sem: Professional Development (1)
898 Doctoral Dissertation Research (0-15)

Summer

769 Clinical Practicum (1)
898 Doctoral Dissertation Research (0-15)

Year 5 (2014-2015)

894 Internship, 3 semesters (Fall, Spring, Summer), 1 credit each

Thesis Credits = minimum and maximum of 6 credits required
Dissertation Credits = minimum of 15 credits required

CLINICAL PROGRAM ELECTIVES

Students must take 3 additional credits of stats/methods as part of doctoral program of study requirements. Students should select this course in consultation with their major advisor.

Students must complete a minimum of 6 elective credit hours of graduate level courses and seminars in any department, including psychology. These should be approved by your major advisor prior to enrollment and should be applied to your doctoral program of study. (Exception: elective graduate credits completed prior to matriculating in the USD clinical program, if approved as transfer credits, should be applied to the masters program of study.)

Clinical Program Electives (examples)

- Psyc 767 Neuropsychological Assessment
- Psyc 768 Clinical Supervision³
- * Psyc 754 Behavior Therapy³
- * Psyc 655 Crisis Intervention (summers on-line)
- * Psyc 656 Disaster Mental Health (summers on-line)
- * Psyc 657 Traumatic Stress
- * Psyc 755 Management of Disaster Mental Health (summers on-line)
- * Psyc 658 Serving the Diverse Community in Disaster (summers on-line)

***Required for DMHI Specialty Track (also fulfill program's elective requirements.**
www.usd.edu/dmhi)

APPENDIX E2

Entering Class 2009 – 2010

COURSE SCHEDULE FOR 2009-2010 INCOMING CLASS

Year 1 (2009-2010)

Fall

783 Psychotherapy Tech with Adults (3)
747 Science and Practice I (2)
750 Adult Psychopathology (3)
772 Research Design and Statistics I (3)
786 Sem: Professional Development (1)

Spring

711 Sem: Physiological Psyc (1)
741 Sem: Social Psychology (1)
777 Sem: Quasi-experimental design (1)
748 Science and Practice II (2)
751 Psychological Assessment I (3)
772 Research Design and Statistics II (3)
786 Sem: Professional Development (1)
798 Master's Thesis Research (0-6)

Summer

Master's Thesis Research (0-6)

Year 2 (2010-2011)

Fall

708 Sem: Adv History & Systems (1)
722 Sem: Developmental (1)
764 Sem: Personality Theories (1)
749 Vertical Clinical Team (2)
752 Psychological Assessment II (3)
779 Child Psychopathology (2)
786 Sem: Professional Development (1)
798 Master's Thesis Research (0-6)

Spring

749 Vertical Clinical Team (2)
782 Psychotherapy Research and Prac (3)
786 Sem: Professional Development (1)
798 Master's Thesis Research (0-6)
XXX Elective (3)

Summer

Preliminary Examinations

Bolded courses: Listed on MA Program of Study

*Course offered on alternating years for 2nd and 3rd year students

**Courses offered on alternating years for 3rd and 4th year students

Year 3 (2011-2012)

Fall

749 Vertical Clinical Team (2)
705 Learning, Memory, and Cog (3)*
769 Clinical Practicum (1)
786 Sem: Professional Development (1)
898 Doctoral Dissertation Research (0-15)
XXX Elective (3)

Spring

749 Vertical Clinical Team (2)
701 Sem: Ethics and Professional Issues (3) **
769 Clinical Practicum (1)
786 Sem: Professional Development (1)
898 Doctoral Dissertation Research (0-15)
XXX Elective (3)

Summer

769 Clinical Practicum (1)
898 Doctoral Dissertation Research (0-15)

Year 4 (2012-2013)

Fall

765 Peer Supervision Practicum (2)
769 Clinical Practicum (1)
779 Child Psychopathology (2)**
780 Rural Community Psychology (3)**
786 Sem: Professional Development (1)
898 Doctoral Dissertation Research (0-15)

Spring

765 Peer Supervision Practicum (2)
769 Clinical Practicum (1)
781 Child and Family Psychotherapy (3)**
786 Sem: Professional Development (1)
898 Doctoral Dissertation Research (0-15)

Summer

714 Psychopharmacology(2)**
769 Clinical Practicum (1)
898 Doctoral Dissertation Research (0-15)

Year 5 (2013-2014)

894 Internship, 3 semesters (Fall, Spring, Summer), 1 credit each

Thesis Credits = minimum and maximum of 6 credits required
Dissertation Credits = minimum of 15 credits required

ELECTIVES

Students must take 3 additional credits of stats/methods as part of doctoral program of student (consult with major advisor)

A minimum of 6 elective credit hours of graduate level courses and seminars will be selected in any department, including psychology. These should be approved by your doctoral committee/chair prior to enrollment and will be placed on your doctoral program of study.

Clinical Program Electives (examples)

Neuropsych Assmt	SUMMER 2010/2012
Supervision	SPRING 2010/2012
Behavior Therapy***	FALL 2009/2011
Crisis Intervention***	TBA
Disaster MH***	TBA
Traumatic Stress***	TBA
Disaster Mgt	TBA
Serving the Diverse Community In Disaster ***	TBA

***Required for DMHI Specialty Track (also fulfill program's elective requirements); the timetable for when these courses will be offered is undergoing some changes and will be posted once final decisions have been made.

8-13-09

APPENDIX E3

Entering Classes-even years (2006, 2008)

TYPICAL SEQUENCE OF COURSES (Classes entering 2006, 2008)

Year 1

Fall

708 Sem: Adv History & Systems (1)
747 Science and Practice I (2)
711 Sem: Physiological Psyc (1)
722 Sem: Developmental (1)
750 Adult Psychopathology (3)
772 Research Design and Statistics I (3)
786 Sem: Professional Development (1)

Spring

764 Sem: Personality Theories (1)
741 Sem: Social Psychology (1)
748 Science and Practice II (2)
751 Psychological Assessment I (3)
772 Research Design and Statistics II (3)
777 Sem: Quasi-experimental design (1)
786 Sem: Professional Development (1)

Summer

Master's Thesis Research (0-6)

Year 2

Fall

749 Vertical Clinical Team (2)
752 Psychological Assessment II (3)
783 Psychotherapy Tech with Adults (3)
786 Sem: Professional Development (1)
798 Master's Thesis Research (0-6)

Spring

705 Learning, Memory, and Cog (3)*
749 Vertical Clinical Team (2)
782 Psychotherapy Research and Prac (3)
786 Sem: Professional Development (1)
798 Master's Thesis Research (0-6)
XXX Elective 1 (3)

Summer

Preliminary Examinations

**Bolded courses = MA program of study
(33 credits: remaining on doctoral program
of study)**

Year 3

Fall

749 Vertical Clinical Team (2)
769 Clinical Practicum (1)
779 Child Psychopathology (2)**
780 Rural Community Psychology (3)**
786 Sem: Professional Development I (1)
898 Doctoral Dissertation Research (0-15)

Spring

749 Vertical Clinical Team (2)
769 Clinical Practicum (1)
781 Child and Family Psychotherapy (3)**
786 Sem: Professional Development (1)
898 Doctoral Dissertation Research (0-15)
XXX elective Stats/methods course

Summer

714 Clinical Psychopharmacology(2)**
769 Clinical Practicum (1)
898 Doctoral Dissertation Research (0-15)

Year 4

Fall

765 Peer Supervision Practicum (2)
769 Clinical Practicum (1)
786 Sem: Professional Development (1)
898 Doctoral Dissertation Research (0-15)
XXX Elective 2 (3)

Spring

701 Sem: Ethics and Professional Issues (3) **
749 Vertical Clinical Team (2)
769 Clinical Practicum (1)
786 Sem: Professional Development (1)
898 Doctoral Dissertation Research (0-15)

Summer

769 Clinical Practicum (1)
898 Doctoral Dissertation Research (0-15)

*Course offered on alternating years for 2nd and 3rd year students

**Courses offered on alternating years for 3rd and 4th year students

Year 5 2012-2013

894 (896) Internship, 3 semesters
(Fall, Spring, Summer), 1 credit each

Thesis Credits = minimum and maximum of 6 credits required

Dissertation Credits = minimum of 15 credits required

ELECTIVES

Students must take 3 additional credits of stats/methods as part of doctoral program of student (consult with major advisor)

A minimum of 6 elective credit hours of graduate level courses and seminars will be selected in any department, including psychology. These should be approved by your doctoral committee/chair prior to enrollment and will be placed on your doctoral program of study.

Clinical Program Electives (examples)

Neuropsych Assmt	SUMMER 2010/2012
Supervision	SPRING 2010
Crisis Intervention***	SUMMERS
Behavior Therapy***	FALL 2009/2011
Disaster MH***	SPRING 2010/2012
Traumatic Stress***	FALL2009/2011

***required for DMHI Specialty Track (also fulfill program's elective requirements)

APPENDIX E4

Entering Classes-odd years (2005, 2007)

TYPICAL SEQUENCE OF COURSES (Entering class 2005, 2007)

Year 1

Fall

708 Sem: Adv History & Systems (1)

747 Science and Practice I (2)

711 Sem: Physiological Psyc (1)

(skipped in 2007-will take in Fall 2008)

722 Sem: Developmental (1)

750 Adult Psychopathology (3)

772 Research Design and Statistics I (3)

786 Sem: Professional Development (1)

Spring

764 Sem: Personality Theories (1)

741 Sem: Social Psychology (1)

748 Science and Practice II (2)

751 Psychological Assessment I (3)

772 Research Design and Statistics II (3)

777 Sem: Quasi-experimental design (1)

786 Sem: Professional Development (1)

Summer

Master's Thesis Research (0-6)

Year 2

Fall

749 Vertical Clinical Team (2)

752 Psychological Assessment II (3)

783 Psychotherapy Tech with Adults (3)

786 Sem: Professional Development (1)

798 Master's Thesis Research (0-6)

Spring

749 Vertical Clinical Team (2)

782 *Psychotherapy Research and Prac (3)*
(skipped in 2009-will take in 2010)

786 Sem: Professional Development (1)

798 Master's Thesis Research (0-6)

XXX elective I Stats/methods course

**Bolded courses = MA program of study
(33 credits: remaining on doctoral
program of study)**

Summer

Preliminary Examinations

Year 3

Fall

705 Learning, Memory, and Cog (3)*

749 Vertical Clinical Team (2)

769 Clinical Practicum (1)

786 Sem: Professional Development (1)

898 Doctoral Dissertation Research (0-15)

XXX Elective 1 (3)

Spring

701 Sem: Ethics and Professional Issues (3) **

749 Vertical Clinical Team (2)

769 Clinical Practicum (1)

786 Sem: Professional Development (1)

898 Doctoral Dissertation Research (0-15)

XXX Elective 2 (3)

Year 3 Summer

769 Clinical Practicum (1)

898 Doctoral Dissertation Research (0-15)

Year 4

Fall

749 Vertical Clinical Team (2)

769 Clinical Practicum (1)

779 Child Psychopathology (2)**

780 Rural Community Psychology (3)**

786 Sem: Professional Development I (1)

898 Doctoral Dissertation Research (0-15)

Spring

765 Peer Supervision Practicum (2)

769 Clinical Practicum (1)

781 Child and Family Psychotherapy (3)**

786 Sem: Professional Development (1)

898 Doctoral Dissertation Research (0-15)

Summer

714 Clinical Psychopharmacology(2)**

769 Clinical Practicum (1)

898 Doctoral Dissertation Research (0-15)

*Course offered on alternating years for 2nd and 3rd
year students

**Courses offered on alternating years for 3rd and 4th
year students

Year 5 2010-2011

894 (896) Internship, 3 semesters

(Fall, Spring, Summer), 1 credit each

Thesis Credits = minimum and maximum of 6 credits required

Dissertation Credits = minimum of 15 credits required

ELECTIVES

Students must take 3 additional credits of stats/methods as part of doctoral program of student (consult with major advisor)

A minimum of 6 elective credit hours of graduate level courses and seminars will be selected in any department, including psychology. These should be approved by your doctoral committee/chair prior to enrollment and will be placed on your doctoral program of study.

Clinical Program Electives (examples)

Neuropsych Assmt	SUMMER 2008/2010
Supervision	SPRING 2008
Crisis Intervention***	SUMMERS
Behavior Therapy***	FALL 2007/2009
Disaster MH***	SPRING 2008/2010
Traumatic Stress***	FALL2007/2009

***required for DMHI Specialty Track (also fulfill program's elective requirements)

APPENDIX F

Summary of Curricular Changes Since 2005

Summary of Curricular Changes

<i>Course</i>	<i>PRE 2005-2006</i>	<i>2005-2006 (retroactive where appropriate)</i>	<i>ENTERING CLASS 2006-2007</i>
Adult Psychopathology	Spring 2 nd year	Spring 1 st and 2 nd year	Fall 1 st year
Assessment I	Fall 1 st year	Fall 1 st year	Spring 1 st year
Assessment II	Spring 1 st year	None	Fall 2 nd year
Seminar in History & Systems	None	None	Fall 1 st year
Program Planning & Eval	Required	Elective	Elective
Seminar in Science & Practice	none	1 credit of Prof Dev in spring (research focus)	Renamed Sem in S&P I – 2 credits in Fall
Pre-practicum	2 credits in Fall 1 st year	2 credits in Fall	Renamed Sem in Science & Practice II -2 credits in Spring
Staffing	Students enroll every year in residence	Students enroll at least 8 semester and may request exemption if exceeding 8 semester AND in final year in residence	Renamed: Seminar in Professional Development Students enroll at least 8 semester and may request exemption if exceeding 8 semester AND in final year in residence
Additional Stats/methods	None required beyond 771/772	Must complete additional stats or methods course (to support dissertation research)	Must complete additional stats or methods course (to support dissertation research)
Extra departmental courses (for MA program of study)	Required	No longer required (thesis chair discretion)	No longer required (thesis chair discretion)
Required doctoral elective courses	9 required	6 required	6 required
Clinical Vertical Team	Start attending fall 1 st year; enroll Spring 1 st year	No team involvement in 1 st year (other than shadowing senior students)	No team involvement in 1 st year (other than shadowing senior students) *Note: this policy is under review for 2009-2010 entering class
	Students enroll in team while in residence	Students enroll at least 8 semesters and may request exemption if exceeding 8 semesters, passed clinical orals, has had opportunity to do peer supervision, most recent supervisor recommends, and student is in final year in residence	Students enroll at least 8 semesters and may request exemption if exceeding 8 semesters, passed clinical orals, has had opportunity to do peer supervision, most recent supervisor recommends, and student is in final year in residence
Peer Clinical Supervision	Prior to 2007-2008, peer supervision was incorporated into Clinical Vertical Teams; Effective Spring 2008, students in their final year of team (post clinical orals; applying to internship) enroll in two semesters (minimum) of Peer Clinical Supervision instead of Team; these students participate in team while receiving additional didactic and experiential supervision experiences.		

Updated 7-15-09

REVISED COURSE ROTATION CTP CLASSES
BOLD = “Current” annual courses to “New” alternating year classes

	PRE 2009-2010 CURRICULUM		REVISED CURRICULUM (partially effective 2009-2010; fully effective 2010-2011)			
	Fall	Spring	Fall <i>Even (2010)</i>	Spring <i>Odd (2011)</i>	Fall <i>Odd (2011)</i>	Spring <i>Even (2012)</i>
1 st year students	786 – Sem Prof Dev 771 – Stats I 747 – S&P I 750 – Adult PP 3 seminars 708 HS, 711 Physio, 722 Dev	786 – Sem Prof Dev 772- Stats II 748- S&P II 751- Assess I 3 seminars 741 Social, 777 Quasi, 764 Pers	786 771 747 750 3 sems	786 772 748 751 3 sems	786 771 747 750 705	786 772 748 751 783
Thesis	12 cred	12 cred	12 cred	12 cred	12 cred	12 cred
2 nd year students	786 – Sem Prof Dev 752 – Assess II 749 – Clin Team 783 – PT w/Adults Alternating years (O) 705 L/M/Cog	786 – Sem Prof Dev 749 – Clin Team 782 - PT Res/Prac	786 752 749 779 3 sem	786 749 3 sem	786 752 749 779 705	786 749 783 782
Thesis	9-12 cred	6 cred	11 cred	6 cred	11 cred	9 cred
SUMMER	<i>WRITTEN COMPS</i>		<i>WRITTEN COMPS</i>		<i>WRITTEN COMPS</i>	
3 rd year students	786 – Sem Prof Dev 749 – Clin Team 769 – Clin Prac Alternating years (O) 705 L/M/Cog (E) 780 - Rural Psyc (E) 779 – Child PP	786 – Sem Prof Dev 749 – Clin Team 769– Clin Prac Alternating years (O) 781 Child & Fam PT (E) 701 Pro Issues/Ethics	786 749 769 780	786 749 769 781	786 749 769	786 749 769 701 782
Diss	6 - 12 cred	7 cred CLINICAL ORALS	7 cred	7cred ORALS	4 cred	10 cred ORALS
4 th year students	<i>Propose Diss</i> <i>Apply for internship</i>		<i>Propose Diss</i> <i>Apply for internship</i>		<i>Propose Diss</i> <i>Apply for internship</i>	786 765 769
Diss	786 - SPD 765 – Peer Supr 769 – Clin Prac Alternating years (E) 780 - Rural Psyc (E) 779 – Child PP	786 - SPD 765 – Peer Supr 769 – Clin Prac Alternating years (E) 701 Pro Iss/Ethics	786 765 769 780 7 cred	786 765 769 781 7 cred	786 765 769 4 cred	701 7 cred
<i>DMHI required and/or electives</i>	<i>(O)754 Beh Ther</i>	<i>(E) 775 Multivariate</i>		<i>768 Clinical Supr Prac</i> <i>657 Traumatic Stress (Online)</i>	<i>754</i>	<i>775</i>
SUMMER	(O) 714 Psychopharm	(E) 767 Neuropsyc		714		767
	<i>4 DMHI courses (“summer intensive”)</i>		<i>4 DMHI courses (online)</i>		<i>4 DMHI courses (online)</i>	

“O” = odd numbered years; “E” = even numbered years
9-23-09R /9-17-10 updated

APPENDIX G

Academic Requirements for the Specialty Track in Clinical/Disaster Psychology

Doctoral Specialty Track in Clinical/Disaster Psychology¹ Academic Requirements

Total semester credit hours: 21

Required courses:

Required Courses: 18 Credits

Prefix Number	Title	Credit Hours
PSYC 655	Crisis Intervention	3
PSYC 656	Disaster Mental Health	3
PSYC 657	Traumatic Stress	3
PSYC 658	Serving the Diverse Community in Disaster	3
PSYC 754	Introduction to Behavior Therapy	3
PSYC 780	Rural Community Mental Health (req CTP Course)	3

Elective Courses: 3 Credits

Prefix Number	Title	Credit Hours
PSYC 659	International Disaster Psychology	3
PSYC 755	Management in Disaster Mental Health	3
PSYC 757	Directed Readings in Disaster Psychology	1-3
PSYC 758	Directed Research in Disaster Psychology	1-3
PSYC 759	Selected Topics in Disaster Psychology	1-3

Course descriptions are available at www.usd.edu/dmhi/coe/e

¹ All students in the Specialty Track will be required to complete all requirements for the clinical doctoral degree as well as the requirements for the Doctoral Specialty Track in Clinical/Disaster Psychology. If a student chooses all her or his Clinical Training Program elective courses from this pool of disaster courses, he or she needs to take 12 hours beyond the minimum courses required for the doctoral clinical degree. Doctoral students pursuing this specialty track are required to complete a thesis and/or a dissertation on a trauma- or disaster-related field of psychology.

A grade of "C" or lower in any course required for the Doctoral Specialty Track in Clinical/Disaster Psychology will be unacceptable and will necessitate students repeating the course if they wish to complete the specialty track.

Students in the Doctoral Specialty Track in Clinical/Disaster Psychology will be required to complete a "tabletop" disaster response scenario simulation for the DMHI faculty and national figures in the field and achieve at least a "B". This will provide a capstone measure of the student's mastery of Clinical/Disaster Psychology. The goal for this assessment will be that each student will be evaluated by the national team members as superior to entry-level disaster mental health personnel. The capstone can only be taken in the final year of training and after the completion of the DMHI course requirements. Students must be approved to take the capstone by the DMHI faculty by February 1 of the year in which the capstone is completed.

APPENDIX H

Required and Elective Courses Organized by Accreditation and Licensure Requirements

Clinical Program Curriculum

Curriculum Area:	Biological aspects of behavior	
Required Academic/Training Activity	PSYC707 Sem Sensation & Perception	Required prior to FY07; now elective
	PSYC 711 Sem Physiological Psyc	Required
	PSYC714 Clinical Psychopharmacology	Required
	PSYC 767 Clinical Neuropsychology Practicum	Required
	PSYC792Psychology of Addictive Behaviors	Elective
	General Comprehensive Exams	Required
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions	
Curriculum Area:	Cognitive/Affective aspects of behavior	
Required Academic/Training Activity	PSYC 705 Learning, Memory, & Cognition	Required
	PSYC 750 Adult Psychopathology	Required
	PSYC 754 Behavior Therapy	Required for Clin/Disaster track; Elective for others
	General Comprehensive Exams	Required
	Clinical Orals	Required
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions; Receive passing score on clinical orals	
Curriculum Area:	Social aspects of behavior	
Required Academic/Training Activity	PSYC 656 Disaster Mental Health	Required for Clin/Disaster track; Elective for others
	PSYC658 Serving the Diverse Community in Disaster	Required for Clin/Disaster track; Elective for others
	PSYC741 Sem Social Psychology	Required
	PSYC780 Rural Community Psychology	Required
	General Comprehensive Exams	Required
	Clinical Comprehensive Exams	Required
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions	
Curriculum Area:	History and systems of psychology	
Required Academic/Training Activity	PSYC708 Sem Advanced History and Systems of Psychology	Required (new in FY07)
	General Comprehensive Exams	Required
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions	
Curriculum Area:	Psychological measurement	
Required Academic/Training Activity	PSYC577 Psychological Testing & Measurement	Elective
	PSYC751 Psychological Assessment I	Required
	PSYC752 Psychological Assessment II	Required
	PSYC767 Clinical Neuropsychology Practicum	Elective
	Clinical Comprehensive Exams	Required
	Clinical Oral Exam	Required
	Thesis/Dissertation	(as relevant to research topic)
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions; Receive passing score on clinical orals	

Curriculum Area:	Research methodology	
Required Academic/Training Activity	PSYC678 Program Planning and Evaluation	Required prior to FY06; now elective
	PSYC747 Science & Practice I	Required (new in FY06)
	PSYC754 Behavior Therapy	Required for Clin/Disaster track; Elective for others
	PSYC771 <u>Research Design</u> and Statistics I	Required
	PSYC772 <u>Research Design</u> and Statistics II	Required
	PSYC777 Sem Quasiexperimental Design	Required
	PSYC782 Psychotherapy Research and Practice	Required
	Thesis/Dissertation	Required
	General and Clinical Comprehensive Exams	Required
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions; Pass thesis/dissertation proposal & defense	
Curriculum Area:	Techniques of data analysis	
Required Academic/Training Activity	PSYC771 Research Design and <u>Statistics I</u>	Required
	PSYC772 Research Design and <u>Statistics II</u>	Required
	Elective choices for required third course: PSYC775 Multivariate Statistics PSYC792Multilevel Modeling EDER763 Qualitative Methods EDER 862Multivariate and SEM	Selected to augment stats/methods for dissertation (in consultation with major advisor)
	Thesis/Dissertation	Required
	General Comprehensive Exams	Required
	How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions; Pass thesis/dissertation proposal & defense
Curriculum Area:	Individual differences in behavior	
Required Academic/Training Activity	PSYC658 Serving the Diverse Community in Disaster	Required for Clin/Disaster track; Elective for others
	PSYC749 Clinical Vertical Team	Required
	PSYC750 Adult Psychopathology	Required
	PSYC764 Sem Personality Theories	Required
	PSYC769 Clinical Psychology Practicum	Required
	PSYC779 Child Psychopathology	Required
	Clinical Comprehensive Exams	Required
	Clinical Oral Exam	Required
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions and clinical orals; Receive “acceptable/meets expectations” ratings from team and practicum supervisors	
Curriculum Area:	Human development	
Required Academic/Training Activity	Sem722 Sem Developmental Psychology	Required
	PSYC779 Child Psychopathology	Required
	PSYC781 Child and Family Psychotherapy	Required
	General Comprehensive Exam	Required
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions	

Curriculum Area:	Dysfunctional behavior/psychopathology	
Required Academic/Training Activity	PSYC655 Crisis Intervention	Required for Clin/Disaster track; Elective for others
	PSYC657 Traumatic Stress	Required for Clin/Disaster track; Elective for others
	PSYC748 Science & Practice II (formerly Clinical Pre-Practicum)	Required
	PSYC749 Clinical Vertical Team	Required
	PSYC750 Adult Psychopathology	Required
	PSYC769 Clinical Psychology Practicum	Required
	PSYC779 Child Psychopathology	Required
	Clinical Comprehensive Exams	Required
	Clinical Oral Exam	Required
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions and clinical orals; Receive “acceptable/meets expectations” ratings from team and practicum supervisors	
Curriculum Area:	Professional standards and ethics*	
Required Academic/Training Activity <i>*incorporated in orientation, majority of clinical courses, research and practica</i>	PSYC655 Crisis Intervention	Required for Clin/Disaster track; Elective for others
	PSYC701 Sem Ethics & Professional Issues	Required
	PSYC747 Science & Practice I	Required
	PSYC748 Science & Practice II	Required
	PSYC749 Clinical Vertical Team	Required
	PSYC769 Clinical Psychology Practicum	Required
	PSYC786 Sem Professional Development	Required
	Thesis/Dissertation	Required
	Clinical Comprehensive Exams	Required
Clinical Oral Exam	Required	
How competence is assessed	Achieve grade of B or better in courses; Pass thesis/dissertation proposal & defense; Receive passing score on comprehensive exam questions and clinical orals; Receive “acceptable/meets expectations” ratings from team and practicum supervisors	
Curriculum Area:	Theories and methods of assessment and diagnosis	
Required Academic/Training Activity	PSYC655 Crisis Intervention	Required for Clin/Disaster track; Elective for others
	PSYC657 Traumatic Stress	Required for Clin/Disaster track; Elective for others
	PSYC748 Science & Practice II	Required
	PSYC749 Clinical Vertical Team	Required
	PSYC750 Adult Psychopathology	Required
	PSYC751 Psychological Assessment I	Required
	PSYC752 Psychological Assessment II	Required
	PSYC769 Clinical Psychology Practicum	Required
	PSYC778 Child Psychopathology	Required
	Clinical Comprehensive Exams	Required
	Clinical Oral Exam	Required
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions and clinical orals; Receive “acceptable/meets expectations” ratings from team and practicum supervisors	

Curriculum Area:	Effective intervention	
Required Academic/Training Activity	PSYC655 Crisis Intervention	Required for Clin/Disaster track; Elective for others
	PSYC749 Clinical Vertical Team	Required
	PSYC754 Behavior Therapy	Required for Clin/Disaster track; Elective for others
	PSYC769 Clinical Psychology Practicum	Required
	PSYC781 Child and Family Psychotherapy	Required
	PSYC782 Psychotherapy Research and Practice	Required
	PSYC783 Psychotherapy with Adults	Required
	Clinical Comprehensive Exams	Required
	Clinical Oral Exam	Required
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on comprehensive exam questions and clinical orals; Receive “acceptable/meets expectations” ratings from team and practicum supervisors	
Curriculum Area:	Consultation	
Required Academic/Training Activity	PSYC756 Disaster Mental Health	Required for Clin/Disaster track; Elective for others
	PSYC769 Clinical Psychology Practicum	Required for Clin/Disaster track; Elective for others
	PSYC780 Rural Community Psychology	Required
	PSYC781 Child and Family Psychotherapy	Required
How competence is assessed	Achieve grade of B or better in courses; Receive “acceptable/meets expectations” ratings from team and practicum supervisors	
Curriculum Area:	Supervision	
Required Academic/Training Activity	PSYC765 Peer Supervision Practicum	Required
	PSYC768 Clinical Supervision Practicum	Elective
How competence is assessed	Achieve grade of B or better in courses Receive “acceptable/meets expectations” ratings from supervision supervisors	
Curriculum Area:	Evaluating the efficacy of interventions	
Required Academic/Training Activity	PSYC749 Clinical Vertical Team	Required
	PSYC782 Psychotherapy Research and Practice	Required
	Clinical Oral Exam	Required
How competence is assessed	Achieve grade of B or better in courses; Receive passing score on clinical orals	
Curriculum Area:	Issues of cultural and individual diversity that are relevant to the above*	
Required Academic/Training Activity <i>*incorporated in new student orientation, majority of clinical courses, research experiences, practica, and service activities</i>	PSYC658 Serving the Diverse Community in Disaster	Required for Clin/Disaster track; Elective for others
	PSYC747 Science & Practice I	Required
	PSYC748 Science & Practice II	Required
	PSYC749 Clinical Vertical Team	Required
	PSYC786 Sem Professional Development	Required
	Thesis/Dissertation	Project content or proposal/defense
	Clinical Comprehensive Exams	Required
	Clinical Oral Exam	Required
How competence is assessed	Achieve grade of B or better in courses; Pass thesis/dissertation proposal & defense; Receive passing score on comprehensive exam questions and clinical orals; Receive “acceptable/meets expectations” ratings from team and practicum supervisors	

Curriculum Area:	Attitudes essential for lifelong learning, scholarly inquiry, and professional problem-solving*	
Required Academic/Training Activity <i>*Critical/scientific thinking infused and assessed across training experiences</i>	PSYC709: Teaching of Psychology	Required for Student Instructors of Record; Elective for others
	PSYC749 Clinical Vertical Team	Required
	PSYC 786 Sem Professional Development	Required
	Thesis/Dissertation	Required
	Clinical Oral Exams	Required
How competence is assessed	Achieve grade of B or better in courses; Pass thesis/dissertation proposal & defense ; Receive passing score on clinical orals; Interactions with supervisors/mentors; Involvement with the profession as trainee and alum	

APPENDIX I

2010-2011 Assistantships, Traineeships, and Fellowships

**CLINICAL PSYCHOLOGY PROGRAM GRADUATE ASSISTANTSHIPS
2010-2011**

CLINICAL PRACTICUM PLACEMENTS

Community Counseling Services	Huron SD	Deborah Larson-Stoa
Dakota Counseling Institute	Mitchell, SD	Kendra Ractliffe, Daniel Fung
Human Services Center	Yankton, SD	Liz Hunziker
Jackson Recovery Centers	Sioux City, IA	Hanako Shishido
Lewis & Clark Behavioral Health	Yankton, SD	Aimee Deliramich, Ashley Arens
Siouxland Community Health Center	Sioux City, IA	Tyler Wray
VAMC-Sioux Falls	Sioux Falls, SD	Jen Thomson, Bryan Batien
Winnebago Youth Facility	Winnebago, NE	Karla Tait
USD PSC Clinic Assistants	Vermillion, SD	Dennise Garcia, Hitomi Uchishiba
USD/SSOM LEND	Sioux Falls, SD	Andrea Stripling
USD Student Counseling Center (pending availability of credentialed supervisor)	Vermillion, SD	Michael Thomas

RESEARCH ASSISTANTS, INSTRUCTORS OF RECORD & TEACHING ASSISTANTS

Research Assistants (RA)	Simons' Grant	Derek Valdejuli-Gardner Ryan Reed, Ryan Hunsaker
	ARC/DMHI-Jacobs	Kayla Zeal
	Boyd/Quevillon	Karla Tait
	Gaher	Nicole Hofman-Wilke (F), 8 hrs
	Faculty (TBA)	Terrance Coombs; Mandy Reed
Instructors of Record (IOR)	PSYC 267	Nicole Hofman-Wilke (F)
	PSYC 451	Jennifer Hsia (F) (2 courses Sp TBA)
	PSYC 453	TBA (Sp)
	PSYC 371	Rob Dvorak (F)
Teaching Assistants (TA)	Assessment I	Nicole Hofman-Wilke (Sp)
	Assessment II	Laura Bunner (F)
TA undergrad/PSC PM Support		Rose Brueske, Erick Messler
Student Mentors	SCIP	Hanako Shishido
	ALLY	Liz Hunziker

NRSA Fellowship	Rob Dvorak
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INTERNSHIP	
Didi Biorn	Rheanna Hogan
Laura Davis	Jordan Pekevski
Christina Eliason	Marie Schaaf Gallagher (MA/T)
Ryan Engdahl	Jeremy Vogt

APPENDIX J

Practicum Hours Record and Weekly Activity Report (no-cost alternative to Time 2 Track)

Practicum Hours Record and Weekly Activity Report Recommendations

In the long run, attention to practicum hours details will save you weeks of stressful labor. The [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC) has adopted a standardized application form. A part of the application form contains definitions of practicum hours, which apply to the [Practicum Hours Data spreadsheet](#). Another part of the APPIC form requires very detailed information about practicum experience.

An EDP alumnus has developed a practicum hours spreadsheet for recording and for reporting on practicum hours. The practicum hours record form has two separate Excel spread sheets. The first file contains the practicum hours spread sheet for two semesters worth of practicum hours. (We believe that with some modest practice, you will be able to work with the column headers to reflect the "semester and the week".) The second file contains a [weekly narrative spread sheet](#). Most of the headers are those which we have found to be useful in completing the APPIC application forms. We suggest that you use this weekly narrative spreadsheet on a weekly basis.

In an effort to clarify some of the categories on this form, we have the following rubrics for coding: "Extended Intake" (1a); "All Psychological Assessment" (3a); "Phone Intake" (3c); "Therapist debriefing after observation" (3c); "Observing and providing feedback to therapist" (4c); "Observing a session only" or "Videotape watching only" (Miscellaneous). Usually "direct experience can be reported in Sections 1, 2 and 3.

We suggest you use the "Save file as" and put the **cnpsweekly.xls** on your desktop. From this safe vantage point you can make copies of this important record.

Briefly, the spread sheet is set up for 21 columns as follows:

- the first column of the spread sheet follows the categories on the APPIC form. The category headers are bold and follow the outline of the APPIC form;
- the second column is entered by the student at the beginning of the semester and is the "previous cumulative total site hours". Usually, this column will contain the value "0". However, when a student is continuing at the site for a second semester, this column will contain the total site hours from the previous semester;
- the third column is the total practicum hours for the semester.
- the fourth column is the total practicum hours for the site. As you enter the data for each week, the spreadsheet formula sums the hours in columns three and four. Et voila!
- the fifth through 21st columns are the data entry fields.

With practice, you will learn how to place the cursor on the correct cell and click on "Windows|Split" to freeze the spreadsheet headers.

To print the first four columns, follow this sequence:

1. highlight cell A1
2. hold down the Shift key and the Right Arrow key
3. scroll over to cell D1
4. pull the cursor down to highlight the form
5. select Print
6. answer the Print What question with Selection
7. print the Practicum Hours Spreadsheet

APPENDIX K

Graduate Student Annual Evaluation Form

**Clinical Psychology Training Program
Graduate Student Annual Evaluation
2009-2010**

Evaluation Period: Semester: Summer Fall Spring Other: _____

Name of Student: _____	Program Entry Date: _____
Contributing Core Faculty: BB JC RG GJ RQ JS GS BY	
Other input? SFC MG KB MV	

Estimate the extensiveness of the behavioral sample:				
	No sample	Limited Sample	Moderate Sample	Thorough Sample
Professional Development	1	2	3	4
Academic	1	2	3	4
Research	1	2	3	4
Clinical	1	2	3	4

The following rating scale will be used when evaluating performance and professional development over the current academic year (including previous summer).

- 1 = Unacceptable for a student at this level of training.**
- 2 = Below Expectations for a student at this level of training**
- 3 = Meets Expectations for a student at this level of training**
- 4 = Exceeds Expectations for a student at this level of training**

ACADEMIC PERFORMANCE

Overall Scholarship: _____

Rating	Task	Comments
	Contributes to class discussions.	
	Completes class projects in timely fashion.	
	Contributes to respectful atmosphere.	

Comments:

1 = Unacceptable 2 = Below Expectations 3 = Meets Expectations 4 = Exceeds Expectations

RESEARCH/SCHOLARSHIP PERFORMANCE

Overall Rating _____

Major Advisor: _____

Rating	Task	Comments
	Participation in Research	
	a. Design Skills/understanding	
	b. Writing Skills	
	c. Project management (implementation)	
	d. Data analysis Skills/understanding	
	Takes active role in initiating and implementing research projects.	
	Participation in research team (if applicable)	
	Performance at proposal meetings	
	Performance at defense meetings	

Additional information:

Research presentations, publications, and/or grant submissions/awards?

Comments:

CLINICAL SKILL DEVELOPMENT

Overall Rating: _____

Team Supervisors 2008-2009: Summer: _____ Fall: _____ Spring: _____

Attach mid- and end-of-year PSC Supervisee Evaluation Forms (completed as part of Vertical Clinical Team)

Comments:

Peer Supervision (if applicable)

Overall Rating: _____

Comments:

ASSISTANTSHIP/TRAINEESHIP PERFORMANCE

Overall Rating _____

- _____ Course Instructor
- _____ Research Assistantship
- _____ Teaching Assistantship
- _____ DMHI Fellowship
- _____ Other

- _____ Clinical Traineeship
- site 1: _____
- supervisor: _____
- site 2: _____
- supervisor: _____

Attach evaluation forms completed for assistantship/traineeship (teaching evaluations, placement evaluations, etc).

Comments:

PROFESSIONAL DEVELOPMENT

Overall Rating: _____

Rank	Task	Comments
	Understands and adheres to approved standards of professional conduct; demonstrates appropriate ethical judgment/behavior	
	Adheres to program policies and procedures (demonstrates knowledge of and appropriate application of program policies and procedures. Seeks supervision when necessary)	
	Demonstrates responsibility, reliability, good judgment, and professionalism	
	Meets professional obligations promptly/timely (meetings, appointments, deadlines, etc.)	
	Establishes and maintains good interpersonal and inter-professional relationships	
	Presents self in professional and favorable manner (verbal, nonverbal).	
	Demonstrates an understanding of how cultural and individual differences may influence clinical and research activities and appropriately takes these into account.	
	Participates in service activities (university/community/profession)	
	Other (describe)	

Comments:

ADDITIONAL COMMENTS

What are the trainee’s greatest strengths as a professional in training?

What are suggestions for areas of further professional development?

FEEDBACK SESSION

Major Advisor:

I reviewed this evaluation with the student.

Advisor’s Signature

Date

Student:

I have reviewed and received a copy of these comments and ratings from my advisor. I understand that I have the right to respond to these comments and ratings in writing. (Written comments must be provided within two weeks of having received the evaluation feedback and will be appended to the evaluation document.) I also understand that if I would like to challenge all or part of this evaluation, I may follow the procedures outlined in Grievance and Complaint section of the Clinical Training Program’s Graduate Handbook.

Student’s Signature

Date

(5-5-10)

APPENDIX L

Teaching Assistant Evaluation Form

Graduate Teaching Assistant Evaluation

Fall Semester, 20____

Spring Semester, 20____

Dear Faculty Member,

Please do a quick evaluation for each student who served as a TA for your course during this semester.

Please return the completed eval in an envelope to Cindy S-J's mailbox. Thank you!

Name of Faculty Member: _____

Name of Student (TA) _____

Was this student a primary or secondary TA for your class? (circle one) Primary Secondary

What class did s/he assist you with? _____

What were his/her assigned duties (briefly)?

How would you rate his/her performance in carrying out these duties?

	Excellent	Good	Fair	Poor
Reliability	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Positive Attitude	_____	_____	_____	_____
Competent Work	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____

Were there any problems with having her/him as an assistant? If so, please explain.

What were his/her strong points in being your assistant?

If you had any help from the other teaching assistants, who were they, what did they do for you and how well did s/he do her/his duties?

APPENDIX M

Clinical Trainee Competency Evaluation Form

**UNIVERSITY OF SOUTH DAKOTA – CLINICAL PSYCHOLOGY TRAINING PROGRAM
CLINICAL TRAINEE COMPETENCY EVALUATION FORM**

Name:	Supervisor:	
Placement Site:	Term: Mid-year Eval	End of year
	Date:	

<p align="center">COMPETENCY EXPECTATIONS:</p> <p>To demonstrate proficiency in performing core competencies in accordance with USD Clinical Psychology Training Program standards of training, trainees shall meet the following benchmarks by the end of each practicum experience:</p> <ul style="list-style-type: none"> • 2nd year practicum-- Acceptable (3) ratings for at least 50% of the competencies assessed. • 3rd & 4th year practica-- Acceptable (3) rating for at least 75 % of the competencies assessed. • Final year prior to start of internship -- Acceptable (3) ratings for 90% of the competencies assessed. • ALL practicum students must attain an Acceptable (3) rating on asterisked (*) competencies <p>The primary supervisor shall develop a written remediation plan for <u>each</u> competency receiving a Remedial (1) rating. This plan shall be reviewed with the trainee, signed by both trainee and supervisor, and attached to this evaluation.</p>	<p align="center">KEY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">METHOD(S) USED FOR ASSESSING COMPETENCY:</td> <td>LEVEL OF COMPETENCY:</td> </tr> <tr> <td>A Discussion in supervision</td> <td>1. Remedial/In need of remediation.</td> </tr> <tr> <td>B. Live observation</td> <td>2. Beginning/ Intensive supervision needed</td> </tr> <tr> <td>C. Video/audio review</td> <td>3. Acceptable/ Regular supervision needed</td> </tr> <tr> <td>D. Review of record/written work</td> <td>4. Advanced/ Occasional supervision needed</td> </tr> <tr> <td>E. Feedback from others</td> <td>5. Not applicable/Not assessed</td> </tr> <tr> <td>F. Other (Specify)</td> <td></td> </tr> </table>	METHOD(S) USED FOR ASSESSING COMPETENCY:	LEVEL OF COMPETENCY:	A Discussion in supervision	1. Remedial/In need of remediation.	B. Live observation	2. Beginning/ Intensive supervision needed	C. Video/audio review	3. Acceptable/ Regular supervision needed	D. Review of record/written work	4. Advanced/ Occasional supervision needed	E. Feedback from others	5. Not applicable/Not assessed	F. Other (Specify)	
METHOD(S) USED FOR ASSESSING COMPETENCY:	LEVEL OF COMPETENCY:														
A Discussion in supervision	1. Remedial/In need of remediation.														
B. Live observation	2. Beginning/ Intensive supervision needed														
C. Video/audio review	3. Acceptable/ Regular supervision needed														
D. Review of record/written work	4. Advanced/ Occasional supervision needed														
E. Feedback from others	5. Not applicable/Not assessed														
F. Other (Specify)															
<p>COMPETENCY STANDARDS <i>Based on Assessment models proposed by ADPTC (2004) and Assessment of Competency Benchmarks Work Group (APA BEA/CCTC; 2007)</i></p>															

RELATIONAL/ INTERPERSONAL SKILLS	HOW ASSESSED (Circle as many as apply)						PERFORMANCE (Circle one)				
With clients – Establish rapport and a therapeutic alliance with clients; negotiates conflict and differences; maintains appropriate professional boundaries	A	B	C	D	E	F	1	2	3	4	5
With Peers - Works collegially and collaboratively with peers; able to support others and their work and gains support for one’s own work; provides helpful feedback to peers and receives feedback non-defensively	A	B	C	D	E	F	1	2	3	4	5
With Others - Works collegially and collaboratively with other agency staff	A	B	C	D	E	F	1	2	3	4	5
Works well in team situations and demonstrates respectful interactions with others; demonstrates open mindedness and acceptance for differences (e.g., opinions, theoretical orientation, etc)	A	B	C	D	E	F	1	2	3	4	5
COMMENTS											

COMPETENCY STANDARDS	HOW ASSESSED: A. Discussion in supervision B. Live observation C. Video/audio review D. Review of record/written work E. Feedback from others F. Other (Specify)						LEVEL OF COMPETENCY: 1. Remedial/In need of remediation. 2. Beginning/ Intensive supervision needed 3. Adequate/Commensurate with level of training/ Regular supervision needed 4. Advanced/Beyond expectations for level of training/ Occasional supervision needed 5. Not applicable/Not assessed				
CONSULTATION/INTER-PROFESSIONAL SKILLS	HOW ASSESSED (Circle as many as apply)						PERFORMANCE (Circle one)				
Provides respectful and competent communication; effectively relates to other professionals in their roles; works effectively on multidisciplinary teams	A	B	C	D	E	F	1	2	3	4	5
Able to clarify consultation questions in relations to the particular needs, responsibilities and problems of the consultee	A	B	C	D	E	F	1	2	3	4	5
Knows and appropriately uses campus and community resources to maximize effectiveness of treatment/consultation.	A	B	C	D	E	F	1	2	3	4	5
COMMENTS											
DIAGNOSTIC AND PSYCHOLOGICAL ASSESSMENT SKILLS	HOW ASSESSED (Circle as many as apply)						PERFORMANCE (Circle one)				
Demonstrates knowledge of initial interviewing (both structured and semi-structured interviews; Mental status exam); Collects accurate and relevant data from interviews	A	B	C	D	E	F	1	2	3	4	5
Able to articulate diagnostic impressions based on DSM-IV-TR; integrates assessment data and supplemental information as needed to formulate diagnosis	A	B	C	D	E	F	1	2	3	4	5
Selects assessment approach and testing instruments that are appropriate to the referral question and/or presenting problem ;utilizes systematic approaches to gathering data to inform clinical decision making.	A	B	C	D	E	F	1	2	3	4	5
Accurately and consistently selects, administers, and scores and interprets assessment tools; administers assessment instrument based on relevance to referral question(s)	A	B	C	D	E	F	1	2	3	4	5
Effectively integrates multiple sources of assessment data to inform diagnosis, treatment recommendations.	A	B	C	D	E	F	1	2	3	4	5
Writing and communication is clear, reports are well organized; d uses good grammar and style; reports include necessary components; recommendations are specific and matched to referral question	A	B	C	D	E	F	1	2	3	4	5
Considers cultural diversity, disabilities, and potential medical issues throughout assessment process; responsive to and respectful of diverse individuals, couples, families, groups	A	B	C	D	E	F	1	2	3	4	5
Communicates assessment results to other professionals and, when appropriate, to the client and relatives, in a clear and professional manner; adjusts personal style and feedback details to accommodate client needs	A	B	C	D	E	F	1	2	3	4	5
COMMENTS											

COMPETENCY STANDARDS	HOW ASSESSED: A. Discussion in supervision B. Live observation C. Video/audio review D. Review of record/written work E. Feedback from others F. Other (Specify)	LEVEL OF COMPETENCY: 1. Remedial/In need of remediation. 2. Beginning/ Intensive supervision needed 3. Adequate/Commensurate with level of training/ Regular supervision needed 4. Advanced/Beyond expectations for level of training/ Occasional supervision needed 5. Not applicable/Not assessed
INTERVENTION SKILLS	HOW ASSESSED (Circle as many as apply)	PERFORMANCE (Circle one)
Able to define and articulate client’s presenting concern verbally and in written documents ; case conceptualizations are clear	A B C D E F	1 2 3 4 5
Able to develop treatment plans that are consistent with assessment and case conceptualization; sets appropriate/realistic treatment goals	A B C D E F	1 2 3 4 5
Implements therapeutic techniques in accordance with the specified treatment plan and based on the best available evidence for treatment efficacy (evidence based practice); able to use a variety of intervention skills	A B C D E F	1 2 3 4 5
Familiar with and implements Empirically Supported Treatments (EST) ,when appropriate	A B C D E F	1 2 3 4 5
In crisis situations, consistently/thoroughly assesses for safety risks, effectively screens for critical items (danger to self or others); discusses applicable confidentiality issues with clients	A B C D E F	1 2 3 4 5
Maintains complete records of all client contacts (relevant/crucial information); demonstrates an organized, disciplined approach to writing and maintaining notes	A B C D E F	1 2 3 4 5
Assesses and documents treatment progress and outcomes; evaluates treatment progress and modifies treatment planning as indicated; understands purpose of client outcomes and utilizes outcome measures in their treatment plan; uses outcome data to inform treatment	A B C D E F	1 2 3 4 5
Able to appropriately plan timing of termination and facilitate separation	A B C D E F	1 2 3 4 5
COMMENTS		
DIVERSITY - CULTURAL & INDIVIDUAL DIFFERENCES	HOW ASSESSED (Circle as many as apply)	PERFORMANCE (Circle one)
Understands and monitors own cultural identities (e.g., one’s ethnic/racial, socioeconomic, gender, sexual orientation, spiritual identities, values, attitudes, & related strengths/limitations) in relation to their work with others in professional settings and activities	A B C D E F	1 2 3 4 5
Acknowledges and respects differences that exist between self and clients in terms of culture and individual differences; discusses these differences with clients; recognizes and discusses limits to competence and seeks to improve multicultural knowledge	A B C D E F	1 2 3 4 5
Demonstrates an understanding of how cultural and individual differences may influence psychological assessment, psychotherapy, and consultation and constructs interventions that takes these into account	A B C D E F	1 2 3 4 5
COMMENTS		

<p style="text-align: center;">COMPETENCY STANDARDS</p>	<p>HOW ASSESSED:</p> <p>A. Discussion in supervision B. Live observation C. Video/audio review D. Review of record/written work E. Feedback from others F. Other (Specify)</p>						<p>LEVEL OF COMPETENCY:</p> <p>1. Remedial/In need of remediation. 2. Beginning/ Intensive supervision needed 3. Adequate/Commensurate with level of training/ Regular supervision needed 4. Advanced/Beyond expectations for level of training/ Occasional supervision needed 5. Not applicable/Not assessed</p>				
<p>ETHICS</p>	<p>HOW ASSESSED (Circle as many as apply)</p>						<p>PERFORMANCE (Circle one)</p>				
Demonstrates basic knowledge and understanding of APA Ethical Principles and Code of Conduct AND ASPPB Code of Conduct and other relevant ethical/professional codes, standards and guidelines; laws, statutes rules, and regulations	A	B	C	D	E	F	1	2	3	4	5
Aware of and adheres to agency's (training site) rules and regulations; policies and procedures	A	B	C	D	E	F	1	2	3	4	5
Identifies and resolves ethical issues using consultation/supervision appropriately; practices appropriate professional assertiveness related to ethical issues (e.g., by raising issues when they become apparent)...	A	B	C	D	E	F	1	2	3	4	5
Demonstrates sensitivity to cultural and individual differences in ethical decision making and professional interactions.	A	B	C	D	E	F	1	2	3	4	5
<p>COMMENTS</p>											
<p>INTEGRATION OF SCIENCE AND PRACTICE</p>	<p>HOW ASSESSED (Circle as many as apply)</p>						<p>PERFORMANCE (Circle one)</p>				
Demonstrates self direction, seeks out additional information, readings, research related to clinical practice; demonstrates interest in and ability to examine empirical basis for interventions and assessment tools	A	B	C	D	E	F	1	2	3	4	5
Demonstrates knowledge of important theory/research/conceptual issues and findings in the assessment and treatment of target clinical populations (e.g., children, adults, families, range of pathology, culture)	A	B	C	D	E	F	1	2	3	4	5
Applies evidence based practice concepts in case conceptualization, treatment planning, and interventions	A	B	C	D	E	F	1	2	3	4	5
Shows critical thinking and analysis; uses resources to promote effective practice	A	B	C	D	E	F	1	2	3	4	5
<p>COMMENTS</p>											

<p style="text-align: center;">COMPETENCY STANDARDS</p>	<p>HOW ASSESSED:</p> <p>A. Discussion in supervision B. Live observation C. Video/audio review D. Review of record/written work E. Feedback from others F. Other (Specify)</p>						<p>LEVEL OF COMPETENCY:</p> <p>1. Remedial/In need of remediation. 2. Beginning/ Intensive supervision needed 3. Adequate/Commensurate with level of training/ Regular supervision needed 4. Advanced/Beyond expectations for level of training/ Occasional supervision needed 5. Not applicable/Not assessed</p>				
<p>SUPERVISION</p>	<p>HOW ASSESSED (Circle as many as apply)</p>						<p>PERFORMANCE (Circle one)</p>				
<p>Effectively uses supervision to improve and enhance skills; comes to supervision prepared; makes good use of supervision</p>	A	B	C	D	E	F	1	2	3	4	5
<p>Works collaboratively with supervisor; seeks supervisory input and direction; aware of need for straightforward, truthful, and respectful communication in supervisory relationship (willingness to admit/share errors; follows through on recommendations ; accepts and implements supervisory feedback non-defensively</p>	A	B	C	D	E	F	1	2	3	4	5
<p>Provides feedback to peers regarding peers' clinical work in context of group supervision or case conference</p>	A	B	C	D	E	F	1	2	3	4	5
<p>Effectively uses self-reflection and self evaluation regarding clinical skills; shows awareness of strengths and areas for development; recognizes when supervisory input is needed and seeks it out</p>	A	B	C	D	E	F	1	2	3	4	5
<p>COMMENTS</p>											
<p>PEER SUPERVISION SKILLS</p>											
<p>Familiar with supervision literature (e.g., models, theories & research); knowledge of purpose, roles, and goals of supervision</p>	A	B	C	D	E	F	1	2	3	4	5
<p>Able to identify supervision interventions appropriate to developmental level of supervisee; seeks supervision from own supervisor to choose appropriate level or style of intervention or when complex or sensitive supervision issues arise.</p>	A	B	C	D	E	F	1	2	3	4	5
<p>Recognizes challenges in supervisory process and is able to address them with supervisees; recognizes limitations of supervisory skills and seeks guidance from supervisors as needed</p>	A	B	C	D	E	F	1	2	3	4	5
<p>Knowledge of methods & issues related to evaluating professional work, including delivering formative and summative feedback</p>	A	B	C	D	E	F	1	2	3	4	5
<p>COMMENTS</p>											

COMPETENCY STANDARDS	HOW ASSESSED: A. Discussion in supervision B. Live observation C. Video/audio review D. Review of record/written work E. Feedback from others F. Other (Specify)						LEVEL OF COMPETENCY: 1. Remedial/In need of remediation. 2. Beginning/ Intensive supervision needed 3. Adequate/Commensurate with level of training/ Regular supervision needed 4. Advanced/Beyond expectations for level of training/ Occasional supervision needed 5. Not applicable/Not assessed				
PROFESSIONAL IDENTITY AND DEVELOPMENT	HOW ASSESSED (Circle as many as apply)						PERFORMANCE (Circle one)				
Demonstrates understanding and acceptance of the roles and responsibilities of a clinical psychology trainee (future psychologist)	A	B	C	D	E	F	1	2	3	4	5
Prioritizes clinical tasks and deadlines efficiently; shows time management skills (e.g., arrives on time for appointments/meetings; completes paperwork in timely fashion; documentation is typically completed within scheduled work hours)	A	B	C	D	E	F	1	2	3	4	5
Demonstrates awareness of the impact their behavior has on others (clients, peers, staff, faculty, supervisors, etc.)	A	B	C	D	E	F	1	2	3	4	5
Demonstrates good insight into impact of stressors on professional functioning; seeks supervisory input or other resources that support healthy functioning and minimize this impact	A	B	C	D	E	F	1	2	3	4	5
Is accountable, dependable, and reliable	A	B	C	D	E	F	1	2	3	4	5
Consistently presents self in professional manner (dress; interactions with clients, peers, staff, faculty, supervisors, etc.)	A	B	C	D	E	F	1	2	3	4	5
Aware of personal and professional identity relative to individual & cultural differences; aware of personal beliefs, values, and attitudes and how these effect professional roles (clinical practice, research, teaching, consultation, etc)	A	B	C	D	E	F	1	2	3	4	5
Demonstrates realistic view of what he/she knows and what he/she does not know ; aware the extent and limits of knowledge, attitudes, and skills	A	B	C	D	E	F	1	2	3	4	5
Demonstrates commitment to life-long learning and quality improvement; seeks opportunities for professional development	A	B	C	D	E	F	1	2	3	4	5
COMMENTS:											

SUMMARY:

Areas of strengths:

Areas for further development:

Supervisor's Signature _____ **Date** _____

Supervisee's Signature _____ **Date** _____

APPENDIX N

Student Evaluation of Vertical Team (PSC) Supervisor

EVALUATION OF VERTICAL TEAM CLINICAL SUPERVISION

Name of faculty member _____ Date _____
 Evaluation period covered: Spring semester 20___ Fall semester 20___ Summer semester 20___
 Student's name (OPTIONAL) _____
 Number of years in USD Clinical Training Program 1 2 3 4+

Evaluate your clinical supervisor on each of the items below by circling the number which best represents your attitude. Leave an item unmarked only if not applicable, otherwise use a 6 point scale on which 1 = strongly disagree and 6 = strongly agree.

I. Providing Information and Technical Support

- | | | |
|-----|---|-------------|
| 1. | Conveyed clinical requirements to the student. | 1 2 3 4 5 6 |
| 2. | Conveyed understanding of clinical supervisor's role to the student. | 1 2 3 4 5 6 |
| 3. | Provided information to supplement the student's theoretical knowledge. | 1 2 3 4 5 6 |
| 4. | Communicated knowledge effectively. | 1 2 3 4 5 6 |
| 5. | Suggested appropriate outside readings and materials when applicable. | 1 2 3 4 5 6 |
| 6. | Demonstrated sufficient clinical expertise with the clinical cases for which supervision was provided | 1 2 3 4 5 6 |
| 7. | Provided direct suggestions for the therapeutic intervention when needed or requested. | 1 2 3 4 5 6 |
| 8. | Demonstrated therapeutic technique when needed or requested. | 1 2 3 4 5 6 |
| 9. | Provided guidance in implementing diagnostic procedures. | 1 2 3 4 5 6 |
| 10. | Provided guidance for report writing tasks. | 1 2 3 4 5 6 |

II. Fulfilling Supervisory Responsibilities

- | | | |
|-----|---|-------------|
| 11. | Returned paperwork within reasonable time. | 1 2 3 4 5 6 |
| 12. | Remained up-to-date regarding ongoing clinical activities. | 1 2 3 4 5 6 |
| 13. | Provided adequate amount of direct supervision. | 1 2 3 4 5 6 |
| 14. | Conveyed opinions regarding student's specific clinical strengths. | 1 2 3 4 5 6 |
| 15. | Conveyed opinions regarding student's specific areas of weakness. | 1 2 3 4 5 6 |
| 16. | Suggested ways for student to improve areas of weakness | 1 2 3 4 5 6 |
| 17. | Established clear goals conjointly with supervisee against which progress in supervision could be measured. | 1 2 3 4 5 6 |
| 18. | Appropriately confronted student for not fulfilling clinical requirements. | 1 2 3 4 5 6 |
| 19. | Provided supervisory evaluations periodically. | 1 2 3 4 5 6 |
| 20. | Evaluated student's performance fairly. | 1 2 3 4 5 6 |
| 21. | Made self available for emergency consultation. | 1 2 3 4 5 6 |

III. Facilitating Interpersonal Communications

- | | | |
|-----|--|-------------|
| 22. | Encouraged the student's expression of feelings and opinions relevant to clinical development. | 1 2 3 4 5 6 |
| 23. | Listened attentively to the student. | 1 2 3 4 5 6 |
| 24. | Displayed enthusiasm and interest in cases presented by student. | 1 2 3 4 5 6 |
| 25. | Demonstrated empathy and respect toward the student. | 1 2 3 4 5 6 |
| 26. | Communicated at a level consistent with the student's professional development. | 1 2 3 4 5 6 |
| 27. | Allowed the student sufficient opportunity to interact during the supervisory conference. | 1 2 3 4 5 6 |
| 28. | Encouraged student feedback concerning the supervisory process. | 1 2 3 4 5 6 |

IV.	Fostering Student Autonomy	
29.	Remained receptive to student ideas concerning the clinical intervention.	1 2 3 4 5 6
30.	Made own theoretical orientation clear.	1 2 3 4 5 6
31.	Showed flexibility in permitting a variety of valid procedures for the therapeutic intervention.	1 2 3 4 5 6
32.	Motivated the student to develop clinical skills.	1 2 3 4 5 6
33.	Encouraged the student's self-appraisal of his/her clinical behavior.	1 2 3 4 5 6
34.	Encouraged the student to become an increasingly more independent-autonomous professional.	1 2 3 4 5 6
V.	Providing Professional Model	
35.	Allowed some compromise between own theoretical orientation and that of student.	1 2 3 4 5 6
36.	Maintained an appropriate ethical responsibility to the client(s) and student/clinician.	1 2 3 4 5 6
37.	Demonstrated interest and enthusiasm regarding profession.	1 2 3 4 5 6
38.	Demonstrated poise and confidence in supervisory interactions.	1 2 3 4 5 6
39.	Provided an appropriate professional model overall.	1 2 3 4 5 6
	Overall rating of clinical supervisory effectiveness.	1 2 3 4 5 6

Major strengths of clinical supervisor:

Major weakness of clinical supervisor (and constructive suggestions for change):

Other comments:

APPENDIX O

Student Evaluation of Practicum Supervisor and Site

Student Evaluation of Practicum Supervisor and Site

MID-YEAR FINAL

Site: _____ Primary Clinical Psychology Supervisor: _____

Student: _____ Date: _____

Part I.

Please respond to the following questions relating to the primary clinical supervisor and your supervision experience at this practicum site.

How satisfied are you with:	Very dissatisfied				Very satisfied	
The turnaround time for reviewing progress notes, evaluation drafts, etc.	1	2	3	4	5	NA
The supervisor's commitment to making supervision a learning experience.	1	2	3	4	5	NA
The supervisor's openness to student feedback	1	2	3	4	5	NA
Supervisory feedback regarding specific areas of strength	1	2	3	4	5	NA
Supervisory feedback regarding specific areas of weakness and guidance for improvement	1	2	3	4	5	NA
Supervisor as a role model	1	2	3	4	5	NA
Encouragement by supervisor to engage in self-appraisal of your clinical behavior (skills, professionalism)	1	2	3	4	5	NA
The overall quantity of supervision received	1	2	3	4	5	NA
The overall quality of supervision received	1	2	3	4	5	NA

1. What is the general theoretical orientation of your primary clinical supervisor?

2. On the average, how often did you meet with your supervisor each week in individual supervision?
In group supervision?

3. Describe the strengths/assets/benefits of your supervisory experience at this site.

4. Describe how the quality of your supervisory experience at this site could be improved?

Part II.

Please respond to the following questions relating to the practicum site and your training experiences at this site.

Overall, how satisfied are you with the following:	Very dissatisfied				Very satisfied	
The workload at your placement	1	2	3	4	5	NA
The variety of the client demographics	1	2	3	4	5	NA
The variety of client presenting problems	1	2	3	4	5	NA
The amount of time spent in therapy	1	2	3	4	5	NA
The amount of time spent in assessments	1	2	3	4	5	NA
The amount of time spent in staffing/administrative meetings	1	2	3	4	5	NA
Your interactions with support/administrative staff	1	2	3	4	5	NA
Your interactions with other professionals	1	2	3	4	5	NA
The relevance of the training you have received to your overall training goals	1	2	3	4	5	NA
The learning opportunities provided for developing your skills as a psychologist	1	2	3	4	5	NA
Opportunities to integrate science and practice into your training experiences						
Agency's provision of adequate office space and related resources (e.g., phone, computer, etc.)	1	2	3	4	5	NA
Overall rating of the agency as a practicum/placement site	1	2	3	4	5	NA

1. Please describe the best features of this practicum site/ experience.

2. Please describe how your practicum experience at this site could be improved.

3. Would you recommend this placement to another student? YES [] NO [] DEPENDS []
Please explain:

**PLEASE RETURN THIS FORM TO PAM WITHIN THE TIME SPECIFIED ON EVALUATION COVER MEMO.
THANK YOU.**

APPENDIX P

Clinical Oral Examination Guide

There are three major areas for preparation and for presenting your orals case presentation. The areas include: your written document about the case, the condition of your client's chart, and your oral presentation. The guidelines for your orals preparation are described below:

I. Written Document:

- The written document is to be a combination of a “glorified” intake and treatment summary (as described in the PSC manual). More detail in the history, assessment and conceptualization are required.
- It is expected that you will provide references in the conceptualization segment to support your position (and other places if appropriate).
- If multiple assessments have been conducted, summarize them as a table or a chart in an appendix to your document so that they can easily be compared. Please include raw data, not simply *t* scores. You are welcome to bring additional handouts to your meeting if deemed helpful.
- Aliases should be used in the written document, and please avoid particularly identifying information. (Faculty will often work on these documents at home.) However, during your actual meeting, you may use the client's real name as the faculty will have access to the file.
- Please be certain that you provide your written document to the clinical faculty **IN HIS/HER DESIGNATED FILE IN THE TOP DRAWER OF THE FILE PSC FILE CABINET** at least four working days in advance. Then please send an email to them, telling them the document is in their hanging files.
- The text is to be no more than 10 pages double spaced, left justified, laser printed, 1” margins, 12 point font, roughly APA style including a simple header with page numbers.
- There can be additional pages used for references and Appendices.
- Proof read it carefully. Have someone else (excluding faculty) proof read it carefully. Use a spelling checker. Check your grammar.
- There are examples to look at from previous successful students in the PSC File Drawer, “Orals Files,” in JC's Inbox hanging file.

II. Client's file:

The condition of your chart is also a factor in grading orals. Please be certain that your client's file is in perfect condition (notes signed, pages in the proper order (Check the PSC Manual!), all material properly identified, no loose papers, any issues from the chart review resolved, etc.). **Bring the file with you to the meeting**, where it will be reviewed by each of the faculty. If your chart has had previous therapists, those sections of the chart must also be appropriately cleaned up.

If the case you are presenting in orals is a current client, make sure to obtain permission from your client and document your request and your client's response in your chart.

III. Orals Presentation:

- **PRIOR TO YOUR MEETING, YOU ARE RESPONSIBLE** for the following:
 - Obtaining any equipment needed for your presentation
 - Scheduling & confirming the time/date for your meeting with your committee members
 - Work with Pam or Penny to schedule a room (IT MUST BE HELD IN THE PSYC BUILDING-as no charts are allowed outside the building! SDU 103 and 203 work well, and we may also schedule these in the clinic, room E—BASEMENT? Not sure!).
 - **If the case you are presenting in orals is a current client**, make sure to obtain permission from your client and document your request and your client's response in your chart.
 - In addition, it is recommended that you let your client know the names of your committee members (as soon as you know this) so that they may indicate if they know someone and would prefer for that person to not hear details of his/her case (if this is the case, we may need to replace that committee member—so please let us know ahead of time!!).
 - **ALSO Please tell Penny the name(s) of the client/case** you are going to present so that she can post the names on the faculty files in the file drawer (so the faculty members can verify they do not know the person).
- Meetings usually last 2 hours, you will have roughly one and one half hours to present. However, the meeting is much like a thesis defense in that you will be interrupted at will by any faculty member and asked to explain a point, expand on an idea, or explain a rationale on you have taken or a choice you have made. **MOST OF THE FACULTY AGREE THAT THEY DON'T WANT YOU TO READ YOUR WRITTEN DOCUMENT TO THEM---**Try presenting from an outline or another format.
- You will have time to present roughly **5-10 minutes** of videotape of therapy with your client. Choose the segment which demonstrates you doing a technique/procedure that is consistent with your case conceptualization. (or as Randy puts this question, “What psychological principles are you attempting to bring to bear for you clients benefit, and how will we see that reflected in your behavior on the tape?”) **The clinical faculty would like you to show one clip or segment of a session (not multiple clips as previously allowed)**. The tape segment may be stopped at any time by any faculty member to ask questions. Therefore, be prepared to not get through all of your tape. If there's a segment you think we must see, the only guarantee is to start with it.
- Visual aids of some sort are encouraged, but not necessary. (Some have used overhead transparencies--Powerpoint slides are ok to use – but may be challenging if asked questions out of the order you prepared).
- This time will also be used to ask questions about your document and your client's chart.

APPENDIX Q

Sample Master's Program of Study



**PROGRAM OF STUDY
Masters Degree**

NOTE: COMPLETE IF EARNING MA IN USD CLINICAL PROGRAM

- NOTE:** 1) All transfer credit must be accompanied by a Transfer Credit Approval form and an OFFICIAL transcript.
 2) All signatures are the responsibility of the student to obtain.
 3) A copy of this completed form should be given to the graduate advisor in your department.
 4) **Hand-written forms will not be accepted.**

Name		Student ID/SSN	
Expected Date of Graduation			
Degree	MA	Major/ Department	PSYCHOLOGY
Plan A(Thesis)	X	Plan B (Non-Thesis)	

Courses in Major Field (if necessary attach additional information in a similar format)

Prefix	Number	Title	Grade	Semester Hours	Institution
PSYC	708	Seminar: Adv History & Systems		1	USD
PSYC	711	Seminar : Physiological Psychology		1	USD
PSYC	722	Seminar in Developmental Psychology		1	USD
PSYC	741	Seminar in Social Psychology		1	USD
PSYC	747	Science and Practice I		2	USD
PSYC	748	Science and Practice II		2	USD
PSYC	749	Vertical Clinical Team		2	USD
PSYC	750	Adult Psychopathology		3	USD
PSYC	751	Psychological Assessment I		3	USD
PSYC	752	Psychological Assessment II		3	USD
PSYC	764	Seminar in Personality Theories		1	USD
PSYC	771	Research Design & Statistics I		3	USD
PSYC	772	Research Design & Statistics II		3	USD
PSYC	777	Sem in Stats Topics :Quasi Design		1	USD
PSYC	786	Sem: Professional Development		2	USD
PSYC	798	Master's Thesis Research		6	USD

Note: The course numbers and titles must match what is on your transcript.

Supporting Course Work (if necessary attach additional information in similar format)

Note: No courses other than those listed above, if taken while a USD clin psyc grad student, should be listed here. Only grad courses <u>not</u> taken while in the clin program, that have been approved for transfer credit, should be listed here (max 9 credits).					
Total Supporting Hours					
Total in Program				35	

APPROVAL Signatures

Committee Chairperson, Printed Name

Committee Chairperson, Signature

Committee Member

Department Chair

Committee Member

Dean of the Graduate School

(Revised 8/09)

APPENDIX R

Sample Doctoral Program of Study



The University of South Dakota

PROGRAM OF STUDY

Doctoral Degree

GRADUATE SCHOOL

- NOTE:** 1) All transfer credit must be accompanied by a Transfer Credit Approval form and an **OFFICIAL** transcript.
 2) All signatures are the responsibility of the student to obtain.
 3) A copy of this form should be submitted to the graduate director/coordinator your department/program.
 4) **Please type - hand written forms will not be accepted.**

Name _____ Student ID/SSN _____

Expected Date of Graduation _____

Degree ____ AUD ____ DPT ____ EDD ____ PHD Major/Department _____

Area of Specialization _____

Previous Degrees

Undergraduate Degree _____ Major _____ GPA _____

College/ University _____ Date of Graduation _____

Masters Degree _____ Major _____ GPA _____

College/ University _____ Date of Graduation _____

APPROVAL:

Committee Chairperson, Printed Name

Committee Chairperson, Signature

Committee Member

Department Chair

Committee Member

Dean of the Graduate School

Committee Member

Committee Member

DOCTORAL PROGRAM OF STUDY APPROVAL OF GRADUATE TRANSFER CREDIT

Committee Chairperson

COURSE WORK

Masters/Specialist Level **NOTE: This section must match your Master's Program of Study. For Post-master's students entering program with approved master's thesis, ALL of your previous MA degree courses should be listed here. All of your USD courses should be listed in doctoral section below.**

Courses in Major Field (if necessary, attach additional information in similar format)

Prefix	Number	Course Title	Semester Hours	Grade	Institution
PSYC	708	Seminar: Adv History & Systems		1	USD
PSYC	711	Seminar : Physiological Psychology		1	USD
PSYC	722	Seminar in Developmental Psychology		1	USD
PSYC	741	Seminar in Social Psychology		1	USD
PSYC	747	Science and Practice I		2	USD
PSYC	748	Science and Practice II		2	USD
PSYC	749	Vertical Clinical Team		2	USD
PSYC	750	Adult Psychopathology		3	USD
PSYC	751	Psychological Assessment I		3	USD
PSYC	752	Psychological Assessment II		3	USD
PSYC	764	Seminar in Personality Theories		1	USD
PSYC	771	Research Design & Statistics I		3	USD
PSYC	772	Research Design & Statistics II		3	USD
PSYC	777	Sem in Stats Topics :Quasi Design		1	USD
PSYC	786	Sem: Professional Development		2	USD
PSYC	798	Master's Thesis Research		6	USD
				35	

Supporting Course Work (if necessary, attach additional information in similar format)

Prefix	Number	Course Title	Semester Hours	Grade	Institution

Total Master/Specialist Credits 35

Doctoral Level:

Courses in Major Field (if necessary, attach additional information in similar format) **All psychology courses taken while in the Clinical Program go here**

Prefix	Number	Course Title	Semester Hours	Grade	Institution
PSYC	701	Seminar: Ethics & Professional Issues	3		
PSYC	705	Learning, Memory & Cognition	3		
PSYC	714	Psychopharmacology	2		
PSYC	779	Child Psychopathology	2		
PSYC	780	Rural Community Psychology	3		
PSYC	781	Child and Family Psychotherapy	3		
PSYC	782	Psychotherapy Research and Practice	3		
PSYC	783	Psychotherapy Techniques with Adults	3		
PSYC	786	Sem: Professional Development	6 (+)		
PSYC	746	Vertical Clinical Team	6 (+)		
PSYC	765	Peer Supervision Practicum	4		
PSYC	769	Clinical Practicum	6 (+)		
PSYC	898	Doctoral Dissertation Research	15 (+)		
PSYC	894	Clinical Psychology Internship	3		
PSYC		<i>Elective stats/methods*</i>	3		
PSYC		<i>Elective*</i>	3		
PSYC		<i>Elective*</i>	3		
		<i>(all DMHI courses go in Psychology section)</i>			

*** If elective courses are taken outside of psychology department, enter them under “supporting coursework”**

Supporting Course Work (if necessary, attach additional information in similar format)

Prefix	Number	Course Title	Semester Hours	Grade	Institution

Total Doctoral 71+
Total Credit Hours 106+

Title of Dissertation:

APPENDIX S

Clinical Program Format for Thesis/Dissertation Title Page

TITLE OF YOUR THESIS OR DISSERTATION
IN CAPS AND SINGLE SPACED,
CENTERED AT TOP OF PAGE

By

Your Full Name

Where you received degree 1

Where you received degree 2

A Dissertation Submitted in Partial Fulfillment of
The Requirements for the Degree of
Masters of Arts (*or Doctor of Philosophy*)

Clinical Psychology Program
Department of Psychology
In the Graduate School
The University of South Dakota
August, 2010

(or December, or May depending on the month/year your degree is conferred)

(no page number on title page)

APPENDIX T

Paperwork and Timelines for Thesis/Dissertation

Proposal and Defense Meetings

Ψ PAPERWORK & TIMELINE FOR THESIS/DISSERTATION PROPOSAL MEETING

1. Constitute Committee (all members must have Graduate Faculty status)
 - a. For M.A. at least 3 members consisting of the following:
 - i. Major Advisor (Psychology Faculty)
 - ii. One In-house Psychology Faculty
 - iii. One outside department faculty member
 - b. For Ph.D. at least 5 members consisting of the following:
 - i. Major Advisor (Psychology Faculty)
 - ii. Three Psychology Faculty (one of whom may be an adjunct Psychology Professor)
 - iii. One outside department faculty member
2. Contact Pam once your committee has been constituted. She will prepare a memo with this information that will be sent to the Graduate School and a copy maintained in your student file. The following signatures are needed on this memo:
 - a. Student
 - b. Major Advisor
 - c. CTP Director
 - d. Chair of Psychology Department
3. Contact your committee to set up a proposal date (2 hr time slot).
4. Reserve a room for proposal meeting. (2 hours time slot)
5. If you need a projector, check with the department (Carla) to see if the department projector is available. If you need a laptop and projector and neither is available in the department, contact ITS at 5028. Be sure to reserve the equipment at least 2 days before your proposal meeting.
6. Complete a Program of Study form with the help of your advisor to take to your proposal meeting for committee signatures. (Templates are available in Appendices P & Q above).
 - a. Be sure to give Pam a copy of this signed form for your file before you turn it in to the Graduate School.
 - b. The completed Program of Study needs to be in the Graduate School no later than the start of the semester in which you plan to graduate. (ALSO SEE LIST OF DEADLINE DATES IN ROOM 105.)
7. Application for Degree Form (see Pam). This form needs to be in the Graduate School at least 3 months before the month you plan to graduate. (ALSO SEE LIST OF DEADLINE DATES IN ROOM 105.)
8. Distribute the proposal copy of your thesis/dissertation to members of your committee at least 5 working days before the proposal date (excluding holidays & weekends).

FORMS TO TAKE TO YOUR PROPOSAL MEETING*

1. Completed Program of Study (need photocopy for your file in 105).
2. Extra copy of title page for signatures documenting successful completion of your proposal meeting (to be filed in room 105)

*BE SURE TO CHECK GRADUATE SCHOOL DEADLINE DATES FOR VARIOUS FORMS IN THE PROGRAM OFFICE. (SDU 105)

Ψ PAPERWORK & TIMELINE FOR THESIS/DISSERTATION DEFENSE MEETING

1. Contact committee members to set up a date.
2. Reserve a room for a 2 hour time slot.
3. If you need a projector, check with the department (Carla) to see if the department projector available. If you need a laptop and projector and neither is available in the department, contact IT at 5411. Be sure to reserve the equipment at least 2 days before your proposal meeting.
4. Distribute final document to committee members and 1 copy for SDU 205 at least 5 working days prior to thesis defense date and 10 working days prior to dissertation defense date.
5. Once date and room are confirmed and copies distributed contact Pam to do a memo to graduate school to advertise your defense. (Will need date, time, room, title of your document and list of committee members names and degree.)
6. Fill out Graduation Approval form. (Give to major advisor to take to defense meeting for signatures. Need a copy for your file in 105).
7. Two completed signature pages (FOLLOW graduate school and program guidelines)

FORMS TO TAKE TO DEFENSE MEETING

1. Two blank Signature pages (Follow Graduate School and Program Guidelines.)
 - a. One all signatures have been secured, this will need to be scanned so it can be included in your final online document submission (see below)
2. Graduation Approval Form *

FOLLOWING DEFENSE

1. Follow procedure for submitting your thesis/dissertation on line. Prepare the final version according to the program and Graduate School guidelines. Submission is done online using ProQuest at <http://www.etdadmin.com/sdakota>. Please refer to the ProQuest Process Document available on the Graduate School Thesis and Dissertation Guidelines and Procedures available on the MyU. Portal.
2. Also check with Graduate School about other forms they need to have filled out for your dissertation defense.
 - a. Survey of Earned Doctorate
 - b. Publishing of your dissertation.

***BE SURE TO CHECK GRADUATE SCHOOL DEADLINE DATES FOR VARIOUS FORMS IN THE PROGRAM OFFICE (SDU 105)**