Welcome to Oklahoma State University. We are glad you are here and glad you chose our doctoral training program in clinical psychology to pursue your goals of a doctoral degree and career in clinical psychology.

This Supplement to the Graduate Student Handbook is designed to help students and faculty keep up with the rules and regulations that pertain to students in the clinical program. The Supplement is not a replacement for the Graduate Student Handbook. You should be familiar with both documents, as well as University and Graduate College guidelines that may pertain to completion of your degree. Although we have tried to eliminate any inconsistencies in guidelines presented in the manual with information presented elsewhere, if there are inconsistencies, the rules and regulations of the University supersede all others, followed by those of the Graduate College, Department, and finally the Clinical Program. Please bring any inconsistencies to the attention of the Director of Clinical Training so changes can be made in future versions of this Supplement.

The journey toward a doctoral degree is a long one, with many twists and turns along the way. This supplement is part of the map to guide you. On behalf of the many people who will influence your training along the way – including faculty, instructors, supervisors, mentors, committee members, staff, and students – welcome again and good luck.

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Part I. General Plan of Study

Our overarching goals for the Ph.D program in Clinical Psychology at OSU are as follows:
Goal #1: To produce graduates with the knowledge and skills required to conduct and evaluate empirical research in areas of importance within clinical psychology.
Goal #2: To produce graduates with a broad base of psychological theory and research related to the field of clinical psychology.
Goal #3: To produce graduates who acquire and demonstrate knowledge of the theoretical bases and empirical support for current methods of clinical practice and the skills required to implement theory-based, evidence based practice.
Goal #4: To produce graduates with the skills necessary to conduct themselves ethically and professionally.
Goal # 5: To produce graduates with the skills necessary to conduct themselves in a culturally competent manner in their research and clinical practice.

Please note that the Clinical Psychology Ph.D. program requires a minimum of four years of full-time study on campus plus an additional 1-year internship for program completion, and that at least two years must be at the institution and one year must be in full-time residence.

While each student will work closely with faculty advisors to determine his or her unique plan of study, the following guidelines summarize what typically occurs during the course of training.

A. Masters Component

Fall, First Year
- Begin departmental core quantitative courses (These are listed in Part III).
  - PSYC 5304 Quantitative Methods in Psychology I
- Begin clinical core Courses (These are listed in Part III).
  - PSYC 5113 Psychopathology
  - PSYC 5153 Cognitive Assessment
- Begin clinical practicum in Psychological Services Center (PSC).
- Select research advisor for Master’s thesis and begin plans for thesis.
- Notify DCT as to your “Permanent Academic Advisor”.

Spring, First Year
- Continue departmental core quantitative courses.
  - PSYC 5314 Quantitative Methods in Psychology II
- Continue clinical core courses.
  - PSYC 5333 Systems of Psychotherapy
  - PSYC 6753 Assessment of Personality
- Continue Master’s thesis.
- Continue clinical practicum in PSC.
- Enroll in teaching practicum.
- Turn in Master’s degree “Plan of Study” to the Graduate College

Summer, First Year
- Defend thesis proposal.
- Continue clinical practicum in PSC.
- Continue thesis.

Fall, Second Year
- Continue departmental core courses or clinical electives.
  - PSYC 6223 Research Design
- Continue Masters thesis.
Clinical Program Supplement

- Continue clinical practicum in PSC.
- Take departmental core course(s) or clinical elective(s)

**Spring, Second Year**
- Continue clinical core courses.
  - PSYC 6083 Principles of Behavior Therapy
- Defend Master’s thesis.
- Submit paperwork for graduation to the Graduate College.
- Continue clinical practicum in PSC.
- Take departmental core course(s) or clinical elective(s)

**B. Doctoral Component**

*Note: Although the following requirements may be met in two years, the doctoral component is less “scripted” than the first two years of training. Work closely with your mentor and advisory committee when planning this portion of your training. As with the Masters component, during this phase of your training you will typically continue to be continually involved in coursework, research, and supervised practica experiences.*

- Select Doctoral Advisory Committee.
- Submit Plan of Study to Graduate College by the end of the second full semester of enrollment post thesis defense.
- Continue PSC practicum and begin outlying practica assignment(s).
- Continue coursework to satisfy departmental requirements.
- Continue coursework to satisfy clinical program requirements.
- Complete Clinical Comprehensive Examination (See Part VII).
- Complete Qualifying Examination (See Part VII)
- Complete dissertation.
- Complete clinical internship. Please note that prior to applying for clinical internship, you must successfully complete the Clinical Comprehensive Examination AND successfully defend dissertation proposal (Qualifying Exam) (by 1st Tuesday of October for internship applications for the upcoming year).

**C. Costs of the Program**

We realize that it is important for students to have accurate information about the financial costs of the program. Assuming that a student enrolls in 13 hours in each regular semester, and receives at least a half-time departmental graduate assistantship, for 2017 the cost is estimated to be $2159 (based upon fees of $166.15/credit hour and 100% waiver of both non-resident and resident tuition). In addition to the costs of the two regular academic semesters, clinical students are also expected to enroll in a minimum of three credit hours each summer (one research and two practicum credits; except the summer following their first year where they enroll in two credits). This minimum enrollment will add $332.30 fees to the annual expense. Therefore, the total cost for one full year of graduate study with typical credit hour enrollments would be $4292.

**Part II. Advisors**

**A. General Issues**

Two types of advisors are referred to throughout this supplement: Academic Advisors and Research Advisors. *For the majority of students, one faculty member serves both roles.* The major exception occurs when the research advisor is an Experimental Psychology faculty member. In this case, the Academic Advisor will be a clinical faculty member. Furthermore, with the consent of the Research Advisor, a student may have different clinical faculty members serving as Academic and Research Advisors.
B. The Academic Advisor

The Clinical Program requires that each student have a clinical faculty member as his or her Academic Advisor. Prior to your arrival, the Director of Clinical Training serves as an initial Academic Advisor. Following the selection of a Research Mentor, the student must indicate whether or not the Research Mentor or another Clinical Faculty Member will serve as the Academic Advisor. As noted above, most faculty (and students) prefer that the Research and Academic Advisors be the same individual unless the Research Advisor is not a clinical faculty member.

C. The Research Advisor

The Research Advisor (sometimes referred to as the “Research Mentor” or simply “Mentor”) is the faculty member who is actively directing a student’s thesis or dissertation. This individual is also typically the chair of the student’s thesis or dissertation committee.

Part III. The Curriculum

A. General Issues

The curriculum is not a rigid lock-step plan, and students are likely to see some changes during their training at OSU. However, curriculum requirements in place when a student begins graduate training are the requirements that pertain to that student. Any change made during a student’s training will not affect that student without his or her consent. In most instances, a student may choose to meet the requirements in place when he or she begins training or may choose to meet the requirements in place when she or he graduates. Thus, the student can take advantage of any changes that are viewed as consistent with his or her career objectives.

B. Coursework

1. Departmental Core Courses

The clinical program requires all students to take at least four of the six Departmental core courses to satisfy the CoA domains of cognitive bases of behavior (PSYC 5823 - Cognitive Processes), affective bases of behavior (PSYC 6613 – Experimental Learning Theories), developmental bases of behavior (PSYC 5813 - Lifespan Cognitive Developmental Psychology or PSYC 5913 - Lifespan Social Developmental Psychology), biological bases of behavior (PSYC 6483 – Neurobiological Psychology), and social bases of behavior (PSYC 6563 – Advanced Social Psychology). A minimum of three of these classes must be satisfied with courses offered by the Department. One of the four may be satisfied with a similar course from outside the Department or with a transfer credit of a similar course at a different institution (assuming all other requirements for a transfer credit are met and the course provides comparable coverage of the relevant CoA domain). Students must petition CTC for approval of such plans in writing.

- PSYC 5823 – Cognitive Processes
- PSYC 5813* – Lifespan Cognitive Developmental Psychology
- PSYC 5913* – Lifespan Social Developmental Psychology
- PSYC 6483 – Neurobiological Psychology
- PSYC 6563 – Advanced Social Psychology
- PSYC 6613 – Experimental Learning Theories

*Only one of these can count toward program requirement of four of these courses.

2. Other Departmental Core Requirements (must take all of these courses).

- PSYC 5304 – Quantitative Methods in Psychology I
- PSYC 5314 – Quantitative Methods in Psychology II
- PSYC 6223 – Research Design
- Quantitative Elective (3 credit course)
- PSYC 5660 – Teaching Practicum
- PSYC 5000 – Thesis (6 credit hours needed)
- PSYC 6000 – Dissertation (15 credit hours needed)

Clinical Core Courses (must take all of these courses).
- PSYC 5113 – Psychopathology
PSYC 5333 – Systems of Psychotherapy  
PSYC 5153 – Cognitive Assessment  
PSYC 6733 – Assessment of Personality  
PSYC 6083 – Principles of Behavior Therapy  
PSYC 6133 – Ethnic and Cultural Diversity in Psychology  

3. History Requirement  

All clinical students are required to take a graduate course in the history of psychology. This requirement can be met with:  

PSYC 4493G – History of Psychology (taken for graduate credit)  
or  
EPSY 6133 – History and Systems of Psychology  
or  
A Graduate course in the History of Psychology taken at another university.  

This requirement can also be met with a graduate-level course in the history of psychology taken at another University.  

4. Clinical Electives  

Each clinical student is required to take four additional 3-credit elective courses. Practicum cannot count as elective coursework, however, graduate level courses from other departments (e.g., Counseling Psychology, Statistics, OUHSC) can be considered. The student’s Doctoral Dissertation Committee makes the final decision regarding which courses can be counted. The content of these courses need not be “clinical” in nature (i.e., courses on psychopathology, treatment or assessment) to count as a clinical elective. The term “clinical elective” merely refers to this being a requirement for the clinical program. The student’s choice of clinical electives also defines the subspecialty training designation for the student, as described below.  

5. Expected Academic Performance and Remediation  

As is noted in the Graduate Student Handbook, only grades of B or better are considered satisfactory performance in graduate courses that count toward your plan of study. If a student earns a grade of C, D, or F in a graduate course, the student must successfully remediate the unsatisfactory performance. One way of remediating the course is to retake the course (see the Graduate Student Handbook for implications of these upon your cumulative graduate GPA). In some cases, the CTC may request that the student undertake other activities to remediate the unsatisfactory performances. Examples might include redoing major course projects, retaking major exams, or enrolling in other similar courses (and earning a B or better in those courses). The remediation plan will be negotiated with the instructor of record for the course being remediated, when possible, and must be agreeable to the CTC before the student may proceed with the remediation. In instances of unique, individualized remediation plans, the CTC will be the sole judge of whether the student has successfully remediated the deficiency.  

6. Subspecialty Training  

While the program is a general clinical psychology program, we recognize four subspecialty emphases: Clinical Child, Pediatric Psychology, Adult Psychopathology, and Health Psychology. Every student will be classified as part of one of the four areas. Students should use their career goals and interests in determining which subspecialty will be completed. Some faculty consider subspecialty training as necessary for particular internship programs. Keep in mind, however, that the goal of the program is to provide all students with broad and general training in clinical psychology. Subspecialty training
merely allows a student to begin to acquire expertise in a particular subspecialty of clinical psychology.

All subspecialty tracks have a flexible curriculum, and subspecialties guide the student’s selection of elective courses. Students should work closely with their academic advisor and their doctoral advisory committee to determine which courses to take. The following guidelines are provided to help students select coursework for subspecialty training:

**Clinical Child Psychology**

The following courses should be taken by students interested in the Clinical Child subspecialty:
- PSYC 6173 – Child Psychopathology and Treatment
- PSYC 6723 – Child Diagnostic Methods

Students must take two additional elective courses. The specific courses to be taken are determined by the student and his or her advisor.

**Adult Psychopathology**

Adult Psychopathology training allows a student to develop a specialization that may be unique to his or her career goals. The student should work closely with his or her advisor and advisory committee to put together four courses that meet a specified goal. For example, a student with an interest in adult psychodiagnostics might choose advanced coursework in assessment or a student interested in marriage and family therapy might choose advanced coursework related to marriage and family therapy or systems theory. The Adult Psychopathology track does not have specific required courses and students in this track may choose any graduate level course approved by his or her advisor and advisory committee.

**Health Psychology**

The following courses should be taken by students interested in the Health Psychology subspecialty:
- PSYC 6443 – Behavioral Medicine
- PSYC 6143 – Psychology of Substance Abuse

Students must take two additional elective courses. The specific courses to be taken are determined by the student and his or her advisor.

**Pediatric Psychology**

The following courses should be taken by students interested in the Pediatric Psychology subspecialty:
- PSYC 6173 – Child Psychopathology and Treatment
- PSYC 6723 – Child Diagnostic Methods
- PSYC 6523 – Family Treatment Methods
- PSYC 6453 – Pediatric Psychology

Students are also strongly encouraged to elect to take PSYC 6443 Behavioral Medicine and/or PSYC 6143 Substance Abuse as additional courses, depending upon their particular interests.

Appendix A contains a checklist that should help students keep track of their progress with regard to these requirements. Students are encouraged to meet with their academic advisors to discuss when to take each course.

**C. CoA Competencies**
Programs accredited by the American Psychological Association’s Commission on Accreditation (CoA) are required to document that students develop graduate-level competency in several areas. While CoA does not specifically require coursework, we must document that you have received graduate level training in several key areas. In addition, several state licensure boards require applicants to document competencies (often with graduate-level courses) that fit each area. By fulfilling the program curriculum requirements, students will satisfy most of these competencies (examples of coursework or experiences follow below). However, there may be additional training experiences (courses, etc.) that a student may need to pursue to satisfy all areas. Students need to think carefully about these issues, and work closely with their advisors, in their selection of departmental core classes and clinical electives.

There is more flexibility available in how a student satisfies CoA competency domains than in satisfying departmental or program requirements. For example, a student may be able to use any relevant graduate course, including those taken from other OSU departments or other universities, to satisfy a CoA competency domain (with CTC approval).

**Competency Domains**

The Breadth of Scientific Psychology
The breadth of scientific psychology has been identified by the CoA as consisting of graduate level coursework (or equivalent) in each of the following areas. Many state licensure laws further request 3 credit courses in each of the areas, although there is a great deal of variability from state to state. With respect to CoA requirements, the clinical program must ensure that each student receives graduate level training in each of these areas. Examples of courses taught by the department are listed after each topic, although it is important to keep in mind that there are other ways to satisfy these domains, including taking courses from other OSU departments or other universities.

a. **biological aspects of behavior** – Neurobiological Psychology (PSYC 6483) satisfies this domain.

b. **cognitive aspects of behavior** – Cognitive Processes (PSYC 5823) satisfies this domain. Other courses, including Experimental Learning Theories (PSYC 6613), and Principles of Behavior Therapy (PSYC 6083) provide additional coverage of cognitive aspects of behavior.

   afferent aspects of behavior - PSYC 6613 Experimental Learning Theories provides coverage of this area. Five additional courses (PSYC 6563-Advanced Social Psychology, PSYC 5333-Systems of Psychotherapy, PSYC 6083-Principles of Behavior Therapy PSYC 5823 – Cognitive Processes, and PSYC 5113 - Psychopathology provide additional coverage of this area.

c. **social aspects of behavior** – Advanced Social Psychology (PSYC 6563) satisfies this domain.

d. **history and systems of psychology** – Either History of Psychology (PSYC 4493G) taken for graduate credit or History and Systems of Psychology (EPSY 6133) satisfy this domain, or other Graduate course in History taken at another university.

e. **psychological measurement** – Cognitive Assessment (PSYC 5153) and Assessment of Personality (PSYC 6753) satisfy this domain.

f. **research methodology** – Research Design (PSYC 6223) satisfies this domain.

g. **techniques of data analysis** – Quantitative Methods I in Psychology (PSYC 5303) and Quantitative Methods in Psychology II (PSYC 5313) both satisfy this domain.
Scientific and Theoretical Foundations of Clinical Psychology

Scientific and theoretical foundations of clinical psychology have been identified by the CoA as specific training in critical areas relevant to the practice of psychology. Licensure boards appear to be more flexible in this area and merely require documentation of training. Our program does not offer a specific course dealing with individual differences, for example, and does not have a plan to develop such a course at the present. Additionally, we no longer require a course on Ethics and Professional Development in Psychology. Rather, competency is mastered in clinical practicum as indicated below.

a. *individual differences in behavior* -- The major source of training in individual differences comes from the Clinic Teams. All students are required to enroll in 4 years of clinical practicum. From an academic perspective, this is equivalent to 8 3-credit courses.

b. *human development* -- Either PSYC 5813 - Lifespan Cognitive Developmental Psychology or PSYC 5913 - Lifespan Social Developmental Psychology satisfy this domain. Other courses outside of psychology, like HDFS 6283, Seminar in Human Development may also satisfy this requirement.

c. *dysfunctional behavior or psychopathology* -- Psychopathology (PSYC 5113) satisfies this domain.

d. *professional standards and ethics* -- The major source of training in individual differences comes from the Clinic Teams, though issues of ethics and professional development also are included in all clinical coursework. All students are required to enroll in 4 years of clinical practicum. From an academic perspective, this is equivalent to 8 3-credit courses.

Assessment and Implementing Intervention strategies

Both the CoA and licensure boards look more broadly at training in this area, although some coursework is expected. The following areas do not typically show up in terms of coursework. However, several of our required courses satisfy these points.

a. *theories and methods of assessment and diagnosis* -- Psychopathology (PSYC 5113), Cognitive Assessment (PSYC 5153), and Assessment of Personality (PSYC 6753) all satisfy this domain.

b. *effective intervention* -- Systems of Psychotherapy (PSYC 5333) and Principles of Behavior Therapy (PSYC 6083) satisfy this domain.

c. *consultation and supervision* -- this may accomplished through Clinical Practicum teams.

d. *evaluating the efficacy of interventions* -- Research Design (PSYC 6223), Principles of Behavior Therapy (PSYC 6083), Systems of Psychotherapy (PSYC 5333), and practicum teams all include components that address this competency

Issues of Cultural and Individual Diversity

This competency domain is satisfied by our required course in Ethnic and Cultural Diversity in Psychology (PSYC 6133)

Attitudes Essential for Life-Long Learning

While this is not viewed as “coursework”, the attitudes and competencies for lifelong learning, scholarly inquiry, and professional problem-solving of psychologists is integrated throughout all aspects of the training program including coursework, research endeavors, and practicum experiences and teams focused upon evidence-based practice
of psychology. This competency may be demonstrated via membership in appropriate professional organizations, attendance at state, regional, or national conferences, or subscription to one or more professional journals.

Part IV. Clinical Training

A. General Issues

Students are required to spend a minimum of four full years in clinical practica before completing an APA-Approved Internship. Additional clinical training may be required depending on the student’s competencies. These decisions are made during yearly evaluations and communicated to the students in writing. While the number of practicum hours can vary from semester to semester, the program requires a minimum enrollment of 2 hours per semester (including summer).

All students engaged in practicum are required to maintain professional liability insurance and provide documentation of that coverage on an annual basis. Affordable insurance for students is available through the APA Trust (www.apait.org) and other insurers.

B. PSC Practicum

All clinical students must enroll in practicum (PSYC 6640) for a minimum of four years, including Fall, Spring, and Summer semesters. First- and second-year students typically enroll in two credit hours of “in house” practicum, as the PSC is the only practicum assignment for these students. Students in the third year and beyond typically enroll in one credit hour of “in house” practicum and one hour of “outlying” practicum. Third and fourth year students typically have a primary practicum placement off campus but are expected to engage in some ongoing supervised clinical work in the PSC and actively participate in classroom practicum team activities. All students in their third and fourth year must carry PSC clients unless they have met their PSC hourly requirements or have approval by the CTC.

All students engaging in any type of practicum activity must register for PSYC 6640 each semester (including summers). Team assignments determine the section in which a student should enroll. Team assignments are made by the PSC Director in consultation with the clinical supervisors. Students will be asked to submit preference rankings prior to the start of each Fall semester, and student preferences will be considered in making decisions about team assignments. The PSC has a detailed clinic manual that students are responsible for mastering. It should be noted that students are expected to participate in adult-oriented and child-oriented teams during the course of their training. Therefore, a child-oriented student might be assigned to several child-oriented teams but at least one adult-oriented team. Similarly, adult-oriented students might be assigned to several adult-oriented teams but at least one child-oriented team.

C. External (aka “Outlying”) Practicum

The department has several outlying practicum placements. Some placements provide a stipend and others are unpaid. To be considered for outlying practicum placement, a student must have successfully completed two years of PSC practicum. Supervision is provided by an on-site supervisor at the outlying agency. Students placed on outlying practica must register for one credit of PSYC 6640 as “outlying” practicum in addition to one credit of “in house” practicum. If a student has an interest in a practicum opportunity that is not currently offered, he or she should talk with the Associate DCT about that interest. Under no circumstances should students pursue new practicum placements without the knowledge and approval of the coordinator of external practica. All practicum placements must be approved, in advance, by the Clinical Training Committee.
IMPORTANT: There is a process for pursuing and being placed in outlying practica. Two different processes exist for funded and unfunded practica. This process is detailed in Appendix B. All students must adhere to this process. Pursuing practica outside of this process would be considered unprofessional and such behavior will be considered in making placement decisions and during the student’s annual review.

D. Clinical Internship

Student must complete an APA-Approved Clinical internship (or equivalent) prior to graduation. The internship year is typically the 5th or 6th year of training. Internship applications are solicited in the Fall and internships begin in the Summer or Fall of the subsequent year. To be eligible to apply for internship, students must meet four requirements:

First, students must petition the Clinical Training Committee to be recognized as “Ready for Internship” prior to October 1. This petition should indicate the status of the student’s Comprehensive Clinical Examination, Qualifying Examination, and Doctoral Dissertation. The Clinical Internship year is a critical part of training, and the CTC has the obligation of ensuring that students are fully prepared for that experience. The decision about internship readiness is based on the student’s overall readiness. This includes research readiness, clinical readiness, coursework readiness, and professional development. This decision will be made in a special review meeting during the October CTC meeting, which is typically held on the first Tuesday of October but could be moved if needed. Since there are no internship application deadlines prior to November 1, scheduling of the meeting will not adversely effect approval. Unless a student was notified in writing during his or her annual review that there were concerns about progress in the program or unless new problems have arisen since the last annual review, approval should be forthcoming. Students should discuss any concerns with their academic advisors.

Second, students must successfully pass the Comprehensive Clinical Examination prior to being approved to apply for internship. As noted elsewhere in this document, it is recommended that this be done in the Spring prior to requesting to be recognized as “Ready for Internship”.

Third, students must successfully pass the Qualifying Examination. This examination is determined by the student’s dissertation committee, as described in Part VII.

Fourth, students must have an approved dissertation proposal. Notice of such approval should be given in writing to the DCT by the dissertation chair.

One caveat that should be considered when making the petition for “Readiness for Internship” is the feasibility of completing the dissertation prior to starting internship. It is very much in the student’s interest to have defended the dissertation prior to starting internship. This ensures that the student will have met all degree requirements at the end of internship and will be eligible for most postdoctoral positions at that time. It is important that you understand that the clinical program cannot guarantee that students will be successful in securing an internship.

APPIC Match

APA-approved internship programs are members of the Association for Psychology Postdoctoral and Internship Centers (APPIC) and participate in a computer matching system for selecting students for internship placements. As students approach this point in their training, they will work closely with the DCT who will help them navigate the internship application and computer match process. Students are advised to become very familiar with this process early in their training by reviewing the information at www.appic.org.

Enrollment during Internship
During the internship year, students must maintain continuous enrollment. Students who have defended their dissertations and completed a minimum of 15 hours of PSYC 6000, should enroll in one credit hour each semester of PSYC 6990 – Advanced Internship in Clinical Psychology. The University will waive both resident and non-resident tuition for this hour. Students are responsible for associated fees. Students who have not defended their dissertations must continue to enroll in PSYC 6000 credit hours (minimum of two per semester) until the dissertation is defended and at least 15 hours of PSYC 6000 have been earned. The University will not waive tuition for these hours and students are responsible for associated fees. If the dissertation is defended during the internship year, the student may enroll in one credit hour of PSYC 6990 for subsequent semesters. In either situation, the University will certify the student’s enrollment as full-time for purposes of financial aid.

It is important to note that if an internship continues into the start of the Fall semester, students must register for internship credits. If the internship ends after the summer graduation deadline but before the Fall semester begins, students do not register for the Fall. The Graduate College has agreed to waive the rule about being registered in the semester in which they graduate for students in this situation (assuming all degree requirements are complete, including dissertation). Because some internships have later end dates and thus, will not meet official graduation deadlines, the DCT will send verification to post-doctoral supervisors or employers indicating that the student has completed all degree requirements.

Part V. Research

The Ph.D. degree is a research degree, not a professional degree. As such, continuous involvement in research is expected throughout training at OSU. The two formal projects required are the master’s thesis and the doctoral dissertation. As both of these are departmental requirements, not specific to the clinical program, they are not discussed in detail in this section (although please see section VIII below regarding formatting recommendations for clinical students). Keep in mind, however, that successful defense of the dissertation proposal is required prior to applying for internship.

Part VI. General Policies

1. All students are expected to pre-register each semester. Failure to do so jeopardizes course offerings and makes curriculum planning difficult.

2. Changes in Academic and/or Research Advisor(s) should be made in writing to the Department Head with a copy sent to the Director of Clinical Training. Remember, however, the student must have the consent of the faculty member who is to serve as the new advisor. A copy of this request will be placed in the student’s departmental file by the Director of Clinical Training.

3. Students are expected to take an active role in the academic life of the Department. Attendance is mandatory at all colloquia and required meetings.

4. It is expected that students will adhere to the Ethical Code of the American Psychological Association. This code is available online at www.apa.org/ethics/. Alleged violations of the ethics code will be referred to the Clinical Training Committee for possible disciplinary actions. Unethical behavior may jeopardize a student’s standing in the clinical program.

5. The Clinical Program annually grants three awards to students to recognize outstanding work – the Outstanding Graduate Student in Clinical Psychology Award, the Outstanding PSC Associate Award, and the Graduate Research and Scholarship Award. Descriptions and Criteria for these awards can be found in Appendix F. The deadline for nomination for each award is approximately May 15 of each year, and award winners will be announced in June. Self-nominations are encouraged.
Part VI. Annual Review of Student Progress

As described in Section IV of the Graduate Student Handbook, each student is reviewed annually by the Clinical Training Committee. Students should be familiar with all of the information in that section of the Handbook. Following is the description of this evaluation from the student handbook:

“Each student will be evaluated yearly during the summer by the faculty in the student’s program (Clinical or Experimental). This evaluation will review performance in several areas: 1) coursework (grades, completion of required courses); 2) research (including evaluation by research advisor, timely completion of projects, presentations, publications, etc.); 3) work assignment or assistantship; 4) ethical behavior and professionalism; and 5) clinical work or practicum (for students in the Clinical Program). Students will be provided with written feedback regarding their evaluations, including whether they are making satisfactory progress and any deficiencies which must be remediated or addressed (p. 17).”

This section provides further information regarding the Clinical Program’s process for this annual evaluation.

Process

Annual reviews for the Clinical Program typically take place in May after finals of the spring semester are complete. In April, students will be asked to assemble a portfolio including a number of key pieces of information that are helpful for the review (e.g., summary of courses taken and grades, summary of clinical hours, updated vita). This portfolio is submitted to both the Director of Clinical Training and the student’s advisor. The portfolio may include additional information that the student feels may be relevant to his/her evaluation. The CTC will meet and discuss each student and summarize each student’s progress in a letter. Students should expect to receive the letter within a few weeks of the date of the meeting. To ensure receipt, students will be asked to sign a form verifying receipt of the feedback letter.

Criteria for Satisfactory Progress

Satisfactory progress in training is a complex issue that includes progress and satisfactory performance in each of the five areas of the evaluation. Following is a brief description of progress or satisfactory performance in each area. These descriptions are intended to be descriptive and advisory, but not necessarily inclusive:

1. **Course Work.** Completing all courses with a grade of ‘A’ or ‘B’ and continual progress at satisfying coursework requirements (for example, addressing Incompletes in a timely manner or regular enrollment in courses that contribute to progress toward the degree).

2. **Research.** Continuous involvement in research and timely and quality completion of all expected research activities. In general, students are expected to meet or exceed the following benchmarks on independent research tasks leading to completion of the dissertation:
   - Thesis proposal approved by committee by end of second year.
   - Thesis defense approved by committee by end of third year.
   - Dissertation proposal approved by committee by end of fourth year.
   - Significant progress on dissertation project by end of fifth year.

3. **Practicum.** Continuous involvement in supervised clinical practicum (except students beyond their fourth year who elect to not engage in practica). Students are expected to receive satisfactory ratings by clinical supervisors and to be responsive to feedback and supervision. In general, the student should be meeting the expectations of the supervisor in terms of caseload and client contact hours. Although accumulation of
clinical hours is expected to vary according to student needs and supervisor preferences, general guidelines for expectations of PSC practicum hours are provided in Appendix C.

4. **Work Assignment or Assistantship.** Satisfactory performance at tasks related to assistantships or other work assignments, including fulfilling responsibilities and responding to feedback.

5. **Ethical Behavior and Professionalism.** Consistent ethical and professional conduct in all areas. Students are expected to engage in the intellectual environment of the training program and the field of psychology to support the development of a professional identity.

The Graduate Student Handbook also contains a section called “Summary of Major Deadlines” that summarizes the generally expected timeline for student progress in the program. These guidelines may also be used to evaluate a student’s rate of progress.

**Performance Ratings and Consequences**

Following the annual review meeting to evaluate student progress, each student will receive written feedback in the form of a letter. This letter will summarize the student’s training-related activities from the past year and include an evaluation of overall progress. Three general performance ratings, and associated possible consequences, are:

- **Making Satisfactory Progress**
  Student is meeting all research and clinical training benchmarks, performing adequately academically, performing well in assistantship placements, and otherwise conducting him- or herself in a professional manner. *This is the highest rating a student can receive.*

- **Failing to Make Satisfactory Progress (FMSP)**
  Student is failing to fulfill expectations in one or more areas. The CTC may recommend limitations on funding or practica opportunities. The student is considered ‘on notice’ that failing to remedy the situation may result in probationary status. Student will be expected to outline a plan for improvement that is approved by the student’s mentor (and academic advisor, if different).

- **Clinical Program Probation (not the same as Academic Probation)**
  Student has failed to make adequate improvements and continues to fail to fulfill expectations in one or more areas. Student may be prohibited from pursuing practicum, and in most cases will be discouraged from engaging in practicum that requires greater than a 10 hr/week commitment (unless lack of progress relates to clinical training). Student will have no opportunity for funding greater than 50% time, and may lose privilege of funding altogether. Student must meet with CTC to present plan for improvement. CTC will hold a mid-year review. Student is at risk for dismissal from the program if adequate progress is not achieved by the next review.

Please note that Clinical Program Probation is different from Academic Probation, a term used by the Graduate College related to inadequate performance in coursework. Academic Probation is described in the Graduate Student Handbook. Academic Probation imposed by the Graduate College may result in a student being prevented from registering for future courses. This is a very serious situation that can jeopardize a student’s ability to continue in the training program and would be considered as part of the overall student evaluation.

Annual evaluation letters become part of the student’s permanent record. In the event that conditions are met that satisfy deficiencies noted in a less than satisfactory evaluation, the student will receive a letter indicating a change in their status (for example, from FMSP to Satisfactory Progress) and this letter will also become part of the permanent record.
Students may appeal the performance rating designation of the Annual Student Evaluation. Appeals should be submitted in writing to the Director of Clinical Training within one month of receiving the written evaluation, and should detail the arguments for a change in performance ratings. Additional information can be provided with this appeal. Students may also request an opportunity to address the CTC in person. The appeal will be considered at the next scheduled CTC meeting and the student will receive a response, in writing, within 30 days of that meeting.

Part VII. Comprehensive and Qualifying Examinations

Two different types of major examinations are required of students in the clinical program, the Qualifying Exam and the Comprehensive Clinical Examination. The Qualifying exam is a requirement of the Graduate College and is administered and evaluated by the student’s dissertation committee. Successful completion of this exam is required for admission to doctoral candidacy by the Graduate College. The Comprehensive Clinical Examination is administered by the CTC and is a requirement of the clinical program. More detailed information about each exam is provided below.

Qualifying Examination

According to Graduate College Policy, “consideration for candidacy requires the presentation of a written research proposal for doctoral research to the doctoral advisory committee, who will assess the proposal and offer the student pertinent counsel, advice and feedback.” Therefore, the dissertation proposal serves as the qualifying examination for doctoral candidacy. Once the student’s doctoral advisory committee approves of a dissertation proposal, the student can be advanced to doctoral candidacy.

Comprehensive Clinical Examination (CCE)

The Comprehensive Clinical Examination requires students to demonstrate a satisfactory level of familiarity and integration of knowledge acquired throughout their training (including coursework, research, and practica experiences) regarding the scientific literature, clinical practice, and ethics and professional development. The comprehensive exam will consist of a written, take-home exam and an oral examination.

The CCE will be evaluated by 3 tenure-track clinical faculty. These individuals may or may not be on the student’s doctoral committee. Prior to the administration of the examination, the student should submit a form indicating who is on the evaluation committee and tentative dates for the evaluation to the Director of Clinical Training.

The CCE will be administered in two parts: (a) A written, take-home examination, and (b) an oral examination. The timeline for administration of the written examination must be negotiated with the student’s evaluation committee. Students must be given no more than 2 weeks (14 days) to complete the examination, and all work must be done independently. Following the completion of the written portion of the CCE, the faculty responsible for evaluating the student’s performance must conduct independent evaluations that will be completed within 2 weeks (14 days) of the date. The oral examination cannot be scheduled until the student successfully completes the written examination.

Written Exam Component. The written examination will address specific questions related to clinical psychology. These will focus on the integration of the science and practice of clinical psychology. Specifically, the student will be provided with a case description and be asked to provide an evaluation of diagnostic, assessment, treatment, ethical, and professional issues. Since this is a written examination, it is expected that responses to questions about the case be based on a thorough understanding of the relevant literature including, but not limited to, evidence-based practice issues. Students are expected to demonstrate a thorough understanding of the relevant literature through both content and appropriate citation of relevant literature, especially when making empirical claims. Acceptable answers should
include in-text citations and a list of cited references using APA style. Students may choose to append additional materials to support aspects of their answer, but such appendices are not required. Students will be given written instructions consistent with these guidelines (see Appendix D). Students must include a signed statement on the cover sheet of the exam attesting to the independence of their work.

Students will be given no more than two weeks (14 days) to complete each attempt at the written examination, and all work must be completed independently. Following the completion of the written portion of the CCE, the faculty responsible for evaluating the student's performance must conduct independent evaluations that will be completed within 2 weeks (14 days) of the date the exams were returned to the DCT. The DCT will solicit feedback from the grading committee and report the outcome to the student. The oral portion of the examination cannot be administered until the student passes the written portion of the examination.

**Oral Exam Component.** Upon successful completion of the written portion of the comprehensive examination, the oral portion will be scheduled. The same faculty members who participated in the written portion of the exam will administer this portion of the exam. The examination will be scored as pass/fail by the three faculty members and the majority decision is final. Students can retake the oral portion of the exam up to 3 times. Failure on the third try will result in a recommendation for dismissal from the program. Students should retake failed oral exams between 15 and 60 days of the last administration. This allows time for remediation, while keeping the examination current.

The oral examination will be similar to the written examination, but will focus on the student's ability to organize and articulate his or her responses "on the spot." It is understood that students may not know all conceptual aspects for all disorders, nor be totally familiar with all treatment protocols. However, evaluation of the oral examination must consider whether the student has sufficient minimal knowledge as to be seen as minimally competent as a clinical psychologist, taking into account the student’s level of development (pre-internship). Similar to the written exam, all five areas (assessment, diagnosis, conceptualization, treatment, and ethical and legal issues) will be addressed.

These examinations are expected to last 60-90 minutes. Students will receive a case vignette at the start of the exam, and will be allowed time to review the case and make preliminary notes before questions begin. Students may not bring texts or other materials with them.

**Questions.** Following is a list of the types of questions that the student might expect to be asked regarding each case. Although specific questions may differ, these questions are offered to provide students with some expectations in preparation for the exam.

1. What disorder (or disorders) might fit this client’s presentation? For each disorder you would consider, what additional information might you need to make a diagnosis?
2. Describe your assessment plan for making an accurate diagnosis, including instruments and methods and the purposes of each? Describe if and how you might include others in the assessment.
3. Pick the most likely disorder (or co-morbid disorders) based on the information you have available, and describe a brief conceptualization that accounts for the development and maintenance of this client’s symptoms. Your conceptualization may not account for all information available in the vignette, but should be a reasonable account for the primary problem(s).
4. What treatment options should be considered? Describe the treatment plan you would recommend and justify your choices.
5. What are some ethical considerations you might foresee and how could you prevent and/or deal with each one?

**Evaluation and Grading**
The faculty graders will evaluate each examination on a pass/fail basis. That is, while there is room for providing the student with feedback about the quality of his or her performance (exceptional, outstanding, weak, etc.), each exam must be graded as acceptable or unacceptable. As with theses and dissertations, there are no rigid guidelines for evaluation of the comprehensive exam. Each committee member must decide whether the answers provided in both written and oral portions satisfactorily demonstrate “a minimal level of familiarity and integration of knowledge acquired throughout training with respect to the scientific literature, clinical practice, and ethics and professional development.”

Since three faculty members independently grade each exam, agreement by two faculty members will be the grade given to the student. Thus, if two faculty members determine that the performance is acceptable, the grade is a “pass,” regardless of the score of the third faculty. Likewise, if two faculty members determine that the performance is unacceptable, the performance for that examination will be entered as “fail,” regardless of the score of the third grader. The chair of the evaluation committee is responsible for returning the Evaluation Report to the DCT following each examination. These reports will be placed in the student’s confidential academic file. Students may request feedback on exam performance from each committee member or may ask the chair to arrange a meeting with the committee to receive feedback (for the oral examination only).

Part VII. Feedback, Appeals, and Grievances

The clinical psychology program value student feedback and provide several opportunities to provide feedback that may enhance the quality of our training program. Further, we value and support due process rights of students to appeal decisions and to file grievances when necessary. The program, Department, and University provide many mechanisms for these procedures, and this section is intended as a guide to finding the right mechanism for each situation. The program also recognizes that students are in a vulnerable position and need protection from retaliation for providing feedback or exercising their rights to express grievances. Students who perceive that they may be experiencing retaliation should contact either the Director of Clinical Training or Department Head immediately.

Feedback

Students have many opportunities to provide feedback on many aspects of the clinical program, and are encouraged to participate in these opportunities. These include: (a) standardized course evaluations; (b) practicum supervisor evaluations; (c) biannual student satisfaction survey; (d) annual evaluations of Director of Clinical Training, Associate Director of Clinical Training, and PSC Director; and (e) exit interviews with Department Head prior to graduation. Each Departmental committee also has student members, and students may communicate feedback to the department through these members.

Appeals

The clinical program values students’ rights to due process in appealing decisions regarding the student’s performance or standing in the program. OSU provides a formal process for appeals regarding course grades, and a description of this process can be found at: http://osu.okstate.edu/acadaffr/aa/gab.htm

Appeals of results of Clinical Comprehensive Exams, Qualifying Exams, or thesis or dissertation exams, can be made to the dean of the Graduate College, Sheryl Tucker, Ph.D. (202 Whitehurst, (405) 744-6368, or Sheryl.tucker@okstate.edu). Appeals of Annual Student Evaluations can be made initially to the CTC (as described on page 15), and then to Dean Tucker if the outcome is not satisfactory.

Complaints and Grievances
In instances where students feel they have been discriminated against, been subject to harassment, or observed other inappropriate or unethical behavior, the program, Department, and OSU provide several mechanisms for filing formal complaints and grievances. Students should also review information on grievances available in the Graduate Student Handbook on informal resolution of complaints before considering mechanisms that are more formal. The correct mechanism for the complaint or grievance depends upon the nature of the complaint or grievance:

a) **Gender Discrimination or Sexual Harassment**
   These complaints are received by the office of Affirmative Action at OSU. The policy and instructions for resolving complaints or filing grievances can be found in the Graduate Student Handbook or downloaded at http://www.afirmact.okstate.edu/students.html

b) **Discrimination other than Gender**
   These complaints are also received by the office of Affirmative Action at OSU. The policy and instructions for resolving complaints or filing grievances can be found in the Appendices or downloaded at http://www.afirmact.okstate.edu/students.html

c) **Reporting of Criminal, Unethical, or Other Inappropriate Behavior**
   Reports of criminal, unethical, or other inappropriate behavior of other students should be reported to the Department Head and/or Director of Clinical Training. Disputes between students that cannot be resolved with the assistance of the Department Head or Director of Clinical Training should be taken to the office of Student Judicial Affairs. More information is available at http://www.okstate.edu/ucs/SJA. Reports of criminal, unethical, or other inappropriate behavior by faculty can be made via a confidential online system called EthicsPoint. This system can be found at https://secure.ethicspoint.com/domain/en/report_company.asp and provides a secure, formal mechanism for investigation, follow-up, and response. Finally, complaints about unethical, illegal, or inappropriate behavior by faculty or supervisors who are also licensed psychologists can be made with the Oklahoma Board of Examiners of Psychologists. More information can be found at http://www.ok.gov/OSBEP/.

d) **Other Complaints, Appeals, or Grievances**
   Complaints, appeals, or grievances that don’t fit into any of the categories above may be taken to the Graduate College Dean, Sheryl Tucker, Ph.D. (202 Whitehurst, (405) 744-6368, or Sheryl.tucker@okstate.edu), or to the College of Arts & Sciences Associate Dean for Instruction and Personnel, Bruce Crauder, Ph.D. (201 Life Sciences East, (405) 744-5666, or bruce.crauder@okstate.edu).

Students are encouraged to discuss potential grievances with either their mentor, Department Head, or Director of Clinical Training (using hypothetical scenarios, if necessary) if they are not sure of the correct mechanism to pursue their complaint or grievance. In addition, the Director of Experimental Psychology serves as a departmental ombudsperson and students have access to the official university ombudsperson.

**Part VIII. Theses and Dissertations**

The clinical psychology program recognizes that both the Graduate College and Department of Psychology policies allow great latitude in the format of the thesis and dissertation documents. While the program recognizes that the format of these documents is ultimately determined by the evaluation committee, the following guidelines are intended to provide guidance on program expectations for these documents.

As a scientist-practitioner model program, the thesis and dissertation projects provide an important opportunity for students to learn and demonstrate mastery of several important competencies. These include the ability to communicate clearly both orally and in writing, the ability to critically and comprehensively review and synthesize existing knowledge, the ability to identify important and testable
research questions, the ability to design and conduct rigorous studies, the ability to analyze and interpret data, and the ability to disseminate scientific findings. Given these goals, the clinical program recommends that evaluation committees utilize the following guidelines for the thesis and dissertation documents:

**Thesis and Dissertation Proposal**
A thesis and dissertation proposal document should include, at minimum: (a) an introductory chapter that provides an overview of the project and hypotheses, (b) a comprehensive, critical review of relevant literature, and (c) a detailed description of the proposed study design and methods, including a strategy for analyzing data and testing hypotheses. The clinical program recommends that this document not be subject to page limits.

**Final Thesis and Dissertation Manuscript**
In order to demonstrate mastery of the competency of writing for dissemination, the clinical program recommends that the final thesis and dissertation manuscript be written in a format that would be acceptable for submission to major journals in psychology. Thus, the manuscript should be no more than 40 pages including tables and references (begin counting with the first page of the manuscript, not the cover and front matter pages of the thesis/dissertation) and should include sections for introduction/lit review, methods, results, and discussion. The only difference between this manuscript and one you may submit for publication is that this document should include the “Chapter” headings that are appropriate for thesis and dissertation documents. The proposal document, including the literature review, should be included as an appendix. Students are encouraged to make liberal use of appendices to include such things as additional tables or figures that are not essential to the main document, study materials such as additional or exploratory statistical analyses (that aren’t central to the project), examples of measures or photos of stimuli, IRB related documents such as approval letters and consent forms, etc. The additional materials in appendices may be useful for documenting mastery of other competencies such as the ability to conduct the study in a rigorous fashion. However, the centerpiece of this document is the 40-page manuscript and that should stand-alone and be in such a format that it could be immediately submitted for publication with minimal editing.

Students are encouraged to work with their advisors to identify potential journal outlets that would be appropriate for the topic before writing the final thesis or dissertation manuscript. This would allow the student to review instructions for submissions for the relevant journals and plan accordingly to craft a document that would fit the requirements.

Frequently, committees will request modifications or additions to the proposal document after the proposal meeting. Occasionally, committees may request a second meeting to review these changes or may ask the student to not commence with the study until the changes are satisfactorily made. Students are asked to prepare a formal written response to requests for changes to the proposal document, and distribute that to the committee. The response should describe the relevant changes, including page number references to those changes to the proposal document, when possible. The proposal document included in the final thesis or dissertation document should be the revised version.

The clinical program adheres to Ethical Standard 8.12(c) of the American Psychological Association that reads:

“(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student’s doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.”

Manuscripts based upon of theses and doctoral dissertations are generally expected to include students as first authors, and to include co-authors of individuals who made substantial contributions to the work. These may include the project advisor, student peers who assisted with the project, and/or other members of the evaluation committee (see APA Ethics Code Standard 8.12(b)).

The objective of the clinical program is for students to publish their theses and dissertations, and to have
first-author credit. However, in instances where timely submission of the manuscript does not occur (within six months of successful defense), the supervising faculty member shall have the prerogative of submitting the work. If the faculty member assumes responsibility for submitting the work for publication due to neglect by the first author student, and the faculty member made other substantial contributions to the project, the faculty member may assume first author.

Part IX. Responsibilities Regarding Online Activities

In an increasingly technologically connected and public world, students are encouraged to remain mindful of their behavior and its consequences online, including the use of social networking, blogs, listservs, and email. It is likely that students, clients, supervisors, potential internship sites, research participants, and future employers may be interested in searching or accessing online information about you. While all of the information that may exist about you may not be within your control, students are urged to exercise caution and restraint and to utilize safeguards when possible. Activities online, including those that you may consider purely personal in nature, may unfortunately reflect upon your professional life. Keep in mind the ideals of the preamble to the APA ethics code in which we aspire to do no harm to our clients, our research participants, or the profession with our actions. With this in mind, you are encouraged to consider the following cautions and suggestions:

1. With social networking sites such as Facebook, utilize privacy settings to limit access to your pages and personal information. Use thoughtful discretion when considering “friend” requests and consider the boundary implications. For example, it is not advisable to become virtual “friends” with clients or former clients or undergraduates for whom you have supervisory or evaluative responsibilities.

2. With email, keep in mind that everything you write may exist perpetually or be retrievable, so be thoughtful about what you write. Emails sent via the OSU email system are considered public records and the property of OSU. Participation in listservs include the peril of inadvertently writing things to a much more public audience than intended, so be cautious with posts to such forums. Email is not an appropriate venue to discuss confidential information, so if such communications are necessary make sure any information is non-identifiable.

3. Email “signatures” should be professional and appropriately represent one’s status and credentials. Students are encouraged to consider adding a confidentiality disclaimer to email signature files.

4. Be mindful of voicemail greetings if you utilize a private phone for any professional purposes (clinical work, teaching, or research). Make sure that such messages reflect a maturity and professionalism that you would want to portray to the public.

5. Online photo and video sharing, including within social networking sites, should be considered very public venues, and discretion should be used when posting such information.

It is not the intention of the clinical psychology program to interfere in your personal life or to limit your ability to enjoy the benefits of online activities, express your personality or opinions, or have a little fun. As with off-line activity, we encourage you to be mindful of the implications and make efforts to protect your professional image and reputation. If the program becomes aware of online activity that represents a violation of the APA Code of Ethics, local, state or federal laws, or conflicts with the OSU policy regarding online behavior below, such information may be included in evaluation of student progress and may be grounds for disciplinary action, including dismissal from the program.

Following is the OSU policy on online activities (available at http://www.osuit.edu/campus_community/cis/social_networking.html):

Personal Use of Online Blogs and Social Networking Sites

As an employee of OSU, you must be careful in your personal life to make sure your personal communications and postings are not perceived to be associated with the university. These guidelines explain how OSU policies apply to your personal use of these newer communications technologies.

• Follow all applicable OSU policies. For example, you must not share confidential or proprietary information about OSU and you must maintain employee privacy.

• If your blog, posting or other online activities are inconsistent with, or would negatively impact OSU’s reputation or brand, you should not refer to OSU, or identify your connection to OSU.
• Write in the first person. Where your connection to OSU is apparent, make it clear that you are speaking for yourself and not on behalf of OSU. In those circumstances, you may want to include this disclaimer: “The views expressed on this [blog; website] are my own and do not reflect the views of my employer.” Consider adding this language in an “About me” section of your blog or social networking profile.

• If you communicate in the public internet about OSU or OSU-related matters, disclose your connection with OSU and your role at OSU. Use good judgment and strive for accuracy in your communications; errors and omissions reflect poorly on OSU, and may result in liability for you or OSU.

• Use a personal email address (not your okstate.edu address) as your primary means of identification. Just as you would not use OSU stationery for a letter to the editor with your personal views, do not use your OSU e-mail address for personal views.

• Be respectful and professional to fellow employees, business partners, competitors and employees. Avoid using unprofessional online personas.

• Ensure that your blogging and social networking activity does not interfere with your work commitments.
# Appendix A: Coursework Checklist

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<th>Departmental Core Courses (must take 3)</th>
<th>Semester/Year</th>
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<tr>
<td>PSYC 5823  Cognitive Processes</td>
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<td>PSYC 5813 Lifespan Cognitive Developmental Psychology</td>
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<td>PSYC 5913 Lifespan Social Developmental Psychology</td>
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<td>PSYC 6483 Neurobiological Psychology</td>
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<td>PSYC 6563 Advanced Social Psychology</td>
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<td>PSYC 6613 Experimental Learning Theories</td>
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<th>Other Departmental Core Requirements</th>
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<td>Quantitative Requirements</td>
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<td>a. PSYC 5304 Quantitative Methods in Psychology</td>
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<td>b. PSYC 5314 Quantitative Methods II in Psychology</td>
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<tr>
<td>c. Quantitative Elective (_______________)</td>
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<td>d. PSYC 6223 Research Design</td>
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<td>PSYC 5660 Teaching Practicum</td>
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<td>PSYC 5000 Thesis (6 credit hours)</td>
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<td>PSYC 6000 Dissertation (15 credit hours)</td>
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<th>Clinical Core Courses</th>
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<td>PSYC 5113 Psychopathology</td>
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<td>PSYC 5333 Systems of Psychotherapy</td>
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<td>PSYC 5153 Cognitive Assessment</td>
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<td>PSYC 6753 Assessment of Personality</td>
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<td>PSYC 6083 Principles of Behavior Therapy</td>
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<td>PSYC 6133 – Ethnic and Cultural Diversity in Psychology</td>
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<th>History Requirement (_______________)</th>
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Appendix B: External Practicum Selection Process

General Issues:

• Funding and practicum placements are largely independent decisions, although we do have some funded placements that also provide practicum experience. In most cases, each student needs to do something for funding and needs to be involved in supervised practica.
• Students who have already completed four years of supervised practica may choose to not engage in practica. This decision should be made in consultation with your advisor.
• Some practicum experience will likely be required for all students in the PSC, but students in their third year and beyond will in most cases also want to arrange an additional practicum experience.
• In recent years we have been fortunate to have ample opportunities for both funding and practica, and we anticipate that situation to continue.
• Funding placements are subject to the approval of the Department Head. Practicum placements are subject to the approval of the Clinical Training Committee. It is not advisable to engage in work for pay without the knowledge and approval of the Head, and placements that are not approved by the CTC cannot be counted as practicum experience on internship applications. To avoid headaches, make sure that people know the things you are involved in.
• It is expected that students will complete a particular practicum experience only once. Repeating the same practicum experience is discouraged and must have approval from the student’s advisor and requires a petition for approval from the Clinical Training Committee.

What is the process, and when does it begin?

On or about February 15, the Associate Director of Clinical Training will distribute a memo of funded and volunteer practicum opportunities. On or about March 1, the Associate Department Head will distribute a memo detailing all of the known available departmental opportunities for that year. At this time, you will receive instructions about how to proceed to pursue placements of interest to you. On or about April 1, an announcement will be made of the practicum placements for the year.

Upon receiving the memos outlining funded practicum placements and departmental opportunities, consult with your advisor and supervisor concerning your training needs, schedule, and plans for the upcoming year. Continue to consult with them throughout the process. If you have determined that you would like to pursue a clinical placement, continue on with the subsequent steps. Next, review the list of practicum opportunities and identify those of interest to you. If you have any questions or wish to inquire about opportunities not on this list, please contact the Associate DCT.

You should contact the sites of interest to arrange for an interview. Each site may conduct an interview process of their choosing. You should be prepared to participate in a formal on-site interview if asked. You will usually have 2-3 weeks to complete this process. Finally, communicate your preferences for a placement to the Associate DCT. You may submit more than one preferred placement in ranked order. Practicum site supervisors will also be asked to submit a list of preferred students.

After that, a list of potential student/site matches will be presented to the Clinical Training Committee (CTC) for approval at our monthly meeting. An official announcement of approved practicum placements will be made following that meeting. You may express strong interest in a practicum placement to the site supervisors, but final decisions about placements typically are made by the CTC. Practicum opportunities require a nine- or twelve-month commitment. Specific start dates can be negotiated with each site.

Please communicate with the Associate DCT and your clinical faculty advisor throughout the process.

How do I know what opportunities might be available?
The memo that initiates the process will include information about each opportunity available for the following year.

*What if I am interested in creating a new opportunity?*

Developing new opportunities is always a possibility. Arrange an appointment to visit with the Associate Director of Clinical Training to discuss your interests and work together on a plan of action for how to proceed.

*What should I do right now?*

In most cases, there is nothing you need to be doing right now. The memo from the Associate Head will begin the process and will include detailed instructions of how to proceed at that time. The only exception is if you might be interested in pursuing a new opportunity for a practicum, you should speak with the Associate DCT ASAP.
Appendix C: Guidelines for PSC Practicum

Guidelines for PSC Practicum Training
Adopted January 4, 2006; revised August 1, 2013; revised August 1, 2016

Background

We have a strong commitment to ensuring that all students receive sufficient practicum training and that a portion of that training occurs within the PSC. With recent hires we are in a position to provide on a consistent basis, (a) experience with both adults and children and (b) both therapy and assessment experience. Our review of the past few years indicates that there is great variability in the amount and type of experiences that students receive and there is some vagueness in terms of expectations. This proposal seeks to document the minimal expectations for all students. It allows some flexibility for students who want to focus more on adult or child cases, but requires a minimum exposure to both. This is consistent with our broad and general training model.

Over the past several years, one of the major changes to our PSC practicum lies in our expectations of first year students. Today, we see this as a year of acclimation and as such, the expectations are primarily on exposure to assessment and therapy with students shadowing advanced students and/or doing co-therapy or assisting with assessment batteries where needed. However, in terms of program expectations, there is no minimum number of hours expected.

While all students remain in the PSC in their second year of training, more students are being funded on campus and more are remaining active in the PSC during their third and fourth years. Faculty have expressed interest in having more advanced students on their teams who are actively involved in the PSC, even when completing another outlying practicum. Depending on the team assignment and student preferences, this has resulted in very different PSC experiences. While flexibility is important, there are some minimum expectations that all students should meet before applying for internship. This proposal addresses these minimum expectations.

Assessment Training in the PSC

We expect that all students will conduct 8 assessment cases in the PSC before applying for internship. This involves writing an integrative report, administering appropriate tests, and providing feedback to the client and relevant family members. It does not mean being involved as a class or as one member of the team with an assessment case. It means conducting 8 assessments as the primary examiner. We expect that all students will conduct at least 2 child and at least 2 adult assessments. Furthermore, our expectations is that most students will conduct approximately 4 assessment batteries during the second year of training and the other 4 will be done in years 3, 4 or 5. However, it is expected that all 8 will be conducted prior to applying for internship. Remember, these are minimum expectations so students are encouraged to exceed these numbers if they are on schedule with their research and coursework.

Psychotherapy Training in the PSC

We expect that all students will have exposure to both adults and children and that there will be a range of experiences in terms of supervision, presenting problems, and types of treatments. However, in terms of goals and expectations, it seems easiest to focus on therapy hours as a metric for documenting experience. We expect that each student in the program will have accrued 240 therapy hours in the PSC before applying for internship. The expectation is that most students will accrue 120 hours in their second year and the remaining 120 hours in years 3, 4 or 5. These are direct client contact hours and do not include indirect hours (e.g., preparing for cases, intake interviews, or co-therapy). It involves face-to-face contact with a client. We encourage other experiences (e.g., intake interviews), but want to ensure a minimum level of individual therapy experience for each student.

This specific number of hours (240) was based on the expectation that practicum training should involve
a student carrying an active caseload of approximately 3 or 4 clients and that there be at least 3 hours of face-to-face contact with therapy clients each week. Allowing for failed appointments and reasonable vacation, students who have 3 contact hours each week for 40 weeks will accrue 120 hours in one year. Given that the clinic is open for 50 weeks, this target seems quite attainable. The student’s PSC supervisor and the Clinical Training Committee will monitor PSC hours and experiences annually. The clinical faculty members feel that this is a minimum and that most students should have more PSC therapy hours than the required 240 prior to applying for internship. There may be occurrences when a student does not meet these hours. These situations will be considered on a case-by-case basis and may have implications in decisions regarding satisfactory progress in the program and/or readiness for external practicum or internship. However, the clinical faculty members recognize that a student may not meet the 240 PSC hours but may have diverse clinical experiences and/or extenuating circumstances that offset this benchmark. All students in their third and fourth year must carry PSC clients unless they have met their PSC hourly requirement or have approval by the CTC.

**PSC vs. Outlying Practicum Training**

The clinical faculty members remain very positive about our outlying practicum program and do not want to minimize this experience. Students applying for internship typically have more than 400 hours of intervention and assessment. Many accrue this number in one year at a very active outlying practicum site. Thus, we hope that our emphasis on a minimum experience in the PSC does not detract from students getting additional clinical training and that this minimal experience is not seen as a replacement for additional training.
Appendix D: Comprehensive Clinical Examination Written Instructions

Comprehensive Clinical Examination Instructions – Written Examination
Clinical Psychology Program

Purpose

The Comprehensive Clinical Exam requires you to demonstrate a minimal level of integration of knowledge acquired throughout your training in regards to the scientific literature, clinical practice, and ethics and professional development. The written examination is one-half of the examination process and must be passed successfully before progressing to the second-half, the oral examination. It is recommended that you be familiar with the Comprehensive Exam policy of the clinical program as described in Clinical Program Supplement to the Graduate Student Handbook.

Instructions

Your task is to provide an evaluation of diagnostic, assessment, treatment, ethical, and professional issues of the case example provided by your committee. Since this is a written examination, it is expected that your responses to questions about the case be based on a thorough understanding of the relevant literature including, but not limited to evidence based assessment and treatment issues. You are expected to demonstrate a thorough understanding of the relevant literature through both content and appropriate citation of relevant literature, especially when making empirical claims. Acceptable answers should include in-text citations and a list of cited references, both in APA style. You may choose to append additional materials to support aspects of their answer, but such appendices are not required.

You must work independently, but may use the full array of resources available to you including textbooks, course notes, and scientific journals. You should not consult with others for advice or input, nor should anyone else be asked to proofread or edit your document. The final work must represent your intellectual work, and your work alone.

Your completed examination is due no more than 14 days after receiving it from the date of distribution. Your examination is due on or before: ______________________.

Add the following statement to the cover page of your completed exam and add your signature:

“I attest that the work included in this examination represents my own independent work.”
Appendix E: Form for Reporting Outcome of CCE

Evaluation Report

Student’s Name: ___________________________________________

Examination Type (check only one – submit one form for each attempt):

_____ Written Exam OR _____ Oral Exam

Examination Number:

_____ First Attempt
_____ Second Attempt
_____ Third Attempt

Below, all committee members should sign and indicate their independent score:

_______________________________  Pass    Fail
Chair of the Evaluation Committee

_______________________________  Pass    Fail
Member of the Evaluation Committee

_______________________________  Pass    Fail
Member of the Evaluation Committee

This form is to be returned to the Director of Clinical Training by the Chair of the Evaluation Committee.
Appendix F: Criteria for Clinical Program Student Awards

Outstanding Graduate Student in Clinical Psychology Award

AWARD DESCRIPTION:

This award recognizes a student who has excelled in each area of graduate training in clinical psychology – academics, research and scholarship, practicum training, service, and other professional activities (including assistantships in teaching or research). The recipient of this award should be an exemplar of outstanding graduate work for other students. One award will be granted each year and the winner will receive a framed certificate.

ELIGIBILITY CRITERIA:

- Current graduate student in good standing in the clinical program.
- Eligible students must have completed at least three full years of graduate study to be eligible.
- Students may be nominated more than once and may be nominated while on internship.

REVIEW PROCESS:

Nomination packets will be evaluated by a selection committee appointed by the CTC. Nomination packets for the award should include:

- A nomination letter from a member of the Clinical faculty.
- A copy of the nominee’s vita.
- A brief summary by the nominee summarizing their activities and achievements in each of the areas of training listed above (no more than two pages)
- No more than four letters of support (may be from other faculty, supervisors, etc.)

Outstanding Psychological Services Center Associate Award

AWARD DESCRIPTION:

This award recognizes a PSC Associate who consistently goes “above and beyond” and excels in their role as a PSC Associate. Criteria for the award include exceptional performance in providing clinical service (including intakes, difficult cases, etc.), making contributions to the day-to-day operations of the PSC, assisting or supporting other Associates, and overall contribution to a spirit of teamwork and collegiality. One award will be granted each year and the winner will receive a framed certificate.

ELIGIBILITY CRITERIA:

- Current graduate student in good standing in the clinical program.
- Eligible students must have participated in supervised practica activities in the PSC during the past year.
• Current Assistant Directors and not eligible.

REVIEW PROCESS:

Nomination packets will be evaluated by a committee consisting of the PSC Director, Assistant Directors, and the Director of Clinical Training. Nomination packets for the award should include:

• A nomination letter from a clinical supervisor, PSC director or Assistant Director(s), or another PSC associate. This letter should detail the exceptional performance and contributions of the nominee. The letter may include multiple signers if additional individuals want to offer support of the nomination.

Clinical Psychology Graduate Research and Scholarship Award

AWARD DESCRIPTION:

This award is to recognize excellence in graduate student research and scholarship as represented by an outstanding peer-reviewed publication, and is awarded to one student per year. Submitted papers must appear in a refereed journal, either published in the preceding calendar year or currently in press. A paper may only be submitted for award consideration one time. The award winner will receive a framed certificate.

ELIGIBILITY CRITERIA:

• Current graduate student in good standing in the clinical program.
• Student must be sole or first author of the paper.
• If other graduate students in the department co-author the paper, each will be recognized with the award.
• Faculty can be co-author(s) on the paper, but cannot be first author.

REVIEW PROCESS:

Papers will be evaluated by an evaluation committee appointed by the CTC. Papers will be judged on magnitude of contribution to the clinical psychology literature, quality of journal, and expository style. Applications for the award should include:

• The paper (if in-press, also include copies of the acceptance letter)
• A brief statement (maximum 1 page) from the student’s major professor in support of the award