

**GUIDE TO THE CLINICAL PSYCHOLOGY PROGRAM
UNIVERSITY OF OREGON**

A Companion to the Doctoral Student Handbook

2007-2008

Revised, September 2007

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Overview

The Clinical Psychology Program at the University of Oregon has a strong tradition of clinical research training on topics of relevance to both theory and practice of psychology. Accredited by the American Psychological Association since 1958, the program has graduated over 200 doctorates in clinical psychology. The program has been a member of the Academy of Psychological Clinical Science since the Academy's beginnings in 1995. Former students are represented on the faculties of well-known universities and medical schools, including the University of Minnesota, University of Pittsburgh, UCLA, UCSF, UCSD, Arizona State, Brigham Young, Brown, University of Washington, University of Houston, Queens University, and USC. The research strengths of the present clinical faculty comprise child and adult psychopathology, sociocultural context of psychopathology, adult depression, infant mental health, child and family assessment, sexual aggression, treatment and prevention of child/adolescent problem behavior, and treatment of depression. Other nonclinical faculty in the Department of Psychology also present a range of scholarly activities that may be of interest to clinical students.

The objective of our program is to educate and train clinical psychologists to expand the scientific understanding of psychological problems and their treatment. The program's philosophy is based on the clinical scientist model. By this we mean that theory, research, and clinical training provide a matrix of information essential for posing meaningful research questions designed to develop a better understanding of human behavior. Our particular emphasis at Oregon is research on the causes, correlates, and consequences of psychopathology and human distress, and the use of such knowledge to develop informed and effective interventions. While experiences in interventions and prevention constitute an important element of the training mission at Oregon, these experiences serve primarily to inform the student's understanding of the basic psychological problems and to inform his or her research on the topic. Individuals with career goals in clinical service are not likely to find the program to be satisfying in terms of the philosophy embraced or the breadth of clinical training offered.

A guiding principle of the Clinical Psychology Program is that the graduate experience be relatively flexible to permit a program of study tailored to the individual's interests. Most simply viewed, the training comprises three stages. The first stage is accomplished in the first two years of the necessary foundation for a career as a clinical scientist. The student then progresses to establish an area of expertise, culminating in the Major Preliminary Examination, the Supporting Area Requirement, and ultimately the Doctoral Dissertation. These experiences constitute the second stage, and involve approximately the second and third years of the program. Finally, the last stage is the student's selection of an APA-approved clinical internship. Doctoral students are actively engaged in research, most typically in association with members of the psychology faculty. The formal requirements are minimized to maximize time for developing a close working relationship with faculty, and for establishing one's own scholarly specialty and research program. Overall, the program of training is designed to facilitate (1) the acquisition of comprehensive knowledge about psychology as a science; (2) the integration of issues and matters of specific relevance to clinical psychology; and (3) the pursuit of research questions within the student's designated area of expertise from a broad perspective informed by theory, empirical research, and clinical involvement.

The simplicity of the training model, however, can be obscured by the array of rules and requirements developed to ensure that (1) students receive the designated training; (2) training conforms to the guidelines of the department, university, and American Psychological Association (APA); and (3) students satisfactorily complete coursework and required experiences in a timely fashion. The purpose

of this manual is to clarify the content of the Clinical Psychology Program, as well as to provide the rationale for its structure and content. Also included is information on other matters of potential interest (e.g., sources of financial support, program governance, etc.). This guide emphasizes the requirements and procedures unique to doctoral training in clinical psychology, and is intended to supplement the *Doctoral Student Handbook*, which describes the general rules and regulations of the doctoral graduate program in Psychology at the University of Oregon. We hope that this information clarifies the pathway to completion of the doctoral training in the Oregon program.

An overview, timetable for completion, and checklist of the requirements for the clinical program are attached as Appendices A, B, and C.

YEAR 1
(BASED ON 2007-2008 COURSE OFFERINGS)

Coursework

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
***	Core Course (number varies)	Core Course (number varies)
Data Analysis I (Psy 611)	Data Analysis II (Psy 612)	Data Analysis III (Psy 613)
Clin Meth/Ethics I (Psy 610)	***	Clin Meth /Ethics II (Psy 610)
First Year Res Prac (Psy 607)	First Year Res Prac (Psy 607)	First Year Res Prac (Psy 607)
Research/readings (Psy 601/605)	Research/readings (Psy 601/605)	Research/readings (Psy 601/605)
Sem Clinical Brownbag (Psy 607)	Sem Clinical Brownbag (Psy 607)	Sem Clinical Brownbag (Psy 607)

(Note : *** represent schedule openings in the 2007-2008 academic year that could be filled with other courses of interest)

Summer

Informal Readings for Preliminary Paper
Continuation of Research/Completion of First Year Project
Clerkships (optional)

(Note: These are *sample* schedules for the completion of yearly coursework. Please note that course offerings are subject to change due to faculty leaves and other considerations.)

Other Activities

Teaching or research assistantship (throughout year).

Description of Courses

The coursework for the first year involves intensive exposure to many facets of psychology as a science in general, as well as to clinical psychology as a specialty field within psychology. This provides much of the breadth necessary for the student's background as a psychologist, and is in accord with the APA guidelines for accredited training in clinical psychology.

Clinical Science Sequence

This is a sequence of 3 courses (Clinical Methods and Ethics I & II and Assessment; Psychology 610) designed to introduce students to the theories, methods, and ethics of clinical assessment and diagnosis. The course is designed to give students a common foundation of understanding and experience with diverse clinical methods used in contemporary clinical psychology research and practice. This provides a firm base of expertise to enter into more advanced training in various techniques of the student's own choosing in subsequent practica, clerkships, and the clinical internship. This 3 term course sequence is required for participation in clinical practica.

Core Sequence (Formerly Contemporary Issues: Psychology 614, 615, 616). Students are required to take three out of the five core courses. The five courses will be assigned to two qualitative groups (Group A: Systems Neuroscience and Cognitive Neuroscience; Group B: Social/Personality, Developmental, and Clinical Psychology). The three courses that are taken to fulfill this requirement

must include **at least one** from each group. At least two of the three required core courses must be completed by the end of spring term of their first year. The third core course must be completed by the spring of their second year.

The Graduate Secretary would have a list of the current academic year's course offerings.

Data Analysis (Psychology 611, 612, 613) is a sequence that provides students with a solid grounding in theory and methods of statistical analyses appropriate for research questions in psychology.

Clinical Psychology Seminar (Brownbag) (Psychology 607) provides an opportunity for all clinical students and faculty to meet together in an informal setting to discuss the development of new research ideas, get feedback on a conference talk, hear outside speakers present on topics of clinical relevance, and discuss program business. The agenda for the series is organized by the Director of Clinical Training. This seminar is required of all clinical students for the first three years of their program.

Summer

Although the summer is unstructured, students are strongly encouraged to continue their research activities (both in terms of the First Year Project and readings in their areas of interest. **It is important that students be aware that any clinical activities outside of the Department's Psychology Clinic or Child and Family Center must be formally approved by the Director of Clinical Training for both accreditation and legal purposes.**

YEAR 2 (PROTOTYPIC)

Coursework

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
Child Psychopathology (3)	***	Biological Bases (3)
Personality Assessment (3)	Cultural Diversity (3)	Intervention Science (3)*
Practicum (3)	Practicum (3)	Practicum (3)
Research (4)	Research (4)	Research (4)
Clinical brownbag (1)	Clinical brownbag (1)	Clinical brownbag (1)

(Note : *** represent schedule openings in the 2008-2009 academic year that could be filled with other courses of interest)

Summer

Progress on Preliminary Examination
Progress on Supporting Area
Continuation of Research

Other Activities

1. Designate Supporting Area topic and form Supporting Area Committee. (See Appendix D.)
2. Designate Preliminary Examination topic and form of Prelim Committee. (See Appendix E.)

Description of coursework.

The second year continues to be a relatively intense year devoted to fulfilling required coursework. Owing to the likelihood that not all courses will be offered each year (e.g., courses in the Psychopathology sequence; courses satisfying the assessment and behavior change requirements) students will have to alternate requirements with electives as the schedule permits, completing some of these requirements in the third year.

The Psychopathology sequence is a 3-quarter series that covers the general topic from three perspectives: adult disorders, developmental psychopathology, and biological bases of psychopathology. *Adult and Child Psychopathology* concentrates on descriptive psychopathology and current theories of etiology for these disorders, as well as on prominent treatment modalities with their theoretical and empirical underpinnings. *Biological Bases of Psychopathology* surveys understanding of contemporary central nervous system neuroanatomy, neurophysiology, and neurochemistry and its implications for understanding major mental disorders and emotional functioning.

In addition to *Intervention Science*, a second behavior change course is required. Courses that are routinely offered in Psychology, or seminars and courses offered elsewhere in the University. Such coursework must be formally approved *in advance* by the Clinical Faculty to ensure that credit is given.

Description of Practica

During the second year, students begin intensive clinical involvement through participation in year-long practica taught by core clinical faculty members. Practica emphasize empirically supported assessment approaches and interventions. Students learn to assess and treat clients in a manner that integrates theory, assessment, and research. Students are required to include formal assessment methods in the initial clinical assessment, to formulate a case conceptualization and model or theory-driven treatment plan, and to evaluate the outcome with objective measures. (For further information on specific practica, see Appendix F, “Descriptions of Clinical Practica.”)

Students are required to take at least 2 years of intervention practica. Each of the required intervention practica must be taught by at least one of the core Clinical Faculty. During any given year, two such practica typically are offered through the Psychology Clinic and/or the Child and Family Center. For the year 2007-2008, there will be a practicum focused on children and families and another focused on cognitive behavioral therapies for depression and related disorders in adolescents and adults (see Appendix F).

Only one intervention practicum may be taken at a time. This restriction may be waived with permission from the student’s advisor and practicum faculty from both faculty (See Appendix G).

Outside practica can supplement the required practica. In order to take an outside practicum, the student must submit a proposal detailing (1) how the outside practicum fits with the student’s overall training objectives; (2) the specific clinical activities in which the student will be engaged; (3) the nature of the supervision the student will receive (i.e., type of supervision, frequency and duration of supervision, qualification of supervisor); and (4) the procedures for feedback and evaluation (including evaluative communications between student and supervisor, between supervisor and the clinical program, and between the student and the clinical program). The proposal must also document how the proposed practicum is consistent with the program philosophy of integrating science and practice (e.g., the emphasis on empirically supported treatment and the inclusion of formal assessments). This proposal must be submitted to the Director of Clinical Training and approved by a majority vote of the Clinical Faculty. Previous outside practica sites have included PeaceHealth Medical Group, Oregon Research Institute, Oregon Social Learning Center, Sacred Heart Hospital as well as other placements in the community. *Please be aware that any placement outside of the departmental practica must be approved by the Clinical Faculty, regardless of whether or not it is being taken for credit.* As indicated previously in this manual, this is required for legal and ethical purposes.

In combination with the first year Clinical Methods and Ethics course series, this 2 practica requirement provides exposure well beyond the minimum of 400 hours of predoctoral clinical training for APA Accreditation. Calculated by 3 clients/wk, 3 hrs. of supervision/wk, 39 wks/yr, approx 240 hours per year of practicum, with Ethics and Methods as buffers. (This includes direct client contact as well as clinical supervision.)

Prerequisite for outside practica include completion of both terms of the first year *Clinical Methods & Ethics* courses, one of the in-house practica and the psychopathology series and either completion or concurrent enrollment in the psychopathology sequence (i.e. *Child Psychopathology, Psychopathology, and Biological Bases of Psychopathology*).

YEAR 3 (PROTOTYPIC)

Coursework

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
Electives (3 or more)* Practicum II (3) Research (3 or more) Clinical brownbag (1)	Electives (3)* Practicum II (3) Research (3 or more) Clinical brownbag (1)	Electives (3 or more)* Practicum II (3) Research (3 or more) Clinical brownbag (1)

(Note: Total should be a minimum of 16 hours)

*Students should complete one 'Behavior Change' course, as well as the courses for the Supporting Area Requirement.

Summer

Initiate Dissertation Proposal
 Continuation of Research
 Clerkships (optional)
 Internship Survey

*Students should choose courses to complete any remaining requirements (e.g., Behavior Change, Supporting Area, etc.).

Other Activities

1. Completion of Major Preliminary Examination (by end of Spring Term).
2. Completion of Supporting Area requirement (by end of Spring Term).
3. Formation of Doctoral Dissertation Committee and proposal preparation.

Explanation and Rationale

During this year, formal course requirements should be completed and the student begins to pursue a more independent line of study. Students are encouraged to seek specific experiences that complement their evolving research specialty. The major objectives of this year are for the student to (1) complete the Supporting Area Paper; (2) to select a dissertation topic, begin to review the literature, and formulate the research design and proposal.

It is also wise for students to begin surveying information on clinical internships during the summer prior to the fourth year. The applications for internship are due as early as the end of October in the Fall Term, and the process of applying can require a good deal of time. Additionally, students must have their dissertation proposal approved **prior to November 1** of the fourth year to be eligible for internship the next year. (See Appendix H for further dissertation proposal and internship information.) There is a file of information available in the clinic that contains information on specific internship sites, as well as the Association of Psychology Postdoctoral and Internship Centers (APPIC) manual (a compendium of internship and postdoctoral training agencies).

YEAR 4 (PROTOTYPIC)**Coursework**

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
Electives Research Clinical brownbag (1)	Electives Research Clinical brownbag (1)	Elective Research Clinical brownbag (1)

(Note: Total should be a minimum of 16 hours)

Summer

Completion of Dissertation
Continuation of Research

Other Activities

1. Completion of the Dissertation.
2. Application to internships (Fall Term).

Explanation and Rationale

The fourth year is dedicated primarily to the completion of the doctoral dissertation. Since the program requires students to have a formally accepted dissertation proposal prior to applying for internship, the proposal must be approved by **November 1** to permit faculty to write letters of recommendation. All on-campus requirements must also be completed by this time, or a reasonable plan proposed for their completion by the departure date for internship. The committee for the doctoral dissertation must include at least one tenure-track clinical faculty member. (See Appendix H for further dissertation proposal and internship information.)

Students typically apply for clinical internships during the Fall Term. (Deadlines for internship applications begin as early as late October.) Students should arrange to have the appropriate letters of recommendation sent. Most internships also require a statement by the Director of the Clinical Program about the student's standing and suitability for undertaking the internship. It is advisable for the student to assemble packets of information pertaining to the (1) requirements met for the program; (2) the practica taken; (3) assessment experiences; and (4) other information of potential relevance (e.g., specialization interests) for all the faculty providing recommendations.

YEAR 5

All students are required to spend a minimum of one-year on clinical internship at an APA-accredited facility (approximately 2000 hours). The type of the internship selected should be based upon the student's research and clinical specialty (e.g., child or adult; particular types of psychopathology; neuropsychology specialty). The Academy of Psychological Clinical Science has several excellent internships in the membership that provide training consonant with Oregon's program philosophy and clinical scientist training model.

Please note that, as indicated previously, students must at least have completed all on-campus requirements and have an approved dissertation proposal by November 1 of the previous year to qualify for internship attendance.

The internship must be completed before the Ph.D. degree is awarded (See Appendix K).

If the student has not yet finished the dissertation, it should be completed during this year. Unlike many doctoral programs in Clinical Psychology, students from our program have an excellent record of completing their degree within the specified five-year period.

GENERAL INFORMATION

Clinical Program Governance

Governance of the Clinical Program is overseen by the Clinical Faculty. A student representative is elected yearly at the beginning of Fall Quarter by the clinical students, and actively participates in all Clinical Faculty meetings (with the exception of yearly student evaluations). Whenever important program changes are considered, feedback and input are sought from current students via the student representative. While responsibility for the program ultimately rests with the Clinical Faculty, the system is designed to be open for student awareness and sensitive to student input.

Grievance Procedures

Most problems that arise are handled readily in discussions between the involved parties. Occasionally, however, this may not be the best vehicle for handling a grievance. When more serious problems arise, students should not hesitate to pursue more structured appeal procedures (as outlined below).

In terms of handling more minor matters, the grievance should first be addressed within the Department. If the problem concerns matters specific to the Clinical Program (e.g., clinical courses, instructors, or activities), the student should consult with the faculty member most closely involved first, then the Director of Clinical Training. If the problem is with nonclinical matters in the Department (e.g., general teaching, research), the student should consult with the faculty member most closely involved, the Director of Clinical Training, or the Department Head. If the student remains unsatisfied, he or she may contact the Graduate School for further information on official University grievance procedures. If the matter pertains to teaching assistantships, grievance steps are stipulated in the Graduate Teaching Fellowship (GTF) union contract with the University. Other information can be obtained from the Office of Student Advocacy.

Program and Professional Participation

All students are encouraged to participate in the various activities of the Clinical Program and the Department. There are a variety of such experiences offered throughout the year, including the Clinical Brown Bag series, formal colloquia, informal research talks by Department or Visiting faculty, job candidate colloquia, and other specialty interest study groups (e.g., Development and Psychopathology Group, Developmental Study Group, Social-Personality Study Group, Cognitive Study Group). These are very useful ways to learn about the process of doing research, from the early phases of developing an idea and formalizing it through the final phases of public communication.

Psychology as a science and as a profession is in a continuing state of development. Although basic training at Oregon encompasses many of the major issues and themes in the field, there is a wide range of topics that can only be touched upon given the unavoidable limitations of faculty size and community resources. Students are encouraged to become aware of the broader issues involving the field through a variety of means. Most obvious is that students attempt to keep abreast of major scientific developments through the scholarly journals of psychology and psychiatry that bear upon their particular research issues. More generally, there are a number of publications, particularly by the American Psychological Association, that pertain to current issues in psychology (e.g., the *APA Monitor*; *APA Standards for Providers of Psychological Services*; *APA Standards for Educational and Psychological Testing*; *APA Ethical Principles*; *APS Bulletin*).

A number of professional associations hold annual meetings where research findings are communicated, and other important professional activities take place (e.g., symposia, workshops, and other continuing education activities). In addition to absorbing the most recent information on topics of interest, student can gain valuable experiences in presenting findings from their own projects. Again, there are a variety of such organizations, ranging from the large annual APA convention, to more specialized and informal meetings (e.g., Society for Research in Psychopathology; Society for Research in Child Development; Oregon Psychological Association). There are limited funds in the Department and the Graduate School to help support students involvement with such activities.

Clinical Supervision

A key principle in clinical supervision is close communication and full disclosure of information relevant to case conceptualization, treatment plan and the client-therapist process. Within each practicum, communication channels should be clarified, and strategies for eliciting supervision established. It is the therapist's responsibility to seek the appropriate level of supervision for each case. Supervision is provided by the clinical practicum supervisor only, unless arrangements are made with the clinical supervisor for other clinical consultation. In the majority of situations, such consultation is provided within the practicum, in the presence of the clinical supervisor.

Teaching

Although not required, teaching experience is strongly recommended for all students. The major goal of the program is to train research scholars. Additionally, virtually any setting a student may eventually work in entails some form of teaching, so preparation in effective communication skills pertaining to technical and substantive matters is an important adjunct to the core training. There are a variety of opportunities available, and the Department attempts to rotate support for students through teaching assistantships and fellowships.

Work Outside of the Psychology Clinic and the Child and Family Center

Because Clinical Psychology is a profession as well as an academic program, the Clinical Faculty is responsible to the public and the profession of psychology to ensure that students demonstrate responsible professional behavior. Consequently, no student should engage in work of a psychological nature (e.g., psychotherapy or counseling, testing, teaching psychology, or research) without adequate faculty consultation and prior approval of the clinical program. This includes any part-time or full time position of a psychological character until the doctorate is awarded.

Any student interested in outside volunteer or paid work must discuss this *at the beginning stage* with the Director of Clinical Training or another designated faculty person (e.g., Clinic Director), and formally request approval by the Director of Clinical Training. Students must not portray themselves to the public as psychologists or as someone offering psychological services; they must work only under proper supervision. Supervision outside of the Clinical Program must comply with Oregon licensing law and be by a licensed psychologist, or by an arrangement for dual supervision involving a Clinical Faculty member.

FURTHER INFORMATION

Information on current issues involving licensure and mental health legislation nationally is available in the *APA Monitor*, and state-wide in *The Oregon Psychologist*. More specific information on licensure in Oregon can be obtained from the Board of Psychological Examiners, 695 Summer Street, NE, Salem, OR 97310. Information pertaining to accreditation of the clinical psychology program by the Committee on Accreditation of the American Psychological Association can be obtained from the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242 (telephone: 202-336-5979).

The Graduate Secretary has on file a number of other brochures and forms concerning various aspects of the department, procedures, and special circumstances. These are listed in an appendix of *The Doctoral Student Handbook*. There is also a *Manual of Clinic Procedures*, which all students should consult; it is available from the Clinic Director.

APPENDIX A

Requirements of the University, Department, and Clinical Program

University Requirements:

Please consult the most recent issue of the University of Oregon Undergraduate and Graduate Bulletin for most recent, specific requirements.

Department Requirements:

1. Completion of the First Year Research Project or equivalent. (Note that unless students have a Masters degree, it will be financially advantageous to receive the Masters degree following completion of the First Year Research Project and completion of 45 graduate credit hours with respect to GTF stipends.)
2. Completion of the three out of five Core Courses (formerly Issues Sequence).
3. Completion of the Data Analysis sequence: Psychology 611, 612, and 613.
4. Completion of Supporting Area requirement.
5. Completion of the Major Preliminary Examination.

Requirements Specific to the Clinical Doctoral Program:

1. First Year Clinical Science Sequence (Clinical Ethics & Methods I & II & Assessment (though possibly not offered each year))
2. Register for and attend the Clinical Brownbag (Psy 607) for at least the first three years of the program.
3. Psychopathology Sequence (Adult Psychopathology (currently a Core Course), Child Psychopathology, Clinical Psychobiology).
4. Personality Assessment (Psychology 623).
5. Intervention Science (Psychology 610).
6. Psychology of Cultural Diversity (Psychology 610).
7. One behavior change course (Other courses in the University may be petitioned for this credit.)
8. Two years of intervention practica offered under the auspices of the clinical program. Prerequisites for practicum include the first year Clinical Methods & Ethics sequence and enrollment in the full psychopathology series.
9. A minimum of one year at an APA-approved clinical internship setting.

Note: All required clinical courses must be taken for a grade, not Pass/No Pass. A minimum grade of “B-” is required for satisfactory performance. Although an attempt is made to offer required clinical courses regularly, this is not always possible. Students should plan carefully to avoid missing them. It is wise to take required courses as soon as possible, to free up the later years for more independent scholarly pursuits.

APPENDIX B

Checklist and Timetable of Completion for Noncoursework Requirements

First Year:

Fall: Assemble First Year Advising Committee, First Year Project Committee.

Spring: Completion and presentation of First Year Project (or in Fall Term).

Second Year:

Fall: Completion and presentation of First Year Project (if not in prior Spring Term).

Summer: Designation of Major Preliminary Examination and formation of committee.
Designation of Supporting Area and formation of committee.

Third Year:

Spring: Completion of Major Preliminary Examination (by end of Spring Term).
Completion of Supporting Area requirement (by end of Spring Term).

Summer: Development of Doctoral Dissertation proposal; formation of Doctoral Committee.

Fourth Year:

Fall: Application to clinical internships.

Spring: Completion of all on-campus requirements.

Summer: Completion of Doctoral Dissertation.

Fifth Year:

Summer: Completion of APA-approved Clinical Internship.
Completion of Doctoral Dissertation (if not in prior year).

Note: Students should also check with the Graduate Catalogue regarding residence and time requirements for the doctorate degree.

APPENDIX C - Clinical Ph.D. Checklist for Fall 2007
(Revised September 2007)

First year committee*: 1) _____ 2) _____ 3) _____
 Advising committee*: 1) _____ 2) _____ 3) _____

First year required courses

	Grade		Grade
Data Analysis I (611)	_____	1 st Year Res Prac F,W,S	___ ___ ___
Data Analysis II (612)	_____	Clin Brownbag (1 st yr) F,W,S	___ ___ ___
Data Analysis III (613)	_____		
Core Course I _____	_____	Clin Sci I: Ethics & Methods	_____
Core Course II _____	_____	Clin Sci II: Methods	_____
Core Course III _____	_____	Assessment (though possibly need to be taken In another year)	_____

First year project:

Title _____

Oral presentation (date): _____ Written report completed (date): _____

Second year and beyond required courses and practica

	Grade	Term/Year
Psychopathology (Core Course) (620)	_____	_____
Clinical Psychobiology (621)	_____	_____
Child Psychopathology (610)	_____	_____
Personality Assessment (623)	_____	_____
Cultural Diversity (610)	_____	_____
Intervention Science (610)	_____	_____
Behavioral Change _____	_____	_____

Clinic Prac (609) F,W,S

Clinic Prac (609) F,W, S

Clinical Brownbag (2nd year) F,W,SClinical Brownbag (3rd year) F,W,S

Academic Year

Supporting Area: (by Spring of 3rd year)

Committee: 1) _____ 2) _____ 3) _____

Courses: 1) _____ Term/Year _____

2) _____ Term/Year _____

Project: _____

Prelims (complete by Spring of 3rd year)

Committee**: 1) _____ 2) _____ 3) _____

Paper option: Title: _____ Date: _____

Exam option (date of exam): _____

Advancement to Candidacy (date): _____

Dissertation:

Committee*: 1)_____2)_____3)_____4)_____

Title: _____

Proposal Approved (date): _____ (must be approved prior to internship application)

Defense (date):_____

Internship:

Site:_____Dates:_____

* At least one must be clinical faculty member

** At least two must be clinical faculty member

APPENDIX D
SUPPORTING AREA REQUIREMENT
(from the Doctoral Student Handbook)

The Supporting Area Requirement is designed to allow students to develop an understanding of material outside their major area of expertise, either to provide breadth to their area of specialization or to push the boundaries of their interests into associated domains that provide a broader perspective on their research questions. It is typically planned at the beginning of the second year and completed by the end of the third year (but often earlier).

In general, the supporting area requirement is satisfied by the successful completion of two courses (taken graded, unless the course is offered as P/NP only) and a review paper or a paper describing a related empirical project that was overseen by the supporting area committee.

The supporting area should provide a coherent body of knowledge that would complement and broaden the student's major area of interest. In completing the Supporting Area Requirement students should become knowledgeable in an area that is distinct from their major area, not simply an extension of that area into a closely related field. Supporting areas include linguistics, biology, statistics, mathematics, or others outside of psychology. Areas within psychology are also acceptable as long as they lie arguably outside the student's major area of concentration. For example, for clinical students a supporting area might include developing an emphasis in other basic areas of psychology (e.g., developmental, social), one of the other professional specializations within psychology (e.g., School, Counseling), or from an area outside of psychology (sociology, education). An important consideration is that in order to meet the intent of the Supporting Area Requirement, the content of selected courses must be sufficiently distinct from courses in the student's main area. For example, a course that provides the same content as one in clinical psychology, although offered through another program, would not be meeting the intent of the supporting area requirement. A course on principles and practices of School Psychology would be an appropriate course for a supporting area, whereas a course that provides an overview of psychotherapeutic methods would not.

Students must develop a plan for how they will fulfill the Supporting Area Requirement and have this plan approved by their advising committee, the Supporting Area Committee, and the GEC (see form "Preliminary Approval of Supporting Area"). Students are strongly encouraged to devise this plan early in their second year. Before approving the supporting area plan, the GEC may request documentation of the proposed courses (e.g., copies of course descriptions or syllabi) and a written statement from the student describing the rationale for the substantive content of the proposed supporting area and how it meets the spirit of the Supporting Area Requirement.

The Supporting Area Committee is composed of two faculty members who will monitor and advise on completion of the Supporting Area Requirement. One of the two members must be current Psychology faculty. Because the supporting area is expected to reflect a field of study substantially different from that of the Major Preliminary Examination, the chair of the Supporting Area Committee must be different from the chair of the Major Preliminary Examination Committee, and the Supporting Area Committee may contain no more than one member of the Major Preliminary Examination Committee.

Students may petition the Graduate Education Committee to allow graduate work completed prior to their admission to the program to satisfy (fully or partially) the Supporting Area Requirement.

The Supporting Area Requirement must be completed by the end of the third year—either by May 15 or by the end of the 8-week summer session in August, if the student has completed his or her Major Prelim Examination by May 15. Note, however, that graduate school rules require that a student is *registered for summer term* when fulfilling a program requirement.

For clinical students, the Supporting Area Requirement must be completed before a clinical student applies for internship. Clinical faculty will not recommend a student for internship if this requirement has not been fulfilled. Upon completion, the student must submit a completion form, signed by the committee and the GEC chair, to the graduate secretary.

APPENDIX E

MAJOR PRELIMINARY EXAMINATION (from the Doctoral Student Handbook)

The Major Preliminary Examination provides an opportunity for students to integrate their knowledge of a relatively broad area of psychology (e.g., traditionally developmental, social, clinical, cognitive, physiological, and more recently developmental psychopathology, emotion, cognitive neuroscience) and to demonstrate their scholastic competence in this area. Students who pass their Major Prelims are considered competent to act as instructors within their areas of expertise independent of faculty supervision. Students who have passed their Major Prelims consequently may be assigned to teach upper-division undergraduate courses. However, while teaching a course, continued consultation about the course with relevant faculty is encouraged.

Each student's major preliminary examination is designed and evaluated by a faculty committee composed of three faculty members (the Major Prelim Committee). Two of the three committee members, including the chair, must be current Psychology Department faculty. For clinical students, two of the three members must be tenure-track Clinical faculty. The chair of the Major Prelim Committee must be different from the chair of the Supporting Area Committee.

The Major Preliminary Examination must take one of two forms—a written examination or a review paper with a subsequent oral defense.

The *written examination* is designed by the Major Prelim Committee and based largely on a reading list developed by the student in consultation with the committee. In developing the list and constructing the examination, the student and committee should remember that the goal of the Major Preliminary Examination is to demonstrate the student's grasp of a broad area within psychology. (Reading lists and past exam questions are kept on file by the Graduate Secretary and should be consulted by the student and committee members.) The formal examination may be given either in one sitting or as a take-home exam. The Prelim Committee members grade the answers to the exam questions and discuss whether the exam as a whole is to be graded "pass," typically requiring that each individual answer is graded "pass." It is common that the committee asks the student to rewrite individual exam answers if they are not satisfactory for a passing grade.

Alternatively, the Major Preliminary Examination requirement may be satisfied by the completion of an integrative *review paper* covering a broad issue within an area of psychology followed by an *oral defense*. The review paper may undergo several rounds of revision until the Prelim Committee considers the paper to be "passing." In the oral defense, students are expected to defend their papers and demonstrate their competence within a relatively broad area of psychology. If the committee finds it useful, the oral defense can be made open to other faculty who want to attend. The Major Prelim Exam is graded "pass" if both the paper and the oral defense have been satisfactorily completed.

For either format, a "Major Preliminary Examination Proposal" (see form in Appendix) must be submitted to the GEC before the planned completion of the written exam or paper. The proposal is based on discussions between the student and the Major Prelim Committee (in consultation with the GEC, if needed), and specifies the scope and format of the exam and includes a preliminary reading list.

All Major Prelim exams in psychology must be based on a reading list approved by the student's Major Prelim Committee. From this reading list are derived either (a) written exam questions or (b) the

review paper topic and discussion questions for the oral paper defense. The breadth of the requirement, as defined above, must be reflected in the breadth of the reading list and either (a) in the breadth of the exam questions, if a written exam format is chosen, or (b) in the breadth of the paper topic and/or the discussion questions during the oral defense, if a review paper format is chosen. Completion of the Major Prelim requirement is documented on the “Completion of Major Preliminary Examination” form (see Appendix), which records date, title, and format of the exam, the grade (“pass with distinction,” “pass,” or “fail”) and includes the reading list and either exam questions or discussion questions from the oral defense.

The major preliminary examination must be completed prior to the end of the student’s third year in the graduate program—either by May 15 or by the end of the 8-week summer session in August, if the student has completed his or her supporting area by May 15. Note, however, that graduate school rules require that a student is *registered for summer term* when fulfilling a program requirement.

Failure of Prelims. If a PhD student fails his/her preliminary exams (where failure constitutes the prelim committee informing the graduate secretary via the preliminary exam form that the student has failed), the student must form a new preliminary exam committee and complete a new prelims proposal. The members may be the same as the members of the first prelims committee and the reading list and format may be the same, but if the student chooses to take an exam for the second attempt, the questions must differ from those on the first attempt. If the student initially wrote a paper for prelims and the paper is deemed failing, then the student’s second attempt must be an exam.

Failure to pass the prelims on two attempts is automatic cause for a student to be recommended for termination from the graduate program. What constitutes passing or failure of the prelims is left up to the prelims committee.

Further guidelines for clinical students on the paper and oral option for the Major Prelims:

Paper

Students develop a one page outline of the paper and a sampling of 10 - 15 references on their topic. This outline is distributed to the committee and a meeting is set up approve the plan. As students work on their papers, they work with their committee chairperson to pinpoint areas of the paper that need further conceptual or empirical development, clarification, substantiation, or other concerns that would strengthen the paper. The overriding criteria are those that would be applied for submitting a paper for publication to a journal (such as the *Psychological Bulletin* or *Clinical Psychology Review*). Upon the recommendation of the chairperson, the paper will be reviewed by the other committee members, who may have additional suggestions (much like journal reviewers would have). Upon the recommendation of the committee (having reviewed the paper and their judging it to be far enough along) a meeting will be scheduled to discuss the paper as described below.

Oral Examination

The oral examination will allow the student to defend her or his paper and to develop her or his position regarding the topic as it relates to clinical psychology. This meeting will be attended by the committee and the student and is open to other faculty who might want to participate. It is anticipated that the oral will mimic in some important ways the elements of a job interview. Thus, we expect to cover such issues as:

- 1) How does this paper add to our knowledge base?

- 2) If you were to develop a course for a psychology department, what directions might you choose based on this paper?

Clearly, faculty cannot anticipate every question that anyone might ask. But the idea is to give students an opportunity to show what they think about their topic, its implications for clinical psychology, or more broadly psychology, if appropriate.

The prelim is “passed” when the committee has approved the paper and the oral has been conducted.

APPENDIX F

Descriptions of Clinical Practica

Practica are guided by a philosophy of integrating science and clinical work with a continual awareness of and respect for the theoretical issues and empirical foundations of assessment and intervention procedures. Practica emphasize empirically supported assessment and interventions and teach students to conduct therapy in a fashion that integrates theory, assessment, and research. Clinical competency (including clinical assessment, case conceptualization, and treatment implementation) is evaluated for each student in the clinical practica.

During any given year, two intervention practica are offered by clinical faculty. The Clinic practicum is required, the Child and Family Practicum is an advanced elective practicum that requires the approval of the practicum faculty.

Clinic Practicum

This is a year-long practicum focusing on the individual and group cognitive behavioral therapy of depression and anxiety disorders in adolescents and adults. The practicum is designed to: 1) Teach students the theoretical model of depression and related disorders from which cognitive behavioral therapy is derived; 2) Acquaint students with the empirical literature on depression and related disorders and its treatment and the particular problems and questions presented by the individuals with whom they are working. This includes questions concerned with the efficacy, effectiveness, and process of cognitive therapy as well as empirical work on matching clients and treatment, follow-up course and maintenance of treatment gains; 3) Teach students the central role of assessment and case formulation in treatment of depression and related disorders; 4) Use treatment manuals and supplemental materials to guide and inform the kinds of techniques and strategies that constitute the intervention while attending to the idiographic considerations of the person being worked with and; 5) Teach students to think scientifically about questions that arise in treatment and how these questions might be addressed through research.

Over the course of the practicum year, students will develop specific skills in: 1) Conducting diagnostic interviews; 2) Administering, scoring, and interpreting empirically validated assessment instruments; 3) Developing a case formulation for each individual client; 4) Formulating a theoretically-driven and assessment-informed treatment plan; 5) Evaluating the clients progress in therapy; 6) Assessing short and longer term outcomes, and 7) Making case presentations about clients demonstrating the integration of clinical work with empirical knowledge.

The practicum is run by Professor Anne Simons and Jay Buckley, Ph.D. with a number of other faculty and psychologists in the community providing supervision (e.g., Crystal Dehle, Ph.D., James Monroe, Ph.D.). Students will see clients in the Psychology Clinic and also will work in community settings (e.g. North Eugene High School, Laurel Hill, etc.). Supervision occurs in weekly practicum meeting and small groups with supervisors. Therapy sessions are videotaped and used as the basis for supervision.

Child and Family Practicum

This is a year-long practicum focusing on interventions with children and families, ranging from early childhood through adolescence. A majority of the families seen are referred with concerns over the child's problem behavior. A family-centered intervention model organizes the practicum, involving parents and caregivers in all phases of the assessment-intervention process. Interventions are 'model driven' with respect to being based on both developmental and clinical research.

Students will develop skills in conducting: 1) Family-centered assessments, often in the family's home; 2) Clinical intakes with families; 3) The Family Check Up intervention (motivational interviewing); 4) Lead parent groups focusing on family management practices; and 5) Family therapy sessions. Single case or multiple baseline studies may be conducted at times in the practicum. The practicum is conducted in collaboration with the Counseling Psychology program (Dr. Beth Stormshak). Students are placed in community settings as well as in the University-based clinics (Psychology and DeBusk). Examples of community settings include Looking Glass, the Oregon Social Learning Center, Family Resource Rooms in public schools, and the Child Center. Supervision occurs in weekly practicum meetings involving 10-15 graduate students, as well as in small group meetings affiliated with each program, and individual supervision on specific cases. Students can expect to commit 15 hours weekly to this practicum. Students can expect to commit 15 hours weekly to this practicum, including some evenings and weekend meetings. The practicum is taught by Tom Dishion in collaboration with the child and family in collaboration with the child and family practicum in counseling psychology lead by Dr. Beth Stormshak.

Prerequisites for the Child and Family Intervention Practicum

Students interested in participating in the Child and Family Intervention practicum through the Child and Family Center (CFC) need to take either Child and Family Intervention (CPSY 642) AND Developmental Psychopathology (Psych 610) OR Child Clinical Science (Psych 607, SPsych 609) as prerequisites. In some instances, other prior course work and clinical experience may provide an appropriate foundation; therefore students should contact Professors Beth Stormshak or Tom Dishion about their interest in the Child and Family Intervention practicum.

Appendix G

Approval for 2 practica

In order to take 2 practica simultaneously, clinical students must have the approval of their major advisor and both practica instructors. No written petition is required. Simply discuss your desire to take both practica with the relevant people and obtain the required signatures.

Department of Psychology Clinical Ph.D. Two Practica Approval Form

_____ has discussed with me his or her plan to take 2 intervention practica at the same time. We have reviewed this in the context of the student's overall training goals, time commitments and practicum requirements and enrollment. I approve of this plan.

Student signature _____

Major advisor name _____

Major advisor signature _____

Practicum instructor name _____

Practicum instructor signature _____

Practicum instructor name _____

Practicum instructor signature _____

Date _____

Appendix H

Dissertation Approval

Clinical students must have an approved dissertation approval prior to applying to internship. In order for a proposal to be approved, students are required to have:

- 1) A written proposal
This document must include the background and significance, the method, and the plan for data analysis.
- 2) A meeting of all committee members.
A meeting attended by the student and all committee members must be held to discuss the proposal. At the end of the meeting, a decision will be made regarding the proposal. The decision may be one of the following: 1) approved as is; 2) approved with specified changes; or 3) not approved because it requires sufficient reworking to necessitate another meeting.
- 3) Signed dissertation proposal approval form (see page 29).
A dissertation proposal approval form (available for the Graduate Secretary) must be signed by the student and each committee member. In essence this serves a contract as to what everyone has agreed will constitute the student's dissertation.

Department of Psychology Clinical Ph.D. Dissertation Proposal Approval Form

_____ has completed a dissertation proposal consisting of a written document including the background, method, and plans for data analyses. This document has been reviewed by the entire committee.

A meeting of all committee members was held on _____

The decision was:

_____ Proposal approved as is

_____ Proposal approved with specified changes; another meeting not required

_____ Proposal not approved; a second meeting required

_____ Other (specify)

Dissertation Title _____

Student signature _____

Committee Members (signatures required)

Chair _____

Date: _____

APPENDIX I

Information for Students with Prior Graduate Coursework and University of Oregon Coursework Substitutions

Masters Degree credit is determined by the Department (via the student's 3 member advising committee and the Graduate Education Committee). The basis for this determination is that the student has completed a research thesis based upon empirical data which meets Departmental standards for scholarly content and ethical guidelines. If this is successfully negotiated, the First Year Research Practicum can be waived.

Waivers of other course requirements should be discussed with the student's advisor. Students should prepare a short statement requesting the waiver and evidence of equivalent coverage. Information essential for determining the applicability of the prior coursework includes course syllabi, reading materials used, assignments, grading system, and overall level of sophistication of the course structure and content. Most often, the faculty member teaching the particular course in the Department also will judge the suitability of the prior course for the objectives of the Departmental or Clinical Program requirement. For all waivers of Departmental requirements, the Graduate Education Committee must make a final approval; for all waivers of Clinical Program requirements, the Clinical Faculty must make a final approval. Petitions for waivers must be submitted in writing, with places for endorsement by the advisor, by the person in charge of the course requested to be waived, and by the person from the appropriate final decision committee (i.e., the Director of the Clinical Program or the Chair of the Graduate Education Committee). The waiver must be included in the student's file.

On other occasions, a student might elect to take courses elsewhere in the University that have obvious relevance for required clinical courses (e.g., an assessment or therapy course offered by another department). Under these conditions, the student should petition the clinical faculty to formally approve the substitution and it should be entered into his or her file.

APPENDIX J

Sources of Financial Support

Clinical students are supported through a variety of sources. Decisions concerning support are reviewed annually and approved by the GEC, which sets priorities for all positions. The following represent the most common forms of graduate support funds.

Teaching Assistantships (TA)

The Graduate Teaching Fellow positions are subject to the GTF Federation decisions and guidelines. Full positions are normally 0.42 FTE, which translates to 12 – 16 hours of work per week. Payment is received the first of each month. The pay scale is based on progress toward a degree (i.e., more advanced students earn more money). Tuition is waived for GTF-funded students with assignments of 0.21 FTE or higher.

Research Assistantships (RA)

These positions are funded by individual faculty members who have research grants with provisions for hiring such personnel. They typically involve direct research experience on the topic of the studies supported by the funding agency. Assignment of these positions is determined by the individual faculty person based on perceived fit between project needs and student skills.

Both Teaching Assistantships and Research Assistantships are required to take no less than 9 credit hours per term, and no more than 16.

Other Support Mechanisms

Some clinical students are supported by the department's Development and Psychopathology Training grant to engage in both research and coursework pertaining to the study of emotions. In recent years, students also have successfully applied for federal funds (e.g., NIMH) to support themselves and their research activities during their dissertation years. Minority students are encouraged to contact the American Psychological Association Minority Fellowship Program early in the Fall to apply for possible fellowship funds. Occasionally positions are available in the community or with local research institutes (e.g., Oregon Research Institute, Oregon Social Learning Center). Students should consult with their advisors about such possibilities, and if the work involves any form of client contact or clinical activity, the position must be formally approved by the Clinical Faculty.

Summer Support

The Department has limited support for students over the summer months. Some research assistantships and training fellowships continue over the summer, faculty may have some funds available to hire summer research assistants. Graduate students are also hired as TAs or instructors to teach undergraduate courses during the Summer Session. The Portland, Roseburg, and other Veterans Administration facilities may offer traineeships during the summer. Once again, it should be noted that all outside clinical activities are **required** to be approved by the Clinical Faculty for legal and ethical purposes.

APPENDIX K

Internships and the Awarding of Ph.D. Degree for Doctoral Students in Clinical Psychology

Conditions:

All Graduate School deadlines apply to the following processes.

Required internships are no longer than 12 months, and most begin in August or September of one year, and are completed by July or August of the following year. Internships that do not conform to these conditions will require a special exception from the Graduate School.

Policy

Students who wish to hold an oral defense of their dissertation (hereafter called the “defense”) prior to completing the internship required by the Clinical Psychology program must meet following requirements:

The defense may be held no earlier than the last term prior to the internship, or at any time during the internship. When the defense occurs before or during the internship, the student and the Department have the following obligations.

Meet all Graduate School requirements and deadlines for scheduling the oral defense.

Submit the signed certificate of completion and a copy of the internship confirmation letter to the Graduate School no later than two weeks after the defense

The student must submit to the Clinical Psychology Program the final approved copies of the dissertation by the published Graduate School submission deadline for the term in which the defense took place.

The Department will hold the final copy of the completed dissertation until the student applies for graduation.

The student is responsible for selecting the term in which he/she wishes to graduate, and following all of the procedures required to apply for graduation. It is during this term that the final copy of the Dissertation, and all other required documents, must be turned in to the Graduate School.

The maximum allowable time between a defense and the submission of the dissertation to the Graduate School shall be no longer than 15 months. (See attached calendar)

Students must register for at least 3 dissertation credits during the term in which the oral defense is held, and again in the term in which they wish to graduate. During the intervening terms, students will be expected to register for 3 internship credits per term.

NOTE: If the defense does not occur prior to or during the internship, all of the regular Graduate School rules, procedures and deadlines apply.

PETITIONING FOR NON-ACCREDITED INTERNSHIP

Under normal conditions, students are required to have a one-year clinical internship at an APA-approved facility. On rare occasions, a student may be restricted in his or her options for internship training and not be able to attend an APA-approved internship (e.g., due to personal reasons and/or geographical constraints). Students wishing to apply for a non-accredited internship may petition the clinical faculty. The petition must include a detailed plan for training and documentation of how this plan meets each of the specific APPIC guidelines. A petition must be a comprehensive, single, written document which includes the following sections and content:

1. Description of proposed internship.

A detailed description of each of the sites where the internship will take place, the activities that will be pursued, and the supervision to be received at each site.

Year long calendar.

A year long plan which maps out the timing and distribution of the “rotations” at the different sites.

Supporting letters and curriculum vitae.

Letters and curriculum vitae from each of the supervisors specifying the exact nature of their role in the internship (e.g., amount of supervision, plans for evaluation, etc.).

2. Mechanism for ensuring integrity and quality and supporting letters.

Information regarding who will be responsible for the integrity and quality of the training program and how this monitoring will take place.

Statements from clinical supervisors documenting their understanding and willingness to assuming the role of internship supervisor.

Statement from a core clinical faculty member willing to sponsor, monitor and provide support for the clinical internship.

3. Rationale for proposed internship.

Detailed information about the proposed internship training regarding each of the major criteria used by APPIC in accrediting internship programs.

A statement regarding how this internship program fits the training needs and career goals of the student.

An Example of the Calendar for a Defense that occurs “prior to or during” the internship of a Clinical Psychology Doctoral student.

Oral Defense Takes Place during:	*Submit Dissertation to Graduate School no later than:
April	June: Summer Graduation
May	July: Summer Graduation
June, July, or August	August: Summer Graduation
Any time from September through August of the following year	Fall Term following year: Fall Graduation

*In all cases, students are responsible for meeting all of the published Graduate School Deadlines for the term in which they wish to graduate. Detailed information about these deadlines can be found at:

<http://gradschool.uoregon.edu/deadlines.html>

Appendix L

Guidelines for Professional Ethics at the University of Oregon

Overview

A priority in clinical training at the University of Oregon is to teach, supervise, and support growth in the ethical and professional integrity of clinical psychologists and scientists. The clinical psychologist is often faced with complex if not difficult decisions and communications related to ethical and professional behavior, which often require discussion and consideration of multiple perspectives. As an APA accredited program, we adhere to the ethical principles articulated by APA (revised and effective June 1, 2003). This code can be found on the internet at <http://www.apa.org/ethics/code2002.html>. In general, it is expected that students and faculty will refer to the APA ethics code for guidance and problem solving when confronted with questions regarding professional and ethical behavior while engaged in clinical training, including clinical work, research, coursework, and teaching, at the University of Oregon.

It is not unusual for questions, ambiguities, and potential disputes regarding ethical and professional behavior to emerge in the course of clinical training. In fact, questions regarding ethical and professional behavior provide an ongoing opportunity for growth and development in a doctoral training program. Discussions of these issues between faculty and students, among students, and among faculty are encouraged. However, graduate, academic, and professional careers are often vulnerable to informal communications regarding ethical and professional behavior, or the lack thereof. In this sense, discussions about ethics and professional behavior can have inadvertent, unintended long-term effects on individuals as well as undermine a supportive climate for clinical training. In order to facilitate an environment that promotes professional and personal growth as well as one that promotes the discussion of norms and values related to professional conduct, we offer the following guidelines and principles.

Communication Principles

In general, discussions, questions, and concerns about ethical and professional behavior in the course of clinical training are to be localized within the training context in which they occur. In the spirit of clinical training, such questions should first be discussed directly with the person(s) involved. If the concerns or questions require faculty guidance, then the faculty directly responsible for the clinical training context is first consulted. Under most circumstances, concerns about ethical and professional behavior will be resolved between the student and the faculty member responsible for the clinical training. Students are responsible for informing faculty of any of their actions that may have potential ethical implications.

In the event that a situation is ambiguously unethical or unprofessional, or other consultation is desired (e.g., seeking best strategies for raising the issue with involved individuals), students and faculty may discuss the situation with the faculty member responsible for the clinical training. If such a situation arises, it should be presented to the faculty member as hypothetical and extreme care should be exercised to keep the identity of the involved individual(s) anonymous. In some cases, after these communications have occurred, it may be necessary to discuss these with the Director of Clinical Training (DCT), or other relevant faculty members. In general, the clinical training program at the University of Oregon does not support following communication practices:

- 1) Informal discussion of ethical and professional behavior that cultivate unsubstantiated impressions of misconduct;

- 2) Submitting anonymous reports or allegations that are ill informed, or that have not been discussed with the individuals directly involved;
- 3) Discussions that promote unsubstantiated or incorrect information, or distortions of ethical and professional behavior;
- 4) In cases where misconduct is substantiated, informal discussion of such misconduct.

Given the mission of clinical training, the majority of discussions and questions about ethical and professional behavior are seen as educational opportunities. In rare cases, concerns about ethical and professional behavior may not be resolved simply as an education or training issue, but turn into a more formal allegation requiring remediation, and possible action by the DCT and the clinical faculty as a whole.

Addressing Misconduct Issues

If a concern or allegation of ethical or professional misconduct requires attention by the DCT, the following serve as guidelines for addressing these concerns:

1. When a concern is raised with the DCT about a graduate student, the DCT will notify the student that a concern has been raised and will then consult with the student's advisor. The advisor will keep the student apprised of the steps to be taken to resolve the issue. In many instances, a resolution of the concern will be accomplished between the advisor and the student without the involvement of all the Clinical Faculty. The student may consult an advocate other than their advisor (e.g., another faculty member, university advocate). Moreover, if the student's advisor is the DCT, the student may consult with another faculty member. Because a concern that is ambiguous, controversial, or subject to interpretation (e.g., addiction, domestic violence) could raise unnecessary suspicion about a particular student and be damaging to the student's reputation, caution should be exercised in bringing student concerns to the attention of the Clinical Faculty.
2. If the concern involves clear evidence of serious professional or personal misconduct that requires the attention of the Clinical Faculty, the DCT will discuss the concern with the student and the student's advisor, and at a meeting of the Clinical Faculty. Upon request through the Director of Clinical Training, the student may be invited to appear before the Clinical Faculty to present her/his side of the issues. Serious professional misconduct is an issue of concern to all the Clinical Faculty because such behavior could be grounds for dismissal from the program.
3. If the evidence for the concern is not clear, the DCT will consult with the student's advisor and then decide whether the issue warrants discussion by the Clinical Faculty.
4. At any stage after a concern is raised, the DCT may consult with relevant department administrators (e.g., Clinic Director, Chair of the Graduate Education Committee, Department Head).

Remediation Procedures

Due process is utilized in resolving concerns about a student's behavioral, academic, or ethical performance. The general remediation procedure is outlined below:

1. Review the concerns regarding the student.

2. Request and receive, where appropriate, further written evaluations from faculty and supervisors.
3. Convene, when necessary, a meeting in order that the faculty member(s) and student may share concerns and arrive at a specific program of remediation.
4. Review the student's standing, making a recommendation that the standing be maintained or changed. The student will be notified in writing of this recommendation.
5. Notification of recommendation to the student, should remedial action be deemed appropriate, including possible probation, dismissal or a leave of absence. Specific expectations that the student must meet before the student is reconsidered for reinstatement to full status in the program will be clearly outlined in the letter.
The letter will be written in consultation with the Director of Clinical Training, the Chair of the Graduate Education Committee, and the Department Head. It will include:
 - a. A description of the issues to be addressed
 - b. A plan for addressing each issue
 - c. A description of any previous efforts to address or prevent each issue
 - d. Criteria for determining that the issues have been remedied or resolved
 - e. A timeline for review
6. Determine the nature, type, and frequency of subsequent reviews.
7. If the student, having notification of the faculty member(s)'s recommendations, believes the procedure unjust or this decision unfair, or that new information could lead to a different decision, they may present an appeal in writing to the Director of Clinical Training. The appeal will be maintained in the student's permanent file.
8. If a student is to be suspended from participation in training, they must be notified in writing. The letter will state the time frames and limits of the temporary suspension and its rationale. A copy of the letter is to be maintained in the student's permanent file.

All College of Arts and Sciences and University policies and procedures regarding student grievance rights (<http://gladstone.uoregon.edu/~asuoosa/policies.htm>) apply throughout the review and remediation process described here.

Student Termination

Clinical psychologists often work with vulnerable individuals. Thus, adherence to ethical standards is particularly important in clinical psychology, and problems involving professional competence are taken seriously. Students encounter three types of problems that could lead to program termination:

1. Behavioral problems that include the student's inability or unwillingness to follow directions, to accept and respond appropriately to feedback, to work successfully with others, or extreme social insensitivity or mental health situations that affect the student's ability to be a successful psychologist.
2. Academic factors that may include the student's inability or unwillingness to acquire and demonstrate competence in program content, or to comply with the program, Department, College, and University procedures.
3. Legal/ethical factors that may include the student's use of inappropriate language or actions, or violation of university rules or violation of state laws, all of which demonstrate the student is not meeting professional standards.

When such a problem or problems occur, program faculty must review the student's behavior at the next available program meeting. Prior to this meeting, the faculty person involved (e.g., advisor,

supervisor, or Director of Clinical Training) will notify the affected student as to the issues and concerns. The student may choose to work with this faculty person, or another faculty person, to present information to the faculty. Information may be presented in verbal or written form. Upon request through the Director of Clinical Training, the student may be invited to appear before the Clinical Faculty to present her/his side of the issues.

After presentation of information by all parties involved, the Clinical Faculty in consultation with the Chair of the Graduate Education Committee and the Department Head, will first establish whether unethical or unprofessional behavior is present. If a majority vote does not support a judgment that unethical or unprofessional behavior is present, the issue will be dropped without prejudice to the student, and no reference to the behavior will be made in the student's records. If the faculty votes that there is evidence of unethical or unprofessional behavior, then they will vote to determine whether the behavior warrants dismissal. A majority vote that includes participation of the Chair of the Graduate Education Committee and Department Head, is necessary to dismiss the student. If the student is not dismissed, the faculty must specify the specific contingencies for retention including the behavioral change necessary, the criteria and process to be used in evaluating progress, and the dates by which change must be evidenced. The student's advisor will be responsible for monitoring the retention program and bringing information back to the faculty within the guidelines and time lines established. Failure to satisfactorily complete the remediation program will result in dismissal from the program.