GUIDE TO THE UNIVERSITY OF OREGON
CLINICAL PSYCHOLOGY DOCTORAL PROGRAM

A Companion to the Doctoral Student Handbook

UNIVERSITY OF OREGON

January 2016
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Clinical Psychology Doctoral Program Overview

The Clinical Psychology Program at the University of Oregon has a strong tradition of clinical science research training on topics of relevance to both theory and practice of psychology. Accredited by the American Psychological Association, 750 First Street NE, Washington DC 20002-4242, 202-336-5979, 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 and was accredited by the Psychological Clinical Science Accreditation System in 2013.

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. As such, research and clinical training provide a matrix of information essential for posing meaningful research questions designed to develop a better understanding of human behavior. The particular emphasis of the program 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. The program is not designed for students whose primary goals are in clinical service, and such students 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 four stages:

The first stage corresponds with the first year in which students complete an intensive year of coursework, and their First Year Project (for which they receive their master’s degree). These experiences are designed to provide foundational skills necessary for the research and clinical training they will receive during the remainder of the program.

The second stage, which corresponds with years 2 and 3, focuses on extending students’ research breadth and depth. Students will immerse themselves in their area of research that culminates in the Major Preliminary Exam, while also expanding their research knowledge by completing the Supporting Area Requirement. Students should also prepare and submit their First Year Project for publication during this time and begin work on other manuscripts that will be submitted for publication. Clinically, by the end of their third year, students will have completed two years of departmental practicum.

The third stage, typically completed in years 4-5, is dedicated primarily to the student’s dissertation research, which culminates in their Doctoral Dissertation.
Students work with their advisor and other faculty and students with whom they are collaborating to prepare and submit additional manuscripts for publication during this time (both as first and secondary author). In addition, students continue to participate in practicum training during this time, including the departmental practicum as well as external practica (which provide supplemental training in areas of interest such as addictions treatment, psychological assessment, and family-based interventions).

The fourth stage is the student’s completion of an APA-approved clinical internship.

The formal requirements are minimized to maximize time for developing close working relationships with one’s advisor and other 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.

This handbook 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 requirements of the doctoral graduate program in Psychology at the University of Oregon.

In addition, a separate document, the Clinical Practicum Guide, contains information about clinical training requirements and protocols for the University of Oregon Clinical Psychology Doctoral Program.

The purpose of this handbook 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 information is intended to clarify the pathway to completion of the doctoral training in the Oregon program.

A checklist of the requirements for the clinical program, which should be used for Annual Student Review Meetings, is contained in Appendix A.

In addition to grades in their courses, students in the clinical program receive ratings regarding core competencies when completing program requirements such as core courses, clinical practica, first year project, supporting area and prelims. These ratings are part of the APA accreditation process for the Clinical Program and allow the clinical faculty to insure that students meet minimum qualifications in key areas (See Appendix B).
DESCRIPTION OF PROGRESS THROUGH THE CLINICAL PSYCHOLOGY DOCTORAL PROGRAM AND REQUIREMENTS

The following information lays out the timeline for completion of coursework, practicum experiences, and other requirements students will accomplish during their graduate training.

*PLEASE NOTE: Prior to commencing their enrollment, all students are required to submit an FBI criminal background check (See Appendix C).

FIRST YEAR REQUIREMENTS

In the first year, students are primarily focused on completing required coursework and their first year research project, the write-up of which serves as the master’s degree thesis (see Doctoral Student Handbook for details about the first year project). The first year clinical science course sequence is designed to provide students with the foundational skills they will need to begin seeing clients in practica in their second year of training and beyond. Student do not participate in clinical practica in their first year.

Coursework

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Analysis I</td>
<td>Data Analysis II</td>
<td>Data Analysis III</td>
</tr>
<tr>
<td>Intervention Science</td>
<td>Methods and Ethics</td>
<td>Assessment &amp; Diagnosis</td>
</tr>
<tr>
<td>First Year Res Prac</td>
<td>First Year Res Ethics</td>
<td>First Year Res Prac</td>
</tr>
<tr>
<td>Sem Clinical Brownbag</td>
<td>Sem Clinical Brownbag</td>
<td>Sem Clinical Brownbag</td>
</tr>
<tr>
<td>Research credits</td>
<td>Research credits</td>
<td>Research credits</td>
</tr>
<tr>
<td>Psychopathology</td>
<td>Departmental Core Course</td>
<td>Departmental Core Course</td>
</tr>
<tr>
<td>Departmental Core Course</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 (Psy 610: Intervention Science, Methods and Ethics, Assessment and Diagnosis) is a 3-course sequence for clinical psychology students only, designed to introduce students to the theories, methods, and ethics of clinical assessment, diagnosis, and intervention. It is designed to meet APA requirements in a number of domains. The sequence, which is team taught by the clinical faculty, will provide students a common foundation of understanding and experience with diverse clinical methods used in contemporary clinical psychology research and practice. As such, completion of this sequence is required prior to students participating in clinical practica in their second year and beyond.
Psychopathology (Psy 620) is an APA requirement for clinical students. This course explores theories of psychopathology and diagnostic criteria of various disorders. Taking this core course meets one of the core course requirements and fulfills a clinical requirement.

Clinical Psychology Seminar (Brownbag) (Psy 607) provides an opportunity for all clinical students and faculty to meet together to discuss issues related to professional development, current topics in clinic science, and clinical skill development. The agenda for the series is organized by the Director of Clinical Training. This seminar is required of all clinical students in all terms during the first three years in the program.

Data Analysis I, II, III (Psy 611, 612, 613) is a 3-course sequence for all psychology doctoral students that provides students with a solid grounding in theory and methods of statistical analyses appropriate for research questions in psychology.

Psychology Doctoral Program Core Courses. All clinical students are required to take four 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 Psychopathology*). For clinical students, one course from Group A and all three courses from Group B must be taken to fulfill this requirement. To remain in good standing in the program, at least two of the four required core courses must be completed by the end of spring term of their first year. The third and fourth core courses must be completed by the spring of their second year.

*Because Psychopathology is offered as a Core course, it can meet two requirements.

First Year Res Prac/Ethics (Psy 607) is a 3 term sequence designed to educate all psychology doctoral students around research theory and ethics. This course will assist students toward completion of their first year projects.

Research Credits (Psy 601) accounts for the research activity students will engage in for the completion of their first year projects. The students’ advisor serves as the instructor for this credit.

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.

Some students entering the program may have a masters or completed graduate coursework relevant to the University of Oregon Psychology program. When relevant, these students may, with approval of their primary mentor, fill out a petition to waiver coursework (Appendix D), which must be approved by the DCT.

In addition to coursework, students in their first year will receive tuition and a financial stipend through either a Graduate Teaching Fellowship (GTF) or Graduate Research Fellowship (GRF).
Summer between years 1 and 2
Students will continue working on their First Year Project. Some students will also have summer GTF and/or GRF assignments.
The second and third years continue to be devoted to fulfilling required coursework, beginning to participate in clinical practicum training, and continuing research activities. Owing to the likelihood that not all departmental and clinical required courses will be offered each year, students will have to alternate taking required courses with electives as the schedule permits during years 2-3. A prototypic coursework schedule for 2\textsuperscript{nd} and 3\textsuperscript{rd} years are listed below.

**TYPICAL 2\textsuperscript{nd} year**

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychobiology</td>
<td>Cultural Diversity</td>
<td>History &amp; Systems</td>
</tr>
<tr>
<td>Departmental Core Course</td>
<td>Supporting area course</td>
<td>Departmental Core Course</td>
</tr>
<tr>
<td>Practicum</td>
<td>Practicum</td>
<td>Practicum</td>
</tr>
<tr>
<td>Sem Clinical Brownbag</td>
<td>Sem Clinical Brownbag</td>
<td>Sem Clinical Brownbag</td>
</tr>
<tr>
<td>Research credits</td>
<td>Research credits</td>
<td>Research credits</td>
</tr>
</tbody>
</table>

Additional progress: Form Supporting Area committee; take one class for Supporting Area Project (SAP), begin preparation for completion of Preliminary Requirement

**TYPICAL 3\textsuperscript{rd} year**

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Area course</td>
<td>Core Course</td>
<td>Core Course</td>
</tr>
<tr>
<td>Practicum</td>
<td>Supervision &amp; Consult</td>
<td>Practicum</td>
</tr>
<tr>
<td>Sem Clinical Brownbag</td>
<td>Sem Clinical Brownbag</td>
<td>Sem Clinical Brownbag</td>
</tr>
<tr>
<td>Research credits</td>
<td>Research credits</td>
<td>Research credits</td>
</tr>
</tbody>
</table>

Additional progress: Complete Preliminary Requirement; complete Supporting Area Project requirement; form Dissertation Committee

**Coursework**

To advance to candidacy, students must complete all clinical and departmental program requirements (except dissertation and internship). There are typically 4 remaining clinical psychology classes after the first year course sequence is completed. These are:

**Clinical Psychobiology (PSY 621)** surveys understanding of contemporary central nervous system neuroanatomy, neurophysiology, and neurochemistry and its implications for understanding major mental disorders and emotional functioning.

**Cultural Diversity (PSY 610)** provides students with an understanding of theory, research and practice with respect to diversity as it applies to assessment, diagnosis, and treatment.
History & Systems (CPSY 605) provides a history of psychology as a scientific discipline and is an APA requirement for clinical students. It is typically taken as a course in the counseling psychology program.

Supervision & Consultation (PSY 610) introduces theoretical models of supervision and consultation and provides students with practice supervisory experience. This course is reserved for students in their 3rd year and beyond.

In addition, during years 2 & 3 and prior to advancing to candidacy, it is necessary for students to complete the requirements for Psychology Doctoral Program (description listed under first year requirements).

Additionally, 2nd and 3rd year students will enroll in Clinical Psychology Seminar (Brownbag) each term.

Elective classes. Students should consult with their mentors about enrolling in additional courses to facilitate the completion of their Supporting Area Project. Taking additional courses can be excellent ways of advancing other skills and areas of expertise (ex. statistical modeling classes).

Students should refer to the Doctoral Student Handbook on the steps and timeline during years 2 and 3 for completing the supporting area project and preliminary exam.

In summary, by the end of the third year, students should have achieved these milestones:
1. Completion of Major Preliminary Examination (by end of Spring Term).
2. Completion of Supporting Area requirement (by end of Spring Term).

Practicum Training

Also in the second year, students will initiate participation in internal practicum (see Practicum Guide). Students will continue to enroll in internal practicum in years 3 and 4.

In years 3 and 4, students also may enroll in external practicum and should consult with their advisor and other clinical faculty about choosing external practica options. In order to take an outside practicum, the student and the externship supervisor must complete forms (see Appendix E) 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). This proposal must be submitted to the Director of Clinical Training. Please be aware that any practicum placement outside of
the departmental practica must be approved by the DCT, regardless of whether or not it is being taken for credit.

**Liability insurance for external practica:** Prior to beginning to work in an external practicum, students must submit proof to the DCT of liability coverage. Student therapist insurance can be obtained through the APA Insurance Trust at [http://www.trustinsurance.com/products/studentliability/](http://www.trustinsurance.com/products/studentliability/).

**Summer between years 2 and 3; 3 and 4**
Students can use summers to advance their progress on their SAP, preliminary exam, dissertation work, other research activities, and accruing additional clinical hours. Students may also have a GRF or GTF assignment.
DOCTORAL DISSERTATION WORK (YEARS 4-5)

In years 4 and 5, students will complete any remaining coursework (although typically all coursework is completed prior to year 4), and continue with practicum experiences to accrue hours for internship. Typically, students are encouraged to enroll for 16 credits, comprised of any remaining required classes, elective classes, practicum credits, and research/dissertation credits. The major milestone during these years is the completion of the dissertation.

Dissertation

Clinical students must have an approved dissertation proposal 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 (available from the department secretary).
   A dissertation proposal approval form must be signed by the student and each committee member. In essence, this serves as a contract as to what everyone has agreed will constitute the student’s dissertation.

STUDENTS SHOULD HAVE COMPLETED THEIR DISSERTATION PRIOR TO BEGINNING THEIR INTERNSHIP YEAR. ONLY IN THE RAREST INSTANCES, AND WITH A CLEAR TIMELINE IN PLACE FOR COMPLETION, SHOULD STUDENTS LEAVE FOR INTERNSHIP WITHOUT A COMPLETED DISSERTATION.

Other activities

Preparing for and applying to clinical internships. Students should begin surveying information on clinical internships during the summer prior to the internship application process. 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 year they are applying for internship. Students should also arrange to have the appropriate letters of recommendation sent. 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.

**Summer between years 4 and 5**
Students can use this summer to make significant progress on their dissertation work. Students should also begin researching internship sites and familiarizing themselves with the internship application process and requirements.
Completion of a clinical internship is the final stage of the program. Specifically, all students are required to spend a minimum of one-year on clinical internship (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). While it is advantageous to obtain an APA accredited internship, there may be circumstances that necessitate a student completing a non-accredited internship. Students should consult with their mentors and DCT about this decision. Students must petition to go to a non-accredited internship.

The internship must be completed before the Ph.D. degree is awarded. If the student has not yet finished the dissertation, it should be completed during this year. Students on internship need to familiarize themselves with the UO registration policy for internship year.
CLINICAL PROGRAM GENERAL INFORMATION

Clinical Program Governance

Governance of the Clinical Program is overseen by the Clinical Faculty. This is true even in instances in which a student has a non-clinical faculty member as a primary advisor (see Appendix F).

A clinical 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 DCT and Clinical Faculty, the system is designed to be open for student awareness and sensitive to student input.

The Clinical Faculty will conduct an annual review of all clinical students’ progress at the end of the academic year. The Director of Clinical Training will write a letter to each student detailing their accomplishments and areas for improvement, if any. A copy of the letter will be given to the Graduate Secretary to be placed in the student’s file.

Clinical Psychology Doctoral Student Ethical Guidelines

All students in the clinical doctoral program must adhere to the APA Guidelines for Ethical Behavior, as well as to the program’s ethical guidelines (contained in Appendix G)

Program and Professional Participation

In addition to program requirements, 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 formal colloquia, informal research talks by Department or Visiting faculty, job candidate colloquia, and other specialty interest study groups. 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 related disciplines 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.
there are a variety of such organizations, ranging from the large annual APA and APS conventions, to more specialized meetings (e.g., Society for Research in Psychopathology; Society for Research in Child Development). There are limited funds in the Department and the Graduate School to help support students involvement with such activities.

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 Department of Psychology

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, students may not engage in work of a psychological nature (e.g., psychotherapy or counseling, testing, teaching psychology, or research) without prior approval of the DCT (see Practicum Guide section on external practica for additional information. This includes any part-time or full time position of a psychological nature until the doctorate is awarded.

Students must not portray themselves to the public as psychologists or as someone offering psychological services; they must work only under appropriate 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 licensed psychologist.

Clinical Program Student 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.
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 APA accreditation of the clinical psychology program by the Commission 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).

Information pertaining to Psychological Clinical Science Accreditation System accreditation of the clinical psychology program can be obtained from PCSAS, 1101 East Tenth Street, IU Psychology Building, Bloomington, IN 47405-7007 or from their website at www.pcsas.org.

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 - Clinical Ph.D. Checklist (for use in Annual Student Review Meetings)**

**First year committee**: 1) __________________ 2) __________________ 3) __________________

**Advising committee**: 1) __________________ 2) __________________ 3) __________________

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<tr>
<th>First year required courses</th>
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</tr>
</thead>
<tbody>
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<tr>
<td>Data Analysis II (612)</td>
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<tr>
<td>Data Analysis III (613)</td>
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<td></td>
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<tr>
<td>Core Course I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Course II</td>
<td></td>
<td>Intervention Science</td>
</tr>
<tr>
<td>Core Course III</td>
<td></td>
<td>Methods &amp; Ethics</td>
</tr>
<tr>
<td>Core Course IV</td>
<td></td>
<td>Assessment &amp; Diagnosis</td>
</tr>
</tbody>
</table>

**First year project:**
- **Title**
- **Oral presentation (date):** ____________
- **Written report completed (date):** ____________

**Second year and beyond courses and practica**

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<tr>
<th>Course</th>
<th>Grade</th>
<th>Term/Year</th>
</tr>
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<tbody>
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<tr>
<td>Clinical Psychobiology (621)</td>
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<td></td>
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<tr>
<td>Cultural Diversity (610)</td>
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<td></td>
</tr>
<tr>
<td>History and Systems (CPSY 605)</td>
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<td></td>
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<tr>
<td>Supervision and Consultation (610)</td>
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<td>Other</td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

| Core Clinic Prac (609) F,W,S                        |       |           |
| Advanced Clinical Prac (609) F,W, S                 |       |           |
| Advanced Clinical Prac (609) F,W, S                 |       |           |
| External Practicum                                   |       |           |
| External Practicum                                   |       |           |
| External Practicum                                   |       |           |
| External Practicum                                   |       |           |
| Clinical Brownbag (2nd year) F,W,S                   |       |           |
| Clinical Brownbag (3rd year) F,W,S                   |       |           |

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Int Hours to Date</th>
<th>Assmt Hrs to Date</th>
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| External Practicum                                   |       |           |
| External Practicum                                   |       |           |
| External Practicum                                   |       |           |
| External Practicum                                   |       |           |
| Clinical Brownbag (2nd year) F,W,S                   |       |           |
| Clinical Brownbag (3rd year) F,W,S                   |       |           |
Supporting Area: (by October 15th of fourth year)
Committee: 1) __________________ 2) __________________ 3) __________________
Courses: 1) __________________ Term/Year __________
       2) __________________ Term/Year __________
Project: ______________________________

Prelims (complete by October 15th of fourth 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 B: Assessment of Student Competencies (required by APA)

Policy: In compliance with the APA Committee on Accreditation requirement for clinical psychology doctoral programs to gather objective ratings of students in areas of competency deemed necessary for training as a clinical psychologist, students will be rated in 3 domains of competencies: Clinical science, evidence-based treatment, and assessment and diagnosis. Specifically, clinical science research competencies will be assessed at the time of completion of each of the program major research requirements (First Year Project, Prelims, Supporting Area); evidence-based treatment competencies will be assessed in internal and external practica at the end of each practicum year; and assessment and diagnosis competencies will be assessed in the first-year course on this topic and in practica.

The rating forms for each of these competency areas follow. The policy for ratings is that, if a student receives a rating of 1 or 2 on any objective on any form the student and his/her primary advisor (an when appropriate, the practicum supervisor) will make a formal written plan with respect to the activities that the student will engage in to achieve a rating of 3 or higher on this objective. This written plan will be signed by the advisor, the student, and the DCT, and placed in the student’s file.
Assessment of Clinical Trainee Clinical Science Research Competencies

Date: _________ Student:________________________________ Year in doctoral program: ___

Check one:  First-Year Project _____  Supporting Area ______  Preliminary Exam _____

Rater (chair of committee): _________________________

Please rate the clinical student’s performance in the research competencies listed below, taking into account her/his developmental level in the program. Note: Ratings of 2 or 1 require an explanation and a remediation plan that is agreed upon by the student, his/her advisor, and the DCT.

1 = Inadequate Performance
2 = Marginal Performance
3 = Good Performance
4 = Very Good Performance
5 = Outstanding Performance
N= No basis for Rating

1. Familiarity with research literature

   1  2  3  4  5  N

Comments:
______________________________________________________________________________
______________________________________________________________________________

2. Ability to formulate hypotheses based on research literature

   1  2  3  4  5  N

Comments:
______________________________________________________________________________

3. Ability to apply relevant data analytic methods

   1  2  3  4  5  N

Comments:
______________________________________________________________________________

4. Ability to interpret data

   1  2  3  4  5  N

Comments:
Assessment of Clinical Trainee Evidence-Based Treatment Competencies

Date: _________________

Clinical Trainee: ___________________________ Yr. Level in doctoral program: ___

Supervisor: ___________________________ Yr. in practicum ___

Type of Client(s) [Circle all that apply]: Adolescent; Adult; Couple; Group

Mode of Supervision [Circle all that apply]: Individual; Group; Co-therapy; Live supervision; Review of session audiotapes/videotapes.

Please rate the Clinical Trainee’s performance in the competencies listed below, taking into account her/his developmental level in the program (e.g., 2nd yr, 3rd yr, or pre-internship). If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.

1 = Inadequate Performance (Consistently below expectations)
2 = Marginal Performance (Meets expectations at times, but not consistently)
3 = Good Performance (Consistently meets expectations)
4 = Very Good Performance (Exceeds expectations at times)
5 = Outstanding Performance (Exceeds expectations consistently)
N= No basis for Rating

1. General Professional Behavior (e.g., professional demeanor & attire, interactions with peers/staff/supervisors, adopts professional role with clients)

   1  2  3  4  5  N

Comments:
__________________________________________________________________________________
__________________________________________________________________________________

2. Preparation (e.g., punctuality, availability, preparation for group training and supervision, reliability, organization)

   1  2  3  4  5  N

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
3. **Assessment Skills** (e.g., observational skills, interviewing skills, knowledge and use of appropriate assessment instruments, pinpointing presenting problem(s) in quantifiable and observable terms within a CBT model, knowledge of relevant diagnostic criteria, appropriate use of DSM diagnoses, effective feedback of assessment results to client)

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Comments:
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__________________________________________________________________________________

4. **Case Formulation** (e.g., presents a conceptual model for the presenting problem(s) by identifying etiological factors and correlates, pertinent learning history, course, stressors, individual and contextual maintaining factors, contingencies/ consequences, treatment goals and expectations)

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Comments:
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5. **Treatment Planning** (e.g., formulating treatment goals, strategies and techniques, session-to-session planning and preparation)

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Comments:
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__________________________________________________________________________________

6. **Treatment Implementation** (e.g., explaining treatment rationale and process, ability to effectively employ treatment strategies and techniques, collaborative implementation, directing and managing a session, effective use of homework, handling problematic issues within sessions, monitoring client’s progress and response to therapy/outcome in quantifiable terms)

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Comments:
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__________________________________________________________________________________
7. **Quality of the therapeutic relationship**

   (a) Collaborative Rapport
   
   | 1 | 2 | 3 | 4 | 5 | N |
   
   (b) Facilitative Conditions (*Warmth, Empathy, Genuineness*)
   
   | 1 | 2 | 3 | 4 | 5 | N |
   
   (c) Effective Listening
   
   | 1 | 2 | 3 | 4 | 5 | N |
   
   (d) Control of the session w/o being intrusive
   
   | 1 | 2 | 3 | 4 | 5 | N |
   
   (e) Tolerance of the client’s negative affect
   
   | 1 | 2 | 3 | 4 | 5 | N |
   
   (f) Utilization of the client’s negative affect to promote change
   
   | 1 | 2 | 3 | 4 | 5 | N |
   
   (g) Ability to recognize and make therapeutic use of own emotional reactions toward the client
   
   | 1 | 2 | 3 | 4 | 5 | N |
   
   (h) Ability to recognize and repair ruptures in the therapeutic alliance
   
   | 1 | 2 | 3 | 4 | 5 | N |

   Comments:

   __________________________________________________________

   __________________________________________________________

8. **Knowledge of Relevant Literature** (*e.g., assessment and treatment of a given disorder, knowledge of the theory and interventions associated with the treatment approach, indications and contraindications for a given treatment intervention, knowledge of clinical treatment outcome research*)

   | 1 | 2 | 3 | 4 | 5 | N |

   Comments:

   __________________________________________________________

   __________________________________________________________
9. **Confidence and comfort with the therapist role**


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Comments:


10. **Cultural and Diversity Issues** (e.g., flexibly attends to and incorporates client’s cultural/diversity context in case conceptualization, treatment planning and interventions, demonstrates awareness of own cultural context, incorporates knowledge about culture/diversity as appropriate, demonstrates respect for aspects of diversity and identity)


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Comments:


11. **Clinical record-keeping** (e.g., timely and accurate documentation of intake reports, case notes, termination reports, phone contacts, informed consent, releases of information, appointment record, client payments, consultations, outside letters and reports, quality assurance checklists)


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Comments:


12. **Ethics** (e.g., demonstrates knowledge of APA ethical guidelines, identifies potential ethical obligations and conflicts, seeks appropriate consultation for ethical dilemmas or issues, documents ethical decision making and actions in client records, awareness of own limits & boundaries, demonstrate reasonable judgment regarding ethical dilemmas/issues)


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Comments:
13. Does the student develop an effective working alliance with their assessment client(s)?

   1  2  3  4  5  N

Comments:
__________________________________________________________
__________________________________________________________

14. Does the student demonstrate the ability to communicate the results of an assessment orally and in writing?

   1  2  3  4  5  N

Comments:
__________________________________________________________
__________________________________________________________

15. Does the student administer assessment reliably and with fidelity?

   1  2  3  4  5  N

Comments:
__________________________________________________________
__________________________________________________________

16. Does the student actively seek and utilize supervision in the assessment process?

   1  2  3  4  5  N

Comments:
__________________________________________________________
__________________________________________________________

17. Participation in didactics.

   1  2  3  4  5  N

Comments:
__________________________________________________________
18. **Responsiveness to Supervision** (e.g., providing audio/videotapes of sessions, openness to and acceptance of supervisory feedback, implementing supervisors’ suggestions)

1 2 3 4 5 N

Comments:
__________________________________________________________________________________
__________________________________________________________________________________

19. **Rating of overall potential as a clinician.**

1 2 3 4 5 N

Comments:
__________________________________________________________________________________
__________________________________________________________________________________

Please list the clinical trainees’ major assets.

Please list problem areas (if any) that should be attended to by next supervisor (Be as specific as possible).

Did you communicate the content of this evaluation to the clinical trainee?

___Yes ___ No

If yes,
Trainee’s Signature: ___________________________ Date: ________________

Supervisor’s Signature: ___________________________ Date: ________________
Assessment of Clinical Trainee Assessment and Diagnosis Competencies

Date: ________________

Clinical Trainee: ____________________ Rater: ____________________

Please rate the Clinical Trainee’s performance in the assessment and diagnosis competencies listed below. *If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.*

1 = Inadequate Performance (Consistently below expectations)
2 = Marginal Performance (Meets expectations at times, but not consistently)
3 = Good Performance (Consistently meets expectations)
4 = Very Good Performance (Exceeds expectations at times)
5 = Outstanding Performance (Exceeds expectations consistently)
N = No basis for Rating

1. Does the student adopt a scientific/empirical approach to client assessment

   1  2  3  4  5  N

   Comments:
   ____________________________________________________________
   ____________________________________________________________

2. Does the student know how to create an answerable assessment or diagnostic question?

   1  2  3  4  5  N

   Comments:
   ____________________________________________________________
   ____________________________________________________________

3. Does the student know how to locate and evaluate evidence-based assessment tools and practices?

   1  2  3  4  5  N

   Comments:
   ____________________________________________________________
   ____________________________________________________________
4. Does the student have an awareness of professional and ethical issues related to the practice of psychological assessment?

1  2  3  4  5  N

Comments:
__________________________________________________________________________________
__________________________________________________________________________________

5. Does the student have awareness of assessment issues with culturally diverse populations?

1  2  3  4  5  N

Comments:
__________________________________________________________________________________
__________________________________________________________________________________

Did you communicate the content of this evaluation to the clinical trainee?

___Yes   ___ No

If yes,
Trainee’s Signature: _______________________________ Date: _________________

Supervisor’s Signature: _______________________________ Date: _______________
APPENDIX C. POLICY FOR CRIMINAL BACKGROUND CHECKS FOR ALL CLINICAL STUDENTS

All students are required to submit and FBI criminal background check prior to enrolling in the clinical psychology doctoral program. The purpose of the background check is to ensure the safety of clients with whom the student will be working while in training in the doctoral program. Should a student have a record of prior criminal activity, the student is encouraged to disclose it prior to submitting the background check to the department.

In cases in which a student does have prior record of criminal activity, the Director of Clinical Training, in consultation with the clinical faculty, will make a determination whether this activity (a) poses no apparent risk to clients while the student is enrolled in the program, or (b) does potentially pose a risk to clients. In cases in which faculty determine that the nature of the prior history of criminal activity is highly unlikely to pose any risk to treating clients, the student will be permitted to participate in practicum training. In cases where it is determined that there may be a potential risk to clients, students will required to obtain an evaluation of fitness to provide treatment services. This evaluation will be conducted at the expense of the student by a psychologist with no ties to the University of Oregon. In order to enroll in the clinical program, the student must sign a release of information allowing the Psychology Department Head, the Director of Clinical Training, the student’s advisor, and the Associate Director of Clinical Training and the Psychology Clinic Director to view the fitness evaluation.

If the fitness evaluation deems the student able to provide treatment services, the student will be permitted to enroll in the program and participate in practicum training. If the evaluation deems that an ongoing risk to clients exists that cannot be mitigated, the student will not be permitted to enroll in the clinical program. In some instances, the fitness evaluation may suggest a specific course of action (e.g., additional training) to facilitate fitness. In such instances, the student, DCT, and the student’s advisor may craft an agreement outlining a course of action that would result in the student being cleared to enroll in the program and see clients. The Department Head will be informed about the details of this agreement, and will receive notice when the student has met the conditions of the agreement and is able to participate in clinical training.

In all instances in which a criminal record is revealed, all faculty involved in addressing and resolving the issue will be discrete and sensitive to issues of privacy; and will endeavor to resolve the situation in a timely manner. No information will be shared with other students by involved faculty, and other faculty will be informed of details only on a need to know basis. The first priority in these matters is the safety of prospective clients; however, faculty also recognize the importance of protecting the privacy of students.
APPENDIX D. 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 Director of Clinical Training. 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 Director of Clinical Training, 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 E. UNIVERSITY OF OREGON CLINICAL PSYCHOLOGY DOCTORAL PROGRAM
EXTERNAL PRACTICUM FORMS

University of Oregon Clinical Psychology Doctoral Program
Student Request for Approval for External Practicum

Student Name:
Year in Program:
Academic Advisor:
Completed in-house practica:
Site of proposed clinical work:
Period of proposed work:
Site supervisor:
Site address:
Phone:
Email:

1. Description of clinical activities:
(Please include clients, assessments, treatment format and modality, manuals to be used, report writing, etc)

2. Approximate number of face to face client hours per week:

3. Supervision agreement:
(Please include name of supervisor, credentials of supervisor, supervision format, frequency of supervision)

4. Other activities at site (e.g. team meetings, etc):

5. Please describe how your clinical work at this site would be consistent with our clinical scientist training model.

6. Please describe how clinical work at this site would support and further your individual training needs and goals.

Student signature:
Date:
A student in our doctoral program in clinical psychology is requesting approval for clinical work under your supervision at your site. Please review the student’s request and indicate your agreement.

I have read and agreed with this proposal for clinical work. It is understood that the student has not completed the PhD program and is not licensed as a psychologist. Therefore, neither the student nor the practicum site will represent the student as a psychologist. The site or the student will inform clients that the graduate student is providing services as part of professional training.

The site is in compliance with APA Ethical Principles of Psychologists and APA Standards for Providers of Psychological Services.

Supervisor name: ________________________________

Supervisor signature: ____________________________

Licensed psychologist’s name, if supervisor is not a licensed psychologist:

______________________________________________

Licensed psychologist’s signature: ________________________________

Date: ___________

Approval from current Director of Clinical Training:

DCT’s name: Philip A. Fisher, PhD

DCT’s signature: ________________________________

Date: ____________
Appendix F

Students in the Clinical Training Program with Non-Clinical Faculty Advisors

Some Psychology graduate students whose advisors are not members of the Clinical Faculty may want to be in the clinical training program. The goal of the program is to train clinical scientists for research careers. Admission to our clinical program is not appropriate for a student who is seeking a career as a clinician or may have ambivalence about a research career.

The Clinical Faculty members have final say on admission to the clinical training program. Clinical Faculty members and practicum supervisors have professional and ethical responsibilities to protect the welfare of clients. Clinical students must be able to work effectively with clients, supervisors, and colleagues in clinical practica, in their internship, and in other clinical settings. Thus, academic and intellectual credentials are not the sole criteria for admission to the clinical program. If the Clinical Faculty members determine that a prospective student does not have the ability to work effectively with clients, supervisors, and colleagues, they will not be admitted to the clinical training program. If difficulties arise with the student’s clinical training after they are admitted to the clinical training program, the procedures described in Appendix M (Guidelines for Professional Ethics at the University of Oregon) of the Guide to the Clinical Psychology Program will be followed.

In allowing their students to be admitted to the clinical training program, faculty outside the clinical training program agree to respect the judgment and decisions of the Clinical Faculty members and practicum supervisors regarding students’ clinical training. Faculty outside the clinical training program who allow their students to be admitted to the clinical training program also agree to support their students with their additional clinical training responsibilities and to support and consult with the Clinical Faculty and practicum supervisors who provide the clinical training.
Appendix G
Guidelines for Clinical Psychology Doctoral Program Professional Ethics

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. Clinical psychologists often work with vulnerable clients, whose welfare is of utmost importance. While it is recognized that students are training to become clinical psychologists, student training needs must not compromise the welfare and safety of clients.

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 the 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 and the student’s advisor. 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.

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 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 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/~asuosa/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. Student training needs must not compromise the welfare and safety of clients. 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.

Such serious problems may preclude the consideration of remediation until it is determined whether the student will be allowed to continue in the clinical program. 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 Director of Clinical Training 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.