

GRADUATE STUDENT HANDBOOK

DEPARTMENT OF PSYCHOLOGY

UNIVERSITY OF KENTUCKY

CLINICAL PROGRAM

FALL 2023

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I. INTRODUCTION

Welcome to the Clinical Program in the Department of Psychology at the University of Kentucky. This handbook is designed to provide you with information about the program's requirements, policies, and procedures. It supplements the information available on our website, the University of Kentucky Graduate School Bulletin, and the Instructions for the Preparation of Theses and Dissertations (published by the Graduate School). In order to be fully informed of all important requirements and procedures, you should obtain and read all of these documents. Copies are available online. It is your responsibility to inform yourself of all relevant requirements and procedures. Although the faculty will strive to facilitate your progress through the program, it is unlikely that we will remind you of every required procedure. If you have questions about any of this material, please consult with the Director of Clinical Training (DCT) or Associate DCT, the Director of Graduate Studies (DGS), or your advisor.

Rules and requirements are always subject to change. You will be informed of changes through email circulated within the department. It is important that you read these memos carefully in order to remain aware of changes in procedures relevant to your graduate training. You are encouraged to meet regularly with your advisor to discuss your progress and to clarify any uncertainties that may arise.

Sometimes changes in rules, policies and procedures are suggested by students. If you have an idea about how to improve an aspect of the program, please discuss it with your faculty advisor, the DCT, or your student representative to the Clinical Faculty-Student Liaison Committee, described later in this handbook.

The faculty of the Clinical Program are committed to facilitating the successful completion of the doctoral degree by every student admitted to the program. We will work closely with you to assist you in making steady progress toward your professional goals. If problems arise that impede your progress, it is important that you discuss them with your advisor so that appropriate steps can be taken to resolve them. The information in this handbook will assist you in setting goals and monitoring progress across the course of your training. We wish you the best of luck for success in the program.

The clinical program is fully accredited by the **American Psychological Association's Office of Program Consultation and Accreditation (750 First Street, NE, Washington, DC, 20002-4242; 202-336-5979)**. If you have questions about accreditation, talk to the DCT. Or, you may call APA's Office of Program Consultation and Accreditation at 202-336-5500 for general information about accreditation. The clinical program is also accredited by the **Psychological Clinical Science Accreditation System**. More information about PCSAS accreditation can be found on the website <http://www.pcsas.org> or at the following address:

Psychological Clinical Science Accreditation System (PCSAS)

Alan G. Kraut, Executive Director

1800 Massachusetts Ave., Suite 402

Washington, D.C. 20036-1218

Email: AKraut@PCSAS.org

<http://www.pcsas.org>

We are a clinical program that trains the next generation of psychological clinical scientists.

II. TRAINING MODEL

The clinical program is devoted to training clinical scientists and to the promotion of an integration of science and practice. We understand the scientific method as the appropriate basis for clinical psychology: it provides the strongest basis for developing new knowledge in our field, and clinicians should provide those services that are shown scientifically to be effective. We train our students to be leading researchers, critical consumers of the scientific literature, and clinicians who depend on scientific findings to guide their applied activities. All of our doctoral students are expected to conduct original research, and most of our graduates make ongoing contributions to the scientific literature over the course of their careers. We are members of the Academy of Psychological Clinical Science, which is a group of leading, university-based training programs that understand the scientific method as the basis for the field of clinical psychology.

Successful applicants to our program usually have strong research interests that they intend to pursue during their training. We anticipate that some students will enter the program without fully formed professional goals, and so will consider research, teaching, and delivery of clinical services as possible career activities. Our program offers sufficient breadth and flexibility to train students for careers that involve all three. All students will receive rigorous training in both research and practice, and will both conduct scientific research and apply science-based methods in clinical practice. In addition, classroom teaching and supervisory experiences are available to clinical students.

There are many career paths open to scientific clinical psychologists; many of our graduates receive university medical center and university psychology department faculty appointments. Both types of appointments involve clinical research, and many medical center appointments also involve clinical service delivery. Ongoing conversations between students and their advisors, other faculty members, other scientists, and other professional psychologists assist students in clarifying their professional goals and tailoring their training to support them. It is our goal to train students to bring an empirical, science-based approach to all of their professional activities, regardless of their ultimate career paths.

Our doctoral program is accredited by the American Psychological Association and by the Psychological Clinical Science Accreditation System.

A high priority in our program is that individuals respect each other, and respect differences associated with race and ethnicity, socioeconomic status, gender identity, sexual orientation, religiosity, and disability.

III. REQUIREMENTS

A. Coursework

The curriculum provides breadth of coverage in traditional and contemporary science-based

aspects of clinical psychology, as well as considerable freedom in choice of electives after the first year. The program emphasizes broad exposure to the major areas of clinical psychology; beyond this, you and your advisor will develop a plan of study most relevant to your interests. Areas you might choose to emphasize include assessment, child clinical psychology, health psychology, minority mental health, neuropsychology, personality, psychopathology/diagnosis, psychotherapy, research methodologies, and substance abuse.

The program is committed to coverage of issues of racial and ethnic diversity within the curriculum. The faculty have incorporated relevant material into their courses, and there is a required graduate seminar on multicultural clinical psychology.

Transfer of credits or waiver of course work for graduate work in psychology completed elsewhere must be arranged on a course-by-course basis with individual instructors and with approval of the clinical program faculty.

The required courses for clinical students are:

- Introduction to Clinical Psychology (PSY 629)
- Psychological Assessment and Practicum (PSY 630, 631, 632, 633)
- Systems of Psychotherapy (PSY 636)
- Psychopathology (PSY 603)
- Psychological Statistics (PSY 610 & 611)
- Research Design (PSY 616)
- History and Systems (PSY 620)
- Professional Issues in Clinical Psychology (PSY 780) – register for 6 semesters; attend but not register in your first year
- Broad Training in Social Psychology (PSY 780) or Social Proseminar
- Broad Training in Cognitive and Affective Psychology (PSY 780)
- Broad Training in Physiological Psychology (PSY 780) or Physio Proseminar
- Broad Training in Developmental Psychology (PSY 780) or Developmental Prosem
- Ethics (PSY 710)
- Multicultural Psychology (PSY 710 or, with permission, EDP 616)

- One additional advanced clinical seminar (PSY 710) emphasizing clinical science and integrative topical training (e.g., Dialectical Behavior Therapy; Child Psychopathology; PTSD, Personality)

- Practicum in Psychological Assessment & Intervention (PSY 637 and PSY 639). 2nd through 4th years – you must have a minimum of 3 semesters of advanced group supervision (3 credits per semester). Most students have at least 2 full years of PSY 637 training. The beginning supervision group and the summer groups do not contribute to this requirement. In addition, **you must continue to register for one credit of PSY 637 for each semester in which you will have clinical contacts as part of the training program. PSY 639 is required in the summers for students involved in any type of clinical training.**

- Practicum in Psychological Assessment & Intervention (SUMMER PSY 639) – 0 credit. You MUST be registered for this during the summer if you have any type of clinical contact (client, assessment, clinical research, or practicum).
- Master’s Thesis Research/Research Pre-quals (PSY 790)
- Residency/Dissertation Credits (PSY 767)
- Internship (PSY 708)

Most students will complete elective courses in addition to those listed here.

Elective courses providing advanced coverage of a variety of topics are available most semesters. Consult the Schedule of Classes for each semester’s offerings. You can also see the history of course offerings in the online Course Catalog through MyUK. **A sample schedule illustrating a possible sequence for completion of required and elective courses is provided in an Appendix at the end of this document.**

B. Course Waivers/Substitutions

Course credit is not given for courses taken at other institutions prior to admission to the Clinical Psychology PhD program. However, a student may petition for a course waiver if they can demonstrate that they have obtained the background, knowledge, and skills in the area of study that the course in question covers. This knowledge/competency usually typically occurs through a prior graduate course that is similar or more advanced. The instructor teaching the course that is petitioned to be waived generally reviews syllabus and course assignments in conjunction with the mentor and DCT to make a final decision about course waivers.

C. Residency Requirements

This program requires in-person training during the academic year for a minimum of three years across training. The graduate school also has residency requirements which refer to full-time registration.

The Graduate School requires that after you have satisfactorily completed the qualifying exam you must complete two semesters of full-time dissertation study. This is accomplished by registering for what are called “dissertation residency credits,” listed as PSY 767. All Graduate Students (who have entered the program after Fall 2005) are required to register for the minimum number of PSY 767 hours, which is 4 (two for each of two semesters). If your dissertation takes more than two semesters, you will be required to register for two credits of PSY 767 until your dissertation defense. You will not be required to register for PSY 767 during your internship if you have already defended. The Graduate School will charge tuition for the residency credits until you have defended your dissertation. Please see the Graduate School Bulletin for more details about residency requirements.

Please note that you need to continue to register for PSY 637 for as long as you have any interaction with clients (e.g., at the PSC, a clinical placement).

D. Master's thesis

You are required to complete a Master's thesis by the end of the fall semester of the third year. The Master's thesis provides an opportunity to learn basic research skills under the mentorship of a faculty member. The process of completing a Master's thesis includes the following components:

1. Working with your thesis advisor (chair)

Typically, your thesis advisor will be the mentor in whose lab you plan to work during your training in the program. From the beginning of your graduate training, you will be talking with your mentor about research projects you can become involved in; together, you will develop a plan for your master's thesis research. As part of the research design course in the spring of your first year, you will develop a draft thesis proposal.

We recognize that interests may change, and you are free at any time to arrange to change mentors and work with a different advisor. There are no punitive consequences for doing so.

2. Composition of Master's thesis committee

The committee consists of three faculty members. One member must be a full member of the Graduate Faculty (tenured) and one other must hold at least an associate appointment (untentured). Your thesis chair will assist you in choosing two other faculty members to serve on the committee.

3. Defending the proposal

Your thesis chair will assist you in developing your thesis proposal. When you and your chair agree that you are ready to propose your thesis, schedule a proposal meeting with your thesis committee, and give each member a copy of your written proposal. At the meeting, you will present a summary of your project, and your committee members will ask questions and discuss it with you. The purpose of this meeting is to refine the project. Significant improvements may result. **The proposal meeting should be held no later than the last day of the Fall semester of your second year.**

4. Defending the thesis

Your chair and committee members will mentor you in collecting and analyzing the data and writing the thesis. When your chair agrees that it is ready to defend, schedule the oral defense of your thesis with your committee. Be sure to complete the necessary paperwork (described below). At the meeting, you will present a summary of your thesis, and your committee members will ask questions. You will be asked to leave the room for a few minutes at the beginning and at the end of the meeting so that your committee can discuss your work. If the committee finds your thesis to be acceptable, you must prepare final copies and submit them

to the Graduate School (please see the Instructions for the Preparation of Theses and Dissertations for details). If your committee finds your thesis to be unacceptable, you may be required to rewrite and redefend your thesis. The most typical outcome is that the committee approves the thesis on the condition that specified revisions be made and approved by the thesis Chair before the final copies are submitted to the Graduate School. **YOU WILL NOT RECEIVE YOUR MASTER'S DEGREE UNTIL THE GRADUATE SCHOOL RECEIVES AND APPROVES YOUR FINAL COPIES. The program requires that you defend your thesis and submit your final copies no later than the last day of the Fall semester of your third year.**

5. Important deadlines and requirements

a. Application for degree: You must apply online with the Graduate School within 30 days after the beginning of the semester in which you intend to receive your Master's degree. Additional information can be obtained from the administrative assistant in room 106B Kastle Hall, or from the Graduate School Office (Patterson Office Tower) and online.

b. I and S grades: The Graduate School will not allow you to defend your thesis if there is a missing, "I", or "S" grade on your transcript. You should check your most recent transcript well in advance of the defense to be sure all grades are recorded.

c. Thesis approval form and final examination recommendation form: You must submit a copy of the thesis to the Chair of the thesis committee one month before the tentative oral defense date. The Chair must read and approve the thesis and sign the Thesis Approval Form. Next, the Director of Graduate Studies signs both the Thesis Approval Form and the Final Examination Recommendation form. These forms are then submitted to the Graduate School at least two weeks before the scheduled defense. Upon receipt of these forms, the Graduate School will prepare a Final Examination card that all members of the thesis committee sign at the defense. After all members of the committee have signed the card, the DGS will also sign and return the card to the Graduate School.

d. Graduate Student Advisory Committee (GSAC) requirements: Students who fail to propose the Master's thesis by the end of the Fall semester of the second year will be required to meet with the Graduate Student Advisory Committee (GSAC) to discuss the delay and plans for addressing it. Students who fail to defend the Master's thesis by the end of the Fall semester of the third year may be required by GSAC to register only for research hours (PSY 790) during the following Spring semester, in order to provide time to complete the thesis. Students who fail to defend the thesis by the first day of the Fall semester of the fourth year are subject to being terminated from the program, upon review by GSAC.

E. Jesse G. Harris, Jr. Psychological Services Center (Harris Center)

The program operates its own Psychological Services Center (the "Harris Center"), an outpatient clinic serving clients from the local community. The Harris Center provides child, adult, and couples therapy, a variety of group psychoeducational classes and therapy, and

psychological evaluations. The clinic is staffed by Dr. David Susman, director (a licensed psychologist), a part-time psychiatric resident, clinical students, and undergraduate assistants. All clinical students begin seeing clients at the Harris Center in their second year. All therapy rooms at the Harris Center are equipped with recording systems, and recordings are required for supervisory and training purposes. These recordings are strictly confidential, and therapists are responsible for maintaining the confidentiality of these materials. The Harris Center provides a manual describing its full policies and procedures and a handbook concerning diversity issues. You will receive a copy of the manual and tutorial when you begin seeing clients at the Harris Center.

All clinical students must meet the following requirements for work at the Harris Center:

1. Students in the second year of the program are expected to obtain at least 30 contact hours with clients at the Harris Center. Second year students are provided with a minimum of one hour of weekly individual supervision in the Fall semester and small group supervision in the Spring semester for this activity and must register for PSY 637 each semester. PSY 639 is required in the summer.

2. Third- and fourth-year students are expected to obtain at least 85 contact hours per year with Harris Center clients and must register for a minimum of three semesters of empirically based group supervision (PSY 637) for three credit hours per semester; four is more standard. PSY 639 0 credit hour course is required during the summer.

3. State law requires that for any semester in which you are seeing clients, you be registered for academic credit for this work. Thus, even after you have finished the above supervision requirements, if you continue to see clients in any setting (which is very likely), you must continue to enroll in PSY 637 each semester. You must also register for PSY 639 for all summer sessions (for 0 credit), and maintain supervision approved by the department. This requirement will be waived if you become certified by the State Board of Psychology and arrange to be supervised by someone approved by the Board. Becoming certified requires that you pass the certification exam, which you may take after earning your Master's degree.

4. All students are required to accrue a total of 200 client contact hours at the Harris Center during their 2nd through 4th years. This clinical activity must include:

- a minimum of four individual clients.
- a minimum of 4 assessments
- at least 100 of the 200 total direct contact hours must be from individual therapy

If requirements are not met by the end of the 4th year, students must complete requirements in their 5th year. Applications for internship may be delayed if Harris Center requirements have not been met.

F. Clinical Practicum Placement Opportunities

A practicum is an arranged program of supervised training at a facility or institution that

provides psychological services. Examples of such facilities include medical centers, outpatient mental health clinics, veteran's administration hospitals, and organized group practices. In these settings, the student provides supervised clinical services that might involve psychological assessment, psychotherapy, consultation, and/or clinical case management. The specific professional activities at the practicum site will vary based on the site.

A clinical practicum (and the hours counted within an internship) must be:

1. Program sanctioned
 - a. All practicum placements must be approved by the DCT/DGS and supervised by the doctoral program
 - b. Practicum placements must be approved before the practicum experience begins; clinical experiences cannot be retrospectively approved as a practicum
 - c. Any clinical experience that has not been approved by the doctoral program for practicum is considered work or other non-practicum clinical experience
2. Clinical
 - a. A practicum experience must involve clinical contact and clinical activities (e.g., psychological assessment/evaluation or treatment)
 - b. Consultation experience (e.g., consultation and liaison service) that involves direct patient contact, either with a patient or someone involved in their treatment (e.g., parent, adult child, teacher) is an acceptable practicum experience
3. Supervised
 - a. All practicum experience must involve case level supervision
 - i. Group experience must involve a discussion/case conceptualization of specific group members, in addition to group process
 - ii. Assessments must be reviewed individually, not as a mean of scores
 - b. Regular, direct clinical supervision from a clinical psychologist licensed in the state in which the services are conducted is required.

Typically, practicum involve one year (10-20 hours per week) of supervised clinical activities, including assessment, therapy, consultation, and case conferences. Although the program does not specify the minimum number of clinical placement hours, most students will need a minimum of around 500 direct service hours in this training program to meet doctoral competency requirements and to qualify for internship readiness; many students will obtain much more training. Please note that training hours accrued in terminal master's program do not count toward doctoral training hours. Most students will complete at least two external practicum placements, in addition to their work at the Harris Center, during their training. The selection of placements offers exposure to diverse clinical populations and professional settings.

1. Practicum Placement Training Positions

Four or five clinical students per year are placed at the Harris Center for 10-20 hours per week.

These placements provide clinical experience in initial consultations, crisis management, case presentation and triage, and supervision (non-clinical) of undergraduate students. These positions may provide administrative as well. Each doctoral student may be asked to work at the PSC for one of their clinical placements. This placement is not usually appropriate for beginning students.

External practicum placements within the community and on campus also are available. You will have your first practicum placement during your second or third year and may be placed at a different setting each subsequent year. Practicum placements may vary slightly from year to year depending on supervision availability. Practicum placements must be officially approved as part of the practicum training by the clinical program area.

Children and adolescents are seen as outpatients in private practice, as inpatients through Adolescent Medicine at Good Samaritan Hospital, and at the Harris Center. Additional training opportunities may be available in summer programs and through pop up opportunities at private and public schools in the area. Adult populations include working with patients with severe mental illness at Eastern State Hospital, working with veterans and families at VA clinics (including PTSD, co-morbid substance abuse and PTSD, behavioral health, and assessment), working with diverse medical populations in a behavioral health practice, and working with students at the University's Student Counseling Center. Neuropsychological assessment is available at the Kentucky Neuroscience Institute, Norton Health, and the Robley Rex VA. Assessment experience is available in several placements. Experience with medical patients is provided through placements in various departments at the UK Medical Center, including and the Department of Psychiatry and the Orofacial Pain Clinic within the College of Dentistry. Other placements are sometimes available in a variety of settings.

2. Assignment of placements

The process of assigning students to placements is complex. The overall goal is to meet training goals across the graduate career for each student while accommodating the wishes of the placement directors and addressing funding.

You will be asked to submit to the placement coordinator (one of the clinical faculty) your training goals and a list of which sites help you meet those goals early in the Spring semester. The placement coordinator will then arrange for you to interview at one or more placement sites. Some placement directors prefer to examine the vitas of the students interested in their site before scheduling interviews. Thus, you will be asked to provide a current vita. If you are uncertain about how to write your vita, consult with your advisor or the DCT/Associate DCT.

Some placement directors prefer to interview more students than they have slots, and to express preferences for the students to be placed with them. Students interviewing at these sites will have other interviews at alternative sites. After interviews have been completed and both students and placement directors have expressed their preferences, the placement coordinator will assign students to placements in a manner satisfactory to as many people as possible. In addition to students' and placement directors' preferences, factors to be considered include how much and what kind of clinical experience each student wants or needs, whether a student has a history of obtaining top choice or less preferred placements,

and whether the student will have a good chance of obtaining a preferred placement during the following year. Funding is also a factor in assignments of placements.

Students are not allowed to make their own arrangements for practicum placements; you must go through the formal placement process. The process ensures that we allow equitable access to training opportunities, meet funding demands, keep the Harris Center as a training opportunity, and maintain ongoing relationships with supervisors and practicum sites. If you have a particular interest for clinical training, feel free to discuss it with the faculty liaison and/or the DCT.

If you have questions about how placements are assigned, please discuss them with the DCT or the placement coordinator.

3. Practicum Policies and Procedures

Each student in the Ph.D. Program is required to obtain supervised clinical experience during their doctoral training. Typically, students will have two to four year-long practicum training experiences, in addition to the program training requirements at the Harris Psychological Services Center. The extent of practicum experiences will depend on each student's training goals, but students are expected to have enough training to qualify for an APA-accredited internship site and to meet the expected competencies for clinical training prior to internship. Each of the practicum years is spent at a different practicum site in order to broaden the student's exposure to professional activities.

To ensure that students receive high quality clinical training which meets nationally recognized professional standards and the students' training needs, the Ph.D. Program maintains a liaison with all practicum sites. The faculty liaison collaborates with practicum supervisors to develop training opportunities, place students, resolve problems during the training year, and evaluate students' progress at mid-year and at end-of-year. Currently the Associate Director of Clinical Training fulfills this role. See the Appendix at the end of this document and sent out to students via email each year for more information/practicum policies and options.

E. Telesupervision Policy

Use of telesupervision was necessitated and first initiated in 2020 in response to the COVID-19 pandemic as a means of allowing training and supervision to continue without interruption, while at the same time maximizing the health and safety of student trainees and supervisors. The emergency conditions that allowed unrestricted use of telesupervision have been lifted as of April 2023. Programs are being given a grace period to return to adherence to APA implementing regulations around telesupervision, and we will follow these policies at the end of the grace period. As per the current regulations put forth by APA Commission on Accreditation, telesupervision may not account for more than (50%) of supervision per practicum. In addition, APA standards require that only advanced students can use telesupervision (i.e., telesupervision is not permitted for beginning students). The following policies and procedures regarding the use of telesupervision have been adopted and implemented, in accordance with the APA Commission on Accreditation (CoA) standards and regulations and will be implemented at the end of the grace period.

Rationale:

Telesupervision is utilized as an alternative form of supervision when in-person supervision is not practical or safe. Our rationale is that the use of telesupervision allows for continuation of high-quality training in extenuating circumstances that might preclude in-person supervision.

Consistency with Training Aims and Outcomes:

Telesupervision allows supervisors to be engaged and available to student trainees, to oversee patient care, and to foster student trainee development, even in circumstances that preclude in-person interactions. In these ways, it is fully consistent with and can facilitate, our training aims. Supervisors work to ameliorate the drawbacks of telesupervision by discussing inherent challenges of the format with students and collaboratively working to identify strategies for maximizing the effectiveness of training in this format. This can include discussion of potential for: miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. Supervisors set clear expectations and learning objectives at supervision outset and regularly check in on these throughout the supervisory relationship.

How and When Telesupervision is Used:

Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as extenuating schedule, travel, life event, or public health emergency situations). Because our program recognizes that there are unique benefits to in-person supervision such as professional socialization, recognition of subtle, nonverbal, and affective cues, and a more nuanced assessment of interactions and competencies, telesupervision is not used for the sole purpose of convenience more than 50% of required supervision times. Telesupervision is implemented via a HIPAA-compliant videoconferencing platform. Supervisors and supervisees may access telesupervision either from their individual offices and in some cases from a secure and confidential space within a home.

Trainee Participation:

Consistent with APA policies, students who are completing their first practicum experience must be supervised in person and cannot participate in telesupervision. Advanced trainees (i.e., 3rd year and beyond) may be afforded the opportunity to have telesupervision as an option for receiving supervision when telesupervision is indicated due to health and safety or for other reasons as agreed upon with supervisor, if consistent with APA standards and program policies.

Supervisory Relationship Development:

Ideally, in-person meetings between supervisor and supervisee are encouraged (if safety can be reasonably assured in the case of public health emergencies). This can be especially important early on in supervisory relationship development. Supervisors will also check in

regularly on how supervisees are experiencing the telesupervision format. Supervisors are readily available via phone between supervision sessions for consultation and for informal discussions. Such availability for consultation and socialization, as well as the program's commitment to the learning and development of student trainees, serves to foster development of strong supervisory relationships.

Professional Responsibility for Client Care:

The supervisor conducting the telesupervision continues to have full oversight and professional responsibility for all client care.

Management of Non-scheduled Consultation and Crisis Coverage:

Supervisors are available by phone in the event of need for consultation between sessions. Supervisors can be invited to virtual patient sessions to assist in co-facilitation in the event telehealth is being utilized and if there are any client situations that necessitate intervention or support of supervisors.

Privacy/Confidentiality of Clients and Trainees:

Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality can be assured, whether this be in the office or in a home-based setting. A videoconferencing platform used at our in-house clinic, Zoom Healthcare, provides end-to-end encryption and meets HIPAA standards. The VA and other external practicum sites may use different video conferencing platforms, but these platforms must be HIPAA compliant and full encryption.

Technology Requirements and Education:

Telesupervision will occur via Zoom Healthcare or other platform at practicum site that meets encryption and HIPAA standards. Students will complete telehealth training, specific training on utilizing Zoom Healthcare or relevant platform, and training on being prepared for supervision, be this in-person or via teleconference. Supervisors are also trained in these same topic areas.

F. Qualifying Examination

The graduate school policy is that you complete all your coursework prior to taking the oral qualifying exam. The first step in preparing for the qualifying exam is forming your advisory committee.

1. Forming your advisory committee

It is important to form your Advisory Committee as soon as you complete your Master's degree. Follow these steps in forming your advisory committee:

a. Determine who will be your chair. Most students continue with the same mentor throughout their graduate training, and your mentor will serve as chair of your quals committee. Of course, you are free to change mentors, and hence change chairs. The chair

must be a tenured faculty member. If you wish to work with someone without tenure, you must have a tenured co-chair. Talk to your potential chair to be sure you have reached an agreement about who is chairing your committee. If your chair is outside the Psychology Department, identify a co-chair from among the tenured Psychology Department faculty.

b. Consult with your chair about the composition of the remainder of your committee. The Graduate School has several rules about who may serve on these committees (see the Graduate School Bulletin for more details). The committee must have a core of four members. All must be members of UK's Graduate Faculty, and at least three (including the Chair) must possess full Graduate Faculty status (this means that they must have tenure, and their full Graduate Faculty status must have been approved by the Graduate School). Faculty members who do not hold Graduate Faculty status may serve only as non-voting members of the Advisory Committee (not one of the cores of four). If your chair does not know whether a potential committee member has Graduate Faculty status, ask the DGS or the DCT to call the Graduate School to find out.

One member of the committee (the "outside member") must be from a department other than Psychology. Because many clinical students work with faculty members in Behavioral Science and other departments, several have been designated as "inside members." Other members of the Behavioral Science faculty, as well as faculty members other departments, may serve as the outside member, if they have Graduate Faculty status.

c. After you have decided whom you would like to serve on your committee, ask the DGS to review your selections to make sure all are eligible. After everyone has agreed to serve, file a form with the Graduate School listing all of your committee members (this form is available in room 106B or online at http://www.research.uky.edu/cfdocs/gs/DoctoralCommittee/Selection_Screen.cfm).

d. If there is a vacancy on your committee (due to a resignation, sabbatical leave, or the inability to serve), you must designate an appropriate replacement by submitting an Advisory Committee CHANGE form to the Graduate School before any decisions are made by the committee.

If you have questions about the composition of your advisory committee, please consult with your advisor, the DGS, or the DCT.

2. Completing the written component of the qualifying exam

The qualifying exam has two components: written and oral. Your qualifying exam committee will work with you to construct an appropriate qualifying exam. Examples of typical written qualifying exams include NIH or NSF grant proposals and theory/review papers in a student's area of interest. Both of these types of qualifying exams can prove useful to students as they develop their own lines of research. An alternative for students who are pursuing more clinically oriented careers is a case study. The case study must use a clinical science approach.

Once you and your advisor develop a tentative plan for your exam, you then hold a "quals planning meeting" with your advisory committee. At this meeting, you and your committee

will discuss your plans for the grant or paper. Your committee will help you to develop a workable plan. After this meeting, you should write a summary of this plan, circulate it to all of your committee members, and have a copy placed in your file.

Next, you will write a review paper, case study, or meta-analysis suitable for submission to a refereed journal, or a grant proposal for NIH or NSF, in accordance with the plan developed with your committee. This paper should be completed by the first day of the fall semester of your fourth year. Your committee members will read your paper and judge whether it constitutes a passing performance for the written exam. If it does, you will go on to the oral component, described later. If it does not, your committee will work with you on ways to improve the paper. The committee may design remedial procedures that it judges to be reasonable.

3. Completing the oral component of the qualifying exam

The oral component of the qualifying exam must be completed no later than six weeks after you have successfully completed the written component. In addition, the oral qualifying exam must be completed within five years of enrolling in the program.

a. Scheduling

In order to be eligible for the oral portion of your qualifying exam, you must submit a Request to Schedule form to the Graduate School at least two weeks prior to the date of the oral exam. (This is not necessary for the written component.) The form is available in room 106B or online at http://www.research.uky.edu/cfdocs/gs/DoctoralCommittee/Selection_Screen.cfm. Students with I and S grades on their records will not be allowed to sit for the qualifying examination. Review your record to be sure your grades are in order before requesting to schedule your oral qualifying exam.

b. What to expect

You can expect to be questioned extensively about your paper or grant proposal. You may also be questioned on content from the core courses. The faculty evaluate your competency in the areas of research design, ethics, personality and psychopathology, assessment, and intervention.

4. Outcome of the oral exam

The purpose of the qualifying exam is to verify that you have sufficient understanding of and competence in your field to become a candidate for the doctoral degree. Thus, if you satisfactorily complete both components of the qualifying exam you become a doctoral candidate and may proceed to work on your dissertation. If your advisory committee judges that you have failed the oral exam, the committee will determine conditions under which another exam may be administered (e.g., you may be required to complete remedial activities such as reading and discussing articles, etc., before retaking the exam). The minimum time between oral examinations is four months, and the maximum is one year. A third qualifying exam is not permitted. Thus, students who fail the oral qualifying exam twice will be terminated from the program.

The Graduate School requires that students who have not completed the doctoral degree within five years of completing the oral qualifying exam must successfully repeat the exam in order to continue in the program. Please refer to the Graduate School Bulletin for more details.

G. Residency requirements

Residency requirements

The training program requires a minimum of three years on campus during the academic year; most students spend at least four years present for their training. The Graduate School also has residency requirements that refer to full-time registration. The Graduate School requires that after you have satisfactorily completed the qualifying exam you must complete two semesters of full-time dissertation study. This is accomplished by registering for what are called "dissertation residency credits", listed as PSY 767. All Graduate Students are required to register for the minimum number of PSY 767 hours, which is 4 (two for each of two semesters). If your dissertation takes more than two semesters, you will be required to register for two credits of PSY 767 until your dissertation defense. You will not be required to register for PSY 767 during your internship if **you have already defended. The Graduate School will charge tuition for the residency credits until you have defended your dissertation.** Please see the Graduate School Bulletin for more details about residency requirements.

Please note that you must continue to register for PSY 637 and PSY 639 in summer for as long as you have any interaction with clients (e.g., at the PSC, a clinical placement, clinical research that requires supervision, etc.).

H. Dissertation

1. Committee composition

If you make a change to your advisory committee following your qualifying exam, you must submit a CHANGE form to the Graduate School as soon as the new member is identified.

2. Dissertation proposal

Your committee chair will advise you about writing your dissertation proposal. The program recommends that the completed dissertation be written in the form of a manuscript suitable for submission to a refereed journal. The dissertation research and the proposal should be designed and written with this requirement in mind. The following deadlines apply to dissertation proposals:

a. All clinical students are required to hold a successful dissertation proposal meeting before the last day of the Fall semester of the fifth year. If you are applying for internships during

your fifth year, you must hold a successful dissertation proposal meeting before the faculty will release your letters of recommendation. Most internship applications are due in November or December. If you are applying to internships with earlier deadlines, you must arrange to defend your dissertation proposal earlier.

b. Regardless of whether or not you are applying for internships during your fifth year, the consequence for failing to defend your proposal by the last day of the Fall semester is a required meeting, to occur before February 1 of the following semester, with your dissertation chair and two other members of your dissertation committee. During this meeting, a specific timetable for prompt completion of your dissertation proposal will be developed and placed in your file.

c. If you choose to wait until your sixth year in the program before applying for internships, you will be required to have made significant progress in collecting your dissertation data before your letters of recommendation will be released. At a minimum, you must have obtained IRB approval, if necessary, and have your data collection procedures well underway. If you feel uncertain about how this rule will be applied to your dissertation data collection procedures, please consult with your chair or the DCT.

3. Important deadlines and requirements for dissertation defense

a. Degree cards: Submit your intention to file for degree with the Graduate School office (the staff assistant in room 106B Kastle Hall can help you with this). To be eligible for a degree, you must file with the Graduate School within 30 days after the beginning of the semester, or 15 days into the eight-week summer session, in which you expect to defend your dissertation. Applications for degrees are valid for one year only. (This means that once you submit your degree cards you must defend within 1 year. If you don't, you will have to file new degree cards.)

b. Procedures for the final defense of the dissertation:

Notification of Intent to Schedule Form. This form must be filed with the Graduate School at least 8 weeks before the week you anticipate defending your dissertation. Upon receipt of this form, the Dean of the Graduate School will independently appoint the Outside Examiner of the Final Examination Committee without a specific recommendation from the program. Care will be taken to appoint outside examiners who have some understanding of and interest in the topic of the dissertation. On the Notification of Intent to Schedule Form, the Chair of the advisory committee should identify two or more programs whose members are likely to satisfy these conditions. Whenever feasible, the appointment will be made from one of these programs. You must also identify three or more times when all core members of your committee can attend your defense.

Dissertation Approval Form. When the Notification of Intent to Schedule form is filed with the Graduate School, you should provide a copy of the dissertation to all advisory committee members. After a majority of the committee members have read and signed the Dissertation Approval Form, it is submitted to the Graduate School with the Request for Final Examination Form and a copy of the dissertation for the outside reader appointed by the Graduate School.

This draft copy of the dissertation must conform to the format described in the instruction manual; “Instructions for the Preparation of Dissertations” available online at <http://www.research.uky.edu/gs/thesdissprep.html>. All parts, including signature pages and the Table of Contents must be included in the draft copy. This copy will be given to the Outside Reader after the Graduate School has determined that all parts of the dissertation are included and formatting is correct.

Request for Final Examination Form. This form, along with the Approval Form and a copy of the dissertation, must be submitted to the Graduate School at least two weeks before the exam is to be given.

4. Defending your dissertation

Please refer to the section above on defending your Master’s thesis. Procedures for the dissertation defense are generally similar.

5. Final copies of the dissertation

The final copies of the dissertation must be presented to the Graduate School within 60 days of the final examination or on the last day to present a dissertation for a graduating candidate, whichever date is earlier. Please see the Graduate School Bulletin for more details.

I. Internship

The program requires the completion of an APA or CPA accredited clinical internship in order to complete the doctoral degree in clinical psychology. You must have met the competency and training requirements of the program in order to begin internship, and the DCT will sign off on your readiness for internship and training before you apply.

A letter from the internship director confirming your satisfactory completion of the internship must be received by the program before you will be awarded the doctoral degree. During the Spring preregistration period before you leave for internship, you should register for PSY 708 (0 credit hours, no tuition) for the fall semester of your internship year, as well as the spring. This means that during your internship year you will be registered for PSY 708 only, if you have already defended your dissertation.

Informational meetings will be held during each year, at which you can learn about preparing for the internship application process. Watch for emails and the 780 schedule for notification about these meetings. The DCT and aDCT will meet with students who are applying to internship to discuss materials, sites, and interviews.

- I. Illustration of progress through program: A typical pattern of progress through the program is shown following. **See Curriculum Map at end of this document for requirement mapping in a different format and a sample schedule of courses.** For

each year, we summarize what would constitute good progress through the training program.

FIRST YEAR

Fall semester:

Courses: Intro to Clinical (PSY 629)
Assessment & Practicum (PSY 630, 631)
Statistics (PSY 610)
Psychopathology (PSY 603)
Attend Professional Issues in Clinical Psych (PSY 780)

Research: With your advisor, get involved in a research project.

Spring semester:

Courses: Assessment & Practicum (PSY 632, 633)
Statistics (PSY 611)
Research Design (PSY 616)
Systems of Psychotherapy (PSY 636)
Attend Professional Issues in Clinical Psych/Professional Development Seminar (PSY 780)

Research: Same as fall semester. The major product of PSY 616 is a skeletal thesis proposal, which you will present to the clinical faculty and students. Also, continue your involvement with other research projects.

Good Progress: Successful completion of all courses, successful presentation of preliminary thesis proposal.

SECOND YEAR

Fall semester:

Courses: Practicum (PSY 637 - 2 credit hour, individual supervision and didactic seminar)
Course requirement: Ethics, Multicultural, or History & Systems or 710 course
One other course to fill a requirement (e.g., foundational training in social psychology)
Master's thesis research (PSY 790)
Professional Development Seminar (PSY 780)

Research: You should defend your Master's thesis proposal this semester and continue other research.

Clinical: Start seeing clients at the PSC, possible clinical placement.

Spring semester:

Courses: Two/Three courses to fill requirements (e.g., advanced clinical seminar – (e.g., PSY 710)
Practicum (PSY 637 – beginning group supervision)
Master's thesis research (PSY 790)
Professional Development Seminar (PSY 780)

Research: You should be working intensively on your Master's thesis and other projects.

Clinical: Continue seeing Harris Center clients, and clinical placement if applicable.

Summer session:

Courses: PSY 639
Research: thesis
Clinical: Harris Center cases and placement

Good Progress: Successful completion of all courses, successful defense of Master's Thesis proposal in the fall semester, progress on Master's Thesis research, completion of required clinical hours at the PSC, progress on clinical competencies.

THIRD YEAR

Fall semester:

Courses: Two courses to fill requirements (e.g., Ethics, foundational course such as biological bases or affective or cognitive course)
Practicum (PSY 637 - 3 credit hours, advanced group supervision)
Master's thesis research (PSY 790)
Professional Development Seminar (PSY 780)

Research: You should defend your Master's thesis this semester and continue your work on other projects.

Clinical: Continue with PSC work. May also have clinical placement.

Spring semester:

Courses: Two courses (e.g., broad training in cognitive psychology, history & systems)
Practicum (PSY 637 - 3 credit hours, group supervision)
Professional Development Seminar (PSY 780)

Research: Continue involvement in other projects.

Clinical: PSC cases and clinical placement, if applicable.

Summer session:

Courses: PSY 639
Research: ongoing project (possible review paper for quals)
Clinical: PSC cases and clinical placement, if applicable
Other: Written qualifying exam

Good Progress: successful completion of all courses, successful defense of Master's thesis during the fall semester, successful completion of required PSC clinical hours, significant progress on qualifying exam.

FOURTH YEAR

Fall semester:

- Courses: Residency credits (PSY 767 Residency/Dissertation research: 2 credit hours gives you full time status)
Practicum (PSY 637 - 3 credit hour, advanced group supervision)
Professional Development Seminar (PSY 780)
Optional course if desired
- Research: ongoing projects, develop dissertation ideas
- Clinical: PSC work, possible clinical placement
- Other: Oral qualifying examination

Spring semester:

- Courses: Residency credits (PSY 767 - 2 credit hours gives you full time status)
Practicum (PSY 637 – 3 credit hour, advanced group supervision)
Professional Development Seminar (PSY 780)
Optional course if desired
- Research: ongoing projects, dissertation development
- Clinical: PSC work, possible clinical placement

Summer session:

- Courses: PSY 639
- Research: ongoing project (possible review paper for quals)
- Clinical: PSC cases and clinical placement, if applicable
- Other: Written qualifying exam

Good Progress: successful oral qualifying exam defense, successful completion of all course work, successful completion of required PSC hours, successful progress on other research and clinical activities

FIFTH YEAR

Fall semester:

- Courses: Practicum (PSY 637 - 1 credit hour)
Optional course if desired
Dissertation research (PSY 767-2 credit hours)
- Research: Defend dissertation proposal, possible other ongoing projects
- Clinical: wrap up at PSC; possible placement or focus on research
- Other: Apply for internship

Spring semester:

- Courses: Practicum (PSY 637 - 1 credit hour)
Optional course if desired
Dissertation research (PSY 767)
- Research: Work intensely on dissertation, possible other ongoing projects
- Clinical: wrapping up/possible placement

Summer session:

- Courses: Practicum (PSY 639 IF there are clinical contacts/clinical research of any kind)
- Research: defend dissertation if possible before leaving for internship
- Clinical: completed or wrapping up

Good Progress: successful defense of dissertation proposal (this is necessary before applying for internship), successful progress on other research and clinical activities.

SIXTH YEAR

Internship (Register for PSY 708 both semesters. If you have not defended your dissertation, you must also register for 2 credits of PSY 767 for each semester until defense).

Good Progress: successful completion of internship, successful defense of doctoral dissertation.

See curriculum map at the end of this document for curriculum mapping and a sample course schedule in a different format. Evaluations and competencies are also in the back of this document.

To help with planning of course sequencing, we provide some information about when to expect courses: We have tried to use an every-other-year rotation with many of the 710s and other required courses such as the foundational training courses. However, with grant

buyouts and sabbaticals/leaves, we cannot guarantee that we will offer a broad training course every semester. If a proseminar is offered, that will be a useful option to consider. We recommend Developmental Proseminar and Social Proseminar when offered. Discuss with your mentor/DCT/aDCT whether Physiological Proseminar fits with your career goals (it may be a required course for a concentration). Ethics, History & Systems, and Multicultural Courses are usually offered on every other year rotation.

There is less demand for the optional courses, and they are offered on a more sporadic basis when interest is expressed and when there are enough students to meet the minimum enrollment. If you are interested in one of those courses, let the instructor and the DCT/Associate DCT know.

Please keep in mind that this plan is tentative and schedules will be altered due to sabbaticals, grants, leaves, and other factors.

Required courses that we hope to offer in every other year rotation:

620 History and Systems

710 Topical: Ethics

710 Topical: Multicultural

780: Broad Training in Social Psychology or Proseminar in Social Psychology

780: Broad Training in Cognitive Psychology

780: Broad Training in Affective Psychology

780: Broad Training in Physiological Psychology

780: Proseminar or Broad Training course in Developmental Psychology

Courses offered based on program and student interest:

710 Topical: Child Psychopathology – Martel

710: Neuropsychology - Karr

710: Theories of Alcoholism – Fillmore

710: Trauma – Badour

710: DBT – Sauer-Zavala

710: Health – Leger or Burris

J. Optional Specializations

The clinical program offers optional specializations in Health Psychology and Neuropsychology. These are summarized here, and more detailed information also available online and from the coordinators of the specializations (Dr. Suzanne Segerstrom for Health Psychology and Dr. Justin Karr for Neuropsychology).

1. Health Psychology Concentration

This concentration is offered through collaboration between the Department of Psychology and the Department of Behavioral Science in the University of Kentucky Medical Center. NIMH stipends, fellowships, or graduate assistantships are available through the Department of Behavioral Science for clinical students pursuing an interest in Health Psychology. Clinical students wishing to be certified as having specialized in Health Psychology must fulfill the following academic, practicum, and research requirements.

a) Academic requirements: 4 courses (2 core courses, 1 elective, and 1 allied discipline course; see website for full info). There are two required courses:

BSC 626 (same as PSY 626): Survey of Health Psychology

PSY 627: Proseminar in Physiological Psychology

Two electives are required. These can be of the student's choosing, in consultation with his/her advisor, and can reflect specific areas of interest (e.g., stress, psychosocial oncology, behavioral factors in health and disease, etc.). These courses may be offered in the Department of Psychology or the Department of Behavioral Sciences in the College of Medicine. Students need one additional course in an allied discipline such as Gerontology, Epidemiology, Health, Behavior, and Society, etc. – see website for additional information.

b) Research requirements: At least one research project in the field of Health Psychology must be completed. Thesis and dissertation research are the most obvious means of fulfilling this requirement, although an independent research project would also be sufficient. It is assumed that, in the case of theses or dissertations, a member of the Behavioral Science Department will serve on the committee.

c) Clinical requirements: Students in the clinical program must also complete 500 hours of relevant (e.g., health-oriented) clinical practicum experience. This is equivalent to one year of a 10-hour per week placement. Such placements should reflect the student's interests and can include Bluegrass Health Psychology, behavioral health at the VA, various departments in the medical center, or other relevant placement opportunities.

Health Psychology Advisory Committee: One faculty member from the Psychology Department and one from Behavioral Science will be appointed by the respective chairs

to serve as an advisory committee to determine whether a student has fulfilled the academic, research, and clinical requirements for a Specialization in Health Psychology. The committee is the final arbiter in determining whether specific courses, research topics, and clinical experiences fulfill the requirements described above. Similarly, the committee determines which courses taken at another university can count toward the specialization. The research and clinical requirements must be fulfilled at UK.

2. Neuropsychology Concentration

The program offers a concentration in Clinical Neuropsychology. This concentration is organized to meet the INS/Division 40 guidelines for doctoral training clinical psychology and is intended to prepare graduate students for internships and post-doctoral fellowships in clinical neuropsychology. Several neuropsychologists, some within the university and some from local clinical agencies, are affiliated with the concentration.

Because of the substantial additional course requirements (approximately 15 hours) and other experiences necessary to meet the INS/Division 40 guidelines, the clinical neuropsychology program will typically require at least 5 years of graduate training prior to the internship. However, because research training is an important component of the concentration, students should complete the dissertation prior to internship, and hence, be able to complete the Ph.D. in 6 years. Although the program only guarantees support for the first 4 years, in practice, all 5th year students desiring support through the department have obtained it in recent years.

A number of training sites feature neuropsychological experience, including Kentucky Neuroscience Institute, Norton Neuroscience Institute, the Departments of Psychiatry and Neurology and the Aging Center at the UK Medical Center, the Veteran's Administration Medical Center, Eastern State Hospital, and the Harris Psychological Services Center.

IV. STUDENT ADVISING, EVALUATION, AND REPRESENTATION

A. Working with your advisor

You will be assigned to an advisor for your first year based on the interests you expressed when you were accepted into the program. This advisor will assist you with any questions you may have about the program. This advisor typically becomes the chair of your Master's thesis, although you may choose to work with someone else. We recognize that students' interests may change and that not all students will remain with the advisor they initially chose. Changing advisors creates no ill will. After you have selected a chair for your Master's thesis, the chair will serve as your advisor. After that, the chair of your advisory committee serves as your advisor.

All advisors have different mentoring styles. However, it is reasonable to expect that your advisor will help you in the following ways:

- teaching research skills: discussing ideas, helping you with conceptualizing and designing projects, analyzing data, writing manuscripts, etc.
- discussing career goals: talking with you about how to prepare for the career path you want, different types of career paths available, etc.
- helping with professional development: helping you prepare submissions for conferences and journals, prepare presentations, revise a manuscript, apply for a fellowship or grant, etc.
- giving general advice: about the program, the profession, etc., within the limits of the advisor's knowledge and expertise.
- being personable and supportive: advisors generally have their students' best interests at heart and will make every effort to be helpful.

Advisors also have expectations of their advisees. These vary across advisors. However, your advisor will probably want you to do the following things:

- Stay in regular contact: communicate with your advisor at least every 2 weeks (usually weekly), make an appointment if you've gotten out of touch, ask for help when you need it, tell your advisor if you'll be out of town for long, etc.
- Work hard: see graduate school as AT LEAST a full-time job, read articles in your area even if they haven't been assigned, give your best effort, even on first drafts, master APA style without extensive feedback, avoid spelling and grammatical errors, avoid giving the appearance of looking for the "easy way out," etc.;
- Be independent, take responsibility: Try to figure things out for yourself, know when your deadlines are, know what paperwork is required for your stage in the program, and get it done, use feedback constructively, etc.

- Collaborate with other students working with the same advisor: More advanced students may help you learn to do statistical analyses, run participants, etc., and you may be expected to teach beginning students.

B. Yearly letters of progress/evaluation

During the spring of each year, the clinical faculty meet to discuss the progress of every student in the program. These discussions are based on your course work, clinical evaluations, professional behavior, and required competencies. Your advisor will send you a letter summarizing the discussion and providing you with both written comments and numerical ratings of your performance in the areas of course work, research/academic progress, and clinical work and will summarize your progress toward program competencies. The evaluation of your clinical work will be taken from competency evaluation forms completed each year by your clinical supervisors (see Appendix for a copy of this form). The letter will include a statement either confirming that you made good and expected progress during the past year, or, if necessary, describing the ways in which your progress was insufficient. If your progress has been insufficient, the letter will include specific suggestions for change. You are encouraged to meet with your advisor to discuss your letter. You may also meet with the DCT if you wish.

At the end of your first semester in the program, the clinical faculty will send you a letter evaluating your performance in the first semester.

Students must reach the required level of competencies by completion of the program.

C. Student Advisory Committee

Students who are judged to be at risk of falling below high program standards may be assigned to meet with a student oversight committee by the clinical faculty. This committee will serve as an aid to students to help them address weaknesses in their performance and/or training. The committee will be composed of three clinical faculty members. They will help the student determine specific steps to take to address weaknesses in their training or performance, and the committee will design appropriate timelines to address these weaknesses. These steps and the timeline that the student needs to meet will be confirmed in writing. The student may be placed on probation if s/he does not meet the standards.

D. Probation

Students whose work is judged to be deficient in one or more areas, or who miss important deadlines, such as for completion of the thesis proposal or defense, qualifying exam, or

dissertation proposal, may be placed on probation, at the discretion of the clinical faculty. (Please note that this form of probation is internal to the clinical program and is independent of the Graduate School's probation procedures, which are described in the Graduate School Bulletin.) If you are placed on probation by the clinical faculty, you will be notified by a letter from the DCT. This letter will specify the reasons for the probation as well as the composition of your probationary committee, consisting of three members of the clinical faculty. You must meet with your probationary committee as soon as possible after being notified that you are on probation. At the meeting, your committee will determine what will be required for you to return to good standing in the program, and deadlines by which these requirements must be met. The chair of your probation committee will write you a letter detailing these requirements, and a copy will be placed in your file. Your probationary status will be reviewed each semester. If you meet the requirements of your probationary committee within the specified deadlines, you will return to good standing in the program. If you do not, your termination from the program will be considered. All decisions regarding probationary status will be made by a vote of the full clinical faculty, upon recommendation of the probationary committee.

E. Policy on student impairments

Because of the nature of clinical practice, a variety of situations or conditions, other than academic failure or lack of progress, may impinge on competency to pursue graduate training in clinical psychology. The clinical faculty will use the probation procedures described above to ensure that students with impairments potentially interfering with clinical practice are not awarded degrees necessary for practice. In each case where such impairment is identified, wherever possible, the clinical faculty will attempt to help remediate the deficiencies in collaboration with the student and the student's probationary committee. Remedial programs will be documented in the student's file, individually tailored to the student's areas of difficulty, include realistic goals, means, and timetables, and have clear endpoints at which the student's status will be re-evaluated. Remedial programs may be extended at the discretion of the clinical faculty, or terminated if insufficient progress is made. All such decisions will be made by a majority of the clinical faculty upon recommendation of the probationary committee.

The following situations and/or conditions have been identified as potentially triggering investigation and/or action by the clinical faculty:

1. Major APA ethics violation as determined by the clinical faculty.
2. Commission of felonious or other significant illegal activity.
3. Significant psychopathology resulting in impaired performance in clinical training or practice, as judged by the clinical faculty.
4. Interpersonal dysfunction or clinical skill deficit resulting in impaired performance in clinical training or practice as judged by the clinical faculty.
5. Significant substance abuse resulting in impaired performance in clinical training or practice as judged by the clinical faculty.
6. Other significant problematic situation and/or condition resulting in impaired performance in clinical training or practice as judged by the clinical faculty.

F. Policy on outside employment

The clinical program is intended and designed to be full time. Successful completion of the program in a timely manner requires a full-time effort. Regular employment responsibilities outside the scope of the clinical program (i.e., activities that are not clinical placements, TAs, or RAs, and have not been arranged or approved by the clinical faculty) are problematic in several ways: they may interfere significantly with students' development of requisite knowledge and skills. In addition, unsanctioned training activities are not counted toward hours for internship or licensure. Professional liability insurance does not cover these activities. Work outside of program-approved activities may also violate University or state regulations. For these reasons, the clinical program has developed the following policy on paid or volunteer activity outside the program:

Clinical activity:

Clinical students are not permitted to engage in paid or volunteer clinical activities outside of the clinical placement, PSC duties, or other officially sanctioned clinical training activities for the student by the program. Factors to be considered in evaluating such activities include the appropriateness of the activity for the student's professional development, adequacy of the supervision provided, time required, and other relevant factors. Students who become aware of a clinical opportunity that would contribute to their professional development should talk with the DCT or practicum liaison about developing this opportunity as an official training opportunity affiliated with the program. Note that your student insurance only covers clinical/professional work that is an official part of our training program.

Paid nonclinical activity:

During the academic year, pre-internship clinical students are not permitted to engage in regular paid employment outside of the clinical placement, research assistantship, teaching assistantship, or other paid activity arranged for the student by the program. The University has regulations regarding how much paid work students may do while enrolled as a graduate student. If in doubt, please discuss with the DCT and the payroll manager.

Summer activity:

Students without program-approved funding during the summer months may take on outside paid positions during those months. However, the Director of Clinical Training must approve the position if it involves clinical training in order to ensure that it meets our standards and involves adequate supervision.

Note: Leisure activities, such as hobbies, non-clinical volunteer work, community activities, and the like, are not covered by this policy.

G. Grievance procedure

A clinical student who has a grievance, such as unfair treatment or unethical behavior by one or more faculty members, should discuss the matter with the Director of Clinical Training (DCT). If the DCT is not impartial, the student may discuss the matter with the Associate Director of Clinical Training (ADCT). If after this discussion the student wishes to pursue a formal grievance, the student should submit to the Director of Graduate Studies (DGS) a written document describing the grievance. The DGS will then appoint two impartial members of the clinical faculty and one impartial member of the experimental faculty to review the grievance and make recommendations to the DGS. The DGS will then make a decision based on all available information and communicate this decision in writing to all concerned parties. If the student's grievance involves the DGS, the student may follow the above steps with the Department Chair. If the Chair is not impartial, Associate Chair will appoint an impartial member of the faculty to complete these steps. A student who is dissatisfied with the results of these procedures may pursue the grievance procedures of the Office of the Academic Ombud, as described in the University Bulletin.

Records of formal complaints or grievances will be kept on file. These documents will be stored confidentially in electronic format with the department manager. They are kept on the secure server of the college.

We want to make sure you know how to proceed if you have a concern with respect to treatment based on personal status (such as race, gender, sexual orientation, etc.). Examples of concerns students may have include these: a student could feel disrespected due to some personal or social characteristic, such as race, gender, or sexual orientation; a student could feel that other students disrespect clinical clients for similar reasons; a student could feel that language is being used that is disrespectful or hurtful; a student could feel unfairly treated by faculty or supervisors due to personal characteristics; a student could feel that a non-tolerant environment exists in the department or in a lab. Of course, there are other possibilities.

We encourage students with any such concerns to raise them with the DCT, the ADCT, or the Director of the Clinic. If none of those three persons are impartial, the student can speak with the DGS, Chair, or Associate Chair; if none of those options are possible, the academic ombud is available. Steps to be taken in response to such concerns will vary on a case-by-case basis, depending on the nature of the situation. As with other concerns, the intent of the program is to provide successful remediation, should concerns exist about the behavior of a student or faculty member. With respect to students, possible steps include a single, one-time meeting with the student, formation of an Oversight Committee that requires specific remediation-based actions, and formation of a Probation Committee, which also specifies remedial steps to be taken. More extreme steps are possible, including asking students to take a leave of absence from the program or asking students to leave the program.

H. Student Records/Personal file

You will receive copies of your annual evaluation letters and evaluation forms.

Student records are now stored electronically. Student records include documentation of student progression through the program. They include the annual letters the program sends

to each student summarizing the student's progress over the preceding year. They also include competency rating forms from each year of the program. When the student is on internship, reports from the internship on student performance are also placed in the confidential record. Student records will contain advisory committee and probationary committee meeting records if applicable, practicum evaluations if applicable, and documentation of required milestones such as thesis defense, qualifying exam, and dissertation defense. When the student is on internship, reports from the internship on student performance are also placed in the confidential record. The Registrar maintains electronic records of the transcript.

Students will have likely had copies of these documents, but the department manager, DCT, and Associate DCT can access these records if you need to review them. Student records are confidential and are not available to other people. They are stored on the secure server of the college. Electronic records are kept indefinitely.

Students are told of this records retention procedure during orientation, and information about this policy is kept in the clinical handbook, which is available on the website. Students are reminded yearly about the retention of records that document their progress through the program.

V. FINANCIAL SUPPORT

The program guarantees financial support for each student in the first through fourth academic years. Although funding is not guaranteed for a fifth year, in the past all students desiring such funding have obtained it. The types of funding available generally include:

A. Teaching Assistantships (TA's)

TAs currently are paying approximately \$17,000 for the academic year and also cover tuition. TAs are sometimes shared by two or more students. Students with half of a TA have half of the tuition waived. When a student has less than half of a TA, no tuition is covered. Neither the clinical program nor the Psychology Department have any control over the amount of TA stipends.

In the clinical program, TAs are most often used to support first year students. However, other clinical students sometimes are funded by TA's, usually under one of the following circumstances:

1. Several students may share a TA when assisting with the Assessment courses. In this case the shared TA usually will supplement another source of funding.

2. Students who have passed the Qualifying Exam may receive a TA to teach an undergraduate course independently. Teaching a 3-credit course earns 3/4 of a TA. Teaching a 4-credit course earns a full TA. According to university rules, students who have not passed

Quals are ineligible for this opportunity.

When allocating TAs to clinical students, priorities include funding the incoming first year class, funding the assistants for the Assessment courses, funding post-quals students to teach courses not covered by the faculty, and funding students who do not have other funding. Any student who would prefer a TA over other forms of funding may request one. Within the limits just described, these requests will be considered carefully.

B. Fellowships and Awards

Several fellowships are available through the Graduate School. Most of these currently pay \$15,000 for one year and cover tuition. One fellowship provides a \$3,000 supplement to other funding. All are very competitive. The program and department nominate students for these fellowships by submitting application packets to a selection committee, which sometimes includes a member of the Psychology faculty but often does not. Nominated students then become part of a pool of competitors from around the university. The clinical faculty make every effort to include strong letters of recommendation in each application packet but can exert no control over the process once the packet has been submitted.

Each fellowship has its own eligibility requirements, usually including stringent GRE and GPA criteria met by only a minority of clinical students. Decisions about whom to nominate for these fellowships are made by a few faculty members (usually those involved in admissions and funding) by looking through students' files and discussion leading to a consensus. In general, faculty try to nominate students who seem to have the best chance of being awarded a fellowship. High GPA and GRE scores, research productivity, and other indications of outstanding achievement are important in winning these fellowships. When deciding whom to nominate, faculty will also consider whether the student is in a position to make good use of the opportunities provided by the fellowship. More information about specific fellowships is available from the faculty member in charge of admissions, from the DGS, or at the Graduate School website <http://www.rgs.uky.edu/gsfellowship/fellowships.html>.

Fellowships recently given to our students include:

- Dissertation Year Fellowship: this fellowship provides one-year of support plus tuition and student health benefits.
- Presidential Fellowship: this fellowship provides one-year of support plus tuition and student health benefits.

There are also several awards for which our students are eligible.

- Jesse G. Harris, Jr. Dissertation Award: This award is administered by the Clinical Psychology program. It was established to support dissertation work of Clinical Psychology graduate students. It is a \$1,000 cash award. All clinical students who have completed a dissertation proposal within the last 12 months are eligible.
- the Rachel Steffens Award: \$500 to clinical students who will be completing their dissertation. Award is based on specific criteria that honor Rachel's memory.

-Visiting Distinguished Faculty Award: This award is administered by the graduate school. It provides funding to bring a nationally recognized academic leader to campus to serve as the Graduate School's Outside Examiner for a student's dissertation.

C. Clinical placements

A few clinical placements offer stipends. The amounts of the stipends are determined by the agencies offering the placements. Placement stipends may cover tuition, but in some cases an additional source of funding is necessary.

D. Research grants

Research grants obtained by faculty members often include funded positions for graduate student research assistants. Faculty members who obtain these grants have considerable flexibility in offering such positions to the students of their choice. A faculty member with a grant may distribute a memo seeking interested students or may simply offer the position to a student. The best way to find out whether a faculty member has any grant positions is to ask. Faculty members who know that you are interested are more likely to keep you in mind for future positions that might become available.

Frequently Asked Questions about Grant-Funded Research Assistantships

What is a research assistantship (RA)?

Typically, a grant-funded research project requires more manpower than the principal investigator (PI) can provide him- or herself; in fact, most PIs can contribute only a few hours a week to a project. So, he or she requests funds in the grant budget to pay one or more staff members, including graduate student research assistants, to help.

The main purpose of a research assistantship, therefore, is to get the work of the grant done. A secondary purpose is to provide research training for graduate students, that is, to give them the experience of working with research that may be larger or more complex than they would otherwise be exposed to. A tertiary purpose is to provide financial assistance for graduate students.

What are the requirements of a research assistant?

Graduate student RAs are hired on the basis of the number of hours they are expected to work on the project weekly. "Full-time" RAs work 20 hours per week, the maximum allowable to retain student tax status, but the PI may hire an RA to work fewer hours (e.g., "half-time", or 10 hours per week).

The nature of the job means that the main requirement of the research assistant is to work on the research project that is paying his or her salary. This might involve any number of tasks, from the sublime (authoring a paper from the project's dataset) to the ridiculous (making photocopies or entering data), depending on the nature of the project and what needs to be

done. Continued funding depends on good, productive work being done, so being a good RA means contributing to that good, productive work.

Some weeks there may not be 20 hours of work related to the project to do. If so, most PIs would prefer that you pursue the secondary purpose – research training – with any remaining time. The important thing is that you talk with the PI about how you should be spending your time.

What is the salary?

In the Psychology department, we seek to match RA salaries to the current TA salary, to the extent possible, to promote equity in funding for graduate students.

What are the benefits?

The grant that pays the RA's salary pays for certain benefits as well. For a "full-time" RA, the grant will pay 100% of the student's tuition. If the RA is working less than full time, the grant will pay an equivalent proportion of tuition (e.g., for 15 hours/week, the grant will pay 75% of tuition). RAs are also eligible for out-of-state tuition scholarships through the graduate school.

Standard benefits such as student health insurance and social security are also paid by the grant in proportional amounts. One intangible benefit of an RA is that the position is usually year-round, eliminating the need to seek summer funding.

RAs are entitled to university holidays, such as Labor Day, Thanksgiving, Christmas, Martin Luther King, Jr. Day, the Fourth of July, and so on. There is no paid vacation or sick time built into research assistantships. Usually it is not a problem for you to take a few days off if you have cleared it with the PI and it doesn't impede the progress of the research. If you are not going to be able to work for a longer period of time, depending on the demands of the project, one option might be to arrange to make up the work at another time; another might be to suspend pay and resume it when you come back to work (e.g., someone else may have to be hired to fill in for you). Again, the important thing is to make these arrangements with the PI and to be understanding about demands of the project, the research budget, and the funding agency.

More information:

You should familiarize yourself with further information about RAs on the UK website:

<http://www.rgs.uky.edu/gs/fellowship/tarainfo.html>

and in the UK Administrative Regulations:

<http://www.uky.edu/Regs/AR/ar028.pdf>

Faculty in Psychology and in other departments may have grants supporting clinical students. Those from outside the department often call the DCT when they need a student. The DCT may then send an email asking for interested students. When the grant requires a student with specific skills or credentials, the DCT may approach only one or a few students who seem best suited to the position. Alternatively, the DCT may approach only the student most in need of such a position.

Students have also begun to submit their own research grants. These typically take the form of National Research Service Awards (NRSA) from the National Institutes of Health. Many of our students have submitted these grants as part of their qualifying exams and been supported by these grants in their final years of study here. If you are interested in submitting an NRSA, discuss it with your major advisor who will help you with the process.

E. Summer support

The program does not guarantee summer support. Some clinical placements and research grant positions extend through part or all of the summer. In addition, the following options sometimes are available and should be explored by students in need of summer funding:

TAs are available during summer session. Approximately three or four clinical students may be awarded a TA during a typical summer. TA's occasionally are available for post-quals students to teach a course independently.

Students interested in working with children may wish to consider traveling out of town for the summer to work in special summer treatment programs for children (e.g., STP for ADHD; intensive treatment for selective mutism). Dr. Michelle Martel is familiar with several such programs and can give you more information about this possibility.

Other opportunities for summer funding occasionally become available. The DCT will keep you informed as these arise.

There are many additional resources and sources of support for students at UK. Please reach out to faculty or others on campus if you need additional support.

<https://psychology.as.uky.edu/need-support>

VI. Important forms, documents, and resources appended at the end:

- A. Consumer Disclosure: Requirements for Licensure**
- B. Curriculum map and suggested course schedule**
- C. Yearly student competency evaluation – program**
- A. Yearly evaluation of practicum student**
- B. Practicum policies and procedures**
- C. Resources for students**

Consumer Disclosure Information

Educational Requirements for Licensure in Psychology

The Clinical Psychology PhD Program in the Department of Psychology at University of Kentucky (referred to as “our Program”) makes every effort to provide education that is compliant with national standards and to prepare students to practice clinical psychology. As recognition of our compliance with national standards, our Program is accredited by the American Psychological Association and Psychological Clinical Science Accreditation System (PCSAS). The practice of psychology, however, is regulated at the state level. State licensing authorities, commonly referred to as “State Boards,” determine the specific educational and training requirements for licensure in their State. Of note, some States require post-doctoral training as well as examinations beyond educational and training requirements. As such, a PhD degree from our Program in Clinical Psychology is not sufficient, in and of itself, to meet licensure requirements in some states. Also, please note that in order to obtain licensure as a “Health Services Provider,” you may need an additional year of supervised practice following your doctoral degree.

If you are planning to pursue professional licensure or certification, it is strongly recommended that you contact the appropriate licensing entity in the state for which you are seeking licensure or certification to obtain information and guidance regarding licensure or certification requirements before beginning an academic program. Given that State requirements for licensure or certification vary and may change over time it is also strongly recommended that you review licensing or certification requirements as you get closer to seeking licensure or certification. You are encouraged to review the Association of State and Provincial Psychology Boards’ online tool which is linked below. It summarizes requirements for most states and territories. You are also encouraged to directly confirm state licensing requirements directly with the state you are interested in seeking licensure or certification.

The Clinical Psychology program at University of Kentucky, to the best of its ability, determined that the curriculum offered by our Program meets – or does **not** meet – the educational requirements for licensure or certification to practice psychology in each of the States listed in Table 1. For States in which the Program’s educational offerings do not meet a specific State’s requirements for licensure or certification, students may be required to obtain alternate, different, or more courses, or more experiential or clinical hours. These findings are accurate, to the best of our ability, as of August 1, 2022.

ASPPB operates a handbook on licensing and certification requirements for psychologists. You may find their website helpful for reviewing state licensing requirements in specific states. However, please know that each state’s licensing laws are subject to change at any time. For the most current licensing requirements, please contact the licensing board directly. The link for the ASPPB information is here:

<http://psybook.asppb.org/>

In the table below, an asterisk (*) indicates that earning a doctoral degree from a program accredited by the American Psychological Association (APA) is deemed to meet the educational requirements for licensure in that State. The Clinical Psychology PhD Program in the Department of Psychology at University of Kentucky is currently accredited by APA and PCSAS. Please note that this table does **not** include an evaluation of state-specific requirements beyond that of educational or curricular requirements.

State	Program Satisfies Curricular Requirements?			State Professional Association or License Authority and Notes
	Yes	No	Unable to Determine	
1. Alabama	X*			http://www.psychology.alabama.gov/default.aspx
2. Alaska	X*			https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofPsychologists.aspx
3. Arizona	X*			https://psychboard.az.gov/
4. Arkansas	X*			https://psychologyboard.arkansas.gov/
5. California		X		https://www.psychology.ca.gov/ Although a doctoral degree in Clinical is required, additional coursework may be required in California, including pre-license curriculum or training in human sexuality (10 contact hours); alcoholism/chemical dependency detection and treatment (one semester or quarter); child abuse assessment (7 hours); spousal/partner abuse, detection and intervention strategies (15 contact hours); aging and long-term care (10 contact hours).
6. Colorado	X*			https://dpo.colorado.gov/Psychology
7. Connecticut	X*			https://portal.ct.gov/DPH/Public-Health-Hearing-Office/Board-of-Examiners-of-Psychologists/Board-of-Examiners-of-Psychologists
8. Delaware	X*			https://dpr.delaware.gov/boards/psychology/
9. District of Columbia	X*			https://dchealth.dc.gov/service/psychology-licensing
10. Florida	X*			https://floridaspsychology.gov/
11. Georgia	X			https://sos.ga.gov/index.php/licensing/plb/44
12. Hawaii	X*			http://cca.hawaii.gov/pvl/boards/psychology/
13. Idaho	X*			https://ibol.idaho.gov/IBOL/BoardPage.aspx?Bureau=PSY
14. Illinois	X*			https://www.idfpr.com/profs/psych.asp
15. Indiana	X*			https://www.in.gov/pla/psych.htm
16. Iowa	X*			https://www.idph.iowa.gov/Licensure/Iowa-Board-of-Psychology
17. Kansas	X*			https://ksbsrb.ks.gov/
18. Kentucky	X			http://psy.ky.gov/Pages/default.aspx
19. Louisiana	X			http://www.lsbep.org/
20. Maine	X*			https://www.maine.gov/pfr/professionallicensing/professions/psychologists/
21. Maryland	X*			https://health.maryland.gov/psych/Pages/Home.aspx
22. Massachusetts	X*			https://www.mass.gov/orgs/board-of-registration-of-psychologists
23. Michigan	X			https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_27552---,00.html NOTE: Beginning in March 30, 2022, a one-time training in identifying victims of human trafficking must be completed before licensure
24. Minnesota	X*			http://www.psychologyboard.state.mn.us/
25. Mississippi	X*			https://www.psychologyboard.ms.gov/Pages/default.aspx
26. Missouri	X*			https://pr.mo.gov/psychologists.asp
27. Montana	X*			http://boards.bsd.dli.mt.gov/psy
28. Nebraska	X*			http://dhhs.ne.gov/licensure/Pages/Psychology.aspx
29. Nevada	X*			http://psyexam.nv.gov/
30. New Hampshire	X*			https://www.oplc.nh.gov/psychologists/
31. New Jersey		X		https://www.njconsumeraffairs.gov/psy/ In addition to a doctoral degree from an APA accredited program like the Clinical Psychology PhD Program at UK, New Jersey requires additional semester credits that what we usually offer in: <ul style="list-style-type: none"> • Personality Theory and Human Development Theory; • Learning Theory and/or Physiological Psychology; • Psychopathology; • Psychological therapy/counseling
32. New Mexico	X*			http://www.rld.state.nm.us/boards/Psychologist_Examiners.aspx
33. New York		X		http://www.op.nysed.gov/prof/psych/ Post-doctoral hours are required for licensure.
34. North Carolina	X*			http://www.ncpsychologyboard.org/

35. North Dakota	X*		http://ndsbpe.org/index.html
36. Ohio	X*		https://psychology.ohio.gov/
37. Oklahoma	X		https://www.ok.gov/psychology/
38. Oregon	X*		https://www.oregon.gov/psychology/pages/index.aspx
39. Pennsylvania	X*		https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Psychology/Pages/default.aspx#.VgG6GN
40. Rhode Island	X*		https://health.ri.gov/licenses/detail.php?id=241
41. South Carolina	X*		https://llr.sc.gov/psych/
42. South Dakota	X*		https://dss.sd.gov/licensingboards/psych/psych.aspx
43. Tennessee	X*		https://www.tn.gov/health/health-program-areas/health-professional-boards/psychology-board/psych-board
44. Texas	X		http://www.tsbep.texas.gov/index.php
45. Utah	X*		https://dopl.utah.gov/psych/index.html
46. Vermont	X*		https://sos.vermont.gov/
47. Virginia	X*		http://www.dhp.virginia.gov/psychology/
48. Washington	X*		https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Psychologist.aspx
49. West Virginia	X		https://psychbd.wv.gov/Pages/default.aspx
50. Wisconsin	X		https://dsps.wi.gov/pages/Professions/Psychologist/Default.aspx
51. Wyoming	X*		https://psychology.wyo.gov/

Sample Course Schedule

First Year

Fall semester

PSY 610: Psychological Statistics I
PSY 629: Intro to Clinical Psychology
PSY 630: Assessment I
PSY 631: Practicum in Assessment
PSY 603: Psychopathology
PSY 780: Professional Development

Spring semester

PSY 611: Psychological Statistics II
PSY 616: Research Design in Clinical
PSY 632: Assessment II
PSY 633: Practicum in Assessment II
PSY 710: Multicultural
PSY 780: Professional Development

Second Year

Fall semester

PSY 636 Psychotherapy
PSY 637: Practicum (indiv. supervs. 2 credit)
PSY 780: Professional Development
PSY 790: Master's Thesis Research
PSY 710: Clinical Science Integrative Course
(e.g., DBT, Personality, Child Psychopath.,
etc.)
One other course (e.g., Broad Bases Course)

Spring semester

PSY 637: Practicum (small grp sup – 2 credit)
PSY 780: Professional Development
PSY 790: Master's Thesis Research
Two/three additional courses

Third Year

Fall semester

PSY 637: Practicum (group supervision)
PSY 780: Professional Development
PSY 790: Master's Thesis Research
One additional course

Spring semester

PSY 637: Practicum (group supervision)
PSY 780: Professional Development
PSY 790: Master's Thesis Research
One additional course

Fourth Year

Fall semester

PSY 637: Practicum (group supervision)
PSY 780: Professional Development
PSY 767: Residency/Dissertation Credit
Finish remaining coursework
Qualifying exam

Spring semester

PSY 637: Practicum (group supervision)
PSY 780: Professional Development
PSY 767: Residency/Dissertation Credit

Fifth Year

Fall semester

PSY 637: Practicum (group supervision)
PSY 767: Residency/Dissertation Credit

Spring semester

PSY 767: Residency/Dissertation Credit

Sixth Year

Fall semester

Internship

Spring semester

Internship

Yearly Student Evaluation Form

Name:

Profession-wide competencies, followed by program goals and accompanying additional competencies, are listed below. The competencies that students are expected to attain to meet the following goals are rated as follows:

- 1: cannot yet perform the skill; needs more work
- 2: can perform the skill under supervision
- 3: can perform the skill independently

For each skill, the required level of mastery at the end of training at UK is given in bold type. Students are expected to assess their level of competency each year, and then their mentor will review and add input. The evaluation of competencies will be finalized during discussion with all clinical faculty at the end of each year based on evaluations, course assignments and grades, training accomplishments, etc. This evaluation will be one tool used to help direct future training needs.

Profession-Wide Competencies

I. Research

- *Student demonstrates the largely independent ability to formulate research or theory questions that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base*

1 2 **3**

- *Student is able to conduct empirical research from data collection to report preparation for publication.*

1 2 **3**

- *Student is able to prepare presentations of their research ideas and findings in consultation with a faculty member, and they will conduct such presentations independently.*

1 2 **3**

- *Student prepares research presentations*

1 2 **3**

- *Student delivers research presentations*

1 2 **3**

- *Student evaluates the underlying scholarship of research articles*

1 2 **3**

- *Student evaluates the quality of research hypotheses*

1 2 **3**

- *Student evaluates the nature of the sample*

1 2 **3**

- *Student evaluates the validity of the data analyses*

1 2 **3**

- *Student evaluates the resulting conclusions*

1 2 **3**

II. Ethics

- Student is able to provide organized responses to complex questions about ethical dilemmas and ethical issues.

1 2 **3**

- Student is able to describe the implications of the current APA ethical principles for both science and practice.

1 2 3

- Student demonstrates that they have considered the ethical implications of their decisions in psychotherapy.

1 2 3

- Student is able to describe the implications of the current APA Code of Conduct for both science and practice.

1 2 3

- Student is able to describe the implications of relevant laws, regulations, rules, and policies governing health service psychology at the local level.

1 2 3

- Student is able to describe the implications of relevant laws, regulations, rules, and policies governing health service psychology at the state level.

1 2 3

- Student is able to describe the implications of relevant laws, regulations, rules, and policies governing health service psychology at the regional level.

1 2 3

- Student is able to describe the implications of relevant laws, regulations, rules, and policies governing health service psychology at the federal level.

1 2 3

- Student is able to describe the implications of relevant professional standards and guidelines.

1 2 3

- Student is able to recognize ethical dilemmas as they arise.
- Student is able to apply ethical decision-making processes in order to resolve the dilemmas.

1 2 3

1 2 3

- Student conducts self in an ethical manner in all professional activities.

1 2 3

III. Individual and Cultural Diversity

Students in the program will acquire and demonstrate knowledge, awareness, sensitivity, and skills for working with diverse individuals and communities who embody a variety of cultural and personal backgrounds and characteristics. Cultural and individual differences and diversity include, but are not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

- *Student demonstrates and understanding of how their personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.*

1 2 3

- *Student demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in research*

1 2 3

- *Student demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in training*

1 2 3

- *Student demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in supervision*

1 2 3

- *Student demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in consultation*

1 2 3

- *Student demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.*

1 2 3

- *Student demonstrates the ability to apply a framework for effective work with areas of diversity not previously encountered.*

1 2 3

- *Student demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with her/his own*

1 2 3

- *Student demonstrates the requisite knowledge base and ability to articulate an approach to working effectively with diverse individuals and groups.*

1 2 3

- *Student is able to apply this approach effectively in professional work.*

1 2 3

IV. Professional Values and Attitudes

- *Student behaves with integrity* 1 2 3

- *Student demonstrates professional deportment* 1 2 3

- *Student develops a sense of professional identity* 1 2 3

- *Student understands her/his accountability to others* 1 2 3

- *Student demonstrates concern for the welfare of others* 1 2 3

- *Student engages in self-reflection regarding professional functioning* 1 2 3

- *Student engages in activities to maintain and improve effectiveness* 1 2 3

- *Student demonstrates interest in and openness/responsiveness to feedback and supervision*

1 2 3

- *Student responds to increasingly complex situations with a greater degree of independence as they progress across levels of training* 1 2 3

V. Communication and Interpersonal Skills

- *Student develops and maintains effective relationships with colleagues* 1 2 3

- *Student develops and maintains effective relationships with organizations.*

1 2 3

- *Student develops and maintains effective relationships with supervisors.*
1 2 3
- *Student develops and maintains effective relationships with supervisees.*
1 2 3
- *Student develops and maintains effective relationships with those receiving professional services.*
1 2 3
- *Student produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.*
1 2 3
- *Student demonstrates a thorough grasp of professional language and concepts.*
1 2 3
- *Student demonstrates effective interpersonal skills and the ability to manage difficult communication well.*
1 2 3

VI. Assessment

- *Student will understand the basic theory behind psychological assessment, including means for evaluating the validity of an assessment tool:*
1 2 3
- *Student is able to select and apply assessment methods drawing from the best available empirical literature that reflects the science of measurement*
1 2 3
- *Student is able to collect relevant data using multiple sources and methods as appropriate to the identified goals of the assessment*
1 2 3
- *Student is able to collect data with respect to relevant diversity characteristics of the service recipient*
1 2 3
- *Student is able to interpret assessment results, following current research and professional standards, to inform case conceptualization, classification, and recommendations*
1 2 3
- *Student demonstrates ability to guard against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective*
1 2 3
- *Student communicates orally the findings and implications of assessments in an accurate, effective, and sensitive manner to a range of audiences*
1 2 3
- *Student communicates in writing the findings and implications of assessments in an accurate, effective, and sensitive manner to a range of audiences*
1 2 3

VII. Intervention

- *Student establishes and maintain effective relationships with the recipients of psychological services* 1 2 3
- *Student develops intervention plans based on the empirical literature that are specific to the service delivery goals* 1 2 3
- *Student implements interventions based on the current scientific literature, assessment findings, diversity characteristics, and contextual variables* 1 2 3
- *Student demonstrates the ability to apply the relevant research literature to clinical decision making* 1 2 3
- *Student modifies intervention approaches when appropriate, based on the empirical literature and other data* 1 2 3

VIII. Supervision

- *Student demonstrates knowledge of supervision models* 1 2 3
- *Student demonstrates knowledge of supervision practices* 1 2 3

IX. Consultation and interprofessional/interdisciplinary skills

- *Student demonstrates knowledge of and respect for the roles and perspectives of other professions* 1 2 3
- *Student demonstrates knowledge of consultation models* 1 2 3
- *Student demonstrates knowledge of consultation practices* 1 2 3

Comments:

Advisor's signature

Date

Student's signature

Date

University of Kentucky Clinical Psychology Evaluation of Practicum Student

Practicum Student:

Date:

Clinical Supervisor:

Site:

Dates of Training:

Practicum evaluations must be based, at least in part, on live or electronic direct observation of work. Each competency does not need to be observed, but the scope of the observation should be broad enough to contribute meaningfully to this evaluation. These ratings are based on the following: (Check all that apply)

LIVE OBSERVATION OPTIONS:

- Co-Therapy
- Live observation
- Review of Video

ADDITIONAL OPTIONS:

- Review of work samples
- Feedback from staff
- Feedback from patients
- Outcome measures

Clinical Supervisor:

Please rate the practicum student's performance in each area of competence covered by this training experience. **Note: Rating of Level 4 not expected for many items until trainee is ready to advance to internship.** Expectations of trainees vary depending on training level. Ratings for a practicum student early in their training will likely be 1s and 2s. Advanced trainees who are ready to proceed to internship will often be at a higher level. Lower ratings for advanced students indicate a newer developing competency or a competency that needs additional attention and work.

Please also include narrative comments and summaries, as well as any recommendations you may have for additional experience needed in future practicum experiences.

Please review your assessment of the student's accomplishments in each of these areas of competency, as well as any other feedback or recommendations, with the practicum student.

Competency Level Rating Guide

Competency Level 1 = Novice level. Close supervision needed as trainee is beginning to develop this skill. Modeling required.

Competency Level 2 = Intermediate level. Trainee needs less intensive supervision; Modeling and direct observation are sometimes required. Knowledge and skill are developing but performance is inconsistent.

Competency Level 3 = Intermediate level. Knowledge and application of skill are developing, and performance is becoming more consistent and adept.

Competency Level 4 = Advanced level. Little modeling needed. Trainee at a level appropriate to advance to internship.
NA = not assessed or not able to rate based on experiences at this practicum

Communication and Interpersonal Skills

Competency Level:

1) Maintains effective interpersonal relationships with colleagues and supervisors	1	2	3	4	NA
2) Communicates clearly with patients, treatment team, and referral sources	1	2	3	4	NA
3) Manages difficult communications effectively	1	2	3	4	NA
4) Communication (verbal, written, and nonverbal) is professionally appropriate	1	2	3	4	NA
5) Clinical documentation is accurate, clear, and concise	1	2	3	4	NA

Comments:

Assessment

Competency Level:

1) Applies knowledge of DSM and functional and dysfunctional behavior to make diagnoses	1	2	3	4	NA
2) Provides differential diagnoses	1	2	3	4	NA
3) Selects assessment measures with attention to issues of reliability and validity	1	2	3	4	NA
4) Selects appropriate measures to address clinical questions	1	2	3	4	NA
5) Interprets assessment results of the client	1	2	3	4	NA
6) Uses assessment results to inform decision making	1	2	3	4	NA
7) Communicates assessment results accurately and effectively orally and in writing	1	2	3	4	NA

Comments:

Intervention Skills

Please comment on the type of interventions the trainee has conducted (e.g., individual therapy, group interventions, brief, etc.):

	<u>Competency Level:</u>				
	1	2	3	4	NA
1) Develops responsive and effective relationships with clients	1	2	3	4	NA
2) Develops evidence-based intervention plans	1	2	3	4	NA
3) Able to integrate science, assessment findings, individual characteristics and contextual variables in treatment planning	1	2	3	4	NA
4) Ability to focus on key issues, quickly and thoroughly					
5) Applies the relevant literature to clinical decision making					
6) Evaluates intervention effectiveness and modifies intervention as indicated, using outcome data or other appropriate information					
7) Adapts intervention goals based on ongoing evaluation of effectiveness Effectively documents clinical interventions					

Comments:

1 2 3 4 NA

Research Competencies Related to Clinical Practice

	<u>Competency Level:</u>				
1) Applies research literature to practice	1	2	3	4	NA
2) Can identify and discuss relevant research associated with evidence-based treatment and practice	1	2	3	4	NA
3) Demonstrates strong knowledge of scientific method (e.g., hypothesis testing with clients; use of data in decision-making)	1	2	3	4	NA

Comments:

Ethical & Professional Issues

	<u>Competency Level:</u>				
1) Knowledge of APA Ethical Principles and Code of Conduct	1	2	3	4	NA
2) Able to apply relevant laws and regulations to clinical work	1	2	3	4	NA
3) Applies APA Ethics code to clinical work	1	2	3	4	NA
4) Seeks supervision appropriately	1	2	3	4	NA
5) Utilizes supervision appropriately	1	2	3	4	NA
6) Forthcoming with difficulties/problems	1	2	3	4	NA
7) Recognizes ethical dilemmas and applies ethical decision-making processes in order to resolve dilemmas	1	2	3	4	NA

Comments:

Individual and Cultural Diversity

Competency Level:

1) Recognizes own cultural history, attitudes, and biases	1	2	3	4	NA
2) Monitors how own cultural identity may impact interactions with others	1	2	3	4	NA
3) Develops rapport with clients from diverse backgrounds	1	2	3	4	NA
4) Applies a framework to work effectively with clients from diverse backgrounds	1	2	3	4	NA
5) Works effectively with individuals whose worldviews or demographics create conflict with their own	1	2	3	4	NA

Comments:

Professional Values, Attitudes, & Behaviors

Competency Level:

1) Reliable and dependable	1	2	3	4	NA
2) Open about mistakes and areas of weakness	1	2	3	4	NA
3) Maintains professional interactions with staff and clients	1	2	3	4	NA
4) Demonstrates compassion and concern for clients	1	2	3	4	NA
5) Manages time effectively	1	2	3	4	NA
6) Engages in self-reflection regarding personal and professional functioning	1	2	3	4	NA
7) Non-defensive and responsive to feedback	1	2	3	4	NA

Comments:

Consultation and Interprofessional /Interdisciplinary Skills

Competency Level:

1) Recognizes situations in which consultation is appropriate	1	2	3	4	NA
2) Consults with psychologists and professionals from other disciplines as necessary for the care of clients	1	2	3	4	NA
3) Effectively coordinates care with other providers	1	2	3	4	NA
4) Demonstrates knowledge of and respect for the unique role of other professionals in a collaborative treatment approach	1	2	3	4	NA
5) Effectively interacts with other disciplines on interdisciplinary teams	1	2	3	4	NA

Comments:

Trainee comments:

Supervisor Signature

Trainee Signature

**University of Kentucky
Clinical Psychology Doctoral Program
Practicum Guidelines**

Clinical placements in a variety of university based and community agencies are available. Typically, these involve one year (10-20 hours per week) of supervised clinical activities, including assessment, therapy, consultation, and case conferences. Start and end times will be arranged directly with the sites and should be agreed upon in advance. Although the program does not have a set minimum number of clinical placement hours per year, most students will complete at least two external clinical placements during their training, plus their work at the Harris Center, and thus will have a minimum of 1000 hours of supervised clinical experience prior to the predoctoral internship. Students are expected to tailor their training to meet their career goals, and all students are required to meet program competency standards. Students with research interests may complete fewer hours in clinical placements. The selection of placements offers exposure to diverse clinical populations and professional settings.

Practicum Policies and Procedures

Each student in the Ph.D. Program is required to obtain supervised clinical experience during their doctoral training. Typically students will have two to four year-long practicum training experiences, in addition to the program training requirements at the Harris Psychological Services Center. The extent of practicum experiences will depend on each student's training goals, but students are expected to have enough training to qualify for an APA-accredited internship site and to meet the expected competencies for clinical training. Each of the practicum years is spent at a different practicum site in order to broaden the student's exposure to professional activities.

A practicum is an arranged program of supervised training at a facility or institution that provides psychological services. Examples of such facilities include medical centers, residential treatment programs, outpatient mental health clinics, veteran's administration hospitals, correctional facilities, and organized group practices. In these settings, the student provides supervised clinical services that might involve psychological assessment, psychotherapy, consultation, and/or clinical case management. The specific professional activities at the practicum site will vary based on the site. Training agreements for each site reflect the service delivery needs of the site and the training needs of the student.

To ensure that students receive high quality clinical training which meets nationally recognized professional standards and the students' training needs, the Ph.D. Program maintains a liaison with all practicum sites. The faculty liaison collaborates with practicum supervisors to develop training opportunities, place students, resolve problems during the training year, and evaluate students' progress at mid-year and at end-of-year. Currently the Associate Director of Clinical Training fulfills this role.

1. Clinical Practicum Placement Opportunities

Four clinical students per year are placed at the Harris Center for 10-20 hours per week. These placements provide clinical experience in initial consultation, crisis management, case presentation and triage; and supervision (non-clinical) of undergraduate students; the AD position also includes training in administration. Each doctoral student will work at the Harris Center as a

staff member for one year of their clinical placements.

A number of placement positions within the community and on campus also are available. You may have your first external placement during your second or third year and may be placed at a different setting each subsequent year. Children and adolescents are seen as outpatients in private practice, inpatients at a local hospital, and at the Harris Center. Additional training opportunities may be available in summer programs. Adult populations include severely and chronically mentally ill outpatients at a state hospital, veterans at the VA hospital, children and adolescents in outpatient therapy settings. Assessment experience is available in several placements. Experience with medical patients is provided through placements in various departments at the UK Medical Center, including the Orofacial Pain Clinic within the College of Dentistry. Other placements are sometimes available in a variety of settings. Placement availability will vary by year, and specific sites for the upcoming year will be listed in the placement memo.

2. Assignment of placements

The process of assigning students to placements is complex. The overall goal is to meet training goals across the graduate career for each student while accommodating the wishes of the placement directors and addressing funding.

You will be asked to submit to the placement coordinator (one of the clinical faculty) your training goals and a list of which sites help you meet those goals early in the Spring semester. The placement coordinator will then arrange for you to interview at one or more placement sites. Some placement directors prefer to examine the vitas of the students interested in their site before scheduling interviews. Thus, you will be asked to provide a current vita. You should carefully consider your training goals and learning objectives. These goals can be included in your cover letter. If you are uncertain about how to write your vita or cover letter, consult with your advisor or the Associate DCT or DCT.

Some placement directors prefer to interview more students than they have slots, and to express preferences for the students to be placed with them. Students interviewing at these sites will have other interviews at alternative sites. After interviews have been completed and both students and placement directors have expressed their preferences, the placement coordinator will assign students to placements in a manner satisfactory to as many people as possible. In addition to students' and placement directors' preferences, factors to be considered include how much and what kind of clinical experience each student needs, whether a student has a history of obtaining top choice or less preferred placements, and whether the student will have a good chance of obtaining a preferred placement during the following year. Funding and level of training are also important considerations in making placement assignments.

Students are not allowed to make their own arrangements for practicum placements; you must go through the formal placement process. The process ensures that we allow equitable access to training opportunities, meet funding demands, keep the Harris Center as a training opportunity, and maintain ongoing relationships with supervisors and practicum sites. If you have a particular interest for clinical training, feel free to discuss it with the faculty liaison and/or the DCT.

If you have questions about how placements are assigned, please discuss them with the DCT or the placement coordinator.

3. Registration for PSY 637 (and PSY 639 during the summer)

Students who are doing any type of supervised clinical training MUST register for PSY 637 in each semester in which the work takes place, including each summer session (PSY 639). It is the student's responsibility to ensure that they are registered correctly.

4. Professional Liability Insurance

The University carries insurance to cover students who are participating in university training and scholarly activities. In addition, it is your responsibility to buy professional liability insurance for students-in-training each year. You must send a copy of your policy to the practicum coordinator no later than June 30th of each training year. You cannot participate in practicum/clinical training activities without current liability insurance on file with the practicum coordinator. Insurance for students currently costs \$35-\$40 per year and is your responsibility.

5. Professional conduct

Students are required to adhere to the ethical principles and standards guiding the practice of clinical psychology while in their practicum placement. They are also required to conduct themselves professionally, use good judgment, and successfully establish and maintain relationships with site personnel. Students at training placement sites should be aware of their professional role and conduct themselves in a manner reflective of this role (e.g., appropriate dress, promptness, respectfulness, and maturity).

Dress: As professionals, all student trainees are expected to dress in an appropriate manner while at their placement site. Placement sites may vary somewhat in the expected level of professional dress, but students should err on the side of more professional dress rather than less professional dress. Clothing should be clean and in good repair with commensurate personal hygiene. Dress as you would expect to see a professional in a medical office. If you are unsure about your clothing, err on the conservative side.

Promptness: It is therapeutically and professionally important to be on time for all appointments and practicum placement meetings.

Taking Time Off: Students may wonder if it is acceptable to go out of town between semesters or at other times when classes are not in session. Please verify the vacation and leave policy with your practicum site. You may take time off, but there are several considerations. *First*, discuss your plans with your supervisor and get time off cleared in advance. *Second*, you may need to make contingency plans for your clients. Discuss this need with your supervisor; the specific needs and plans will likely vary by site. Related to this issue, when appropriate, be sure your clients know you will be gone and when the next appointment will be. In general, it is not considered appropriate to miss more than two weeks at any one time unless that has been discussed and cleared well in advance.

If an extended absence becomes necessary, please contact the practicum liaison.

5. Training requirements

- Regular supervision (usually defined as weekly supervision) by a licensed health services provider psychologist is required. Specific modalities and meeting arrangements may vary by site, but all activities must be supervised by a licensed psychologist. An intern or professional from another area (e.g. Social Work) is acceptable as part of the training team if the trainee also has access to a licensed psychologist to discuss their work (for example, a seminar lead by a licensed psychologist or as part of a vertical supervision team).
- Use of direct observation or video observation by supervisor is required. Training and evaluation cannot be conducted on self-report by practicum student alone; some direct observation or review of video recorded sessions must occur. This requirement is best practice and also required by APA. Audio recordings alone are not acceptable.
- Clinical practicum sites will be routinely evaluated to ensure that students are receiving appropriate clinical training and supervision. If there is inadequate supervision, ethical violations on the part of the setting and/or clinical supervisors, including any pending investigations by licensing boards, or lack of direct clinical contact or training, then the practicum arrangement between the program and the practicum setting can be discontinued.

6. Medical requirements and associated disclosures to program administrators – please note that some practicum sites have specific medical requirements, such as obtaining a flu and covid vaccine, verifying vaccine status, TB tests, etc. If you apply to a VA or BOP for practicum or internship, you will be expected to provide the indicated information to the DCT, who will then have to verify it to the VA or BOP. To receive training at the VA or BOP, our program is required to verify physical health requirements. The information we must provide is subject to change, but we may have to verify that the student:

- is physical and mentally fit to perform the essential functions of the training program
 - has had TB screening within the past 12 months
 - has had a Hepatitis B vaccine (or they have to sign a waiver)
 - is aware that they will be required to get a flu shot by November 30th or if they decline, they will have to wear a face mask during flu season
- Other eligibility requirements:
 - Citizenship for VA – VA interns must be US citizens
 - Selective Service for VA – trainees born male must have registered with the Selective Service before age 26
 - Trainees have been screened against the Health and Human Services' List of Excluded Individuals and Entities (LEIE). <https://exclusions.oig.hhs.gov/>

If you have questions or concerns about practicum training, feel free to discuss those with the faculty liaison and/or the DCT.

Please confirm that you have read and understand the practicum policies for our program by signing the request form when you submit it.

Please confirm that you have read and understand the practicum policies for our program. NAME	SIGNATURE	DATE

Resources for students at University of Kentucky.

This link contains access to a wide range of support services available to students at UK:

<https://psychology.as.uky.edu/need-support>

Graduate Student Resources – general information for graduate students: finances, campus resources, computer resources, wellness resources, keeping informed, academic disputes, childcare, etc.:

<https://gradschool.uky.edu/student-resources-0>