School Psychology Master's Program

2014-2015

Program Information and Student Handbook

Department of
EDUCATIONAL PSYCHOLOGY
COLLEGE OF EDUCATION | THE UNIVERSITY OF UTAH

<u>NOTES</u>

Revised June 2014

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Note: Additional important information regarding admissions, tuition, financial assistance,
graduate school requirements (e.g., graduation), is available in the *University of Utah General Catalog* at (http://www.ugs.utah.edu/catalog/).

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<u>Addendum</u>

Please be advised that Program Requirements for the Master's Program are regularly reviewed by the Training Director and faculty in School Psychology for alignment with NASP approval standards. They may be adjusted to include additional content and/or course requirements to better meet these standards. Annual changes are made by September 1st. Students entering the Master's program in the Fall will be expected to follow the most current program requirements.

Daniel Olympia, PhD
Associate Professor/Training Director
School Psychology Program

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
University of Utah
Graduate Programs in School Psychology
Fall 2014, Spring 2015, Summer 2015

The Department of Educational Psychology provides master's/specialist level and doctoral training programs in school psychology (http://ed-psych.utah.edu/school-psych/). The graduate programs in school psychology are integrated and organized programs of professional psychology. Students who graduate from the program are skilled in a broad range of assessment practices and empirically supported interventions. The program has particular emphasis on autism specialty skills and evidence based cognitive and behavioral interventions for school-age children and their families.

The Department of Educational Psychology, part of the College of Education, is characterized by an emphasis on the application of behavioral sciences to educational and psychological processes. Within the Department are three programs: School Psychology; Counseling and Counseling Psychology (CCP Program); and Learning Sciences. The School Psychology Program offers a Ph.D. (APA-accredited) and a Master's degree (M.Ed. or M.S.) in School Psychology. The CCP Program offers a Ph.D. in Counseling Psychology (APA-accredited), a M.Ed. degree in Professional Counseling, and a M.Ed. degree in School Counseling. The Learning Sciences Program offers a Ph.D. and M.S. in Learning and Cognition, as well as a M.Ed. with an emphasis in Instructional Design and Educational Technology. A M.Stat. in Statistics is also offered through Learning Sciences.

The School Psychology Program provides research and training opportunities through liaisons with many university and community facilities. These include a number of school districts (Salt Lake City, Murray, Granite, Davis, Ogden, Jordan and Canyons), Valley Mental Health System (in Salt Lake City) including the Carmen B. Pingree School, various clinics and programs at the University of Utah Medical Center, the University Neuropsychiatric Institute, The Children's Center, the Department of Educational Psychology's Educational Assessment and Student Support Clinic, and many other community mental health specialty agencies, general and specialty hospitals, and child guidance clinics. Research laboratories currently maintained by department faculty include Applied Psychophysiology, Cognitive Skills Acquisition, and Human Memory Laboratory. In addition, the department's Statistics Laboratory and the College of Education Computer Laboratory contain state-of-the-art resources to facilitate research tasks including data analysis and word processing. Two local area networks are maintained by the College of Education, and student study areas and faculty offices are well equipped with personal computers and relevant software.

Master's/Specialist Equivalent: The Master's program is designed to prepare qualified and effective psychologists who will practice in schools or school related situations. The program complies with the Utah State Office of Education competency guidelines for School Psychology and is consistent with certification standards adopted by the National Association of School Psychologists. The University of Utah does not grant an Educational Specialist degree per se, however, the school psychology Master's program should meet these standards in states where specialist degrees are granted. The minimum 69 semester hours for the degree, which includes 1,500 hours of supervised internship in the schools, also meets school psychology licensure/certification requirements in the state of Utah, as well as most other states. Integrated didactic and applied courses aid the students' attainment of a knowledge base and the expertise to enhance the professional

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practice of school psychology through the employment of the scientific method. Major strengths of the program include preparation of practitioners and researchers in the area of interventions, neuropsychology, severe disabilities including autism, and developmental psychopathology and psychology. The Master's program entails three years of course work and one year of full-time internship.

Prerequisites: General prerequisites for graduate study in the Master's program include undergraduate preparation in psychology and education (special or general education). The application of previous graduate course work to the fulfillment of various requirements is determined by the student's advisor or supervisory committee and training director. Multiple admissions criteria employed in the selection of students include Graduate Record Examination scores, undergraduate or previous graduate course performance, letters of recommendation, past relevant work experience, and when possible, personal interview data. The School Psychology Faculty and the Department of Educational Psychology are committed to practices of affirmative action and equal educational opportunity in admissions decisions (see Diversity section).

Tuition Costs: Tuition costs and fees per semester based on enrollment for the recommended credit load of 15 semester hours for each semester (fall, spring) of the 2013-2014 school year was: $5204.24 per semester (in-state residents) and $ 15109.01 per semester (non-resident/out-of-state); this amount includes general student fees and program fees (currently $53.90 per credit hour).

Residency Policy: For out-of-state students **t**o establish residency in the state of Utah for tuition purposes (i.e. eligibility for in-state tuition), students must complete 40 hours of coursework/study and meet other requirements imposed by the university (e.g. obtain a UT driver's license, UT auto registration, UT voter registration). See http://admissions.utah.edu/apply/residency for additional details. Out-of-state students need to track their hours carefully and formally apply for residency once the minimum number of credit hours is reached.

Core Faculty: Current core faculty who currently comprise the School Psychology Committee are listed below, along with the institution from which they received their highest degree. Additional information is found in Appendix G. The department is currently seeking applicants for a 4th tenure track vacancy in anticipation of retirement.

Anne Cook, Ph.D.	Professor/Dept. Chair	University of New Hampshire
Elaine Clark, Ph.D.	Professor/Director	Michigan State University; Brigham Young University
Aaron Fischer	Assistant Professor	Louisiana State University
William R. Jenson, Ph.D.	Professor	Utah State University
Daniel Olympia, Ph.D.	Associate Professor	University of Utah
Janiece L. Pompa, Ph.D.	Professor (Clinical)	Michigan State University

Clinical Faculty: Clinical Faculty (non-tenure) assisting in direct student supervision or adjunct teaching services within the program's clinical training component are:

Melanie Battistone, Ph.D.	The McGillis School	University of Utah
Julie Bowen, Ph.D.	Canyons School District	University of Utah

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Mishelle Carroll, M.Ed.	Granite School District	U of Northern Colorado
Julia Connelly, Ph.D.	UNI	University of Utah
Candace Dee, Ph.D.	Canyons School District	University of Utah
Lori Dekeyzer, Ph.D.	Canyons School District	University of Utah
Fulvia Franco, Ph.D.	Jordan School District	University of Utah
JoAnn Galloway, Ph.D.	Canyons School District	University of Utah
Douglas Goldsmith, Ph.D.	The Children's Center	University of Utah
Abby Gottsegen, Ph.D.	Jordan Schools/Pvt. Practice	Yeshiva University
Lora Tuesday Heathfield, Ph.D.	Canyons School District	University of Oregon
Alicia Hoerner, Ph.D.	Salt Lake City School District	University of Utah
Najmeh Hourmanesh, Ph.D.	Jordan School District	University of Utah
Jenise Jensen, Ph.D.	Private Practice	University of Utah
James Kahn, Ph.D.	UNI	University of Utah
Wm. McMahon, M.D.	U of U Dept. of Psychiatry	University of Kansas
Amanda Miller, Ph.D.	UNI	Baylor University
Pete Nicholas, Ph.D.	Carmen B. Pingree School	University of Utah
Pamela Plant, Ph.D.	Canyons School District	University of Utah
Robert Richardson, Ph.D.	Canyons School District	University of Utah
Cassandra Romine, Ph.D.	Jordan School District	Texas A&M University
Amy Russell, Psy.D.	Canyons School District	UC Santa Barbara
Julien Smith, Ph.D.	Private Practice	University of Utah
Kelly Stout, Ph.D.	Salt Lake City School District	University of Utah
Kristin Swenson, Ph.D.	U of U; UT Ed Policy Center	University of Utah
Lane Valum, Ph.D.	Canyons School District	University of Utah
Brenda Van Gorder, M.Ed.	Granite School District	Utah State University

Additional Contributors

Carol Ballou, Ph.D.	UNI	University of Utah
Laura Brockbank, Ph.D.	UNI	University of Utah
Christine Burns, Ph.D.	UNI	Texas A&M
Karen Malm, Ph.D.	DSPD	University of Utah
Heidi Mathie-Mucha, Ph.D.	USOE	University of Utah
Bruce Poulsen, Ph.D.	Primary Children's Medical Ctr.	U of Massachusetts-Amherst
Robin Weiner, Ph.D.	Salt Lake City School District	University of Utah

Students: The typical applicant pool for the school psychology program consists of approximately 40-50 students. From this pool, approximately 8-10 students are accepted each year into either the master's or doctoral program. Several nationalities, foreign countries, and ethnic groups are represented in the school psychology program. The attrition rate is less than 5 percent and is usually attributed to the student's change of career goal or geographic relocation.

For the 2014-2015 academic year, 44 students are enrolled in the school psychology program, of which 7 are currently Master's students and 18 are dually enrolled for masters/doctoral training. Females comprise 87% of the students currently enrolled, while males represent the remaining 13%. For the 2014-2015 academic year, 19applications were received for the master's program, 6 students were offered admission, with 5 students admitted into the master's program; 14 applicatiosn were received for dual enrollment, 5 were offered admission, and 4were admitted. GRE composite scores

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for the currently enrolled Master's students range from 950 to 1270 (Mean Composite = 1077.1). Students representing ethnic or cultural diversity comprise 18% of the current Master's student group. Undergraduate GPAs of current Master's students ranged from 3.55 to 3.95.

Additional information regarding current graduation rates, etc. may be found at (http://www.ed.utah.edu/edps/APA/C-20_disclosure.php).

A full-time course load is considered to be 9 or more semester credit hours (SEM) per semester. Master's students typically take a full-time course load (10-13 semester hours) in their first two years. The majority of Master's students are involved full-time in their graduate studies, although some students work part-time in the community. In most cases, these part-time positions are related to the student's graduate program (e.g., public schools and child treatment facilities) and enhance the student's skills, professional maturity, and overall educational goals.

Financial Support: As detailed in the University Bulletin, there are provisions for financial, academic, and personal counseling through the university. The Department of Educational Psychology provides a limited number of graduate assistantships and tuition waivers for school psychology students; however, there is no guarantee that financial support will be provided for all students. For more than a decade, however, a combination of Departmental assistance and grants has allowed support in the way of stipends and tuition benefits for the majority of first and second year students.

All students need to complete an annual application to be considered for possible selection for Research/Teaching Assistantships, training grants or other departmentally funded positions. The application (http://www.ed.utah.edu/edps/Admissions/index.php) is due Dec. 15th for consideration of departmental funding opportunities during the following academic year.

Students should also be proactive and inquire about possibilities for financial support through other resources and contact the University financial offices (http://www.sa.utah.edu/finance/) or the College of Education http://education.utah.edu/students/financial-aid.php for further suggestions (e.g., scholarships, student loans).

Tuition Benefits: Students who receive funding from or through the University of Utah may be eligible to participate in the Tuition Benefit Program (TBP). Depending on the amount of funding, students could receive 50%, 75% or 100% tuition coverage (exclusive of fees) up to 12 credit hours per semester. All TBP participants must be registered for a minimum of 9 credit hours per semester. **Important: Students must formally apply for residency status after accumulating 40 semester hours in order to receive tuition benefits**. Other conditions and exclusions also apply. See the TBP Guidelines at http://gradschool.utah.edu/tbp/tuition-benefit-program-guidelines/ for more information.

Academic Advising: Each student, upon formal admission to the graduate program in school psychology, is assigned an academic advisor who will assist the student in developing his/her course of study. During the second year of the program, the student is expected to select a supervisory committee chairperson and committee members to advise and direct the student's course of study.

Annual Student Evaluations: Students are evaluated throughout their program through a variety of methods. In addition to formal evaluations such as course grades, the faculty evaluates student

progress through feedback from practicum and internship supervisors, and completion of their culminating school psychology portfolio. An annual faculty review of the student's progress is conducted and each student receives written feedback. Students are required to complete an annual self-evaluation, listing courses completed, related program activities (practicum/internship/grant activities), attendance and presentations at local, state and national conferences, publications and other relevant accomplishments. Faculty provide feedback to students regarding professional dispositions, recognition of accomplishments and recommendations for student development. (See later section on Evaluation of Student Progress for additional information). Students are also asked to provide written (anonymous) feedback to the faculty regarding the training program on an annual basis. Students are asked to consult various departmental and university publications to ensure that they are aware of all procedures and student responsibilities and rights. This handbook details information about School Psychology Master's Program requirements, however, information about the university and graduate school may also be found in various catalogs and on websites (e.g., The University of Utah General Catalog and the Graduate School Handbook are found on their website: (http://www.gradschool.utah.edu/index.php).

Campus Community: Set in the foothills of the majestic Wasatch Mountains on a 1,500 acre campus on the eastern edge of Salt Lake City, the University of Utah combines academic excellence and a commitment to research in an atmosphere conducive to graduate study. Over five decades have passed since the first Ph.D. degree was earned, and there are now Doctoral and Master's degree programs in over 90 areas. The University consistently ranks among the top 35 American colleges and universities in funded research. Although it is the oldest state university west of the Missouri River, more than half of the University's buildings have been constructed since 1960. The College of Education is currently undergoing a major building campaign, with new facilities scheduled to be operational in the Winter of 2013-2014. As the flagship of Utah's higher education system, the University plays a leading role in fostering the development and preservation of the state's human and natural resources. The University of Utah is accredited by the Northwest Association of Schools and Colleges. More information about the University is available at: http://www.utah.edu/community/index.php .

The University of Utah has a student body of almost 30,000, of whom approximately 6,000 are graduate students, and represent all 50 states and over 100 countries. A regular faculty of approximately 2,900 provides the stimulus for learning and achievement and is supplemented by a like number of clinical, adjunct, research, and visiting faculty. Most students choose to live either in graduate student housing or in off campus housing near the University. Assistance in securing either University or off campus housing is provided by University agencies (e.g., Commuter Housing Service). See housing information at : http://www.housing.utah.edu/ or http://www.offcampushousing.utah.edu/).

Downtown Salt Lake City: Salt Lake City, the cultural, commercial and professional center of the Intermountain West, is only minutes from the campus and is easily accessible by public transportation, including rail/bus. The Salt Lake City metropolitan area has a total estimated population of 1,215,692 and offers a great variety of cultural opportunities including symphony, ballet, theater, modern dance, and opera. Visiting performers also are featured regularly at the University's Kingsbury Hall and the city's Energy Solutions Arena. In addition to varsity PAC 12 sports at the University, professional and minor league sports teams include baseball, hockey,

soccer, and basketball teams located in the Salt Lake City area. Opportunities for part-time jobs and internships are enhanced by the proximity of the campus to the Salt Lake City metropolitan area.

Recreational Opportunities: Recreational activities both on and off campus, are an excellent complement to academic requirements. The University has facilities for most sports including tennis, circuit training, weight lifting, indoor running, and swimming. Utah's four-season climate and spectacular natural beauty offer abundant opportunities for hiking, mountain climbing, backpacking, boating, river running, and fishing. Winter recreation is highlighted by some of the best snow and deep-powder skiing in the world with major ski resorts only 45 minutes from campus. There are five national parks in Utah as well as many other recreation and natural areas within reasonable driving distance. Salt Lake City hosted the Winter Olympic Games in 2002.

Program Philosophy and Model

The program adheres to a scientist practitioner model which assumes that the effective practice of school psychology is based on knowledge gained from established methods of scientific inquiry. Emphasis is on the preparation of competent practitioners who are also skilled and dedicated researchers who contribute to the knowledge base in school psychology.

The faculty is committed to a learning environment that has a well-organized and explicit curriculum with clear expectations. There is also a strong commitment to student-faculty interactions that encourage students to identify with the field and grow professionally. In addition, the program is designed to acquaint students with the diversity of theories and practices of school psychology that allow students sufficient intellectual freedom to experiment with different delivery systems and various theoretical bases.

The atmosphere is intended to foster informal student-faculty interaction, critical debate, and respect for theoretical diversity of practice, thus lending itself to a more intense and exciting learning experience. Such a philosophy encourages and reinforces the student's creativity and intellectual risk taking that are fundamental in the development of the professional practice of school psychology.

Commitment to Diversity: School psychologists must be able to recognize when issues of diversity affect the manner and nature of interactions with other people and organizations and must have the ability to modify or adapt their practices in response to those being served. A commitment to understanding and responding to human diversity is articulated throughout the programs philosophy/mission, goals, and objectives and practiced throughout all aspects of the program, including admissions, faculty, and coursework, practicum, and internship experiences. Human diversity is recognized as a strength that is valued and respected.

School psychologists have knowledge of individual differences, abilities, and disabilities as well as potential influences of biological, social, cultural, ethnic, experiential, socioeconomic, gender-related, and linguistic factors in development and learning. Assessment and intervention coursework specific to these areas is required and also infused within specific classes. Applied courses in consultation/supervision, and therapy/counseling also provide students with sensitivity and skills needed to work with individuals of diverse characteristics and to implement strategies

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selected and/or adapted based on individual characteristics, strengths, and needs.

Competence in all aspects of diversity is not demonstrated solely by the degree of sensitivity to or level of knowledge about a given culture, but rather by the ability to recognize when, where, and how issues of diversity are manifest and operating within the wide variety of activities in which school psychologists engage. Practicum and internship placements are sought in settings that offer opportunities to work with ethnically, economically and racially diverse students. While the Salt Lake City School District is the most diverse school district within the state of Utah, other districts in Utah also have large ethnic, socioeconomic and culturally distinct minority student bodies. Students are required to have practical experiences with diverse populations regardless of the district or agency.

Program Goals, Objectives and Competencies

The goals, objectives and desired competencies of the doctoral program ensure that each student understands, acquires and exhibits appropriate professional and personal characteristics and dispositions; and attains academic knowledge, and practitioner competencies that fully prepare him/her to work as a professional psychologist, researcher or faculty member.

Personal and Professional Dispositions. Students' personal and professional actions are expected to conform to the ethical standards outlined by the American Psychological Association and the National Association of School Psychologists; and, in addition, students' professional activities are expected to be characterized by:

   A. A democratic attitude that respects the worth, uniqueness, and potential for growth and development of all individuals.
   B. Personal stability, ethical behavior, and respect for the confidentiality of privileged information.
   C. Maintaining a professional manner in which responsibilities are discharged in a cooperative and conscientious fashion.
   D. Productive work habits that display motivation, competence, independence, and adaptability.
   E. Appreciation and commitment to continuing professional growth to include involvement in professional associations for school psychologists.

Program Goals, Objectives and Competencies: The program maintains a set of five goals which are supported by appropriate objectives and competencies. These goals, objectives and competencies form the basis for professional practice in school psychology. Competencies are established and promoted through coursework, supervised practicum and internship experiences.

Program Goal #1: Assessment - Students will understand and apply foundational knowledge and clinical skill in identification and diagnostic study of individual students in a non-biased, reliable and valid manner across settings and diverse groups.
Objectives for Goal #1:
1. Students will demonstrate the ability to define strengths, needs, and problem areas of clients across multiple disabilities, diverse settings, and contexts using a variety of assessment procedures.

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2. **Students will demonstrate the ability to interpret psychological results, make inferences about assessment data, develop recommendations based upon psychological data, and write psychological reports.**

Competencies Expected for these Objectives:

a. **Students are able conduct and interpret screening data, progress monitoring data, and response to interventions.**
b. **Students are able to assess associated systems (e.g., instructional processes, school climate, home environments, and cultural, ethnic and linguistic diversity).**
c. **Students are able to conduct observations, interviews, standardized multi-informant rating scales, and other evidence based assessments.**
d. **Students are able to assess and diagnose intellectual disabilities, learning disabilities, internalizing and externalizing disorders, attention deficit hyperactivity disorders, autism spectrum disorders, and other exceptionalities.**
e. **Students are able to conduct and interpret academic and behavioral assessment data in association with multi-tiered systems of support models in schools.**
f. **Students are able to conduct and interpret functional behavioral assessments and analyses.**
g. **Students are able to administer and interpret standardized measures of cognitive processes, memory, processing speed, executive functions, attention, learning, academics, phonological processing, visual-motor functioning, auditory perception, and motor proficiency.**
h. **Students are able to conceptualize and assist in organizational assessments and evaluations for educational systems.**

How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Students must complete each didactic course with a minimum grade of B (letter grade) or Credit (Credit-No Credit) for applied/field experiences at end of each semester. Students must also receive adequate or better ratings on appropriate clinic, field and internship ratings.

Program Goal #2:   Intervention - Students will acquire knowledge and skill in evidence-based individual, group, and school level remediation strategies, interventions, and psychoeducational program planning across diverse settings and groups.

Objectives for Goal #2:

1. **Students will demonstrate knowledge and skill in evidence-based behavioral/cognitive-behavioral interventions and remediation strategies on an individual, group, and school level.**
2. **Students will develop knowledge and skill in evidence-based academic interventions and remediation strategies on an individual, group, and school level.**
3. **Students will demonstrate knowledge and skill in systems-wide prevention and intervention, and crisis intervention.**

Competencies Expected for these Objectives:

a. **Students are able to provide assistance to school personnel in designing and evaluating remediation curricula to help student's master basic academic skills and enhance adaptive behavior, social skills, functional life skills, and vocational orientation skills.**

b. **Students are able to utilize formative assessment, data analysis, and experimental design to inform intervention decision making and fidelity of intervention implementation.**
c. **Students are able to design, implement, and evaluate programs in the preparation for, prevention of, and response to crises in education-related settings.**

How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Students must complete each didactic course with a minimum grade of B (letter grade) or Credit (Credit-No Credit) for applied/field experiences at end of each semester. Students must also receive adequate or better ratings on appropriate clinic, field and internship ratings forms.

Program Goal #3: Consultation - Students will demonstrate knowledge of consultation and supervision models and skills to effectively serve as consultants to teachers, parents and other educational personnel on matters related to the education and mental health of children and adolescents to insure the most appropriate educational program for them.

Objectives for Goal #3:
1. **Students will demonstrate appropriate communication and listening skills when consulting with professionals and parents.**
2. **Students will demonstrate knowledge and ability to use appropriate consultation and supervision techniques for prevention and intervention planning, professional development, progress monitoring, and program evaluation**
3. **Students will effectively employ culturally and ethnically sensitive consultation and supervision with teachers, parents, and/or other mental health professionals.**

Competencies Expected for these Objectives:
a. **Students understand stages of professional practice and development: i.e. novice, advanced beginner, competent, proficient, and expert.**
b. **Students are able to collaborate with parents, general educators, and special educators to develop and evaluate educational programs and evidence based interventions at the school, group, or individual level.**
c. **Students are able to participate in multidisciplinary teams that use data-based decision making to plan individual, group, and school-wide prevention and intervention programming.**
d. **Students are able to use consultation and collaboration with community-based service providers and organizations to coordinate educational, health, and mental health services for diverse children, youth, and their families.**
e. **Students are able to assist in development, coordination, and delivery of professional development activities to enhance the effectiveness of others.**
f. **Students are able to participate in supervision of assessment and direct and indirect interventions in accordance with their own developmental level to promote the development of effective assessment and intervention decision making.**
g. **Students are able to recognize individual biases and limitations using culturally competent practices and provide adjustment of communication and consultative techniques based on those needs.**
h. **Students are able to provide support to decision makers within organizations in research design and program evaluation.**

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How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Students must complete each didactic course with a minimum grade of B (letter grade) or Credit (Credit-No Credit) for applied/field experiences at end of each semester. Students must also receive adequate or better ratings on appropriate field prac/internship ratings.

Program Goal #4: Research and Inquiry – Students will be able to review, apply, conceptualize/design and carry out research that enhances the knowledge base and the professional practice of school psychology.

Objectives for Goal #4:
1. **Students will demonstrate knowledge and skill completing research on selected topics associated with typical and atypical development, risk and protective factors in child development, efficacy and effectiveness of psychological and behavioral health interventions and effective instructional practices.**
2. **Students will demonstrate knowledge and skill needed to become consumers of research and advocates for research/evidence based practice.**
3. **Students will demonstrate competency in preparing research manuscripts for dissertations, professional presentations and publications.**

Competencies Expected for these Objectives:
a. **Students are able to conceptualize, conduct, interpret and apply research to support schools at all levels and inform data-based decision making.**
b. **Students are able to understand and apply concepts of treatment integrity/fidelity, reliability, validity, research design and methods to study of various problems that impact student learning and social functioning in schools, communities and families.**
c. **Students are able to conduct clinical studies concerning implementation of interventions, including early screening and identification of children and youth at high risk for disabilities.**
d. **Students are able to understand, integrate, and communicate research to others to foster effective practices.**
e. **Students provide evidence based feedback on program quality and effectiveness.**

How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Students must complete each didactic course with a minimum grade of B (letter grade) or Credit (Credit-No Credit) for applied/field experiences at end of each semester. Students must also receive adequate or better ratings on appropriate clinic, field and internship rating items. Students must demonstrate understanding and application of foundations of basic and applied research skills in applied practicum and internship settings.

Program Goal #5: Ethical, Social and Professionally Responsible Practice - Students will demonstrate a comprehensive understanding of state, federal and setting-specific laws and policies; ethical and practice standards of APA and NASP; and use appropriate decision making strategies in training and professional contexts.

Objectives for Goal 5
1. **Students will demonstrate understanding and practice of legal, ethical, and professional practice/decision-making, including self-evaluation and accountability.**
2. **Students will demonstrate culturally responsive practice and advocacy for diversity and social justice.**
3. **Students will demonstrate advocacy for school psychology services.**

Competencies Expected for these Objectives:
a. **Students are able to apply professional, systematic decision-making based on a comprehensive foundation of current ethical, legal, and professional standards of school psychology.**
b. **Students are able to implement evidence-based practices in contexts of diverse individual, family, school, and community characteristics.**
c. **Students are able to advocate for recognition of diversity, individual differences, backgrounds, strengths, and needs of children and families, in schools and other settings.**
d. **Students are able to collaborate and communicate with parents, teachers, administrators, colleagues, policymakers, and others to protect child and family rights.**
e. **Students are able to advocate for laws and policies at all levels that protect the well-being of all children and families.**
f. **Students are able to apply technology and information resources to enhance the quality of services for children and protect confidentiality of information regarding children, families, professionals, and schools**
g. **Students are able to engage in self-assessment of one's own professional competence and evaluation of the outcomes of these services.**
h. **Students are able to promote recognition of school psychologists' professional roles.**

How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Students must complete didactic courses with a minimum grade of B (letter grade) or Credit (Credit-No Credit) for applied/field experiences at end of each semester. Students must also receive adequate or better ratings on appropriate clinic, field and internship ratings.

Program of Study: In the following sections, a recommended program of study is provided for the Master's degree program. Required courses are listed along with optional classes which students often take to develop more specialized skills in a specific area of practice or research. Additionally, the program is fortunate to have training grants which require enrollment in specific seminars based on the focus of each training grant. Students who accept funding from these sources will be expected to enroll in required seminars and related coursework as a condition of their participation in the training grant.

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**SCHOOL PSYCHOLOGY MASTER'S PROGRAM
COURSE REQUIREMENTS**

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The curriculum is designed so that students can fulfill the Master's program requirements in school psychology after three years of full-time coursework, and one year of full-time internship (1500 clock hours).

A. **Psychological Foundations** (min of 9 semester hours)

- (3) ED PS 6050 – Lifespan Development (required)
- (3) ED PS 6510 – Cognition, Learning & Behavior (required)
- (3) ED PS 6450 – Child & Adolescent Psychopathology (required)

B. **Research, Design, & Statistics** (min of 3 semester hours)

- (3) ED PS 6010 – Introduction to Statistics and Research Design (required)
- (3) ED PS 7410 – Single Subject Research Design

C. **Master's Research Project/Thesis** (min of 4 semester hours)

- (4) ED PS 7732 – School Psychology Research Practicum
- Or
- (6) ED PS 6970 – Graduate Thesis: Master's

D. **Educational Foundations** (min of 3 semester hours)

- (3) SPED 6040 – Legal and Policy Issues Spec Ed (required)

E. **Psychoeducational Assessment** (min of 12 semester hours)

- (3) ED PS 7130 – Cognitive Assessment (required)
- (3) ED PS 7150 – Individual Child and Adolescent Assessment (required)
- (3) ED PS 6140 – Multicultural Assessment in the Schools (required)

Electives:
- (3) ED PS 7190 – Applied Neuropsychological Assessment
- (3) ED PS 7180 – Personality Assessment

F. **Intervention Strategies** (min of 12 hours)

- (3) ED PS 6390 – Interventions in the Schools (required)
- (3) ED PS 6470 – Consultation and Supervision in Applied Settings (required)
- (3) ED PS 6110 – Child/Family Psychotherapy/Counseling Interventions (required)
- (3) ED PS 6380 – Academic Assessment and Interventions for Students with Learning Difficulties (required)

Other Relevant Intervention Courses (optional):

- (3) ED PS 6360 – Multicultural Counseling
- (3) ED PS 6200 – Counseling Theories and Procedures
- (3) ED PS 6210 – Counseling Skills

(3) ED PS 6250 – Family Counseling for School-based Problems
(3) ED PS 6350 – Group Counseling Theory and Application

G. **Professional School Psychology (min of 26 hours)**

(3) ED PS 6100 – Professional Issues and Ethics in School Psychology (required)
 (4) ED PS 7730 – Practicum in School Psychology: Clinic (required)
(4) ED PS 7731 – Practicum in School Psychology: Field (required)
(12) ED PS 7910 – Internship in School Psychology (required)
(3) ED PS 6830 – Pediatric Seminar in School Psychology
or
(3) ED PS 6836 – Autism Spectrum Disorders: Assessment and Intervention

SUGGESTED MASTER'S SCHEDULE
(note: EP = ED PS courses)

Fall Semester	Spring Semester	Summer Semester
1st Year	*1st Year*	*1st Year*
EP 6100 Prof Issues/Ethics SP	EP 6390 Interventions	EP 6140 MC Assessment
EP 6450 Psychopathology	EP 7150 Ind Child/Adol Assess	EP 6836 Autism (optional)
EP 7130 Cog Assessment	SPED 6040 Legal/Policy Issues	
EP 6010 Stats/Research Design	EP 7730 Clinic Practicum (1)	
EP 7730 Clinic Practicum (1)		
2nd Year	*2nd Year*	*2nd Year*
EP 6110 Child/Fam Ther/Couns	EP 6470 Consultation & Superv	
EP 6050 Lifespan Development	EP 6510 Cog, Learn, Behavior	
EP 7730 Clinic Practicum (1)	EP 6380 Acad Assess & Interv	
	EP 7730 Clinic Practicum (1)	
3rd Year	*3rd Year*	*3rd Year*
EP 7731 Field Practicum (2)	EP 7731 Field Practicum (2)	
EP 7732 SP Research Prac (2)	EP 7732 SP Research Prac (2)	
Elective	Elective	
4th Year	*4th Year*	*4th Year*
ED PS 7190 Internship (6)	ED PS 7190 Internship (6)	

Note: all courses are 3 credit hrs unless otherwise specified in ( )

Be sure to check departmental schedules before attempting to register since some courses may not be taught each year, faculty may be on sabbatical or times/semesters may change. Also, certain courses may be taught in the summer, including SPED 6040, EP 6050.

EP 6836 Autism Spectrum Disorders may be scheduled in lieu of EP 6830 Seminar in School Psychology.

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Note: Students completing specialized grant training will be required to enroll in seminars or related coursework associated with goals and objectives of each grant activity. Students seeking admission to the PhD program should meet with their advisor to plan for future/subsequent coursework.

Description of Specialized Courses and Requirements

Master's Research Project or Thesis (ED PS 7732 – min 4 credit hrs, or ED PS 6970 – min 6 credit hrs)

Master's students are required to complete a research experience or thesis project. Typically, students with no graduate research experience will begin to formulate a topic/area of interest during their second year and meet with a faculty mentor to discuss potential research projects. Guidelines for the selection of committee members and other departmental procedures are outlined in Appendix A. Supervisory Committee guidelines and forms can also be found at (http://ed-psych.utah.edu/_documents/sac/info/comguide.pdf). Research requirements may be met in one of two ways.

Research Practicum Option: Most students elect a non-thesis option and complete a 4-credit hour School Psychology Research Practica (ED PS 7732), offered in fall, spring and summer semesters. This 2 credit per semester structured, research-focused class meets on an arranged basis and requires that students complete a research experience and a culminating literature review/proposal. The research project is overseen by a faculty member identified by the student and needs to be approved by the School Psychology Training Director. The final written product needs to be reviewed by supervising faculty and submitted to the Training Director before the student can apply for graduation with a Master's degree. Examples of possible research experiences include the development of a pilot study, research with a faculty member or advanced doctoral candidate within the university or practitioner outside the university, or assisting a doctoral student with his/her dissertation research (e.g., data collection and analysis). This requirement is addressed through enrollment in the School Psychology Research Practicum.

Thesis Option: Students may elect a thesis option with approval of the School Psychology faculty. The student and the student's faculty mentor will develop a proposal and select additional committee members who agree to serve on the student's supervisory committee for his/her thesis research. Ideally, students will present proposals to their supervisory committee and to the university Institutional Review Board (IRB) for approval during their third year. If the project involves data collection within a school district, the proposal must also be approved by the appropriate authority within the district. Once the colloquium has been completed and IRB approval obtained, the student is able to begin the project. Students should complete these activities prior to committing to an internship (see School Psychology Internship section). Once the project is completed, the student will schedule a defense meeting with the supervisory committee to present their project for approval. The student must also conform to the Graduate School's policies and procedures for preparing a thesis, having it edited by the Thesis Editor, and filing it as the final step in Master's graduation. These

policies and procedures are available through the Graduate School
(http://www.gradschool.utah.edu/index.php).

Practicum and Internship

The School Psychology Program at the University of Utah seeks to provide coordinated and integrated training experiences to assure that students are adequately prepared for practicum, internship and eventual employment in the field of school psychology. The program subscribes to the competency framework for professional psychology outlined in 2009 by Kaslow et al.:

> Kaslow, N.J., Grus, C.L., Campbell, L.F., Fouad, N.A., Hatcher, R.L., & Rodolfa, E.R. (2009). Competency assessment toolkit for professional psychology. *Training and Education in Professional Psychology, 3*(4), 27-45.

The program's practices are consistent with model assessment of foundational and functional competencies (see Appendix G). During pre-practicum, practicum and internship, students are reviewed using annual performance reviews, case presentation reviews, formal written and oral examinations, self-assessments, evaluation of specific competencies, consumer surveys, portfolios, and simulations/role-plays.

Clinic and Field Practicum Requirements (ED PS 7730 and ED PS 7731 – min 4 credit hours each)

Practicum takes place over a three year period and meets requirements of both NASP and APA (i.e., minimum of 400 direct service contact hours). First and second year students participate in a campus-based practicum at the Department of Educational Psychology's Educational Assessment and Student Support Clinic before completing field-based practica experiences in the schools in their third year. Students are required to register for one credit hour of ED PS 7730 during fall and spring semesters of both the first and second years. First year students will work closely with second year students and faculty to become acquainted with clinic policy and procedures. In most cases, first year students will be able to gain some direct experience working with Clinic clients by the second semester of their first year, but only after demonstrating basic competency/skill requirements. Second year Clinic students will be providing the majority of clinical services and, like first year students, will be supervised by Clinic faculty. Students in the Clinic are required to act ethically and abide by all Clinic policies. Regular attendance at the Monday Clinic meetings is also required of Clinic practicum students during their first and second years.

For students in their third year, practicum experiences will take place in the schools, with students registering for 2 credit hours of ED PS 7731 during fall and spring semesters. Since the third year practicum is the joint responsibility of the school psychology faculty at the University and the participating school districts, supervision will be provided both on-site by certified school psychologists in their practicum sites and by the program's field practicum supervisor. Again, students will also be required to attend the regularly-scheduled field practicum class for ED PS 7731 taught by university faculty during fall and spring semesters.

Multicultural Emphasis: Placements are sought in settings that offer opportunities to work with ethnically and racially diverse students. Salt Lake City School District is the most diverse school

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district; however, other districts in Utah have large ethnic minority student bodies. Students are required to have practical experiences with diverse populations regardless of the district.

Fingerprinting and Background Check: All students must be fingerprinted and submit to a background check before entering the schools for practicum or internship experiences. This is typically accomplished during the first semester of enrollment in the program. It is presently REQUIRED of all students to undergo a background check with fingerprinting the first year of the program (during Clinic Practicum fall semester) due to the fact students will potentially be working in the clinic or schools that year. Background checks expire after 3 years; it is the student's responsibility to ensure that background checks and fingerprinting are current. See the department's administrative secretary for the appropriate procedures.

School Psychology Internship (ED PS 7190 – min 12 credit hours).

To be eligible for internship, the student must have completed (1) the core academic school psychology courses; (2) the clinic and field practicum sequence; and (3) receive permission from the program's internship supervisor. The internship is a culminating experience for the student which integrates theory and practice. Students are encouraged to seek internships in school settings including out of state placements.

Students who are in the Master's program are required to complete a 1,500 clock-hour internship in the schools. This must be supervised by a licensed school psychologist. Master's students are required to address all degree requirements before beginning their internship, including the research practica or thesis requirement. Unless the student has been accepted into the doctoral program at the University of Utah, the Master's degree will not be granted until the internship and research practica or thesis are complete. School-based internships are required by the State for licensure in School Psychology (Utah State Office of Education rules). Application for certification/licensure as a school psychologist needs to be initiated by the student after completing all degree requirements. See Licensure section below.

The internship program is the joint responsibility of the School Psychology Program and the participating school districts and internship field placements. The daily supervision of interns is conducted by approved field supervisors in concert with School Psychology Program Faculty coordination. The internship is designed as a culminating experience of the student's program which enhances the development of competencies and professionalism. As such, the internship allows the student the opportunity to integrate course work, research, theory, and practical experiences in a supervised, applied setting. Students will be required to attend regularly scheduled internship meetings during the fall and spring semesters. Although the program does not guarantee that students will meet all criteria for school psychology certification/licensure in different states, to date, no student has been prevented from obtaining a license in other locations.

Students completing full or half time internships sign a contract with the school district which signifies a formal and legal agreement addressing compensation, benefits and provision of appropriate professional activities within the terms of that contract. Termination of that contract by the intern or the school district for any reason must be reviewed by the Training Director and University Internship Supervisor to establish cause for termination and to assure continuity of services for the school and clients served therein. Students initiating termination of a contract are

subject to faculty review to assure compliance with appropriate ethical considerations and procedural terms of the contract.

PRAXIS II Exam: All students must take and pass the PRAXIS II Exam in School Psychology at the end of the third year or during the internship year. As of Fall, 2014 the program requires a minimum passing score of 147 on the newly revised PRAXIS II, which is the current requirement set by the Utah State Office of Education (USOE) in order to be fully credentialed in the state of Utah. The minimum passing score of 147 under the revised exam is also required by NASP as one requirement for the NCSP (Nationally Certified School Psychologist) credential. The new exam is based on the most recent standards, which are different from the standards which the previous exam was based. Once empirical data is available following operational administration of the, NASP will review the passing standard. The PRAXIS II exam may be retaken by anyone scoring below 147. However, documentation of passing test scores must be provided to the Internship Coordinator before receiving a passing grade for the Internship course.

Other Scholarly Requirements

Portfolio

All students need to maintain a portfolio to assist faculty in evaluating their progress. Included in the portfolio are the following: (1) current vita; (2) syllabi from completed courses; (3) transcripts of grades for these courses; (4) annual reviews by School Psychology Faculty; (5) practicum logs (clinic and field); (6) internship contract; (7) internship logs; (8) evaluation forms from all field supervisors (clinic and field practicum and internship); (9) copy of Supervisory Committee form; (10) copy of Program of Study form; (11) completed research project or thesis; (12) professional paper submissions and conference presentations; (13) honors and awards; (14) PRAXIS II results; and (15) sample copies of psychoeducational reports with identifying information removed, and other relevant work products demonstrating competency as outlined by the Standards for School Psychology practice by the National Association of School Psychologists.

Please note that the portfolio needs to be reviewed **prior to** any application for internship. This means students must turn in their portfolios to the Internship Coordinator before starting the internship, preferably during the spring semester of the third year in the program. Students are responsible for making an appointment with the Internship Coordinator. It is preferable to make this appointment close to the time you are applying for internships so the portfolio is recent and relatively complete. A revised (2014) Portfolio Checklist is provided in Appendix H.

> ***Prior to graduation, all students must schedule a final meeting with the School Psychology Training Director for a final review of their portfolios. This is to insure that all program requirements have been met. This is a requirement of graduation from the program.***

Time Limits

Student progress toward meeting program requirements for the Master's program is reviewed on an annual basis. Students who are admitted to the Master's program are expected to complete all requirements within four years from the first semester of enrollment. Program and department policy allows students a maximum of **five years** from the date of initial matriculation to complete all requirements for the Master's degree. Failure to complete program requirements within this time

frame can result in dismissal from the program and the department. ***Additionally, students exceeding deadlines must formally request an extension of their program AND if an extension is granted, must enroll for 9 semester hours each semester until degree requirements are completed. If exceptional circumstances have precluded program completion within the five year time limit, a student and his/her faculty adviser may jointly appeal in writing to the School Psychology Committee for a one year extension.***

Leaves of Absence: Students who need to discontinue their studies for one or more semesters (fall and spring) may file a Request for Leave of Absence form with the department chairperson. Subject to the approval of the Dean of the Graduate School, such requests may be granted for up to one year for a variety of reasons. It should be noted that time spent on an approved leave of absence is not counted against students in terms of the time limits for the program.

<div align="center">

<u>Important</u>
</div>

Students who fail to register for a minimum of 3 credit hours for either fall or spring semester are automatically dropped from the Graduate School and the program. Students who fail to keep their registration current will have to reapply for the School Psychology program. Applications are only reviewed once a year, therefore, failure to maintain regular enrollment during the school year could result in a significant delay in completing the program. Students **<u>may not</u>** use Continuing Registration EDPS 7990 to satisfy enrollment requirements for the program and department unless they have completed ALL degree requirements or have explicit permission of the Department Chair.

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<u>SCHOOL PSYCHOLOGY SPECIAL TRAINING OPPORTUNITIES</u>
</div>

The program offers specialized training opportunities in the area of autism and other low incidence disabilities, high incidence conditions, neuropsychology, and early childhood assessment and intervention. Students who wish to specialized in a particular area need to contact faculty who are associated with the training and inquire about recommended courses and practicum.

If interested in specialized training, please contact the faculty involved:
    High Incidence Interventions: Bill Jenson and Dan Olympia
    Leadership in Autism and Low Incidence Disabilities: Aaron Fischer, Elaine Clark and Bill Jenson
    Neuropsychology: Janiece Pompa and Elaine Clark

<u>LICENSURE</u>

Students who have completed all requirements for a Master's degree, including a 1500 hour internship and successful completion of the PRAXIS II exam in school psychology, are eligible to apply for State licensure as a School Psychologist. This process must be initiated by the student. Applications are available online (http://education.utah.edu/_documents/usoel-icense-application.pdf) and must be completed and submitted to the department's administrative secretary. Licensure is granted through the Utah State Office of Education but approval by the Educational Psychology Department is a required part of the application process. The majority of students who

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complete degrees in School Psychology apply for this license and it is required for students wishing to continue work in Utah schools.

PROFESSIONAL STANDARDS AND ETHICAL PRINCIPLES

The continued development of psychology as a profession is dependent upon the consistent implementation of standards of conduct for psychologists that prescribe acceptable ethical and professional behavior. Students are expected to demonstrate academic honesty and abide by the University of Utah's Code of Conduct (http://www.regulations.utah.edu/academics/6-400.html). In addition, students in the program must adhere to the various ethical standards promulgated by the National Association of School Psychologists (NASP) and the American Psychological Association (APA). This includes NASP's *Principles for Professional Ethics* (2010) and APA's *Ethical Principles of Psychologists and Code of Conduct* (2010), *General Guidelines for Providers of Psychological Services* (1987), and *Specialty Guidelines for the Delivery of Services* (1981). Students in the School Psychology program are expected to consistently implement the various standards and principles in their work as school psychologists-in-training. Students are required to familiarize themselves with the following documents during their first semester in residence in the program.

American Psychological Association (2010). *Ethical principles of psychologists and code of conduct.* Washington, DC: American Psychological Association.

American Psychological Association (1993). Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations. *American Psychologist, 48*, 45-48.

Jacob, S., Decker, A. & Hartshorne, T. S. (2011). *Ethics and Law for School Psychologists* (6th edition). New York, NY: John Wiley and Sons.

National Association of School Psychologists (2010). *Principles for Professional Ethics*. Silver Springs, MD: NASP.

EVALUATION OF STUDENT PROGRESS AND RIGHTS TO APPEAL

Students are regularly evaluated regarding progress in the program and in developing needed competencies for the professional practice of school psychology, using a variety of methods (see Appendix B). This includes meeting minimum standards in coursework (e.g., no course accepted for credit with a grade below a B; department requires a grade point average 3.0 or higher). Students must also receive a Credit (CR) in practicum and internship in order to continue in the program. Any grades below a B, or any "no credit" (NC) grades in practicum or internship must be retaken and completed as soon as possible. An evaluation of professional practice skills occurs through instructor and/or supervisor feedback in core courses and clinic/field experiences (practicum and internship). Feedback from practicum and internship supervisors is an important part of the evaluation process. Included in the practice evaluations are students' skills in assessment and intervention, capability to work with a diverse group of students and families, adherence to professional ethical standards/codes and general professional and interpersonal skills.

All students are formally reviewed on an annual basis and receive written feedback each spring on individual progress in meeting program goals and requirements. In addition, the program faculty relies on portfolio reviews by the internship coordinator/instructor and the annual student review to base their decisions on the appropriateness of student's academic and professional performance. Readiness for practicum, internship and employment experiences is also assessed by faculty using feedback from supervisors, review of specific competencies associated with program and professional benchmark standards (see Appendix 3) and individual conferences with students.

Personal Difficulties: In general, the school psychology program faculty will support students through a short-term crisis, and provide activities to help individuals recoup missed learning experiences. Rarely do students have such severe personal/interpersonal or academic/professional difficulties that their ability to function as professional school psychologists is questioned. However, if the faculty and/or student determine that this is the case, students may be informally advised to seek appropriate professional assistance to resolve the problem. Students will be responsible for this, including any payment. Counseling services are also available at the University of Utah Counseling Center (http://www.sa.utah.edu/counsel/). The faculty may also decide to formally recommend (i.e., in writing) that the student seek a psychological/psychiatric consultation and/or therapy. If, in the opinion of the faculty, the student cannot function as a professional school psychologist (practitioner or academic), the student is notified in writing that probationary status or dismissal is under consideration.

Occasionally, however, a student may experience a long-term crisis, or have a series of frequent acute difficulties. A concern exists when personal difficulties cause any or all of the following situations:

   a. The student is unable to attend class regularly over an extended period of time;
   b. The student is frequently poorly prepared (or unprepared) for class or other learning activities;
   c. The student is significantly behind in coursework or other benchmarks for the program;
   d. The student is frequently unable to participate effectively in required learning activities.

It is the position of the school psychology program that when such situations exist, the student should objectively examine the situation and determine whether it is appropriate to take a leave of absence from the program for a semester or year, until the educational experience can be given appropriate attention. Personal difficulties may not be used as an excuse for unethical or irresponsible behavior. *Neither student nor university is well served when a student is given a degree despite inadequate preparation for the responsibilities of the profession.*

The student's advisor and Program Director will meet with the student, and assist him/her to clarify and evaluate options. If the student so chooses, a Leave of Absence form will be completed. If the student opts to remain active in the program, a Plan will be completed to clarify expectations and student responsibilities. Failure to progress after reasonable intervention, or a failure to comply with the agreed-upon plan, may result in programmatic dismissal.

Programmatic Dismissal: The student will have the right to speak directly with the faculty and Department Chair. If a decision is finally made to dismiss a student, the student will be informed in writing via certified mail. Students are encouraged to consult their advisor and the Program Director to ensure that they have adequate clarification, advice, and support regarding the issue. If students

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feel that the feedback has been unfair, they have the right to discuss the situation with someone outside the program. The student should consult the University Code, Policy 6-400, Revision 8 (http://www.regulations.utah.edu/academics/6-400.html) and/or Appendix D for further information about student rights and responsibilities, along with guidelines for appeal.

Specifically, the steps for appealing a decision made by the faculty or department are as follows:

1. Discuss the action with the faculty member or the School Psychology Program/Training Director and attempt to resolve the disagreement.
2. Appeal in writing, and meet with, the Department Chair *within 40 working day*s of notification of the academic action. *Within 15 days,* it is the Chair's responsibility to notify the student and the faculty member or Training Director in writing of his or her decision.
3. If either party (faculty member/training director/ or student) disagrees with the chair's decision, she or he may appeal to the college's *Academic Appeals Committee* within 15 working days of notification of the chair's decision.

These steps are described in detail in the University Code (see above website, Policy 8-10, Rev3) and in Appendix D. In addition, students who feel they may be experiencing discrimination based on race/ethnicity, gender, sexual orientation, religious orientation, veteran status, or disability may consult the University's Office of Equal Opportunity (OEO). Further information about this can be found on the Web at: http://www.oeo.utah.edu/. In addition, students wishing to speak to someone about advocacy on their behalf can contact the ASUU Student Advocacy Office: (http://www.asuu.utah.edu/).

For further information and application procedures contact:
Elaine Clark, Ph.D., Program Director
School Psychology Program
1721 Campus Center Drive, SAEC
University of Utah
Salt Lake City, Utah 84112
(801) 581-7148
el.clark@utah.edu

Appendices

APPENDIX A

Supervisory Committee Guidelines

Supervisory Committee Guidelines and Forms can be Found at:

http://ed-psych.utah.edu/sac/info-forms.php

and

Resources for Graduate Students
http://ed-psych.utah.edu/

Department of Educational Psychology
Supervisory Committee Guidelines

1. Master's and doctoral committee chairpersons will be regular faculty from the Department of Educational Psychology. Regular faculty include professors, associate professors, assistant professors, instructors and honored faculty (Distinguished Professors, Presidential Professors, and University Professors).
2. All members of all committees must hold regular faculty appointments at the University of Utah or must have auxiliary faculty appointments at the University of Utah and be recognized by the department as eligible to participate in research supervision. Auxiliary faculty hold research, clinical, lecturer, adjunct, visiting, or emeritus appointments.
3. Master's committees will consist of three faculty members.
    a. At least two committee members must be regular departmental faculty.
    b. At least one member of the committee must be a regular departmental faculty member who represents the student's program.
    c. One member of the committee may hold an auxiliary faculty rank or be on the faculty in another department.
4. Doctoral committees will consist of five faculty members.
    a. The majority of the members of the committee will be regular faculty in the Department of Educational Psychology.
    b. At least one member of the committee must be a regular or auxiliary member of the faculty in another department.
    c. At least one member of the committee must be a regular departmental faculty member who represents the student's program.
    d. One or two members of the committee may hold auxiliary faculty ranks. Exceptions to these guidelines require a special letter from the department chairperson or director of graduate studies to The Graduate School and approval by the dean of The Graduate School. An exception to policy may be granted to include a professor from another university as a member of the committee. In that case, the department requires a copy of the professor's vitae in addition to a letter of support from the department chair or director of graduate studies and approval by the dean of The Graduate School.

Department of Educational Psychology Policies and Procedures Document
The Director of Graduate Studies **(DGS)**
Effective Date: June 2014.

A.   **Duties of the Director of Graduate Studies (DGS)**:
1.   The DGS functions under the direction of the Department Chair. Thus, all actions of the DGS are advisory in nature and come as recommendations to the Department Chair. Specifically, the DGS will recommend the appointment of one within-department thesis/dissertation committee member (*note:* should a departmental faculty appointee have concerns about her/his recommendation [by the DGS] to serve on a committee such concerns should be expressed to the Department Chair prior to the Department Chair's final approval of the student supervisory committee). After the Department Chair finalizes the membership of the supervisory committee, the student can complete the Graduate School form titled, "University Graduate School Request for Supervisory Committee." This official form is then reviewed and signed by each faculty thesis/dissertation committee member, formally approved by the Chair of the Department and forwarded to the Dean of the Graduate School for final approval.
2.   Attend a once-a-year meeting of the Graduate School and report relevant information to department faculty and administrative staff.
3.   Serve as an ex-officio member of the Training Directors' Committee in the Department of Educational Psychology and participate in the monthly meeting of this group.
4.   Assure that departmental policies remain consistent with those of the University of Utah Graduate School.
5.   Consistent with departmental and Graduate School policy, a majority vote from the student's supervisory committee to pass the thesis/dissertation (dissertation: "3 in favor, 2 opposed" or "4 in favor, 1 opposed"/ Master's thesis: "2 in favor, one opposed") automatically recommends the dissertation/thesis for approval to the Department Chair. However, in such situations where there is a minority dissenting vote from one or more members of the student's supervisory committee on the adequacy of a thesis or dissertation, the DGS will conduct an independent review of the written thesis/dissertation and provide a recommendation with respect to the dissenting minority vote to the Department Chair. Such a DGS review will not affect the committee vote and is for information purposes only. This final review; however, should be conducted prior to final approval of the thesis/dissertation by the Department Chair.

B. The student's dissertation or thesis committee is responsible for:

1.   Review and approval of the student's Candidacy Form and Program of Study.
2.   Review, examination, and approval of the student's thesis/dissertation research proposal.
3.   Review, examination, and approval of the student's final thesis or dissertation.

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C. Steps in the Process of Completing a Thesis or Dissertation

The student discusses her/his research interest with various faculty and through this process decides on a research topic consistent with the student's and her/his proposed chairperson's interests and/or expertise. The student and her or his thesis/dissertation committee chair work together to develop a list of potential thesis/dissertation committee member(s). If the proposed thesis/dissertation committee members agree, the student (in conjunction with her/his committee chair) completes the attached form and delivers it to the department administrative officer assigned to this process (Sherrill Christensen). The administrative officer checks the form for accuracy and completeness and forwards it to the Director of Graduate Studies (DGS). The DGS, under the direction of the Department Chair, reviews the form and the specific committee membership request. The DGS then recommends a final within-department faculty member to serve on the thesis/dissertation committee. A copy of the department's *"Committee Approval Form"* is returned to the student and the original placed in the student's file. Using the Department's Committee Approval form, the student then completes the official Graduate School *"Request for Supervisory Committee"* form. Once completed, the Graduate School form is sent by the Department's responsible administrative officer to the Graduate School for final approval as described in the above paragraph. In most cases, it is anticipated that this process will progress towards Graduate School approval in a timely fashion. If, however, the DGS has concerns about the membership of a specific committee request, working with the Chair of the student's committee the DGS may request a revision to the committee membership. If the student's committee chair has concerns about the DGS's within-department committee member recommendation, this concern can be submitted, in writing, to the Department Chair.

Other relevant forms are available on line on the website of the Graduate School (http://gradschool.utah.edu/thesis/handbook/).

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APPENDIX B

**The Comprehensive Evaluation of Student-Trainee Competence
in Professional Psychology Programs**

**Competency Benchmarks/Checklists for Practicum,
Internship and Entry Level Practice**

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The Comprehensive Evaluation of Student-Trainee Competence[1]
in Professional Psychology Programs

I. Overview and Rationale

Professional psychologists are expected to demonstrate competence within and across a number of different but interrelated dimensions. Programs that educate and train professional psychologists also strive to protect the public and profession. Therefore, faculty, training staff, supervisors, and administrators in such programs have a duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development, and functioning.

It is important for students and trainees to understand and appreciate that academic competence in professional psychology programs (e.g., doctoral, internship, postdoctoral) is defined and evaluated comprehensively. Specifically, in addition to performance in coursework, seminars, scholarship, comprehensive examinations, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) will also be evaluated. Such comprehensive evaluation is necessary in order for faculty, training staff, and supervisors to appraise the entire range of academic performance, development, and functioning of their student-trainees. This model policy attempts to disclose and make these expectations explicit for student-trainees prior to program entry and at the outset of education and training.

In response to these issues, the Council of Chairs of Training Councils (CCTC) has developed the following model policy that doctoral, internship, and postdoctoral training programs in psychology may use in their respective program handbooks and other written materials (see http://www.psychtrainingcouncils.org/pubs/NCSPP-%20CCTC%20model%20Student%20Competency.pdf). This policy was developed in consultation with CCTC member organizations, and is consistent with a range of oversight, professional, ethical, and licensure guidelines and procedures that are relevant to processes of training, practice, and the assessment of competence within professional psychology (e.g., the Association of State and Provincial Psychology Boards, 2004; *Competencies 2002: Future Directions in Education and Credentialing in Professional Psychology*; *Ethical Principles of Psychologists and Code of Conduct*, 2003; *Guidelines and Principles for Accreditation of Programs in Professional Psychology*, 2003; *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, 2002).

[1] This document was developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC) and approved by the CCTC on March 25, 2004. Impetus for this document arose from the need, identified by a number of CCTC members that programs in professional psychology needed to clarify for themselves and their student-trainees that the comprehensive academic evaluation of student-trainee competence includes the evaluation of intrapersonal, interpersonal, and professional development and functioning. Because this crucial aspect of academic competency had not heretofore been well addressed by the profession of psychology, CCTC approved the establishment of a "Student Competence Task Force" to examine these issues and develop proposed language. This document was

developed during 2003 and 2004 by a 17-member task force comprised of representatives from the various CCTC training councils. Individuals with particular knowledge of scholarship related to the evaluation of competency as well as relevant ethical and legal expertise were represented on this task force. The initial draft of this document was developed by the task force and distributed to all of the training councils represented on CCTC. Feedback was subsequently received from multiple perspectives and constituencies (e.g., student, doctoral, internship), and incorporated into this document, which was edited a final time by the task force and distributed to the CCTC for discussion. This document was approved by consensus at the 3/25/04 meeting of the CCTC with the following clarifications: (a) training councils or programs that adopt this "model policy" do so on a voluntary basis (i.e., it is not a "mandated" policy from CCTC); (b) should a training council or program choose to adopt this "model policy" in whole or in part, an opportunity should be provided to student-trainees to consent to this policy prior to entering a training program; (c) student-trainees should know that information relevant to the evaluation of competence as specified in this document may not be privileged information between the student-trainee and the program and/or appropriate representatives of the program.

II. Model Policy

Students and trainees in professional psychology programs (at the doctoral, internship, or postdoctoral level) should know—prior to program entry, and at the outset of training—that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainee's knowledge or skills may be assessed (including, but not limited to, emotional stability and well-being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible—that the student-trainees who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of their administrative authority, professional psychology education and training programs, faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by

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participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts in which evaluation would appropriately occur (e.g., coursework, practicum, supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a student-trainee's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student-trainee, (b) raises questions of an ethical nature, (c) represents a risk to public safety, or (d) damages the representation of psychology to the profession or public, appropriate representatives of the program may review such conduct within the context of the program's evaluation processes.

Although the purpose of this policy is to inform students and trainees that evaluation will occur in these areas, it should also be emphasized that a program's evaluation processes and content should typically include: (a) information regarding evaluation processes and standards (e.g., procedures should be consistent and content verifiable); (b) information regarding the primary purpose of evaluation (e.g., to facilitate student or trainee development; to enhance self-awareness, self-reflection, and self-assessment; to emphasize strengths as well as areas for improvement; to assist in the development of remediation plans when necessary); (c) more than one source of information regarding the evaluative area(s) in question (e.g., across supervisors and settings); and (d) opportunities for remediation, provided that faculty, training staff, or supervisors conclude that satisfactory remediation is possible for a given student-trainee. Finally, the criteria, methods, and processes through which student-trainees will be evaluated should be clearly specified in a program's handbook, which should also include information regarding due process policies and procedures (e.g., including, but not limited to, review of a program's evaluation processes and decisions).

COMPETENCY BENCHMARKS IN PROFESSIONAL PSYCHOLOGY

I.   PROFESSIONALISM

1.   Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
1A. Integrity - Honesty, personal responsibility and adherence to professional values		
Understands professional values; honest, responsible	**Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values**	**Monitors and independently resolves situations that challenge professional values and integrity**
1B. Deportment		
Understands how to conduct oneself in a professional manner	**Communication and physical conduct (including attire) is professionally appropriate, across different settings**	**Conducts self in a professional manner across settings and situations**
1C. Accountability		
Accountable and reliable	**Accepts responsibility for own actions**	**Independently accepts personal responsibility across settings and contexts**
1D. Concern for the welfare of others		
Demonstrates awareness of the need to uphold and protect the welfare of others	**Acts to understand and safeguard the welfare of others**	**Independently acts to safeguard the welfare of others**
1E. Professional Identity		
Demonstrates beginning understanding of self as professional: "thinking like a psychologist"	**Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development**	**Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice**

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status **) and Context**		
Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others	**Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation**	**Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation**
2B. Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings	**Applies knowledge of others as cultural beings in assessment, treatment, and consultation**	**Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation**
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others	**Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others**	**Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation**
2D. Applications based on Individual and Cultural Context		
Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)	**Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation**	**Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work**

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
3A. Knowledge of ethical, legal and professional standards and guidelines		
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting	Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
3B. Awareness and Application of Ethical Decision Making		
Demonstrates awareness of the importance of applying an ethical decision model to practice	Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	Independently utilizes an ethical decision-making model in professional work
3C. Ethical Conduct		
Displays ethical attitudes and values	Integrates own moral principles/ethical values in professional conduct	Independently integrates ethical and legal standards with all competencies

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

4A. Reflective Practice

Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice	Displays broadened self-awareness; utilizes self-monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity	Demonstrates reflectivity both during and after professional activity; acts upon reflection; uses self as a therapeutic tool

4B. Self-Assessment

Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies	Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills

4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)

Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	Self-monitors issues related to self-care and promptly intervenes when disruptions occur

4D. Participation in Supervision Process

Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	Effectively participates in supervision	Independently seeks supervision when needed

II.   RELATIONAL

Principles for Professional Ethics

5. **Relationships:** Relate effectively and meaningfully with individuals, groups, and/or communities.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
5A. Interpersonal Relationships		
Displays interpersonal skills	**Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines**	**Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities**
5B. Affective Skills		
Displays affective skills	**Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively**	**Manages difficult communication; possesses advanced interpersonal skills**
5C. Expressive Skills		
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills	**Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language**	**Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of professional language and concepts**

III.   SCIENCE

6. **Scientific Knowledge and Methods:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
6A. Scientific Mindedness		
Displays critical scientific thinking	Values and applies scientific methods to professional practice	Independently applies scientific methods to practice
6B. Scientific Foundation of Psychology		
Demonstrates understanding of psychology as a science	Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)
6C. Scientific Foundation of Professional Practice		
Understands the scientific foundation of professional practice	Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	Independently applies knowledge and understanding of scientific foundations independently applied to practice

7. **Research/Evaluation:** Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities		
7A. Scientific Approach to Knowledge Generation		
Participates effectively in scientific endeavors when available	Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	Generates knowledge
7B. Application of Scientific Method to Practice		
No expectation at this level	Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	Applies scientific methods of evaluating practices, interventions, and programs

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
8A. Knowledge and Application of Evidence-Based Practice		
Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	**Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences**	**Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences**

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
9A. Knowledge of Measurement and Psychometrics		
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	**Selects assessment measures with attention to issues of reliability and validity**	**Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context**
9B. Knowledge of Assessment Methods		
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	**Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances**	**Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning**
9C. Application of Assessment Methods		
Demonstrates knowledge of measurement across domains of functioning and practice settings	**Selects appropriate assessment measures to answer diagnostic question**	**Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice**
9D. Diagnosis		

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Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity
9E. Conceptualization and Recommendations		
Demonstrates basic knowledge of formulating diagnosis and case conceptualization	Utilizes systematic approaches of gathering data to inform clinical decision-making	Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
9F. Communication of Assessment Findings		
Demonstrates awareness of models of report writing and progress notes	Writes assessment reports and progress notes and communicates assessment findings verbally to client	Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner

10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.		
10A. Intervention planning		
Displays basic understanding of the relationship between assessment and intervention	Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	Independently plans interventions; case conceptualizations and intervention plans are specific to case and context
10B. Skills		
Displays basic helping skills	Displays clinical skills	Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations
10C. Intervention Implementation		
Demonstrates basic knowledge of intervention strategies	Implements evidence-based interventions	Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate
10D. Progress Evaluation		
Demonstrates basic knowledge of the assessment of intervention progress and outcome	Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
11A. Role of Consultant		
No expectation at this level	**Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)**	**Determines situations that require different role functions and shifts roles accordingly to meet referral needs**
11B. Addressing Referral Question		
No expectation at this level	**Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions**	**Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question**
11C. Communication of Consultation Findings		
No expectation at this level	**Identifies literature and knowledge about process of informing consultee of assessment findings**	**Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations**
11D. Application of Consultation Methods		
No expectation at this level	**Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings**	**Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases**

V.   EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
12A. Knowledge		
No expectation at this level	Demonstrates awareness of theories of learning and how they impact teaching	Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences
12B. Skills		
No expectation at this level	Demonstrates knowledge of application of teaching methods	Applies teaching methods in multiple settings

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
13A. Expectations and Roles		
Demonstrates basic knowledge of expectations for supervision	Demonstrates knowledge of, purpose for, and roles in supervision	Understands the ethical, legal, and contextual issues of the supervisor role
13B. Processes and Procedures		
No expectation at this level	Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise
13C. Skills Development		
Displays interpersonal skills of communication and openness to feedback	Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients
13D. Supervisory Practices		
No expectation at this level	Provides helpful supervisory input in peer and group supervision	Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting

VI.   SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions		
No expectation at this level	**Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/ professionals**	**Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals**
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts		
Cooperates with others	**Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning**	**Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning**
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes		
No expectation at this level	**Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals**	**Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals**
14D. Respectful and Productive Relationships with Individuals from Other Professions		
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals	**Develops and maintains collaborative relationships and respect for other professionals**	**Develops and maintains collaborative relationships over time despite differences**

15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).		
15A. Appraisal of Management and Leadership		
No expectation at this level	**Forms autonomous judgment of organization's management and leadership** Examples: • Applies theories of effective management and leadership to form an evaluation of organization	**Develops and offers constructive criticism and suggestions regarding management and leadership of organization** Examples: • Identifies strengths and weaknesses of management and leadership or organization

	• Identifies specific behaviors by management and leadership that promote or detract from organizational effectiveness	• Provides input appropriately; participates in organizational assessment
15B. Management		
No expectation at this level	Demonstrates awareness of roles of management in organizations	Participates in management of direct delivery of professional services; responds appropriately in management hierarchy
15C. Administration		
Complies with regulations	Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures	Demonstrates emerging ability to participate in administration of clinical programs
15D. Leadership		
No expectation at this level	No expectation at this level	Participates in system change and management structure
16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.		
16A. Empowerment		
Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention	Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision	Intervenes with client to promote action on factors impacting development and functioning
16B. Systems Change		
Understands the differences between individual and institutional level interventions and system's level change	Promotes change to enhance the functioning of individuals	Promotes change at the level of institutions, community, or society

Competency Benchmarks in Professional Psychology
Readiness for Internship Level Rating Form

Trainee Name:

Name of Placement: Date Evaluation Completed:
Name of Person Completing Form (please include   Licensed Psychologist: Yes No
highest degree earned):

Was this trainee supervised by individuals also under
your supervision?   Yes No

Type of Review:
Initial Review   Mid-placement   Final Review   Other (please describe):
                      review

Dates of Training Experience this Review Covers: _____

Training Level of Person Being Assessed: Year in Doctoral Program:

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.						
1A. Integrity - Honesty, personal responsibility and adherence to professional values						
Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values	0	1	2	3	4	[N/O]
1B. Deportment						
Communication and physical conduct (including attire) is professionally appropriate, across different settings	0	1	2	3	4	[N/O]
1C. Accountability						
Accepts responsibility for own actions	0	1	2	3	4	[N/O]
1D. Concern for the welfare of others						
Acts to understand and safeguard the welfare of others	0	1	2	3	4	[N/O]
11E. Professional Identity						
Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	0	1	2	3	4	[N/O]
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.						
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and Context**						
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	0	1	2	3	4	[N/O]

2B. Others as Shaped by Individual and Cultural Diversity and Context						
Applies knowledge of others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]

2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context						
Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	0	1	2	3	4	[N/O]

2D. Applications based on Individual and Cultural Context						
Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	0	1	2	3	4	[N/O]

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines						
Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	0	1	2	3	4	[N/O]

3B. Awareness and Application of Ethical Decision Making						
Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	0	1	2	3	4	[N/O]

3C. Ethical Conduct						
Integrates own moral principles/ethical values in professional conduct	0	1	2	3	4	[N/O]

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

4A. Reflective Practice						
Displays broadened self-awareness; utilizes self- monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action	0	1	2	3	4	[N/O]

4B. Self-Assessment						
Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	0	1	2	3	4	[N/O]

4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)						
Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	0	1	2	3	4	[N/O]

4D. Participation in Supervision Process						
Effectively participates in supervision	0	1	2	3	4	[N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.

5A. Interpersonal Relationships							
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	0	1	2	3	4	[N/O]
5B. Affective Skills							
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	0	1	2	3	4	[N/O]
5C. Expressive Skills							
Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	0	1	2	3	4	[N/O]

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

6A. Scientific Mindedness							
Values and applies scientific methods to professional practice	0	1	2	3	4	[N/O]
6B. Scientific Foundation of Psychology							
Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	0	1	2	3	4	[N/O]
6C. Scientific Foundation of Professional Practice							
Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	0	1	2	3	4	[N/O]

7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

7A. Scientific Approach to Knowledge Generation							
Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	0	1	2	3	4	[N/O]
7B. Application of Scientific Method to Practice							
Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	0	1	2	3	4	[N/O]

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.						
8A. Knowledge and Application of Evidence-Based Practice						
Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	0	1	2	3	4	[N/O]

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.						
9A. Knowledge of Measurement and Psychometrics						
Selects assessment measures with attention to issues of reliability and validity	0	1	2	3	4	[N/O]
9B. Knowledge of Assessment Methods						
Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	0	1	2	3	4	[N/O]
9C. Application of Assessment Methods						
Selects appropriate assessment measures to answer diagnostic question	0	1	2	3	4	[N/O]
9D. Diagnosis						
Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	0	1	2	3	4	[N/O]
9E. Conceptualization and Recommendations						
Utilizes systematic approaches of gathering data to inform clinical decision-making	0	1	2	3	4	[N/O]
9F. Communication of Assessment Findings						
Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client	0	1	2	3	4	[N/O]

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10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
10A. Intervention planning						
Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	0	1	2	3	4	[N/O]
10B. Skills						
Displays clinical skills	0	1	2	3	4	[N/O]
10C. Intervention Implementation						
Implements evidence-based interventions	0	1	2	3	4	[N/O]
10D. Progress Evaluation						
Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	0	1	2	3	4	[N/O]
11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.						
11A. Role of Consultant						
Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	0	1	2	3	4	[N/O]
11B. Addressing Referral Question						
Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions	0	1	2	3	4	[N/O]
11C. Communication of Consultation Findings						
Identifies literature and knowledge about process of informing consultee of assessment findings	0	1	2	3	4	[N/O]
11D. Application of Consultation Methods						
Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings	0	1	2	3	4	[N/O]

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.						
12A. Knowledge						
Demonstrates awareness of theories of learning and how they impact teaching	0	1	2	3	4	[N/O]
12B. Skills						
Demonstrates knowledge of application of teaching methods	0	1	2	3	4	[N/O]

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.						
13A. Expectations and Roles						
Demonstrates knowledge of, purpose for, and roles in supervision	0	1	2	3	4	[N/O]
13B. Processes and Procedures						
Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	0	1	2	3	4	[N/O]
13C. **Skills Development**						
Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	0	1	2	3	4	[N/O]
13D. Supervisory Practices						
Provides helpful supervisory input in peer and group supervision	0	1	2	3	4	[N/O]

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.						
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions						
Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals	0	1	2	3	4	[N/O]
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts						
Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	0	1	2	3	4	[N/O]
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes						
Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals	0	1	2	3	4	[N/O]
14D. Respectful and Productive Relationships with Individuals from Other Professions						
Develops and maintains collaborative relationships and respect for other professionals	0	1	2	3	4	[N/O]

15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).						
15A. Appraisal of Management and Leadership						
Forms autonomous judgment of organization's management and leadership	0	1	2	3	4	[N/O]
15B. Management						
Demonstrates awareness of roles of management in organizations	0	1	2	3	4	[N/O]
15C. Administration						
Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures	0	1	2	3	4	[N/O]

16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.						
16A. Empowerment						
Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision	0	1	2	3	4	[N/O]
16B. Systems Change						
Promotes change to enhance the functioning of individuals	0	1	2	3	4	[N/O]

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?

- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?

- If applicable, is the trainee ready to move to the next level of training, or independent practice?

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Competency Benchmarks in Professional Psychology
<u>Readiness for Entry to Practice Level</u> Rating Form

Trainee Name:

Name of Placement: Date Evaluation Completed:
Name of Person Completing Form (please include   Licensed Psychologist: Yes No
highest degree earned):

Was this trainee supervised by individuals also under
your supervision?   Yes No

Type of Review:
Initial Review   Mid-placement   Final Review   Other (please describe):
                      review

Dates of Training Experience this Review Covers: _____

Training Level of Person Being Assessed: Year in Doctoral Program: Intern:

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comportment that reflects the values and attitudes of psychology.						
1A. Integrity - Honesty, personal responsibility and adherence to professional values						
Monitors and independently resolves situations that challenge professional values and integrity	0	1	2	3	4	[N/O]
1B. Deportment						
Conducts self in a professional manner across settings and situations	0	1	2	3	4	[N/O]
1C. Accountability						
Independently accepts personal responsibility across settings and contexts	0	1	2	3	4	[N/O]
1D. Concern for the welfare of others						
Independently acts to safeguard the welfare of others	0	1	2	3	4	[N/O]
1E. Professional Identity						
Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice	0	1	2	3	4	[N/O]
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.						
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and Context**						
Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
2B. Others as Shaped by Individual and Cultural Diversity and Context						

Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]

2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context

Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]

2D. Applications based on Individual and Cultural Context

Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work	0	1	2	3	4	[N/O]

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines

Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines	0	1	2	3	4	[N/O]

3B. Awareness and Application of Ethical Decision Making

Independently utilizes an ethical decision-making model in professional work	0	1	2	3	4	[N/O]

3C. Ethical Conduct

Independently integrates ethical and legal standards with all competencies	0	1	2	3	4	[N/O]

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

4A. Reflective Practice

Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool	0	1	2	3	4	[N/O]

4B. Self-Assessment

Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills	0	1	2	3	4	[N/O]

4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)

Self-monitors issues related to self-care and promptly intervenes when disruptions occur	0	1	2	3	4	[N/O]

4D. Participation in Supervision Process

Independently seeks supervision when needed	0	1	2	3	4	[N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.

5A. Interpersonal Relationships						
Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities	0	1	2	3	4	[N/O]
5B. Affective Skills						
Manages difficult communication; possesses advanced interpersonal skills	0	1	2	3	4	[N/O]
5C. Expressive Skills						
Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts	0	1	2	3	4	[N/O]

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

6A. Scientific Mindedness						
Independently applies scientific methods to practice	0	1	2	3	4	[N/O]
6B. Scientific Foundation of Psychology						
Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)	0	1	2	3	4	[N/O]
6C. Scientific Foundation of Professional Practice						
Independently applies knowledge and understanding of scientific foundations to practice	0	1	2	3	4	[N/O]

7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

7A. Scientific Approach to Knowledge Generation						
Generates knowledge	0	1	2	3	4	[N/O]
7B. Application of Scientific Method to Practice						
Applies scientific methods of evaluating practices, interventions, and programs	0	1	2	3	4	[N/O]

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FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.						

8A. Knowledge and Application of Evidence-Based Practice						
Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	0	1	2	3	4	[N/O]

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.						

9A. Knowledge of Measurement and Psychometrics						
Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context	0	1	2	3	4	[N/O]

9B. Knowledge of Assessment Methods						
Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning	0	1	2	3	4	[N/O]

9C. Application of Assessment Methods						
Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice	0	1	2	3	4	[N/O]

9D. Diagnosis						
Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity	0	1	2	3	4	[N/O]

9E. Conceptualization and Recommendations						
Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment	0	1	2	3	4	[N/O]

9F. Communication of Assessment Findings						
Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner	0	1	2	3	4	[N/O]

10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						

10A. Intervention planning						
Independently plans interventions; case conceptualizations and intervention plans are specific to case and context	0	1	2	3	4	[N/O]

10B. Skills						
Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations	0	1	2	3	4	[N/O]

10C. Intervention Implementation						
Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate	0	1	2	3	4	[N/O]

10D. Progress Evaluation						
Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures	0	1	2	3	4	[N/O]

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

11A. Role of Consultant						
Determines situations that require different role functions and shifts roles accordingly to meet referral needs	0	1	2	3	4	[N/O]

11B. Addressing Referral Question						
Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question	0	1	2	3	4	[N/O]

11C. Communication of Consultation Findings						
Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations	0	1	2	3	4	[N/O]

11D. Application of Consultation Methods						
Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases	0	1	2	3	4	[N/O]

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

12A. Knowledge						
Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences	0	1	2	3	4	[N/O]

12B. Skills						
Applies teaching methods in multiple settings	0	1	2	3	4	[N/O]

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

13A. Expectations and Roles						
Understands the ethical, legal, and contextual issues of the supervisor role	0	1	2	3	4	[N/O]

13B. Processes and Procedures						
Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of	0	1	2	3	4	[N/O]

competency to supervise						

13C. Skills Development

Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients	0	1	2	3	4	[N/O]

13D. Supervisory Practices

Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting	0	1	2	3	4	[N/O]

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

14A. Knowledge of the Shared and Distinctive Contributions of Other Professions

Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals	0	1	2	3	4	[N/O]

14B. Functioning in Multidisciplinary and Interdisciplinary Contexts

Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning	0	1	2	3	4	[N/O]

14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes

Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals	0	1	2	3	4	[N/O]

14D. Respectful and Productive Relationships with Individuals from Other Professions

Develops and maintains collaborative relationships over time despite differences	0	1	2	3	4	[N/O]

15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).

15A. Appraisal of Management and Leadership

Develops and offers constructive criticism and suggestions regarding management and leadership of organization	0	1	2	3	4	[N/O]

15B. Management

Participates in management of direct delivery of professional services; responds appropriately in management hierarchy	0	1	2	3	4	[N/O]

15C. Administration

Demonstrates emerging ability to participate in administration of service delivery program	0	1	2	3	4	[N/O]

15D. Leadership

Participates in system change and management structure	0	1	2	3	4	[N/O]

16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.						
16A. Empowerment						
Intervenes with client to promote action on factors impacting development and functioning	0	1	2	3	4	[N/O]
16B. Systems Change						
Promotes change at the level of institutions, community, or society	0	1	2	3	4	[N/O]

<u>Overall Assessment of Trainee's Current Level of Competence</u>
Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?

- Do you believe that the trainee has reached the level of competence expected by

- the program at this point in training?

- If applicable, is the trainee ready to move to the next level of training, or independent practice?

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APPENDIX C

Leave of Absence Request

Petition for Course Substitution

Master's Program Planning Worksheet

Research Grant Application

UNIVERSITY OF UTAH   GRADUATE SCHOOL
Return completed form and 3 copies to:
Graduate Records Office
302 Park Building
201 South President's Circle
Salt Lake City, UT 84112

GRADUATE STUDENT
REQUEST FOR LEAVE OF ABSENCE

PLEASE PRINT OR TYPE   _____
                                                   Date

(a) Student Name_____UofU ID# _____

     Address _____
                    Street   City   State   Zip

     Department _____

(b) Semester(s) for which leave of absence is requested: _____

     _____

     Expected date for next regular registration _____
                                                        Semester   Year

(c) Approval Signtaures:

          Chair of Supervisory Committee _____

          Department Chair _____

Justification for leave of absence:

_____

_____

Instructions:

     Student: Compete parts (a) and (b) of the form and obtain signatures from the chair of your supervisory
                  committee and department.

                  If you are currently registered for classes in the semester for which you are requesting a Leave,
                  you must withdraw from classes at the Registration Services Windows, 250 North Student
                  Services Building.

                  It is your responsibility to either register for the next regular semester following this leave of
                  absence, or request an extension of this leave in writing from your department. If you fail to
                  register or request an extension, you will be required to be readmitted to the Graduate School
                  before further registration can be initiated. Leaves are granted for a maximum of one year.

                  Retroactive leaves or absences are
                  not granted.

     Department: Complete ( ) providing justification
                  and signatures and forward to the
                  Graduate Records Office
                  302 Park Building

Graduate School	
☐ Approved	_____
	Date
☐ Denied	_____
	Signature

University of Utah
Department of Educational Psychology
School Psychology Program

Petition for Course Substitution

Student Name: _____

Date: _____

1. Please identify the required U of U course you would like the instructor and Program Director to consider for substitution:
   Course Number: _____
   Course Title: _____
   Number of Credit Hours: _____

2. Please identify the course considered to be equivalent to the U of U course:
   Course Number: _____
   Course Title: _____
   Number of Credit Hours: _____
   Institution where taken: _____
   Date course taken: _____
   Grade in course: _____

3. Attach a copy of the original course syllabus and any other information regarding significant aspects of this course not apparent on the syllabus. (Note: Courses taken more than 10 years previously will not be considered for substitution).

4. Submit this material to the instructor who typically teaches the U of U course. The instructor will examine the attached documentation and make a determination regarding a recommendation for substitution or not. The instructor will then forward the petition to the School Psychology Program Director, who will make a final determination regarding the equivalence of the course. If the instructor and the Program Director disagree, the petition will go to the full School Psychology Faculty for a vote. In some instances, it may be difficult for the instructor and/or Program Director to determine course equivalency, in which case the student may be required to pass an equivalency exam before substitution is approved.

5. After a determination has been made, the student will be required to sign this petition, which will be placed in the student's departmental file. The student will also receive a copy after a final determination has been made.

Course substitution recommended: Yes _____   No _____

Comments:

_____
_____
_____

Instructor's Signature: _____   Date: _____

Course substitution recommended: Yes _____   No _____

Comments:

_____
_____
_____

SP Program Director's Signature: _____   Date: _____

Additional Comments/Actions:

Final Determination:
   Course Substitution Approved: _____
   Course Substitution Denied: _____

Student's Signature: _____   Date: _____
SP Program Director's Signature: _____   Date: _____

University of Utah
School Psychology Master's Program
Program Planning Worksheet 2013-2014

Name _____ Year of Admission _____

Entering Degree _____ Date Received _____ Institution _____

Area: *Psychological Foundations* (minimum 9 semester hours)

Course Requirements	Planned/Actual Semester of Enrollment	Final Grade
*ED PS 6050 Life Span Development: Childhood and Adolescence (3)		
*ED PS 6510 Cognition, Learning, and Behavior (3)		
*ED PS 6450 Child and Adolescent Psychopathology (3)		

Area: *Research Design and Statistics* (minimum 3 semester hours)

Course Requirements	Planned/Actual Semester of Enrollment	Final Grade
*ED PS 6010 Introduction to Statistics and Research Design (3)		

Area: *Master's Research Project/Thesis* (minimum 4 semester hours)

Course Requirements	Planned/Actual Semester of Enrollment	Final Grade
ED PS 7732 School Psychology Research Practicum (4)		
ED PS 6970 Graduate Thesis: Master's (6)		

Area: *Educational Foundations* (minimum 3 semester hours)

Course Requirements	Planned/Actual Semester of Enrollment	Final Grade
*SPED 6040 Legal and Policy Foundations of Special Education (3)		

Area: *Psychoeducational Assessment* (minimum 12 semester hours)

Course Requirements	Planned/Actual Semester of Enrollment	Final Grade
*ED PS 7130 Cognitive Assessment (3)		
*ED PS 7150 Individual Child/Adolescent Assessment (3)		
*ED PS 6140 Multicultural Assessment (3)		
ED PS 7190 Applied Neuropsychological Assessment (3)		
ED PS 7180 Personality Assessment (3)		

Area: *Intervention Strategies* (minimum 12 semester hours)

Course Requirements	Planned/Actual Semester of Enrollment	Final Grade
*ED PS 6390 Interventions in the Schools (3)		
*ED PS 6470 Consultation and Supervision in Applied Settings (3)		
*ED PS 6110 Child and Family Psychotherapy Interventions (3)		
*ED PS 6380 Academic Interventions for Students with Lrng Difficulties (3)		
ED PS 6250 Family Counseling for School-Based Problems (3)		
ED PS 6360 Multicultural Counseling (3)		
ED PS 6200 Counseling Theories and Procedures (3)		
ED PS 6210 Counseling Skills (2)		
ED PS 6350 Group Counseling Theory and Application (3)		

Area: *Professional School Psychology* **(minimum 26 semester hours)**

Course Requirements	Planned/Actual Semester of Enrollment	Final Grade
*ED PS 6100 Professional Issues and Ethics in School Psychology (3)		
*ED PS 7730 School Psychology Practicum: Clinic (4)		
*ED PS 7731 School Psychology Field Practicum (4)		
*ED PS 7910 Internship in School Psychology (12)		
ED PS 6836 Autism Spectrum Disorders: Assmt and Intervention (3)		
ED PS 6830 Seminar in School Psychology (3)		

Additional courses required for Doctoral Degree:
*ED PS 7010 Quantitative Methods I (3)
*ED PS 7020 Quantitative Methods II (6)
*ED PS 7080 History and Systems of Psychology (3)
*ED PS 7160 Neuropsychological Bases of Behavior (3) or PSYCH 6700 Human Neuropsychology (4)
*ED PS 7300 Psychometric Theory (3)
*ED PS 7400 Advanced Research Design (3) or ED PS 7410 Single Subject Research Design (3)
*ED PS 7550 Social Psychology of Human Diversity (3) or PSYCH 6410 Advanced Social Psych (4)
*ED PS 7835 School Psychology Research Seminar (4)
*ED PS 7863 Cognitive and Affective Bases of Behavior (3)

_____ _____
Master's Student   Date

_____
School Psychology Faculty Advisor   Date

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Projected Courses and Timeline

Year 1	
Fall Semester	
Spring Semester	
Summer Semester	

Year 2	
Fall Semester	
Spring Semester	
Summer Semester	

Year 3	
Fall Semester	
Spring Semester	
Summer Semester	

Year 4	
Fall Semester	
Spring Semester	
Summer Semester	

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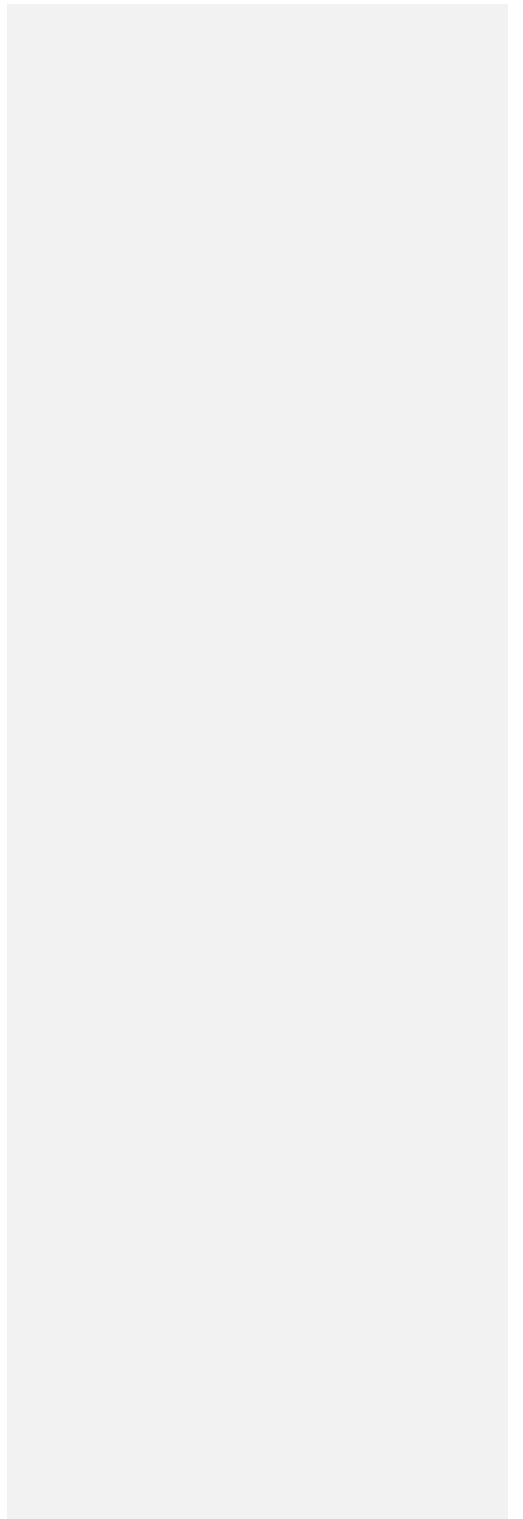
SCHOOL PSYCHOLOGY PROGRAM

RESEARCH GRANT APPLICATION

DEPARTMENT OF
EDUCATIONAL
PSYCHOLOGY
UNIVERSITY OF UTAH
College of Education

NAME:	PHONE NUMBER:
ADDRESS:	CITY, STATE, ZIP:
DISSERTATION SUPERVISOR	HOME ADDRESS:
START DATE OF PROJECT:	END DATE:
TITLE:	
Amount Requested (MAX. $500.00)	Amount Approved

Fund: Diff Tuition ___ Other ___	District Approval (if appropriate): ☐ Yes ☐ Pending	IRB Approval ☐ Yes ☐ Pending	Location of Study:

PROJECTED STUDY EXPENSES (MATERIALS, POSTAGE, EQUIPMENT, SOFTWARE, ETC.)
OTHER SOURCES OF FUNDING (GRANTS, ETC.)

NAME:	**PHONE NUMBER:**
ADDRESS:	**CITY, STATE, ZIP:**
DISSERTATION SUPERVISOR	**HOME ADDRESS:**
START DATE OF PROJECT:	**END DATE:**
TITLE:	
	ATTACH RECEIPTS:
Approved: _____ **Faculty Representative**	

APPENDIX D

**Professional/Academic Misconduct
Procedures**

Professional Misconduct

Any engagement in professional misconduct as defined in Part I.B. (abbreviated, always consult the full code at http://www.admin.utah.edu/ppmanual/8/8-10.html)

Step 1: Complaining party files a written complaint with office of the dean of the student's college. TIME: Within 45 days of discovery of violation

Step 2: Dean of college (or designee) determines validity of complaint. TIME: Within 20 days of receipt of complaint.

Step 3a: Dean does not believe student engaged in professional misconduct. MATTER IS CLOSED.	Step 3b: Dean of college and student are able to informally resolve the issue. Dean implements the decision.

Step 4: If the dean believes the complaint is valid and informal resolution does not work, the Dean files a formal written complaint against student, and the student may, within 5 days, file a response. The documents are brought before the Academic Appeals Committee. TIME: Within 20 days of receipt of complaint.

Step 5: The Committee chair determines if a hearing is necessary, and if so, schedules a hearing date. TIME: Within a reasonable time after receiving complaint and recommendations and response.

Step 6: The parties make available to each other and the Committee a list of witnesses and documents. TIME: At least five days prior to the hearing.

Step 7: The Committee shall make its findings and recommendations, and refer those to the Cognizant Senior Vice President. TIME: Within 10 days after conclusion of hearing.

Step 8: The Vice President reviews and either accepts Committee's findings, asks Committee to reconvene and clarify, or rejects Committee's findings, and makes a new decision. TIME: Within 10 days of receipt of the Committee's recommendation.

Step 9a: Student and dean accept decision of Vice President. Dean implements the decision.	Step 9b: Student or dean appeals decision of Vice President to President. TIME: Within 10 days of receipt of decision.

Step 10: The President reviews and either accepts the VP's decision, asks the VP for further clarification, or rejects the decision. TIME: Within 10 days of receipt of the appeal.

Step 11: The dean shall take appropriate action to implement the final decision. If the student is found responsible for professional misconduct, the dean shall notify the student's department or program of study. If the sanction involves suspension, dismissal or a revoked degree/certificate, the dean shall also notify the office of the registrar for appropriate notation on the transcript. TIME: Within a reasonable time after receiving final decision.

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Academic Performance

For appeals of grades and other academic actions as defined in Part I.B.#1 (abbreviated, always consult the full code at http://www.admin.utah.edu/ppmanual/8/8-10.html)

Step 1: A student who believes the academic action taken was arbitrary or capricious should discuss the action with the faculty member and attempt to informally resolve the situation.
TIME: Within 20 days of notice of academic action.

Step 2a: Student and faculty member informally resolve. TIME: Within 10 days of contacting faculty member. MATTER IS CLOSED.	Step 2b: If student and faculty are unable to resolve, student may appeal action to Chair of relevant department. TIME: Within 40 days of notice of academic action.

Step 3: In case of appeal, Chair notifies the student and faculty member of his/her determination of whether the academic action was arbitrary or capricious.
TIME: Within 15 days of consulting with the student.

Step 4a: Chair determines action was arbitrary or capricious. Faculty does not appeal. . TIME: Shortly after 15 days from chair's decision. Chair implements decision.	Step 4b: Chair determines action was justified. Student does not appeal. MATTER IS CLOSED.

Step 5: If either party disagrees with Chair's determination, or if Chair does not respond, that party may appeal to the Academic Appeals Committee by filing written notice; other party files a response.
TIME: Within 15 days of notice of Chair's decision, or after 15 days of non-action by Chair.

Step 6: If the Committee chair determines that a hearing is required, the chair shall schedule a hearing date and notify the parties.
TIME: Within a reasonable time after Committee's receipt.

Step 7: Parties make available to each other and Committee a list of witnesses and documents.
TIME: At least 5 days prior to the hearing.

Step 8: The Committee shall make its findings and recommendations, and refer those to the dean of college.
TIME: Within 10 days after conclusion of hearing.

Step 9: The dean reviews and either accepts Committee's findings, asks Committee to reconvene and clarify, or rejects Committee's findings, and makes a decision.
TIME: Within 10 days of receipt of the Committee's recommendation.

Step 10a: Student and faculty member accept decision of dean of college. Dean or Chair implements the decision.	Step 10b: Student or faculty member appeals decision of dean to cognizant senior vice president. TIME: Within 10 days of receipt of decision.

Step 11: The cognizant senior vice president reviews and either accepts the dean's decision, asks the dean for further clarification, or rejects the decision and makes a new one.
TIME: Within 10 days of receipt of the appeal.

Step 12: After the cognizant senior vice president's final decision, the chair of the department or dean of college shall take appropriate action to implement the final decision.
TIME: At the conclusion of the appeals process.
MATTER IS CLOSED.

APPENDIX E

Faculty Profiles

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Elaine Clark, Ph.D. is a Professor and Chair in the Department of Educational Psychology and adjunct Professor in the Departments of Psychology and Psychiatry at the U of U. Dr. Clark has extensive training and background in school, clinical, and neuropsychology. She has a Ph.D. in School Psychology from Michigan State University and a Ph.D. in Clinical Psychology (neuropsychology specialization) from Brigham Young University. Dr. Clark's primary research and teaching interest is in the area of severe low incidence disabilities, including traumatic brain injuries and autism. Dr. Clark serves as a consultant to the University Neuropsychiatric Institute, Primary Children's Medical Center, and the Children's Center. She is also a supervisor at the Department's Psychoeducational Clinic. Dr. Clark is an APA Fellow and Past-President of Division 16, member of the Society for the Study of School Psychology (SSSP), and serves on the board of the Brain Injury Association of Utah (BIAU). She is a past-president of Utah Association of School Psychology and Vice President of BIAU. Dr. Clark is also a past board member of the Council of Directors of School Psychology Programs (CDSPP). She has served on the editorial boards of SP journals (e.g., *School Psychology Quarterly* (*SPQ*) and *School Psychology Review (SPR)* and has been a reviewer for numerous others (e.g., *Journal of Learning Disabilities, Archives of Neuropsychology, Applied Neuropsychology,* and *Consulting and Clinical Psychology*). Dr. Clark's typical teaching assignments include a Seminar in Pediatric Neuropsychology, Individual Child and Adolescent Assessment, and Field Practicum.

Dr. Aaron Fischer, Ph.D. is an Assistant Professor in the School Psychology Program at the University of Utah. Dr. Fischer completed his degree requirements at Louisiana State University (Ph.D., BCBA, August, 2014). He completed a year-long pre-doctoral internship in clinical psychology at the May Institute, which complements his school based and pediatric internship experiences. His training has focused on best practices in school psychology and evidence-based assessment and treatment of children with autism spectrum disorder and their families. Dr. Fischer's research focuses on the use of technology in school psychology, specifically the application of videoconferencing during consultation, supervision, and parent training.

William R. Jenson, Ph.D. is a Professor in the department and member of the SP Program since 1983 and has held adjunct appointments in the Departments of Special Education and Psychiatry. Dr. Jenson graduated from Utah State University with a Ph.D. in Applied Behavior Analysis and School Psychology. He is a licensed psychologist, past-president of the Utah Psychological Association (UPA), Division 16 APA Fellow, and member of SSSP. Dr. Jenson has a national reputation for his expertise in behavior management, parent/teacher training, and autism spectrum disorders. He has published numerous articles and books, and is a frequent lecturer at state association and school district meetings across the state and country. Dr. Jenson currently teaches Childhood Psychopathology and Interventions in the Schools, and also conducts a year-long Research Seminar for entering doctoral students. Dr. Jenson has served on the editorial boards of the *SPR, SPQ, Journal of School Psychology, Journal of Emotional and Behavior Disorders,* and *School Psychology International*.

Daniel Olympia, Ph.D. is a graduate of the U of U's School Psychology Program. Prior to joining the SP faculty in 1999, he worked as a school psychologist for 17 years (most recently in the Jordan School District, SLC, UT). Dr. Olympia, an Associate Professor in the department and Training Director for the School Psychology Program, is known for his extensive experience in school settings and his efforts and research in academic interventions, whole school positive behavior supports, and interventions with behaviorally disordered/emotionally disturbed children. Dr. Olympia is also an active member of editorial boards, including SPR and has served on Division 16 committees, including the Committee on Minority Affairs and the Dissertation of the Year Award Committee. He has also been a reviewer and site visit chair for the APA Committee on Accreditation. He currently teaches Cognitive Assessment, Internship, and Psychological and Educational Consultation and supervises students during the Internship year. Dr. Olympia is a member of the Executive Board of the Council of Directors of School Psychology Programs and past president of the Trainers in School Psychology, past-president of UASP and is chair/member of their current legislative committee.

Janiece Pompa, Ph.D. is a Clinical Professor in the SP Program, a position she has held for over 15 years. She also has adjunct appointments in the Departments of Psychology and Psychiatry. Dr. Pompa is the Director of the Department's Psychoeducational Clinic and teaches the Clinic Practicum course, Child and Family Counseling, Neuropsychological Basis of Behavior, and Neuropsychological Assessment. Dr. Pompa's specialty is child and family interventions, learning disabilities, and neuropsychological assessment. She is a licensed psychologist and licensed school psychologist. She has a Ph.D. in Child Clinical Psychology from Michigan State University. Dr. Pompa regularly consults with schools and treatment facilities across Utah and the nation involved in the assessment of adolescents with conduct disorders and children with disabilities. Dr. Pompa is widely known for her expertise in learning problems and diversity (e.g., bilingual, multicultural, and LGBT). Dr. Pompa has served as President of UPA, and serves on APA's Minority Task Force, and the advisory board of UASP. She is also past-treasurer of UASP and past-Chair of UPA's Private Practice Committee.

Lora Tuesday Heathfield, Ph.D. is a graduate of University of Oregon's School Psychology Program. She began her career at the U of U in 1999, and is currently a Clinical Associate Professor. Dr. Tuesday Heathfield teaches Life Span Development and Academic Assessment and Interventions. She is employed within the Canyons School District (Salt Lake County) as a Specialist in the Department of Evidence Based Learning. Her areas of research include early childhood intervention, assessment, academic and behavioral interventions, and developmental outcomes of exposure of children to environmental toxins. Dr. Tuesday Heathfield is on the editorial board of the *Psychology in the Schools* and is an ad hoc reviewer for *SPR* and *Developmental Psychology*. She is currently on the Executive Board of UASP.

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APPENDIX F:

Preparing Manuscripts for Publication

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

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**Preparing Manuscripts for Publication
in Psychology Journals:
A Guide for New Authors**

American Psychological Association
Washington, DC

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Introduction

This guide provides an overview of the process of preparing and submitting a scholarly manuscript for publication in a psychology journal. Drawing on the experiences of authors of scholarly writings, peer reviewers, and journal editors, we seek to demystify the publication process and to offer advice designed to improve a manuscript's prospects of publication. To exemplify the process, we describe specific publication procedures for journals of the American Psychological Association.

As anyone planning to submit a manuscript for publication is well aware, the process of conceptualizing testable research questions, reviewing the literature, conducting experiments, performing analyses, interpreting results, and, finally, writing a paper that effectively describes the study and communicates the findings involves large investments of time and energy. When one also considers the pressure to publish in academic settings; the high rejection rates of prestigious journals, APA journals being among these; and the waiting period for a publication decision, the stress that can accompany the process becomes readily understandable. Yet, the rewards of discovery and contribution to the literature of psychological science are substantial. In the research and writing process, scholars are likely to meet exciting challenges in developing their intellectual and creative potential. Through publication, authors have a unique opportunity to build on previous discoveries and add to the lore of science.

We therefore encourage new authors to take heart, recognizing that, like any worthwhile endeavor, developing skills in conducting research and writing scholarly manuscripts is a learning process. Those embarking on this journey need not feel alone but rather are encouraged to seek mentors and colleagues to help guide them in the genre of psychological science. It is in this spirit that the current guide was written.

We cover three areas of journal publication. First, we present an overview of the process, focusing on manuscript submission and peer review, affording readers a behind-the-scenes view of the ways in which a new manuscript might be approached by an editor or a reviewer. This is followed by a more detailed discussion of some characteristics of a strong manuscript, which are drawn alongside shortcomings that may detract from a manuscript's publication potential. Finally, because a new scholar's initial manuscript submission is often developed from the dissertation, we offer some suggestions for converting a dissertation into a journal article.

The Journal Publication Process

  In this section, we provide an overview of journal publication from an editorial perspective. We consider the front end of the process, beginning with submission of a manuscript for journal publication and proceeding to consideration of the peer review process.

Submitting a Manuscript for Publication

  The selection of the journal to which one's manuscript will be submitted is an important one. A manuscript of more specific, local interest may be better suited to a more specialized journal, whereas one with broad interest across sub disciplines may reach a wider audience in a journal with a more generalist approach, such as *Psychological Bulletin* or the *American Psychologist*.

  A key criterion in publication decisions is the manuscript's fit for the particular journal and the readership of that journal. Colleagues and mentors in one's field are likely to be well versed in the types of manuscripts published by various journals in the field and can serve as additional resources in making the selection.

  One may also wish to consider the quality and reputation of the journal. Both the journal's impact factor (a measure of how frequently its articles are cited in other journals) and its rejection rate provide indices of its quality. For APA journals, impact factors are listed in the current Periodicals Catalog of the Journals Program of the American Psychological Association (www.apa.org), and rejection rates are published annually in the archival (August) issue of the *American Psychologist.* As ethical guidelines prohibit submission of a manuscript elsewhere while it is under consideration for a particular journal, timeliness considerations may also guide one's choice.

  Manuscripts for APA journals are to be submitted according to the "APA Journals Manuscript Instructions for All Authors" on the APA website as well as the specific Instructions to Authors for the journal of interest, which are published in the individual journals and also posted on the APA website. An online manuscript portal, the Journals Back Office (www.jbo.com), facilitates the process of submission, allowing authors to upload their manuscripts in a few steps through a common online entry point.

  General guidelines for preparing the manuscript for submission are summarized in the *Publication Manual of the American Psychological Association* (6th ed.; APA, 2010, pp. 228–231). Authors may also find the document "Checklist for Manuscript Submission" on the APA website helpful for preparing manuscripts for APA journals.

  On receipt, the journal editor may give the manuscript a preliminary read to ensure that it generally adheres to APA Style, that the content is within the purview of the journal, and that the type of article (e.g., empirical study, theoretical review) is appropriate for the journal. If a manuscript is clearly inappropriate, the editor informs the author. Otherwise, the author can expect the manuscript to undergo peer review. The review process can vary in length, but authors can anticipate a response regarding the publication decision within 2–3 months.

The Peer Review Process

Fundamental to progress in science is its nature as shared knowledge and understanding about the world. In the words of Hengl and Gould (2006), "the core goal of any scientific work is to make discoveries and explain them" (p. 3). Much of this communication occurs through the exchange of ideas and findings in scholarly publications. Essential to this constructive, communicative process is that scientists understand and work within the social conventions of their respective disciplines (Committee on Science, Engineering, and Public Policy; National Academy of Sciences; National Academy of Engineering; & Institute of Medicine, 1995).

A key convention in the publication of research is the peer review process, in which the quality and potential contribution of each manuscript is evaluated by one's peers in the scientific community. Like other scientific journals, APA journals routinely utilize a peer review process to guide manuscript selection and publication decisions. Toward the goal of impartiality, the majority of APA journals follow an established masked review policy, in which authors' and reviewers' identities are concealed from each other.

APA journal reviewers are scholars selected by the action editor (typically, the journal editor or associate editor) to review a manuscript on the basis of their expertise in particular content areas of their field. To enhance objectivity, two to three peer reviewers typically are selected to evaluate a manuscript. In addition to technical expertise, criteria for selection of reviewers may include familiarity with a particular controversy or attention to a balance of perspectives (APA, 2010, p. 226). Whereas the journal editor holds final responsibility for a manuscript, the editor usually weights reviewers' inputs heavily.

Authors can expect their manuscripts to be reviewed fairly, in a skilled, conscientious manner. Reviewers are held to demanding standards: They must (a) present a clear decision regarding publication, considering the quality of the manuscript, its scientific contribution, and its appropriateness for the particular journal; (b) support the recommendation with a detailed, comprehensive analysis of the quality and coherence of the study's conceptual basis, methods, results, and interpretations; and (c) offer specific, constructive suggestions to authors.

"Quick Read"

After reviews are in hand but before considering the reviews in detail, the decision editor (either the editor or associate editor) scans the paper to gain an independent view of the work. This "quick read" provides a foundation for the more thorough reading that follows—it by no means determines the final decision. On the other hand, it probably parallels how authors can expect many reviewers (and readers) to approach their papers.

First, the editor scans the paper from beginning to end for obvious flaws in the research substance and writing style. If problems show on the surface, a deeper reading is likely to uncover other matters needing attention. The quick-read process is relatively simple. In the initial examination of your manuscript, the editor or associate editor will follow these general guidelines:

Read the abstract. The editor thinks about the following questions: What is the sense of the research question, methodology, findings, and interpretations? Major problems in the abstract often reflect internal flaws. The major goal in reading the abstract is to understand the research question. Is it clearly defined, relevant, and supported by the methodology? APA publication policy emphasizes *conclusion-oriented* abstracts: What did the research find, and what do the findings mean?

Examine the full manuscript. If it is more than 35 typed, double-spaced pages (including references, tables, and figures), this could pose a problem for some journals. How long are the introduction and the Discussion section relative to other sections of the paper?

Scan the paper's headings. Are they well organized? Does a clear structure emerge? If not, the author has not achieved coherence.

Scan the references. Are they in APA Style? If not, the author is not using APA publication format.

Scan the tables and figures. Do they portray the information clearly? Can they stand alone without captions? Are they well constructed and in APA Style? A "no" to any of these questions suggests problems in the author's presentation of findings. If the text contains a large number of statistics, could they be more appropriately put into tables or figures?

Finish the quick read by reading a page or two from each section of the paper. How often does the red pen jump into the mental fingers? Do problems result from sloppiness or something deeper? Are there long paragraphs (more than a page) and sentences (more than three lines)? Does the author communicate skillfully? Writing problems can signal more serious shortcomings.

The quick read leads to an initial impression of the care with which a manuscript has been prepared. Weaknesses do not necessarily speak to the quality of the research, but they do reflect barriers to understanding the work and give a sense of the paper's quality and suitability for publication. Authors preparing their own papers should ask themselves questions like those listed above.

Actions Taken on a Manuscript

After completing a quick read, the decision editor scrutinizes the manuscript and the reviews. The following categories constitute the editorial actions that may be taken on a manuscript:

Rejection. The flaws that lead to this decision generally center on substantive or methodological issues. A manuscript is usually rejected because (a) it is outside the area of coverage of the journal; (b) it contains serious flaws of design, methodology, analysis, or interpretation; or (c) it is judged to make only a limited novel contribution to the field. Below, we further discuss problems that may increase the probability of rejection.

Rejection with invitation to revise and resubmit. In some cases, manuscripts may have publication potential but are not yet ready for final publication. The study as presented may not merit acceptance as is but may warrant consideration after substantive revision (e.g., reorganizing the conceptual structure, conducting additional experiments, or modifying analyses). The action editor will give the author an invitation to revise and resubmit for another round of reviews (usually with the same reviewers). An action editor cannot guarantee acceptance of a revised manuscript, but authors who respond flexibly and attend closely to suggested revisions enhance their chances for an acceptance. Authors are advised to include a detailed cover letter outlining their responses to the revisions.

Acceptance. In very few cases, a manuscript may be accepted for publication on first reading, with only minor revisions required. More typically, acceptances follow the successful revision of a manuscript previously rejected with invitation to revise and resubmit. Once a manuscript is accepted,

it enters the production phase of publication. At this point, no further changes can be made by the author other than those suggested by the copyeditor.

New scholars who wish to learn more about the editorial and peer review process as it operates with APA journals are referred to "The Publication Process" (Chapter 8 of the *Publication Manual*; APA, 2010; see also Eichorn & VandenBos, 1985).

Characteristics of a Strong Manuscript

Before describing the characteristics of a good manuscript, we turn briefly to problems associated with a poor one. Bartol (1983, cited in Eichorn & VandenBos, 1985) identified chief problems as the following:

> inadequate review of the literature,
> inappropriate citations,
> unclear introduction,
> ambiguous research questions,
> inadequately described sample,
> insufficient methodology,
> incompletely described measures,
> unclear statistical analysis,
> inappropriate statistical techniques,
> poor conceptualization of discussion,
> discussion that goes beyond the data,
> poor writing style, and
> excessive length.

Sternberg (1988) gave a list of misconceptions about research manuscripts, which may help new authors avoid common pitfalls.

Beyond the more serious shortcomings highlighted above, Kupfersmid and Wonderly (1994) have drawn attention to the problems of the lack of relevancy and scientific contribution of a number of articles that are, in fact, published in professional journals. Clearly, creating a strong empirical or review manuscript that contributes to scientific knowledge requires thought and planning at each stage of the research and writing process.

Below we highlight features of substance and style that pertain to the quality of the manuscript and have bearing on its evaluation in the editorial review process. Throughout we refer to relevant sections of the *Publication Manual* (APA, 2010). The manual picks up where this guide leaves off, providing authors with a rich source of information on both substantive concerns and APA Style, which is well established as the gold standard in editorial style for a wide range of disciplines in addition to psychology.

Substantive Aspects

Central to the quality of an empirical research paper or literature review is its substantive core—that is, the research questions that are posed; the ways in which they are conceptualized; and the methodological soundness with which they are studied, assessed, and interpreted. From this perspective, we consider, in turn, various sections of the manuscript and refer the interested reader to more extensive description of the qualities of a strong research paper in the *Publication Manual* (APA, 2010; see also Bem, 2004; Hengl & Gould, 2006; Kupfersmid & Wonderly, 1994; Sternberg, 1988).

Title and abstract. The title and the abstract are key elements that inform the reader of the contents of the manuscript and, as a rule, are the parts of the manuscript that gain the widest exposure. Haggan (2003) observed a trend toward increasing informativeness of titles and referred to them as "texts in miniature," which in this fast-paced world of information overload "must add to the reader's mental representation of the world" (p. 312). Given the title's prominence, we encourage authors to exercise thought and creativity in selecting a title that will capture the reader's attention and clearly inform the reader of the contents within.

Similarly, the abstract is read by far more readers than is the average article. The abstract serves important purposes in summarizing the hypotheses, design, and findings of the study and in representing the article in indexing databases. Readers frequently decide whether to delve further into an article on the basis of the abstract. Thus, a well-written abstract that conveys the research questions and findings succinctly can entice readers to learn more. It is not an understatement to say that "a well-prepared abstract can be the most important single paragraph in an article" (APA, 2010, p. 26).

Some journals use structured abstracts, in which participants, methods, results, and conclusions are set off in separate sections. Regardless of whether these elements are formally set off, authors should include these aspects of the study and seek to provide the information accurately and coherently and in a nonevaluative manner.

Introduction. A strong introduction engages the reader in the problem of interest and provides a context for the study at hand. In introducing the research concern, the writer should provide a clear rationale for why the problem deserves new research, placing the study in the context of current knowledge and prior theoretical and empirical work on the topic. Responsible scholarship stipulates that the writer properly credit the work of others. Whereas it is impractical to exhaustively describe all prior research, the most current and relevant studies should be cited. Swales and Feak (2004) identified four cornerstones of the introduction in a research paper, advising authors

- to establish current knowledge of the field;

- to summarize previous research, providing the wider context and background and the importance of the current study;

- to set the stage for the present research, indicating gaps in knowledge and presenting the research question; and

- to introduce present research, stating its purpose and outlining its design.

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Within this framework, the writer states the hypotheses of the current study and their correspondence to the research design (APA, 2010, pp. 27–28).

Method.

In both quantitative and qualitative research, the use of appropriate methods of participant sampling, study design, measures, and statistical analysis critically influences the study's methodological soundness. Calfee and Valencia (2007) suggested that good methodology can be described by the two "Cs"—clean and clear. The soundness of the study hinges on *clean* methodology, that is, use of appropriate, valid, and unflawed methods of sampling and use of instruments, procedures, and analysis. In a clean study, Calfee and Valencia (2007) noted that the researcher ensures that

- sample variables are free of confounding influences (e.g., education is controlled for),

- recruitment and sampling techniques are appropriate,

- measures are reliable and valid for assessing the variables of interest, and

- the statistical procedures are appropriate and sufficiently sophisticated to examine the data and are carried out appropriately.

The ideal Method section is written in a *clear* manner, such that another researcher could duplicate the study. Toward this end, the writer should provide a thorough description of methods of recruitment, participant characteristics, measures and apparatus, and procedures. Recruitment methods and effects of attrition should be articulated. The writer should take care to thoroughly describe the sample with regard to demographic characteristics, including notation of any characteristics that may have bearing on the results (e.g., socioeconomic status). This information assists the reader in understanding the characterization of the current sample and the degree to which results may be generalizable. Measures should be appropriately referenced, including notation of their reliability and validity, and any adaptations to their customary use should be noted. In a clear study, the author explicates the research design and plan for analysis, noting whether conditions were manipulated or naturalistic, whether groups were randomly assigned, and whether the design explored variables within or between participants (APA, 2010).

Results and discussion.

The Results section should include a summary of the collected data and analyses, which follows from the analytic plan. All results should be described, including unexpected findings. Authors should include both descriptive statistics and tests of significance. The *Publication Manual* provides information on tests of significance, including null hypothesis testing, effect sizes, confidence intervals, inferential statistics, and supplementary analyses.

In the Discussion section, the writer evaluates and interprets the findings. This section should begin with a statement of support or nonsupport for the original hypotheses in light of the findings. If the hypotheses were not supported, the author considers post hoc explanations. In interpreting the results, authors consider sources of bias and other threats to internal validity, imprecision of measures,

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overall number of tests or overlap among tests, effect sizes, and other weaknesses of the study (APA, 2010, p. 35).

Limitations and a discussion of the importance of the findings should conclude the discussion. Providing a link to future research, the author may offer recommendations for further study. More specific recommendations are more useful. As Skelton (1994) observed, researchers too often end their papers with a recommendation that is "too imprecise to be operationalized, or too grand to be implemented by a decision at much lower than a ministerial level" (p. 459).

Tables and figures.

Tables and figures are particularly valuable for conveying large amounts of information and for showing relationships among data. The expanding development of advanced tools for graphic display provides authors with greater flexibility and capability for illustrating their results. Such tools can convey information in visually engaging ways that facilitate the reader's understanding of comparisons and evaluations of change over time. Authors should avoid duplicate reporting of data but instead should decide on the most comprehensible ways of presenting the information, whether it is through text or through tabular or graphic form.

Good tables and figures should be structured according to APA Style and be clear and self-explanatory so that, with their captions, they can stand apart from the text. In addition to Chapter 5 of the *Publication Manual* on displaying results, the interested writer may wish to consult the APA publication, *Displaying Your Findings* (Nicol & Pexman, 2010), as well as the article on this topic published in the *American Psychologist* (Smith, Best, Stubbs, Archibald, & Roberson-Nay, 2002).

Ethical Considerations

In planning for and conducting a study, researchers should consult the "Ethical Principles of Psychologists and Code of Conduct" (APA, 2002) as well as the ethical guidelines of the institution where the research was conducted. The APA Ethics Code requires that researchers ensure approval by relevant institutional review boards and obtain informed consent from all participants. Fulfillment of these requirements should be noted in the Method section. Researchers should take care to exercise proper conduct in administering measures and carrying out experiments with participants. When applicable, participants should be thoroughly debriefed, and such procedures should be indicated in the manuscript.

Style

Style in scholarly manuscripts can refer to various aspects of the writing technique. Here, we highlight *editorial style* and *writing style.* Authors preparing a manuscript for submission will want to attend closely to APA editorial style, the mechanics of convention laid out in the *Publication Manual*—the decisive resource for capitalization, italics, abbreviations, heading structure, and so forth. The *Publication Manual* also includes guidance on avoiding bias in language, which is particularly important in demonstrating sensitivity to such concerns as participants' mental illness and cultural background.

A strong manuscript will demonstrate the author's command of writing style in the academic genre of a research article. Tardy and Swales (2008) characterized writing genres in the following way:

Written texts are known to have culturally preferred shapes that structure their overall organization and influence their internal patterning. These shaping forces, at both general and local levels, are neither incidental nor accidental; rather, they exist to provide orientations for both readers and writers. (p. 565).

Learning the language of the genre will contribute to the production of a technically sound, well-written manuscript. In the case of an empirical research article, perhaps the most apparent feature is its standard structure, which follows some variation on the format of Introduction–Method–Results–Discussion. Beyond this organizational frame, however, there are a number of major and more subtle features that characterize the empirical research article.

A good research article hinges on its coherence and organization. These aspects of the article are influenced by the ways in which the study evolves from the data. Whereas a typical psychology research article will follow a standard framework of ordered sections, as noted above, a coherent article is not usually written in the order of these sections but instead develops from the data analyses. As expressed by Bem (2004) in his chapter on the empirical research article,

> There are two possible articles you can write: (a) the article you planned to write when you designed your study or (b) the article that makes the most sense now that you have seen the results. They are rarely the same, and the correct answer is (b). (p. 186)

Although the research paper should be guided outward from the hypotheses and resulting data, the paper should be guided by ideas and one's point of view. As stated by Sternberg (1988), "Facts are presented in service of ideas: to help elucidate, support, or refute these ideas. They provide a test against which the validity of ideas can be measured" (p. 4). Along these lines, an organizing principle of strong research papers is to convey central features first, followed by more peripheral or less important aspects (Bem, 2004).

Whereas selectivity in presentation is important, it is crucial to present facts objectively, both those that refute and those that support one's position. "Scientists demand that scientific reporting be scrupulously honest. Without such honesty, scientific communication would collapse" (Sternberg, 1988, p. 5).

Additional suggestions for writing accurate, clear, and concise research articles are provided in Chapter 3 of the *Publication Manual,* which discusses continuity and transitions, tone, precision, word choice, and grammatical principles. Another source of useful information is the APA Style website (www.apastyle.org).

Converting One's Dissertation Into a Journal Article

Beginning scholars will often choose to develop a journal article from a doctoral dissertation (or master's thesis) as an initial submission for publication. In this section, we first provide some considerations regarding the status of the dissertation with regard to its potential for publication. We then offer suggestions for converting the dissertation into a publishable manuscript. Often this involves reducing a document of over 100 pages to perhaps one third its original length. In particular, we highlight the following features most likely to distinguish the two types of documents: brevity, extent of literature review, data analyses, writing style, and interpretation of results.

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Deciding to Submit the Manuscript

First, the writer will want to consider whether the study merits publication in a journal article—specifically whether the findings tell a compelling story or answer important questions and whether the research makes a novel contribution to the literature. If the study is deemed worthy of publication, consideration should be given to such issues as whether all of the original research questions should be included in the present study and whether the results warrant additional experiments that could assist in answering the research questions more fully.

The author may also want to consider such factors as whether the current sample size provides sufficient power to merit publication and whether additional analyses might clarify ambiguous findings. Consultation with colleagues can help the author evaluate the status of the manuscript and its potential for publication as well as the selection of an appropriate journal to which to submit one's manuscript.

Adapting a Dissertation for Publication

Once a decision is made to convert a dissertation into an article, the author will want to focus attention on adapting the manuscript to an empirical article (or literature review) for publication. By attending to brevity and focus, relevant data analyses, appropriate interpretation of results, and writing style, authors can enhance the fit of a manuscript for journal publication. Editors and reviewers readily recognize an article that has been hastily converted from a dissertation. Whereas most reviewers are generous with their time and knowledge in guiding a new colleague through the publication maze, greater effort on the part of the author to make these adjustments at the front end is likely to increase the manuscript's potential for serious consideration.

Brevity and focus. Throughout a manuscript to be considered for journal publication, brevity is an important consideration, particularly in the Introduction and Discussion sections. In a dissertation, the writer's task is to demonstrate breadth of knowledge on a topic as well as the skills to fully explore the research problem under consideration. In contrast, an empirical article must maintain a clear focus. The abstract may need to be condensed to meet the length requirements of the journal. Whereas *Dissertation Abstracts International* accepts abstracts of up to 350 words, journal abstract requirements are likely to be more limited. For most APA journals, the maximum length is 250 words.

One of the major challenges in the dissertation's transformation is that of paring the more comprehensive literature review characteristic of a dissertation to a more succinct one suitable for the introduction of a journal article. The writer's task is one of selectivity, in which he or she takes care to preserve the relevant substance while omitting extraneous material. The writer will want to edit the text to material relating to the more immediate context of the research questions.

Selection of sources is similarly important. Given the rapidly expanding literature, it is generally impractical to exhaustively review prior research in a journal article. The author should nonetheless take care to reference the most relevant and current studies and avoid omitting key studies pertinent to the research problem. Citation of reviews and meta-analyses can guide the interested reader to the broader literature while providing an economical way of referencing prior studies. Depending on the timing of rewriting, the author should review the most recent literature to avoid overlooking relevant studies that may have been published since the writing of the dissertation.

Evaluation of analyses.

   The researcher should be selective in choosing analyses for inclusion in the journal article. An unbiased approach is important to avoid omitting study data. However, reporting every analysis that may have been run for the dissertation often is not feasible, appropriate, or useful in the limited space of a journal article. Instead, analyses that directly address the research questions should be retained and more supplemental analyses excluded. Prior to submitting the manuscript, the researcher may also wish to consider whether the existing data would be better explained by additional or more sophisticated analyses. Sternberg (1988) noted that the Results section should be organized so that the most important results are listed first, followed by results of secondary or post hoc analyses.

Interpretation of results.

   In writing the Discussion, researchers should focus on interpreting the results in light of the research questions. In particular, Calfee and Valencia (2007) advised new authors to be aware of tendencies to overinterpret their data. Taking into account sample size and composition, effect size, limitations of measurement, and other specific considerations of the study is important to avoid extrapolating beyond the data.

   A strong Discussion section notes areas of consensus with and divergence from previous work. New authors should make particular efforts to attend to connections with existing literature. Such attunement strengthens the communicative function of the research article within the framework of the broader scientific literature.

Writing style.

   New scholars are advised to familiarize themselves with the details of APA Style. In addition to the general considerations on style noted above, two points are worth highlighting here. First, a manuscript that closely follows APA Style guidelines is likely to make a more seamless presentation, with fewer features to distract the reviewer from the content of the paper. Second, in some cases, there are differences between formatting requirements specific to one's university or dissertation publishing services and journal style requirements. Areas of difference can involve tables and figures, organization of sections, and reference lists. For example, theses and dissertations may include bibliographies, which list additional sources beyond those included in the reference list. In such cases, the reference list will need to be edited to include only those references cited in the submitted manuscript.

Conclusion

   Although conducting research and writing publishable articles invokes challenges that involve considerable investments of time and energy, intellectual rigor, and fortitude, we encourage new scholars and researchers to take the progressive steps of developing their manuscripts for submission to psychology journals. Bringing to fruition the hard work of one's research and sharing one's findings with the scientific community can bring personal rewards. Beyond such rewards, it is through the continued communication of theoretical developments, carefully planned and executed research, and discovery that the field of psychological science and application can advance.

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APPENDIX G:

Ethical Principles and Code of Conduct for Psychologists (APA, 2010)

Principles for Professional Ethics (NASP, 2010)

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APPENDIX H

Portfolio Checklist

Appendix H:

University of Utah

School Psychology Portfolio Completion Checklist and Summative Evaluation

Student Name: _____

Evaluation	Required Component
	1. Current vita
	2. Syllabi from courses
	3. Transcripts of grades
	4. Annual reviews
	5. Clinic practicum logs
	6. Field practicum logs
	7. Internship contract
	8. Internship logs
	9. Clinic practicum evaluations
	10. Field practicum evaluations
	11. Internship evaluations
	12. Supervisory Committee form – Masters
	13. Program of Study form – Masters
	14. Supervisory Committee form – Doctoral
	15. Program of Study form – Doctoral
	16. IRB proposal – Thesis
	17. Thesis research (proposal or finished thesis)
	18. IRB proposal – Dissertation
	19. Dissertation research (proposal or finished dissertation)
	20. Professional paper submissions
	21. Conference presentations
	22. Honors and awards
	23. Sample reports (identifying information removed)
	24. *Doctoral preliminary exam results
	25. *Proof of completed Master's thesis or project
	26. *Thesis or dissertation research article
	27. *Teaching evaluations (if appropriate)
	28. Index
	29. *Organization*
	30. *Professional Appearance*

The following scale was used to evaluate the graduate student's completion of required portfolio components and proficiency in each applicable area as indicated by the following:

1.   Inadequate: No opportunity to evaluate the student in this area (component

missing) or inadequate performance (requires remediation).
2. <u>Acceptable</u>: Skilled and proficient, with demonstrated ability to function independently.
3. <u>Exceptional</u>: Highly skilled and proficient; professional skill level.

I have reviewed all of the products in this portfolio. This work reflects exceptional / adequate / inadequate progress for this point in training. The work reflected in this portfolio provides / fails to provide evidence that that student is adequately prepared to assume the responsibilities of a school psychology intern / school psychologist.

Reviewer: _____   Date: _____

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UNIVERSITY OF   UTAH EDUCATIONAL ASSESSMENT AND STUDENT SUPPORT CLINIC MANUAL

2014-2015

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CLINIC STAFF
2012-2013

Clinic Director:
      Janiece Pompa, Ph.D.

Clinic Assistant Director:
      MacKinzie Boone, BA

Program Director:
      Elaine Clark, Ph.D.

Faculty Supervisors:
      Elaine Clark, Ph.D.
      William Jenson, Ph.D.
      Dan Olympia, Ph.D.
      Janiece Pompa, Ph.D.
      Arron Fisher, Ph.D.

Adjunct Faculty Supervisor:
      Alicia Hoerner, Ph.D.

Clinicians:
      Mackenzie Boone
      Aubrey Cooper
      Kristina Cottle
      Shelly DeWitt
      Whitney Flygare
      Laura Lopach
      Linda Phosaly
      Ashley Stevens
      Jenna Warner
      Elizabeth White

DESCRIPTION AND PURPOSE

The Educational Assessment and Student Services Clinic of the Department of Educational Psychology at the University of Utah serves children and young adults in the community. It is housed in Room 1130 in the Annex (1901 E. South Campus Drive) on the University campus and is operated on a part-time basis by the Clinic director, departmental faculty and students. The Clinic provides a setting for graduate students to perform research; is a collaboration between the University, schools and the community to provide a public service; and trains students. Following coursework in psychopathology, psychological assessment, and psychological and behavioral interventions, graduate students are placed in a practicum setting through the clinic to gain applied skills in these areas.

Services: The Clinic offers specialized assessment in specific areas, such as neuropsychological assessment of children, adolescents and young adults with learning disabilities, head trauma, attention deficit disorder and autism. Psychological assessment of children and adolescents with mood and behavior disorders is also offered. Interventions available include behavioral plans; individual therapy with children and adolescents; parent training; and social skills training. These services are described in the University of Utah Educational Assessment and Student Services Clinic brochure that is available to the public (Appendix A).

Staff responsibilities: Each year, first- and second-year graduate students in the school psychology masters and Ph.D. programs perform assessments, interventions or other psychoeducational services through the Clinic, as directed by their interests and program requirements. First- and second-year students are required to sign up for at least **one credit hour** of Ed Psych 7730, Clinic Practicum, each semester. It is expected that students will spend at least eight hours of work per week on practicum-related experiences. Students are expected to see **three clients per credit hour per semester**, although this number may vary depending on the type of clients seen and/or the number of referrals to the clinic each semester. **Students must fill out the Practicum Experience Log (Appendix B) and the Practicum End-Of-Semester Summary (Appendix C) as a record of all professional services performed and submit them to Dr. Pompa at the end of each semester.**

In addition to the above, students taking classes such as Ed Psych 6110/7110, Child/Family Interventions I and II; Ed Psych 7130, Intelligence Testing; Ed Psych 7150, Individual Child Assessment; and Ed Psych 7190, Neuropsychological Assessment Practicum, may provide services through the clinic. These placements are designed to help students gain experience in psychotherapy, parent training and assessment. Students are supervised by departmental faculty and advanced graduate students with expertise in the student's area of practice. A client database is kept to provide research opportunities for faculty and students.The clinic director supervises the operations of the clinic; supervises the clinic assistant(s); initiates referral development and public relations activities; develops and administers the clinic budget. The clinic assistant director, a graduate student, takes and routes clinic phone messages; coordinates the intake and billing process; monitors the physical plant; notifies the director of clinic problems and needs; and orders test equipment and protocols.

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CLINIC OPERATION AND FUNDING

<u>Insurance and liability</u>
The clinic and its staff are insured by the University to the limits of the Governmental Immunity Act. Purchase of malpractice insurance by students and faculty is not required. Students working at the Clinic must be enrolled in a clinical training program at the University to be covered. Faculty supervisors must be working within the scope of their employment at the University to be covered.

<u>Funding</u>
The clinic is self-funded through fees for service; grants; and contracts with the state, schools, and other institutions. Practicum students are assessed a one-time fee of $35 to help maintain test equipment, purchase test protocols, etc.

Because the primary purpose of the clinic is student training, rates for services are considerably lower than those in the community. Rates for the academic year 2011-2012 are as follows:

Individual therapy/interventions - $20/hour
Psychological assessment for children - $175
Extended psychological assessment for children (ADOS for autism, etc.) - $275
Psychological assessment for adults - $275
Full neuropsychological assessment - $475

Payment is due at the time of service; insurance is not accepted.

<u>Billing and Use of Funds</u>
Clients are not billed; payment is obtained at the time of service. 5% of the funds received are allocated to the Dean's Office for program development and research. The remainder of the funds is disbursed to faculty and student development accounts, which may be used for travel, research, and graduate student support; and faculty development, including travel and research (see Faculty Practice Plan). Faculty decide what amounts and to which students the funds will be disbursed. No direct salaries are paid to participating faculty for clinic services provided. An annual report is provided to the Dean's Office describing all expenditures, collected fees and their allocation. All contracts and grants are audited on an annual basis.

SUPERVISOR RESPONSIBILITIES

Clinicians working in the Educational Assessment and Student Services Clinic may be supervised by faculty members from the Department of Educational Psychology, adjunct faculty members in the Department, or other psychologists or school psychologists approved by the Clinic Director. Supervisors have the following responsibilities:

< To oversee assessments and psychotherapy performed by student clinicians, to ensure the delivery of quality services through the clinic. For assessments, this may involve helping students select test instruments, learn how to administer tests and procedures, review videotapes to help students improve their test administration skills, interpret test findings, develop case formulations, and generate recommendations for interventions. For psychotherapy cases, this may involve helping students locate manualized intervention programs or develop their own programs through literature review; review of videos to assess clinician rapport with clients and insure accurate administration of interventions; etc.

< To keep the Director informed with regard to necessary tests, intervention programs and equipment needed for clinicians to perform appropriate services through the clinic. If needed, supervisors may ask that the clinic purchase additional materials by submitting a request to the Director.

< To provide feedback and review of student reports in a timely fashion.

< To maintain appropriate records of supervision.

< To communicate concerns **in a timely fashion** regarding students and/or clients to the Director and the student himself or herself, as necessary.

< To complete paperwork necessary for insurance reimbursement, legal purposes, Social Security Disability, etc. if necessary.

Specific supervisor responsibilities include:

➤ Rotating supervision of students. Supervisors will work with one group of students in Fall semester and a different group of students in Spring semester.
➤ Regular attendance at Clinic large group meetings once a month on selected Mondays from 11 a.m. to 12:30 p.m.
➤ Providing individual supervision for each student **on a weekly basis**.
➤ Provide oversight of and encourage timely completion of reports. Students are expected to complete **three cases per semester**.
➤ Provide students with a sample report so they can get an idea of the supervisor's expectations with regard to report structure and style.
➤ Read and correct student reports and return them to students **within three days**.

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- If the supervisor is not licensed, the supervisor and student should make sure that the Clinic Director reviews and signs off on the final report.
- As students complete reports, request that they record completed reports in the clinic's Google document file. The Clinic Director will assign grades at the end of the semester depending on this information.
- Notify the Clinic Director **immediately** if there are problems with a student or a student's case, such as the student not completing cases on time, not performing tests properly, not responding to supervision, committing ethical violations, being confronted with a report of child abuse or suicide threats from a client, etc.
- Consult with Daryl Dowdell, departmental administrative assistant in charge of accounting, to arrange payment for the supervisor's services.
- Complete and review the Clinic Practicum Supervisor Rating Form with each student at the end of the year.

ASSISTANT CLINIC DIRECTOR RESPONSIBILITIES

- Phone messages – checks messages left on clinic voicemail on a daily basis and relays any messages left for individual clinicians.
- Phone intakes – conducts brief telephone intakes with new clients and presents the cases at clinic meetings to assign to clinicians
- Billing – handles payments for services made by clients and transmits money to the departmental administrative assistant
- Record keeping – keeps and files clinic financial records. Enters payments into Quicken and provides monthly reports to Clinic Director.
- Ordering – orders materials, supplies, protocols, testing equipment, etc. for the clinic. **Clinicians should provide the Assistant Director with plenty of notice before protocols run out or equipment is needed, in order to insure uninterrupted service delivery.**
- Maintenance –arranges for maintenance and correction of any technical problems with clinic equipment (e.g. microphones, computers, etc.)
- Training – trains new clinicians in clinic procedures and in the use of clinic equipment. Is generally available by phone for emergencies involving clinic equipment, **within reason!**
- Scheduling – schedules rooms for clinic functions as needed
- Supervision – supervises student clinicians, when requested

CLINICIAN RESPONSIBILITIES

Attendance at clinic meetings
First- and second-year students' attendance at clinic meetings is **required.** Please bring your clinic manual to each meeting!

Student preparation
Before delivering services through the clinic, all students must read the clinic manual, become familiar with clinic procedures, and sign a confidentiality agreement. In addition, they must know their professional responsibilities. The following readings are required:

1. Ethical Principles of Psychologists, American Psychological Association
2. APA General Guidelines for Psychological Services
3. APA Specialty Guidelines for the Delivery of Services
4. Utah statutes with regard to psychological services (Appendices 1 and 2)
5. APA Standards for Educational and Psychological Testing

FERPA training
All clinic staff must undergo FERPA training, including first-year students. The document you must review is available at http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hippa-guidance.pdf, and is appended to this manual. Students who do not complete this requirement within the first month of their work in the clinic will not be allowed to take cases.

You must do the following as well:
- Each clinician must use his or her own user account and login to access data on the clinic computers
- Clinicians may not use clients' names in the body or subject line of e-mail. Be sure and put "PHI" in the subject line. Attachments are okay.
- Never, ever leave client records, test printouts, etc. lying around in the clinic where others can view them! This is a continual problem, and requires the assistant director to look up which clinician is in charge of that case to return the information to them. This year, we will simply destroy that information if it is not being properly taken care of according to these guidelines.

Security check and fingerprinting
All students working in the clinic must also undergo a security check and fingerprinting, which is coordinated through the Utah State Board of Education. Websites describing this process include https://secure.utah.gov/elr/welcome.html and http://uite.utah.edu/background-check.php. Follow the steps online. This must be done every three years!

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<u>Caseload</u>
Clinicians must **complete** three evaluations per semester in order to receive credit for practicum. This means that all testing must be completed, feedback must be delivered to the client, and the report must be written and given to the client to be counted as a completed case. Each student is responsible to post his or her case progress on Google docs and needs to be updated by each clinician in a timely fashion. If the required number of cases is not completed by the end of the school year, students will be required to work on cases throughout the summer in order to obtain credit for clinic practicum and progress to field practicum next year.

<u>Incentive plan</u>
For each additional case completed per semester, students will receive $100, which will go into his or her development account and can be used for travel, conferences, association dues and other professional activities.

<div align="center">**CLINIC PROCEDURES**</div>

<u>Phone numbers and computer passwords</u>:
Clinic phone numbers:
801-581-5806 (Line 1)
801-581-5816 (Line 2)

To pick up **phone messages:**
- Dial 801-585-6411, (password: "neuro" or 63876)
- If you are dialing from an outside line enter in mailbox # 16068

Students who need to make long-distance phone calls regarding clinic cases may use the clinic phone. Dial 9, 1, the area code, and phone number (ex: 9-1-435-677-1234) for long-distance access. Long-distance calls are for business only; no personal calls are allowed. All long-distance calls are to be recorded in the phone log in the binder on the secretary's desk.

To access the **internet** –
On the desktop: Sign in with your UNID and password. To access Google Calendar and Google Documents, sign in with the username: uofupsychclinic@gmail.com. The password is cliniccal. (The IT department changes the passwords every year, so if the current password is not working, call Trevor at 5-3450 to see if it has been changed.)

Psychcorp I & II - password is 1234

Vineland – username: AGS   password: safety

ABAS – password: abas

Key Math – username: admin   password: safety

Q Local – You need the USB key that is locked in the desk drawer labeled MMPI-2

CVLT-II – password: cvltii

BASC-II – username: admin password: safety

Conners 3 – You need the USB key locked in desk drawer (yellow/orange bull's eye icon on desktop)

WMI/MCI – name: DR POMPA   license code: e4e26d72043079ae   password: cliniccal

CPT-II - (on computer in Room 1) – click on Psychmanager icon. Both login and password are "Psychmgr" (with a capital P). When done with the CPT-II, press CTRL+End to exit and score

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Word Memory Test – exit to DOS, and type "cogshell" at C prompt. Password is "default_tpw". The manual is in the file under "word mastery test" (name is incorrect)

WRMT-R – select "WJRM cluster to be used for aptitude-achievement discrepancy analysis", choose "none" and it will print

Clinic procedures
Students must also become familiar with the physical layout of the clinic, including where test materials and protocols are kept and where client records are to be filed. The key to the clinic door is kept in a lockbox on the door handle. The lockbox code is 1978. The black pencil holder on the desk in the middle office contains a spare key to the clinic; the clinic mailbox key; and keys for the locked filing cabinet in which records are kept, all on the same ring. Students and faculty may make copies in the special education department down the hall from the clinic.

The clinic building is open during the following hours: M-F 6:30 a.m. to 10 p.m. and Saturday 7:30 a.m. to 5 p.m. Access to the building at other times is by a building key that can be signed out from Kendra, or borrowed from a faculty member.

Clinic meeting
First and second-year students must attend clinic meeting every other Monday from noon to 1:30. Second-year students will be assigned cases at this meeting. After contacting the client, the clinician should notify the assistant director, who will send a packet for the client to complete, which includes the clinic questionnaire.

Clinic Forms
- All clinic forms are located in the computer desk filing drawers, including:
    - Adult mailing packet
    - Child mailing packet
    - Billing ledgers
    - Confidentiality forms
    - Release of Information
    - Clinic Brochures
    - Classroom Observation Forms
    - Supervision logs

Client Files/Cases
- After being assigned a case, make a case folder with the client's name on it **and the year in the top right corner.**
- All clinic cases (current and completed) are kept in alphabetical order in the black filing cabinets in the clinic office. **All cases must remain locked in the filing cabinets and must not go home with you.**

Billing
- Put all client payments in the top drawer of the black filing cabinet labeled "Billing Ledgers".
- **Place the client's form of payment (cash/CC/check) paper clipped to your personal billing ledger**

Completed Cases
- After services are completed and the report is written, place a copy of the client's report in the client's file.

Test Protocols
- Test protocols are located in a tan filing cabinet labeled "Testing Forms" in the clinic.

Test Kits
- All test kits are located in the Bell Room (Room 308) in MBH. You must ask Kendra or another office staff member for a key to this room. After you get the materials you need, you must sign out these materials in the binder on Kendra's desk. Please enter all information on the checkout form, in case we need to contact you about any materials.

Videorecording Equipment
- Clinicians must videotape each client session. Videorecording equipment instructions are on a sheet pasted on the cabinet where the DVD recorders are.

STEPS TO PROPER SERVICE DELIVERY

The flow of service delivery in the clinic is described below, and is summarized in Appendix D, <u>So You've Been Assigned A Clinic Case!</u>

<u>Intake procedure</u>
Individuals desiring services through the clinic can call the clinic number, 801-581-6068, and leave a message. Once this occurs, the intake procedure is as follows:

      1. The clinic assistant will pick up the message, call the client and fill out the Telephone Intake Form (Appendix F).

      2. The clinic assistant will give the completed intake sheet to the clinic director, who will assign a clinician and supervisor to the case during practicum meeting. The clinic assistant will mail the Clinical Interview Form (Appendix F) to the client to complete and return.

      3. The clinician assigned to the case will contact the client <u>within 24 hours</u> to set up an appointment, and will record the appointment in the clinic's Google Calendar account. This can be done by typing "Google calendar" in the search bar of your browser. Enter "uofupsychclinic" in the sign in box and "cliniccal" in the password box. Record your name, the tests you will be using, and the room you want to reserve. Be sure to color-code your entry so that the room you are using is clear.

      4. As soon as the clinician is assigned a case, it is his or her responsibility to enter the client information into the clinic's Google Documents file (see above), which is in the upper left-hand corner of the Google calendar screen. Click on "Clinic cases 2011-2012 and enter your supervisor's name, client initials and date of birth, date case was assigned, date of intake interview. Later, enter the date testing was started, date testing was completed, date report was sent to supervisor, date feedback was given, and date report was sent to client. This signifies that your case is completed. Current cases should be entered in bold font so that the director and assistant director can easily see which cases have been completed and which have not. It is important that you keep your Google Documents case records up-to-date because **your grades will be based on this information. It is not the assistant director's responsibility to nag you about this.**

<u>Initial telephone contact by clinician</u>

During the initial phone call to the client, the clinician should:

1. Identify him or herself as a clinician from the University of Utah Educational Assessment and Student Support Clinic, calling to set up an appointment. **Note:** Do not leave this information on a telephone answering machine. The client may not want others to know that he or she has contacted the clinic for services. Also, given the popularity of caller ID, the clinician may wish to make all telephone calls to clients from the clinic if he or she does not want the client to know his or her home phone number.

2. Tell the client what procedures will be performed during the initial session (interview only, interview and testing), and remind the client to bring the completed Clinical Interview Form for the first appointment.

3. Give the client directions to the clinic (and/or offer to mail a brochure, which contains directions). Inform the client that he/she should park at the meters in front of the clinic and obtain a V hanging parking pass from the clinician. Write your name and the date on the V-pass checkout form hanging on the wall above the bookcase. **Make sure to retrieve the V pass before the client leaves!**

4. **Remind the client that payment is due at the time of service, and collect the money.** If the client does not know what his or her payment is, refer to the intake sheet, where it will be listed at the bottom.

5. Give the client a number where he or she can reach you. This can be the clinic number (801-581-6068) or a personal cell number, if you so choose. The Assistant Director picks up the phone calls, and will inform you if a call is received for you.

6. After scheduling the appointment, reserve the room you want at the appropriate time on the computer. If testing, list the tests you will be using so others will know you need them, and to insure that they will be available at the time you need to use them. We are sharing the clinic with counseling students, but only school psychology students are allowed to schedule appointments **after 3 p.m.** If this becomes a problem, let the clinic director know.

Initial appointment
Before the initial appointment, the clinician should:
   1. Make a file for the client. **Write the year of date of service on the top right-hand side of the tab**. This is very important so that we know how long we need to keep the record.

   2. Have video equipment set up and test materials accessible

   3. When meeting the client, the client should introduce him or herself and the observer(s), if present. Observer(s) should then excuse themselves and watch from the central office behind the one-way mirror, or on the TV monitor.

   4. Have the client complete the Client Information form (Appendixes I or J), the Outpatient Agreement Form (Appendix K or L), Audio/Videotape Agreement (Appendix I), Clinic Patient Agreement form (Appendix M or N), Acknowledgment of Receipt of Notice (Appendix O), and Notice of Privacy Practices - Long (Appendix P). The client may be given the Notice of Privacy Practices - Long (Appendix P) upon request, as well as the Patient Information Form.

5. <u>Before the interview</u>, the clinician will discuss and review FERPA privacy and security regulations and the limitations of confidentiality with all parties present. This requires you to have read these forms in advance, and clients must be notified of the following:

    a. If they reveal information regarding sexual or physical abuse or neglect of a minor, the clinician must notify the nearest peace officer or state Division of Child and Family Services (Utah Code Title 62A, Chapter 4a, Part 403);

    b. If they reveal information regarding sexual or physical abuse or neglect of a "vulnerable adult:, the clinician must notify a law enforcement agency or state Division of Child and Family Services (Utah Code Title 62A, Chapter 3, Part 3);

    c. If they reveal serious intent to commit suicide or homicide of a specific individual, others must be notified to protect their safety. In the case of suicide, parents or family members may be notified; for homicide, the intended victim and a law enforcement agency are usually notified. (Utah Code Title 78, Chapter 14a);

    d. If they have a communicable disease (Utah Code Section 26-6-6);

    e. If the disclosure is part of an administrative, civil, or criminal proceeding and is made under an exemption from evidentiary privilege. The clinician must receive a legitimate subpoena issued by a court of law, such as in child custody proceedings, personal injury cases, etc. (Rule 506, Utah Rules of Evidence).

6. Using the completed initial questionnaire as a guide, interview the client in a conversational rather than interrogative style. Let the client know that the interview is being conducted in order to obtain background information to help assess the problem. At the end, thank the client for their participation and ask if there is anything else that has not been discussed that would be important in understanding the problem. Describe the content of future evaluation sessions, how long you expect the evaluation to take, and when the client can expect feedback and a report.

7. <u>Full payment is due at the time of service</u>, and should be collected by the clinician. The clinician will give the client a receipt, and place the payment in the billing folder in the top drawer of the filing cabinet. Payment information will be written on the bottom of the intake sheet so the clinician will know the payment amount to expect. Clients can make payments by check, cash, or credit card. We accept Discover, Mastercard and Visa. If a client pays with a credit card, please refer to the instructions posted above the credit card terminal next to the main computer.

8. Immediately following the initial appointment, the clinician will complete the billing sheet (Appendix Q), recording the client's name; DSM-IV Axis I diagnosis; number of hours of service; what type of service was provided; and amount and type of payment collected (cash, check, credit card). The billing sheets and payments will be placed in the billing folder in a locked cabinet, and will be taken to the Department by the clinic assistant.

9. The clinician will then take the information from the initial intake to his/her supervisor to decide a plan of action, such as assignment to group or individual therapy, parent training, or what assessment measures to use. **You should not remove client**

information and assessment protocols from the clinic. They should be kept in a locked cabinet at all times. Make a copy for your supervisor, or have supervision in the clinic. The entire evaluation should be completed in two weeks.

   10. During the last evaluation session, the clinician will schedule a time to review the evaluation results with the client and/or client's parent(s). The clinician may ask the supervisor to sit in on this interpretive session, if necessary. After the case is closed, the Clinic Assistant Director will send a client satisfaction questionnaire to the client, asking him/her to rate the quality of service provided by the clinician (Appendix R).

   11. If a clinician needs to drive his or her own vehicle to a school in the community, he or she may obtain a mileage reimbursement form from Daryl Dowdell, Administrative Assistant.

Guidelines for the interpretive session
A. The clinician should thoroughly review the client file prior and be familiar with all test results prior to meeting with the client for the interpretive.

B. When meeting with the client and/or parent(s), the clinician should:

<   Provide an overview of the topics the meeting will cover.

<   Reiterate the referral question.

<   Review the client's performance on each test administered. Visual aids such as a graphic of the normal curve as it relates to standard scores may be helpful (http://www.citrus.kcusd.com/gif/bellcurve.gif). Depending on the age, level of sophistication, and psychological issues of the client, actual test scores or general descriptions of level of performance may be presented. The clinician should describe test results in plain English. The clinician's presentation should be organized into specific areas assessed (intellectual, cognitive/neuropsychological, academic, personality tests). Children should be included in the interpretive meeting, and test results should be explained to them briefly and clearly, in a manner appropriate to their developmental level. It is often helpful to explain test results to children and parents separately, then review recommendations together at the end.

<   Review recommendations and the client and/or parent(s) reactions to the recommendations.

<   Ask if there are any other questions. If not, the client should be assured that the report will be sent out within a week to the referral sources for whom releases have been signed, and to the client if they wish. The client should be informed that after receiving the report, if they require further explanation of the results, don't understand information contained within the report, or if there are inaccuracies that need to be corrected in the report, that they should feel free to

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call the clinician. Reports should never be sent to clients without the clinician having reviewed them with the client first, as the client may misinterpret or fail to understand the information contained in the report.

< Have client and/or parent(s) sign releases of information to the referral source

< Offer to attend school conferences or IEP's as a support person if the parent feels it would be helpful in advocating for his or her child with the school.

12. After supervision, the clinician will complete the report and place it in the file within <u>one week</u> of completing the assessment. The clinician will sign the report, print it on letterhead, and obtain the supervisor's signature on the final copy of the report. The clinician will return the report, all test protocols and other relevant paperwork to the clinic and place it in a folder labeled "Completed reports to be filed" in the locked file cabinet. Please inform the assistant director after you have sent the report. If a case drops before completion, please notify the assistant director and your supervisor.

13. After the report is written and placed in the file, the clinician MUST send a copy of the report to the clinic computer for electronic storage purposes. You should attach your report to an email and send it to <u>uofupsychclinicreports@gmail.com</u>. This is important, because your client may ask for the report in the future and it needs to be in a place where it is easily accessible. (It is highly recommended that you also keep your clinic reports in an electronic file for future reference if necessary.)

REPORT WRITING

The purpose of psychological reports is to translate test findings into useful information to a referral source. The report may focus on diagnosis of a client, the generation of meaningful recommendations, or both. The report is part of an archive of information regarding the client, and is a legal document.

Reports should be cleanly formatted on the page, be easy to follow, and be concise. There should be no typos, and grammar and punctuation should be accurate. Test names should be spelled properly. The report should be written in clear language, with no jargon. Paragraphs should not be too long, so the reader can find necessary information quickly.

The report should be written **on Clinic letterhead (first page only)**, and should include the following headings:

1. Demographic information - the client's name, birth date, age, referral source, name of clinician, date(s) of evaluation and date of report are required.

2. Reason for referral - specify referral source and referral question to be answered, or the purpose of the evaluation. In this section, list medications the client is taking.

3. Background information - state who was present at the interview, who gave the history, and whether they appeared to be a reliable historian. If additional records were obtained from other sources, list them here. Specify if records were requested from another source, but had not been obtained at the time of the report.

      A. Early History - only include history relevant to the referral question. Include who the client lives with, nature of family relationships (biological parents, step or foster parents, number of siblings, etc.)
           1. Children/adolescents - include information regarding the mother's pregnancy and child's birth, the child's temperament as infant/toddler, age developmental milestones were achieved, history of school grades and behavior, relevant illnesses or injuries, relevant family history and family dynamics (if relevant), history of previous psychological and/or academic evaluations, and implementation and effectiveness of interventions that have been attempted in the past.
           2. Adults - include history of school grades, history of emotional problems/treatment, family dynamics, relevant family history, medical/neurological history, employment history, history of previous psychological and/or academic evaluations, and implementation and effectiveness of interventions that have been attempted in the past.

      B. History of current complaint - define symptoms, how long they have been going on, in what situations they occur, examples of problem behavior.

      C. Psychological symptoms - symptoms of depression, anxiety, post-traumatic stress, psychosis, obsessive-compulsive disorder, etc.

D. Cognitive symptoms - problems with memory, attention, language, spatial abilities, academic abilities, etc.

4. Tests administered - list all assessment procedures, including review of records and clinical interview.

5. Behavioral observations - may include client's posture, mannerisms, hygiene, appearance (clothing, stature, physical characteristics, etc.). Quality of expressive and receptive language, ability to track conversation? Attitude towards testing, noteworthy behaviors, attention and persistence to task. Affect, mood, content and form of thought, rapport with examiner. Use descriptions of behavior rather than interpretations ("she continuously tapped her foot" rather than "she displayed anxiety") Observations should be relevant to the referral question and to your conclusions. State whether the results of testing are judged to be valid. If not, why not?

6. Test results - group results by content area. Subheadings may include Intellectual Ability, Verbal Skills, Visuospatial Ability, Motor Skills, Academic Abilities, Psychological Functioning, etc. In this section, merely report results; don't interpret them. Be sure to report the results of each test you administered, even if the data are puzzling or inconsistent.

A. When discussing intelligence test scores, list Wechsler IQ and Index scores, as well as the range in which they fall, according to the test publisher ("low average", "borderline", etc.). Mention statistically (<.05) and clinically (<15%) significant discrepancies between IQ and Index scores. Provide a table of subtest scores and discuss relative strengths and weaknesses within the subtests as well as the level of subtest scores when compared to the standardization sample.

B. When discussing cognitive and psychological test results, provide scores and the level of those scores when compared to the standardization sample.

7. DSM-IV diagnostic impressions - provide diagnoses for all five axes. These are used for research as well as reimbursement purposes.

8. Summary and recommendations - in this section, do not rehash the data you presented in the test results section. Instead, briefly summarize your results and present conclusions. Use your clinical skills and supervision to formulate your conclusions, rather than slavishly adhering to test data. You may provide (brief) references to relevant literature if necessary.

<   List and number your recommendations for intervention, which should be as specific as possible ("the client was referred to the Brain Injury Association at 801-555-4444 for further information about support groups" rather than "client would benefit from a support group for brain injury").

<   If recommendations are lengthy, they may be grouped by topic area.

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- < Recommendations should answer the referral question, and should give the referral source concrete next steps to pursue. This may include suggestions for referral to a physician for medication evaluation, specific suggestions for classroom management or curriculum adjustment, etc. If you have provided the client with information or psychoeducational materials, mention that here.

- < ***Recommendations for special class placement should be tactfully worded*.** Example: "Johnny should be referred to the special education team at Mountainside Elementary for evaluation of his eligibility for special education placement, given the results of this evaluation and other relevant information."

- < If you are not sure what to recommend, consult your supervisor as well as the excellent library of references for intervention contained in the Clinic.

Note: Do not write this section until you are sure you understand all of your test results! If you don't, consult your supervisor before formulating your conclusion.

9. In the signature block, list your name, degree, and position (school psychology clinician); supervisor's name, degree and position (licensed psychologist, certified school psychologist, etc.)

See Appendix 4 for an example of a completed report. There will be additional example reports on Canvas as well.

Additional resources that are helpful in report writing:
http://www.dailywritingtips.com/10-rules-for-writing-numbers-and-numerals/

Common mistakes that will drive your supervisor crazy and how to avoid them:

TEST SCORING AND REPORTING	EXAMPLE

If there are outlying scores on a particular test or tests, recheck your scoring.	WISC-IV Processing Speed
	   Coding 2
	   Symbol Search 13
	   (All other subtest scores average)

Use the proper descriptors for test scores.	Usually: 130+ = Very Superior 120-129 = Superior 110-119 = High Average 90-109 = Average 80-89 = Low Average 70-79 = Borderline Below 70 = Below average
Read the test manual or examine the test printout to determine whether that test has different descriptors for test scores.	On CTOPP, GORT-5, and TOWL-4: scores in the 80's are Below Average. On the WJ-III, scores in the 70's are Low and scores in the 60's and below are Very Low (etc.) For the Rey Complex Figure – look at p. 39!
ORGANIZATION OF HISTORY AND TEST RESULTS	Chronologically AND/OR By topic AND/OR By test Do not jump around!
DESCRIBING TEST RESULTS	Use report templates provided on Canvas, or ask me for them For WJ-III: standard scores take priority in interpretation. Use RPI's to add descriptive information, and explain what they are the first time you use them in the report
GENERAL REPORT WRITING	
Put your degree and title in the signature line of the report	**Wrong**: "Janiece Pompa, Student" **Right**: "Janiece Pompa, Ph.D., School Psychology Clinician"
Style should be professional; not too casual and not too pedantic	"He messed up last year in school" "His academic marks were assuredly substandard when a comparison is made to those he obtained during his seminal kindergarten year" **Exception**: If you are quoting someone else to make a point, put quotes around the word. "The mother said that Johnny called

	Susie "a little poo-poo head"."
When meeting with parents and referring to them in reports, refer to them as "Mrs./Mr." For adult clients, refer to them in reports as "Mrs./Mr./Ms."	In report, refer to your 42-year-old client as "Mr. Corleone", not "Vito"
Spell out acronyms the first time you use them in a report	ADHD=attention-deficit hyperactivity disorder NOS=not otherwise specified
Spell test names correctly	Wechsler, not Weschler Conners, not Connors (etc.)
Define all psychological jargon. Not everyone who is going to read your report is a psychologist!	BASC-2: "Clinically significant" vs. "at-risk" RPI=Relative Proficiency Index (etc.)
Don't capitalize the names of disorders	NO: Autism Spectrum Disorder Major Depressive Disorder, Severe, Recurrent, In Full Remission
Line up columns of numbers in report	52 52 *72 NOT *72 45 45
Put your conclusions in the "Summary and Conclusions" section, not the body of the report.	(In Test Results section) "Johnny obtained an Oral Reading Quotient of 73 on the GORT-5. This indicates that he would benefit from a referral to a reading specialist."
GRAMMAR, PUNCTUATION, WORD USAGE	
Minor errors (frequently repetitive) occur in your reports	Turn on spell- and grammar check and use it. Run it after you have finished your report and correct all errors identified.
Be consistent in word form and usage throughout the report	"He did poorly in second grade. Now, in his 3rd grade year…"
Do not end a sentence with a preposition	"Johnny's mother did not know who he sent the note to." **Instead**: "Johnny's mother did not know to whom he sent the note."
In general, use past tense rather than present progressive	"The grandmother is requesting an evaluation." **Instead**: "The grandmother requested an evaluation."
In general, use active rather than passive tense	"Several characteristics of autism spectrum disorders were endorsed by the mother." **Instead**: "The mother reported that Johnny displayed several characteristics of autism spectrum disorders."
When using a word form that is single, use the pronouns "he or she" instead of "they"	'When talking about one of the students, the mother said that they had disrespected her son." **Instead**: "When talking about

	one of the students, the mother said that he or she had disrespected her son."
Place punctuation outside quotation marks unless the quotation marks encompass a full sentence	Johnny said that a girl was a "little poo-poo head". Johnny told his teacher, "I am the boss around here, and don't forget it."
Avoid choppy sentences	**Wrong**: He had speech therapy for several years. It began in second grade. **Right**: He had speech therapy for several years, beginning in second grade.
Avoid run-on sentences Use commas at any point in a sentence where there would be a pause if the sentence was being spoken.	**Wrong:** Johnny has three siblings, and all of the children were born in Texas, and he was born with a cleft palate, which was not surgically repaired until he was 3. Right: Johnny has three siblings, and he and his siblings were born in Texas. He was born with a cleft palate, which was not surgically repaired until he was 3.
Know how to correctly punctuate a sentence with the word "however" in it. Know how and when to use the semicolon and the comma in a sentence.	However, the student was deaf. The student was unresponsive in class; however, it was discovered that he was deaf.
BAD WORDS	
"Predominate"	"Predominant"
"Symptomology"	"Symptomatology"
"Kids"	"Children"
"Get"	"Obtain"
"Struggle"	"has difficulty with", etc.
MISCELLANEOUS	
Point of test administration – on the CVLT-II and CVLT-C, if the child recalls the word as a plural, it is counted as correct	**Right**: "hats" for "hat" **Wrong**: "cap" for "hat"
When emailing reports, data or any Protected Health Information to anyone, put "PHI" in the subject line, and do not put the client's name in the subject line	**From:** Suzy Schpsy **Subject**: First draft of report PHI

CLINICAL ISSUES

Basics: If you are delivering clinical services, please be well-groomed and dress appropriately. This means (at least) a shirt with a collar or sweater and nice slacks or modest skirt or dress, *sans* cleavage. **No jeans!** This is a problem every year – please don't embarrass yourself or the faculty member who will find it necessary to advise you about this.

Assessments Assessment materials and client files must remain in the clinic. Students who need to practice test administration should do so at the clinic. There have been cases where students have taken test kits, video cameras, or client files from the clinic and they were lost or stolen. If this occurs, the student will incur the following penalties: 1) fail the practicum course, 2) repeat their ethics course, 3) reimburse the clinic for lost or stolen equipment or test kits, 3) try to recreate each file as best as possible, and 5) tell the client about their error in judgment. If necessary, the student may also have to pay for a one year membership to an identity theft company, to help safeguard the client's identity.

During the evaluation process, the faculty supervisor will check test protocols to insure that correct test administration and scoring procedures were followed. After completing the assessment, the student will write the report, which will be co-signed by the supervisor. ****Psychological and neuropsychological evaluation reports will be completed within two weeks after completing test procedures!**** Immediately following completion of the evaluation, the student will have the client sign releases of information (Appendix S) to send the report to the referral source and others if necessary, and the student will review the assessment findings with the client and/or client's parent(s). Files and test protocols of clients seen through the clinic are the property of the clinic and will be kept in clinic files, even if the student performing the evaluation is working for another agency at the time. Files should only be removed from the clinic for supervision, and should be returned immediately afterwards. **Under no circumstances should students keep client files!** After writing the report, a copy needs to be placed on the clinic computer in case the client needs it in the future.

Psychotherapy Students conducting psychotherapy will be expected to meet with their supervisors for one hour a week to discuss their cases and to develop a written treatment plan, which will be kept in the client's file. Students conducting play therapy should use the rubber mat if playing with sand and/or water. They should also clean the playroom, using the vacuum if necessary, after each play session.

Progress notes (Appendix U) will be kept after each therapy visit, and will be signed by the student and supervisor. These notes should be brought to supervision in order to review the client's progress, then should be immediately placed in the client's folder. Progress notes are a legal record of services rendered, and may be requested for court proceedings or insurance purposes; therefore, they must be carefully written. They should include the following information: date of service, individual(s) seen, type of service provided, length of session, brief description of the problem addressed, and intervention provided. The narrative section should be in SOAP format, which is as follows:

< **S -Subjective**: This is information given by the client regarding his or her own affect, behavior, important life events, etc. Clients' report of symptoms, descriptions of their problems and feelings, and relevant historical information are noted here. Client quotes may be used for illustration.

< **O-Objective**: This is information gathered by the clinician during the session. Describe what you see, using observations rather than inferences. Facts from the client's life, details of their mental status, relevant medical data, and clear problem areas can be described here.

< **A-Assessment**: What did you conclude from your observations and the client's presentation? Your diagnostic formulations (depression, anxiety, etc.), client goals, and evaluation of client's progress would go here. Describe the client's response to intervention in behavioral terms.

< **P-Plan**: Briefly describe the interventions used (reframing, thought stopping, relaxation, developing a behavior plan for a child, etc. or referral to other resources such as books to read, therapy groups or other professionals), the plan for future sessions, symptoms to be targeted and direction of future interventions. When and how often will you meet in the future? What homework was given?

Progress notes should be relatively brief, summarizing the most important aspects of the session. They should be written with respect for the client, keeping in mind that the client may read them some day. Information that is irrelevant to the purposes of therapy and that may be embarrassing or inflammatory (to either you or your client) should not be included. It is very important to document suicidal or homicidal behaviors or verbalizations and your professional assessment of the client's suicidal or homicidal potential, to prove that you performed an appropriate assessment of the client's lethality.

Example of progress note:

S – Jason [a 17-year-old boy] stated, "I'm so depressed, I don't want to be here any more". He stated that he had dropped out of school and spends most of his time in bed. His parents have removed all medications and weapons from the home and are supervising him all of the time to prevent him from harming himself.

O – Jason maintained little eye contact in the session. He sighed frequently, appeared downcast, and fiddled with a pen for much of the time. He also attempted to scratch himself with a pencil before being stopped by the therapist.

A – Jason's depression and suicidal ideation appear to be increasing. He completed the Beck Depression Inventory – II, and his score of 32 fell within the severely depressed category. A thorough suicide assessment was performed, and Jason denied current intent to harm himself. He also contracted with this therapist to call her if he felt as if he was about to harm himself. The therapist also contacted Jason's parents in the session to

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encourage them to continue close supervision of Jason and to arrange an appointment with his psychiatrist, as he does not appear to be obtaining maximum benefit from his antidepressant medication.

P – Jason will be seen for therapy twice a week until he no longer verbalizes acute suicidal ideation. This therapist will also call him daily to assess his psychological condition. He has been referred to his psychiatrist for a medication check. If he continues to feel suicidal, inpatient treatment may be indicated.

The clinician should also develop a treatment plan to specify the client's problems, treatment goals, and direction of treatment (Appendix T). At the termination of therapy, a typed therapy summary should be placed in the file. Remember that for legal purposes, "if it isn't written down, it didn't happen"!

Cancelled or missed appointments In the case of cancelled or missed appointments, the clinician should attempt to contact the client and reschedule the appointment. If the clinician leaves two messages and the client does not return the call, the clinician should leave one more message indicating that the case will be closed unless the client re-contacts the clinician within one week. After **two** no-shows or cancellations, the client should be informed that no further appointments will be made unless the previous appointment is paid for.

Crisis situations In a crisis situation, the clinician should notify his/her supervisor immediately. If the supervisor is not available, notify the Clinic Director; if she is not available, consult with another faculty member. (See next page for phone tree.) If hospitalization is required, contact University Neuropsychiatric Institute (801-583-2500) or other hospital if authorized by the client's insurance company. Campus police (801-585-COPS) or the Salt Lake City Police (801-799-3000) may also be called, if necessary.
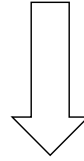
Who to contact in case of crisis:

Janiece Pompa

801-918-6198 (cell)
801-273-7555 (Private Practice)
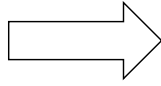
Elaine Clark
801-582-1340 (Home)
801-581-7968 (Office)
801-706-3373 (cell)

During normal working hours (8-5 weekdays)
call the Ed Psych department (801-581-7148) and
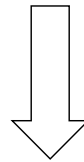any professors are available.

Dan Olympia
801-647-2105 (Cell)
801-484-0407 (Home)

Lora Tuesday Heathfield
801-560-9104 (cell)
801-596-9474 (Home)

Bill Jenson
801-918-1147 (Cell)
801-363-9538 (Home)

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These procedures <u>must</u> be followed for all individuals seen through the clinic. Adherence to these requirements is considered part of students' professional training, and failure to comply will be considered a supervisory and program issue for the student involved.

<u>Confidentiality</u>
All client information and records are to be kept <u>strictly confidential</u>. The student is not to discuss client information with anyone except the faculty supervisor, other students in group supervision, and others for whom releases of information have been signed. **Violation of this standard is a breach of professional ethics and will result in severe consequences.** Client files will be kept in a locked file in the clinic. Files may be removed for supervision, but must be returned as soon as possible.

<u>Videotaping</u>
All students are required to videotape each interview, assessment, interpretive, or psychotherapy session to review with his or her supervisor. Students should purchase flash drives to reuse for each session. ***Students should erase flash drives immediately after the supervisor has viewed them. Under no circumstances should flash drives or case material be left lying around the clinic, as this is a potential violation of confidentiality.**

<u>Supervision</u>
Each first-year student will pair with a second-year clinician to observe interviews and test procedures conducted by that clinician. If appropriate, first-year students may help clinicians by performing test procedures or other duties, within the scope of his or her training. Second-year student clinicians may be supervised by school psychology faculty, external psychologists, school psychologists, third-year advanced doctoral students, and/or the clinic assistant director, as assigned (see Appendix E).

Clinic meetings with all clinicians and first-year students will be held every other week for general discussion of cases. These dates will be assigned during the first clinic meeting of the academic year.

Individual meetings between students and supervisors should be held at least once a week, especially during weeks when no clinic meetings are being held. Students are expected to schedule regular supervision for all cases with their respective supervisors and keep supervisors updated with regard to the status of their cases. If it will not be possible to complete an assessment and/or report in a timely fashion, please notify your supervisor of the reason (client cancellation of sessions, holiday interruptions, client hospitalization, etc.). At the end of the academic year, supervisors will complete the Clinic Practicum Supervisor Rating Form (Appendix Z) for each student. Supervisors will review their ratings with each student, who will sign the form, which will then become a part of the clinic director's student file.

End-of-year case report

Clinicians should keep track of the type of cases seen, ages of client, diagnoses, tests administered, etc. to help in filling out applications for internship later, and to turn in to the Clinic Director at the end of the year. Surf to http://www.uky.edu/Education/EDP/cnpsred.html and click on the link for "weekly narrative spreadsheet" to keep an ongoing record of your hours. You may turn that form in, or click on "practicum hours data spreadsheet" for a yearly summary, which you may also turn in if you like.

RECOMMENDED ASSESSMENT PROCEDURES

The following have been recommended as basic procedures that could be completed with each of the following diagnostic groups. **As always, consult with your supervisor first**.

Basic child psychological evaluation
Interview - parent and child, teacher if necessary
Intelligence scale (WISC-IV, WPPSI-III, S-B V, RIAS, etc.)
BASC-II - parent, teacher, student forms, or other behavioral measure(s)
Observations as necessary

Basic adolescent psychological evaluation
Interview - parent and adolescent
Intelligence scale (WISC-IV, WAIS-IV, S-B V, RIAS, etc.)
BASC-II – parent, teacher, student forms or other behavioral measure(s)
Minnesota Multiphasic Personality Inventory – Adolescent, Millon Clinical Multiaxial
        Inventory – Adolescent, or other personality measure(s)
Observations as necessary

Learning problems
Interview - parent and child/adolescent
Intelligence scale (WISC-IV, WAIS-IV, S-B V, RIAS, etc.)
Woodcock-Johnson Tests of Achievement - III or Wechsler Individual
        Achievement Test-II (WIAT-III)
If reading problem: add Gray Oral Reading Test-V and Comprehensive Test of
Phonological Processing (CTOPP) and W-J-III Word Attack or Test of Word Reading
        Efficiency (TOWRE)
California Verbal Learning Test – Children's (ages 5-15) or Adult (16+) version
Delis-Kaplan Executive Function System (DKEFS)
Behavior Rating Inventory of Executive Functions (BRIEF) or BRIEF-A (for adults)
BASC-II - parent, teacher, student forms or other behavioral measure(s)

optional:
California Verbal Learning Test –Children (CVLT-C) or CVLT-II (adults 16+)
Rey-Osterreith Complex Figure
Clinical Evaluation of Language Fundamentals - III
Tests of oral and written language (TOLD, TOWL-4)
School observations

Head trauma and other neuropsychological problems
Intelligence scale (WISC-IV, WAIS-IV, S-B V, RIAS, etc.)
CVLT-C or Adult and Rey-O Complex Figure or Wechsler Memory Scale - III or
        Children's Memory Test
Delis-Kaplan Executive Function System (DKEFS)
Behavior Rating Inventory of Executive Functions (BRIEF)
Personality and/or behavioral measures

Attention problems
Intelligence scale (WISC-IV, WAIS-IV, S-B V, RIAS, etc.)
Conners' Rating Scales- 3
Conners' Continuous Performance Test-II
Test of Variables of Attention (TOVA)
Delis-Kaplan Executive Function System (DKEFS)
Behavior Rating Inventory of Executive Functions (BRIEF)
Attention Deficit Disorders Evaluation Scale

for adults:
Attention Deficit Disorders Evaluation Scale for Adults or Conners' Adult Attention
Rating Scales

Depression and/or anxiety
Reynolds Child Depression Scale or Child Depression Index
Reynolds Child Manifest Anxiety Scale
Suicide Ideation Questionnaire
Beck Depression Inventory-II (for older adolescents or adults)
Beck Anxiety Inventory or Multidimensional Anxiety Scale for Children

Pervasive developmental disorder and/or autism/and/or Asperger's
Stanford-Binet Intelligence Scale, 5th Edition, or Leiter or UNIT
Vineland Adaptive Behavior Scales or Scales of Independent Behavior – Revised or
        Adaptive Behavior Assessment Scale – II
Autism Spectrum Rating Scale (ASRS)
Childhood Autism Rating Scale 2 (CARS2)
Gilliam Autism Rating Scale (GARS)
Asperger's Diagnostic Assessment Scale
Autism Diagnostic Observation Scale (if trained to give this measure)
Pervasive Developmental Disorder Behavior Inventory (PDDBI)
Structured interview

Intellectual disabilities
Stanford-Binet - 5th Edition or Woodcock-Johnson-III Cognitive Battery or Leiter or
        UNIT or WAIS-IV or WISC-IV or WPPSI-IIII
Vineland Adaptive Behavior Scales or Scales of Independent Behavior – Revised or
        Adaptive Behavior Assessment Scale - II
Woodcock-Johnson Tests of Achievement - III
Developmental Test of Visual Motor Integration
Wide Range Assessment of Visual and Motor Abilities

Intellectual and cognitive evaluation (Spanish-speaking)
UNIT
Woodcock-Munoz Bateria
Bilingual Verbal Ability Test (may also be used with speakers of other languages)