NOTE: Although it is realistic to consider this manual a "work in progress," it should be considered the basis for defining and clarifying procedures and policies for the Clinical Program. The manual applies to all current students, except in cases of advanced students who entered the program under different policies and procedures that still apply to them. Please direct questions, comments, or suggestions for revision of the manual to Jocelyn Carter, Director of Clinical Training (DCT). Happy reading!
The Clinical Psychology Program is one of four Ph.D. programs in the Department of Psychology at DePaul University. The other doctoral programs are Psychological Sciences (formerly Experimental), Industrial/Organizational (I/O), and Community Psychology. In May, 2011, the DePaul Board of Trustees approved the creation of a new college, the College of Science and Health (CSH). The Psychology Department is now a part of this college.

The American Psychological Association (APA) first accredited the Clinical Program in 1976, and it has held continuous APA accreditation since then. At the conclusion of its most recent accreditation review in 2017, DePaul’s clinical program was awarded accreditation. The next self-study is due in May of 2020 with the next site visit planned for the fall of 2020.

DePaul University is a private, Catholic, urban educational institution operated in the tradition of St. Vincent de Paul. The University’s mission is

“to strengthen the dignity of each individual and to impact societal systems for the betterment of a just and humane community...The Vincentian quality of DePaul opens the heart as well as the mind to the basic dignity of each person and the corresponding duty to respond to the needs of those least able to provide for themselves. DePaul’s urban character makes it an active participant in the life of the community of greater Chicago, both drawing from and contributing to this larger community.” (Meister, R. A strategic plan for DePaul University: 1995-2000. DePaul University, 1995, p. 2).

The 2009 edition of the DePaul Graduate Student Handbook articulates the university’s continuing commitment to public service in its description of Vincentian Character:

DePaul takes its name from Saint Vincent de Paul, a French priest who lived in the 17\textsuperscript{th} century. The "Vincentian" religious community founded by St. Vincent established the university and endowed it with a distinctive spirit: to foster in higher education a deep respect for the God-given dignity of all persons, especially the materially, culturally, and spiritually deprived; and to instill in educated persons a dedication to the service of others. The people of DePaul University have retained this unique spirit as a highly valued heritage and vital influence in every succeeding generation of the university's development.

The Clinical Program trains students within a scientist-practitioner model, emphasizing training in both research and practice. The Clinical Program has four broad program aims. First, we strive to educate students broadly and generally about psychology and instill a commitment to life-long learning. Second, we aim to prepare graduates with knowledge and skills to engage in and shape research and scholarship. Third, we aim to prepare graduates for diverse career paths in the practice of clinical psychology and more in-depth preparation in child and/or community applications and policy. Fourth, we aim to prepare graduates to work in the public sector, in an urban environment, with diverse ethnic and socio-economic populations, and with those who have been traditionally underserved by psychology. Specific competencies that support these aims include: ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, psychological assessment, psychological intervention, supervision, and consultation and interprofessional/interdisciplinary skills. Our program’s diversity focus is intended to promote students’ understanding about the societal and systemic/ecological forces that have contributed to current manifestations of inequality for poor, urban, and ethnically diverse populations and on how these conditions influence mental health, family/community processes, and access to adequate mental health services.
Students in both the Child and Community tracks receive training to become clinical psychologists, and they are provided with clinical experiences to develop these skills such as training in testing, assessment, and psychotherapy. However, the two tracks have different emphases which are evident in the differences in their required courses. Child track students take courses in Family Therapy, Treatment Methods with Children, and Psychotherapy Research Methods. Community track students take Fieldwork, Grant Writing, Prevention and Intervention, and Consultation. Applicants select an area of emphasis at the time of admission and are admitted to one of the two tracks. The two areas of emphasis are complementary to one another and students often take courses across tracks as electives. It is the policy of the Psychology graduate programs not to accept Ph.D. or Psy.D. applicants who are interested in retraining from one psychological specialty to another.

In the fall of their first year, students are assigned a faculty advisor. Students in both tracks typically work with their research advisor in a mentorship model to develop their Master’s research. Students often retain the same research advisor throughout their graduate program; however, all students are free to change advisors, based on their interests and compatibility.

All students in good standing receive funding from the psychology department during the first three years of graduate study. Funding packages include a full tuition waiver plus an academic-year stipend. Students work 20 hours per week as research and/or teaching assistants in return for financial assistance. Advanced (usually fourth year and beyond) students have the opportunity to teach undergraduate courses, work in the clinic, or receive Doctoral Research Fellowship money.

As of the fall of 2019, the Psychology Department has 33 full-time, tenured or tenure-track faculty positions. The Clinical Program has 12 full-time, tenured or tenure-track faculty members, 7 in the Community area and 5 in the Child area. This number includes one full-time, tenured research professor who mentors students in research but does not teach courses. Several adjunct faculty teach courses, supervise students in research and practica, and/or serve on thesis and dissertation committees. The Director of Clinical Training (DCT) provides administrative leadership to the Clinical Program. Much of the practicum training for students in the Clinical Program occurs in the DePaul Family and Community Services (FCS) Center, which is located in the same building as the Psychology Department. Several clinical faculty members, as well as FCS staff psychologists, supervise students in the FCS.

The Clinical Program is designed for students to be able complete all degree requirements in five years, including three years of full-time coursework, one year of dissertation research, and a one-year full-time internship. During the first year, students take foundational classes in discipline-specific knowledge and clinical skills. They also begin planning their Master’s research. In the second year, students participate in the first of three years of required clinical practica. They also are expected to plan and carry out their Master’s research, and they continue their required coursework. Students begin to take courses in Community and Child areas of emphasis in addition to general program requirements. Third year students are expected to complete their required courses, obtain advanced training in research and clinical skills, and, ideally, take comprehensive examinations. Assuming students are moving through the program on schedule, the focus of the fourth year is on completion of the dissertation. In addition, students continue to refine clinical and research skills. Advanced students with Master’s degrees may elect to teach undergraduate courses under faculty supervision, both to enhance their teaching skills and as a source of financial support. For students meeting the recommended timeline, the fifth year involves the completion of a full-time paid internship in a setting that has been accredited by the American Psychological Association. Although the timeline allows students to finish all degree requirements in five years, the most common timeframe to complete the program is six years, which allows students to take advantage of additional research, scholarly, and/or practicum experiences. More details on recommended and required timelines of training, as well as the schedule of activities for the five- and six-year models, are provided in later sections of this manual.

2. CURRICULUM
The curriculum plan for the DePaul Clinical Psychology program adheres to the APA Standards of Accreditation for Health Service Psychology programs, which specify that all students obtain basic training in the breadth of scientific psychology which serve as the foundation for specialized training in practice and other professional activities (https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf). As one means of achieving this goal, DePaul students are required to take courses in affective, biological aspects of behavior, cognitive aspects of behavior, developmental, and social aspects of behavior. Students must also acquire and demonstrate competence in research, ethical and legal standards, cultural diversity, professional attitudes and behaviors, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interdisciplinary skills. As one means of achieving this competence, students take courses in statistics, research methods, ethics, diversity, professional development, child and adult assessment, psychotherapy and behavior modification, and community psychology. Students also fulfill these requirements through practicum and research milestone requirements as well as through research and teaching assistantships. The faculty teach professional attitudes, behaviors, and values and communication and interpersonal skills by modeling and promoting continued professional development, participation in professional associations, scholarly presentations and writing, and peer consultation. DePaul ensures that students receive adequate and appropriate practicum experiences by requiring three years of supervised practica, including a structured sequence of clinical experiences.

In addition to meeting APA accreditation guidelines, DePaul's Clinical Program requirements are designed to prepare graduates to obtain licensure in Illinois and in many other states. Nonetheless, students planning to seek licensure in states other than Illinois should check licensure requirements in those states to ensure that they take coursework that would prepare them to be licensed. Students are encouraged to keep track of their practicum and internship experiences using a registry service that will facilitate licensure across state lines (e.g., https://www.nationalregister.org/).

Degrees, Credit Hours, Registration, and Enrollment Requirements

Students receive a Master of Arts degree and a Doctor of Philosophy degree as part of the clinical doctoral program. The M.A. degree is not considered terminal, and students are not admitted for the M.A. program only. A minimum of 74 quarter hours including 4 quarter hours of thesis credit is required for the M.A. degree. The Ph.D. in Psychology entails a minimum of 92 quarter hours beyond the bachelor’s degree. Degree requirements for the M.A. and Ph.D. are listed in the Appendix and in the DePaul University Course Catalog. Requirements are assigned according to the year of program entry. If the clinical program changes its requirements after the student enters the program, students are able to request a new requirement term by emailing the graduate coordinator. The graduate coordinator also maintains a document that allows each student to track their course progress as they move throughout the program: Course History Checklist and Planning Guide.

Beginning in the fall of 2015, the required curriculum for the Clinical Program changed by reducing the number of required hours to complete the Ph.D. program from 106 to 92quarter-credit hours. In addition, two requirements relating to a prevention and intervention course in the community track and completion of the history and systems requirement) were modified in the spring of 2011.

DePaul University is on a quarter system that includes three, 11-week quarters from September to June each year. No formal coursework is offered during the summer in the Clinical Program, but practicum placements often begin in July. The course load is the heaviest in year one, when students typically carry 16 hours per quarter. Most courses earn 4 credit hours each. Students begin practicum in year two, when they typically carry 8-12 hours per quarter plus practicum. The course load is the lightest in year three, when the total course load is 16 hours (0-8 hours across quarters) plus practicum. Students continue in practicum in year four and take a required, 0-credit course to support their completion of requirements (Dissertation Seminar). In addition to courses, students complete 4 quarter hours of Master's thesis and 4 hours of dissertation.
International students need to obtain information about and consult with the Psychology Department and the DCT regarding any restrictions or requirements relating to their academic and training activities.

Zero Credit Courses. In order to access university services and maintain active student status, students must maintain registration every Autumn, Winter, and Spring quarter until the Ph.D. is awarded. In addition, students are required to sign up for several zero-credit courses to document their involvement in degree-related research, practicum, and internship. The specific zero-credit courses required are as follows:

- Thesis Seminar (PSY 590, 0 credits) in the three academic quarters (Autumn, Winter, and Spring) in year 1.
- Introduction to Clinical Skills, Consultation, and Supervision (PSY 499) in the three academic quarters (Autumn, Winter, and Spring) in year 1.
- Practicum
  - Three quarters of Practicum (PSY 577, 578, and 579, 0 credits) are required in year 2, taken in Autumn, Winter, and Spring, respectively.
  - Three quarters of Practicum (PSY 582, 583, and 584, 0 credits) are required in year 3 taken in Autumn, Winter, and Spring, respectively.
  - Three quarters of Practicum (PSY 574, 575, and 576, 0 credits) are required in year 4 taken in Autumn, Winter, and Spring respectively.
- Dissertation/Professional Development Seminar (PSY 598, 0 credits) in the three academic quarters (Autumn, Winter, and Spring) in year 4.
- Internship in Clinical Psychology (PSY 596, 0 credits) in the Autumn, Winter, Spring, and in whichever two sessions of Summer coincide with the internship start and end dates, respectively.

Students will register for additional zero-credit courses as needed to ensure the appropriate enrollment status (full-time (FT) = 8+ credits, part-time (PT) = 4 credits; financial aid eligibility requires at least PT status, although some funding bodies require FT status).

- 595 Graduate Research: as needed to maintain FT status until degree conferral (Master’s or Doctoral). Satisfies 8 credit-hour equivalent financial aid requirement for students not enrolled in sufficient credit-bearing courses
  - International students must be enrolled in at least 8 credits (or their equivalent) during the entire year (main session + summer sessions)
  - Domestic students must be enrolled in at least 8 credits (or their equivalent) during the main academic session (AQ, WQ, SQ)
  - Domestic students who are applying for financial aid over the summer must also be enrolled in at least 8 credits (or their equivalent) during both summer sessions (I and II)
  - Although most loan-granting agencies require proof of enrolment only during the main academic session, some also require this proof during summer sessions, regardless of whether students apply for summer aid. It is the student’s responsibility to ensure that they know and comply with their loan reporting requirements; this includes whether to enroll in PSY 595 during summer sessions.

- 702 Non-Resident Candidacy Continuation: as needed after completion all requirements except dissertation and dissertation defense, for students who have left the university but are continuing to make progress on their dissertation
  - Cannot be taken at same time as 599 Dissertation Research
  - Cannot be taken at same time as 595 Graduate Research
Incomplete Grades. In order to take a full load in the Autumn quarter of any year, students must have no more than one incomplete grade in formal coursework (does not include research, fieldwork, or practicum incompletes) from the previous academic year. When students have more than one incomplete course, their quarterly course load is reduced by one course. For example, if a student has two incomplete courses, the student will take one less course than typical in the subsequent quarter. The student will have such a reduced load for each subsequent quarter until no more than one incomplete remains. Incompletes are considered completed once the instructor submits a change of grade request. For circumstances beyond a student's control, the instructor may request a waiver on behalf of the student. The waiver request will be made to the DCT, who will present the request to the clinical faculty for review. A majority vote of the clinical faculty will decide the outcome of the request.

Beginning in the fall of 2003, the university instituted a new policy regarding incompletes, which states the following: “At the end of the quarter following the term in which the incomplete grade was assigned, all remaining incompletes will automatically convert to ‘F’ grades (end of Winter quarter for Autumn quarter incompletes; end of Spring quarter for Winter Quarter incompletes; end of Autumn quarter for Spring quarter and Summer session incompletes).” This policy applies to Clinical Program students. Thus, students need to be vigilant in resolving all incompletes within one quarter of receiving them.

Withdrawing from Courses. The clinical program treats withdrawal grades in courses in the same manner as the incomplete grades described above.

Minimal Levels of Achievement and Competency-Based Education. The clinical program uses grades in courses and assignments within courses to assess students’ minimal levels of achievement (MLA) in discipline-specific knowledge and profession-wide competencies. In most cases, competency is demonstrated through obtaining a grade of B+ or above which corresponds to 87%. Students who obtain assignment grades lower than B+ in any courses designated as demonstrating Discipline Specific Knowledge or Profession Wide Competencies will be required to meet with the DCT and the instructor to develop an intervention plan to develop competency and obtain the MLA. Students who are unable to obtain the coursework MLAs after intervention will be dismissed from the program. Full details regarding the demonstration of competency in courses can be found below and in a memo circulated to faculty on August 2nd, 2019.

The mission of the Clinical Psychology PhD Program at DePaul University is trains students within a scientist-practitioner model, emphasizing training in both research and practice. To ensure exceptional education and training, the Program has adopted a competency-based model for graduate learning. Within this model, students are expected to obtain a high level of competence across research, clinical, and professional domains, with specific objectives identified within each domain, as well as specific knowledge, skill, and attitude competencies identified within each objective. The clinical psychology faculty at DePaul University have based their model for competency training based on a model provided by Northwestern University Feinberg School of Medicine Faculty.

In a traditional grade-based evaluation system, grades are static, reflecting a student’s performance at the time of the assignment’s completion without opportunity for change. Traditional grade-based evaluation systems are useful when the goal is to differentiate student performance or competency; however, the utility of this system is limited when the goal is for most, if not all students to obtain mastery of competencies. The Program’s competency-based model diverges from traditional evaluation approaches by conceptualizing evaluation as a way of providing actionable feedback that affords additional opportunities for developing and demonstrating mastery of specific competencies.

The Program’s competency-based model to learning is embodied by a developmentally graded competency-based evaluation system for clinical and research competencies (See the Practicum Competency Evaluation Form and Research Competency Evaluation Form). For coursework, the use of a competency-based learning
model results in substantial impacts to instructors’ approaches to evaluation. When designing courses and presenting syllabi, for example, instructors are expected to clearly outline specific competencies that derive from the goals and objectives of their course. In turn, students are expected to work towards mastery of these course-specific competencies, as evidenced through performance on specific course assignments (e.g., quizzes, reports, papers, exams, observations, performance-based evaluations). Students are expected to meet the Program’s established minimum threshold of basic competency for each assignment, which is defined as performance of 87% or greater.

If a student’s performance on a specific assignment falls below 87%, the instructor and student are expected to work together to address the deficit knowledge or skill and bring it to a minimally acceptable level of competence. Specifically, students are expected to approach instructors to discuss the deficit and to obtain detailed feedback, ask for additional instruction or supervision, or inquire about forms of support to reach the minimal threshold for the specific competency. In addition to providing additional feedback, instruction, and support for the student to reach mastery of a specific competency, instructors are expected to provide another opportunity for the student to demonstrate their competency. Examples of common approaches for demonstrating competency include having the student:

- Retaking a different form of an exam
- Writing short essays on missed exam questions
- Conduct a short lecture on material to class
- Complete multiple revisions of essay, papers, and clinical reports
- Role-play clinical interactions to develop diagnostic or treatment skills

Ideally, students should be able to demonstrate competency within the standard framework of the course. Simple ways for an instructor to avoid the need for additional opportunities to demonstrate competency include providing ample opportunities for the student to demonstrate their knowledge or skill (e.g., multiple exams, papers, or quizzes), being available to meet and discuss course content outside of the classroom, and encouraging active learning opportunities (e.g., initiate classroom discussion, hold occasional journal clubs, limited use of student presentations, etc.). Under a competency-based learning model, instructors are encouraged to provide multiple and frequent opportunities for evaluation, and to avoid basing their evaluation/course grade on a single exam or assignment.

If a student is unable to bring her or his performance up to par after an additional opportunity to demonstrate competency, or if a pattern of below-competency performance is identified, individual remediation plans will be developed for the student, with specific and actionable milestones identified (See the “Student Remediation” section of the Manual).

The goal of a competency-based model of learning is to assure that all students meet a high degree of competence at all levels of their training. By putting the competency-based model of instruction into action, instructors also demonstrate the Program’s commitment to providing exceptional education and training.

Independent Studies. Students complete independent study forms to enroll in their master’s research (PSY 597) and dissertation research (PSY 599) courses. Additional opportunities to enroll in independent study courses are available to fulfill elective requirements. Independent studies are not offered for courses that are currently being taught by DePaul faculty members. Students can take courses from programs outside the Psychology Department in the University as long as the course is offered for graduate credit, and it is determined by the approval of the DCT to fit with the training needs of the student. Students may be able to take courses outside DePaul University, provided the course is not offered at DePaul and both the Department Chair and DCT approve the course in advance. These courses can be considered for transfer credit if no more than eight quarter hours have already been accepted for transfer credit.
Guidelines on Accepting Previous Graduate Credit. All requests for waivers and transfer credit in the Clinical Program must be put in writing and submitted to the DCT within the student’s first year of enrollment in the program. Decisions about waivers and transfer credit must be documented in writing, signed by the DCT, and placed in the student’s file. The program uses the Degree Progress Report and the BlueStar advising system to maintain electronic records of students’ course requirements. Students are encouraged to consult the Degree Progress Report to view their course completion and contact the Graduate Coordinator and/or DCT if discrepancies exist.

Course Transfers. Students who have obtained a prior M.S. or M.A. degree are expected to begin the Clinical Psychology Program at the first year level. It is possible (although not usual) for a student to be given a maximum of eight quarter hours of transfer credit for previous graduate work that was successfully completed (with a grade of B minus or above) and that is directly related to requirements in the Clinical Program. According to university policy, transfer credit can only be given for graduate-level work that has not counted toward a degree. Whether or not this credit is allowed depends on a review of the syllabus, texts, and course content of the previously taken course(s). The instructor of DePaul's similar course will complete the review, in conjunction with the DCT. If the course(s) passes this review, the DCT then sends a request to the College of Science and Health (CSH) Graduate Division to review the course(s) for possible transfer credit. Final authority to grant transfer credit rests with the CSH Graduate Division.

Course Waivers. The requirement to complete certain courses in the program can be waived if the student has taken similar courses at a recognized university. Before requirements are waived, the instructor of the similar course at DePaul and the DCT will review the syllabus, evaluation methods, course content, and course grade. Waiving a course merely means that the student is not required to take that particular course at DePaul. It does not decrease the credit hours required for graduation; thus, there is no transfer credit. The credit hours from a waived course need to be replaced through an elective course, which can be of the student's choosing after consultation with his/her academic advisor. During the first quarter of the first year, a student may apply to have these courses waived. The student also can apply for a course waiver later; however, it is recommended that students apply for a possible waiver early, in order to facilitate planning for a replacement course if one is waived.

Master's Thesis Waivers. The Clinical Program, as well as other DePaul psychology programs, require a data-based, research Master's thesis. If a student has earned a Master's degree elsewhere that included a data-based research project related to the appropriate area of psychology, the student can petition that the Master's thesis requirement be waived. In order for the previous research project to be reviewed, the student will form a research committee of two faculty. These can be of the student's choosing, provided the selected faculty consent. The committee will review the written product of the previously completed research project for its relevance to the psychology area and whether it meets the traditional standards of a Master's thesis in the program. The committee will then recommend to the DCT one of three possibilities: (1) The project is accepted as is, and the requirement for a Master's thesis is waived; (2) A new Master's thesis is not required; however, the student is required to do additional research-related work; or (3) The research project is considered to be inadequate in meeting the research requirements of the program, and the student must complete the required Master's thesis. Students who receive a waiver for their Master's thesis will need to replace the four hours of Master's thesis credit with other coursework or independent study hours.

Required Coursework

All clinical students have a set of general clinical courses that are required. Each track has another set of required courses. In addition, students can select from several electives to complete their 92 credit hours. The Clinical Program Course Schedule by Year as of 2017-2018 (see Appendix) lists the courses required for each
track and typical years and quarters courses are typically taken. To maintain active student status, please refer to prior paragraphs about continuing enrollment registration issues.

In addition, courses in advanced statistical techniques, courses offered in the Community Program, and courses taught by faculty in the Industrial/Organizational Program (e.g., courses on group dynamics, leadership, management) and Psychological Science (e.g., on social and emotional development) may also serve as electives. With approval from the DCT, students may fill their electives by taking courses in other departments and schools within the university, including the School of Nursing, Master’s Program in Public Health, Master’s Program in Social Work, the School of Education (e.g., courses on learning disabilities), the Modern Languages Department (e.g., Spanish), the Sociology Department (e.g., courses on juvenile delinquency), the Masters of Public Health Program (e.g., courses on urban poverty), and the School of Law (e.g., family law course).

The clinical psychology program requires a minimum of three full-time academic years of graduate coursework and residency, a Master's thesis and dissertation, comprehensive exam/project and completion of an internship prior to awarding the doctoral degree. The program’s residency requirement is addressed through the requirement that students complete their coursework in face-to-face classes during the first three years in the program and complete their required graduate assistantship and teaching assistantship roles. Students are required to complete the internship before the degree is awarded.

**Recommended Sequence of Study.** The course sequence that students follow in years one, two, and three is summarized in the Clinical Program Course Schedule by Year as of 2019-2020, contained in the Appendix. The sequence of activities for completing master’s and dissertation research projects is described in the next section. A summary of major requirements and projected times of completion in order to move through the program in a timely manner (i.e., 5 years) is provided below. Evaluation procedures, deadlines, and consequences for failing to meet required deadlines are detailed later in the section on Student Evaluation.

<table>
<thead>
<tr>
<th>Year in Program</th>
<th>Recommended Activities</th>
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| 1               | • Full course load Autumn, Winter, and Spring quarters  
|                 | • Master’s Thesis Seminar (0 credits) in Fall, Winter, and Spring quarters  
|                 | • Graduate assistantship responsibilities  
|                 | • Finalize Master’s thesis research proposal in Summer |
| 2               | • Full course load and practicum Autumn, Winter, and Spring quarters  
|                 | • Begin practicum placement in Family and Community Services (FCS)  
|                 | • Master’s thesis presentation to 1st & 2nd year classes and Clinical Program faculty in early Fall  
|                 | • Defend Master’s thesis proposal by November 1st  
|                 | • Graduate assistantship responsibilities  
|                 | • Conduct Master’s thesis research in Winter, Spring, and Summer |
| 3               | • Full course load and practicum Autumn, Winter, and Spring quarters  
|                 | • Practicum in FCS or an external practicum site  
|                 | • Defend completed Master’s thesis by February 1  
|                 | • Take Comprehensive Exams in spring  
|                 | • Graduate assistantship responsibilities  
|                 | • Complete all coursework (and any incompletes) by end of Spring quarter  
|                 | • Begin development of dissertation research project as soon as Master’s thesis completed |
- Begin teaching seminar sequence (if planning to teach)

4
- Defend dissertation proposal (provided Comprehensive Exams successfully passed) at least 2 weeks before internship applications due (in order for DCT to write a letter of readiness for internship applications)
- Practicum in FCS or an external practicum site
- Conduct dissertation research
- Optional teaching experiences
- Apply for internships for year 5 (provided dissertation proposal approved) -- most applications due October-November
- Indicate preferences for internship according to APPIC schedule (match day in February)
- Defend completed dissertation before leaving on internship (not required but highly recommended in order to finish program in five years)

5
- Full-time 1-year internship at APA-accredited internship site (most sites begin between July 1 and September 1)
- Conferral of degree after internship is successfully completed

6 and beyond
- If needed, complete all remaining activities
- Register each quarter until graduation

3. MASTERS AND DISSERTATION RESEARCH

The psychology department’s Thesis Manual contains the most current guidelines for theses and dissertations in the department. This manual is available in the Graduate Study in Psychology course (d2l.depaul.edu). The clinical program has additional policies that are detailed below. Students or faculty seeking clarification about which set of policies govern students’ master’s and dissertation research are encouraged to seek consultation from the DCT. The masters and dissertation research projects are associated with four courses: two seminars and two independent studies.

Master’s Thesis: Specific Guidelines

Thesis Seminar. The first-year class will meet in a seminar format with one of the clinical faculty. Students sign up for PSY 590, a 0-credit course, in the Fall, Winter, and Spring quarters of the first year. The specific goal of the seminar is to provide structures that prompt students to complete their thesis in a timely manner.

Thesis Credit Hours. Students complete an independent study form in order to register for the 4-credit Thesis Research course (PSY 597). This course can be taken at any time in the 2nd year depending on the scheduling of clinical program electives.

Masters Thesis Presentations. During the second year in the graduate program, the entire second year class will make oral presentations of their proposed thesis research to the faculty and other students. These presentations will occur on a Monday in early fall, and students will be cleared of all other responsibilities so that they are free to attend these presentations. It is the responsibility of the research advisor to help the student prepare for this presentation. The goals of these presentations are: (1) to provide students experience with making an oral research presentation in a comfortable, noncompetitive environment, (2) to provide constructive feedback on the proposed project (which might be used to finalize one’s proposal), (3) to expose first year students to samples of thesis research and prompt them to think about their own research project, (4) to give
greater exposure within the program to the variety of research projects that are conducted each year, (5) to involve second year students in thinking critically about the research of their fellow classmates, and (6) to encourage and support the timely completion of a thesis proposal. These presentations serve to unite the clinical program around its research agenda. Because many students’ Master’s theses are related to faculty projects, it is likely that everyone will be further exposed to ongoing faculty research as well.

All first and second year clinical students are required to attend these presentations, and students in the third year and beyond are welcome to attend. The entire clinical faculty, and, when feasible, other members of the student’s thesis committee if they are not clinical faculty members also attend the presentations. Second year students will be responsible for providing feedback about the oral presentation and the written research proposal to each other in advance of the presentation. This process encourages critical thinking about research other than one’s own. In order for the thesis committee members and the student providing feedback to have enough time to read the proposal before the presentation occurs, the presenting student will give a written draft of the proposal to these three individuals two weeks prior to the student presentations. Once students have made this presentation and received feedback on the oral presentation and the written draft, students and their advisors will jointly determine how best to incorporate the feedback into a final draft of the thesis proposal, if the proposal has not already been defended prior to the presentation.

Students do not need to wait for this particular timeline in order to proceed on a thesis proposal. It is quite acceptable and even encouraged for a student to obtain formal approval of the thesis proposal before November 1st of the second year. All second-year students will present their theses during the early fall presentation series. Students who have already received formal approval of their thesis proposals will present their project as proposed, and, as available, report on any data collection and analyses or conclusions.

For those students who enter the program having completed a satisfactory Master’s thesis at another university, the faculty approved several options for what students may present. These include (1) their MA thesis, which could focus on the original analyses or a publication version of thesis data; (2) a pre-dissertation project currently underway, providing it reflects the student's ideas and is sufficiently well developed conceptually to represent a substantive research plan; or (3) an alternative comprehensive review paper, again providing it is sufficiently well developed conceptually. The decision about selecting one of these options rests with the student in collaboration with the advisor, given the variability in projects.

For students who have already completed their thesis proposal or who entered the program with a completed thesis that was accepted from another university, constructive feedback can be provided to inform the writing of the final thesis (for students who have already defended the proposal but not the final product), preparation of a manuscript to be submitted for publication, formulation of a dissertation project, or formulation of an alternative comprehensive review paper. In addition, these presentations provide additional information to all students about research methodology and relevant issues encountered in conducting research.

The Research Presentation Rating Form is used during the group Thesis Presentations. The faculty will rate individual student presentations according to the Research Presentation Rating Form: http://depaul.qualtrics.com/jfe/form/SV_b2UGrjpdWktBr. Requirements for demonstrating training level-appropriate competencies are detailed on the Rating Form.

**Master’s Thesis Deadlines and Consequences.** Students must successfully defend their Master’s thesis proposal and have the signatures of the faculty thesis committee on the Approval of Proposal for Final Project Form by November 1st of the second year. In the event that a student does not meet this deadline, the following consequences apply:

- If the thesis proposal is not formally approved by November 1st of the second year, the student’s grade for thesis credits will be reduced by one letter grade (e.g., a student earning an “A” will receive a “B,” and a
student earning a “B” will receive a “C”). This grade cannot be upgraded regardless of the ultimate quality of the thesis project.

- If the thesis proposal is not formally approved by the last day of final exams during the Fall quarter, the student will not be allowed to register for more than eight quarter hours of coursework during the Winter quarter of the second year. This reduced load of courses will allow for more time to be available for completing the proposal.

- If the student does not have the thesis proposal formally approved by the last day of classes (not counting final exams period) in the Winter quarter of the second year, the clinical faculty will meet to determine whether the student shall continue in the program. If the student is allowed to remain in the program, a very specific contract will be drawn up among the DCT, chair of the thesis, and the student, which covers expectations for work to be done on the thesis during Spring quarter, culminating in a proposal defense meeting as soon as feasible. The student will not be allowed to register for coursework in the third year until the thesis proposal is formally approved.

- The clinical faculty will use flexibility in handling exceptional circumstances that may arise for a specific student who does not meet the expected timeline. It is recognized that there are events that occur out of the student's control, such as significant health problems, which might necessitate exceptions to the procedures that generally apply. In such cases, the clinical faculty will be informed of the circumstances and vote on any alternative plan. The DCT will be responsible for monitoring any exceptions to the above procedures.

- Students should have successfully defended their thesis by the last day of the final exams during the Spring quarter of their third year. If they have not defended their thesis by the last day of final exams during the Spring quarter of the third year, they will not be considered to be in good standing in the clinical program and will be put on a remediation plan.

- The committee will rate individual student product and presentation according to the Research Presentation Rating Form. Requirements for demonstrating training level-appropriate competencies are detailed on the Rating Form. One copy of the form will be submitted to the student’s file by the chairperson and can be completed online: http://depaul.qualtrics.com/jfe/form/SV_b2UGgrpdcWktBr.

Dissertation: Specific Guidelines

**Timeline for Completing the Dissertation.** The Curriculum section of this manual provides a recommended sequence of study, which includes a general timeline for when to complete the dissertation. Completing steps at or ahead of this schedule is strongly encouraged, except where regulations prohibit it. In particular, students who enter with a Master’s degree and a completed thesis should function approximately one year ahead of this schedule with regard to planning their dissertation research. Generally, we strongly encourage students to be in the Chicago area while completing their dissertation. Although long-distance research is possible, it poses many more difficulties.

**Exception to Timeline for Students with a Master’s Thesis Waiver.** Students must pass all parts of the doctoral Comprehensive Exams before they can officially defend their dissertation proposal. For students who enter the program with a confirmed Master’s degree and whose Master’s thesis has been reviewed and judged to fulfill the Master’s thesis requirement, there is a procedure whereby they can initiate dissertation research prior to admission to doctoral candidacy. Students must complete at least one year of the training program before proceeding with the dissertation.
Dissertation Seminar. This seminar is typically taken in the fourth year of the program and offers a forum for students to discuss their dissertation progress, prepare for internship, and prepare for careers beyond graduate school. The seminar includes both in-class and on-line components. Beginning in 2016-2017, students do not register for this course unless they are participating in the course’s face-to-face and/or online components. This course is no longer linked to financial aid status. PSY 595 Graduate Research is the course that denotes full-time enrollment in the absence of taking 8-credit hours in a given quarter.

All students are required to complete at least one year of the seminar (face-to-face and on-line components).

- Once students have completed a year of the seminar, additional participation in the professional development series is optional for students who are on track (as determined by annual evaluations). Students who fall behind may be required to attend additional years of the professional development seminar at the discretion of their faculty advisor and/or the DCT.

- The seminar meets 4 times during the course of the academic year (September through May). Students are expected to attend all 4 in-person class sessions. If one class is missed due to an excused absence, students may request to make up the class by doing additional assignments, as arranged with the instructor. If more than 1 class is missed, the student will be required to participate in the course the following the year. In addition to the 4 in-person meetings, there are online assignments that are required throughout the year, as this is a hybrid course. All online work is conducted through the course website in D2L (Desire 2 Learn) and completion of all assignments is required to pass the course.

Dissertation Credit Hours. Students cannot take dissertation credits until they have passed their Comprehensive Examinations and been admitted to doctoral candidacy. Therefore, the sooner students take their Comprehensive Exams, the sooner they will be able to take dissertation credits. A student must sign up for a total of 4 dissertation hours by way of an independent study form in order to fulfill the requirements for the Ph.D. Students can register for 1 to 4 hours per quarter although students typically register for 4 hours during one quarter. Dissertation credits are typically taken during the fourth or fifth year of study and are not automatically covered by the tuition waiver that students receive in their first three years in the program. The psychology department is typically able to cover the cost of these credit hours, but students should notify the graduate student coordinator of their intent to register for dissertation credit and ask for a determination of whether the department will be able to pay for these credits.

At the time of the oral defense of the dissertation, the committee will rate individual student product and presentation according to the Research Presentation Rating Form [http://depaul.qualtrics.com/jfe/form/SV_b2UGgrjpdcWktBr](http://depaul.qualtrics.com/jfe/form/SV_b2UGgrjpdcWktBr). Requirements for demonstrating training level-appropriate competencies are detailed on the Rating Form. One copy of the form will be submitted to the student’s file by the chairperson.

Dissertation Deadlines and Consequences. University regulations indicate that no more than five years can pass between the completion of doctoral comprehensive examinations (i.e., admission to doctoral candidacy) and the completion of the dissertation. In addition, the Clinical Program has instituted the following deadlines applicable to students entering the program in the 2017-2018 academic year (students entering the program earlier than 2017-2018 should reference the version of the manual that was in effect at their time of entry to determine the dissertation deadlines and consequences to which they are held).

Students must:
- Successfully defend the dissertation proposal by June 1st of their fifth year or earlier.
- Successfully defend the final dissertation, complete internship (except the final summer months of internship), and complete any remaining requirements for graduation by June 1st of the seventh year.
Consequences for failure to complete these requirements are as follows:

- Failure to defend the dissertation proposal by June 1st of the fifth year will result in placement on academic probation until the defense of the proposal.
- Failure to defend the dissertation proposal by June 1st of the sixth year will result in dismissal from the program.
- Failure to defend the final dissertation by June 1st of the seventh year will result in dismissal from the program.
- Failure to complete all requirements for graduation (except the final summer months of internship) by June 1st of the eighth year will result in dismissal from the program.

The Clinical Psychology faculty are committed to assisting students with their dissertation proposal and final project so they are able to meet all of the stated deadlines. In rare instances when extenuating circumstances arise, the student (with approval of the dissertation chair) may petition the clinical faculty for a one-time extension. This must be in the form of a written request that is signed by the dissertation chair and is submitted to the DCT. The entire clinical faculty will discuss the requested extension and give the student a written reply.

General details about the psychology department’s thesis and dissertation guidelines are available in the “Graduate Study in Psychology” course found on d2l.depaul.edu. College level resources including forms needed for degree conferral are available at: https://csh.depaul.edu/student-services/graduate-advising/forms/Pages/default.aspx.

4. COMPREHENSIVE EXAMINATIONS

The purpose of doctoral comprehensive examinations is to evaluate the student’s ability to integrate research and theory in addressing relevant questions across the various areas of the profession of clinical psychology. Preparing for the examinations provides an opportunity to consolidate and refine information learned in the program, as well as to build depth in the general knowledge base of clinical psychology and the emphasis area. These examinations must be successfully completed before the student can hold a dissertation proposal meeting. Students in some other psychology doctoral programs take comprehensive examinations, and many of the procedures are identical across programs. The information described below articulates how the process works for students in the Clinical Program. Students with logistical questions about a particular comprehensive examination should direct them to the Psychology Department faculty member who serves as Comprehensive Examination Coordinator.

General and Emphasis Areas

The general comprehensive examination, which all doctoral students in the Clinical Program must take, is based primarily on the readings and course content of the clinical core courses: Child Assessment, Adult Assessment, Advanced Psychopathology, Professional Ethics, Principles of Human Diversity, Principles of Psychotherapy and Behavior Modification, and Principles of Community Psychology. The exam consists of four essay questions, of which the student must answer three. The clinical faculty compose original questions for each examination date, based on material covered in the reading lists from the most recent syllabi for required core courses.

In addition, students are examined on either the Child or Community area of emphasis. The Child and Community faculty construct and grade the respective area examinations. In the case of the Child track, the examination is based primarily on the readings and course content of

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required clinical courses in the Child track: Treatment Methods with Children, Seminar in Psychotherapy Research, and Seminar in Family Therapy. In the case of the Community track, students will incorporate their knowledge of the field based upon course content of the required courses in the Community track: Principles of Consultation, Seminar in Program Evaluation, Grant Writing, and Prevention and Intervention. Students in the Community track may choose one of two options to complete the requirement for their area of emphasis: 1) they may complete a supplemental paper related to their PSY-585 fieldwork project (see below) in their third year, or 2) they may take an examination based on the readings in required courses. Students who elect to complete the supplemental paper on the PSY-585 fieldwork project are still required to take the general comps examination.

Clinical-community students who opt to complete the fieldwork paper option will write an APA-style paper that draws connections between their fieldwork experience and relevant community psychology literature. Papers must be a minimum of 6 pages and a maximum of 8 pages (double-spaced) in 12 point font with 1” margins. See Appendix for the grading rubric. Relevant literature from the community psychology curriculum (i.e., program evaluation, consultation, prevention, grant writing, fieldwork) to inform their work with their community partners. Students must also earn a passing grade (B- or higher) in all three quarters of PSY-585. Students should select a fieldwork project that will provide an enriching community psychology experience and will promote their ability to reflect on the prompts below. Generally, fieldwork projects meeting the PSY-585 course requirement and approved by the instructor are acceptable. However, the PSY-585 instructor may consult with the student’s clinical-community faculty mentor to ensure the scope of the proposed fieldwork project is appropriate for meeting the community area comprehensive requirement. Required elements for the paper are as follows:

- Students will begin the paper with a brief section providing an overview of their community partner and fieldwork project (1-2 paragraphs).
- Students will describe how the principles, values, theories, and/or conceptual frameworks from the community psychology literature influenced the design and implementation of their fieldwork project, citing relevant literature throughout.
- Students will cite examples of specific decisions they made in designing and implementing their fieldwork project and provide their rationale and supporting literature for making these decisions. In doing so, students may also reflect on the challenges they faced in completing the fieldwork project, and describe how and what they drew from the community psychology literature in deciding how to address these challenges.
- Students will identify a minimum of two Competencies for Community Psychology Practice (see Appendix) they gained through their fieldwork experience and how the competencies were achieved.
- Consistent with APA style, a references list must be provided. References and title page do not count toward the page limit.
- The paper should predominantly draw on literature assigned in required courses within the community psychology curriculum, but some outside references are acceptable.

Papers are to be submitted to the Comprehensive Examination Coordinator via email no earlier than May 1st and no later than June 1 of the third year.

Eligibility and Deadlines

Although it is recommended that students take all required courses prior to this examination, students have the option of taking the examination prior to completing all required courses. Comprehensive exams must be taken and passed within four years of admission to the doctoral program in order to maintain good standing. This means that students must complete the comprehensive exam and/or alternative project by June 1st of their fourth year.
Final orals for the Master’s thesis must be successfully completed by the following dates to be eligible to take the exam:

- Fall comps: July 15
- Spring comps: February 1

Extensions typically will not be granted beyond these deadlines. In extraordinary circumstances (e.g., advisor’s foreign travel, death in family, severe illness), requests for extensions may be submitted for formal review and possible approval by the clinical faculty.

The deadline to apply for Spring comps of the current academic year or Fall comps in the summer following the current academic year is February 1. The comps application is emailed to all graduate students in January.

Exam Dates

The fall exam typically is given on the Wednesday and Friday mornings of the week immediately preceding the first week of the Autumn quarter. This schedule is subject to change to accommodate religious holidays or other scheduling issues. If so, candidates will be notified shortly after the final application date for the exam. The spring exam is typically given on Monday and Wednesday mornings of the week immediately following the first Friday of the Spring quarter. The Psychology Department’s Comprehensive Examination Coordinator supervises the examination process. The specific examination schedule is as follows:

- First morning General Major Exam
- Second morning Emphasis Area Exam

Application Process

In order to apply, the student completes an electronic application form from available on the “W” drive, D2L, or by request from the Psychology Comprehensive Examination Coordinator or Graduate Coordinator by the deadlines specified above. Community track students completing the fieldwork paper option must still apply to sit for the general exam following the deadlines above and must denote whether they plan to take the community area exam or complete (d) the fieldwork paper option.

Clinical-community students who opt to complete the fieldwork paper option must submit a separate electronic application form to the Psychology Comprehensive Examination Coordinator by November 1 of the year they are enrolled in PSY-585. The form to indicate this option will be emailed to students enrolled in PSY-585 during Autumn Quarter.

Special Accommodations

When the student applies for the comprehensive exam, the student should consider whether he/she intends to request special accommodations for taking the exam. Special accommodations could be requested due to visual or health conditions, learning disabilities, or for other reasons. Students who are seeking accommodations must be registered with the Center for Students with Disabilities and select the “I need testing accommodations through CSD” box on the application form. The comprehensive exam coordinator will work with CSD to arrange for accommodations. Students should indicate that they need accommodations on the application form even if they are not sure that they will use them during the exams.
Withdrawal

Students who have submitted an application and later decide not to take the exams must notify, in writing, the DCT as well as the Comprehensive Examination Coordinator. Notification of withdrawal must occur at least three weeks prior to the scheduled exam date.

Reading Lists

Copies of recent syllabi for required courses are available on the D2L.depaul.edu Graduate Study in Psychology area. In order to ensure that students are studying the most current material in the field of clinical psychology, the comprehensive exam is based on the most recent syllabus for the required courses.

Testing Location and Distribution

Depending on how many students are taking the exam, the Comprehensive Exams may be held in one of the computer labs in Byrne (Room 358 or Room 602), the computer lab in the 990 Fullerton Building (Room 3100), or another computer lab on campus. Candidates will be notified which room will be used for the exam they will be taking. Students should arrive 10 minutes before the scheduled starting time, find a functioning computer, and bring up MS Word. The Comprehensive Examination Coordinator will distribute the examination questions and proctor the exam. At the end of the exam period, students will e-mail their answers to the Comprehensive Examination Coordinator who will then distribute to the DCT for grading.

Grading and Notification of Results

For the general and emphasis area examinations, a minimum of three Clinical faculty members is assigned by the DCT to grade each question. Students receive a score from 1 to 5 (1=very poor, 5=excellent) for each question. An average score across all readers of 3.3 is needed to pass the exam. In evaluating the examination, the following areas are considered: accuracy of information, comprehensiveness of answer, integration and synthesis of material, organization and clarity of writing. The most crucial criterion is that students address the important points of the questions. In addition, well organized and well written answers with appropriate reference citations are evaluated more positively. A sample of the Comprehensive Examination Evaluation Form is included in the Appendix.

For clinical-community students who opt to complete the fieldwork paper option, the paper will be graded by two faculty graders. As with the comprehensive examination scoring system, a grade of 3.3 or higher is passing. See Appendix for grading rubric. Students will be notified of their results by June 15.

Once all the grading is complete, the DCT will contact all of the students who took the exam individually to ask whether they would prefer to receive the news about whether or not they passed the exam in person, via telephone, or via e-mail. The DCT will then notify each student of his/her results. Notification takes place three weeks after the exams have been completed. Following notification about whether or not students passed, the Assistant to the DCT will type up all faculty comments, so that these will be available for students to review and/or keep if they would like.

Retakes

Students who are retaking all or part of the exams need to submit only the application form to the Comprehensive Examination Coordinator. Students retake the exam on the regularly scheduled day and time for the spring or fall Comprehensive Exams, and retakes should occur within one year. (Exceptions to these procedures must be approved by the DCT.) Clinical-community students who do not receive a passing grade in
PSY-585 by July 1 (i.e., summer between third and fourth year) and/or do not receive a passing grade on the fieldwork paper option will be required to take the community area exam. A student is allowed one retake of the general and one retake of the emphasis-area exam. A second failure is likely to lead to dismissal from the program.

Alternative Project

Graduate students in the doctoral program in Clinical Psychology at DePaul may elect to complete an Alternative Project to meet the Comprehensive Exam degree requirement. The Alternative Project replaces the general and area exams for clinical-child students, and it replaces the general exam and the area exam (or fieldwork paper for clinical-community students). The Alternative Project consists of an APA-style major comprehensive review paper based on the literature within an area relevant to the field of Clinical Psychology (including community psychology and mental health services research). The review paper cannot constitute the introduction to the student’s thesis or dissertation but may be in an area related to the dissertation work, and the student may choose to have his/her Thesis or Dissertation Chair as the chairperson of the committee that will evaluate the project. The focus of the review, however, should be large enough in scope that completion of the review will demonstrate comprehensive understanding of a significant area within the field (e.g., the effects of stressors on child and adolescent mental health). In addition, the review should provide a significant contribution to the field. Thus, students should not select a topic that has recently been reviewed in the literature (unless that review was deficient). This major work must be submitted for publication in a peer-reviewed Clinical Psychology journal (e.g., *Psychological Bulletin, Clinical Psychology Review*).

Before choosing the Alternative Project, the student should consider carefully the strengths and weaknesses of this assignment with particular attention to his/her career goals. The Alternative Project represents a more time-consuming option than the traditional comprehensive exam and does not offer as effective a method for consolidating the learning done in program coursework. On the other hand, it can provide the foundation for a research agenda, and might be the ideal option for someone considering an academic career.

To be eligible for the Alternative Project, the following conditions must be met: 1) the student is in good standing in the program, 2) the student has successfully completed the master’s thesis by June 1st of his/her second year, 3) the student has discussed this option with his/her advisor and both agree the alternative project would be the best choice for his/her professional development goals, 4) the student is able to secure a chairperson for the topic of interest and at least one other program faculty as reader to form a Comprehensive Committee; and 4) the Comprehensive Committee (and DCT) approve the proposal.

Within three months of defending the Master’s Thesis, the student must inform the DCT whether he/she plans to complete the Alternative Project. The student then selects a project chair and at least one other program faculty as reader. The student writes a 3-5 page proposal for this project, which he/she submits, to the committee and the DCT. The proposal should include: 1) a rationale for why this review is needed and its expected contribution to the field, 2) the specific research questions the review will address, 3) the inclusion criteria that will be used to select articles for the review and the number of articles that are expected to meet these criteria. Note: Students should consult methods sections of review articles published in journals such as *Psychological Bulletin* and *Clinical Psychology Review* to inform the methods they include in their proposals. The comprehensive project proposal must be submitted to the student’s Comprehensive Committee and the DCT within three months after defending the Master’s Thesis, and by September 15th of the student's third year at the latest.

Within two weeks of receiving the proposal, the Comprehensive Committee and DCT will approve/not approve the Alternative Project or ask for additional information in order to make a unanimous decision. Once approved, the Comprehensive Exam Alternative Project Form – Proposal must be signed by the student, project.
chair, reader, and DCT and placed in the student’s file. The student is responsible for ensuring that the form is signed and given to the DCT or Graduate Student Coordinator to be placed in his/her file.

The student has until June 1st of the end of his/her third year, or up to one year after the proposal was submitted, whichever comes later, to complete the Alternative Project by satisfactory approval of the faculty chair and project reader. If the student does not complete the Alternative Project by that date, the student then generally will be required to complete the traditional Comprehensive Examination. If, however, the student encounters a delay and foresees that it will not be possible to meet this deadline, s/he may petition the faculty for an extension. Petitions will be considered if the student is making good progress in all areas and if the student’s Comprehensive Committee supports the extension. The petition, which should be submitted before the deadline for completion, should describe the student’s progress to date, the reasons for a request for extension, the tasks left to be accomplished, and a timeline with concrete steps for completing the project. As part of the request, students should indicate how the revised timeline will affect their plan for completing the doctoral program in a timely fashion. The petition should be submitted in writing to the DCT, with copies to the student’s Comprehensive Committee, and be accompanied by written documentation of the committee members’ support for the extension.

The review paper must be submitted for publication prior to being considered complete and receiving a “pass.” It is the student’s responsibility to have the committee (chair and reader) as well as the DCT sign the form demonstrating approval of the final project (see Comprehensive Exam Alternative Project Form - Completion in the Appendix). The student will turn in signed copies to the DCT and Graduate Student Coordinator to place in his/her file. The student should also forward the DCT and Graduate Student Coordinator an email or other notification that the manuscript has been received by the journal for consideration for publication.

5. CLINICAL PRACTICA, INTERNSHIP, AND OUTSIDE EMPLOYMENT

Clinical Practica

The following are the general guidelines for clinical practicum for a student in the DePaul program:

- All students are required to engage in three years of clinical practica while registered as a doctoral student at DePaul University.
- Students register for practicum hours PSY 577, 578, and 579 in year 2; 582, 583, and 584 in years 3; and 574, 0 credits) each quarter during years 2 through 4. These courses provide documentation on students’ transcripts of the completed practicum activities.
- Second year students are required to participate in the practicum provided in DePaul Family and Community Services (FCS). This fulfills the first year of the three years of required practica.
- During the student’s third and fourth year, it is expected that a Ph.D./Psy.D. licensed clinical psychologist serves as the primary supervisor. Any exceptions to this should be cleared with the DCT and the student’s advisor, who may choose to consult with the entire clinical faculty if needed.
- Occasionally a student might confront problems on an externship placement. In such cases, the DCT and/or practicum instructor should be notified of any difficulties, so that (if necessary) the clinical program can advocate for the student with regard to the externship site. The DCT can be particularly helpful in getting expectations clarified and establishing a remediation contract if necessary.
- Three years of successfully completed clinical practica are required for the degree and are to be completed prior to going on internship. Students who enter the program with previous practicum experience must still complete three years of clinical practica at DePaul. In situations in which a student has not been successful at completing a year’s practicum, another year will be required to make up for the lost year. A “year” is
defined as a 9-month or 12-month experience that is continuous in time. That is, one may not put together three, 3-month experiences to equal one year of practicum.

Scope of Practicum Activities. It is recommended that second, third, and fourth year students do a minimum of two complete testing batteries (including administration of tests, scoring and interpretation, and write-up of a report) each year. One hour a week of individualized supervision is considered the minimum amount of supervision when a student is working with clients. Additional group or individual supervision is customary. At least two hours of clinical activities should be observed by a supervisor during each practicum year in order to comply with the Standards on Accreditation from the American Psychological Association. More details on the observation requirement can be found on the practicum contract. A variety of activities should be available on practicum. These might include psychotherapy, assessments, interviewing, intakes, consultation, and psychoeducational groups. Therapy can be conducted with children, adults, and groups, and it can include, for example, early intervention and behavioral programming. Students should participate in professional training and didactic activities (e.g., in-service, workshops, staffings) on a regular basis while on practicum.

Practicum Ethics and Compliance. Students should not function or be expected to function at a level for which they are not prepared unless they are provided with very close supervision. This guideline is intended to protect the student and the client, as well as the practicum setting. Students are expected to document their work with clients in accordance with agency regulations and professional ethics. Students may be required to undergo a criminal background check prior to being accepted for practicum at FCS and many other sites. The program does not pay for these background checks. Students and agency personnel are expected to follow all APA Ethical Guidelines and the Illinois Mental Health Code. All students are covered for malpractice insurance by DePaul University when taking a required practicum (within years 2 through 4) (also see below for coverage during later practicum activities).

Practicum Insurance. Students may request a certificate of insurance from DePaul, if their externship site requires it, by filling out the request form (titled “Certificate of Insurance Request Form”) on the Risk Management website at https://offices.depaul.edu/compliance-and-risk-management/risk-management/Pages/certificate-of-insurance-request-form.aspx

On this form, the Certificate Holder is your practicum site, so all of your site’s contact information should be entered in the corresponding sections. For the Event section, make clear that it is for a practicum as part of your doctoral clinical training and that you have registered for a specific practicum course. This way Risk Management will have all of the necessary information to send out the request (it is sent directly from DePaul’s insurance broker to the requesting party). For the agreement or contract, please attach an electronic copy of your executed practicum agreement.

Students who are not enrolled in the Practicum Courses, but are completing additional types of clinical experiences (through Program-Sanctioned and/or Employment Outside the Program) are not covered by DePaul’s insurance policy. They must arrange for coverage at their site or purchase individual coverage. A low-cost policy is available through APA. Students are covered by DePaul's malpractice policy while on internship and registered for the internship courses (PSY 596), as internship is required for their degree.

Practicum Site Evaluation. In January of each year, students enrolled in practica at both FCS and external sites will be asked by the DCT to complete the Clinical Practicum Site Evaluation in the Appendix. Completion of this survey is required to receive a passing grade in the practicum course. This form is also available online: http://depaul.qualtrics.com/jfe/form/SV_1WSiZ7n9sgXHAXz.

Practicum Competency Evaluation. Written evaluations of the student by the supervisor are required at least twice yearly (mid-year, end of year) for internal and external practica. The form was revised to be consistent with new APA accreditation standards in the 2018-2019 academic year. The Practicum Competency Evaluation Form
Level-appropriate requirements are detailed on this form. Of note, all students should receive all ratings of “4 - Achieved minimum competency (advanced practicum level; level of competency indicates that student is ready for internship). Supervisor provides overall management of trainee’s activities in this domain; depth of supervision varies according to the complexity of the clinical needs” before continuing on to internship. The rating of “4” represents the program’s MLA for relevant Profession Wide Competencies.

Practicum Hours Documentation. Students should obtain a copy of the Application Form for Psychology Internship early in their graduate career. The form is available online from the Association of Psychology Postdoctoral and Internship Centers (APPIC) website: www.appic.org. Perusal of the form will alert students to the types of documentation of their various clinical activities that will be required in order that the internship application form can be accurately completed in later years.

The clinical program provides institutional access to the Time 2 Track software to track clinical hours. Please note that the DCT regularly reviews the tracking of clinical hours and carefully reviews these records before certifying students’ internship applications. Students who are planning to use an alternate tracking system must ensure that it provides enough detail to allow a similar review of hours before they apply for internship. In addition, the revised “Yearly Progress Checklist” requires cumulative accounting of assessment batteries and hours as well as intervention and supervision hours. Please review the instructions below to set up an individual account through Time2Track.

Instructions for Paid or Free Trial Time2Track Members:

1. Click here and sign in using your current login & password.
2. Once logged in, click the gear icon in the upper right corner of your screen, then select “Subscription” from the dropdown menu.
3. Enter Authorization Key: XEPD-5547-VVYS-7244 (if you do not see an option for Authorization Key, check Your School in your Profile to make sure it is: DePaul University: Clinical Psychology PhD).
4. After you have added your subscription using the Authorization Key, Click Submit.

Practicum Sites. All students complete their first year of practicum (in their second year in the program) in DePaul Family and Community Services (FCS). Many students spend one or more of the following years also at FCS. Other students elect to do an organized practicum at a site other than FCS. These external practica are called externships. Both the practicum experiences in FCS and externships are described in more detail below. Students register for practicum hours each quarter during years 2 through 4, whether the practicum is in FCS or in an external site. Students who elect to complete additional practicum beyond the required three years should also enroll in practicum in order to maintain eligibility for DePaul’s malpractice insurance (see above).

Practicum in DePaul Family and Community Services (FCS) Center

All second year students are required to participate in the Practicum provided in the DePaul FCS, located on the third floor of Byrne Hall. Second year students should complete the application to provide the information needed for training assignments: https://depaul.qualtrics.com/jfe/form/SV_78QlBib4ycybVwF . Third and fourth year students are invited to remain in FCS for additional training and should also complete the Qualtrics application to indicate their preferences for training assignments.

The training experience in FCS is adapted to meet the needs of students with varying degrees of experience and attempts to meet the interests of students, within the constraints of service needs. FCS is both a training site supporting the clinical psychology program at DePaul and a state-funded community mental health
center that serves children under the age of 17 years and their families. Detailed information on the nature and activities of the FCS practicum experience is included in the Training Section of the DePaul Family and Community Services Center’s Policies and Procedures Manual. This Manual, along with a Practicum Calendar specific to a particular year, is provided to all students upon entering the FCS practicum. A general description of the center's services is available on the FCS website at https://csh.depaul.edu/about/centers-and-institutes/dfcs/Pages/default.aspx.

Practicum in Externship Sites

Students who have specialized interests that cannot be well met in the FCS practicum may apply for an externship during their third or fourth year. In order to be eligible for external practica, students must be in good standing in terms of milestones, courses, and professional/ethical conduct. **Students who are interested in applying for externship must complete the following application at least two weeks before the first externship application deadline:** http://depaul.qualtrics.com/jfe/form/SV_0vQRTbbUtjLdmS1. This form requires students to upload their CV and cover letter before it can be submitted. Students must receive approval from the DCT to apply for an externship. In addition, students in their fifth year and beyond who are not on internship might elect to do an additional externship while they are completing other program requirements. Externships that meet program requirements (as one of three required years of practicum) and those that are elective (those in the fifth year and beyond) are discussed here. International students should check the conditions of their visa to be certain that they can meet the conditions of externship sites (e.g., in terms of number of hours, etc.).

The Chicagoland area has many organized clinical practicum experiences that are available to serve as an externship. A listing of the most widely used sites is available on the Graduate Study in Psychology D2L page under “clinical program” and “practicum and externships). Additionally, the DCT and other clinical faculty are glad to talk with specific students about their particular training interests and what sites might be most appropriate. Students who wish to apply to practicum that are not currently “approved” by the program, must submit an application form requesting that the DCT and/or practicum instructors evaluate the quality of the training site to ensure that it complies with both APA standards and IL licensure laws. **Students who are not on track to complete their master’s thesis by the end of the second year are strongly discouraged from completing an externship in their third year.** It is the student’s responsibility to contact sites to determine the application requirements (these vary greatly across sites), specific training opportunities available, time commitments, etc. The typical externship requires approximately 20 hours/week for 9-12 months. As graduate courses are primarily offered on Tuesdays and Thursdays, outside practica schedules need to be arranged accordingly. **Course schedules will not be re-arranged to meet the demands of student’s externship sites.** Below is a rough chronology of events and responsibilities for a student seeking an outside practicum (externship).

- In the early fall, students are encouraged to review the list of practicum sites for the current year on the d2l.depaul.edu website. Many sites are now following standardized notification and interview timelines which can be viewed in the appendix.
- As soon as the information is available, the clinical program assistant will update the site list with any new information received about externships available for the upcoming year and the processes for applying to them.
- Students contact sites of interest to get specific information about application requirements, deadlines, training experiences offered, etc.
- Beginning in November, students send applications and go on interviews where requested. Dates of application have been moved up from prior years, so check the websites for places of potential interest to identify the application deadlines for the current year. Letters of reference should be solicited well in advance (4 weeks advance of due date) of the deadline. If work samples are required, the FCS has a specific
set of procedures to follow that is designed to protect the confidentiality of clients. See the Office Staff in FCS for assistance with this. DO NOT COPY MATERIALS FROM CLIENT FILES YOURSELF!

Decisions regarding offers are typically given to students by March (or possibly earlier) of each year. Unlike admission to graduate school or offers for internship, there is no uniform date on which externships make their offers. Although some schools (mainly Psy.D. programs) in the Chicagoland area follow the Association of Chicagoland Externship and Practicum Training Sites (ACEPT) guidelines regarding dates of application and offers for externships, DePaul students are not required to adhere to those guidelines.

- No later than 2 weeks after the start of the externship, the student should have negotiated the practicum contract with his/her site supervisor and have given this contract to the DCT for approval. The contract should contain the name of the primary supervisor, site address, and phone number/email address of this supervisor. Verification of liability coverage is required at this time for students who are doing a practicum not covered by DePaul University’s policy. A copy of the DePaul University Clinical Psychology Training Program Practicum Agreement is in the Appendix.

In selecting externship sites to which to apply, several things should be considered:

- All externship sites are expected to provide supervision by a licensed clinical psychologist according to Illinois state law. When this is not the case, the student must arrange for such supervision, and this arrangement must meet the approval of the DCT.
- All externship sites are expected to follow the existing laws and ethical and professional standards of operation specific to the State of Illinois, the Illinois Mental Health Code, and the American Psychological Association.
- Students are strongly discouraged from doing externships at private practice settings as these do not typically provide the opportunities for didactics and multiple experiences that characterize ideal practicum sites.
- Students must not misrepresent themselves in terms of their expertise and, when engaged in practices for which they do not yet have developed skills, must be provided close supervision and guidance.
- The externship site must agree to regular communications (both written and oral) with the program about the status of the student’s training. As noted above, written evaluations are required at mid-year and end-of-year periods.
- A practicum contract is required which joins the student, the clinical program at DePaul, and the externship site in clarifying the expectations for the practicum year.
- Please note that some practicum sites have additional eligibility requirements for placement in their sites. For example, many practica require documentation of immunizations and TB tests. Practica at Veteran’s Administration hospitals often require documentation of sex assigned at birth, registry for selective service, health insurance coverage, and TB tests. Sites often ask the clinical program to document these requirements. Thus, students who are interested in applying to these sites must be willing to provide documentation of these requirement to the DCT. More documentation about the TCQVXL verification process and forms are available in the appendix.
- International students should check their eligibility for off-site practicum placements and the use of Curricular Practical Training (CPT) for practica. The International Student office at DePaul is familiar with our training and can assist with completing this paperwork. Most international students prefer to use CPT for practica and internship and reserve the Optional Practical Training (OPT) for post-doctoral work.

Students are advised to seek practica that provide a balance of experiences rather than specialize in a focused area. Therefore, over the three years, students should have practica experiences that include assessment (including psychological testing) and various methods of interventions. A mixture of clientele, modalities, and theoretical perspectives is also encouraged.

Program-Sanctioned Hours. Applications for internship require candidates to divide hours into “practicum” and “clinical work experience.” The former must be subdivided into defined categories, and are considered (at
least by some internship programs) to carry more weight in the calculation of applicants’ training experience, since a practicum experience specifically involves a clinical training mission, whereas a clinical work experience might not. Obviously, all of the hours accumulated in formal practica for which students are enrolled fit this designation. In addition, APPIC specifies that students may count supervised experience that is “program sanctioned” as equivalent to practicum training. DePaul University’s clinical program policy is that students may petition to have additional clinical experiences (outside the three required years of enrollment at official practicum sites) sanctioned by the program as training experiences. The petition should outline the nature of the position (hours, activities, population) and the type and amount of supervision received, as well as additional relevant information (such as previous experience at the same or similar sites and whether the site has served as a formal practicum in the past).

A number of indicators will contribute to the decision to recognize activities as “program sanctioned” practicum experience. In general, it should be evident that the position is not solely service-oriented, but involves substantial components of training and supervision. Activities that are particularly likely to qualify as practica include: experience accrued in the same setting after an official practicum has ended; experience comparable to that obtained at the same site by other enrolled students (past or present); formal traineeships that have not sought ongoing affiliation with DePaul University as official practicum sites; unique training opportunities that are comparable to those available at established practicum sites. In some instances, paid clinical work may qualify for sanctioning; however, it should be clear that the position sought is not “merely” a clinical job more appropriately noted under the “clinical work experience” category on internship applications. (As noted in other sections of the manual, program approval must also be sought before taking any psychology-related position outside the Department of Psychology or official practicum sites; approval of such employment does not constitute program sanctioning of these jobs as “practica hours.”)

Petitions should be developed through consultation with the student’s advisor and should include his or her signed endorsement (see Appendix). Petitions are then submitted to Director of Clinical Training for approval or rejection. Applicants will be informed of the outcome, which will also be recorded in students’ files for reference at the time of internship application. Appeals of the decision can be brought to the clinical program faculty as a whole for reconsideration.

Clinical Internship

It is expected that all students apply for and obtain full-time, paid, APA-accredited internships. The DCT, in coordination with the integration committee, and professional development instructors, assists students in preparing their application materials. Students who do not match in either phase of the APPIC internship match, are permitted to complete non-accredited internships following petition and approval by the clinical faculty. This petition must be developed in consultation with the primary advisor and/or DCT and include the following information about the internship:

a. the nature and appropriateness of the training activities;
b. frequency and quality of supervision;
c. credentials of the supervisors;
d. how the internship evaluates student performance;
e. how interns demonstrate competency at the appropriate level;
f. documentation of the evaluation of its students in its student files.

Students typically apply for internship in their fourth or fifth years of the program. Students applying for internship must have successfully completed the following program requirements before the DCT will sign off on their internship application:
• All required course work. No incompletes in required courses with the exception of the PSY 597 Internship course and an R grade for PSY 599 Dissertation Research (other than “R’s” in research).
• Master's Thesis. Successfully defended, with grade and final copies submitted to the CSH Graduate Division.
• Comprehensive Exams. All parts of the comprehensive exams must have been successfully completed.
• Approved Dissertation Proposal. The dissertation proposal must have been successfully defended at least two weeks before the date application materials are to be mailed for internships.

APPIC, which is the national organization that monitors the internship application process, uses a standardized online application form. A copy of the signed Approval of Dissertation Proposal form must be submitted to the DCT at least two weeks prior to the earliest date the application materials are to be submitted. Most internship application deadlines are in October and November of each year. As the application process is time-consuming, the student needs to plan ahead, allowing several months to complete the application process.

Although it may vary slightly from year to year, the typical calendar of important events for internship is as follows:

• Summer before internship applications. Download internship materials from web sites and determine to which sites to apply.
• Summer before internship applications. Verify completion of all requirements with Psychology Office staff.
• Late Summer or Early September. Ask supervisors/professors and others that you will be using as references for their consent to serve as a referee and write a letter.
• Late Summer or Early September. Start working on completing the standardized online internship form. This will require securing writing samples (note that FCS has a specific procedure to follow when requesting client documents), computing hours of various types of professional activities, and getting the DCT to complete the verification of eligibility and readiness portion of the application.
• Mid to Late September. Provide those who will write letters of reference with a list of sites, including name of site, name of internship director, a brief description of the nature of the internship, and deadline for application. Recommenders will submit their letters online and must use the Standardized Reference Form (SRF) available through APPIC.
• October and November. Deadlines for various sites will occur.
• December and January. Student will be invited to interview on site with internship personnel.
• Late January/Early February. The student and internship sites submit their computerized ranking of preferences through the APPIC procedures.
• Mid February. Students will learn with which site they have been matched. If a student submits a computer ranking list and does not withdraw before the specified date, the student is making a commitment to abide by the match process.
• July-September. Internships begin.

Please note that some internship sites have additional eligibility requirements for placement in their sites. For example, many internships require documentation of immunizations and TB tests. Internships at Veteran’s Administration hospitals often require documentation of sex assigned at birth, registry for selective service, health insurance coverage, and TB tests. Sites often ask the clinical program to document these requirements. Thus, students who are interested in applying to these sites must be willing to provide documentation of these requirement to the DCT. More documentation about the TCQVL verification process and forms are available in the appendix.

International students should check their eligibility for internship and the use of Curricular Practical Training (CPT) for internship. The International Student office at DePaul is familiar with our training and can assist with completing this paperwork. This office has a letter on file documenting the need for students to take CPT out of their training.
the city of Chicago. Most international students prefer to use CPT for practica and internship and reserve the Optional Practical Training (OPT) for post-doctoral work.

Employment Outside the Program

Students are strongly discouraged from accepting employment outside the program as such experiences can interfere substantially with timely completion of program requirements. In addition, there are important rules that govern outside employment by students who are in the clinical program. Students can work a maximum of 25 hours per week (including assistantship hours, grants, or outside employment) in order to maintain their standing as a full-time student. International students have specific restrictions regarding their employment and should consult with International Student and Scholar Services (http://offices.depaul.edu/global-engagement/student-resources/student-services/Pages/default.aspx).

Students are required to keep the DCT informed if they are engaged in outside employment, whether of a non-psychological or psychological nature, by sending a written memo or email to the DCT. At a minimum, the student should inform the DCT at the beginning of the academic school year and whenever their job status changes on the Outside Employment Form (in Appendix). For those work activities that are non-psychological in nature, a student only needs to inform the DCT of the outside employment. For those work activities that are psychologically-oriented (research, consultation, testing, therapy, counseling, or other interventions), not only must the student inform the DCT about the employment, but the student must provide specific information to the DCT regarding:

- Name, address, phone number of site of employment.
- Specific nature of activities performed on the job.
- Name, address, phone number of primary supervisor.
- Credential and licensure of supervisor.
- Frequency and type of supervision.
- Arrangements for liability coverage.

Students engaged in psychologically oriented activities for which they get paid and that are not required for the degree are not covered by DePaul University’s liability policy. Therefore, the student must ensure that the employer has made arrangements to cover the student under the agency's policy or purchase their own insurance through APA. Students must not engage in work activities of a psychological nature for which they are not properly trained, unless there is an adequate supervision process in place.

Notification of the DCT regarding outside work activities is necessary because, while a student is registered, the Clinical Program is responsible for how this student represents him/herself in the field of psychology. All clinical students are expected to conduct themselves at all times in accordance with APA ethical standards and in compliance with the Illinois Licensing Act. Furthermore, employers of clinical students are expected to comply with these standards as well.

Notification allows the DCT to monitor the quality of supervision that students receive, ensure that students are not expected to practice or are practicing in ways that are inappropriate for their level of training, ensure that practice is consistent with state licensing regulations and APA ethical standards, and help the program avoid potential legal liability actions. As with other program activities, international students should check on the restrictions or conditions for outside employment allowed by their visa.

Consistent with Illinois licensing standards, it is illegal for anyone to practice independently as a clinical psychologist without being licensed in the state. Therefore, no student should be offering independent
psychological services. Employers should provide appropriate supervision and recognize the limitations of a student in training. Students who are found to be in violation of ethical and legal standards are subject to sanction by the clinical faculty and/or the Psychology faculty. Serious infractions could lead to dismissal from the program.

The clinical faculty have endorsed the following statement of the Chicago Association of Academic Training Directors:

> It is incumbent upon graduate level psychology training programs to ensure the optimum training experience for their students and to provide this training in a way that protects the best interests of the consumer. Expectations of students that are consistent with the ethical principles and legal obligations of professional psychologists are also the purview of graduate level psychology training programs. Consistent with training program goals, it is deemed inappropriate for doctoral students to engage in professional activities that may infringe upon a primary commitment to training, impact negatively on quality of consumer mental health services, or are inconsistent with ethical and legal standards. Students' participation in outside work activities should also uphold and be consistent with the ethical and legal standards of the profession. Engaging in independent practice in psychology is viewed as inconsistent with these training objectives and thus is viewed as inappropriate for doctoral level students.

Participation in a doctoral level training program indicates commitment to the development of more advanced professional practice skills. Even for students with prior training and experience, this requires acquisition of further knowledge and skills as well as integration of new information with previously held abilities. This development occurs over time through participation in courses and closely supervised clinical experiences. Course attendance in and of itself does not ensure competence in any particular skill, nor does a single supervised practicum experience. During this period of integration, previously held skills are necessarily re-evaluated and modified. Supervision is essential to ensure successful integration, and one's ability to function as an independent professional is thus necessarily limited.

The Illinois Clinical Psychology Licensing Act prohibits independent practice in clinical psychology by nonlicensed individuals. Whatever previous credentials are held, participation in a psychology training program indicates that the student is committed to developing a professional identity as a psychologist and to shaping his/her professional skills within a psychological framework. The process of developing this identity is an ongoing one throughout the course of graduate level training. It is appropriate for graduate students, whatever their previous experience, to view themselves as psychologists-in-training and their work as psychological in nature. Engagement in any related professional activities should be done in such a way that reflects and respects the above outlined commitments and integration. Thus, graduate students in clinical psychology should not be involved in independent practice.

6. STUDENT EVALUATIONS

Evaluation of student performance occurs throughout the clinical program. The major times and methods of evaluation are described below.

Admission Procedures

The evaluation process begins with careful consideration of applicants for admission to the program. The following steps govern that process:

- It is the responsibility of the applicant to ensure timely submission of a complete application, which includes completed forms, college transcripts, reports of Graduate Record Examination results, personal statement, and three letters of reference. Incomplete applications will not be reviewed except under extraordinary circumstances. If the applicant notifies the Clinical Program of extenuating circumstances that have delayed completion of the application, the faculty may, at its discretion, evaluate the available materials. Students must indicate to which track (Child or Community) they are applying when submitting their application materials and their preference for a primary advisor. Students are only permitted to apply to one track.
Applicants with previous graduate credit must submit the usual application materials.

Clinical Child faculty review applicants to the Child track. Clinical Community faculty review applicants to the Community track.

Clinical faculty initially evaluate all applicants to determine whether or not they are acceptable for the program. Evaluations by the Clinical faculty that an applicant is acceptable may result in an invitation to the applicant to be interviewed. Although not absolutely necessary, the in-person interview is a highly desirable part of the admissions process and is conducted by at least one faculty member of the Clinical Program. Applicants deemed unacceptable are notified that their application has been denied.

Upon the completion of the interviews with invited applicants, the clinical faculty in each track meet to review the applications of those whose credentials were deemed acceptable. Recommendations then are made as to whether the applicant can be accepted, deferred, or denied admission. Final decisions regarding accepting an applicant rest with the CSH Graduate Division.

Annual Evaluation Procedures

The program’s approach to the evaluation of student competencies is holistic and developmentally appropriate for each student’s level of training as they progress through the program. This holistic, developmental approach allows the program to determine whether students are on track for demonstrating each competency by the time of degree completion. Each competency is evaluated with respect to multiple elements using multiple data points from multiple sources over time. While the data points and sources vary by competency, the program generally uses a combination of (1) student performance in courses; (2) supervisor evaluations of student performance in the practicum and research activities; (3) faculty evaluation of student performance in research activities; and (4) completion of research milestones to conduct formative and summative evaluations.

The entire clinical faculty meets at the end of the spring quarter annually to discuss and evaluate the progress of each student in the program using the evaluation tools discussed below. Prior to this meeting, the Director of Clinical Training collects and distributes outcomes of current students for faculty review. These outcomes include the four elements listed above as well as a copy of the transcript, student’s CV, and student progress checklist. The checklist serves to document student clinical hours and timely progress towards degree as well as document incomplete and other problematic grades. The student progress checklist is completed by the student in May of each academic year and finalized by their faculty advisor during the evaluation meeting. Students are rated by practicum supervisors twice per year – once in December/January and again in May/June. Students are rated by research advisors twice per year – typically once in December/January and again in May/June. The second rating occurs before the evaluation meeting, and the rating may be modified by the clinical faculty based on additional input from faculty during the meeting. Copies of these ratings are then provided to the students. Research advisors meet with students to discuss evaluation data and they both sign the form indicating that they have discussed it before a copy is given to the student and a copy is placed in the student’s record.

These annual evaluation procedures were revised during the 2017-2018 and 2018-2019 academic year to be responsive to the American Psychological Association’s Standards on Accreditation. The standards specify profession wide competencies (PWCs) that all students must obtain during their clinical training. Three new forms were developed in order to facilitate the collection and review of this data: (1) Yearly Summary Form, (2) Research Competency Evaluation Form, and (3) Practicum Competency Evaluation Form and (4) Research Presentation Rating Form. These forms allow us to measure student attainment of PWCs as they progress through the program (proximal outcomes) and at time of program completion (minimum levels of achievement).
1. Research Competency Evaluation (RCE). Faculty should complete the Research Competency Evaluation with all 1st - 3rd year primary advisees in December of January of each training year. This form may be completed via hard copy or through an electronic version here: http://depaul.qualtrics.com/jfe/form/SV_9z6aSHls5XNuAxT

Primary research advisors complete the Research Competency Evaluation Form twice a year to evaluate the developmental progression of trainee competence in the following areas:

- research;
- ethics;
- diversity;
- professional values/attitudes;
- communication/interpersonal;
- supervision; and
- consultation/interprofessional/interpersonal.

Students are required to complete three years of research assistant training for a total of at least six ratings. The program designed the Research Competency Evaluation Form to reflect the expectation that trainees respond appropriately in increasingly complex situations with a greater degree of independence as they advance in their training. At the end-of-the-year student evaluation meeting, the entire core clinical faculty (currently 12 faculty members) review the initial ratings made by the research advisor and determine whether any ratings should be changed based on demonstration of competence in other research contexts outside of the primary research advisor’s lab. The program provides these ratings to students and students discuss them in a feedback meeting with their primary advisor. During this meeting, the advisor and student sign the bottom of the form indicating that they reviewed the ratings together. A copy is given to the student and a copy is placed in the student’s file.

2. Research Presentation Rating Form (RPR). Beginning March 1st, 2019, all students’ theses and dissertation projects will be evaluated using the Research Presentation Rating Form. As discussed in the February 2019 program meeting, committees may decide to schedule extra time to complete this rating form during the committee deliberation portion of the meeting. Committees may also decide to complete a draft of this rating form during the proposal meeting. Only one rating form will be turned in per student for each milestone defense. This form is currently available as a hard copy and through the Qualtrics link: http://depaul.qualtrics.com/jfe/form/SV_b2UGgrjpdcWktBr

Faculty members use the Research Presentation Rating Form during the required presentations associated with students’ research milestones to assess the following competencies:

- research;
- ethics;
- diversity;
- professional values/attitudes; and
- communication/interpersonal.

Faculty utilize the Research Presentation Rating Form three times throughout the program (Thesis Presentation, Thesis Defense, and Dissertation Defense).
The program expects formative MLAs for students to vary as they progress through their research presentation training. These MLAs are described with respect to each milestone below.

First, the Research Presentation Rating Form is used during the group Thesis Presentations, which students give to the entire clinical faculty, and which is advertised and open to any member of the university. At the time of the Thesis Presentation, the core clinical faculty (currently 12 faculty members) provide ratings. The formative MLA for the second year of the program is that students obtain a mean score of “2” (development marginally lags expectations for student at current training level; can be addressed within the advising relationship) on all 16 items averaged across the 12 core clinical faculty members who observe the Thesis Presentation. Additionally, no items in any competency domain can be rated at the level of “1” by more than 1 faculty member. If the mean score is lower than “2,” or more than 2 faculty members provide a “1” rating on a single item on this form, the program will develop a remediation plan that is appropriate for the competency that needs to be attained. This plan will be developed, implemented, and completed according to the procedures outlined in the Clinical Program Manual.

Second, the Research Presentation Rating Form is used at the Thesis Defense by the 2-member (minimum) thesis committee that includes a core clinical faculty member as the chair and a psychology faculty member as the other committee member. The formative MLA for the Thesis Defense (required to occur by the end of the third year of the program) is that students obtain a score of “3” (development as expected for student at current training level; working towards minimum competency) on all 16 items as rated by consensus of the committee members during the Thesis Defense meeting. If desired, the committee can begin completing this form at the stage of the Thesis Proposal meeting and update it at the Thesis Defense.

Third, the Research Presentation Rating Form is used at the Dissertation Defense by the 5-member (minimum) committee that includes a core clinical faculty member as the chair, 2 psychology faculty members, and 2 DePaul faculty members external to the psychology department. The Dissertation Defense is advertised and open to any member of the university. The summative MLA for the Dissertation Defense (required for program completion) is that students obtain a score of “4” (achieved minimum competency (knowledge, skill, attitude, or behavior) consistent with what is expected at the doctoral level) on all 16 items as rated by consensus of the committee members during the Dissertation Defense meeting. If desired, the committee can begin completing this form at the stage of the Dissertation Proposal meeting and update it at the Dissertation Defense.

3. Practicum Competency Evaluation (PCE). Practicum supervisors will complete the end-of-year evaluations of all students’ clinical competencies using this form beginning in May of 2019. This form may be completed via hard copy or through an electronic version available here: http://depaul.qualtrics.com/jfe/form/SV_3Pr06K6TkdsxxM9.

Clinical supervisors use the Practicum Competency Evaluation Form to evaluate trainee competence in clinical practice and related activities. Clinical Supervisors complete the form twice during each practicum training year (mid-year and end-of-year). The program requires students to complete three years of practicum for a total of at least six ratings. Consistent with the APA’s Direct Observation Requirement (Standard II.B.3.d and IR C-14 D), the ratings on this form are required to be based on direct observation completed by the primary supervisor who is the appropriately trained and credentialed individual responsible for the clinical services. The supervisors indicate the nature of the direct observation at the beginning of the Practicum Competency Evaluation Form.

The program expects formative MLAs for students to vary as they progress through their practicum training. The program uses the end-of-year evaluations to determine whether students are eligible to progress to their next training experience. Second-year students are required to have ratings of “2” on at least 75% of the items to progress to their next clinical training experience. Second-year students who receive a rating of “1” on any individual item will have a remediation plan to address these competency deficits during their next training experience.
Third-year students are required to have ratings of “3” on at least 75% of the items to progress to their next clinical training experience. Third-year students who receive a rating of “1” on any individual item will have a remediation plan to address their competency deficits during their next training experience.

Fourth-year students are required to have ratings of “4” on all items to progress to internship training (see summative evaluation in the following paragraph). If a student has not obtained ratings of “4” on all items in the fourth year, the program will institute a remediation plan to address competency deficiencies. Remediation plans are developed between the student, advisor, and director of clinical training according to the guidelines laid out in the Clinical Program Manual. Students will not have completed their remediation plans until they attain ratings consistent with their training level on the competency items that were the focus of the remediation plan. In other words, the remediation plan must be successful for the student to continue in the program as a rating of “4” on each item is the required MLA.

In terms of summative evaluation, in the fourth and/or final year of practicum training, the program requires that all students have all items rated as a “4” or higher to continue to their internship. Additionally, while the student is on internship, the program maintains contact with the internship site. The doctoral program reviews students’ internship evaluations and confirms that the internship sites rate students as ready for entry-level practice before the program awards a grade in the PSY 596: Internship course that is required for graduation from the doctoral program. Consistent with Implementing Regulation C17-D, the program requires students to complete high-quality, APA-accredited internships. While these accredited internship programs may use different rating scales than those used by the doctoral program, it is expected that they include a rating scale with an anchor to entry-level practice that corresponds to the program’s rating of “5” on the Practicum Competency Evaluation Form.

Remediation

Students receiving ratings below the expected level of achievement on any forms, not making satisfactory progress on research or clinical requirements, receiving incomplete, failing, or withdrawal grades, or continuing remediation plans will receive remediation/personalized training plans. Faculty may initiate a review for possible remediation at any time during the academic year in addition to the regularly scheduled annual evaluations.

A student will be informed of the need for remediation in a timely manner. As soon as possible, the DCT and advisor will jointly meet with the student to discuss the evaluation and develop a plan for remediation. Students who disagree with their evaluations can use the appeal procedures described in the Rights and Responsibilities section, under Appeal Procedures.

Once the remediation meeting has been conducted, the advisor prepares a written remediation plan, which includes a timeline for completion of all remediation activities/actions with target dates and specific expectations. The remediation plan template is included in the appendix. This plan is given to the student, the DCT is given a copy, and a copy is put in the student’s departmental file. The advisor then monitors the student’s progress on the remediation plan, and follow-up meetings are held between the student and advisor to assure that the timeline is being met. Upon completion of the activities/actions specified in the remediation plan, the advisor drafts a completion report, which details the extent to which corrective actions were or were not successful in addressing the issues of concern. This report is shared with the student and the DCT, and a copy is placed in the student’s file.

At the student's next annual program evaluation, the advisor is responsible for reviewing and updating the full clinical faculty on the student’s progress on the remediation plan. If the remediation plan has not been
completed by the time of the student’s next annual review, the advisor drafts a remediation plan progress report, which details the extent to which corrective actions were or were not successful in addressing the issues of concern. This progress report is shared with the clinical faculty members during the annual evaluation meeting. Based on the updated evaluation, the faculty members collectively decide on whether or not to make alterations to the remediation plan. The student receives a copy of the remediation plan progress report after the annual evaluation, along with the letter and ratings on the Annual Evaluation form, and a copy is placed in the student’s department file. For students receiving anything less than a satisfactory rating on an individual area in this evaluation, the DCT and advisor again jointly meet with the student to discuss the evaluation and develop another plan for remediation, as described above. It is the student’s responsibility to follow through on developing and completing activities on the remediation plan to remain in good standing in the program.

**Required Sequence and Timeline for Progression in the Program**

Students are expected to complete program steps within a defined timeframe and sequence. Five to six years is usually the desired length of time to complete the program, although some students take more time. Major steps are listed below, along with the deadlines and requirements associated with each point.

**Admission to Doctoral Program and Maintenance of Good Standing.** Students offered acceptance are admitted into the doctoral program when they enroll in their first quarter of courses in the first year. Students are evaluated annually by the clinical program faculty, and maintenance of good standing is dependent upon meeting the MLA progression as specified on each of the rating forms. Remediation plans can be put into place at any time for circumstance including, but not limited to, failure to meet program-requirements, concerns about professional interactions and communication, and concerns about ethical conduct. The student’s remediation needs will be discussed by clinical faculty including the student’s advisor during the closed portion of the program meeting. The Director of Clinical Training will notify the student and work with the student and the students’ advisor to develop a remediation plan following the procedures described in the Annual Evaluation section of this document.

**Master’s Thesis Proposal.** As described earlier in the section titled Master's and Dissertation, the program has established a structured sequence of activities to support students in timely completion of the Master's thesis. One aspect of the timeline involves having the thesis proposal approved by November 1st of the second year of graduate school.

**Master’s Thesis Defense.** The master’s thesis is expected to be completed no later than June 1st of the student’s third year in the program. Students who have not successfully defended the master’s thesis by this deadline will not be considered to be in good standing.

**Doctoral Comprehensive Examinations.** The comprehensive examinations, described above, usually are taken in either the fall or spring of the student’s third year, or in the fall of the student’s fourth year. (However, the latter schedule or any additional delay postpones graduation beyond the five-year model.) The examinations must be taken within four years of the student’s admission to the doctoral program (i.e., in the Winter quarter of the second year). In order to sit for the exams, the student must have completed the final orals for the Master’s thesis, submitted final copies to the CSH Graduate Division, and submitted the application for comprehensive exams by the following dates:

- For fall comps deadline: July 15
- For spring comps deadline: February 1

**Admission to Doctoral Candidacy and Permission to Defend Dissertation Proposal.**
Upon successful completion of the comprehensive exams, the student is admitted to doctoral candidacy. Students cannot formally defend their dissertation proposal or take dissertation credits until they have passed their Comprehensive Examinations and been admitted to doctoral candidacy. Clinical-community students who complete the fieldwork paper option will not be admitted to candidacy until the end of their third year (at the earliest), upon passing (B- or higher) all three quarters of the PSY-585 fieldwork course, passing the comprehensive fieldwork paper, and passing the general comprehensive exam. Therefore, clinical-community students who wish to propose their dissertation prior to the end of their third year are encouraged to select the exam option for their community area comprehensive requirement, or to select the Alternative Project if feasible to complete within their desired timeline for candidacy.

Students denied candidacy will be required to withdraw from the program or withdraw after completion of the M.A. For students who enter the program with a Master’s degree and have their Master’s thesis requirement waived due to having conducted a Master’s thesis in their prior program, the option exists to begin work on the dissertation prior to taking Comprehensive Examinations. This procedure is described in the section on Master’s and Dissertation, in the subsection titled Dissertation: Specific Guidelines, Exception to Timeline for Students with a Master’s Thesis Waiver.

Internship Application. Students applying for internship must have successfully completed the following program requirements before the DCT will verify their eligibility and readiness for internship, which is required as part of their internship applications:

- All required coursework (including three years of practica), with a GPA of 3.2 or above, no grades below “B minus,” and no incompletes in required courses other than research (revised according to the Psychology Department's Grade Policy in effect as of Fall 2013)
- Master’s thesis successfully defended, with grade and final copies submitted to the CSH Graduate Division
- Comprehensive examination passed for both general and emphasis areas (or Alternative Comprehensive Project completed).
- Dissertation proposal approved by the student’s dissertation committee.
- All ratings at the MLA for the Research Competency Rating Form and the Practicum Competency Evaluation Form (e.g., ratings of 4 on both forms). If students have not obtained ratings of 4 by the spring of the year prior to the year in which they plan to apply for internship, the student must meet with the DCT to develop a plan for demonstrating competency in remaining areas prior to beginning the internship or during the internship year.
- While not required, the following are strongly recommended in order to successfully match at an internship site:
  - Obtain at least 500 total intervention hours and 200 total assessment hours, write at least five integrated assessment reports for children/adolescents and five integrated assessment reports for adults.
  - Publish at least one refereed journal article and present five posters or publications.

Time Limitations on Completion of Ph.D. Program. CSH Graduate Division policies state that (1) there may be no more than four years between a student’s admission to the doctoral program and admission to doctoral candidacy, and (2) there may not be less than eight months and no more than five years between admission to candidacy and the final doctoral oral examination. More time than specified above can result in dismissal from the program.
Completion of Program Requirements

The Ph.D. is not formally granted until the student completes all program requirements (including the predoctoral internship). A student may participate in June commencement ceremonies only after successfully completing all requirements except the last three months of internship. This includes completing all coursework, practica, the dissertation oral defense, and all final revisions to the dissertation. All requirements must be completed by the grading deadline of the degree conferral quarter. Clinical students who are on internship are allowed to participate in the commencement ceremony if they have completed the above dissertation requirements in the following circumstances: a) internship completion July 1 – student may participate in the ceremony and apply for June degree conferral; or b) internship completion by August 31 – student may participate in the ceremony and apply for August degree conferral. However, the Ph.D. degree will not be formally granted until the student successfully completes the internship and this fact is verified by the DCT. Upon notification through formal written documentation of internship completion, the DCT will change the grade for the internship course from “R-Research” to “Pass”. The degree will then be conferred on the last day of the quarter in which the students’ requirements are completed.

Important Note: For both the Master’s and the Ph.D. degrees, students are responsible for ensuring that all requirements have been met, including ensuring that any necessary grade changes are made (e.g., changing the “R” grade for research in progress for thesis and dissertation research courses), securing a degree audit, applying for conferral, and confirming that the degree has been confirmed. Faculty and staff will assist with these processes, as needed, but students are ultimately responsible for ensuring that they occur. Students who plan to start post-doctoral positions before the degree has been formally conferred will typically need to request a “completion of degree requirements” letter from the DCT. This letter confirms that all degree requirements have been met and is usually sufficient for post-doctoral employers and state licensure boards.

Discipline and Discontinuance

Violation of university or Clinical Program regulations can result in disciplinary action ranging anywhere from restrictions on registration to termination of the student's graduate status.

Restriction on registration simply means that the student is not allowed to register for a full load of courses until he or she has cleared up the problem. This may occur, for example, if:

- The student has more than one incomplete in coursework (except research, fieldwork, or practicum) from the previous academic year, as described under the section on Curriculum, subsection on Credit Hours, Registration, and Enrollment Requirements.

- The student has not had the Master's thesis proposal formally approved by the last day of final exams during the Winter quarter of the student's second year.

- A reduced course load or specific restrictions on registration has been specified as part of a remediation plan following a “1” rating in a student's annual evaluation, or as part of a plan developed in response to an individual student concern.

Other forms of disciplinary action can include lowered grades in coursework, removal of financial assistance, or, in severe cases, recommendation for termination from the graduate program. The action taken is based on the stated policies of the university and the Clinical Program, the severity of the student behavior, and current and prior evaluations of student performance. In these cases, the entire clinical faculty review the evidence and determine whether they believe that the student is able to remediate deficiencies or should be discontinued from the program.
Discontinuance from the program may occur if the student:

- Receives a “1” rating in one or more areas of the annual evaluation and is unable or unwilling to comply with the conditions for remediation outlined by the Clinical Program.

- Fails to meet what the Clinical Program, Psychology Department, CSH, or university deems to be satisfactory progress toward a graduate degree.

- Fails a final oral examination (defense of Master's thesis or doctoral dissertation)

- Fails the Comprehensive Examinations twice in one or both areas.

- Violates the University standards of conduct as specified in the Student Handbook.

- Violates professional ethics as stated in the APA ethics code or the Illinois Mental Health Code.

- Violates the university’s Academic Integrity Policy.

Students subject to disciplinary action by the Clinical Program can use the appeal procedures described in the section on Rights and Responsibilities, Grievance Policy.

7. RIGHTS AND RESPONSIBILITIES

Code of Student Responsibility

A student, by voluntarily joining the university community, assumes the responsibility for abiding by the standards that have been instituted by DePaul University. Students are advised to read this code carefully so all are aware of the policies that guide the University in its dealings with them. The full Code is available in the DePaul University Student Handbook and can be accessed online at http://www.depaul.edu/university-catalog/academic-handbooks/graduate/university-information/Pages/about-this-handbook.aspx.

In addition to the Student Handbook, the DePaul Graduate Course Catalog (http://www.depaul.edu/university-catalog/Pages/default.aspx) describes regulations and resources specific to graduate students. Students also should become familiar with the policies of the Department of Psychology, which are available at W:\csh\PSY\psy public\Graduate Student Handbook and Policies.

Finally, as long as the student is enrolled in the Clinical Psychology Program, he/she is required to provide faculty with up to date contact information. DePaul e-mail accounts are the most efficient means for faculty to contact students. If that method is not available to the student, for whatever reason, the student is responsible for providing faculty with alternative contact information.

Record Keeping

Student records including practicum evaluations, annual evaluations, course substitutions and waivers, and final requirements forms are kept in hard-copy version in the Graduate Coordinator’s office. After graduation, these forms are scanned and are subject to the university’s retention policy. Transcripts are part of students’ permanent records and are permanently kept by student records. Course syllabi and assignments are not kept by the department nor the program. Students are responsible for keeping personal copies of their syllabi for their courses. Many states require syllabi from specific courses to be eligible for licensure and students may have to provide this themselves if they wish to be licensed in a particular state.
General Expectations for Ethical and Professional Conduct

The Clinical Psychology training program views the entire period of a student’s matriculation in the graduate program as a continual professional development experience. Students and faculty in the program are expected to be knowledgeable about and to maintain behavior consistent with current and evolving professional standards for both research and clinical activities. Students are expected to behave during their time in the program in a manner that is consistent with accepted standards of professional and ethical behavior of the Clinical Program, the Psychology Department, DePaul University (as outlined in the DePaul University Student Handbook), the American Psychological Association (as outlined in the American Psychological Association’s most recent version of the Ethical Principles of Psychologists and Code of Conduct), and the Illinois Mental Health Code. Some examples of ethical and professional conduct are described below; others are mentioned elsewhere in this manual.

Any research involving human participants (or records gathered on humans), must be approved by the DePaul University Institutional Review Board (IRB) for the Protection of Human Research Participants (see Approval To Conduct Research: IRB Process subsection under the Masters Thesis and Dissertation section of this document, and the website of the IRB cited therein). This includes research conducted independently by the student or in collaboration with a faculty member/external researcher/community member, regardless of where the study is conducted (research conducted at other institutions or agencies must be approved by the IRB at DePaul University even if it has been approved by another Institutional Review Board), as well as the analysis of secondary data obtained from either internal or external sources. Any deviation from these standards will be reviewed by the members of the clinical faculty for a recommendation of appropriate disciplinary action and/or dismissal from the program.

Students are expected to be informed about and practice regulations regarding confidentiality in all clinical, community, and research related activities as outlined in the American Psychological Association’s most recent Ethical Principles of Psychologists and Code of Conduct and the Illinois Mental Health Code.

Psychological assessment materials have been designed for specific and restricted professional purposes. Students should take care to follow ethical and professional guidelines in using and reporting psychological assessment information. In addition, psychological testing materials belonging to the Department of Psychology should be used by clinical graduate students only as part of assignments in psychological assessment courses. Under extenuating circumstances, clinical graduate students may receive permission from the DCT to use the departmental testing materials. Students can only check out psychological testing materials with permission of the instructor for one of the assessment courses, the teaching assistant for these courses, or the DCT. Once permission has been granted, students should obtain the testing materials from the main psychology office or the teaching assistant of the assessment courses. All materials have to be signed out in writing. Materials should be returned immediately after they have been used for assessment purposes. Failure to return the materials will result in an incomplete in the course.

DePaul’s Clinical Psychology doctoral program has also adopted the Council of Chairs of Training Councils’ model policy (approved by the Council of Chairs of Training Councils in March, 2004) regarding the comprehensive evaluation of student-trainee competence in professional psychology. See below.

The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs’ Model Policy
(approved by the Council of Chairs of Training Councils in March, 2004)

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 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, practica, 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 setting); 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).

Commitment to Diversity

DePaul University has in its history and mission a deep and abiding respect for the dignity of individuals and their cultures. The University is committed to action that supports such diversity and enables all members of the university community to build and enhance relationships in a safe environment. DePaul University is committed to providing and maintaining a healthy learning and working environment for all students, staff, and faculty members, free of harassment, discrimination and/or assault behavior of any kind against any person or group of individuals based on race, gender, sexual orientation, age, national origin, religion, marital status or disability. The DePaul community is a welcoming one, marked by its inclusivity, diversity, and openness to a wide range of students, faculty and staff.

In the Spring of 2002, the clinical faculty adopted the following Diversity Mission Statement developed by its Diversity Committee:

Consistent with APA’s code of ethics regarding respect for people’s rights and dignity, we, the clinical program faculty, students, and staff, value diversity. We respect and celebrate the diversity of our program and the people with whom we have contact in our research, teaching, supervision, and clinical and community work. We strive for a socially just society in which all human beings are treated with dignity and respect. Further, we envision a society in which there exists absolute intolerance for the degradation or abuse of individuals and groups on account of a dimension of their humanity. As a program, we object to overt and subtle discrimination based on human diversity elements (e.g., racism, sexism, heterosexism, classism, xenophobia). Faculty, students, and staff are encouraged to challenge oppressive social systems, practices, and structures.

We acknowledge that there are multiple realities and that individuals with whom we interact come from diverse life experiences and histories. As part of professional and personal development, which are inextricable, we expect that every member of the clinical program will engage in an ongoing and honest self-exploration of his/her own biases and assumptions. We strive to provide a safe space for transformation in which individuals can examine and inform their value systems and biases. In this exploration and discovery, we strongly encourage a movement toward acceptance and celebration of human differences that is based in compassion, justice and equity. We value beliefs and perspectives that are not degrading and abusive. Also, acceptance and celebration of human diversity should be distinguished from simple tolerance, which often implies a reluctant and limited acceptance of people. Often this limited acceptance of those who are different is contingent on “good” or “appropriate” behavior defined as such by those who possess varying levels of power.

What do we mean by diversity? Diversity is the coexistence of various groups of people who possess different cultural and human characteristics. In our understanding and exploration of diversity, we refer to all aspects of cultural and human differences, including but not limited to:

- Race
- Ethnicity
- Nationality (including language)
- Physical & Mental ability/disability
- Generational status
- Sex/Gender
- Socioeconomic status
- Family structure
- Size
- Physical Appearance
- Age
- Skin Color
Academic Integrity

DePaul University is a learning community that fosters the pursuit of knowledge and the transmission of ideas within a context that emphasizes a sense of responsibility for oneself, for others, and for society at large. Violations of academic integrity, in any of their forms, are, therefore, detrimental to the values of DePaul, to the students’ own development as responsible members of society, and to the pursuit of knowledge and the transmission of ideas. Violations of academic integrity include but are not limited to the following categories: cheating; plagiarism; fabrication; falsification or sabotage of research data; destruction or misuse of the university’s academic resources—alteration or falsification of academic records; and academic misconduct. Conduct that is punishable under the Academic Integrity Policy could result in additional disciplinary actions by other university officials and possible civil or criminal prosecution. Copies of the Academic Integrity Policy and the procedures for addressing violations of the policy can be found on the DePaul University web page at [http://academicintegrity.depaul.edu/](http://academicintegrity.depaul.edu/) and in the DePaul University Student Handbook. All members of the university community share the responsibility for creating conditions in which violations of academic integrity are curtailed. In particular:

1. Students must abstain from any violations of academic integrity and set examples for each other by assuming full responsibility for their academic and personal development, including informing themselves about and following the university’s academic policy. Per the Graduate Student Handbook, “[Academic integrity] Violations do not require intent.” Students are responsible for fully understanding academic integrity guidelines.

2. Faculty members are responsible for fostering a climate that is conducive to the development of student responsibility—they should provide guidance as to what constitutes violations of the Academic Integrity Policy and educate students about the ethical and educational implications of their actions. Syllabi should call attention to the Academic Integrity Policy. Outside of specific courses, such as for research products, theses, and dissertations, faculty and students may request access from the DCT to a clinical program D2L course to allow faculty and students to see Turnitin similarity scores and identify potential cases of plagiarism.

3. Faculty members, furthermore, have the authority and the responsibility to make the initial judgment regarding violations of academic integrity in the context of the courses that they teach and other areas of training that they supervise. Faculty members are required to report academic integrity violations to the student and Academic Integrity Office by the third week of the quarter following the violation. They may impose sanctions up to and including failure of a course at their own discretion in cases involving a violation of academic integrity policies. In cases such as alleged plagiarism, it is important that faculty members distinguish between an intentional violation of the Academic Integrity Policy and a technical error or careless work. Clinical students’ theses, dissertations, scholarly writing, and all other work that occurs in the context of the clinical training program is subject to the academic integrity policy and these violations will be reported.

4. Deans of the various colleges are responsible for ensuring that their faculty, particularly new faculty and part-time faculty, are aware of the university’s Academic Integrity Policy and of their responsibilities in this regard. The deans should monitor periodically the number and disposition of cases involving students in their college to ensure that their faculty are both fair and rigorous in enforcing the university’s Academic Integrity Policy.
These efforts are supported by detailed guidelines and procedures that are designed to deal with violations, to maintain the integrity of the institution and to ensure that university standards are upheld.

Because of the serious nature of academic integrity violations, students found to have engaged in such actions jeopardize their status in the Clinical Program as well as the university (See Academic Integrity Policy 7.3.23). The Clinical Program will consider the student’s behavior with regard to the ethical and professional standards of psychology and may recommend procedures up to and including permanent dismissal from the program.

Sexual Harassment

DePaul University is committed to providing and maintaining a healthy learning and working environment for all students, staff, faculty and other members of the University's community, free of discrimination and all forms of sexual and gender harassment, which diminish the dignity or impede the academic freedom of any member of the University community. In accordance with DePaul's Vincentian values, its role as an educational institution, and both federal and state law, the University condemns any form of sexual or gender harassment or assault and is committed to taking action to prevent and eliminate all forms of them, including coercive sexual behavior. These types of harassment also may constitute unethical conduct. Any staff member, faculty member or student found to have engaged in such conduct is subject to disciplinary action, up to and including discharge and/or expulsion.

Further, the University condemns any acts in violation of this policy involving any third parties, including visitors, guests and agents, representatives and employees of suppliers or contractors, and will take violations of this policy by such parties into consideration in the awarding of contracts and the future conduct of business. Sexual and gender harassment are not only repugnant to the DePaul community and a violation of this policy, but may be criminal offenses according to Illinois or federal law. Members of the university’s community who have been found in violation of statutes related to sexual harassment and/or assault may be subject to additional University disciplinary action.

The Director of DePaul’s Sexual Harassment Policy Office offers confidential advising and resolution concerning sexual harassment issues within the university community. Three complaint advisors are available at all times for consultation at either the Lincoln Park or the Loop campus. The Sexual Harassment Policy Office website (http://condor.depaul.edu/~harass/) contains the University’s Sexual Harassment Policy and Procedures and information regarding who to contact if students or others have sexual harassment related concerns and or questions.

Appeal Procedures

The university has established policies for students who wish to appeal disciplinary actions regarding alleged student misconduct or academic integrity, as well as to challenge grades received in courses. These policies are described below and in the Student Handbook.

A student may appeal a decision of the Clinical Program faculty by preparing a statement (this can be delivered in person, but it also must be delivered in writing) giving the grounds and rationale for the appeal. This statement should be presented to the DCT, who then will arrange a meeting with the clinical faculty. Students can be present at this meeting to present the appeal, or can opt to have him/herself represented by the written statement or a faculty member familiar with the situation. If the student chooses to be present at this meeting, the student can be asked to leave the meeting after making the presentation, in order to allow for faculty discussion and decision-making. The clinical faculty as a group will then consider the appeal, and its decision will be communicated to the student by the DCT on behalf of the program in writing.
If the student feels that this is still unsatisfactory, the next level of appeal is to the Department Chairperson. The Department Chair will review the situation, with input both from the student and the Clinical Program faculty. The Department Chair will then communicate a decision in writing.

If the student is dissatisfied with the Chair’s decision, the student has a right to appeal the Chair’s decision to the entire Psychology Department faculty. Again, the student must present the case in writing, and the student is free to also be present at the faculty meeting at which the appeal is discussed to make the student’s case. The student can be asked to leave the room at the point at which the faculty discuss and vote on the issue. The Psychology Department’s decision regarding the appeal will be communicated to the student.

In addition to this university-wide appeal process, the Clinical Program has developed its own grievance process (described below). Students have the option of choosing whichever process they believe would be most beneficial to them.

Grievance Policy

During the 2001/2002 and 2002/2003 academic years, the Clinical Program’s Quality of Life Committee developed a grievance policy and procedures for implementing this policy within the Clinical Program. In June, 2003, the clinical faculty voted to approve this policy and implement it beginning in the fall of 2003. The policy was reviewed at the end of the 2003/2004 academic year, and a decision was made to retain the policy. A minor revision to the policy regarding records was made in September, 2011, to comply with APA policies, which require that records of all investigations be made available to site visitors at periodic accreditation reviews. The current policy is located in the appendix of this document.

8. STUDENT SUPPORTS AND REPRESENTATION IN GOVERNANCE

Departmental and Campus Resources

DePaul University, the Psychology Department, and the Clinical Program provide students with various resources to support them during their doctoral training. The Student Handbook (available at Graduate Study in Psychology on d2l.depaul.edu) contains information on numerous university programs and services available to students (e.g., library facilities, computer centers, photocopying facilities, email accounts, health services and insurance, handicapped student services, and international student services), as well as many community resources (e.g., banks, transportation facilities, restaurants, cultural establishments) of potential interest to students. In addition, the Psychology Department’s graduate student orientation, prior to the first day of school, provides incoming students with information about space, facilities, parking, security, discounts at the bookstore, and other services available to students. All graduate students have access to the following resources:

- A shared office with their own desk and file cabinet.
- Telephone, including voice mailbox and access codes.
- Keys to Byrne Hall, offices, photocopying room, computer lab, etc.
- ID cards for building access, photocopying, library, computer labs, check cashing, etc.
- Personal mailboxes.
- Refrigerators, microwave ovens, and vending machines in Byrne Hall.

All students are assigned their own computer accounts. They receive network and web training during orientation, and they have opportunities for advanced training from the department and the university throughout their graduate careers. Statistics and research courses include exposure to different computer applications.
Funding

The Clinical Program has a policy to fund students for their first three years of graduate school, which is the timeframe in which students are expected to complete all formal coursework. Funding offers typically include a $18,500 stipend and a full tuition waiver (worth approximately $38,000). First through third year doctoral students in good standing will receive an additional $1,000 per year to be used toward health insurance or health costs. The decision on how the funds will be used is up to the individual student. As long as students remain in good standing, this funding package is renewable for each of the three years in which they are taking full-time coursework. During the fourth year, students fund themselves in various ways, including teaching, working in FCS, on funded research projects, and/or in paid clinical positions in Chicago (which the DCT can help arrange). Beginning in the 2017-2018 academic year, fourth and fifth year students who have been admitted to doctoral candidacy and are otherwise in good standing are eligible to receive the Doctoral Research Fellowship which provides funding for 7, 11, or 20 hours of dissertation work per quarter. This funding is paid at a similar hourly rate as the stipend.

The Psychology Department established Graduate Assistantship guidelines as follows:

- Graduate Assistants (both RA and TA) are expected to work 20 hours per week (700 total hours) for 35 weeks, which is typically three 11-week quarters (10 weeks, plus finals week), and 2 additional weeks following the end of the fall quarter (after the Thanksgiving holiday), but can be negotiated. In the Fall 2013, the Psychology Department piloted a plan of 20 hours of GA assignments per week.
- Graduate Assistants are not expected to work the Wednesday through Sunday of Thanksgiving week, between mid-December and New Year’s, or during Spring Break.
- FCS trainees, the Web master, and the Subject Pool coordinator will complete some of their GA hours during the summer.

To the extent feasible, the Clinical Program attempts to match students for assistantships with faculty who have similar interests. However, some assistantships are designated for particular roles (e.g., teaching assistant for a particular course), and thus students may have responsibilities that are out of their professional interest area. In the spring of each academic year, students are welcome to approach particular faculty about their interest in working with them, and students are welcome to communicate preferences to the DCT, who will communicate these preferences to the departmental administrators. Final assistantship decisions are made at the departmental level.

DePaul Family and Community Services (FCS) has employed clinical students as FCS trainees for over 30 years. These traineeships extend over 12 months and have different expected time commitments than the assistantships described above. Students apply for positions at the FCS and are selected based on their relevant experience and expertise.

Teaching Opportunities

Students who have an interest in university teaching have the opportunity to gain experience serving as an instructor for one or more undergraduate Psychology course(s) as part of their graduate training. The Clinical Program strongly encourages students to gain supervised teaching experience; however, this is not a requirement of the Clinical Program. Students who have completed and conferred their Master's degree, are in good standing in the Clinical Program as verified by the DCT, and who have completed the PSY 550: Seminar in Teaching Psychology are eligible to teach an undergraduate class on their own. The Teaching Seminar meets for one hour a week and is directed by a psychology faculty member. Students in the seminar attend sessions with guest speakers who are experienced instructors, attend an institute on the teaching of psychology, and do academic presentations and class simulations.
There are usually ample teaching opportunities for students to serve as instructors for undergraduate Psychology courses. Class schedules are developed one year in advance, and graduate students are asked to volunteer to teach sections originally listed as being taught by "staff." Graduate students who are eligible to teach are assigned a specific course and a mentor who can help them with course preparation and organization. Ideally, the mentor is a faculty member who has taught the same course. Graduate students are paid for teaching these courses.

Travel Funds

Funds to support graduate student travel are quite limited, in that the Psychology Department has no budget for student travel. The CSH Dean's office provides limited assistance for travel or dissertation expenses up to $500 per trip. The main criteria for funding are that the student is currently enrolled, has completed a Master's degree, and is presenting a single-author or first-author, peer-reviewed paper at a major conference in his/her professional field. In addition, students may have access to travel funds through a faculty member, who has funding through an external grant. An application form for travel funding is provided on the CSH website.

Student Participation in Governance

Graduate students are encouraged to take an active role in departmental and Clinical Program meetings and decision-making. Department-wide faculty meetings are held once a month. Graduate students receive email correspondence about the agenda and minutes of monthly departmental faculty meetings, and they are welcome to attend. Clinical Program meetings are also held once a month, and students are encouraged to attend those as well. In fact, at least one representative from each of the first three years in the program is required to attend the Clinical Program meetings to ensure that student views are represented. The only exception is when meetings are devoted to evaluating students or related issues.

Students often are asked to join committees so their views can be identified and addressed. Examples of recent or current committees in which students have played an active role are the Culture of Research Enhancement Committee and the Diversity Committee.

The Clinical Program requests that students elect a representative from each of the first, second, and third year classes to participate in clinical faculty meetings, in order to facilitate communication and student involvement in program decisions. Clinical students are notified in advance of the monthly clinical faculty meetings, and, whether or not serving as student representatives, they are invited to attend and contribute to discussions. Students participate in committees and/or discussions relating to many topics, such as program administration, curriculum development, and faculty recruitment and hiring. The students have one vote on issues of personnel in clinical program matters.

Students also play an active and important role in the recruitment of potential Clinical Program students. Each year, current graduate students are invited to participate in planning and implementing two group interviewing days for top candidates for the Child and Community tracks. Potential roles for students include contacting their alma maters to recruit promising candidates, hosting social functions before or during the interview days, hosting candidates for overnight stays around interview days, providing tours and sharing information with candidates during interview days, interviewing candidates, providing feedback to faculty on candidates, and informally mentoring incoming students. Student participation is noted by candidates as one of the most significant factors affecting their decision to come to DePaul, and faculty recognize it as a valuable recruitment activity. Faculty coordinating the admissions process will contact students early in Winter quarter to request and encourage (but not require) student involvement.
Students are eligible to vote on some department decisions, as spelled out in the Psychology Department’s Constitution (most recent version is November, 2017):

a) For the Election of the Chairperson, the students get one vote. This vote is jointly cast by graduate student representatives and the undergraduate representative.
b) On all other Departmental matters, students do not get a vote, unless specifically authorized by the faculty in attendance at the meeting.
9. APPENDICES

Clinical Program Course Schedule by Year
Clinical Program Thesis and Dissertation Options
Clinical Psychology Program Grievance Policy

Practicum and Internship Related Forms
• DePaul University Clinical Psychology Training Program Practicum Agreement
• Employment Outside the Program
• Petition for Program-Sanctioned Hours
• Practicum Competency Evaluation Form
• Clinical Practicum Site Survey Form (Revised 2019)
• TQCVL Policy
• TQCVL Form

Comprehensive Exam Forms
• Comps Scoring Forms
• Comprehensive Exam Alternative Project Form – Proposal
• Comprehensive Exam Alternative Project Form – Completion
• Rubric for Fieldwork Paper Option for Community Area Comprehensive

Student Evaluation and Competency Documentation and Forms
• Research Competency Evaluation Form (Revised 2019) Form (Revised 2019)
• Progress Checklist (Revised 2019)

Miscellaneous Forms
• Clinical Psychology Program Grievance Report
• Remediation Plan Template
## Community Track Program Course Schedule by Year

### First Year (48 credit hrs)

**Recommended Coursework: 4 classes per term**

<table>
<thead>
<tr>
<th>Fall (16 credits)</th>
<th>Winter (1616 credits)</th>
<th>Spring (16 credits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>410, Statistics I (4)</td>
<td>411, Statistics II (4)</td>
<td>418, Multivariate OR 419, Factor Analysis (4)</td>
</tr>
<tr>
<td>486, Advanced Psychopathology (4)</td>
<td>420, Quantitative Research Design (4)</td>
<td>482, Adult Assessment (4)</td>
</tr>
<tr>
<td>493, Principles of Community Psychology (4)</td>
<td>481, Child Assessment (4)</td>
<td>461, Ethics and History of Psychology (4)</td>
</tr>
<tr>
<td>404, 424, OR 473 Cognitive (4)</td>
<td>439, 554, OR 555 Developmental (4)</td>
<td>520, Principles of Diversity</td>
</tr>
<tr>
<td>590, Master’s Thesis Seminar (0)</td>
<td>590, Master’s Thesis Seminar (0)</td>
<td>590, Master’s Thesis Seminar (0)</td>
</tr>
<tr>
<td>499, Intro to Clinical (0)</td>
<td>499, Intro to Clinical (0)</td>
<td>499, Intro to Clinical (0)</td>
</tr>
</tbody>
</table>

### Second Year CLINICAL/COMMUNITY (28 credit hrs)

**Recommended Coursework: 2-3 classes per term**

*597 Master’s Thesis Research can be taken any quarter in year 2 or 3*

<table>
<thead>
<tr>
<th>Fall (12 credits)</th>
<th>Winter (8 credits)</th>
<th>Spring (8 credits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>488, Principles of Psychotherapy and Behavior Change (4)</td>
<td>569, Seminar in Program Evaluation (4)</td>
<td>406, Physiological Processes (4)</td>
</tr>
<tr>
<td>492, Principles of Consultation (4)</td>
<td>578, Practicum in Clinical Psychology (0)</td>
<td>430, 556, OR 560 Social (4)</td>
</tr>
<tr>
<td>568, Seminary in Community Prevention and Intervention (EVEN) (4) OR Elective (ODD) (4)</td>
<td>565, Prof. Development Sem (0)</td>
<td>579, Practicum in Child Clinical Procedures (0)</td>
</tr>
<tr>
<td>577, Practicum in Clinical Assessment (0)</td>
<td>565, Prof. Development Sem (0)</td>
<td>565, Prof. Development Sem (0)</td>
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<tr>
<td>565, Prof. Development Sem (0)</td>
<td>565, Prof. Development Sem (0)</td>
<td>565, Prof. Development Sem (0)</td>
</tr>
</tbody>
</table>

### Third Year CLINICAL/COMMUNITY (12 credit hrs)

**Recommended Coursework: 1 class in Fall, Winter & Spring (for 3 total courses)**

*597 Master’s Thesis Research can be taken any quarter in year 2 or 3*

<table>
<thead>
<tr>
<th>Fall (4 credits)</th>
<th>Winter (4 credits)</th>
<th>Spring (4 credits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective (ODD) (4)</td>
<td>Elective (EVEN) (4)</td>
<td>495, Grant Writing (4)</td>
</tr>
<tr>
<td>597, Master’s Thesis Research (4)</td>
<td>585, Fieldwork (0)</td>
<td>585, Fieldwork (0)</td>
</tr>
<tr>
<td>585, Fieldwork (0)</td>
<td>583, Pract Community Mental Health (0)</td>
<td>584, Adv Pract Evidence Based Practice (0)</td>
</tr>
<tr>
<td>582, Adv Practicum (0)</td>
<td>565, Prof. Development Sem (0)</td>
<td>565, Prof. Development Sem (0)</td>
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<tr>
<td>565, Prof. Development Sem (0)</td>
<td>565, Prof. Development Sem (0)</td>
<td>565, Prof. Development Sem (0)</td>
</tr>
</tbody>
</table>

### Fourth Year (0 - 4 credit hrs)

*599 Dissertation Research can be taken in any quarter in year 4 or 5*

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>574, Practicum in Special Areas (0)</td>
<td>574, Practicum in Special Areas (0)</td>
<td>574, Practicum in Special Areas (0)</td>
</tr>
<tr>
<td>598, Dissertation Research Sem (0)</td>
<td>598, Dissertation Research Sem (0)</td>
<td>598, Dissertation Research Sem (0)</td>
</tr>
<tr>
<td>595, Psychology Research (0)</td>
<td>595, Psychology Research (0)</td>
<td>595, Psychology Research (0)</td>
</tr>
<tr>
<td>599, Dissertation Research (4)</td>
<td>599, Dissertation Research (4)</td>
<td>599, Dissertation Research (4)</td>
</tr>
</tbody>
</table>

### Fifth Year and beyond (0-4 credit hrs)

*599 Dissertation Research can be taken in any quarter in year 4 or 5
**596 Internship each quarter if on internship during fifth year
***574, 575, and 576 if enrolled in additional (optional) year of practicum

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer I and II</th>
</tr>
</thead>
<tbody>
<tr>
<td>595, Psychology Research (0)</td>
<td>595, Psychology Research (0)</td>
<td>595, Psychology Research (0)</td>
<td>596, Internship (0)</td>
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<tr>
<td>596, Internship (0)</td>
<td>596, Internship (0)</td>
<td>596, Internship (0)</td>
<td>596, Internship (0)</td>
</tr>
</tbody>
</table>

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**Zero Credit Course**: Elective Opportunity to Select Course for Requirement
Child Track Program Course Requirements by Year

First Year (48 credit hrs)

*Recommended Coursework: 4 classes per term*

<table>
<thead>
<tr>
<th>Fall (16 credits)</th>
<th>Winter (16 credits)</th>
<th>Spring (16 credits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>410, Statistics I (4)</td>
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<td>493, Principles of Community Psychology (4)</td>
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<td>404, 424, OR 473 Cognitive (4)</td>
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<td>520, Principles of Diversity (4)</td>
</tr>
<tr>
<td>590, Master’s Thesis Seminar (0)</td>
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<td>590, Master’s Thesis Seminar (0)</td>
</tr>
<tr>
<td>499, Intro to Clinical (0)</td>
<td>499, Intro to Clinical (0)</td>
<td>499, Intro to Clinical (0)</td>
</tr>
</tbody>
</table>

Second Year CHILD (28 credit hrs)

*Notes: Recommended Coursework: 2-3 classes per term*
*597 Master’s Thesis Research can be taken any quarter in years 2 or 3*

<table>
<thead>
<tr>
<th>Fall (8 credits)</th>
<th>Winter (8 credits)</th>
<th>Spring (12 credits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>488, Principles of Psychotherapy and Behavior Change (4)</td>
<td>491, Treatment Methods with Children (4)</td>
<td>406, Physiological Processes (4)</td>
</tr>
<tr>
<td>Elective (4)</td>
<td>510, Seminar in Psychotherapy Research (EVEN) (4) OR</td>
<td>430, 556, OR 560 Social (4)</td>
</tr>
<tr>
<td>577, Practicum in Clinical Assessment (0)</td>
<td>Elective (ODD) (4)</td>
<td>562 Family Therapy (ODD) (4) OR</td>
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<tr>
<td>565, Prof. Development Sem (0)</td>
<td>578, Practicum in Clinical Psychology (0)</td>
<td>Elective (EVEN) (4)</td>
</tr>
<tr>
<td></td>
<td>565, Prof. Development Sem (0)</td>
<td>579, Practicum in Child Clinical Procedures (0)</td>
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<td></td>
<td>565, Prof. Development Sem (0)</td>
</tr>
</tbody>
</table>

Third Year CHILD (12-16 credit hrs)

*Recommended Coursework: 1 to 2 classes in Fall, Winter & Spring (for total 4 classes over the year)*
*597 Master’s Thesis Research can be taken any quarter in year 2 or 3*

<table>
<thead>
<tr>
<th>Fall (4-8 credits)</th>
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<th>Spring (4-8 credits)</th>
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</thead>
<tbody>
<tr>
<td>Elective (4)</td>
<td>510, Seminar in Psychotherapy Research</td>
<td>562 Family Therapy (ODD) (4)</td>
</tr>
<tr>
<td>597, Master’s Thesis Research (4)</td>
<td>(EVEN) (4) OR</td>
<td>AND/OR</td>
</tr>
<tr>
<td>582, Adv Practicum (0)</td>
<td>Elective (ODD) (4)</td>
<td>584, Adv Pract Evidence Based Practice (0)</td>
</tr>
<tr>
<td>565, Prof. Development Sem (0)</td>
<td>583, Pract Community Mental Health (0)</td>
<td>565, Prof. Development Sem (0)</td>
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<td></td>
<td>565, Prof. Development Sem (0)</td>
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</tbody>
</table>

Fourth Year (0 - 4 credit hrs)
*599 Dissertation Research can be taken in any quarter in yearyear 4 or 5*

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
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<tbody>
<tr>
<td>574, Practicum in Special Areas (0)</td>
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</tr>
<tr>
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<td>598, Dissertation Research Sem (0)</td>
</tr>
<tr>
<td><strong>599, Dissertation Research (4)</strong></td>
<td>595, Psychology Research (0)</td>
<td>595, Psychology Research (0)</td>
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<tr>
<td></td>
<td>595, Psychology Research (0)</td>
<td></td>
</tr>
</tbody>
</table>

Fifth Year and beyond (0-4 credit hrs)
*599 Dissertation Research can be taken in any quarter in yearyear 4 or 5*
**596 Internship each quarter if on internship during fifth year**
***574, 575, and 576 if enrolled in additional (optional) year of practicum***

<table>
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<tr>
<th>Fall</th>
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<tr>
<td>596, Internship (0)</td>
<td>596, Internship (0)</td>
<td>596, Internship (0)</td>
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</tbody>
</table>

**Zero Credit Course**  **Elective Opportunity to Select Course for Requirement**

CLINICAL PROGRAM THESIS AND DISSERTATION OPTIONS
The Psychology Department’s Thesis Manual provides an overview of the thesis and dissertation process. This manual should serve as the primary reference. The section below details additional options or exceptions for the clinical program.

The content and quality of the thesis and dissertation will be agreed upon by the advisor and the thesis or dissertation committee, in conjunction with the student. It may include adventurous research methods such as meta-analyses. (The decision to allow newer empirical research methods for master’s and dissertation projects was made by the Clinical program faculty in March of 2011.)

The clinical faculty decided in the spring of 2013 to articulate guidelines around possible continued involvement of a departing clinical faculty member on a student's thesis or dissertation committee. The faculty agreed to the following considerations, which will be evaluated again in two years: In rare cases, such as when a primary advisor leaves DePaul, the chair of the thesis or dissertation may continue to be the primary advisor even if they are no longer affiliated with DePaul University. Both the student and departed faculty would need to agree that such a role would be in the best interest of the student and departed faculty; thus, such a situation would not be automatic and should be carefully considered by the student and faculty member. In such cases, the student, departed advisor, and at least one other psychology committee member need to draft a plan to clarify the expectations and roles of all involved, such as by clarifying who will provide primary mentorship and oversight and who needs to give approval at various stages of the process. This plan should be signed by the student, chair, and the one other psychology committee member and should be sent to the DCT and a copy placed in the student’s file. Departed faculty members also may serve as a general committee member for previous students, though similar clarification of expectations would be needed.

In addition to the traditional thesis format, the Clinical Faculty approved (4/17/2006) an optional alternative format. The goal of this alternative format is to facilitate the process of submitting a thesis for publication. In the alternative format, the format of the thesis proposal is identical to the traditional thesis proposal format. But, the final document will be prepared in a condensed style, consistent with page limits in typical peer-reviewed journals in the field of Clinical Psychology. In addition to this streamlined manuscript, the final document should have an appendix that includes the original proposal (in its traditional format) and a brief discussion of the results of any analyses originally proposed but not included in the final manuscript. Students who opt to prepare their thesis using this alternative format must actually submit the manuscript for publication (after it has officially been approved) prior to receiving a grade for their thesis requirement.

In addition to the traditional dissertation format, the Clinical Faculty approved (2/27/2017) an optional alternative format designed for publication. This option was further evaluated at the February 2018 program meeting. This dissertation format consists of writing and submitting a manuscript for publication to meet the dissertation requirement. A key advantage of the Publication Dissertation is that it requires writing a concise publication-length and publication-quality paper. This option is intended to be as or more rigorous than the traditional dissertation. Following are the expectations and requirements:

1. A Publication Dissertation consists of a publication-quality manuscript describing an empirical study (or studies).
2. Students are not allowed to use a paper that was completed for another course or program requirement (e.g., Comps Project, PSY 593: Fieldwork – 3rd-year Project, Master’s Thesis) to fulfill this requirement, too. If the student is unsure about whether a possible paper is distinctly different from a paper completed for another program requirement, then the student should discuss this with the dissertation chair.
3. The paper should be about 30 pages, which is typically the expectation for journal articles. However, this is an approximate guideline and students should check the page limit of the journal to which they would like to submit.
4. The work to be published in the paper must be based on work performed and completed as a DePaul graduate student.
5. Student must be first author (i.e., the major contributor) on the manuscript. The dissertation chair is typically the second author given the mentoring and supervision provided by dissertation chairs.
6. The timeline for this option does not differ from the timeline for a regular dissertation.
7. Proposal
   a. When recruiting dissertation committee members, the student should share this document with potential committee members and ensure that each member is on board with the student conducting this type of dissertation.
   b. The proposed should include a brief literature review, the rationale and logic for the paper and a proposed methods and analyses section. A comprehensive literature review that justifies the focus of the dissertation study should be appended.
   c. A timetable should be included that details the completion and planned submission of the paper to a peer-reviewed journal.
8. A successful proposal defense includes the following:
   a. Approval to conduct the Publication Dissertation option instead of a traditional dissertation.
   b. Approval of the manuscript that will constitute the dissertation.
   c. Review and approval of the student’s principal authorship role on the manuscript.
9. Final Dissertation defense:
   a. It is expected that the paper will be submission ready at the time of the defense.

Faculty Responsibilities for Theses and Dissertations

The thesis or dissertation chair’s role is to help the student focus in on a practical, yet scientifically sound, research area. Since the Master’s thesis is regarded as a learning experience, Master’s thesis projects should be “doable” and not overly grandiose. The doctoral dissertation is regarded as a much more independent research project in which the student should require much less structure and assistance from the research committee. The student should feel free to ask for guidance from his/her thesis/dissertation chair, and this faculty member should be helpful in suggesting relevant ideas of literature to examine. In those cases in which the student will be using a pre-existing data set, the chair shall be helpful in identifying possible data sources/samples. When necessary, the chair can help the student access a population of interest. Thus, the thesis/dissertation project is a cooperative effort between the student and the faculty chair. To make this relationship work most effectively, chairs need to make themselves accessible to students, and students need to allow chairs (and committee members when applicable) sufficient time to read various drafts of the research proposal. The following table details the responsibilities of the thesis/dissertation chair.

<table>
<thead>
<tr>
<th>STUDENT STEPS</th>
<th>FACULTY RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach psychology faculty members to discuss and narrow down research topics for thesis or dissertation</td>
<td>Be available to meet with students to discuss initial research topics and issues of the viability of the research as a thesis or dissertation</td>
</tr>
</tbody>
</table>
| Approach psychology faculty members to identify a chair/advisor | a. Respond to the student’s ideas by clarifying your interest, availability, and expertise in their area of interest  
b. Discuss your expectations of the student (e.g., regular meetings, proposed schedule of progress) and potential problems (e.g., reliance on data from a third party, scheduling conflicts)  
c. Encourage students to read the department’s thesis manual and latest edition of the APA Publication Manual |
<table>
<thead>
<tr>
<th>STUDENT STEPS</th>
<th>FACULTY RESPONSIBILITIES</th>
</tr>
</thead>
</table>
| Conduct literature search, formulate research questions, and begin to develop thesis/dissertation proposal | a. Meet regularly with student to flesh out research ideas and methods and review drafts of student written work  
b. Provide written and verbal feedback on the student’s drafts within two weeks of receiving them (or inform students in advance if more time is needed) |
| Approach psychology faculty members to serve as committee members; one plus chair for Master’s thesis or two plus chair for dissertation | a. Discuss with students possible nominees for committee member(s)  
b. Know that adjunct faculty members can serve as one of the departmental dissertation readers |
| Enroll in Master’s or dissertation hours across quarters                      | Provide student with a grade of R for thesis or dissertation hours until the final version of the write-up is completed and turned in                                                                                   |
| Defend thesis/dissertation proposal                                           | a. Serve as gatekeeper between student and other committee member(s), ensuring that all sections of the proposal are in place. Some committee members may wish to be involved in a project early on, but others assume the advisor will handle everything prior to a finished draft of the proposal.  
b. Review with the student any concerns raised by committee members prior to the proposal defense.  
c. Guide the student through any required rewrites. It is the advisor’s role to help the student resolve disagreements with the reader(s). In rare cases, the advisor may recommend replacement of a particular reader if agreement cannot be reached.  
d. Discuss with the student what will take place during the proposal defense and how to prepare for it. |
| Get approval for research from Departmental Local Review Board (LRB) and University Institutional Review Board (IRB) | Co-sign student’s LRB/IRB applications, and ensure that the study is approved prior to beginning data collection                                                                                                      |
| Begin data collection                                                        | a. Encourage student to begin data collection immediately. Help student to review, and revise if necessary, the schedule of completion.  
b. Have student keep committee members informed of progress, and obtain their approval (in writing and, if necessary, in another committee meeting) of any major changes in procedures. If changes are approved, the written changes with the committee’s signatures should be attached to the original proposal approval form. |
| Prepare study results and discussion, and convert proposal into final thesis/dissertation manuscript | a. Meet periodically with student, as needed, to review progress on data summarization, analysis, and write-up of findings and discussion.  
b. Review drafts of manuscript to ensure student appropriately converts proposal into final manuscript. |
| Defend thesis/dissertation                                                   | a. Again serve as gatekeeper for completion of finished draft of thesis/dissertation before it is distributed by the student to committee member(s).  
b. For dissertation, help student select two additional committee members outside the department to serve as readers. |
<table>
<thead>
<tr>
<th>STUDENT STEPS</th>
<th>FACULTY RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete final revisions on thesis/dissertation</td>
<td>c. Discuss with the student what will take place during the defense and how to prepare for it</td>
</tr>
</tbody>
</table>
| Submit the signed final report form. (Remind advisor to change grade). Copies of the form will be made and sent to CSH Graduate Division, as well as distributed to department committee members and placed in student’s file. | a. If orals were successful but written revisions are required, withhold signing the final written report form and keep the form until the revisions are made.  
b. Change the student’s grade for thesis/dissertation hours from an “R” to an “A,” “B,” or “C.” |
| Upon final approval of revisions, submit final manuscript to the CSH Graduate Division. |                                                                                           |
Clinical Psychology Program Grievance Policy

Acknowledgements: This proposal is based in large part on documents prepared by students (Chad Balz, Angela Burch, Deborah Hanna, Fumiko Itaya, Kristen Langheld, Zachary Nelson, Debbie Zetic, Kana Waugh) in partial fulfillment of course requirements for Dr. Alice Stuhlmacher’s seminar in I/O psychology on organizations and conflict.

General Guidelines

The Clinical Psychology Program Grievance Policy encompasses any undergraduate or graduate student concern not covered by the University grade challenge policy or the University sexual harassment policy that is not of a criminal nature. Concerns covered by the grievance policy may include, but are not limited to, concerns about student credit for research; working relationships between students and faculty members; review of comprehensive exam grading; review of dissertation committee decisions, etc. In sum, any non-criminal issue (not covered by existing university grade challenge and sexual harassment policies) that arises during the course of a student's career that is not resolvable through direct communication with the involved parties may be channeled through the grievance process of the program. All inquiries and complaints will be treated confidentially.

The Procedure

If a student believes that he/she has been subject to an incident(s) meriting filing a grievance, the first steps are to pursue informal resolution of the conflict. The grievant should first:

- Discuss his/her concerns directly and immediately with the party(ies) causing the grievance; and/or
- Consult with the Director of Clinical Training about the incident for suggestions about how best to proceed; and/or
- Consult with his/her faculty advisor about the incident for suggestions about how best to proceed; and/or
- Consult with the Clinical Psychology Program Grievance Ombudsperson about the incident for suggestions about how best to proceed (see below).

The Clinical Psychology Program Grievance Ombudsperson:

An ombudsperson is available to the complainant to provide consultation regarding both 1) informal strategies for resolving conflict with the party(ies) causing the grievance and 2) the process for filing a formal grievance. The DePaul University ombudsperson has been trained in negotiation and conflict resolution skills, and has agreed to serve in this role for our program. The role of the ombudsperson is to serve as an advisor and resource to the grievant. The grievant may choose to meet with the ombudsperson before filing a formal grievance. The ombudsperson is responsible for:

- Exploring informal means of resolving the grievance;
- Explaining the grievance policy to the complainant;
- Assisting the complainant with the process of filing a formal complaint if needed;
- Providing training to the grievance committee on best practice procedures for the resolution of grievance complaints;
- Explaining the committees’ decision to the complainant.

Informal Resolution Process

Complainants may be able to resolve the grievance by immediately and directly expressing their concerns to the responsible party(ies) about such an incident. The ombudsperson can act as a
mediator between the complainant and the party(ies) involved in the incident to work toward informal problem resolution. If this mediation is successful, a written settlement agreement will be prepared by the ombudsperson. This mediation agreement will generally include:

- Pledge by the parties involved not to engage in any behavior that could result in the reinstatement of the grievance;
- Promise by the respondent not to retaliate against the complainant;
- Procedures for monitoring the grievance agreement.
  - The settlement must be in writing, signed by both parties, and approved by the ombudsperson. If the complaint cannot be resolved informally, the ombudsperson will assist the complainant in filing a written grievance with the Clinical Psychology Program Grievance Committee.

If informal resolution of the conflict is not possible,

- The complainant should file a formal complaint by:
  - Making a written record of the date, time, and nature of the incident(s) and the names of any witnesses (see Grievance Report form in the Appendix and on the “W” drive under Clinical Psychology Program); and
  - Reporting, in writing, the incident to the Chairperson of the Clinical Psychology Grievance Committee (see Grievance Report form).

Both the complainant and the accused party(ies) have the options of a) appearing before the Committee to present their cases and/or b) presenting their cases to the Committee in writing only.

Clinical Psychology Program Grievance Committee:
The Clinical Psychology Program Grievance Committee will seek to deal expeditiously, confidentially and fairly with the grievance expressed. This committee includes three faculty members and three graduate students. Two faculty members and two graduate students will come from the Clinical Psychology program as these people would be most familiar with the intricacies of the program. The other two members (one faculty member and one graduate student) will come from the Community, Experimental, or Industrial-Organizational programs. All of the committee members will be randomly selected by the Director of Clinical Training and appointed for two years (the initial terms will be staggered to ensure continuity). The Committee will select a chairperson from among its members to oversee the completion of its responsibilities. Alternate committee members (selected by the Director of Clinical Training) will step in as needed. The Director of Clinical Training will work to ensure equity in the committee with regard to race/ethnicity, gender, and level of experience (i.e. tenure and non-tenure faculty, first year and advanced graduate students), to name a few.

Note: Both the complainant and the respondent will be provided with a list of the six members on the grievance committee. If either the complainant and/or respondent believe that a committee member(s) could not be impartial, the complainant and/or respondent must provide evidence to support the claim. If the claim is supported, this individual(s) should not participate on the panel for this particular case. In addition, all the committee members should be provided with the names of the complainant and respondent so that a member(s) may excuse him or herself due to an inability to be impartial.

The Grievance Committee will not consider evidence outside the parameters of the grievance (e.g., grade records of students, publication records of faculty members will not be examined.
unless they are pertinent to assessing the merit of the case). A goal of the grievance process will be a conciliatory tone with an expectation of a learning outcome.

The Committee will:

- Meet to discuss the grievance within 30 business days during the academic year and within 45 business days during the summer hiatus;
- Ensure that grievances not covered by the Clinical Psychology Program Grievance Policy are referred to the appropriate governing body (e.g. the Grade Challenge Committee; the Sexual Harassment Ombudsperson; DePaul Security or the Chicago Police Department);
- (May) request additional written information to clarify the concern;
- Conduct an investigation of the incident. The grievance committee will decide who will conduct the investigation and interview all relevant parties. Each interview will be documented in writing.
- Provide a written record of proceedings/decisions/recommendations within 15 days after the investigation.
- Formally notify all parties (i.e. complainant, respondent, Director of Clinical Training, and the Chair of the Psychology Department) about the decision and corrective action that will be taken.
- Meet with the respondent to explain the decision and to implement or explain any corrective action that is necessitated.
- Ensure the university ombudsperson is made aware of every grievance case that goes before the grievance committee as well as its outcomes by sending copies of the grievance reports and results to the ombudsperson.

The Clinical Psychology Program Grievance Ombudsperson will meet with the complainant to explain the decision.

Records

All inquiries, complaints, and investigations will be treated confidentially. The Psychology Department Business Manager will keep a copy of the grievance report in the Clinical Psychology Program Grievance Committee files in the Psychology Department. As required by APA’s accrediting body, the Psychology Department Business Manager will also keep a copy of information and records on all formal complaints and grievances, of which it is aware, filed against the program and/or against individuals associated with the program since clinical program’s last accreditation visit. If the investigation does not result in support of the grievance, these files will be destroyed after the accreditation review. No record of the complaint will be kept in the complainant’s or the respondent’s file. The Clinical Psychology Program Grievance Committee may refer to previous (precedent setting) case files when investigating a current case to aid in grievance resolution. However, all cases are unique and are treated as distinct.