Clinical Psychology Handbook
August 2015

For the requirements in place in 2011-2012, click here.
For the requirements in place in 2010-2011, click here.
For the requirements in place in 2009-2010, click here.
For the requirements in place in 2008-2009, click here.
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INTRODUCTION AND OVERVIEW

The present program is the natural extension and development of a doctoral level clinical psychology training program that has been APA accredited since 1948. The Clinical Psychology program in the Department of Psychology at Michigan State University (MSU) is committed to training clinical scientists who conduct clinically relevant research that will further the etiological understanding of mental health disorders and inform their treatment and prevention. The core curriculum, taken by all students, emphasizes a basic foundation in clinical psychology across the lifespan. In the student's third year in the program, the student chooses a cognate within clinical psychology (see Year 3 and 4 below).

Required Courses

1. Quantitative Research Design & Analysis in Psychology (PSY 815) and Psychometric Methods (PSY 818)
2. Research Methods-taught through core curriculum and through the Clinical Program
3. Human Development Brown Bag series (this is required in the first year of the program)
4. Cognitive and Neuropsych Assessment (PSY 852)
5. Personality Assessment (PSY 831)
6. Behavior Disorders (PSY 853)
7. Two theory/research/intervention courses: Psychodynamic (PSY 952) and Cognitive-Behavioral (PSY 954)
8. Diversity and Social Justice in Psychology (PSY 992)
9. Master's Project (PSY 890) 4-8 credits
10. General Psychology and APA requirements
   - History of Psychology (distributed among courses in curriculum – not a separate course)
   - Developmental (distributed among courses in the curriculum and through the Human Development Initiative (HDI) Brown Bag series which is required in the first year of the program)
- Scientific and Professional Ethics (PSY 926)
- APA distribution requirements: One course from each of the following three areas:
  - Biological bases of behavior (809, 811, 851, 992 Behavioral Genetics)
  - Cognitive/affective bases of behavior (802)
  - Social bases of behavior (834, 836, 837) (Please note that 836 was discussed by the site visitors’ report as potentially not meeting APA distribution requirements and we are waiting on the final report from CoA which will make this decision. If you have already taken 836 as your distribution requirement, it is fine; for new students, we recommend waiting until CoA decision.)

11. Courses for the student’s cognate
12. Doctoral Research (PSY 999) 24 credits
13. Practicum requirement (PSY 994): Practicum is required. Details are in the practicum section of this document (below).
14. Clinical Science Forum (CSF): This is a program-wide, bi-weekly symposium that integrates clinical science and practice through clinical research presentations and case presentations conducted by faculty and students alike. Program business is also presented and discussed. Students do not sign up for course credit for the CSF, but attendance is required throughout the student’s time in the program.

Sample Course Schedule

Year 1, Fall (9 credits)
- Statistics (PSY 815)
- Cognitive and Neuropsych Assessment (PSY 852)
- Behavior Disorders (PSY 853)
- Work on MA thesis proposal
- Form MA thesis committee
- Attend CSF and HDI Brown Bag Series

Year 1, Spring (9 credits)
- Personality Assessment (PSY 831)
- Psychodynamic Theory, Research and Intervention (PSY 952)
- Cognitive-Behavioral Theory, Research and Intervention (PSY 954)
- Complete MA thesis proposal
• Attend CSF and HDI Brown Bag Series

Year 1, Summer (no credits required)
• Attend CSF which meets biweekly in the summer

Year 2, Fall (9 - 10 credits)
• Ethics (PSY 926)
• Practicum (one credit)
• Take 890 credits for thesis
• Attend CSF
• Work on MA thesis

Year 2, Spring (9 -10 credits)
• Test and Measurement (PSY 818)
• Take 890 credits for thesis
• APA Required Course (1 or 2)
• Practicum (one credit)
• Attend CSF
• Complete MA thesis

Year 3 and 4

The doctoral program begins with the identification of a “cognate” for each student and the formation of a doctoral guidance committee. The cognate is an area of expertise within clinical science that is chosen by the student based on clinical science career goals. The cognate ensures that our students not only show breadth of training in clinical psychology, but also develop scholarly depth in an area that is relevant to their own research and clinical interests. Some examples of recent cognates include quantitative methods in behavioral and molecular genetics, and theory and practice of child assessment in the context of trauma.

The doctoral guidance committee helps the student develop their cognate and an individualized doctoral plan of study. The committee must consist of at least two clinical science faculty members and frequently includes faculty from other areas/departments who have expertise related to the cognate area (for recent examples of outside faculty who have served on these committees, click here). The individualized doctoral training plan includes, at a minimum, a course in the chosen cognate and a focus on the cognate topic in the comprehensive examination (see below) and dissertation research. Notably, some students have chosen to complete a certificate program for their cognate, including the Quantitative Methods and Evaluation Science Program Certification, the Interdepartmental Graduate Specialization in Infancy and Early Childhood, or the Interdepartmental Graduate Specialization in Cognitive Science.
In addition to the cognate, we strongly recommend taking statistics courses beyond the required 2 courses (PSY 815 and PSY 818). Increasingly, advanced statistical training is important for a career in research – whether in a psychology department, medical school, or other research career options. There are advanced statistical courses offered in psychology as well as in education every semester. We advise taking additional courses in order to prepare for your dissertation work as well as for research beyond graduate school. You can consult with your advisor as to which course(s) would be most appropriate for you.

**Year 3, Fall (6-9 credits)**

- Form and Convene Doctoral Guidance Committee
- Obtain Approval of Comprehensive Paper Proposal
- APA Required or Cognate Courses
- Practicum (one credit)
- Attend CSF

**Year 3, Spring (6 credits)**

- Write Comprehensive Paper
- APA Required or Cognate Courses
- Practicum (one credit)
- Attend CSF

**Year 4, Fall (6-9 credits)**

- Write and Defend Dissertation Proposal
- Practicum (one credit)
- Cognate or APA Required or Advanced Statistics Courses
- Attend CSF

**Year 4, Spring (6-9 credits)**

- Collect Dissertation Data
- Practicum (one credit)
- Cognate or APA Required or Advanced Statistics Courses
- Attend CSF

**Year 5, Fall**

- Complete Dissertation
• Apply to Clinical Internship
• Attend CSF

Year 5, Spring
• Defend Dissertation
• Internship interviews and Internship Match
• Attend CSF

Year 6
• Internship

MASTERS PROGRAM

Master’s (M.A.) Thesis and M.A. Guidance Committee

The Master’s thesis is designed to facilitate the development of core research skills and methods as well as an in-depth understanding of at least one topic within clinical science. As soon as the student has decided upon an M.A. thesis topic, she or he is to form an M.A. Guidance Committee. Preferably this is done by the end of the first semester of graduate study, and it is required that it be done by the end of the first week of Spring classes at the latest. The temporary advisor functions as the M.A. Guidance Committee chairperson until this committee is formed.

The M.A. Guidance Committee consists of no less than three faculty members, at least two of whom must be members of the Clinical Psychology Program. Rules about this committee, which also apply, are set forth by the Department of Psychology as follows: 2 of the 3 members must be regular faculty in the Department of Psychology, only 1 of the 3 may be an Adjunct Faculty Member in the Department of Psychology, and only 1 of the 3 may be an Emeritus Professor. See the Graduate Handbook for more information and definition of these titles.

The M.A. Guidance Committee has the important function of working with the student to jointly plan the student’s course work through the first 30 credits and working with student on the M.A. thesis.

Timetable for Completion of the M.A. Thesis (Plan A Master’s Degree)

Year 1 (Master’s thesis proposal)

First week of Spring Semester: Latest date by which the student has chosen an M.A. thesis topic in consultation with his/her advisor.

February 1: Latest date by which, in consultation with his/her advisor, the student has determined the methodology/design for his/her study.

April 1: Latest date by which the student completes the research proposal, in consultation with his/her advisor, and sends it to the two other committee members. The proposal should be between 10-15 pages long, including Introduction, Methods, and Proposed Data Analyses. The M.A. thesis proposal can be an NRSA or NSF or equivalent grant application. Students will still have to defend their proposals at a meeting, but these grant applications can serve as the written document.
April 15: Latest date by which there must be an oral defense of the proposal with the chair and committee members.

May 15: Latest date by which the proposal is approved by the advisor and the two committee members.

Year 2 (Master’s thesis)

February 1. Latest date by which the student completes the Master’s thesis and sends it to the committee members. The thesis should be written as a journal article in length and scope. The committee members must respond with written feedback within 30 days of receiving the student’s completed project, not including University holidays.

March 15. Latest date by which the student has an oral defense of the thesis with the chair and committee members. The committee will also determine whether the thesis is approved or whether revisions are necessary in order for it to be approved.

April 1. Latest date by which the final thesis with revisions must be approved by the committee. Also, latest date by which the student is to email a copy of Master’s thesis to the Clinical Program faculty and students so that all may read it in preparation for Research Presentation Day.

April 15 (approximate): Research Presentation Day. The Clinical Program (all students and faculty) attend an afternoon-long presentation of Second Year Students' theses. Students will give oral presentations and answer questions. This is scheduled at a regular Wednesday CSF meeting as close to April 15 as possible.

April: Since it is a Plan A thesis, it must be formatted in accordance with University Guidelines and be submitted to Graduate School according to their spring deadlines in order to receive the MA degree in Spring of the second year. The student needs to check with the Graduate School for these deadlines.

Note that any student who neither meets these deadlines nor is approved for an extension (see below) risks receiving a failing grade in PSY 899.

Two Year Rule for Completion of the M.A. Research Project

Students are expected to complete their M.A. thesis by the end of their second year of graduate study. The advisor and student should be aware of any problems by early- to mid-Fall Semester of the student’s second year and make all efforts to get the project back on schedule.

However, if the student is behind in the preparation of either the proposal or final thesis, the student must petition, in writing, the full Clinical Program faculty for an extension of the April 15th proposal deadline in year 1, or the March 15th or April 1st final thesis deadlines in Year 2. The faculty will decide if an extension will be granted. Ordinarily, the maximum extension will be one month.

If the student is behind in the preparation of either the thesis proposal or final thesis, the student must petition the full Clinical Science faculty for an extension. If granted, the maximum extension is typically one month. If the student has not completed the project by the agreed deadline, he/she is placed on probation with a deadline for completing the project or face dismissal from the program for inadequate progress. During the probationary period, the student cannot register for any courses except for thesis credits (PSY 899) in order to focus on completing the project.
Students with M.A. earned elsewhere. If the student completed an acceptable research thesis in psychology as part of master's work at another institution, the program will review whether the MA can be transferred. The advisor and one other clinical faculty member will be asked to judge whether the previous work qualifies or whether the student needs to demonstrate additional research competence at the MA level. If approved, a copy of the thesis and a letter documenting the faculty's judgment of acceptability must be filed in the Department Graduate Office by the student.

Students with MA earned elsewhere who did not complete a data-based thesis as part of their prior master's work, or whose previous thesis work is judged not acceptable, must demonstrate research competence. This is usually a thesis-equivalency project completed during the first year that the student is enrolled in the clinical psychology graduate program at MSU.

**DOCTORAL PROGRAM**

The clinical faculty meets at the end of the spring semester to review the progress of all second year students. The student’s MA thesis committee makes a recommendation to the faculty as to whether the student should be admitted to the doctoral program. Students who are recommended by the MA thesis committee and have demonstrated competency in the skills needed at the MA level and readiness for doctoral work are then admitted to the doctoral program by a majority faculty vote. Thus, entering the doctoral program in year three after successful completion of the master’s thesis signifies the development of the student as a budding independent scholar and clinical scientist with expertise in research, clinical care, and their integration.

**Doctoral Program Guidance Committee and Doctoral Plan of Study**

The Doctoral Program Guidance committee has three main functions. It approves the student’s program of study, it conducts comprehensive examinations, and it approves the student’s internship applications and placement. Of the four faculty required on this committee, the chairperson and at least one other member, preferably two, must be voting members of the Clinical Program. The doctoral guidance committee should be formed as soon as possible after completion of the Master’s thesis, and no later than the fall semester of year 3. The doctoral guidance committee will meet with the student to review the student’s written doctoral plan of study. The written doctoral plan of study should include the following elements: (a) a brief description of career goals, (b) a brief summary of the anticipated dissertation topic at that time, (c) the courses to be completed, and (d) the timeline on which remaining requirements are expected to be completed. If applicable, it may also include a written plan for practicum activities. The guidance committee will review the plan, looking for direct connections between the career plans and the other elements of the training plan. The Comprehensive paper, dissertation, courses, practicum, internship, and other experiences should all be chosen so that they form a coherent training program for the specific career path the student wants to take. Each of these aspects of the training should build some competence or skill that will be necessary for the student to be successful in their career. Ordinarily this plan is reviewed at the same meeting at which the proposal for the comprehensive paper is reviewed (see below).

**Doctoral Dissertation Committee**

It is required that three members of the dissertation committee must be in the Department of Psychology, and it is recommended that two members be clinical science faculty members. This committee may have the same members as the doctoral guidance committee, but this is not required,
particularly if the student needs particular expertise (e.g., specific statistical methods). We also encourage students to include at least one non-clinical faculty on their committee to emphasize connections with psychological science more broadly. If there is no committee member outside of Psychology, the Dean of the College of Social Science will appoint a faculty member to serve as her representative. The final dissertation is orally defended in a public meeting attended by the dissertation committee and interested parties. See the Departmental Graduate Handbook (Sec 2.2.5) for more details about committee composition. The doctoral guidance committee and doctoral dissertation committee may or may not be the same faculty members. If there are different members, then the student must submit a form for a change of committee membership.

**Comprehensive Examinations**

The Comprehensive Examination policy was adopted on 4/27/2005.

1. **Comprehensive Examination Description**

The two requirements for the Comprehensive Examination are as follows:

1. **First Author Publication**: Each student is required to submit at least one first-author, empirical paper for publication. This paper can be the student’s MA thesis or an unrelated study, but ideally, the paper topic is related to his/her cognate area. Successful completion of this part of the comprehensive examination is not contingent upon the paper being accepted for publication; the paper merely needs to be submitted for publication for successful completion. Notably, our explicit requirement of a submitted paper is not due to a lack of publishing by our students, but is instead an explicit expression of our belief that clinical scientists must be trained to be consumers and producers of empirical research. This must be submitted by Dec. 1 of the student’s 4th year in the program in order to apply for internship in fall of the 5th year.

2. **Comprehensive Paper**: Each student is required to propose and complete an in-depth, independent review paper. The paper is a theoretical and empirical review that integrates at least two areas of research relevant to the student’s cognate area (e.g., neuropsychological factors and exposure to child abuse in the development of antisocial behavior; the organizational and activational effects of gonadal hormones on developmental trajectories of eating disorder risk). The goals of this paper are to:

   (a) further develop the student’s clinical science orientation through a meaningful integration of science and practice as it relates to a specific area(s) of clinical science;

   (b) increase the student’s breadth of understanding of the field of psychology as whole as well as his/her depth of understanding in the cognate area; and

   (c) ensure that the student has a firm grasp of the conceptual and theoretical basis for his/her dissertation.

Importantly, the comprehensive paper is expected to be the student’s own work. The student writes an abstract and develops a reading list of sources that is presented to the doctoral guidance committee for approval. The student’s advisor may provide input into the development of the paper topic, abstract, and reading list prior to approval by the guidance committee. However, after approval, the student works independently on the writing of the paper without further input or consultation from anyone. The final paper is then reviewed by the doctoral guidance committee and graded similar to a grant (i.e., scale of 1-5) based on the quality of the literature reviews and integration of the two
research areas. The paper can be passed (grade = 1.0-2.0), failed (grade = 4.0-5.0) or given a revisions required rating (grade = 2.1-3.9). (See below for more information on grading.) If revisions are required, the same review process occurs after the second submission. Thus far, all students have passed on either the first or second submission. The comprehensive paper must be passed by Dec. 1 of the student’s 4th year in the program in order to apply for internship in fall of the 5th year.

A. Format
The Comprehensive Paper should be a thematic review of the literatures that is integrative and critical (i.e., not an annotated bibliography). Furthermore, the Comprehensive Paper must include a discussion of the clinical implications of the paper’s major conclusions.

B. Procedures

1. Comprehensive Paper Proposal
Before beginning the Comprehensive Paper, the student will submit a Comprehensive Paper Proposal to his/her guidance committee. This proposal will consist of a 500 word description (abstract) of the two foci of the Comprehensive Paper, as well as two separate reference lists that detail the vast majority of the two literatures that will be reviewed and summarized in the Comprehensive Paper. The reference lists should be thorough and comprehensive. A 1-page maximum outline of the essay is allowed but not required at the proposal stage.

The Comprehensive Paper Proposal will be reviewed by the doctoral guidance committee. Typically, the committee will meet with the student to discuss the plan and any needed amendments. The guidance committee will evaluate both the appropriateness of the topic and of the reading list. The guidance committee must approve the plan before the student proceeds. This is ordinarily done at the same time as the guidance committee reviews and approves the doctoral plan of study and associated paperwork (see above).

2. Comprehensive Paper
The Comprehensive Paper should represent the student’s own work. The student’s advisor may provide input into the development of the comprehensive paper topic as well as the reference list prior to sign off by the guidance committee. However, after approval of the Comprehensive Paper Proposal by the guidance committee, the student will work independently on the writing of the Comprehensive Paper without further input or consultation from the faculty. In this way, the Comprehensive Paper will function like a take-home comprehensive examination. It is also expected that students not seek active help from other colleagues on this essay. It is recognized that some conversation about the topic will occasionally occur in the course of carrying out scholarly duties in the program (e.g., courses, lab meetings, conferences, and so on) as occurs with all scholars. Students are expected to recognize and abide by the spirit and intent of the project, which is an independent scholarly essay that reflects their own thinking and writing.

We have some suggestions for writing review articles which may be helpful to students as they approach the Comprehensive paper. First, there is an article by Bem (1995) which describes writing review articles. [Bem, D. J. (1995). Writing a review article for Psychological Bulletin. Psychological Bulletin, 118, 172-177. ] Secondly, below is a list of journals in clinical psychology (and related fields) which regularly publish review papers. These suggestions should give students some good models for this paper.

Psychological Bulletin (general)
Clinical Psychology Review (clinical, somewhat more applied)
Annual Review of Clinical Psychology (clinical, somewhat more basic)
Current Directions in Psychological Science (APS; general but often with clinical stuff both applied and basic)
Harvard Review of Psychiatry (more applied clinical/psychiatric)
Psychological Review (theoretical, often cognitive)
Personality and Social Psychology Review (mostly social, some personality, sometimes with clinical implications)

The guidance committee will review and evaluate the Comprehensive Paper according to explicit criteria detailed below. The Chair of the guidance committee will be responsible for compiling feedback from the guidance committee into a written document that will be provided to the student. This document will contain: 1) descriptive summaries of the committee’s view of the strengths and weaknesses of the paper; 2) the final overall score assigned to the paper; and 3) the grade assigned to the paper that corresponds to the overall score. The Chair of the guidance committee will meet in-person with the student to discuss this feedback. The written feedback must be presented to the student within six weeks of the date of the original paper submission, unless the paper is submitted during the summer term. If it is submitted during the summer term, feedback must be provided within 6 weeks of the beginning of fall term.

Based on the overall score, one of three grades will be assigned to the Comprehensive Paper by the guidance committee (please note - the numeric scores in parentheses are described in the scoring section below):

**Pass (1-2.0):** No revisions are necessary; the student has successfully passed the Comprehensive Paper requirement.

**Revisions Required (2.1-4.0):** The student must revise the Comprehensive Paper and address the concerns raised in the guidance committee’s written review. The revised Comprehensive Paper will be reviewed by the guidance committee using the procedures outlined above.

**Fail (4.1 - 5.0):** The Comprehensive Paper fails to meet the minimum criteria outlined below. The student must write a new version of the paper to be re-submitted to the guidance committee for a new review. The new Comprehensive Paper will be reviewed by the guidance committee according to the procedures outlined above.

Only one re-submission of the Comprehensive Paper will be allowed. The procedures for reviewing the re-submission will be identical to those for the original submission detailed above, with the exception that the revision will only be graded as “Pass” or “Fail”. No further revisions will be requested or accepted. A grade of “Fail” on the second re-submission indicates that the Comprehensive Paper requirement has not been successfully met. There is a form for the Comprehensive Exams which must be signed by all committee members and placed in the student’s file in the Graduate Office.

**II. Scoring Criteria for the Comprehensive Paper**

All Comprehensive Papers will be graded according to the criteria outlined below. After reviewing these areas, each guidance committee member will provide an overall “score” of the paper using the following 1-5 scale:

1.  = Excellent: No revisions required
2. = Very Good: No revisions required
3. = Minor to Moderate Revisions Required
4. = Substantial Revisions Required
5. = Major and Significant Concerns: A new paper must be written

Guidance committee members may give scores in-between these anchor points in order to accurately depict their level of concern or enthusiasm. Scores will be based on the following criteria.

1) Abstract requirements:
   - Include stated goal of review
   - Include a brief description of relevant literatures to be reviewed
   - Describe conclusions of review (both theoretical and empirical)
   - Address clinical, theoretical, and empirical implications of review

2) Introduction requirements: The goal(s) of the review must be clearly stated. Thus, readers should be able to answer the questions:
   - Why are these two literatures being tied together in this review (e.g., do they overlap in some meaningful way? Are they complementary but parallel examinations of different aspect of the same phenomenon?)
   - Why is this review of scholarly importance?

3) Literature review requirements:
   - Adequately cover both literatures
     - Address theoretical underpinnings of areas and/or overlap of areas
     - Include empirical papers that have been critically reviewed and integrated with each other and the theory (cannot read like an annotated bibliography)
     - Critique the methodology of the literatures
   - Adequately address the stated goal(s) of the review (in Intro)

4) Conclusion section requirements:
   - Integrate theoretical and empirical findings in relation to stated goal(s) of review
   - Discuss findings vis-à-vis methodological limitations of extant literature
   - Address the clinical implications of reviewed theoretical and empirical work
   - Address possible directions for future research

5) Reference section requirements:
References should be appropriate and comprehensive - important papers from both literatures should be covered (note: this should already have been approved by your guidance committee, but will likely need to be updated with the most current work prior to submitting the final paper)

6) Formatting requirements:
   - APA format
   - Expected length is 50-100 pages of text (i.e., not including references, tables, etc)

III. Timeline for the comprehensive paper

To maintain adequate progress and thus good standing in the program, both part 1 and 2 must be successfully passed by December 1st of the student’s fourth year in the program. If both parts of the exam are not passed by this date, the student will be required to defer internship for one year and the new deadline for successful completion of both parts of the Comprehensive Examination will be set by the guidance committee; it will be no later than December 1st of the student’s fifth year in the program. If the Comprehensive Examination is not successfully passed by this second date, the faculty will meet to decide whether the student will be allowed to remain in the doctoral program. Exceptions to this timeline will only be given in response to substantive evidence of extreme extenuating circumstances. Further, all exceptions must receive prior approval (i.e., prior to the December 1st deadline) by the Clinical Interest Group faculty.

In order to meet this deadline and allow ample time for a potential revision, it is recommended that the Comprehensive Paper be initially submitted to the guidance committee for review by March 15th of the student’s third year in the program. The reason for this suggested deadline is that it allows for a six week review prior to end of spring semester, and allows ample time for the student to make any needed corrections in time for the Dec 1st final deadline.

Dissertation Proposal and Dissertation

The dissertation proposal is written under the supervision of the dissertation chairperson. It is ordinarily expected that the dissertation proposal will be written and submitted to the committee in fall of Year 4. It must be formally approved (signed off) prior to application for internship. The deadline for the dissertation proposal defense will be determined in the summer prior to fall of the 5th year – typically mid-September. If the proposal is not completed by the end of fall semester in Year 5, the student may be considered to be making inadequate academic progress, unless an adequate rationale has been provided for a longer time period to completing it.

Note that the format of the dissertation proposal and the final dissertation will be determined by the dissertation committee and the student. It may vary widely between students based on the composition of the committee. Similar to the MA thesis proposal, the dissertation proposal can be an NRSA or NSF or equivalent grant application.

The final dissertation is intended to reflect independent empirical scholarship by the doctoral candidate. It is orally defended in a public meeting attended by the doctoral committee, a Dean’s Representative (as required by the College), and interested parties. It is formatted and filed following procedures of the Graduate School and the Department Handbooks.

Practicum Requirement and Policy on Externship Clinical Experiences
I. Practicum Class (PSY 994)

Practicum begins in the fall semester of the second year and takes place under the auspices of the MSU Psychological Clinic, which is run by the Department of Psychology. Our clinic serves clients from the community, most of whom are seeking low-fee options for mental health care. We conduct assessments and psychotherapy with clients across the lifespan. We work with clients with a full range of outpatient mental health disorders, including autism spectrum disorders (ASD), ADHD, anxiety disorders, depression, PTSD, and personality disorders. All adult clients who enter the Clinic are given a standard battery of assessments, including the Personality Assessment Inventory (PAI; Morey, 1991), the Inventory of Interpersonal Problems (IIP; Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988), and the Outcome Questionnaire-45 (OQ-45; Lambert et al., 1994). These questionnaires are administered every eighth session throughout treatment to facilitate ongoing evaluation of treatment progress and model a science-based approach to clinical care. All child clients and their parents who enter the Clinic are given a standard battery of assessments (including the Child Behavior Checklist, the Parenting Stress Index, the Connors 3, and the Revised Children’s Anxiety and Depression Scale) based on developmental level as well as the presenting problem. These child assessments are re-administered regularly throughout treatment and at the end of treatment. Finally, all psychotherapy and assessment sessions are videotaped for the purposes of supervision and training.

Students are expected to be involved in clinical training through the Psychological Clinic or in an externship approved by the Clinical program following their first year in the program throughout their residence at MSU, prior to internship. During this time, they must accrue a minimum of 600 hours of face-to-face clinical work, however, students should note that students who have successfully placed at internships typically have at least 800 face-to-face hours. The first two years of practicum are intended as breadth training and are conducted in the Psychological Clinic. The second two years of practicum (or more if the student is in residence beyond the 5th year of the program) are intended to be specialized and consistent with clinical competency and career goals. Students are asked to work with their doctoral guidance committee and submit an individualized clinical training plan to be completed by December of their second year of practicum. The form for this plan can be found on our website (where?). This plan is for the remaining years that the student is in residence at MSU (typically 3rd and 4th year of practicum, i.e., 4th and 5th years of the program). This plan must involve clinical work throughout their time in residence at MSU. Students are asked to develop clinical competency goals for their practicum training and career goals. The clinical work for these 2 (or more) years of practicum should be consistent with these competency and career goals. Hours in the Clinic and number of assessments will continue to be audited by the Clinic Director. Progress towards competency goals as well as quality of clinical work and audits of clinical hours will be monitored yearly in the Self-Evaluation Form (see below). See Part II below which describes the practicum plan by year. Modifications following approval of a student's plan, if necessary, will require signatures of the doctoral guidance committee.

During the first month of practicum, and before they begin to see clients, graduate students have an intensive pre-practicum seminar focused on clinical interviewing, diagnostic assessment, and multicultural competence.

Students are expected to carry 3 psychotherapy hours/week and to conduct four assessments in their first year. Psychotherapy and assessment cases are expected to include both child and adult cases, to ensure exposure across the lifespan. In addition, cognitive, personality and diagnostic assessments are
required. Students are assigned a primary supervisor for their psychotherapy cases with whom they meet weekly for 1-hour, individual clinical supervision.

Supervision sessions typically involve an evaluation/discussion of the past week’s session(s) focusing on topics such as therapeutic process/relationship issues, treatment techniques, and application of science to practice. Psychotherapy supervisors also review and edit all of the students’ psychotherapy diagnostic assessment reports to ensure that case conceptualizations, diagnoses, and treatment plans are science-based and appropriate for the presenting problem and individual characteristics of each client. During the first year, clinical supervisors review their students’ videotaped sessions and give direct feedback in supervision on therapy techniques and process. In subsequent years, videotape viewing by supervisors is done on a periodic basis and is frequently used with more difficult cases.

Students also meet with assessment supervisors who are assigned based on the type of assessment in which they have expertise (e.g., personality, child cognitive, etc.). Assessment supervision entails guidance on selection of assessment instruments, review of scoring procedures, and test interpretation and report preparation. As with the psychotherapy supervision, this supervision focuses heavily on the development of empirically supported hypotheses and conclusions about each case.

Finally, the Clinical Science Forum serves as a faculty-guided group supervision focused on the integration of science and practice. We also have four in-house, evidence-based clinical teams aimed at integrating science and practice via didactics and treatment-specific data collections: 1) a clinical team focuses on behavioral therapy/assessment of autism spectrum disorder cases, 2) an interpersonal-psychodynamic treatment team with children and adults suffering from a range of psychological disorders, 3) a cognitive-behavioral treatment team with children, focusing on a range of childhood disorders, and 4) a learning assessment team focusing on learning disorders in young adults.

In their second year of practicum, students begin group psychotherapy training. Students obtain group psychotherapy experiences through leading groups in our own clinic (e.g., social skills for children with ASD) or local mental health organizations (e.g., a domestic violence shelter, a Head Start school). Students are assigned a supervisor for their group psychotherapy to discuss each group session, plan for future sessions, and evaluate treatment progress. Students are expected to accrue 2 credits of group psychotherapy. Groups are assigned from ½ credit to 2 credits depending on their length and time commitment. Students thus may accrue all of their group experience in one year or over 3 years, depending upon which groups they are assigned. Students may also complete credits for their group psychotherapy while on an externship. See Appendix 1 for current list of groups and credits for each group.

Finally, all hours accrued by participating in practicum (including externships) can be listed on the APPI form that students submit as part of their internship application.

II. Clinical Practicum Requirements – As of Fall 2015

Pre-Practicum

- Pre-Practicum Course

First Year (2nd year in program)
At MSU Psychological Clinic from Sept - May

Therapy
- Supervised by Faculty (1 hour individual face-to-face supervision)
- May be a member of a Treatment Team which would involve group supervision
- Required to have 3 hours minimum of therapy per week (carry 4-5 cases or what is necessary)

Assessment
- Part of Learning Assessment Clinic, serving predominately RCPD population
- Conduct 4 assessments (including any completed prior to 1st year in Clinic)

Group
- NO GROUP

Second Year (3rd year in program)

- At MSU Psychological Clinic from May – May
- Therapy Cases
  - Supervised by Faculty or Community Supervisor (1 hour individual face-to-face supervision)
  - Intention is to continue to offer breadth of training in this year
  - Required to have 3 hours minimum of therapy per week (carry 4-5 cases or what is necessary)
- Assessment
  - Supervised by Faculty or Community Supervisor
  - Conduct 4 assessments (certain students may be part of Autism Clinic)
- Group
  - Work towards 2 credits

Third Year and beyond (4th year in program and beyond in program)

- Continue to engage in clinical training experiences throughout ALL years at MSU by developing an Individualized Clinical Training Plan (ICTP) with your advisor and committee that helps meet your career goals and meets the following MINIMUM requirements:
  - Begin specializing (depth of training) either through externship and/or in-house treatment teams
  - Continuation of generalist training is an option as well
  - Complete 2 additional assessments at the MSU Psychological Clinic
  - Continue to work towards 2 group credits (groups conducted on externship may suffice)
  - Accrue a MINIMUM of 600 face-to-face hours by October 31 of year 5 for internship applications before applying to internship
    ▪ NOTE: Successfully matched students are often closer to 800
  - Accrue MINIMUM of 200 hours across 4th and 5th years (to ensure substantive experiences in these years)
Note that this means that all students will have more than 600 hours when they leave the program because 600 must be accrued by Oct. 31. And, students are to continue in Clinic through 5th year.

- Consider peer supervision experiences, such as supervising a first year on an assessment case (currently piloting)
- Consider other clinical experiences such as those obtained through Clinic Coordinator position or lab interviews, etc.

**Other considerations:**

1. Additional assessment experiences may be available in the summer if there is supervision available.
2. Additional assessment and/or psychotherapy hours may be recommended in order to meet internship expectations, depending upon the type of internship to which the student expects to apply.
3. Hours in the Clinic will be regularly audited and students will be required to make up the hours. The Clinic Director will make the decision about how to make up the hours (i.e. group or individual treatment or assessment).
4. The Clinic is open all year; thus, clinical work is required all year long. Students can take up to 4 weeks vacation from the clinic, as needed.

**Supervision**

There are 3 components to supervision during the academic year.

1. Students are assigned a clinical supervisor for ongoing one-to-one supervision of therapy cases. Students generally meet with therapy supervisors for one hour per week.
2. Students are assigned a clinical supervisor(s) for supervision of assessment cases. Meetings with assessment supervisors are scheduled on an as needed basis.
3. Students are required to attend CSF meetings that last 2 hours. Supervision transition will take place in May – so that the supervisory year for second year practicum students and above will go from May through April of each year.

**III. Credit Hours for Practicum**

Practicum credits – only 1 credit per semester for each fall/spring semester in which the student is completing a practicum in the MSU Psychological Clinic. However, no practicum credits are required in the summer, even when the student is completing practicum during the summer months.

Year 1 of practicum and beyond:

- Fall 1 credit
- Spring 1 credit
- Summer None

**IV. Externships**
1. An externship is defined as a clinical experience at a community agency, organization, or practice that is not under the auspices of or arranged by the Clinical Psychology Program or the MSU Psychological Clinic. Examples include: MSU Counseling Center, Ann Arbor VA, University of Michigan Eating Disorders Clinic

2. An externship is not required, although students may sometimes wish to supplement their practicum training with an externship experience.

3. Students may not engage in any externship until they have completed their second year of practicum at the MSU Psychological Clinic.

4. Externship hours can be counted as practicum hours. Students MUST sign up for practicum credit while on their externship.

5. Externships are part of the individualized clinical training plan that is due to the Clinical Faculty by December of the 3rd year.

6. If the student chooses to do an externship as part of their ICTP, then the student must also complete an additional form which includes information about the legal responsibility for the student while at the externship site. This form needs to be signed by the Clinic Director and the clinical supervisor at the externship or their Training Director.

7. It is likely that most externship proposals as part of ICTP will meet with the approval of the Clinic Director, the DCT, the advisor and the clinical faculty; however, the student is advised that this will not always be the case. Sometimes concerns about the quality of the supervision, liability issues, etc. may lead to a rejection of the application.

Other Program Requirements

Ethical considerations: All graduate students are required to comply with the American Psychological Association, Ethical Principles of Psychologists and Code of Conduct. Failure to do so is considered a serious problem and will result in consequences ranging from the requirement to engage in remedial coursework and/or psychotherapeutic treatment/evaluation to dismissal from the clinical program. The clinical program values diversity and expects all clinical graduate students to educate themselves about multiple diverse populations with whom they may interact both in research and clinical settings. All clinical graduate students will be required to treat and evaluate clients of diverse ages, ethnic/racial backgrounds, genders, sexual orientations, and religions.

Human Subjects policy: Student research is always submitted to the University Institutional Review Board (IRB) for its review and approval before any project is begun. Information on how to do so is at the IRB website at http://www.humanresearch.msu.edu. In regard to master's thesis or dissertation work, a copy of the IRB approval letter must be placed in the student's file in the Psychology Department Graduate Office. All research, whether it involves the collection of new data or the analysis of existing data sets, requires IRB approval.

Responsible Conduct of Research: MSU requires that all graduate students complete training in the Responsible Conduct of Research (RCR). A minimum of five hours of formal training is required for each such person in their first year of graduate school. (Note: if you did not complete 5 hours in your first year of graduate school, you must complete five hours this year in 2014-2015.) Trainings shall be updated annually (minimum of 3 hours) throughout the student’s time in graduate school. For the
clinical program, we will do the following: in the first year of the program, students will complete the CITI training for their IRB certification and then attend the CSF meeting devoted to ethics in spring of each year. This will be 5 hours of training. In the second year, students take the Ethics course, which is a 3 credit course in the fall, in addition, they will complete yearly CITI training and present at the CSF devoted to ethics in the spring. In the following years of the program, students will complete the annual CITI training and attend the CSF devoted to ethics each spring. These hours need to be documented yearly through (https://www.egr.msu.edu/secureresearchcourses/).

**Internship:** All students complete an APA-approved clinical internship. This is typically an off-campus 2000 hour internship placement that meets both American Psychological Association internship requirements and that also satisfies the student’s Doctoral Guidance Committee requirement that the internship training will complement the emphasis area training already received. In terms of internship placement, internships are as an integral component of the doctoral training experience that completes the competencies with regard to clinical skills necessary for the Ph.D. in clinical psychology. An approved dissertation proposal and completed comprehensive exams are prerequisite for application to internship programs. Program faculty and the Director of Clinical Training will not submit letters of recommendation unless both of those requirements are fulfilled. The Director of Clinical Training meets with students applying to internship during the summer prior to application in order to explain interest group procedures and APPIC guidelines. Information packets are always available from the clinical secretary. At the end of the internship, the student must complete the Internship Completion form, signed by the Internship training director, and have it filed in their student record in the department of psychology. This is required for graduation.

**Professional Development, Service, and Professional Comportment:** Students are expected to engage in lifelong learning and to develop habits of professional self development via participation in the field, attendance at professional meetings, participation in interest group and departmental activities, and participation in service committees that carry out program functions, such as the diversity committee, admissions committee, or faculty search committee. Doing so is a valuable opportunity to learn about and to influence program activities. Although it is not a formal requirement, students should anticipate some professional service during graduate school and all are strongly encouraged to serve on at least one service committee during their time in program.

**NIH Grants:** If a student is a paid research assistant on an NIH grant, the faculty PI must have an individualized training plan for this student for the duration of their time on the grant. This should be consistent with both the NIH grant objectives as well as the student’s own training and career goals.

**Student Review and Adequate Progress in the Clinical Psychology Graduate Program**

We expect that all students admitted into our program will complete their degrees, and the vast majority do so. The path to getting a master’s and doctoral degree involves a lot of hard work, but we hope our students find the work intellectually exciting and rewarding. Master’s and Doctoral degrees require extensive interaction and collaboration between faculty and students. The faculty members in the clinical program are expected to work closely as mentors and advisors so that students can graduate in a timely fashion and enter into a fulfilling professional career. Frequent communication between students and faculty is vital.

The Clinical Program requires each student who has not yet gone on internship to prepare a yearly, written Self-Evaluation Form (SEF) summarizing his/her progress to date as well as plans for the coming
year due by May 7 each year. In addition, the faculty advisor will rate the student on the Competency Form and bring to the meeting of the faculty around May 15. Faculty will review each student in the program and finalize the competency ratings for each student. Based on these competency ratings and the student SEF forms, faculty advisors will write a summary letter, focusing on strengths and weaknesses and planning for next year, to be given as feedback to the students along with the ratings on the competency form. These summary letters are co-signed by the advisor and the DCT, on behalf of the clinical faculty. Any remediation needs are communicated to the student in writing, with specific timelines. The SEF and competency forms can be found on the website.

Specifically, in terms of evaluating student competencies, it is important to note that all students must meet the University requirements of maintaining a GPA of at least a 3.0, and they may not have more than two graduate courses whose grades fall below 3.0. In addition, students must meet minimum standards of competency in their clinical work, which is assessed via clinical supervisor evaluations that are completed at the end of each semester of practicum. A rating of 2 (out of 4) indicates that competency is at the minimal level expected for a practicum student at that level of development in the program. Higher ratings indicate that competency is at or above the level for a student at that level of development in the program. Each year, the advisor and DCT review all course grades, instructor comments, clinical supervisor evaluations, comprehensive examination evaluations, and research progress in terms of theses/dissertation and other independent research projects to ensure that students are meeting expectations. If the student has received a course grade below a 3.0, he/she has received lower practicum evaluation ratings, and/or he/she has failed to meet expectations for the comprehensive examination, thesis/dissertation requirements, or independent research projects, then the faculty discuss the issues at hand and decide whether remediation is needed.

Once-a-year contact between a student and his/her faculty advisor is a minimum requirement, yet not sufficient for adequate progress to occur. Regular scheduled meetings between students and faculty advisors are encouraged in order for students to stay on track in the program. Students are encouraged to stay in touch with the faculty advisor and committee members on a regular basis. The student’s faculty advisor needs to know when the student’s graduate work is proceeding well and also when it is not. Personal problems or life circumstances sometimes interfere with a student’s ability to complete degree requirements in a timely fashion. Faculty members can, if informed, provide necessary support and problem solving in order to minimize the delays in degree completion and to prioritize the objectives.

Making good progress toward degree completion is a priority for every student and advisor. Those students who do not meet timeline requirements or competency expectations may be placed on probation and asked to remediate, or may be denied promotion to the doctoral program. If a written request from the faculty for remediation or a probationary period has not been satisfactorily addressed by the student within the period determined by the full faculty, students may be dismissed from the program. Doctoral level students must be deemed to be making adequate progress by the advisor, the Guidance Committee, and the clinical faculty on an annual basis in order to stay in good standing in the program. Those who exceed university deadlines for completion of the degree (see "Academic Programs" at http://www.reg.msu.edu/ucc/AcademicPrograms.asp) will be required to reapply for admission to the program. Students who have been dismissed from the program due to a lapse in meeting required timelines will be evaluated for admission together with the pool of first-time applicants of the year they apply for readmission.