



Clinical Training Manual

(Updated Fall 2010)



San Francisco/Bay Area Campus

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Overview of Clinical Training

A major objective of the Argosy University Clinical Psychology program is to enable students to acquire the competencies necessary to practice clinical psychology, including assessment, diagnosis and intervention. In addition, our program strives to enhance the student's professional development through identification with APA ethical principles and standards of practice. The components of the program that are necessary for meeting these objectives include a minimum of two practica (clinical field placements) and a subsequent pre-doctoral internship. This manual describes the goals and procedures for each practicum and for the internship experience.

Goals and Objectives of Clinical Training

Relevant Program Outcomes, Competencies and Objectives:

Goal 1: The preparation of professional clinicians capable of delivering effective and ethical diagnostic and assessment services to a diverse set of clients.

Objective a: Students will acquire an understanding of the current body of knowledge in psychopathology and diagnosis.

Competency:

Students must demonstrate an understanding of psychopathology and diagnosis.

Students must demonstrate the ability to assess the complexity of clients' problems including not only dysfunctions and limitations, but also competencies and strengths.

Students must demonstrate knowledge of diverse cultural groups and an awareness of self as a cultural being in relationships to persons of diverse backgrounds.

Students must demonstrate an understanding of the current body of knowledge regarding ethical issues of client care.

Goal 2: The preparation of professional clinicians competent to provide a wide range of effective and ethical therapeutic interventions to a diverse set of clients.

Objective a: Students will acquire an understanding of a variety of theoretical orientations underlying a wide range of methodologies for intervention.

Objective b: Students will acquire an understanding of, and demonstrate competence in, a variety of therapeutic methodologies, including empirically supported therapeutic interventions.

Objective c: Students will acquire an understanding of the ethical principles of professional practice.

Objective d: Students will acquire an understanding of and demonstrate a capacity to create and maintain relationships with a diverse group of clients.

Competencies for these objectives:

Competency a: Students will demonstrate an understanding of a variety of theoretical orientations underlying a wide range of methodologies for intervention.

Competency b: Students will acquire an understanding of, and demonstrate competence in, a variety of therapeutic methodologies, including empirically supported therapeutic interventions. Students will demonstrate familiarity with evidence-based research relevant to the therapy models.

Competency c: Students will acquire an understanding of the ethical principles of professional practice in psychology. Students will demonstrate that they know how to monitor their professional activities and guide their actions in accordance to the profession's ethical standards.

Competency d: Students will demonstrate an understanding of and a capacity to create and maintain relationships with a diverse group of clients. Students must demonstrate the competency to deliver therapeutic services to diverse clients

Practicum

Overview

A practicum is designed to give students supervised practical application of psychological theory and techniques. The practicum provides an opportunity to cultivate professional relationships and to manage the complexities of those relationships. Practicum experience also supports the University's overall mission of service, and strengthens its ties to the surrounding community. Students benefit from a practicum placement by exposure to the variety of training opportunities and professionals available within community agencies. Community agencies, in turn, gain by hosting inquisitive and energetic students who positively affect the intellectual climate and activity levels at the site.

Practicum affords the student the opportunity to integrate theoretical knowledge, research and clinical skills. Supervised practice in the application of clinical psychology with a range of client populations, age groups and clinical problems also enhances and complements the student's professionalization into the field of psychology. A practicum placement is a position, typically

as an unpaid volunteer, at an agency in the greater San Francisco Bay Area. Placements range from for-profit private agencies, large government agencies, to Community Based Organizations (CBO's) (e.g., typically smaller not-for-profit agencies in local communities).

Selection of Training Sites

The BAPIC AU/SFBA list of approved practicum sites includes a wide variety of clinical settings. These sites include community mental health centers, psychiatric hospitals, schools, university counseling centers, treatment centers for the developmentally disabled, forensic settings, and chemical dependency treatment programs. Students may not apply to or attend a practicum site that is not approved by the AU/SFBA Clinical Training Office. If you would like to suggest a new site, please speak to the faculty in the Clinical Training Office.

The Clinical Training Office selects training sites according to their overall appropriateness to the practitioner-scholar model of training. The practitioner-scholar model emphasizes mastery of clinical skills by exposing students to relevant treatment populations, and providing supervision by experienced licensed clinicians. Every effort is made to ensure that students receive competent supervision, within a mentoring relationship, and in an environment conducive to learning.

AU/SFBA has no financial relationship with training sites. Practicum work can be paid through stipends offered by the training sites, but this is not required. Students may not accept fee for service arrangements during their practica. Students, AU/SFBA, and training sites enter into a contractual relationship in which students' delivery of service is exchanged for clinical supervision, exposure to professional role models, in-service education, and participation in a mental health service delivery system.

The general guidelines for practicum sites include, but are not limited to:

- Supervisors: Supervision is provided by a licensed mental health clinician. PsyD students' Primary Supervisor must be a licensed psychologist or board certified psychiatrist. Any exceptions must be approved by the AUSFBA Clinical Training Committee to the following.
- Time Allotted to Supervision: Practicum Sites provide a minimum of two (2) hours per week of supervision, at least one hour of which must be individual supervision. The other hour(s) may be group supervision or case consultation with other trainees. Supervision must be provided on a consistent, scheduled basis. Students shall spend at least 25% of their time in training; training includes individual supervision, case consultation group, seminars, didactics, co-therapy, etc. For example, a 16 hour practicum student would participate in four (4) hours of supervision and training experiences.

- **Clinical Contact:** Practicum sites provide the number of hours for the Practicum year, as required by the student’s program at ARGOSY UNIVERSITY/SFBA—approximately half of which should be in direct clinical contact. We ensure that students have sufficiently available, appropriate, and diverse clientele with whom to work.
- **Other Training and Service:** Practicums may allot the other half of the Practicum hours for supervision, other learning experiences, and written clinical reports (e.g. progress notes, process notes, testing reports, etc). Learning experiences include seminars, workshops, case conferences, and program development.
- **Evaluation Form:** Practicum supervisors complete an Evaluation Form at midyear and at the conclusion of the training (i.e., December and June) on the student’s training progress. The supervisor shall review the student’s Practicum Experience/Hours and use the evaluation form to document the hours the student performed essential training activities.
- **Review of Clinical Work:** Practicum provide guidance and opportunities for the student to tape clinical sessions. Practicum sites understand that students may be required to present at least one clinical tape in their seminars each semester. They may also be required to submit a formal sample of their work, consisting of a taped session, a transcription of the session, and a written report, to their seminar leaders in the Spring.
- **Communication with Argosy:** Practicum sites are encouraged to be in contact with the Clinical Training Director or Associate Director at the Argosy Clinical Training Office to coordinate the training of the student and to communicate important information. We are committed to working with Practicum/Internship sites to address concerns or problems regarding our students.
- **Third Year Argosy Students:** Third year Argosy students must take the Clinical Competency Examination (CCE). This exam requires the student to present a psychotherapy case they have seen at least six times. Agencies agree to provide sufficient cases so that the student can take the exam.
- **In sum,** practicum sites agree to provide a training program that is supported and understood by the administration and staff at the agency; to provide a training milieu that is safe, supportive and challenging, with appropriate space to conduct clinical work; to have agency personnel who emphasize responsiveness to cultural diversity, e.g., gender, race, sexual orientation, disability, and religion; and to abide by a code of conduct and ethics as delineated by mental health professions (e.g. psychology, psychiatry etc.).

Quality Assurance

A students' progress toward developing necessary and required clinical skills are monitored in a number of ways. The Practicum Seminar Instructor contacts each student's training site at the beginning of the year to invite representatives of the site to contact the instructor or any member of the Clinical Training Office should any problems with the student or with the Argosy training process arise. Supervisors and Directors of Training are encouraged to call early when problems arise rather than waiting for the problems to reach a crisis level. Most supervisors notify their supervisees of their plan to contact the Clinical Training Office. Students in this situation must contact the Clinical Training Office immediately and explain their view of the situation. The Director or Associate Director of Clinical Training will notify the student of the supervisor's call if the student hasn't already contacted the Director. The Clinical Training office may also contact the student's Practicum Seminar Professor and/or Advisor to gain a more complete picture of the concerns being raised.

Depending of the severity of the concern, the Director or Associate Director of Clinical Training may meet with the student individually and develop a plan for dealing with the situation. In a more serious situation or if the agency's plan for remediation is inadequate, the Director or Associate Director of Clinical Training will participate in a meeting at the training site that includes the student, the supervisor(s), and the Director of Training for the site. The purpose of such a meeting is to help the student understand the problems identified by their supervisor(s), the reasons the problems are significant and how they could compromise the student's professional goals, and to support the supervisor's detailed plan of remediation. Though this meeting may be stressful for the student, the goal is facilitate the site's development of a detailed, structured, and manageable plan to help the student succeed by meeting necessary competencies.

Students also participate in the quality assurance process. They are encouraged to discuss their training experiences with the Associate Director of Clinical Training who oversees the practicum process and their Seminar Professors. Students who consult with the Clinical Training Office regarding concerns they have about their clinical training experience may be coached in ways to navigate complex organizational and interpersonal situations. If a problem is serious and is compromising the student's learning or safety, the Associate Director of Clinical Training will contact the Director of Training at the site to discuss the concern. The Clinical Training Office may decide it is necessary to visit the site to encourage changes in the training program. The goal of such a meeting will be to enhance the student's clinical training experience, to improve supervisory and collegial relationships for the student, and to provide consultative support for the training site.

Annual Site Visits

The Training Office makes every effort to conduct site visits on an annual basis for each site a student is placed during the current training year. The purpose for these visits is to evaluate the quality of training, review the didactic training program, discuss supervisory requirements and issues, and explore ways the training might be enhanced for more advanced students. Another purpose is to enhance our collaboration with the site in the training of our students and to give the site an opportunity to discuss concerns it has about our students, training program, etc.

Students Evaluation of Practicum Sites

The Practicum Seminar Professor monitors students' clinical development on a weekly basis throughout the training year. Students' development is monitored through an analysis of their presentation of cases, through consultation with their classmates, through discussion of emergent issues, through concerns raised about supervision, etc. The Practicum Seminar Professor may contact the Clinical Training Office if concerns are raised about the quality of the student's clinical experience. In these cases, the Practicum Seminar Professor may be encouraged to contact the site directly or the Associate Director of Clinical Training may contact the site in order to understand and resolve concerns.

Site supervisors are required to complete an evaluation for each trainee at the end of each semester or within a reasonable mid-term and end-term evaluation period for an individual site. To support this evaluation process, students are required to deliver evaluation forms to their supervisor one (1) month prior to the end of the given period. Typically these forms should be delivered one month prior to the end of the fall semester and again one month before the end of contract. The student is responsible for ensuring the supervisor completes the evaluation form and for creating three copies and submitting them as required by the end of the period:

- One copy must be submitted to the Training Office

- One copy must be provided to the to their Practicum Seminar Professor so that developmental needs can be assessed.

- One copy must be retained by the student

Pre-Practicum Student Advisement and Practicum Application Process

Overview

The student advisement process starts in the first semester of the first year and continues throughout internship. The Clinical Training Office and members of the faculty play a key role helping students develop the clinical skills necessary for practice in the field of psychology. Students are advised in a number of ways, described below.

Pre-Practicum Planning

Pre-practicum planning refers to the process in which students are advised about navigation of the practicum process. This includes advisement regarding trajectory, as well as guidance regarding application to the students' first practicum. The advisement process for pre-practicum students begins with developing an understanding of previous experience, identifying areas of interest and identifying areas in which additional training is needed.

Once students have assessed their skill set and related experience, they can begin developing their professional curriculum vitae (CV), identifying sites that provide appropriate training, learning to write effective cover letters, and preparing for interviews. These parts of the advisement process are addressed in the Professionalization Group, in Practicum Orientation Meetings, in informal presentations and discussions, and in individual meetings with the Director and Associate Director of Clinical Training. Each of these is described in detail below.

Professionalization Group (Pro-Group)

The Professionalization Group is a required two semester course for all first year students. Its purpose is to help students begin development of a professional identity as a psychologist. Students learn about the process of becoming a clinical psychologist, the relationship between coursework and clinical training, and the requirements and benefits for developing breadth of skills and knowledge. Students also learn to assess related experience, to develop their professional curriculum vitae, to write effective cover letters, to enhance their interviewing skills, and to identify the kinds of training most appropriate for their first practicum experience.

Self-evaluation of Clinically-related Skills

Students are required to complete the Training Needs and Interest Form (see Attachment) and review it in Professionalization Group. This form helps students identify areas of clinical strength as well as areas in which training and experience are needed. The Professor of the Pro-Group reviews this form with the student to identify developmentally appropriate training for the student's first practicum. Additional consultation can be sought from the Clinical Training Office.

Planned Trajectory

During the first year, students are strongly encouraged to consider internship plans so that practicum training, course selection, and other professional development efforts can be tailored toward future goals. It is vital that students research the requirements and competitiveness of APA, APPIC and CAPIC internships now, as this will enable preparation in advance. For example, if a student feels absolutely sure that they want to obtain an APA accredited internship, they should ensure completion of an advanced practicum as this is typically required to be competitive. Completing an advanced practicum is recommended for most students for the following reasons:

A five-year program enhances competitiveness for internship by increasing the number of direct service hours (students receiving well-funded APPIC internships typically are applying with a range of 600 to well over 1000 direct service hours).

The additional time enables completion of advanced therapy courses and completion of the CCE and CRP proposals well before the APPIC application period. This is a requirement of some APA/APPIC training sites.

A five year program design enables students to feel and communicate a sophisticated level of knowledge that increases competitiveness for improved post graduate positions. Many students trying to complete this rigorous program in four years do NOT COMPLETE their CRP's on time. This translates into increased stress and tuition while on "doctoral extension."

Curriculum Vitae Preparation

Students are required to develop a good draft of their curriculum vitae (CV) in the Professionalization Group. CV guidelines and ways to conceptualize the CV are also presented as part of the Brown Bag series (see CV examples available from training office). Pro-Group Faculty review each student's first CV to insure information is appropriately organized, sufficient detail about relevant experience is provided, and that the student's skills, talents and experience is accurately represented. While some students simply need general guidance regarding ways to improve their CVs, others benefit from assistance with each iteration of the CV.

Interviewing Skills Development

Students learn about the interviewing process in their Professionalization Group and at Brown Bag Gatherings. Students who are concerned about their interviewing skills are encouraged to discuss their concerns with the Clinical Training Office who will help them improve their skills. Students are encouraged to role-play the interviewing process with each other and/or with more advanced students. Articles on interview questions and strategies are distributed to students. Students who have difficulty interviewing are strongly encouraged to meet individually with the Clinical Training Office. Generally, the interviews are structured like a job interview; students should prepare for them in the same manner.

Brown Bag Gatherings

Brown Bag Gatherings are held in the late Fall and early Spring semesters to help students explore issues associated with the practicum application process. These gatherings provide a forum in which an overview, opinions and insight regarding the process is provided by the Clinical Training Office, the Department Head and other faculty members of the Clinical Training Committee. Advanced students are encouraged to attend and share their ideas and experiences. All students are encouraged to ask any questions they have about the process.

Practicum Application Process

Step 1: Ensure prerequisites are completed

Practicum Prerequisites

All students who enter the practicum application process must be in good academic standing, must have a minimum GPA of 3.0 on a scale of 4.0, and must have completed the academic sequence that allows for the practicum prerequisite courses to be completed prior to the beginning of the practicum. No student may begin a practicum without being in attendance at AUSFBA Clinical Psychology Program for a minimum of two semesters and a summer I semester.

Prerequisites for Application for First Practicum

In addition to the fundamentals described above, to be eligible for their first practicum a student must be in good academic standing and must have successfully completed, or transferred, twenty seven (27) units of coursework, which must include the following:

PP7110 and 7111	Professionalization Group I & II
PP7300 & 7301	Psychopathology I & II
PP7010	Life Span Development*
PP7370	Cognitive Assessment
PP7385	Personality Assessment
PP8010	Cognitive Behavioral Theory and Therapy
PP7100	Professional Issues: Ethics, Conduct and Law***
PP7365	Clinical Interviewing**

*For students enrolled in the PSYD program prior to Fall 2010.

**For students beginning fall 2010 or later.

***students who have not completed this course, may begin Practicum I if they are concurrently registered in this course.

Prerequisites for Application for Second Practicum

To be eligible for second practicum, a student must have successfully completed their first practicum, must be in good academic standing and must have successfully completed, or transferred, the following coursework:

PP8201 & 8202	Practicum I & II Course
PP7340	Issues in the Assessment & Treatment of Diverse Populations
PP7200 & 7201	Statistics & Research Methods I & II
PP7010	Life Span Development*
PP7373	Integrative Assessment**

*For students beginning Fall 2010 or later

**may be taken concurrently with Practicum III

Step 2: Identify Potential Practicum Sites

Students use the computerized database of available sites to identify approximately ten (10) sites of interest. The database is located on the BAPIC website <http://www.bapic.info>.

Students are required to check the database to ensure the sites will accept Argosy practicum students. Brochures and student evaluations are available for many sites at the Clinical Training Office.

Step 3: Submit necessary documentation

Students must submit the Practicum Intent form and the Site Selection Form (Attachments) to Dr. Zoe Collins, Associate Director of Clinical Training. Students are encouraged to use the Clinical Experience Matrix form and their pro-group and seminar leaders to guide their selection of sites. Note: Each student can also meet with a faculty member in the Clinical Training Office to review their site selection, CV, and application materials by making an appointment with Dr. Michelle E. Mason at memason@argosy.edu.

Application Due Dates

Practicum application due dates generally fall at the beginning of February. Each site will have a different due date so it is extremely important for students to review the Practicum Information Form (PIF) for each site they select to ensure that they submit their materials to that site in time. Although sites differ in what they require regarding an application, sites generally request a cover letter/letter of intent, curriculum vita and three letters of recommendations. Other materials may include but are not limited to a writing sample, a vignette, additional letters of recommendation, etc.

Interviewing for Practicum

Students will be called by sites to schedule interviews. Students are encouraged to have a professional message on their answering service and to answer their phone in a professional manner when they think sites may be calling to schedule an interview. Most interviews take 1-2 hours plus travel time. Students should have their calendar readily available so an appropriate time for the interview can be established during the phone call. Use map software online to get accurate directions to the site. Make sure to plan additional time to accommodate heavy traffic and to find parking.

As soon as an interview is scheduled, students are required to begin preparation for the interview by reviewing the materials from the site, with particular focus on aspects of the site's training program that will be most beneficial. In addition, students are strongly encouraged to prepare by:

- Practicing to talk about their clinical and learning experience in advance of the interview with peers or faculty.

- Discussing the site with Argosy students who have trained at the site.

Time spent in preparation for interviews will dramatically improve the quality of a student's performance and increase the likelihood of getting an offer.

Students are required to dress professionally for the interview. Think of the interview as similar to a job interview. Students are encouraged to take an extra copy of their CV, cover letter and letters of recommendation with them. Arrive 10-15 minutes early for the interview.

Thank You Letters

Students are encouraged to send a short but professional letter or email subsequent to an interview. The focus of the letter should be to identify aspects of the training program that are especially interesting and attractive to the student. Students are encouraged to have their Professionalization Group professor or the Clinical Training Office review these letters.

Accepting a Practicum

Argosy's clinical training director, Dr. Michelle E Mason, is a member of the newly formed BAPIC Bay Area Practicum Information Collaborative. This group has established new acceptance procedures; information regarding these procedures and regarding Uniform Notification Day (when practicum decisions are announced) can be found on the BAPIC website at http://www.bapic.info/component/option,com_frontpage/Itemid,1/

Practicum Contract

Once a student has accepted a practicum site, the site supervisor, student, and Clinical Training Director must complete the Practicum Contract (see Attachment). Acceptance of a practicum site is a professional and ethical commitment to a site and to its clients. Students must conduct themselves accordingly in honoring their commitment.

Students are required to complete the Practicum Contract with their supervisor or with the Director of Training at the site. The minimum number of hours for a training experience is 500 hours (though many sites require more). Training lasts 9 -12 months. The total number of hours and length of commitment must be included in the contract. Specific numbers of hours must be listed under direct service, indirect service, supervision, training, and other. Most first year practica are 16 hours per week; a few practicum offer 20 hours. Students should not be required to work more than 20 hours per week in a practicum.

Of hours spent within the practicum, a minimum of 25% must be spent in direct service (face-to-face provision of psychological services to individuals designated as clients by the agency/program). At least two (2) hours of supervision is required per week, must be regularly scheduled, and must continue throughout the training year. At least one (1) hour of individual supervision is required weekly.

The student's primary supervisor must be licensed in the state of California and possess a doctorate degree in Psychology. The primary supervisor may or may not be the individual supervisor. However, the primary supervisor must provide some training and group supervision to the student, and be very familiar with the individual supervisor's work with the student, and must have current information about the student's performance and development as a psychologist. Students concerned about supervision are encouraged to discuss their concerns with the Clinical Training Office.

Indirect services listed on the contract may include community outreach, consultation, education, program development and/or evaluation, and support services (e.g., report writing, record maintenance). Training activities include case conferences, case management/utilization review meetings, rounds, administrative/planning meetings, in-service training/seminars, and co-therapy with senior mental health staff. The completed Practicum Contract must be submitted to the Clinical Training Office within one (1) month after accepting the training position and no later than June 1st.

Practicum Guidelines

Professional Conduct

Students are responsible for contacting their practicum site to determine when the training program begins. Students must:

- be available for the orientation provided by the site;
- adhere to the training schedule;
- make themselves available for supervision;
- meet the requirements for direct service hours;
- perform in a professional manner.

Once a practicum begins, students are required to meet the number of contracted hours in order to receive credit for their practicum experience. To reduce conflicts, students should endeavor to schedule their courses to accommodate their practicum schedule.. Students are encouraged to contact the Clinical Training Office if their training needs/requirements are not being met.

Vacation/Sick Days/Self Care

Students are responsible for negotiating time off with the appropriate supervisor at their practicum site. All requests for time off must be in writing regardless of agency policy. This practice protects you as well as the agency from miscommunication. Each agency typically describes how much time off a student receives during the training year. It is the responsibility of the student to ensure that these policies are not violated. It is also the responsibility of the student to provide reminders for the appropriate supervisor of any time off.

Practicum Supervisee Weekly Log of Activities

Students are encouraged to maintain a weekly log of their training activities (see Attachment), have their supervisors sign each training log, and may be asked to submit copies of the training logs to the Clinical Training Office at any point in the training year. Students are responsible for insuring they are meeting the requirements for direct service hours and supervision. It is also important to note that training logs help significantly during the internship application process.

Practicum Contract

Students are responsible for ensuring the Clinical Training Office has an accurate and up-to-date contract for the practicum. During the course of the training year, such things as a student's supervisor or the site's Director of Training might change. If changes occur, students are required to contact the Clinical Training Office and update their contract.

Practicum Courses and Ongoing Advisement

Practicum Seminar I & II

Students are required to attend a year-long Practicum Seminar concurrent with their First Practicum. The Practicum Seminar is taught by a Clinical Psychology Psy.D. Faculty member. The Practicum Seminar expands the students' understanding of diagnostic concerns, clinical interviewing techniques, confidentiality, boundaries, and other ethical issues. Students begin to apply therapeutic techniques, develop treatment plans, and learn to use supervision effectively. Students learn the key components of case formulation, develop case presentation skills, and learn to consult effectively with each other. Students present cases informally during the first semester as they continue to develop their clinical skills. During the second semester, case presentations are formal and include a formulation and treatment plan.

At the end of this term student's complete their Clinical Evaluation Conference (CEC). The CEC is a competency based examination designed to evaluate the student's mastery of basic clinical skills. The practicum seminar serves as the institutional oversight of the practicum clinical experience.

Students will likely experience much agreement between their supervisor, the Practicum Seminar Professor, and classmates. However, there may be instances in which the supervisor and Practicum Seminar Professor differ on ways a situation should be handled. The ultimate responsibility for overseeing the case lies with the site supervisor and Director of Training of the site. If the student should experience significant conflict about differing views, the student is encouraged to discuss their concerns with the Associate Director of Clinical Training who may intervene if warranted.

Clinical Evaluation Conference

At the end of the First Year Practicum, the quality of a student's learning is determined by their performance in the Clinical Evaluation Conference (CEC). The CEC is a competency-based examination, designed to evaluate the student's mastery of basic clinical skills. To be eligible to take the CEC, the student must be in good academic standing, must have a GPA of at least 3.0 on the 4.0 scale, must not be on probation and must be enrolled in, or have completed, the first practicum.

The CEC is conducted during the Spring term as part of the Practicum Seminar II. The student is asked to demonstrate clinical competency by successfully completing the following tasks:

Written component

Each student must submit, to the Practicum Seminar Professor, a written case presentation, that includes:

- Overview of case
- Presenting problem
- Relevant history
- Diagnostic assessment
- Conceptualization and treatment formulation
- Treatment summary including specific interventions used in the course of the therapy
- Ethical and legal considerations
- Issues of diversity

Oral presentation

Each student must present the written case in the Practicum Seminar and respond to questions presented to them by both the Practicum Seminar Professor and the seminar participants. The oral presentation must reflect the basic information conveyed in the written component.

If the student fails the CEC, feedback will be provided to the student by the seminar instructor and the student will be given a second opportunity to demonstrate competency, using a different clinical case.

Failure to demonstrate competency during the second presentation is grounds for dismissal from the program.

Practicum Seminar III & IV

Students are required to attend a year-long Practicum Seminar concurrent with their Second Practicum. The Practicum Seminar is taught by an Argosy Faculty member. This Practicum Seminar expands the students' understanding of diagnostic concerns, clinical interviewing techniques, case formulation, treatment planning, and effective interventions. Within the seminar, students apply theoretical perspectives to their cases and to their interventions. Students present cases formally and consult with each other actively. At the end of this term, students complete their Clinical Competency Examination (CCE). The CCE is described in detail on page 20.

Students will likely experience agreement between their supervisor, the Practicum Seminar Professor, and classmates. However, there may be instances in which the supervisor and Practicum Seminar Professor differ on ways a situation should be handled. The ultimate responsibility for overseeing the case lies with the site supervisor and Director of Training of the site. If the student should experience significant conflict about differing views, the student is encouraged to discuss their concerns with the Clinical Training Office who may intervene if warranted.

Supervisor Evaluations

Supervisors play a critical role in the development of psychologists in training. As a result, they are asked to evaluate their supervisee's growth and deficits at least twice a year (see Attachment). Areas evaluated include the student's ability to intervene effectively, diagnose accurately, conceptualize cases from a theoretical perspective, administer and interpret psychodiagnostic instruments, use supervision effectively, behave ethically, perform professionally, interact appropriately with staff and other trainees, and fulfill the number of hours required by the Practicum Contract.

Students are encouraged to use the evaluation process as an invaluable part of one's clinical and professional growth. A normal performance for a First Practicum student would be 3's with some 4's. These ratings mean a student is performing at the level expected for their experience (3), or above the level expected for their experience (4). It is highly unusual for students to receive 5's (performs far above what can be expected) at the First Practicum level. A normal performance for a Second Year Practicum student would consist of primarily scores of 4 with some 3's and 5's. The most valuable things that can come from these evaluations is an understanding of what one is doing well, where one needs to improve, and how much one has improved from one semester to the next.

Student Remediation

Students who receive evaluations of 2's (needs improvement) or 1's (serious difficulty) at the end of the first semester of the practicum are required to meet with faculty members of the Clinical Training Committee (CTC). The structure of this meeting is to assess the situation, to

support the student and to support the site's development of a reasonable remediation plan. The primary goal of this meeting will be to ensure that the site and the student have a mutual understanding of both the content and the process of the current evaluation.

CTC will encourage the site supervisor to structure a written remediation plan that outlines: 1) The student's current training needs; 2) The site's plan for facilitating the student's further development; 3) Specific behavior-based goals that a student will be asked to meet before his/her final evaluation period. The primary goal of CTC is to facilitate a proactive dialog between students and training sites while providing support to either party during the evaluation periods. During these communications CTC may also determine that a student would benefit from additional formal support from Argosy. In these cases, CTC would refer the student to the Student Professional Development Committee (SPDC) to develop a remediation plan consistent with Argosy's program requirements that could augment the plan put forth by the current training site. In these cases, the student will be responsible for communicating this additional plan with their site supervisor and for maintaining the planned progress toward improvement.

If a student's overall final evaluation score falls below a three (3) and/or does not meet the requirements of the Practicum Contract, the student will be referred to the SPDC and may not receive credit for the practicum. The student, members of Clinical Training Committee, and/or the Practicum Seminar Professor may request consultation with members of the Student Professional Development Committee to determine the most helpful and appropriate response to the deficits. Note that very poor evaluations received in the first semester may also result in a failing grade and require the student to repeat the practicum.

Clinical Competency Examination Guidelines AY 2009-2010

Overview

"THE CLINICAL COMPETENCY EXAMINATION (CCE) IS A SERIES OF COMPETENCY-BASED TASKS IN WHICH STUDENTS DEMONSTRATE TO THE FACULTY A MASTERY OF MAJOR CLINICAL ASSESSMENT AND THERAPY SKILLS." (AU ACADEMIC CATALOG 09-10)

The Clinical Competency Examination (CCE) consists of a written case report and a transcript (both written and audio or visual) that is submitted to two clinical faculty members who will then conduct an oral examination with the student about the case. This format is designed to provide an assessment of students' knowledge and clinical reasoning ability within a conceptual model and to evaluate technical skills, relationship skills, and ability to communicate in both

written and oral form. This format additionally allows the faculty to ensure that students are adequately prepared to begin their pre-doctoral internship (see Evaluation Section for a nationally recognized description of the skills necessary to begin internship). Students are expected to take the examination at the end of their third year of coursework. Students must submit a CCE Readiness Form (see Attachment) to the Clinical Training Office no later than March 2nd in order to take the exam during the standard exam period. In the event of failure, the student will be referred to the Student Professional Development Committee (SPDC) for remediation and support. The examination may be retaken once, on or before the next exam cycle with consideration of the student's remediation plan. If, after the second attempt, the examination is not successfully passed, the results of the examination will again be presented to the Student Professional Development Committee (SPDC) to determine further action.

Clinical Competency Examination Eligibility

The CCE evaluation criteria are designed to assess clinical competency at a level appropriate to students who have completed required coursework and practicum. Students are eligible to take the exam if they are in good academic standing in the doctoral program (a GPA of at least 3.0 on a scale of 4.0) and have successfully completed (or are expected to successfully complete) all course requirements [with the exception of Internship and possibly CRP] by the end of the Summer semester. In general students are highly encouraged to complete their CRP before going to internship.

Once a student has submitted the CCE Readiness Form, the Training Office will assign an Exam Committee to evaluate the student's written case report and to conduct the oral examination. Exam committees will consist of two clinical faculty members. A student's site supervisor and Practicum IV Seminar Leader is excluded from serving on a student's CCE Exam Committee.

The Exam Committee members serve only as examiners, not as advisors in preparation of the materials. The student should not consult with his/her assigned examiners about the content or structure of the examination. In the event that a student who previously failed the CCE is retaking the exam, no member of a previous exam committee may serve on the new committee.

CCE Committee Selection

By early March, each student planning to take the CCE during the standard exam period must submit a CCE Readiness Form (See Attachment) that indicates successful completion of all required coursework, the treatment modality of the case intended for presentation, and the theoretical orientation being used. This information is then utilized to match faculty expertise with the examinee's focus. The Training Office will assign an Exam Committee and will schedule a date and time for the oral examination. The student will be notified via Argosy email of their assigned examiners and the date and time of the exam.

Duties of Exam Committee Members

It is the responsibility of both examiners to review the student's written and recorded materials prior to the examination date. The committee will: query the student in a manner relevant to the case, including questions regarding the chosen theoretical approach, reformulations of case material and other psychological issues; evaluate and discuss the student's written and oral presentation; render an independent pass or fail judgment; and provide recommendations for further study, where warranted.

Immediately after the examination, the Examiners complete the Oral Examination Form and inform the student and the Clinical Training Office of the student's outcome. In the case of a split decision, the examination tapes are kept for submission to a third, independent evaluator. Within 10 working days of the examination date, the examiners are responsible for submitting in writing to the Clinical Training Office, a copy of the CCE Evaluation Form and The Outcome Form (see Attachments). A copy of the written case material, along with these evaluation forms will then be placed in the student's training file. The audio/video material may then be returned to the student or destroyed by the Training Office. The tape of the examination itself will be collected by the examiners at the end of the oral examination. In the case of a split decision, the case materials and the exam tape will then be submitted to a third examiner typically the Chair or Associate Chair of the program.

The site supervisor, seminar leader, or any other appropriate person, may provide consultation and supervision to the student with regard to any aspect of case selection and management. However, the student holds sole responsibility for organizing, conceptualizing, and communicating the case materials. The student's site supervisors may not serve as examination committee members, nor may they attend or participate in the oral examination.

STUDENT RESPONSIBILITIES

Overview

The site supervisor, seminar leader, or any other appropriate person, may provide consultation and supervision to the student with regard to any aspect of case selection and management. However, the student holds sole responsibility for organizing, conceptualizing, and communicating the case materials. The student's site supervisors may not serve as examination committee members, nor may they attend or participate in the oral examination.

Case Selection

The student should select a case for presentation that permits an adequate sampling of his or her knowledge and skill in the treatment modality used. The student must have served as the primary service provider. The case should demonstrate adequate pre-treatment evaluation,

assessment, conceptualization and treatment planning, intervention, and termination management.

Students are not limited in their choice of client characteristics or problems, type or treatment modality or treatment setting. The client should have been seen for a minimum of six (6) sessions in order to ensure an adequate opportunity to demonstrate the skills listed above. The principal guideline for choosing a case should be that it fits within the framework of applied clinical psychology. For example, the student may choose a case which involves, but is not limited to: drug/alcohol group treatment, family therapy, rehabilitative psychology, forensic psychology, play therapy, long-term or short-term individual psychotherapy, or behavioral medicine.

Checklist for Students

Review CCE Guidelines (this document)

Select an appropriate client

Submit the CCE Readiness Form to the Director of Training by March 2nd

Select audio taped or videotaped session. Make two copies of session recording. Transcribe the session recording. Make 3 copies of transcript and its analysis. Prepare written case report. Make 3 copies of case report.

Practice for the oral presentation

Submit all materials (in 3 envelopes) to the Training Office on or before the given deadline.

Written Report Guidelines

Overview: The following categories should be addressed in structuring the written portions of the case presentation. The Exam Committee will use them in evaluating the student's performance. Adaptations of the content within the categories may be made depending on the particulars of the case. The student will submit a written case report of ten to twelve pages (max), double-spaced, using 12 pt font and one inch margins all around. The case report will include minimum of two (2) references of articles and/or books related to evidence based practice. The student will also submit a transcript, which depicts an entire therapy session and an analysis of the interventions. The written case report will include the following:

INITIAL HEADING

Date of report

Name of clinician

"Name" of client

Age of client

Date of start of treatment

Number of sessions to date

*Description of setting (e.g. "Inpatient psychiatric clinic") *DO NOT INCLUDE THE NAME OF THE TRAINING SITE*

IDENTIFYING INFORMATION

Age, sex, gender, race, sexual orientation, religion, language if other than English, marital/familial status, employment info/occupation, where/with whom the client lives.

REFERRING SOURCE AND REASON FOR REFERRAL

If the client is not seeking help on their own accord, but has been referred or mandated, indicate how and why they are there. In many cases this may simply state “self-referred”.

PRESENTING PROBLEM PER CLIENT

The reason the client is seeking help. How does the client describe the problem, what is their evidence and experience of it (What symptoms does the person report? How severe are they? How chronic are they? When did they begin? How much are they interfering with functioning? Are they specific to certain situations or do they occur across situations?). Do they mention consequences of the problem or what they have done to address it? What are his or her beliefs about what is wrong? About the appropriate treatment for his or her symptoms? Does he or she expect to get better? This should be relatively brief and be based on the client’s report.

HISTORY OF PRESENTING PROBLEM

Why is the person seeking treatment now? In this section you are explaining the precipitating factors and symptoms that relate to the current presenting problem. If there is a significant history of the problem e.g. client was diagnosed as bipolar in his 20’s and has had 3 hospitalizations in the past 5 years. Or, e.g. the client report’s feeling depressed since childhood you can include this info in the PSYCHIATRIC history section.

PSYCHIATRIC HISTORY

(Client and Relevant Family): Include precipitating factors for seeking previous treatment, presenting problems, duration of treatment, therapist and client’s manner of working together, and reason for termination. Explore the ways in which the client found previous treatment helpful or unhelpful. Also include, as relevant, history of suicidal ideation, homicidal ideation, domestic violence, childhood abuse, criminal history, legal history (if any are extensive then include in a separate section, i.e., trauma history). Include a description of their strengths and internal resources.

SOURCE(S) OF INFO

Bullet points defining sources of various information used in assessing case (could be as simple as “client/parent”)

MENTAL HEALTH STATUS EXAM / BEHAVIORAL OBSERVATIONS

General components:

Begin this section with a vivid description of the client. Try to avoid subjective words like “attractive” and instead stick to what is observable... i.e., their, dress, body type, tattoos,

piercing, posture, neat, dirty, etc. For example, "client wore a dirty t-shirt and had a foul odor". How do they carry themselves, sit and move? Do they have any anxious habits or gestures? What is their attitude toward you? Guarded, defensive, friendly, compliant, seductive, etc. Paint a picture of the client, we should be able to clearly visualize him/her and have a "feel" for them. (One paragraph).

Specific components:

Appearance: the central consideration is whether the client's general appearance is appropriate or consistent with age, social position, socio-economic status, cultural and sub-cultural background and time of day.

Behavior: This refers primarily to the client's conduct during the interview as observed by the interviewer. Reports of recent bizarre or unusual behavior from relatives or informed others should be included here. Two aspects of behavior are useful to distinguish: verbal (i.e., speech quality, speech quantity and language) and non-verbal (i.e., eye contact, facial expressions, motor activity, attitude, etc.)

Orientation: In most settings, orientation is indicated or charted as "orientated x3", i.e. the person is orientated to person, place, and time. Disorientation is most often associated with organic conditions, although it is not uncommon in severe functional disorders. Conventional wisdom suggests that disorientation problems occur most frequently with time, next with place, and least with person (associated with dissociative states and extreme impairment.)

Sensorium: This is a general term referring to the intactness of the physiological receptive system-hearing, vision, touch, and smell. It also refers to the general ability to attend and concentrate

Mood: Mood refers to the general or prevailing emotion displayed during the interview (i.e., calm, sad, cheerful, anxious, irritable, apathetic, etc.)

Affect: Affect refers to the range of emotions manifested during the interview (i.e., flat, blunted, labile, restricted, exaggerated, etc.)

Thought Content and Thought Process: Thought content refers to what the client discusses during the interview (i.e., preoccupations, delusions, compulsions, phobias, etc.) Thought Content additionally can describe patterns such as self-critical, self-doubting, blaming others or morbid thoughts, etc. Thought process refers to the mental activity as illustrated by the clients' language process (i.e., thought blocking, loosening of associations, flight of ideas, etc.) Thought process additionally describes the client's organization of ideas (i.e. logical, well-organized story-telling, rambling, tangential, etc.)

Insight: In general, “insight” refers to the clients' ability to consider himself and his situation in dynamic terms. The term also refers to his ability to be aware and observant of changes in his feeling state and behavior and his ability to place his behavior in some interpretive scheme.

Judgment: Judgment refers to the person’s decision-making ability and his ability to carry out the practical affairs of living. Evaluating the client’s approach to both current and past problems permits some determination about the adequacy of the decision making capacity.

Memory: Evaluation of memory is generally divided into (a) immediate, (b) recent, and (c) remote. There are no hard-and-fast criteria except for immediate memory which refers to the ability to recall things within 10 seconds of presentation.

CONTEXT AND BACKGROUND

BIOSOCIAL HISTORY

General Components: Birth/Developmental History, School/Academic History, Family History, Medical History, Substance Use/Abuse History, and Legal History.

Tell a rich story of the development of the client and relate the important events of the client’s life, in order. Start at birth, give birth order context, discuss early developmental issues/ relational/ sexual identity issues/ employment issues/ the impact of culture, diversity and economic issues should be integrated and infused throughout not just noted separately. Describe development over time; how life has been shaped by these issues, chronology should be built into the developmental story. Do not interpret the meaning of events or patterns here— simply state how they are. Remember that this description should logically flow into your diagnosis and case formulation sections.

COURSE OF TREATMENT

This is not a week by week summary of what has gone on. Describe the therapeutic relationship and situation. Discuss how the person relates to you, how they see you, who are you to them? This discussion will include an analysis of the impact of cultural differences and/or similarities on the relationship. Describe how you feel: in this role, about how you are you pulled either emotionally or toward action, in the room with them and so on. Basically you are using your relationship with the client to glean info about how they relate to others and to themselves. Again, don’t interpret the situation, just describe it.

DSM DIAGNOSES AND RATIONALE/DIFFERENTIAL DIAGNOSIS

List your 5-axis diagnosis, followed by your rationale and explanation of any rule outs. Rule outs should be the exception, not usual. Explain why the person should have XX diagnosis—how the circumstances of his/her life contribute to difficulties vs. just listing the DSM criteria. Remember to discuss the impact of the client’s culture in your diagnostic rationale and/or your differential diagnosis.

THEORETICAL MODEL

Briefly describe your theory for conceptualizing this case.

CASE CONCEPTUALIZATION/FORMULATION

Begin by briefly restating the situation (one paragraph): who the client is and why they came to therapy.

Succinctly stated, a diagnostic formulation is an attempt to deepen our understanding of the client by placing the initial presenting problems in the broader context of characteristics, psychological strengths and vulnerabilities, which are collectively brought to bear in negotiating the demands of both internal and external reality. It should also point the way toward a treatment plan and may have implications for clinical interventions. A diagnostic formulation relies on two "levels" of information:

- 1. Content: what the client is able to tell you directly about the present problem, family history, interpersonal relationships, etc.*
- 2. Process: what you can observe or assess about the client's presenting challenges.*

This section represents the core of the paper. You will conceptualize the case according to your theoretical model. There should be no new information added at this point, and other than the first paragraph (see below) there is no need to repeat things you have already said. Rather, you are trying to tie all the pieces together: past, present, symptoms, dynamics (meaning: relational patterns, self esteem, defenses, feelings, and beliefs.). You are trying to convey your empathy and understanding of the client and how and why they are struggling. You can include their ability to adapt and how their defenses have served them.

TREATMENT GOALS/PLAN

The treatment plan, including goals and appropriate intervention strategies, must be described fully. The student must be able to justify the treatment plan based on the conceptualization of the case, the theoretical model selected, and any pertinent empirical data regarding treatment efficacy.

TREATMENT APPROACH AND TECHNIQUES

Interventions during each phase of therapy must be described. The student must describe the intervention(s) in the specific session selected for presentation, and how these intervention(s) relate to the stated treatment goals. The student must analyze his or her behavior in the session with respect to the process and content of therapy. Examples of areas for critique include, but are not limited to: listening skills, empathy, structure, and confrontation. The critique should refer to specific interchanges between therapist and client(s) in the transcript/tape. Note: This description should match what you say and do in your transcript, as well as correspond clearly to your theoretical orientation and case formulation.

TRANSCRIPT

Present in two columns. Left column should show transcript. Right column should be used for your analysis of what you said and did and why as well as what you were thinking and feeling.

This analysis will include how you may have alternatively responded to the client (i.e. "if I had said ABCD, we may have been more able to XYZ" or "This response seemed disconnected from my general orientation" or "Here I missed an opportunity to explore the differences between us" -etc).

ORAL PRESENTATION GUIDELINES

Overview

At the beginning of the meeting, the student will be asked to present the panel with any updates in the work since the written report and to provide the examiners with relevant additions to the analysis in the written report. The oral presentation should build upon, but not repeat, the basic information conveyed in the written report. This brief presentation should not exceed ten minutes in length and should emphasize important reflections about the case that were not included or emphasized in the written report.

Oral Examination: The majority of the time is allotted to the critical evaluation of the student's ability to handle the committee's in-depth exploration of his or her knowledge, clinical reasoning, and clinical skills. The student is required to think on his or her feet, to consider and evaluate other possible interventions, to contrast modalities, to support or reformulate the approach taken, and to demonstrate knowledge of related psychological issues. A key component of the examination will be an assessment of the student's ability to apply his or her clinical knowledge to meet the needs of the case at hand. The examiners will ask questions based on their reading of the written report. These questions may include but are not limited to:

Basic questions about the client and reason for referral.

Questions about the conceptual formulation used in the case.

Questions about the student's understanding of the theoretical model chosen and how it applies to the case.

Questions concerning the therapeutic interventions that would include specific discussion of the treatment goals, specific intervention strategies employed, as well as published empirical support for treatment decisions.

Questions about termination rationalization/plan.

Questions about possible ethical implications or dilemmas.

Questions about cultural issues and how diversity is addressed and handled in the work.

Questions regarding assessment and differential diagnosis.

In all cases, the committee is free to explore and test the student until the committee is satisfied that it can render an accurate decision. It is at the discretion of the committee to determine how the oral examination is structured.

AUDIO TAPED OR VIDEOTAPED SESSION

An audio tape, CD, or videotape of a therapy session must be submitted to the Exam Committee at the same time as the written case material. Submit two copies of the recording for review by the two examiners. A written consent for recording must be present in the client's clinical chart at the practicum site.

The student is responsible for submitting a recording of adequate quality to enable the examiners to hear the audio recorded therapy session; a written transcript will not suffice as a substitute for a recording of inadequate quality. The student's interpersonal skills as a therapist must be demonstrated on the recording. Otherwise, the recording will not be acceptable (e.g., a tape of relaxation or hypnosis exclusively would not be acceptable). Presentation of inaudible recordings may result in postponement of the CCE until such time as an adequate quality recording can be provided. In some instances, either recording is not allowed by an agency, or it is determined by the student and his or her supervisor that recording would compromise the therapeutic process or therapeutic relationship. In such cases, the rationale for not recording must be addressed in the written case presentation and a letter from the supervisor must be included that documents the agency's policy.

METHOD OF EVALUATION

EVALUATION OF THE CCE

Each of the following criteria is designed to evaluate the student's written and oral performance in one or more of the following areas: knowledge-based clinical reasoning, technical skills, relationship skills and formal communication skills. These criteria are intended to represent minimal proficiency in each area outlined. The student must pass each of the following by the end of the oral presentation to pass the CCE. Please see the Clinical Competency Exam Evaluation Form (attached) for the overall evaluation categories. The faculty examiners will additionally be utilizing the nationally recognized Developmental Achievement Levels', which describe the competencies that should be mastered prior to attending internship in further detail:

From the National Council of Schools and Programs in Professional Psychology document: Competency Developmental Achievement Levels (DALs) of the National Council of Schools and Programs in Professional Psychology July 29, 2009

Developmental Achievement Levels

Interviewing and Relationships

A. Knowledge

1. Working knowledge of models and techniques of clinical interviewing (e.g., structured, semi-structured, mental status exams)
2. Knowledge of the content of psychosocial history and mental status exam

B. Skills

1. Ability to conduct a detailed assessment interview and gather data for a psychosocial history and mental status exam
2. Ability to assist client and referral source in developing a referral question and clarifying limitations of assessment
3. Ability to obtain historical information from collateral sources and to integrate it with self-report data
4. Ability to consult with supervisor as appropriate

C. Attitude

1. Willingness to tolerate ambiguity, conflict and stress

Case Formulation

A. Knowledge

1. Working knowledge of diagnostic systems and awareness of the strengths and weaknesses of those systems
2. Working knowledge of models of psychological strength and psychological problems

B. Skills

1. Ability to generate differential diagnostic possibilities
2. Ability to communicate findings in written form
3. Ability to identify strengths and weaknesses of individuals and systems being assessed
4. Ability to conduct a feedback session with the client and other relevant parties

C. Attitude

1. Willingness to think critically and with an open mind about alternative hypotheses

Psychological Testing

A. Knowledge

1. Knowledge of constructs and theories underlying tests and testing methods
2. Knowledge of strengths, weaknesses and limits of applicability of standard intellectual and personality measures
3. Knowledge of the methods of norming tests and implications for test usage with diverse populations
4. Knowledge of constructs and theories underlying psychological tests and psychological testing methods

B. Skills

1. Ability to administer and score intellectual and personality measures and to begin the process of integrated interpretation, under supervision
2. Ability to identify appropriate measures and sources of information for referral questions in order to answer the questions
3. Ability to identify and adapt assessment methods for unique individual, with supervision
4. With supervision, ability to use critical thinking in evaluating all sources of data in order to prepare an integrative report and offer feedback

C. Attitude

1. Respect for value of psychological testing and assessment

Ethics and Professionalism

A. Knowledge

1. Knowledge of legal and ethical principles and guidelines involved in assessment and knowledge of potential courses of action

B. Skills

1. Ability to identify potential legal and ethical issues and address these, with supervision

C. Attitude

1. Willingness to critically examine test results, in light of diverse populations and normative data
2. Willingness to examine the applicability of ethical and legal issues in the context of assessment with diverse population

Professional Demeanor

A. Knowledge

1. Knowledge of how relationships are central to the multiple roles of professional psychologists
2. Knowledge of norms for professional relationships

B. Skills

1. Demonstration of comfort and confidence in role of psychology trainee and recognition of when that comfort and confidence is lacking

C. Attitude

1. Initiation of integration between professional identity and sense of self

Self

A. Knowledge

1. Knowledge of theories and models for personal and cultural identity

B. Skills

1. Ability to identify own strengths and weaknesses vis a vi relationship
2. Engagement in appropriate self care especially as it relates to ability for professional relationships
3. Awareness of biases and blind spots with regard to relationships
4. Participation in honest and productive self reflection
5. Comfort in varying roles, or ability to address its lack
6. Ability to recognize, tolerate, & use one's affect in professional relationships
7. Ability to seek support when needed, including being able to collaborate, do a realistic self assessment, and recognize relationship ruptures

C. Attitude

1. Ability to tolerate ambiguity in relationships, including not knowing and not having the answers
2. Attainment of a strong sense of self

Others

A. Knowledge

1. Knowledge of, and respect for, the complexity of diversity across different cultural groups, and perspectives
2. Understanding of a systems perspective and the contextual nature of relationships

3. Acquisition of a broad fund of knowledge of personality styles and ability to adjust relationships based on those styles
4. Knowledge of norms in a variety of contexts (broadly defined, and relevant to student's specialty and previous work, cultural, professional, by setting)
5. Attainment of a theoretical understanding of how relationships apply to treatment

B. Skills

1. Ability to evaluate norms in a variety of contexts (broadly defined, and relevant to student's specialty and previous work, cultural, professional, by setting)
2. Application of contextual information to adjust and enhance professional relationships

C. Attitude

1. Recognition of autonomy and values differences of client
2. Appreciation of other disciplines and professions

Interpersonal Connection

A. Knowledge

1. Knowledge of therapeutic alliance
2. Knowledge of groups and their dynamics
3. Knowledge of the importance and process of metacommunication, reflexivity or processing of relationships
4. Awareness of the possibility of taking a metaperspective on, or stepping back to view, oneself and one's relationships

B. Skills

1. Ability to form a therapeutic alliance
2. Basic ability to engage others around difficult issues
3. Basic ability to work with others to reflect upon the nature of one's relationship with them
4. Beginning ability to negotiate/accept disagreements
5. Developing ability for metacommunication to repair or learn about relationship ruptures
6. Ability to communicate hope

C. Attitude

1. Attainment of a strong sense of flexibility within relationships including intervening flexibility

2. Commitment to serving the needs of the client (not own needs)
3. Curiosity and openness regarding interpersonal exchange
4. Openness to giving and receiving feedback

Cultural Adaptability

A. Knowledge

1. Explicit exploration of issues of power and privilege
2. Empathic understanding of marginalization and differences in worldviews

B. Skills

1. Attainment of flexible verbal and nonverbal skills
2. Ability to negotiate expectations for working together given similarities and differences
3. Ability to self-reflect and self-correct with help from others

C. Attitude

1. Valuation of ICDs within the relationship
2. Valuation of non-defensive and honest dialogue regarding ICDs
3. Valuation of self-correction with help from others

Ethics

A. Knowledge

1. Understanding of legal & ethical requirements of the profession and how they relate to developing professional relationships
2. Knowledge of common ethical dilemmas within populations in their experience

B. Skills

1. Ability to articulate some understanding of the legal and ethical requirements of a professional psychologist and see how they relate to developing professional relationships
2. Ability to recognize ethical dilemmas and relational issues involved with them
3. Ability to usually engage in self-correction of inconsistencies in verbal and nonverbal behavior and in use of power

C. Attitude

1. Recognition of others' autonomy and differences
2. Demonstration of respect for self, others and the profession both verbally and nonverbally

Intervention Planning

A. Knowledge

1. Knowledge of ways biopsychosocial factors create and maintain risk and protective factors involved in mental health
2. Knowledge of theories and their application
3. Understanding of history, benefits & limitations of Evidence Based Practice (EBP) and other interventions

B. Skills

1. Ability to prioritize biopsychosocial factors maintaining the presenting problem
2. Ability to apply a theory to guide interventions in treatment plan
3. Ability to apply increasingly sophisticated interviewing skills across broader range of populations & settings
4. Ability to modify case formulation in collaboration with supervisor
5. Ability to collaborate with clients on treatment plan & orient client to treatment process
6. Ability to explain rationale for selection of treatment strategy and ability to change as necessary
7. Ability to utilize appropriate interventions with clients based on diagnostic considerations
8. Ability to conceptualize a case from one theoretical model

C. Attitude

1. Openness to: multidisciplinary consultation, multiple sources of information & scientific inquiry
2. Appreciation of affective nature of treatment and potential ambiguity, ambivalence and negative feeling states
3. Belief in possibility of change & attitude of hope & optimism
4. Increased acceptance of use of self as instrument of change
5. Deepened appreciation of client's life experience

Intervention Implementation

A. Knowledge

1. Expanding knowledge of appropriate treatment interventions for various clients & presenting problems, based in the scientific literature and clinical experience
2. Advanced knowledge of therapeutic processes
3. Growing awareness of one's personal abilities and limits in regard to various interventions
4. Advanced knowledge of issues & tasks in termination

B. Skills

1. Increased mastery of communication and relational skills
2. Ability to carry out more complex interventions in context of a working professional relationship
3. Ability to build and maintain a treatment alliance
4. Ability to consider various interventions for client & presenting problem
5. Ability to prioritize problems to be addressed
6. Ability to plan, evaluate or modify interventions using supervision, consultation and/or the literature
7. Ability to be reflective and mindful of one's abilities and limits, and how they affect interventions and outcomes
8. Ability to reflect more globally on one's own self in relation to clinical work
9. Ability to terminate appropriately, with sensitivity to the issues at hand

C. Attitude

1. Desire to help others resolve problems within the bounds of a professional relationship
2. Appreciation of client strengths, resiliency and effectiveness
3. Appreciation of the value of continued new experiences and learning
4. Willingness to explore attitudes and feelings about therapeutic process issues
5. Desire to explore one's own role and influence in the clinical encounter
6. Appreciation of the value of receiving supervision, consultation and guidance
7. Openness to reflecting on clinical errors and a desire to adjust interventions as necessary
8. Openness to negative or critical feedback
9. Appreciation of the empirical basis for clinical intervention, and a desire to integrate this with professional experience

Intervention Evaluation

A. Knowledge

1. Knowledge of research methodology
2. Knowledge of broad repertoire of conceptual/theoretical frames that inform and structure intervention evaluation

B. Skills

1. Ability to ask for, incorporate & implement critical feedback
2. Ability to monitor ongoing treatment program
3. Ability to seek evidence for and against treatment effectiveness
4. Ability to discriminate errors in outcome assessment measures

C. Attitude

1. Openness and non defensiveness of examining one's own attitudes, behaviors & impact on others
2. Appreciation of the impact of one's internal states on assessment of clinical outcomes
3. Tolerance of ambiguity and affect
4. Willingness to incorporate & discern multiple perspectives & approaches to evaluation

Ethics

A. Knowledge

1. Expanded knowledge of ethical/legal guidelines based on real experience with clients
2. Knowledge of practice management skills across various settings
3. Knowledge of strategies for self-reflection and self-care
4. Increased knowledge of specific licensure requirements
5. Awareness of clinical interests and strengths
6. Awareness of the legal and ethical considerations in handling special situations (e.g., homicidality, suicidality, abuse, neglect, ethical challenges), and the need for supervision in handling them

B. Skills

1. Ability to apply the ethical/legal guidelines to real clients with supervisory assistance
2. Demonstration of professional management skills in applied setting with regular supervision
3. Ability to observe and discuss one's responses to therapeutic interventions of clients with supervision
4. Ability to recognize special situations (e.g., homicidality, suicidality,

abuse, neglect, ethical challenges), report them when appropriate, and with supervision, address them clinically

C. Attitude

1. Valuation of ethical/legal guidelines
2. Appreciation of practice management skills across various settings
3. Willingness to self-reflect through supervision
4. Appreciation of the concept of lifelong learning
5. Internalized sense of professional responsibility and ethics

Clinical Competency Exam

OUTCOME

The committee members will review the written materials and the recording prior to the meeting. Prior to inviting the student into the room for the oral exam, the Exam Committee members discuss their initial evaluation of the criteria relating to the written materials and the recording and decide on specific areas to be explored during the oral exam. The student's performance on the oral exam may compensate for some difficulties in the written and/or recorded portions of the exam.

During the oral exam, the committee will ask questions in order to arrive at independent ratings of "Sufficient Progress", "Outstanding Progress" or "Insufficient Progress" for each of the criteria outlined in the CCE Evaluation Form. Once each member is satisfied that he or she is able to rate the student in each of the areas, the student is excused and the committee meets to arrive at a consensual rating. The committee is encouraged to call the student back if more information is needed to reconcile a discrepancy in ratings. If no agreement can be reached, the tape of the oral examination itself as well as all written materials and the recording of the session will be submitted to a third evaluator to resolve the discrepancy. If the Exam Committee reaches consensus the CCE Outcome Form will indicate:

Pass with Distinction: This indicates superior performance beyond the student's developmental level in the program. Evidence of diagnostic skill, therapeutic effectiveness and outstanding clinical judgment and competence is demonstrated throughout the CCE evaluation process. The student is well prepared to enter the next level of training. A Pass with Distinction which is rarely given, indicates exemplary understanding, knowledge base, and integration of theory and practice.

Pass: This indicates an appraisal that the student's overall performance is comparable to other students at her or his developmental level in the program. The student has demonstrated developmentally appropriate proficiency according to the guidelines, and is prepared to enter

the next level of training. Students have demonstrated the ability to integrate theoretical knowledge and case material into a cohesive and organized assessment or case summary.

Pass Pending Revision: This indicates an appraisal that the student's written manuscript or oral defense contained some weakness or inadequacy. The written document may display poor professional writing skills or sloppiness, or there may be inadequate display of knowledge or conceptual ability. There must be adequacy of content at the deep structure level and sufficient demonstration of competence in assessment and intervention, albeit with some weaknesses, to justify a decision of Pass Pending Revision rather than Failure. Based on feedback from the examiners, the student must complete revisions as required within 30 days of the examination. Upon successful completion of revision, the result is passing. If the revisions are not completed or are not satisfactory, the decision will revert to Fail.

Fail: This indicates an appraisal that the student's written manuscript and or oral presentation and defense, demonstrates deficiencies. The student has not demonstrated sufficient competence in assessment, intervention, clinical judgment or skill. Submission of a document that does not meet the standards of graduate study may result in a Failure. These deficiencies indicate that the student has not yet mastered the body of knowledge or clinical skill to enter a clinical internship. A plan of remediation is warranted.

Failure and Remediation Policy:

If a student fails the exam, he or she will be referred to the Student Professional Development Committee in order to establish a remediation plan. Once the remediation process is complete, the student may apply to retake the examination on or before the next exam cycle. During the remediation process, the student may make use of all training resources available at Argosy University/San Francisco Bay Area, including advanced practicum experiences and seminars, coursework and advisement with faculty. The student is encouraged to obtain written and oral feedback from the exam committee following the examination and to discuss this feedback with his/her advisor, seminar leader, and other faculty as appropriate.

The student is encouraged to obtain consultation regarding all phases of the remediation process from his or her advisor and other faculty as appropriate. It is each student's responsibility to fully participate in implementing the remediation process. Students may be required to fully pass the exam before being cleared to begin an internship. A student failing the CCE twice will be referred to the SPDC for further action and a referral to the Student Conduct Committee, which may include a possible recommendation for a dismissal from the program.

Appeals of CCE Decisions

While engaging with the SPDC, a student may submit a written appeal to the program chair no later than 15 days after receiving the exam results. The program chair or assistant program chair will then review all student materials, the evaluation reports and the recorded exam session itself. The program chair would then make recommendations to the SPDC. After the chairs review, any student wishing to pursue an appeal of his or her Exam Committee's decision, or who believes that they have been treated in a biased fashion, or without due process, should consult the section of the Argosy University Academic Catalog regarding appeals.

Internship

Prerequisites for Internship

In order to be eligible to begin an internship, each student must have completed the following requirements:

1. The student must be in good academic standing (a GPA of at least 3.0 on a 4.0 scale with no more that 2 grades below "B-" and not on probation)
2. The student must have successfully completed the Clinical Competence Examination
3. The student must have successfully completed all course work with no incompletes, excluding the CRP sequence
4. The student must have an approved Clinical Research Project (CRP) Proposal (refer to the CRP Manual for Proposal requirements)
5. The student must submit a completed Intent to Apply for Internship Form (see Attachment) to the Clinical Training Office.
- 6.

Internship Requirements and Guidelines

All doctoral students are required to complete either a full time one-year (12-month) internship, or two half-time (24 months) internships, as a requirement for graduation. The internship is an integral component of the doctoral program and the capstone experience in the clinical training sequence. During the internship the student will be expected to assume significant clinical responsibilities and perform major professional functions under the supervision of qualified psychologists (review the DAL's with regard to a description of

competencies required). Because the internship is typically the last step in the student's pre-doctoral preparation for functioning as an independent professional; the internship experience should provide the student with a variety of appropriate role models, as well as intensive and diverse opportunities to function in the various roles expected of a clinical psychologist. Typically, full-time students will begin the internship during their fourth or fifth year of enrollment.

All students are required to complete a CAPIC-approved, APPIC-approved, or APA-accredited internship. AU/SFBA is a member School of both the California Psychology Internship Council (CAPIC) and the Association of Psychology Postdoctoral and Internship Centers (APPIC). Members of these organizations work to enhance the quality of training in professional psychology by establishing standards that reflect the guidelines set forth by the American Psychological Association (APA) including, but not limited to evaluation of student interns and training program effectiveness. Members additionally collaborate on establishing standardized application procedures and facilitate communications between training centers and academic institutions.

The application process for internship begins approximately one year prior to the starting date of the internship (the APPIC application process begins in the summer and CAPIC application process in the fall prior to the next internship cycle). Many internships begin in September, but the contract periods vary with some beginning as early as July 1. Students planning to apply for internship for the following fall term must attend all meetings scheduled by the Director of Clinical Training (DCT).

The procedures listed below must be followed by all students seeking internship placement:

1. Submit an Intent to Apply Form (see Attachment) to the Director of Clinical Training, which will initiate an initial verification of readiness for internship training.
2. Review currently approved internship sites in the APPIC and CAPIC directories available online (the directory links are available on www.usfba.com).
3. Attend all required internship meetings and provide information and forms to the Director of Clinical Training or Clinical Training Committee as requested.
4. Meet with your advisor, site supervisors, other faculty, and the Directors of Clinical Training, who are familiar with your work and training goals to discuss possible sites.
5. Submit a list of internship preferences to the Director of Clinical Training for review and approval.

6. Carefully review and follow all application procedures as outlined by either APPIC and CAPIC. In this review students are encouraged to be proactive and mindful that many aspects of the application process such as, transcripts requests and program verification require processing time.
7. Submit application materials by the deadlines specified by either the CAPIC or APPIC member directories.
8. On-site interviews are almost always necessary to obtain an internship. Prepare to interview between November and March.
9. Follow appropriate guidelines regarding contact with sites on or before the Match (APPIC) or Uniform Notification Day (CAPIC).
10. Honor all verbal acceptances of an offer for an internship position. Verbal acceptances are considered binding, if problems arise students are required to contact the Director of Clinical training immediately.
11. Contact the Director of Clinical Training, immediately upon verbal acceptance of an offer and later submit a completed Internship Contract (see Attachment).

LISTED BELOW ARE SPECIFIC GUIDELINES FOR CONDUCT DURING THE APPLICATION PROCESS:

Students are expected to abide by all AU/SFBA, CAPIC and APPIC (includes APA sites) policies regarding the internship selection and application process. Any student violating these policies will be referred to the Clinical Training Committee for review. After a CTC review a student may be referred to the Student Professional Development Committee

(SPDC). Action by the committee may include: withdrawal from the internship, withdrawal from the internship selection process, or referral to the Student Evaluation Committee (SCC) for other potential disciplinary action, as determined by the faculty. Any questions should be addressed to the Director of Clinical Training.

Students are responsible for demonstrating readiness for internship. If a question arises about a student's readiness to apply for, or accept an internship, the student may be referred to the Student Professional Development Committee (SPDC).

Internship meetings are essential for preparing students to apply for internship and for ensuring that irregularities in the process are minimized. Students with excessive absences at meetings may be considered ineligible to apply for internship in a given year.

There are several administrative tasks involved in the application process. Failure to complete these tasks places a burden on AU/SFBA faculty and staff and could have a negative impact on other students in the process. Students must complete all tasks by the dates requested in order to be assured of:

The student's own eligibility to apply for internship

The timely submission of application materials from AU/SFBA

The availability of requested sites. It is each student's responsibility to be informed about deadlines and requirements

Students must be honest and ethical in their dealings with internship site staff. This responsibility exists even if a site appears to deviate from guidelines. In particular:

Student are required to follow all “match” procedures as outlined by APPIC and the National Matching Service and the Uniform Notification Day procedures outlined by CAPIC procedures.

Students must not mislead staff at potential sites regarding their qualifications or eligibility for internship.

A student who accepts an offer for an internship may not later change their mind- VERBAL ACCEPTANCES ARE BINDING. Problems with training commitments must be discussed immediately with the Director or the Clinical Training Committee. Such permission will be granted only in extreme circumstances.

Students may not contact sites regarding other students and may not discuss other students with staff at internship sites.

If a student does not find a placement on the Match (APPIC) or Uniform Notification Day (CAPIC), he or she will then follow the Clearing House procedures as outlined by either APPIC or CAPIC. Unmatched students are to immediately inform the Director of Clinical Training who will provide support students during the clearing houses process(s).

Students who assist faculty or supervisors in preparing their letters of recommendation may not alter the letters in any way except as specified by the faculty member or supervisor.

Conduct on Internship

Interns are to be familiar with and abide by the student agreement section of their AU/SFBA Internship Contract as well as the written policies and procedures of the internship site.

Ethical Behavior

Students must adhere to APA Ethical Guidelines and the rules of the Board of Psychology. If difficulties occur, students should make a good faith effort to resolve them collaboratively with the internship staff. Students are encouraged to be proactive and engage in consultation in order to minimize future problems. The Director of Clinical Training and the Clinical Training Committee will be available to evaluate and/or assist students with any perceived ethical, relational or organizational dilemmas while at internship. In the event that a student is reported to have engaged in unethical behavior during internship, he or she may be referred to the Student Professional Development Committee (SPDC). Upon review, appropriate action will be taken by the committee, which may include: 1) referral to the SCC, 2) removal from internship, or 3) other disciplinary or remedial action.

Dual Relationships with Supervisors

It is unethical for students to engage in an internship that is administered by, or in which they receive supervision from, a person with whom they relate in some other professional capacity. Personal relationships may also comprise dual relationships.

Leaving an Internship before completing Contract

A student needing to leave an internship before completing the agreed upon minimum amount of time should notify the Director of Clinical Training as soon as the need becomes known. Early termination of an internship may have serious implications for clients, the student, and the Internship Site. As a result any steps in this direction must be considered carefully. Students should remember that they must complete the internship within 24 months and that it is usually very difficult to begin new internship experiences mid-year.

Changes in Scheduling

Students may adjust internship schedules with the approval of the training staff at the internship site as long as the internship is completed within 24 months and otherwise meets all criteria for an internship experience. The Director of Clinical Training must be immediately apprised of any changes in scheduling.

Internship Registration Requirements

As outlined in the Academic Catalog and the posted required course sequence, students are required to register for a minimum of three semesters in Internship (PP8900). It is extremely important to note that Internship Contract dates, and end of term dates for the PP8900 course may impact the timing of one's graduation. Full time Interns are to enroll in both the fall and spring terms for PP8900 and may choose to register for the summer PP8900 at either beginning

or end of the internship training cycle. Part-time interns are required to register for a minimum of five semesters of PP8901 consistently over the 24 month period.

Evaluation of Interns

Students must be evaluated at least biannually regardless of number of hours per week worked. Copies of these evaluations must be forwarded to AU/SFBA. As in the case of practicum training, The Student Evaluation form will be sent to you electronically near both the midterm and end of the training cycle. These evaluations are additionally available on the ausfaba.com website. You are required to submit them to your primary supervisor, providing adequate time for preparation, a supervisor/intern review meeting and timely submission to the Director of Clinical Training.

The Student Evaluation form (see Attachment) enables supervisors to assess the student's progress, competence and performance relative to the learning objectives, as well as other factors of importance to the internship site. These forms are monitored by the Director of Clinical Training to assess progress and possible areas of difficulty. All evaluations are kept as part of the student's permanent record. At the completion of the internship year, the Director of Clinical Training makes the final determination whether or not the internship requirements have been met.

Students on internship who are found to be performing below expectancy may initially meet with members of the Clinical Training Committee (If the intern is out-of state, he/she will consult with the DCT by phone). The Clinical Training Committee or DCT will examine all pertinent information related to the student's progress. The primary goal in this meeting will be to ensure that the site and the student have a mutual understanding of both the content and process of the current evaluation. The primary role of the Clinical Training Committee or DCT is to facilitate a proactive dialog between students and training sites while providing support to either party during the evaluation periods. During these communications the CTC or DCT, in consultation with the Internship also may determine that a student would benefit from additional formal program support. In these cases the CTC or DCT would refer the student to the Student Professional Development Committee (SPDC) to develop a program based remediation plan that could augment the plan put forth by the current training site. In these cases the student will be responsible for communicating this additional plan with their site supervisor and for maintaining the planned progress toward improvement.

Student's whose final evaluation for the practicum falls below a three (3) on any item and/or does not meet the requirements of the Intern Contract, may be referred to the SPDC and may not receive credit for the Internship. The student, members of Clinical Training Committee, and/or the DCT may request a consultation with members of the Student Professional Development Committee to determine the most helpful and appropriate response to the

deficits. Note that significantly poor evaluations in the final semester may also result in a failing grade and a need to repeat the Internship. A copy of the prepared SPDC remediation plan is forwarded to the Program Chair for review. Upon approval, the remediation plan is forwarded to the student. The student is bound by the conditions set forth in the remediation plan. The remediation plan may require, but is not limited to, therapy, additional training, additional coursework, remedial practicum, or remedial internship. Students may appeal the remediation plan based upon due process or bias.

If there are any problems that cannot be corrected through a remediation plan, the student may be referred to the Student Evaluation Committee (SCC) for possible probation or dismissal. If at any point during the internship process, a student has concerns about their ability to meet the requirements of the training program, he or she is strongly encouraged to seek assistance from the program. Working collaboratively with student and the internship site director/supervisor, the Clinical Training Committee and Director will encourage the sites development of a written remediation/support plan, which clearly specifies clinical areas needing improvement and methods by which such improvement may be achieved.

Challenging One's Internship Record

A student who desires to seek reconsideration of any matter related to practicum or internship should contact the Director of Clinical Training.

If the matter in question concerns an event at a training site or a supervisor's evaluation of a student, the student must consult with the training site supervisor for reconsideration of the issue.

If, after consultation with the supervisor, the student wishes to pursue the matter further, the student should approach the Director of Clinical Training and request an investigation of the matter. The outcome of the investigation will be summarized and placed in the student's training file with a copy given to the student.

If the matter in question concerns a decision reached by the Director of Clinical Training about the student, the student may petition the Clinical Training Committee, in writing, for reconsideration of the matter. If the student desires, a meeting can be arranged with the Clinical Training Committee for a full discussion of the issue. The outcome will be summarized and placed in the student's file, with a copy given to the student.

Quality Assurance of Pre-doctoral Internship Sites

Quality assurance begins with the knowledge that each site is committed to the training of doctoral- level psychology students. This is determined either through their accreditation as an

APA Internship site, membership in APPIC, membership in CAPIC and their proven commitment to effectively training Argosy students in the past. At the internship level of training, sites must be APA accredited members of APPIC, non-accredited APPIC members or members of CAPIC. APA accredited, APPIC and CAPIC sites have agreed to meet training and supervision requirements that reflect the guidelines set by the American Psychological Association. Furthermore membership in these organizations lends itself to active participation in the “gestalt” of clinical psychology training locally, regionally and nationally.

Students are additionally encouraged to carefully review the CAPIC and APPIC membership guidelines as it pertains to supervision and training requirements. We support transparency and two-way communication about membership criterion at the internship level, as it can serve to provide a clear frame around student expectation, facilitate dialog and promote the further development of an effective training program. At any point within the internship year, students are encouraged to discuss their concerns about their internship experience with the Director of Clinical Training. Students are encouraged to raise problems early, rather than waiting until issues reach a crisis state. The Clinical Training Director in consultation with the Clinical Training Committee will work collaboratively with the Training Director and site supervisors in order to address any student concerns.

In a more formal way, students are able to participate in the quality assurance process by completing a site evaluation form at the end of the training year (see Attachment). The form provides information about the student’s experience at the internship, how well the internship was able to meet their training needs, and whether they would recommend it to future students. The data from this form is analyzed by the Office of Clinical Training. The information helps identify internship sites that may need training consultation/support and serves faculty advisors in their effort to provide meaningful and robust information to future trainees. This data may also be used as a reporting tool to organizations such as CAPIC and APPIC in the interest of improving doctoral training.