CLINICAL TRAINING MANUAL

PSY.D. CLINICAL PSYCHOLOGY
M.A. CLINICAL PSYCHOLOGY

ILLINOIS SCHOOL OF PROFESSIONAL PSYCHOLOGY
ARGOSY UNIVERSITY, SCHAUMBURG CAMPUS
2016-2017
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Clinical Training is the supervised direct contact of students with a clinical population that takes place within a mental health care delivery system. The purpose of clinical training is to provide the environment and the opportunity for students to apply their theoretical knowledge, to implement and develop clinical techniques based on this knowledge, and to foster the professional and personal attitudes important to the identity of a professional psychologist, counselor, or clinician. Evaluation of student progress in clinical training focuses on three areas: theoretical knowledge, clinical skills, and professional attitudes.

The foundation of student clinical training in professional psychology is the accurate assessment and understanding of human clinical problems. This assessment and understanding is the basis for the recommendation and/or implementation of effective techniques for the alleviation or resolution of these problems within a climate of absolute respect for the client. Ethical standards of the profession are incorporated into student training.

The faculty closely monitors academic and clinical development during all stages of progress through the Illinois School of Professional Psychology at Argosy University, Schaumburg Campus (ISPP) programs. This monitoring, by both academic and clinical field training faculty, addresses the issues of clinical suitability as well as academic achievement. Thus, aspects of students' personal adjustment, interpersonal relationships, and behavior in all settings are relevant to their progress at ISPP. ISPP's goal is to assure that students are well-qualified and have the potential to become competent and ethical professionals.

The goal of clinical training is the instruction, by means of supervised direct patient contact, from competent clinicians who are able to deliver basic, effective assessment and therapeutic intervention. The refinement of evaluative criteria for clinical competency and assessment of competency is an ongoing institutional concern.

The Clinical Training Committee assists the Director of Clinical Training and the Associate of Director of Clinical Training in formulating policies and procedures regarding standards for clinical training. This Committee also assists in establishing criteria for acceptable training sites, monitoring the suitability of specific sites for training, and reviewing student progress at their practica and internship sites.

There are three levels of clinical training and evaluation at ISPP: the Practicum, the *Clinical Competency Examination (CCE)*, and the Internship.
OVERVIEW OF ACADEMIC PROGRAMS

Ps.D. PROGRAM REQUIREMENTS

DOCTORAL LEVEL
A total of 98 credit hours are distributed as follows:

Basic Foundations of Psychology: 12 CREDITS
PP7000 History & Systems
PP7051 Biological Bases of Behavior
PP7040 Cognition and Affective Processes
PP7060 Social Psychology
(or PP8185 Social Psychology and Difference)

Human Development - 6 CREDITS
PP7020 Child and Adolescent Development*
PP8470 Adult Development and Aging*

Psychopathology - 6 CREDITS
PP7310 Theories of Psychopathology*
PP7311 Diagnostic Psychopathology*

Assessment – 12 CREDITS
PP7230 Psychometric Theory (1.5 credits)*
PP7370 Cognitive Assessment*
PP7372 Projective Personality Assessment*
PP7371 Objective Personality Assessment*
PP7373 Integrative Assessment (1.5 credits)**

Statistics and Research Methods - 6 CREDITS
PP7200 Statistics and Research Methods I
PP7201 Statistics and Research Methods II

Practicum and Practicum Seminars – 12 CREDITS
PP8208, PP8209, PP8210 Diagnostic Practicum & Seminar I, II, & Extension (6)
(Clinical Competency Exam – Diagnostic)
PP8211, PP8212, PP8213 Intervention Practicum & Seminar I, II, & Extension (6)
(Clinical Competency Exam – Intervention)

Ethics and Professional Conduct - 5 CREDITS
PP7100 Professional Issues: Ethics, Conduct & Law
PP7110 Professionalization Group I (1 credit)*
PP7111 Professionalization Group II (1 credit)*

Clinical Interventions and Psychotherapy – 22.5 CREDITS
PP7368 Initial Interviewing Skills (1.5 credits)*
PP7369 Basic Intervention Skills & Models 1.5 credits)*
PP7340 Issues in the Assessment and Treatment of Diverse Populations
PP8040 Psychoanalytic Theory and Intervention
PP8010 Cognitive Behavioral Theory and Therapy
PP8020 Person-Centered and Experiential Theory & Therapy
PP8060 Group Intervention
PP8050 Family & Couples Therapy
PP7360 Clinical Psychopharmacology (1.5 credits)

Supervision and Consultation - 3 CREDITS
PP7350 Consultation and Supervision

Electives – 10.5 CREDITS

Special topics or 1.5 credit electives
Elective credits are available for advanced general studies or concentration and certificate areas of specialization, including courses in advanced assessment, intervention or special populations. Electives are generally 1.5 credit hour courses. **NOTE: Advanced Practicum may not be used to fulfill the elective credit requirement.**

PP8501 Clinical Research Project – 1 x 3 = 3 CREDITS

PP8900 or PP8901 Internship - Full year (No Course Credit)

All core course unless otherwise indicated are 3 semester credit courses
*Must be successfully completed before going on to Diagnostic Practicum
**Must be successfully completed during Fall of Diagnostic Practicum or earlier

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MASTER’S LEVEL
A total of 50 credit hours to be distributed as follows:

Human Development - 6 CREDITS
PP7020 Child & Adolescent Development*
PP8470 Adult Development and Aging*

Psychopathology - 6 CREDITS
PP7310 Theories of Psychopathology*
PP7311 Diagnostic Psychopathology*

Assessment - 9 CREDITS
PP7370 Cognitive Assessment
PP7372 Projective Personality Assessment*
PP7371 Objective Personality Assessment*

Statistics and Research Methods - 3 CREDITS
PP7200 Statistics and Research Methods I

Clinical Interventions and Psychotherapy - 15 CREDITS
PP7368 Initial Interviewing and Intervention Skills* (1.5 credits)
PP7369 Basic Intervention skills & Models* (1.5 credits)

NOTE: PP7368 and PP7369 are designed to be taken as a sequence and from the same professor.
Please register accordingly.

PP7340 Issues in the Assessment and Treatment of Diverse Populations

Choose 3 out of the following 8: (Total of 9 credits)
PP8020 Person-Centered and Experiential Theory & Therapy
PP8040 Psychoanalytic Theory and Intervention
PP8010 Cognitive Behavioral Theory and Therapy
PP8060 Group Intervention
PP8050 Family and Couples Therapy**
PP8650 Assessment and Treatment of Substance Use Disorder**
Other Intervention Electives (No more than 3 credits/Pre-requisites must be met)

Ethics and Professional Conduct - 5 CREDITS
PP7100 Professional Issues: Ethics, Conduct & Law
PP7110 Professionalization Group I (1 credit)*
PP7111 Professionalization Group II (1 credit)*

Practicum and Practicum Seminars - 6 CREDITS
PP6201 MA Practicum I
PP6202 MA Practicum II (Masters Clinical Competency Exam--CCE)

Masters Comprehensive Exam

This list of requirements does not include additional requirements for LPC or LCPC Licensure, such as a course in “Counseling Theory”, and “Career and Lifestyle Counseling”. Please see the campus Academic Catalog or the Campus website for further description of these licensing requirements.

Please also note that courses taken in the Counseling Department to meet LPC or LCPC licensure requirements are not considered to be part of the required MACL program and, as such, may not be eligible for financial aid coverage. Please see the campus Office of Student Finance for more information.

* Must be successfully completed before going on Masters Practicum
** Recommended if pursuing LPC licensure with the MACL degree
GENERAL INFORMATION

Practica are required off-site training experiences beginning in the student's second year. Students in the **Psy.D. in Clinical Psychology Program** must minimally accumulate a total of 2,000 hours of supervised practicum training between their Psychodiagnostic and Intervention (Psychotherapy) practica, with no less than 800 hours of practicum experience for each. If deficient (i.e., less than 2,000 hours), additional hours may be gained through an Advanced Practicum. A practicum may not be done in a student's place of employment, nor is any student waived from the practicum requirements. Students who come to ISPP, Schaumburg with extensive clinical backgrounds are placed in practicum sites in areas where they have an interest and do not have previous experience. Those students who complete more than 800 hours during their diagnostic or therapy practicum are still encouraged to consider an Advanced or Supplemental Practicum. The **Master of Arts in Clinical Psychology Program** requires a 750 hour practicum.

Practicum is treated as a course and carries two (2) credit hours per semester or six (6) credit hours for the academic year for Psy.D. Diagnostic, and PsyD. Intervention. (1 credit hour for Advanced for 3 semesters). All students enrolled in practicum are concurrently enrolled in a weekly Practicum Seminar, which meets on campus throughout the academic year. Depending upon the beginning or end of the student’s practicum, the student may be required to attend a supplemental practicum seminar/consultation during the summer session. For a bullet pointed summary of practicum requirements please see **Appendix C**. For a timeline of due dates for documentation of practicum training see **Appendix F**.

Content of the Practicum Seminars varies according to the practicum program of the enrolled students. Enrollment in Practicum Seminars is mandatory. Practicum is graded on a "credit/no credit" basis, and participation in the Practicum Seminar is evaluated and included in the student's academic record.

All students are required to participate in a practicum. The specific clinical focus of the practicum varies according to the program in which the student is enrolled.

ISPP places students in a wide variety of clinical field sites according to the requirements of the programs in which they are enrolled. Master of Arts in Clinical Psychology students train in approved practicum sites according to their program goals. Doctoral students in the Clinical Psychology Program complete diagnostic practicum in their second year of study and psychotherapy practicum in their third year of study. A student may also have the option of waiting until all course work is completed before beginning the practicum experience, however, s/he should be mindful as to whether this will impede adherence to the program’s 7-year time limit for degree completion.

Practicum placement usually coincides with the academic year, but exact starting and completion dates may vary. A practicum takes place in a single agency, and the student is strongly encouraged to change agencies from the diagnostic practicum to the psychotherapy practicum in order to develop a
diversity of training experiences. Students are evaluated in writing both by the Seminar faculty and training site supervisor once each semester. The Clinical Training Department assigns credit on a “credit/no-credit” basis.

A practicum **may not be completed in the student's place of employment, nor is any student, under any circumstances, waived from the practicum requirements.** Advanced students who come to ISPP with extensive clinical backgrounds train in practicum sites in areas in which they have an interest and have not had previous exposure or learning. Care is taken to provide settings which enhance such students' clinical acumen.

Upon completion of requirements for the M.A. in Clinical Psychology degree, students will have accumulated a minimum of 750 hours of clinical field experience. Prior to entering their internship, PsyD in Clinical Psychology students must have accumulated a minimum of 2000 hours of supervised clinical experience; a minimum of 500 hours (25%) must consist of direct clinical service provision.

**PRACTICUM SEMINAR**

All students enrolled in a practicum must also concurrently enroll in a Practicum Seminar. The Seminar meets weekly throughout the practicum year and allows students to reflect on various practicum experiences and acquire additional professional skills and attitudes useful in clinical practice. The specific content and emphasis of the Seminar varies according to the practicum setting, focus of the enrolled students, and the professional expertise of the faculty member.

The practicum seminar is a complementary component to the student’s practicum training experiences. Faculty seminar leaders serve in a consultative and educational capacity, offering feedback, didactics, and supportive oversight as a means of enhancing the overall field training experience. In addition, faculty seminar leaders serve in a liaison role, serving as an initial point of contact between the school and the placement site. Supervisory responsibility for the student’s clinical work at the practicum site remains with the licensed on-site supervisor.

**Encrypted USB Policy for Recording**

Recording and review of one’s clinical work is an expected part of students’ professional and educational development, and is a required part of the practicum seminar. Protection of the content of recordings is a significant legal, ethical, and moral responsibility. As such, students should take extraordinary care to protect the confidentiality of those clients who have consented to have their sessions recorded and shared for the purposes contributing to the educational and professional development of the student clinician. Therefore, regarding all audio/video recordings:

a. Students are not permitted to use recording devices (e.g.; cassette or digital recorders, cellular phones, tablets and/or computers) without specific knowledge and approval provided and documented with the student’s practicum site supervisor, as well as the client, prior to the recording.

b. While there may be no way to encrypt digital recorders, it is essential that when they are used that they are handled with extreme care and physical security. Some sites do not allow students to remove the site-issued recorders at all.
c. The student’s primary supervisor must provide a written consent that can be provided to the requesting ISPP-Schaumburg faculty indicating their permission to release the recording to meet academic requirements (see the description and form provided in the competency examination appendix of this manual).

d. Students are only allowed to use the recordings for the specific class and/or competency exam (CEC/CCE) in which the practicum training is a requirement.

e. Students may only use an encrypted USB drive (purchased by the student) unless the site has a secure server where recordings can be uploaded and accessed. If a secure server is utilized, the recordings can NOT be downloaded but must be viewed from the server directly.

f. Students must ensure that no personally identifiable information (PII) is recorded and, even if video is being used, that the client’s face is recorded only when relevant/necessary for the class.

g. All recordings must be destroyed after use in the class presentation and/or during a competency exam. Once the recording is destroyed/deleted, the USB drive must be promptly reformatted. The student must agree to the ISPP-Schaumburg faculty/staff completing the reformating of their USB drive.

**Encrypted USB Reformatting**
Students will submit the USB drive to their faculty seminar leader along with the final CCE document. Faculty will then submit the drive to the Director of Clinical Training by 1 week after the last day of the Spring semester. The drives will be reformatted by the Program Dean. Students can retrieve their USB drives from the Program Dean. Each student should clearly mark his/her USB drive with his/her name prior to submitting with the CCE in order to ensure that reformatted drives are returned to the correct owner.

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**PROFESSIONAL LIABILITY INSURANCE**

All students at ISPP on practicum must be covered by professional liability insurance. This coverage is mandatory even if the student is otherwise insured. The school arranges for liability insurance coverage for all actively enrolled students on practicum. Payment for insurance coverage is automatically made through the Student Services Department at the time of practicum registration.

Some practicum and internship sites require proof of coverage. Students may obtain a Certificate of Liability Insurance from the Campus Common website-Academics-Department Specific Forms & Documents-Clinical. Students may wish to purchase additional coverage through the American Psychological Association Insurance Trust. An application can be completed online at www.apait.org.

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**APPLICATION REQUIREMENTS**

All students who enter the practicum application process must be in good academic standing and have completed the appropriate academic planning, which will allow for practicum prerequisite courses to be completed prior to the beginning of the practicum. A student must also have been a
fully matriculating degree-seeking student at ISPP for a minimum of one year (two semesters) prior to beginning the practicum.

The following courses are practicum prerequisite courses, and must be completed and/or waived prior to beginning the practicum.

Prerequisites for the **Psy.D. Diagnostic and MACL** practicum:

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<tr>
<th>Course Code</th>
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<td>Child &amp; Adolescent Development</td>
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<tr>
<td>PP7110</td>
<td>Professionalization Seminar I</td>
</tr>
<tr>
<td>PP7111</td>
<td>Professionalization Seminar II</td>
</tr>
<tr>
<td>PP7310</td>
<td>Theories of Psychopathology</td>
</tr>
<tr>
<td>PP7311</td>
<td>Diagnostic Psychopathology</td>
</tr>
<tr>
<td>PP7368</td>
<td>Initial Interviewing (1.5 credits)</td>
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<tr>
<td>PP7369</td>
<td>Basic Intervention Skills &amp; Models (1.5 credits)</td>
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*NOTE: PP7368 and PP7369 are designed to be taken as a sequence and from the same professor. Please register accordingly.*

<table>
<thead>
<tr>
<th>Course Code</th>
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<tr>
<td>PP7370</td>
<td>Cognitive Assessment* (not required for MACL Practicum)</td>
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<tr>
<td>PP7371</td>
<td>Objective Personality Assessment</td>
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<tr>
<td>PP7372</td>
<td>Projective Personality Assessment</td>
</tr>
<tr>
<td>PP7373</td>
<td>Integrative Assessment (1.5 credits)**</td>
</tr>
<tr>
<td>PP8470</td>
<td>Adult Development and Aging</td>
</tr>
<tr>
<td>PP7230</td>
<td>Psychometric Theory (1.5 credits)* (not required for MACL Practicum)</td>
</tr>
</tbody>
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*Note: PsyD Diagnostic ONLY; not required for MACL practicum

**Note: Must be completed during Fall of Diagnostic Practicum or earlier

Prerequisites for the **Psy.D. Therapy** practicum:

1) Successful completion of the diagnostic practicum.
2) Successful completion of the diagnostic CCE.
3) Good academic standing

Students apply to various practicum sites after consultation with the Clinical Training Director. Upon successful completion of the practicum experience, it is expected that the student will be able to assume clinical responsibilities at an entry level under the supervision of a licensed psychologist or other certified mental health care provider, as appropriate to the degree program.

The Clinical Psychology Master's Program practicum is not intended to substitute for Clinical Doctoral Program diagnostic or psychotherapy practicum. MACL students wishing to apply to the Clinical Doctoral Program will not be waived from any doctoral-level practica if they are accepted into the Doctoral Program.
**PRACTICUM APPLICATION TIMELINE**  
Application Year 2016-2017

<table>
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<th>Event Description</th>
<th>Deadline</th>
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<tr>
<td><strong>NOVEMBER</strong></td>
<td>Mandatory practicum application information meetings for students in Practica/Professionalization Groups and first time practicum applicants. School Policies &amp; Procedures will be discussed. If you have never applied for Practicum you must attend the meeting.</td>
<td>November 17, 2016 Room 322</td>
</tr>
<tr>
<td></td>
<td>Mandatory consultation appointments with Clinical Training Department for Site Selection for all students applying for practicum through ISPP for the <em>first time</em> (Bring your best CV and cover letter, be ready to discuss your practicum training goals.) Returning students are welcome to schedule an individual meeting if desired. <strong>Those students with last names beginning with A-M should contact Dr. Johnson. Those students with last names beginning with N-Z should contact Dr. Carney.</strong></td>
<td>Schedule an appointment with DOT or ADOT <em>before</em> winter break</td>
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<td>Request references, research files and sites.</td>
<td>November 17, 2016</td>
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<tr>
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<td>Practicum Intent/ Audit Form <strong>Early Application Request Form for sites with early deadlines (MACL &amp; Neuropsych sites only)</strong></td>
<td>November 28, 2016 by 4pm</td>
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<td><strong>DECEMBER</strong></td>
<td>ACEPT Practicum Fair [<a href="http://www">www</a>. aceptchicago.org](<a href="http://www">http://www</a>. aceptchicago.org) AT ROOSEVELT UNIVERSITY—DOWNTOWN CAMPUS</td>
<td>December 2, 2016</td>
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<td>Turn in Drafts of CV and Cover Letter via email (first-time applicants only)</td>
<td>December 2, 2016</td>
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<td>Video Workshop: “Interviewing Skills” (by Dr. John Carlsen) <strong>Intern applicants are invited to view this as well.</strong></td>
<td>December 8, 2016, 1:30pm</td>
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<td>Due to Clinical Training:</td>
<td>NO LATER THAN December, 12, 2016 – FIRM!!! <em>Late forms will not be accepted.</em></td>
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<td>* Practicuim Placement Request Form to be submitted by email as an editable attachment (not scanned; no PDF’s). Be sure to rank your sites <em>in order of preference</em>;</td>
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<tr>
<td></td>
<td>* FINAL DRAFT CV (first-time applicants only)</td>
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<tr>
<td></td>
<td>* FINAL DRAFT Cover Letter (first-time applicants only)</td>
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<td><strong>JANUARY</strong></td>
<td>Transcript will be sent to you by email from Student Services</td>
<td>January 20, 2017</td>
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<td>List of ten “authorized” practicum sites for application distributed back to students by Clinical Training Department</td>
<td>January 20, 2017</td>
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<tr>
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<td>Prepare Applications for Mailing: For student conduct pledge go to: [<a href="http://www">http://www</a>. aceptchicago.org/practicum-guidelines](<a href="http://www">http://www</a>. aceptchicago.org/practicum-guidelines)</td>
<td>Jan 20-Feb 2, 2017</td>
</tr>
<tr>
<td></td>
<td>Video Workshop: “Interviewing Skills” (by Dr. John Carlsen) <strong>Intern applicants are invited as well.</strong></td>
<td>January 23, 2017, 10am</td>
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<tr>
<td>FEBRUARY</td>
<td>DEADLINE</td>
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<tr>
<td>Students begin mailing practicum applications to “approved” sites. Packets should be postmarked/time stamped for TODAY. Will not be accepted by some sites if application has an earlier postmark.</td>
<td>Friday, February 3, 2017</td>
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<thead>
<tr>
<th>MARCH</th>
<th>DEADLINE</th>
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<tbody>
<tr>
<td>ACEPT Practicum Pre-Notification Day (typically by email)</td>
<td>Friday, March 17, 2017</td>
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<tr>
<td>ACEPT Practicum Notification Day</td>
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<tr>
<td>Sites can begin sending email Offer Letters (See below for response guide)</td>
<td>Monday, March 20, 2017</td>
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**STUDENT RESPONSE GUIDE:**

**Pre-Notification Day** (March 17, 2017)
Students will receive an “Intent to Offer” email from any ACEPT site that intends to make an offer on Notification Day. Students should use the weekend to consider your offers and be prepared with a response when the offers are emailed at 9a on Notification Day. Students may respond prior to 3/20/17 only to pre-notification offers which they intend to DECLINE. “Acceptances” and “holds” should be sent only after the official offer has been received on March 20th.

**Notification Day** (March 20, 2017)
Students can either respond with a “yes, I will be accepting”, “no I will be declining”, “hold”, or “no response”.
Students must respond within 1 hour of receiving the email, otherwise, this will be considered a “no response” and the position will be available to be offered to another candidate.
- **Yes response**: Site and student are committed to training the following year.
- **No (Decline) response**: Site can offer the position to another candidate.
- **Hold response**: Students have the option to hold ONE offer for 1 hour after the offer is extended (this means 1 hour after the time stamp on the offer email). If a student responds “hold” to a site, the site must honor that offer for 1 hour from the time that the original offer was extended. You are encouraged to respond as soon as possible after the offer is received.
- **Absence of a response**: If a student does not respond within 1 hour of the initial email, the offer becomes void and sites may move on to their next candidate.
- **Students will be permitted to hold on to a maximum of one offer**: If the students receive multiple offers, they are required to decline all but one of them; that one can be put on “hold” or “accept”.

Notification Day officially ends at 4p on March 20th. Any offers not accepted by 4p on March 20th will expire and are considered null and void.

<table>
<thead>
<tr>
<th>Clearinghouse begins</th>
<th>Wednesday, March 22, 2017</th>
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<tbody>
<tr>
<td>Turn in copy of:</td>
<td>Within 1 week of accepting offer</td>
</tr>
<tr>
<td>- Practicum Match Results Form</td>
<td></td>
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<tr>
<td>- Copy of Offer Letter</td>
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<td>- Copy of Acceptance Letter</td>
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<table>
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<tr>
<th>JUNE</th>
<th>DEADLINE</th>
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<tbody>
<tr>
<td>Register for Fall Practicum</td>
<td>Early June—Look for Announcement</td>
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</table>
All entering students should download a copy of the Clinical Training Manual from the Campus Common website-Academics-Department Specific Forms & Documents-Clinical. The Clinical Training Manual should be kept as an important student resource for training definitions, policies, procedures, and general information. It should be used for training guidelines from entry into the program through the internship year.

During the Fall Semester, all first-year students or students applying for practicum will attend informational meetings conducted by the Clinical Training Department. The purpose of these meetings is to describe the practicum application process, advise students regarding practicum selection, answer students' questions, and distribute informational material. Following these meetings, students planning to apply for a practicum for the following academic year should review the practicum information, including resource materials.

Also available in the Clinical Training Department are files on each training site with additional materials as well as student evaluations of the training sites; this information is available on a USB drive, which is available for 2-hour check-out from the Clinical Training Department. The files contain site names, locations, supervisors' names, descriptions of the specific training experiences available at practicum sites, and site brochures if available. Fellow students are excellent practicum information resources, and new students are urged to contact students engaged in practica at sites in which they are interested.

In the Fall Semester, informational meetings for all prospective practica students begin. Meeting dates and times will be posted around the school and/or through email notifications. Students who wish to apply for practica and would also like to discuss this further with the Director/Associate Director of Clinical Training are encouraged to do so. Policies and procedures as outlined remain the same. The meetings are most productive if:

1. The student has prepared a current Vita.
2. The student has reviewed the practicum resource materials and given some thought to practicum needs and interests.
3. The student has done appropriate course planning and is in good academic standing.
4. The student has completed a brief form indicating past clinical experience and a one-page, typed personal statement describing their areas of interest, training needs, and goals for the practicum.

Students choose practicum sites through a process of mutual matching, selection, and acceptance, which takes place between the Clinical Training Department, student, and various sites. Following the student's meeting with the Clinical Training Department and review of their written request to apply to preferred sites, the Clinical Training Department notifies students in writing where they are approved to apply. The focus of the approval process is the appropriate matching of the students' needs, levels of experience, and interests with available approved training experiences. "A good fit" between student and practicum site is a training priority. Students contact prospective practicum supervisors through the means specified by the site (i.e., email, regular mail, etc.); applications typically include a letter of intent, Vita, and letters of recommendation. Some sites also request written work samples. Each student is responsible for arranging personal interviews with approved practicum sites. Once the student's application materials have been forwarded, it is appropriate to call the practicum site only if at least two to three weeks have passed without any contact from the
practicum site supervisor. Students may not submit applications to sites that are not on the list of active approved practicum sites.

Students may contact current and/or potential training sites only after consultation with the Clinical Training Department. The Director of Clinical Training must approve all field training sites and placement of students. Practicum site supervisors expect that school administrators coordinate all clinical training. Students who do not follow these guidelines can expect disciplinary action.

Practicum sites vary considerably regarding interviews and selection schedules. ISPP's students, as well as students from other graduate psychology and social work programs, compete for practicum sites. Students should apply, conduct interviews, and accept and decline practicum positions with the utmost professionalism and ethical conduct.

ISPP is a member of the Association of Chicagoland Externship and Practicum Training (ACEPT), and as such follows ACEPT’s timeline and guidelines with regard to the application, interviewing, notification, and acceptance processes. (To locate and download the student conduct pledge go to: http://www.acceptchicago.org/practicum-guidelines) Once an offer is accepted, whether verbally or in writing, this acceptance is binding and is viewed as a contractual agreement between ISPP, the practicum site, and the student. Upon acceptance of an offer, the student should notify other sites by phone and in writing of the withdrawal of candidacy and thank them for their consideration.

Once a practicum site has been accepted, the Clinical Training Department should also be informed. The student should confirm acceptance of the offer in writing or e-mail to the site and forward a copy of the letter to the Clinical Training Department. Each student should also submit a Practicum Match Results Form immediately upon acceptance. A Practicum Agreement [contract] and Learning Contract are available on the Campus Common website-Academics-Department Specific Forms & Documents-Clinical, and are to be completed in collaboration with their practicum site’s Director of Training and submitted to the Clinical Training Department. These contracts will identify the student, site, supervisor, days and times of attendance, goals and expectations, and amount of supervision. Contract completion is the student's responsibility. Student, site supervisor, and Director of Clinical Training signatures are needed, and a copy must be received in the Clinical Training Department no later than two weeks after beginning practicum. Without a completed, signed Practicum Agreement submitted to the Clinical Training Department, student progress will not be evaluated, nor will credit for the training be awarded.

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DIAGNOSTIC PRACTICUM

The diagnostic practicum teaches clinical assessment techniques and diagnostic formulation so that appropriate clinical services can be recommended. Accurate diagnostic assessment procedures are fundamental to the practice of professional psychology. Psychological assessment should consist of at least the first, and often all three, of the following procedures:

1. Diagnostic interviewing of the identified client.
2. Diagnostic interviewing of collateral informants, if necessary.
3. Psychological testing, scoring, and interpretation of test data; generation of hypotheses based on test data; as well as case formulation and psychological report-writing, which includes recommendations for treatment and case management.
Complete psychological assessment involves all of the above procedures. The goal of clinical assessment techniques and procedures is accurate diagnostic case formulation, which leads to effective intervention recommendations.

**DIAGNOSTIC INTERVIEWING**
The diagnostic interview optimally is the beginning of therapeutic intervention and is crucial to the establishment of an effective patient-therapist working relationship. The effective diagnostic interview enables the clinician to establish:

1. The reason the patient has come for treatment and the nature of symptoms or current problems;
2. The precipitating event;
3. The patient's current level of functioning;
4. The patient's current life circumstances;
5. The patient's history of symptoms and background information; and
6. Enough relevant information to formulate working diagnostic hypotheses regarding the patient's suitability for treatment and the appropriate types of intervention.

Diagnostic interviewing should be a significant part of the diagnostic practicum. Supervision of interviewing skills through the use of audio- and/or video-recorded material, or direct observation through the use of one-way mirrors or live observation is encouraged at the practicum site. Students need access to recorded diagnostic interviews at the practicum site for use in their weekly Practicum Seminars. ISPP provides proper consent forms.

**DIAGNOSTIC INTERVIEWING: COLLATERAL INFORMANTS**
In some instances, especially with children, adolescents, and patients so severely disturbed that their cooperation is impaired, interviews with family members or other significant individuals are necessary. The chief function of the collateral interview is to supply information about the patient; on occasion, however, these interviews reveal that the identified patient is not the most disturbed member of a system or even the person in need of psychological services. Appropriate consent forms should be obtained, and rules of confidentiality should be followed.

**PSYCHOLOGICAL TESTING**
The use of psychological testing instruments continues to distinguish psychologists from other mental health professionals. Competence in the use of these instruments remains central to the identity of the clinical psychologist. Prior to practica placement, students will have successfully completed courses in the principles of testing and the assessment procedures appropriate to the diagnostic practicum.

The MMPI-2 and other objective personality measures, major intelligence tests, projective measures, the Rorschach Projective Inkblot Test, as well as assessment instruments specific to health psychology and chemical dependency are some of the psychological assessment procedures students will become proficient in administering, scoring, and interpreting during their particular assessment practicum.

It is expected that students will complete a minimum of **8-10** complete psychological test batteries during the nine-to-twelve-month practicum assignment, however students are encouraged to complete 10 or more batteries in order to be competitive for internship placement. Batteries should include the
traditional psychological tests such as intellectual/cognitive measures, objective tests, and projective tests. Some sites administer psychological tests specific to a given treatment population. Students should have the opportunity to learn these test instruments as well.

The integration of data gleaned from several testing instruments, the generation of hypotheses based on patterns of psychological processes observed through interview and test data, case formulation, and psychological test report-writing securely based in the interview and testing, are some of the skills learned during the practicum. The student will be able to conduct a diagnostic interview and generate a psychological report which: (1) can be documented with specific and relevant data; (2) demonstrates case formulation skills; (3) is theoretically consistent and well organized; and (4) can be understood by non-psychologists.

Students are expected to demonstrate the necessary psychological knowledge base, learn at least basic clinical assessment skills, and demonstrate appropriate professional attitudes throughout the diagnostic practicum. Evaluation of student progress will be done on these criteria of competency.

**DIAGNOSTIC SEMINAR**

All diagnostic practicum students are required to attend a Practicum Seminar. This Seminar is a 1 hour 15 minute long meeting, which takes place weekly throughout the academic year. The usual format of the seminar is the presentation of audio- and/or video-recordings, on a rotating basis.

The goal of the seminar is to teach clinical skills in the following areas: (1) empathic contact; (2) basic listening on manifest and latent levels; (3) gathering relevant background information; and (4) basic case formulation and theoretical interpretation of clinical material. With these skills the student reaches the competency to successfully pass the 'Diagnostic Interviewing' section of the Clinical Competency Examination (CCE). Students present recorded material and written diagnostic reports to practice and refine these clinical skills.

During the Spring Semester, students should be prepared to present their CCE diagnostic interview recordings to their Seminar Faculty. Students submit a recording, transcript, diagnostic report, and self-critique of a diagnostic interview which has not been submitted to any supervisor, either inside or outside of ISPP, for review and feedback.

**Psy.D. INTERVENTION (PSYCHOTHERAPY) PRACTICUM & M.A. in Clinical Psychology PRACTICUM**

The *Psy.D. Intervention (Psychotherapy) practicum & MACL practicum* emphasize psychotherapy and intervention skills. Clinical orientations, specific treatment options, and opportunities depend upon the specific site selected.

ISPP does not favor a particular theoretical orientation. The Faculty and curriculum are representative of the major clinical orientations. Students are encouraged to keep an open mind in order to get the full benefit of this general theoretical exposure, and to explore and experiment with a variety of treatment modalities. It is hoped that students will, with time and experience, settle into a theoretical orientation and develop an effective personal style. The Psy.D. Intervention (Psychotherapy) & MACL practica present excellent opportunities for this type of learning. Students are cautioned that it is not realistic to expect that they can participate in the entire spectrum of clinical
experiences and therapy modalities in this single practicum experience; nor will this one practicum definitively decide their clinical futures.

These practica require the ability of the student to adjust to and work in an established program in a way that is mutually beneficial to the training site and to the student's professional growth. The learning that takes place in such an environment will transfer to other clinical situations, and becomes an integral part of the foundation for sound clinical practice in the future.

Students in the *PsyD Therapy practicum* should be able to conduct at least **200 hours of direct face-to-face psychotherapy during this 800 hour practicum.** At minimum, one-quarter of the time spent at the practicum site must be spent in direct contact doing psychotherapy with clients; however, students are strongly recommended to strive for approximately **250-300 direct contact hours** (approximately one-third). Students in the *Master in Clinical Psychology (MACL) practicum* should complete no less than **200 hours of direct patient contact during this 750-hour practicum.**

Because of the individual specific requirements of each practicum site, students are encouraged to use the practicum resource materials available in the Clinical Training Department in order to make appropriate choices. Students are also encouraged to use the application interview with the site supervisor to educate themselves as much as possible on the particulars of each site. Attention should also be paid to the professional relationship with the site supervisor. The supervisory relationship has excellent potential for students to discover important facts about themselves and their impact upon others. Students should also recognize that a universal reaction of novice therapists is some level of anxiety and defensiveness.

**Note:** Students transferring from the MACL program to the PsyD Clinical Psychology program should be aware that the clinical hours obtained in completion of the MACL practicum do not transfer to the PsyD program and will not replace any of the PsyD level practicum requirements.

**INTERVENTION SEMINAR**

All intervention (psychotherapy) practicum students are required to attend a Practicum Seminar. This Seminar is a 1 hour 15 minute long meeting. It takes place throughout the academic year. The Practicum Seminar faculty often conducts this Seminar based upon a particular theoretical orientation. They facilitate a group of three to six students -- usually by means of their presentation of video- or audio-recorded material, as well as the group analysis and critique of the treatment hour presented. The goal of the psychotherapy Practicum Seminar is to understand the material presented and the teaching of psychotherapeutic and intervention skills. The student should, by mid-Spring semester, have reached the skill level to present a psychotherapy recording to the Seminar faculty as part of the *Clinical Competency Examination (CCE).*

**ADVANCED PRACTICUM**

A number of students choose to do advanced training beyond the minimum required diagnostic and intervention requirements (800 hours each); or MACL intervention practicum (750 hours). Such students are in good standing, but for a variety of reasons, choose not to begin their internship following their third year.
The Clinical Training Department oversees this additional training. Students involved in an advanced practicum must register for an advanced practicum seminar, which meets for a minimum of two hours of consultation per month with a faculty member of their choice. **Note: Advanced Seminar credits do not count toward the program requirement credits. Advanced Seminar does not count as an elective.**

Students file a Practicum Agreement with the Clinical Training Department, and the seminar faculty member must fill out an evaluation each semester. Questions regarding advanced training opportunities and policies should be addressed to the Director or Associate Director of Clinical Training. Questions regarding registration can be addressed to the Director of Student Services.

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SUPPLEMENTAL PRACTICUM

Students may choose to do supplemental training beyond the diagnostic and intervention practica requirements. Supplemental Practicum training hours may vary from 10 to 20 hours per week and their length is much more flexible. The credit hours may vary between 1 to 3 credits depending on the number of hours the student is completing. Supplemental practica may only be pursued **after** successful completion of the diagnostic, intervention, and advanced practica (or intervention practicum for MACL students).

The Clinical Training Department oversees this additional training. The student or Clinical Training Department may initiate such training. Students involved in a Supplemental Practicum must register for a corresponding seminar. This must be discussed with the Director or Associate Director of Clinical Training, and confirmed by the seminar faculty member and student in writing.

**Note: Supplemental practicum is not considered to be part of the required MACL or PsyD program and, as such, may not be eligible for financial aid coverage. Please see the campus Office of Student Finance for more information.**

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PRACTICUM RESPONSIBILITIES

Practicum experiences unite the student, practicum agency, supervisor, and school in a working relationship where all parties are responsible to each other in the following ways:

**STUDENTS**

1. Must be in good academic standing, having successfully passed the practicum pre-requisites and have been enrolled a minimum of two semesters. Any exceptions will have been approved by the Clinical Training Department.
2. Conduct themselves in reliable, ethical and appropriately professional ways in all practicum activities, including: timeliness, notification of absences, permission for vacation, and other professional responsibilities (including submission of audio- or video-recordings of sessions with patients’ permission for review by site and school per school policies).
3. Collect quantitative outcome data on psychological services they provide. Task should be completed within the parameters of the normal functioning of the agency in which they are
training. Selection of appropriate assessment measure, frequency of administration, etc., are
determined in collaboration with the on-site clinical supervisor.

4. Be an active participant in all aspects of the agreed upon practicum program including, but not
limited to, maintaining client case load and expected weekly client contact hours, active
attendance and participation in supervision and didactic trainings, completing appropriate
documentation, etc.

5. Integrate themselves into training sites and develop good working relationships with staff and
clients.

6. Engage an attitude of openness to self-examination and new learning should be cultivated.

7. Present supervisors with appropriate paperwork to be submitted to the academic program in a
timely manner and with adequate notice (i.e., practicum training agreement, semester
evaluations, etc.)

8. Engage in open and honest communication with the clinical supervisor with regard to client
care, trainee functioning, training-related problems/challenges, etc.

9. The Clinical Training Department should be advised of any difficulties encountered at the
practicum; students are expected to seek advisement and consultation with the faculty
practicum seminar leader and/or Director of Clinical Training when any concern exists.

SITE/SITE SUPERVISOR

1. Articulate clear expectations of student participation should be communicated to students at
the beginning of the practicum.

2. Provide regular, pre-set supervision time with clearly articulated expectations for use of
supervision will benefit the student greatly.

3. Provide direct observation of student’s clinical work at least once per evaluation period (live
observation, co-therapy, review of audio- and/or video-recordings, etc.)

4. Provide additional didactic learning experiences via seminars, case conferences, workshops,
etc.

5. Supervise student's experience collecting quantitative outcome data on psychological services
they provide.

6. Provide adequate clinical opportunities to meet student requirements should be provided (see
Appendix C for specific requirements of each level of practicum). This would optimally
include opportunities for the student to observe professional staff in the delivery of clinical
services, as well as to be directly observed by professional staff, particularly in the early
stages of the practicum placement.

7. Provide timely completion and return of student evaluations each semester.

8. Provide clear feedback to students regarding clinical competence and progress should occur at
least at the time of each formal evaluation.

9. Establish and maintain a supportive, informative, and facilitative training program within a
mentoring atmosphere.

10. The Clinical Training Department and the faculty practicum seminar leader should be
informed as soon as possible of any difficulties encountered at the practicum as well as any
changes in the practicum experience.

TRAINING DEPARTMENT

1. Assure that students have met minimum standards of preparation for practica training.

2. Provide students with up-to-date practica resource materials describing approved practicum
sites.
3. Advise and assist students in the practica application processes in order to secure a good match between student training needs and training site.
4. Monitor student progress during practicum training and be available for consultation and advisement to both practicum student and practicum supervisor.
5. Develop new training sites and monitor the quality of training in existing training sites.
6. Maintain up-to-date records of student progress in clinical competence and distribute student training evaluations each semester; consult with student and supervisor regarding student progress when appropriate.
7. Maintain close working ties with individual practicum sites and visit practicum sites on a regular basis.
8. Practicum seminar faculty will contact sites at least once per semester to establish and maintain productive, on-going relationships with site supervisors to facilitate student professional development, as well as to establish optimal pathways for problem solving deemed necessary.

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EVALUATION OF STUDENT PROGRESS

The goal of the practicum is to foster the training of competent clinicians capable of providing basic and effective assessment, and therapeutic interventions. Students' progress in practicum training is evaluated through the use of evaluation forms, which are forwarded to each practicum supervisor and Seminar Faculty each semester. The evaluation form assesses the student's progress in three basic areas of clinical functioning: (1) theoretical knowledge base; (2) clinical skills; and (3) professional attitudes.

It is expected that the supervisors will review this written evaluation form with the student and provide direct feedback regarding the student's clinical strengths and weaknesses. Supervisors are responsible for returning this form to the Clinical Training Department in a timely manner. Seminar faculty also evaluate student progress by means of a form provided by ISPP. The Seminar faculty writes a brief narrative regarding the student's progress in acquisition of clinical skills.

In addition, Practicum Seminar faculty are also asked to initiate contact with the practicum sites of their students at least once per semester. Practicum Seminar faculty complete the Practicum Seminar Site Supervisor-Liaison Report each semester. The first Liaison Report is to be completed in mid-October and is due to the Director of Clinical Training no later than the end of October. The second Liaison Report should be completed in mid-March and is due to the Director of Clinical Training no later than the end of March.

The Clinical Training Department assigns credit for all practica students. If students are having difficulties of any kind on their practica, they are encouraged and expected to consult with the Director of Clinical Training. One of the major roles of the Clinical Training Department is that of student advocate for student concerns and problems. Students are expected to conduct themselves in a professional and ethical manner, and they are to be treated at their practicum sites in a similarly professional manner. Practicum supervisors are advised to contact the Clinical Training Department with concerns and problems as they arise.

In order for practicum to be considered successfully completed, students must receive a passing grade in the practicum seminar (which includes a grade of “Pass” or higher on the CCE) AND satisfactory
performance at the practicum site placement as indicated by the final written evaluation and the signed Letter of Completion from the practicum site.

**PROBATION**

If a first-year student is placed on academic warning based on Fall Semester grades, the student may not be able to apply for practicum during Spring Semester. If the student has achieved a GPA that is acceptable when the Spring grades are available, the student may be re-evaluated to apply for a practicum at the discretion of the Director of Clinical Training. Whatever the decision about the practicum, the student will remain on academic warning.

If a first-year student who has accepted a practicum is on probation/academic warning after the Spring grades are received, the student may not attend the practicum if the GPA is unacceptable after the Summer Session I grades are received. If the GPA is acceptable for the student's program after Summer Session I grades are received, the student may begin the practicum at the discretion of the Director of Clinical Training. The Clinical Training Department has the discretion to make decisions on any probationary student who is beyond the first year of attendance. This discretion extends to both application before the practicum and attendance at the practicum.

While on a practicum, a student may be placed on clinical warning for receiving an "Incomplete" for failure to submit the required practicum documentation each semester (including Time2Track/MyPsychTrack summary of hours signed by supervisor and Practicum Site Evaluation—see Practicum Documentation Timeline for complete list). Upon receipt of a second "Incomplete", a student will be placed on clinical probation. Receipt of failing grades ("F" or "No Credit") will lead to a student being placed on warning of probation. Additional policies regarding problematic student performance in reference to clinical field placements are discussed below.

**REMITIATION PROCEDURES**

Requests for minor remediation within the ordinary time frame of practica and internships can be handled informally. This request might come from supervisors, Practicum Seminar Faculty, or the Clinical Training Department. Such remediation would be part of on-going course work, and would be handled as would other course assignments.

When concern regarding clinical work arises, either the site, the student or the Clinical Training Department may institute a meeting. The goals of such a meeting will be to determine whether deficiencies exist, to agree on areas that need to be addressed, and to develop a remediation plan. The Clinical Training Department will communicate and consult with the Clinical Training Committee during this process. A complete written plan describing specific areas of deficiency and remediation strategies will be brought before the Clinical Training Committee for its approval. At any point in this process, the student has the option of meeting with the entire Clinical Training Committee or submitting written materials.

If remediation includes additional training, a Supplemental Practicum may be required. Like all training activities, the Clinical Training Department must oversee such additional training. If more
fundamental clinical deficiencies exist, a Supplemental or Pre-Practicum training experience may be required of the student prior to regular enrollment in a practicum. In such cases, a formal Remediation Plan will be added to the written plan that will specifically address how the training site will afford opportunities to remediate the deficiency areas. This contract will be developed when a remedial site is located, and in consultation with the Clinical Training Department and the student. The Clinical Training Committee will review it.

In some cases the Clinical Training Department may recommend dismissal from ISPP. This recommendation, accompanied by full documentation and rationale, will be forwarded to the Student Professional Development Committee (SPDC) for review. All remediation procedures will be developed in close consultation with practicum site supervisors and/or training site directors.

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PROFESSIONAL CONDUCT

The Illinois School of Professional Psychology/Schaumburg has a strong commitment to developing clinical practitioners who demonstrate high levels of professionalism and clinical skill. Its programs are rigorous and demanding, and we require that students continually apply themselves to all aspects of their preparation over an extended period of time.

It is a fundamental requirement of ISPP that all students meet the standards of the profession of psychology. Students are required to do more than complete certain academic and clinical requirements; they are expected to conduct themselves in an ethical and appropriate manner at the clinical training site as well as become familiar with the APA: Ethical Principles of Psychologists; the Illinois Mental Health and Developmental Disabilities Confidentiality Act. Demanding, threatening, or rude behavior is inconsistent with the identity of a professional psychologist. Any activities that appear to violate ISPP’s principles of professional standards in the course of the student's education or training will be reviewed carefully by the appropriate committee and/or administrative unit. The following are examples of inappropriate and unethical behaviors on a practicum or internship:

1. Failure to follow defined practicum/internship guidelines.
2. Failure to appear for any scheduled event at a site, such as a therapy session, supervision, etc., without confirming the absence ahead of time with the supervisor.
3. Taking vacation time without obtaining approval from the supervisor.
4. Recording an interaction with a patient without the expressed permission of the supervisor and patient.
5. Removal and/or private use of any materials from the site without approval of the supervisor.
6. Playing recordings of patient sessions or presenting patient material to another party without the expressed permission of the supervisor and patient.
7. Inappropriate use of computer-generated interpretative reports; these reports can only be used when explicitly authorized by the course professor and/or site supervisor in conjunction with clinical judgment. Students who hand in such reports or copy the output of computer generated reports into their own reports without attribution are guilty of plagiarism.
8. Withdrawing from the practicum or internship without the permission of the Clinical Training Department.
9. Accepting one site, and then turning it down to accept another site.
10. Acting in a manner inconsistent with the tenets of psychology as outlined in the *APA: Ethical Standards of Psychologists* and the *APA: Guidelines for Providers of Psychological Services*

Consequences of unethical or inappropriate behaviors may range from a disciplinary letter from the Clinical Training Department sent to the student, the student's academic record, and/or the Student Professional Development Committee to dismissal. Such behavior may also necessitate intervention by the Student Conduct Committee.

**SOCIAL MEDIA**

ISPP-Schaumburg recognizes that the internet has become an invaluable resource for personal and professional expression and is a fertile environment for networking, intellectual discourse, etc. Platforms such as Facebook, Twitter, LinkedIn, blogs, etc. are not only popular but immensely useful. Students of ISPP-Schaumburg are advised to utilize sound judgment when engaging in interaction through these resources as representatives of themselves not only as individuals, but as emerging professionals. Remember that your conduct is a reflection of the level of respect that psychologists have for the trust that the public places in us, and your behavior communicates your worthiness of that trust.

In their roles as practicum externs and/or interns, ISPP-Schaumburg students are expected to refrain from posting content, including statements, videos, and photos, that may be perceived as harassing and/or threatening, discriminatory, derogatory, injurious, harmful, disrespectful, and/or damaging to clients, or otherwise illegal. Additionally, students are expected to adhere to all ethics codes regarding client confidentiality. Any information that subjects a client to identification, including a client being able to identify him/herself in the content, constitutes a breach of confidentiality and will be treated as such.

Students should always maintain awareness that you are a professional and should engage in online interactions in accordance with that responsibility. Any student found to have posted content that is inappropriate or unprofessional will be subject to referral to the Student Professional Development Committee or other disciplinary action (i.e., Student Conduct Committee, removal from training site, etc.), as appropriate.

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**STUDENTS WITH EMOTIONAL OR BEHAVIORAL DIFFICULTY**

ISPP considers the student as a whole person and realizes a student may have emotional or behavioral problems underlying or related to academic and clinical difficulties. ISPP routinely uses its Faculty to enable students to identify such problems more readily. These problems may be recognized by the student, faculty member, clinical field supervisor, and/or fellow students. Such difficulties may include, but are not limited to the following:

1. Offering to provide or providing services that are beyond the scope of the student's training, experience or emotional functioning.
2. Conviction of a crime that has a direct bearing on the practitioner's ability to practice competently.
3. Continued practice by a student who has become unfit to practice under supervision due to:
   a. Failure to keep current with current professional theory or practice;
   b. Inappropriate behavior in clinical and academic settings; or
c. Addiction to, abuse of, or severe dependency on alcohol or other substances which endanger the public by impairing the practitioner's ability to practice safely.

d. Lewd or immoral conduct by a student in connection with the delivery of services to patients.

4. Rude, demanding, or threatening behavior toward another member of the Illinois School of Professional Psychology/Schaumburg community (student, faculty, staff or administration)

When such difficulties are identified and come to the attention of the Clinical Training Department, the Department will, if possible, consult with the student prior to meeting with the appropriate department head and/or Vice-President for Academic Affairs. If the student difficulties are severe, the student may be referred to the Student Professional Development Committee and/or the Student Conduct Committee. In severe cases this may result in the student being placed on an administrative leave of absence following such consultation. Please see the Argosy University Academic Catalog for further details.

The Student Conduct Committee and Student Professional Development Committee Policies & Procedures are outlined in the Argosy University Academic Catalog along with a Statement of Student Rights and Responsibilities, the Argosy University Ethical Code of Conduct and Student Right to Appeal procedures.

**Appeal of Clinical Training Grades and Evaluations**

A student who desires to seek reconsideration of any matter determined by the Clinical Training Department 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 the student, the student should consult with the training site supervisor to discuss the issue. If, after consultation with the supervisor, the student wishes to pursue the matter further, the student should request this in writing to the Clinical Training Department, with an assessment of the situation. The outcome of the assessment will be summarized by the Director of Clinical Training and placed in the student's training file.

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

If the Student still wishes to appeal an outcome (e.g. Disciplinary action or dismissal), he or she should follow procedures outlined in the Argosy University Catalog, under the heading, “Student Right to Appeal”, and follow those guidelines, accordingly.

**Practicum Training Sites**

ISPP’s list of approved training sites includes, but is not limited to: state mental health facilities, outpatient clinics, private psychiatric hospitals, psychiatric units and community hospitals, university
counseling centers, VA's, schools, women's shelters, and treatment centers for developmentally disabled, behavior disordered and/or emotionally disturbed adults and children, chemical dependence treatment programs plus a variety of specialized programs in areas such as neuropsychology, forensics, eating disorders, rehabilitation, etc.

The Clinical Training Department grants provisional approval to a site if it is determined that it can provide the type of practitioner training ISPP requires. Full approval is only granted to a new training agency after a student has successfully completed a practicum and both the agency and the Clinical Training Department determine that this has been a positive experience for both the student and the agency.

Training sites are selected because of their overall appropriateness in the use of the practitioner model of training graduate-level psychology students. This would include emphasis on the acquisition of clinical skills, relevant treatment population, credentials of staff and site, availability of adequate supervision by experienced clinicians, and an emphasis on training. Every effort is made to be certain that students receive competent supervision within a mentoring relationship in an environment conducive to learning.

ISPP requires that students receive no less than 2 hours per week of direct supervision. 1 hour must be individual, face-to-face with a licensed professional (Psy.D.=Licensed Psychologist; MACL=LCPC, LCSW, LMFT, or Licensed Psychologist) and the other hour can be 1 hour individual or group supervision with a licensed allied mental health professional or licensed psychologist. These supervisory hours should take place at a regular time, which is built into the practicum at its outset and remains constant throughout the training year. Supervision of students at the practicum site is done on a voluntary basis as part of the student's practicum time requirements. ISPP has no financial obligation to its training sites.

The Clinical Training Department and Clinical Training Committee review and monitor training agencies, both annually and on a semester-by-semester basis. Within this process, practicum agencies fill out evaluations of students each semester. Students are also asked to fill out evaluations on their practicum agency each semester with questions covering the quality of supervision and adequacy of training. In addition, Practicum Seminar Faculty are also asked to initiate contact with the practica sites of their students.

ISPP, the student, and the training site enter into a contractual relationship wherein the student's delivery of service and other relevant activities within the training arrangement are exchanged for clinical supervision, exposure to clinical populations and professional role models, case management supervision, and participation in other professional activities such as rounds, staffing, and seminars. Once acceptance of the terms of training have been agreed upon, a Practicum Agreement is completed and signed by the site supervisor, the student, and the Director of Clinical Training. Acceptance of a practicum site by a student is a professional and ethical commitment to a site and its clients.

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**Supervision Requirements**

For students in the Psy.D. program it is mandatory that the experience include a minimum of **2 hours per week of direct supervision**:

- 1 hr individual with Licensed Psychologist
- 2nd hr can be individual or group supervision with a licensed allied mental health professional or licensed psychologist

For students in the MACL program it is mandatory that the experience include a minimum of 2 hours per week of direct supervision:
- 1 hr individual with LCPC, LCSW, LMFT, or Licensed Psychologist
- 2nd hr can be individual or group supervision with a licensed allied mental health professional or licensed psychologist

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Developing New Practicum Sites

One of the major priorities of the Clinical Training Department is the acquisition of appropriate practicum sites; this activity is on-going. If a student has a particular interest in either a clinical area or training site that is not available, the Clinical Training Department will investigate to locate or approve such sites if approval criteria can be met. **Students interested in developing a new training site must first meet with the Director of Training or the Associate Director of Training, so that the Clinical Training Department can initiate the site approval process. Students are not permitted to accept offers from unapproved sites.** Student and faculty input in this regard are welcomed.

New practicum sites are reviewed and developed in the following manner. Any faculty member or student can suggest that a particular agency would make a good training site. This information is brought to the attention of the Clinical Training Department. The potential practicum coordinator is contacted by the Clinical Training Department and asked to complete written application materials describing the types of training opportunities the agency would provide to students.

Applications from potential sites are reviewed by the Clinical Training Department to ensure that the training site would provide students with a valuable practicum experience. This proposal must include a minimum of 16-20 hours per week at the agency over the course of at least nine months. The ideal practicum experience is composed of the following training experiences:
- One-third of the time at the site is spent in direct patient contact;
- One-third of the time in meetings, administrative duties and record keeping;
- One-third of the time in individual & group supervision and/or didactics.

Please be aware that the site must be approved *before* the student makes any arrangement or agreement to complete training at the site. In addition, the proposal of the site does not guarantee that it will be approved. Because the application and approval process can take several weeks, requests to review a new practicum site for potential approval must be submitted by **November 16th, 2016** in order to be considered as an option for the 2017-2018 training year.

Please see **Appendix B** for a summary of basic requirements.
TRAINING SITES WITH CREEDAL STATEMENTS

ISPP has a policy of non-discrimination against students with regard to race, age, ethnic background, gender, ability, and sexual orientation. In addition, ISPP is committed to fostering the training of members of groups currently under-represented in the profession of psychology.

Practicum and internship sites approved by ISPP are expected to conduct their selection and training in a non-discriminatory manner. Sites are expected to select applicants without regard to race, gender, age, ethnic background, ability, or sexual orientation unless they have compelling legal or therapeutic reasons for limiting the applicant pool. Sites, which have a selection policy that disallows students based on any of the above criteria, must notify ISPP and clarify the legal and/or therapeutic rationale for such policies. ISPP will approve such sites if the Director of Clinical Training, in consultation with the Student Professional Development Committee, determines that an adequate legal and/or therapeutic rationale exists for the selection policies.

STIPENED PRACTICA

At the Illinois School of Professional Psychology/Schaumburg, students may receive a stipend for their practicum experience. This is interpreted to mean that practicum sites may offer a modest stipend to support a student's clinical field training, but are not required to do so.

This policy is to be interpreted in light of all other policies and parameters regarding clinical practica. This includes the prohibition against students training in their place of employment, the disconnection of training and "productivity", etc. A practicum stipend must not be a hidden salary that a student receives at a job site. A student must be treated by the practicum site as a student-in-training and not as an employee or independent contractor. Typically, the student's involvement with the site ends at the conclusion of the academic year, as set forth in the Practicum Agreement. Practica that offer a stipend must communicate this intention to ISPP in the form of a written proposal to the Clinical Training Department.

PRIVATE PRACTICE SETTINGS

ISPP is committed to selecting as training sites those clinical agencies that provide the highest quality of supervised training experiences for students. Of equal importance is the identification of those sites that demonstrate, through modeling and direct statement, endorsement of and conformity with the APA Ethical Principles of Psychologists. As an outgrowth of this concern, ISPP has formulated the following guidelines specifically for those private practice settings, which offer training for students. These guidelines have been delineated in an effort to highlight the focus on training and to minimize the potential for conflict stemming from the agency's interest in quality training and economic survival.

As part of the application process, such agencies should submit the following to ISPP:

1. A mission statement that includes the philosophy and general objectives of the agency.
2. A statement of the philosophy underlying training.
3. A description of the clinical approaches used and population served at the site.

In addition, such agencies must agree to the following guidelines:

1. Students-in-training will provide their services for a fee which is based on a sliding scale structure, and is less than the usual and customary full fee of the agency.
2. The agency adheres to the *APA Ethical Principles of Psychologists*
3. Diagnostic students will be allowed time for diagnostic interviews as well as the actual time for psychological test administration.
4. The training site should ideally have at least two practicum students.
5. Students will have at least 2 hours of supervision weekly. 1 hour must be individual, face-to-face with a licensed professional (Psy.D.=Licensed Psychologist; MAACL=LCPC, LCSW, LMFT, or Licensed Psychologist) and the other hour can be 1 hour individual or group supervision with a licensed allied mental health professional or licensed psychologist.
6. The student's practicum experience should ideally be divided as follows: one-third direct client contact; one-third supervision; one-third seminars, meetings, and administrative duties.
7. The student status is to be communicated to the patient.

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**TRAINING IN THE PLACE OF EMPLOYMENT**

Clinical training may not be done in the student's place of employment. This restriction recognizes that training most optimally occurs in settings uncomplicated by dual relationships, employment pressures, and financial demands. Students also profit from training in diverse organizational "cultures" or structures.

Occasionally, the interpretation of what constitutes "place of employment" is unclear. For example, a large corporation may own several smaller corporations which operate at different sites, managed by different supervisors, serving different populations. A student may request the opportunity to train at a subsidiary of the parent organization in which the student works. Students are required to consult with the Director of Clinical Training, and may be required to submit a formal proposal for review. In order to identify what constitutes a student's "place of employment", the Clinical Training Department has developed the following guidelines:

1. **Dual Relationships:** The field training supervisor periodically evaluates the student's progress in training and submits reports to the Director of Clinical Training. These reports must be objective, fair, and candid. Therefore, someone who is a co-worker, work supervisor, or employer should not evaluate the student. The Clinical Training Committee will evaluate the student's training request to ensure that no dual relationship exists.
2. **Multiple Identities:** A student should enter a training site with a single identity: a professional-in-training. Students attempting to train in their place of employment continue to be identified as an employee. This identity can place competing demands on a student and thus compromise the training that a student receives.
3. **Financial Relationships:** Students enter a clinical field placement as a student, not as an employee, private practitioner, or independent contractor. Ideally, financial matters do not impinge upon clinical training/education. A student may receive a modest stipend to support involvement in clinical field training (see "Policy Regarding Stipended Practica"). A student may
not receive a "salary" as this identifies the student as an employee, rather than a professional-in-training. The educative and training mission of the clinical practicum should not be compromised by financial considerations, such as compensation based on "productivity" or "collections".

4. **Geographical Relationships:** Occasionally, health organizations, like other corporations, merge with or acquire other companies that are at some geographical distance from one another. In these circumstances, the corporations continue to operate independently of one another and are united "in name only". Under these circumstances, a student may train at the separate corporation, so long as the other criteria are met.

5. **Power in Relationships:** Students enter training programs to be the recipients of educative, professional training experiences. This arrangement places the student in a role in which the student depends upon the supervisor and the agency for a successful training experience. Students may not hire their supervisors, nor pay the agency for their training experience. Such arrangements remove the professional-in-training from the student role and elevate the student to the status of business partner in the training process.

**CLINICAL COMPETENCY EXAMINATION (CCE) MASTER’S PROGRAMS**

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**GENERAL INFORMATION**

All Master of Arts in Clinical Psychology program students are required to successfully complete a Comprehensive Examination. The information assessed by the examination covers the courses and material required of students during the two years of study at Argosy University, Schaumburg Campus. The Comprehensive Exam is generally held in July at the conclusion of the second year of study.

Students must have successfully completed all required coursework, with the exception of practicum and practicum seminars, to be eligible to take the Comprehensive Exam.

Additional information regarding registration, qualification, format, and dates of the exam can be obtained from the Student Services Department or program chair of the MA in Clinical Psychology program. Students who are unable to pass the Comprehensive Examination will be allowed to retake the exam a maximum of 2 additional times. The exam may be retaken during the next scheduled administration of the exam. Students will receive information from the director of the MA in Clinical Psychology program concerning their performance on the examination and assistance from faculty in constructing additional experiences and instruction aimed at enabling them to pass this program requirement. A third failure will result in dismissal from the Master of Arts in Clinical Psychology program.

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**CLINICAL COMPETENCY EXAMINATION REQUIREMENTS**

At the master’s level, the Clinical Competency Examination (CCE) consists of a competency-based evaluation designed to evaluate the student’s mastery of basic clinical assessment and therapeutic skills.
Students should be capable of demonstrating clinical competence via the Master’s Intervention (Psychotherapy) CCE both conceptually and in application. Argosy University, Schaumburg Campus also expects that students who have learned theoretical and applied concepts in classroom courses will have made use of out-of-class clinical contacts (i.e., practicum, practicum seminar group, and visiting lecturers) to refine and extend the skills to be evaluated by the CCE. Therefore, passing the seminar and site evaluation do not guarantee a passing grade on the CCE.

**DESCRIPTIONS AND PROCEDURES FOR SUCCESSFUL COMPLETION**

Procedures for the Master’s Intervention CCE require the student to submit a recording, transcript, client assessment and progress report, and self-critique of a therapy session that the student has conducted with a client. The student will have received supervision on this therapy session from the practicum site supervisor, but this session must not have been submitted for review, supervision or critique at Argosy University, Schaumburg Campus or elsewhere prior to submission for satisfying the requirements of the CCE.

The Master’s CCE Manual where you will find the CCE Guidelines is accessible through the Campus Common website-Academics-Department Specific Forms & Documents-Clinical. Please refer to this manual for detailed explanations, procedures, and grading policies as well as relevant updates.

**GRADING**

The CCE is part of Practica Seminar training, but is graded separately. Successful completion of practica pre-requisites and practica does not, therefore, guarantee passing the CCE task and vice versa.

Each Seminar faculty will explain criteria for passage of the Master’s Clinical Psychology CCE recordings. CCE is turned in directly to the Seminar Leader. The recordings and case reports are competency examinations; recordings which are submitted and graded as not acceptable, are dealt with on an individual basis. Students work with faculty and resubmit recordings until mastery is achieved. In the event of a *Failure*, the CCE may be re-taken only once. Another failure would result in dismissal from the Program.
CLINICAL COMPETENCY EXAMINATION (CCE) DOCTORAL PROGRAM

DIAGNOSTIC
Diagnostic Written CCE
Effective 5/30/15

What follows is an outline of the necessary sections of the CCE. Each seminar leader may provide additional information for each section, as appropriate to their own theoretical orientation(s) and/or focus. A video or audio recording and transcript should also be provided with this written document.

NOTE: BE SURE TO REDACT the client’s actual identifying information on the signed consent form as well as any scoring sheets, reports, etc.

Diagnostic Interview- 45-60 minute recording and transcription of selected segments of the recording. Transcribe what you deem to be the strongest 10-minute segment and the weakest 10-minute segment. Include an explanation of your choices.

Individual battery components
• For each test given, state rationale and purpose, relevance to setting and to referral question
• Copies of administration/scoring sheets for each test given/all raw data must be included per the discretion of the seminar leader
• Discussion of hypotheses derived from each test/interpretation of each test

Comprehensive conceptualization of case
Remember that this section is not a site report or a testing report, but a comprehensive explanation of the case with recommendations based on the conceptualization. Your recommendations will go beyond the more limited recommendations generally included in a site report. Specific references to the test scores are included in the site report and not in this conceptualization.

Components of the conceptualization must include:
• An integration of data from the interview, client’s history, and testing results
• Explanation of client’s functioning from a bio-psycho-social perspective
• Discussion of relevant issues pertaining to individual differences, special populations, culture and diversity factors
• Discussion of ethical and/or legal issues relevant to the case

Evidence based practice discussion. Based on the referral question, discuss the empirically based research and empirical model which can best address the client’s issues.

Testing report from your site.

Self-evaluation
• Identification of strengths and areas in need of growth
• Identification of goals for further professional development
• Discussion of the challenges of managing the CCE case

Diagnostic Oral CCE
The oral examination consists of a minimum 30 minute formal presentation with additional discussion time on topics relevant to the CCE written case. The student’s presentation will include theoretical and case material and be presented in a rigorous manner, backing up statements, claims, and ideas with evidence-based knowledge and research support. The exact topics for oral presentation are determined by the seminar leader and student and may incorporate diversity issues, ethical and professional issues and other issues relevant to the focus of the practicum seminar. For the Diagnostic Oral CCE, the presentation may also include a discussion of etiology and conceptualization of disorders relevant to the case.
INTERVENTION (PSYCHOTHERAPY)

Intervention (Psychotherapy) Written CCE
Effective 5/30/15

What follows is an outline of the necessary sections of the CCE. Each seminar leader may provide additional information for each section, as appropriate to their own theoretical orientation(s) and/or focus. A video or audio recording and transcript should also be provided with this written document.

NOTE: BE SURE TO REDACT the client’s actual identifying information on the signed consent form as well as any scoring sheets, reports, etc.

Theoretical/Therapeutic Orientation and Empirical Support
This section is informing your treatment approach. Describe your therapeutic approach to the client’s problems and issues. Explain why this orientation was your preferred approach for this case. What evidence is there that it is appropriate for the case?

Case Formulation
Social history and case conceptualization
Write a social history of the client from your theoretical perspective, and conceptualize the problems your patient experiences in formal theoretical terms. The conceptualization should present a comprehensive and cohesive picture of the client, and it must be well documented with client information.

Treatment plan
Show an overall treatment plan for the individual, even if you are seeing them for only a specific part of the plan. (Or, if using EFT, describe a series of marker driven interventions that have emerged over the course of therapy) Give specifics/details that demonstrate how your approach fits the particulars of the case. Discuss your rational for the plan and how some of the interventions have been implemented.

Cultural diversity—knowledge, awareness, and skills
What are the cultural, religious, socio-economic, etc. influences on this case? How are you handling these factors in your approach to understanding and treating this client?

Demonstration of skills and self-evaluation
Begin by describing the therapeutic context of the tape. Which session is being recorded? What has been your progress to date?

Basic intervention and relationship skills
Identify and discuss some of the basic intervention skills that were demonstrated in the tape (such as empathic listening, reflection, focusing, reframing problems, questioning, redirecting, making process comments, supportive confrontation, collaboration, etc.)

Implementation of specific clinical interventions appropriate to theoretical model
Identify and critique three sections of the tape, including one problematic interaction and one truly therapeutic interaction. Identify each segment by stating the range of corresponding numbers on the client and therapist statements in the transcript. (e.g., see client #39 to therapist #87.) Discussion should include what you might change for the problematic interaction, what factors facilitated the therapeutic interaction, and your relationship with the client.

Evaluation of intervention progress
Describe the progress and changes made by this client across all sessions thus far. How have you monitored progress on your progress?

Legal, ethical, and professional issues
Legal/ethical concerns relevant to this case
What are the concerns that have arisen or could arise with this type of case or client or setting? How would you approach those issues?
Professional Conduct and Professional Development
What are the professional challenges of the case and how are you managing these challenges (e.g., negotiating disagreements, handling conflict, utilizing supervision, etc.). What were your difficult moments in terms of your own reactions to the client and in terms of your collaboration with the client? (*1 page*) What have you learned about yourself?

References

**Intervention (Psychotherapy) Oral CCE**
The oral examination consists of a minimum 30 minute formal presentation with additional discussion time on topics relevant to the CCE written case. The student’s presentation will include theoretical and case material and be presented in a rigorous manner, backing up statements, claims, and ideas with evidence-based knowledge and research support. The exact topics for oral presentation are determined by the seminar leader and student and may incorporate diversity issues, ethical and professional issues and other issues relevant to the focus of the practicum seminar. For the Intervention (Psychotherapy) Oral CCE, therapy exchanges illustrating specific therapist-client interactions (role plays), depending on the student’s developmental and training needs, may also be included.

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**GRADING**
Individual course instructors will explain the grading of the CCE. The Intervention (Psychotherapy) or Psychodiagnostic CCE is graded “High Pass,” “Pass,” “Pass with Revision,” and “Fail.” In the event that a student passes the CCE with revision, the practicum seminar leader will develop a remediation plan with the student. All revisions must be completed within one semester of the original CCE. See Appendix I for CCE evaluation forms.

Students should keep in mind that all CCE tasks must be completed prior to the beginning of internship.

**INTERNERSHIP**

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**GENERAL INFORMATION**
The successful completion of an approved pre-doctoral internship is a requirement for graduating with a PsyD degree in Clinical Psychology. Internships that are accredited by the American Psychological Association (APA) and/or affiliated with the Association of Psychology Post-doctoral and Internship Centers (APPIC) are approved by ISPP. All other internships must meet the standards outlined in the policy for approved internship sites.

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**REQUIREMENTS FOR INTERNSHIP**
All doctoral students are required to complete either a full-time, 1-year internship, or a half-time (24 months) internship, as a requirement for graduation. The internship must be an APA-accredited internship, or an APPIC- or CAPIC-member internship. Students are discouraged from pursuing non-
APA, non-APPIC/non-CAPIC internships. Exceptions will be considered only by petition and only in cases of extraordinary circumstances that clearly prevent a student from applying to APA-accredited or APPIC-member internships. The goal of the Clinical Training department is to encourage students to seek a path that will increase the likelihood that the internship experience is of high quality and will provide training that meets the standards necessary to obtain licensure. In the case that a petition for exception is approved, Clinical Training department cannot assure that these standards will be met by the internship site.

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. 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 application process during their fourth year of enrollment.

The Clinical Research Project (CRP) timeline and its relationship to internship application are detailed in the CRP Manual located on the Campus Common website-Academics-Department Specific Forms & Documents-Clinical.

INTERNERSHIP APPLICATION PROCESS

The application process for internship begins approximately one year prior to the starting date of the internship, and is completed through participation in the national application and match process, which is coordinated through APPIC. All students are required to participate in the APPIC Match process in securing an internship position. Exceptions to participation will be considered only by petition and only in the case of extraordinary circumstances that would prohibit participation in the APPIC Match process. Most internships begin in September, but a few begin as early as July 1. Students planning to apply for internship for the following fall semester must attend all meetings scheduled by the Clinical Training Department. Any student whose readiness is in question, through failure to meet prerequisites (including meeting attendance); will be referred to the Student Professional Development Committee to determine whether the student will be allowed to apply for internship that year.

### Internship Application Timeline 2016-2017

<table>
<thead>
<tr>
<th>Valid</th>
<th>EARLY SUMMER – 2016</th>
<th>DEADLINE</th>
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<tbody>
<tr>
<td>✔</td>
<td>Successful oral defense of CRP proposal</td>
<td>June 1</td>
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<tr>
<td>✔</td>
<td>Continue working on your CRP!—Read CRP Manual and instructions.</td>
<td>June 2016-August 2017</td>
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<tr>
<td>✔</td>
<td>Begin essays after the June meeting (Initial drafts due at July meeting)</td>
<td>June 2016</td>
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<tr>
<td>✔</td>
<td>Think and write about goals for internship training, your clinical strengths and</td>
<td>June 2016</td>
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areas in need of development.

<table>
<thead>
<tr>
<th>★</th>
<th>Attend Mandatory Internship Orientation</th>
<th>3:00-6:30pm</th>
<th>June 23</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>File <em>Internship Intent Form</em> and <em>Pre-Internship Curriculum Audit</em> with Training Department</td>
<td></td>
<td>July 8</td>
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<td></td>
<td>Submit a copy of your signed <em>CRP Project Approval/Tracking Form</em> and signed <em>CRP Proposal Evaluation Form</em> to training department if you have not already done so.</td>
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<td>July 8</td>
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<td><strong>MID-/LATE-SUMMER - 2016</strong> <strong>DEADLINE</strong></td>
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<td></td>
<td>Begin reviewing internship site information through the APPIC website and individual sites’ online materials</td>
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<td>July-Aug</td>
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<td>Find faculty, friends, etc to proof letter of intent and essays</td>
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<td>July-Aug</td>
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<tr>
<td></td>
<td>Finalize your CV</td>
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<td>July-Aug</td>
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<td></td>
<td>Set up a budget for application fees, mailing costs, travel expenses, phone calls, etc. Be prepared to spend $3,000 to $5,000 for travel.</td>
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<td>July-Aug</td>
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<td></td>
<td>Set up a tracking process for application materials</td>
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<td>July-Aug</td>
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<td></td>
<td>Narrow list of sites to which you intend to apply</td>
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<td>July-Aug-Sept</td>
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<td><strong>JULY 2016</strong> <strong>DEADLINE</strong></td>
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<td></td>
<td><em>Meet with Training Department to review Strengths and Weaknesses and training goals. Be prepared to submit preliminary list of sites, 1 draft cover letter, list of recommenders.</em></td>
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<td>July 2015</td>
</tr>
<tr>
<td>★</td>
<td>Attend Mandatory Internship Meeting</td>
<td>5:00-6:30pm</td>
<td>July 21 (Th)</td>
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<td>✓</td>
<td><strong>AUGUST 2016</strong> <strong>DEADLINE</strong></td>
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<td></td>
<td>Create AAPI online account and start filling out the application - <a href="https://portal.appicas.org/">https://portal.appicas.org/</a></td>
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<td>August 1</td>
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<td></td>
<td>Draft of essays due to Clinical Training (<em>submit to the advisor to whom you are assigned</em>). Essays should be <em>emailed</em> to Dr. Johnson or Dr. Carney</td>
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<td>August 1</td>
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<tr>
<td></td>
<td>Update your <em>Curriculum Vita</em>. Submit to training</td>
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<td>August 8</td>
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<tr>
<td>★</td>
<td>Attend Mandatory Internship Meeting</td>
<td>5:00-6:30pm</td>
<td>August 18 (Th)</td>
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<tr>
<td></td>
<td>Send a finalized description of 3 clinical/personal strengths and 3 clinical/personal areas of improvements via e-mail to Dr. Johnson or Dr. Carney</td>
<td></td>
<td>August 29</td>
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<td>✓</td>
<td><strong>SEPTEMBER 2016</strong> <strong>DEADLINE</strong></td>
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<td>Follow up with letter of recommendation writers to review the online submission process and make sure they are aware of your application deadlines.</td>
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<td>Early Sept</td>
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<td></td>
<td>Order graduate transcripts from Student Services – Submit <em>hardcopy</em> request form from the AAPI online to Laura Zuniga (<a href="mailto:lzuniga@argosy.edu">lzuniga@argosy.edu</a>)</td>
<td></td>
<td>Sept 9</td>
</tr>
<tr>
<td>★</td>
<td>Attend Mandatory Internship Meeting</td>
<td>5:00-6:30pm</td>
<td>Sept 15 (Th)</td>
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<tr>
<td></td>
<td>Fine-tuning final site list &amp; Cover Letters and <em>schedule an appointment to review</em> with Drs. Johnson or Carney</td>
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<td>Mid-Sept</td>
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<td></td>
<td>e-submit Letter of Recommendation requests</td>
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<td>Mid-Sept</td>
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<td><strong>OCTOBER 2016</strong></td>
<td><strong>DEADLINE</strong></td>
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<tr>
<td>Prepare written answers to common interview questions and practice interviewing</td>
<td>October</td>
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<td>Submit Time2Track/MyPsychTrack hours through Sept. 30th to Clinical Training: <em>must be signed by your supervisor!</em></td>
<td>October</td>
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<tr>
<td><strong>★</strong> Attend Mandatory Internship Meeting  <strong>5:00-6:30pm</strong></td>
<td>October 7</td>
<td></td>
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</tr>
<tr>
<td>Submit AAPI for DOT Certification; <em>notify Dr. Johnson if you have applications which are due before 10/31/15</em></td>
<td>October 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRB application submitted</td>
<td>See CRP Manual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete and e-submit any applications with early deadlines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Register for Clinical Research Project (CRP) for Spring 2016</td>
<td></td>
<td></td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>NOVEMBER 2016</strong></th>
<th><strong>DEADLINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue preparation for interviews</td>
<td>November</td>
</tr>
<tr>
<td><strong>★</strong> Attend Mandatory Internship Meeting. Be prepared to practice interviewing – No backing out  <strong>5:00-6:30pm</strong></td>
<td>November 3 (Th)</td>
</tr>
<tr>
<td>Complete and e-submit remaining applications</td>
<td></td>
</tr>
<tr>
<td>Register with National Matching Service (NMS)— Register only if you are <em>certain</em> that you will complete the match process</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DECEMBER 2016</strong></th>
<th><strong>DEADLINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend Mock Interview Meeting.  <strong>5:00-8:00pm</strong></td>
<td>TBA</td>
</tr>
<tr>
<td>Deadline to register with National Matching Service—Register only if you are <em>certain</em> that you will complete the match process!</td>
<td>December 1, 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>LATE FALL 2016/EARLY SPRING 2017</strong></th>
<th><strong>DEADLINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare for interview offer letters along with rejection letters</td>
<td>Nov-Dec-Jan</td>
</tr>
<tr>
<td>Continue to practice interviewing skills with a peer or mentor.</td>
<td></td>
</tr>
<tr>
<td>Compile a list of potential questions for sites where you remain under consideration.</td>
<td></td>
</tr>
<tr>
<td>Review site materials and interview questions</td>
<td></td>
</tr>
<tr>
<td>Consider additional sites with late application deadlines if needed</td>
<td></td>
</tr>
<tr>
<td>Review match policies and procedures on APPIC site.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>JANUARY 2017</strong></th>
<th><strong>DEADLINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank Order List Input &amp; Confirmation system open for list submission</td>
<td>January 16, 2017</td>
</tr>
<tr>
<td><strong>★</strong> Attend Mandatory Internship Meeting  <strong>5:00-6:30pm</strong></td>
<td>January 19, 2017 (Th)</td>
</tr>
<tr>
<td>Continue interviews. Notify any instructors if you need to miss classes for interviews.</td>
<td></td>
</tr>
<tr>
<td>Send thank you notes after each interview.</td>
<td></td>
</tr>
<tr>
<td>Apply for financial aid for internship year.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FEBRUARY 2017</strong></th>
<th><strong>DEADLINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I Rank Order List Deadline—Submit rank list to NMS. <em>Follow National Matching Service’s instructions on submitting your rank order.</em></td>
<td>February 1, 2017</td>
</tr>
<tr>
<td><strong>★</strong> Attend Mandatory Internship Meeting  <strong>5:00-6:30pm</strong></td>
<td>February 16, 2017</td>
</tr>
<tr>
<td>Match Day Phase I—Go online for match results</td>
<td>February 17, 2017</td>
</tr>
<tr>
<td>Meeting for those participating in Phase II; review of Phase II procedures</td>
<td>February 17, 2017</td>
</tr>
<tr>
<td>APPIC Phase II deadline to submit applications</td>
<td>February 23, 2017</td>
</tr>
<tr>
<td><strong>March 2017</strong></td>
<td><strong>DEADLINE</strong></td>
</tr>
</tbody>
</table>

34
Phase II Rank Order List Deadline—Follow National Matching Service’s instructions on submitting your rank order. March 13, 2017

Match Day Phase II March 20, 2017

**PROFESSIONAL LIABILITY INSURANCE**

All students at ISPP on internship must be covered by professional liability insurance. This coverage is mandatory even if the student is otherwise insured. The school arranges for liability insurance coverage for all actively enrolled students on internship. Payment for insurance coverage is made through the Student Services Department at the time of internship registration.

Students may wish to purchase additional coverage through the American Psychological Association Insurance Trust. An application can be completed online at [www.apait.org](http://www.apait.org).

**TRAINING DEPARTMENT REVIEW FOR READINESS**

Prior to application for internship, the Clinical Training Department reviews the academic and clinical training files of each intern applicant. The purpose of this review is to focus on information relative to an applicant's professional strengths, weaknesses, and needs; as determined by practicum supervisors, Practicum Seminar faculty, and course instructors. The Clinical Training Department focuses this review on the student's performance, especially with regard to the acquisition of a theoretical knowledge base, clinical skills, and professional attitudes.

Each intern applicant meets with the Director or Associate Director of Clinical Training to discuss the student's views and goals regarding the prospective internship experience. The student is asked to assess, in writing, areas of professional competence and bring a one-page personal statement to the meeting. The Clinical Training Department then writes a letter of readiness based on review of the student and the student's own assessment of strengths and areas for further development.

If the Clinical Training Department has reservations about a student's readiness for internship, they will discuss the situation with the student, the student's Advisor, and Seminar Faculty. In cases where there is a shared concern amongst the student's mentors, a plan of remediation prior to internship will be designed by the Clinical Training Department and sent to the Student Professional Development Committee.

**Internship Application Eligibility**

In order to be eligible to apply for 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 scale of 4.0 with no more than two grades below “B-” and not on probation)
2. The student must have successfully completed the Diagnostic Clinical Competence Examination
3. The student must have successfully completed all coursework with no incompletes, excluding the Clinical Research Project sequence, by October 1st of the semester in which s/he is applying for internship.

4. The student must have successfully completed oral defense of the CRP proposal by June 1st of the year in which s/he plans to apply for internship.

**Effective December 1, 2014:** The student must successfully complete the oral defense of the CRP proposal by **June 1st of the year in which the student intends to apply for internship** in order to be eligible to apply for internship in the fall. For example, if a student wishes to apply for internship in the Fall of 2017, then the student’s CRP Proposal must be successfully defended by June 1, 2017.

It is the student's responsibility to initiate and follow through on all internship application procedures. To assist the intern applicant, the Clinical Training Department assumes the following obligations:

1. Supply students with internship information and resource materials.
2. Advise students on choice of sites.
3. Supply students with letters of readiness.
4. Provide students with the current APPIC-approved internship acceptance procedures.
5. Discuss any/all potential internship sites with students prior to application.

### POST-APPIC MATCH & DURING INTERNSHIP YEAR

**Internship Documentation Timeline**

Summary of all documentation due prior to completing internship

- Internship Readiness Certification
- Internship Goals & Priorities
- Internship Site Data Form
- Internship Learning Contract
- Monthly Internship Activity Report (MIAR)
- Student Internship Training Questionnaire
- Internship Mid-Year Progress Report
- Internship End-Year Progress Report
- Letter of Completion of Hours
- Internship Experience Survey

***BE SURE TO KEEP A COPY OF ALL DOCUMENTS FOR YOUR RECORDS***

Students have varying needs and goals to be satisfied during the internship year. To that end, prior to the **beginning** of the internship, the Director and Associate Director of Clinical Training will meet with students to focus on individual strengths, weaknesses, and goals, culminating in a **Goals and Priorities Plan**. The basic elements of a **Learning Contract** will be worked out to meet the varying learning objectives of the intern student, as outlined in the **Goals and Priorities Plan**. This is congruent to the training philosophy that the internship year is primarily a training period, as opposed to a year of work where delivery of services is primary. This process is part of the plan for quality assurance of our graduates encompassing the knowledge, skills and attitudes necessary for competent professional performance.

The **Learning Contract** will be a written document specifically addressing the student's needs and
concerns as outlined in a pre-intern meeting with the Director/Associate Director of Clinical Training. The student is responsible for mailing this Learning Contract to ISPP within thirty (30) days after the internship has begun.

The Clinical Training Department may make periodic visits to some internship sites during the internship year. Where distance prohibits actual site visitation, the Clinical Training Department may make periodic telephone calls to both the intern and the internship training director. The purpose of these contacts is the clinical review of the student's progress based on the Learning Contract developed by the student and the Clinical Training Director. The Clinical Training Department will make detailed notes for future reference.

Interns complete Monthly Internship Activity Reports (MIARs) under the direction of the internship supervisor and/or internship Director of Clinical Training. These must be compiled, signed, and returned to ISPP's Director of Clinical Training for review on a monthly basis. These documents enable ISPP to better monitor the intern's progress in an on-going manner, and timely submission is required in order to receive credit for the internship experience. In addition, your submission of these reports serves as documentation of your ongoing attendance during the internship year.

In addition, twice a year, you will need to complete evaluation forms with the internship site supervisor to demonstrate the effectiveness of the internship experience.

The Internship Progress Report enables supervisors to assess the student's progress, competence, and performance in terms of the learning objectives and other factors of importance to the internship site. The Internship Evaluation Form will allow students to indicate their satisfaction relative to the internship site's participation in meeting the specific learning objectives. These forms will be inspected closely by the Clinical Training Department to monitor ratings, progress and areas of difficulty. All evaluations will be kept as part of the student's permanent records.

Periodic progress reports will be made to the Clinical Training Committee for consideration of any need for remediation, either in student intern professional functioning or in gaining greater cooperation from the Internship site.

**REMEDICATION**

If at any point during the internship training a student is in need of remediation, the Remediation Procedures (as outlined in the Practicum section) will be implemented. The Clinical Training Department makes the final determination whether or not the internship requirements have been met. If post-internship remedial work is required, the written contract specifying clinical areas needing improvement and methods by which such improvement will be achieved will be developed in consultation with the student, the Clinical Training Department, the internship site training director, and the Clinical Training Committee. Any post-internship remedial work must be completed successfully before the student will be approved as eligible for graduation.

The usual process of consultation and approval by the Student Professional Development Committee and final approval and/or hearing of student appeals apply to internship remediation.
UNIFORM STANDARDS FOR APPROVED INTERNSHIP SITES

1. Internships should provide the trainee with the opportunity to take substantial responsibility for carrying out major professional functions in the context of appropriate supervisory support, professional role modeling, and awareness of administrative functions. The internship must be focused on assuring breadth as well as quality clinical training. Therefore, activities that are clinical in nature are central (e.g., assessment, therapy, receiving supervision, case consultation). Activities that are not clinical in nature should be minimally included in the internship (e.g., administration, marketing). Direct clinical service must comprise at least a minimum of one-fourth of the intern's time - a minimum of 500 hours.

The intern should also be the recipient of training efforts, and the site should not exclusively utilize interns to provide supervision for other trainees. Supervised training in the supervisory process is encouraged at the appropriate levels. Training efforts should extend beyond the immediate supervisor of the intern, and should include broader training activities, such as case conferences, seminars, etc.

2. Internships should be a full-time experience for one calendar year, or two years of half-time experience, and should be in a single agency. On occasion, the internship may be in more than one agency, though it must still be part of a single training cohesive, structured training program (e.g., consortium internships). A minimum of 2,000 hours must be completed within a 24-month period. A minimum of 6 months (9 months, for part-time internships) must be obtained in a single setting for the hours to count towards successful completion of the internship.

3. Administrative support for the internship program should be apparent. Financial support for interns is expected. The internship should be a stipended position. The internship cannot be in the student's current place of employment. Self-employed private practice is also not acceptable as an internship.

4. Training activities of staff members should be recognized as a professional role and a valued part of the agency's activities.

5. A close working-relationship should be established between the internship program and the graduate program, including opportunities for an on-site clinical review. Doctoral programs have a responsibility for mutual communication concerning evaluation of students' preparation for and completion of the internship.

6. The staff of training programs should be sufficiently large and stable, not to be seriously weakened by the loss of a single staff member (two minimum).

7. There should be a professional, doctoral-level psychologist clearly designated as the Director of Training. This psychologist should have appropriate experience in training matters and be responsible for the integrity and quality of the psychology training program. Interns must clearly be under the clinical authority of a doctoral-level psychologist. Administratively, interns must not function independently.

8. Most professional staff members involved in training should be licensed or certified; the remainder should be eligible for licensing and practice in the state in which they work.

9. The psychologists responsible for supervising applied professional activities should themselves have completed an internship in training relevant to the work they are supervising.
10. Collaborative work with representatives of other disciplines is desirable.

11. Because of the importance of peer learning, ideally there should be provision for more than a single intern in any setting.

12. Interns should be involved in evaluating their own experience, including the quality of the supervision and instruction that they receive.

13. Service goals should not erode training goals. Client services should be carefully supervised and part of an integrated training plan.

14. Internships should develop and distribute descriptive materials in which the goals and content of the training program, including references to the characteristics of the client population, are accurately and explicitly formulated so that prospective interns may match the program emphasis with student interests.

15. The internship program should provide supervised experience in an organized sequence of activities and exposure to a variety of clinical situations.

16. Internships should provide group learning experiences and include formal training conferences/seminars.

17. The internship should include a minimum of two hours per week of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with health services rendered directly by the intern. There must also be at least two additional hours per week in learning activities such as: case conferences involving a case in which the intern is actively involved; seminars dealing with clinical issues; co-therapy with a staff person including post-intervention discussion; group supervision; and additional individual supervision.

18. Interns should be kept informed of their progress in the program by means of clearly identified evaluative sessions. Bi-annual reviews are expected; more frequent reviews are desirable.

19. The internship training program should evaluate its own effectiveness.

20. Intern recruitment procedures should protect the applicants' rights to make a free choice among internship offers.

21. Approval of a new internship is done on a provisional basis; full approval can only be granted after a student has successfully completed an internship program in that facility.

It should be remembered that the above are basic requirements and that some states may have additional internship requirements that must be met for licensure/certification. Students should educate themselves and be familiar with the specific regulations of the state or states in which they wish to practice so that their internship experience conforms to the guidelines of those states. Useful information regarding specific jurisdictional requirements may be found on the Association of State and Provincial Psychology Boards (ASPPB) website: http://www.asppb.net.
APPENDIX A

POLICY REGARDING STUDENT PRIVATE PRACTICES

The Illinois School of Professional Psychology, Schaumburg Campus recognizes the responsibility of preparing clinical psychologists by providing training experiences of the highest quality for its students, and to ensure that this training protects the best interests of the public. It is entirely consistent with training goals for the institution to require that students not engage in professional activities that may infringe upon a primary commitment to training, have a negative impact on quality of consumer mental health services, or are inconsistent with ethical and legal standards. The participation of students in outside work activities should be secondary to training, and should also uphold and be consistent with the ethical and legal standards of the profession.

While matriculating at ISPP, students are specifically prohibited from being involved in private practice unless the following standards are met:

1. Any student who has appropriate registration, certification, or licensure relevant to the practice and delivery of mental health services is entitled to practice independently in that particular area of registration or certification.

2. It is the responsibility of any student engaged in private practice to notify the Director of Clinical Training of this private practice and to provide evidence of appropriate current registration, certification, or licensure. The student must also submit evidence of renewal of such registration as may be necessary periodically.

Any student, who prior to admission into ISPP has not been in independent practice, may not enter into such practice while a matriculating student. This includes the period between completion of the internship and graduation.

Failure to comply with these policies can result in dismissal from the program.
APPENDIX B

CRITERIA FOR EVALUATING POTENTIAL PRACTICUM SITES

Approach to Training

The agency should submit a mission statement which includes the philosophy and general objectives of the agency.

It is preferable that the site indicate interest in training by approaching ISPP, rather than the student approaching the site. Students interested in the development of a placement with a potential site should notify the Clinical Training Department at ISPP, and ISPP will approach the site.

The site should have a clearly articulated philosophy of training that is congruent with the training philosophy of ISPP.

If appropriate to the site, students-in-training will provide their services for a fee which is based on a sliding scale structure, and is less than the usual and customary full fee of the agency.

The agency adheres to the APA Ethical Principles for Psychologists.

Experience in Training

Because of the importance of peer learning, the training site should ideally have at least two practicum students.

It is preferable that the site has trained students in the past. ISPP will review the experience the site has had with training clinical psychology students, as well as students in other disciplines (e.g., counseling, social work, etc.).

The site should have clearly articulated policies and procedures for trainee selection, supervision, didactic and collegial experiences, evaluation and remediation. For supervision, the absolute minimum commitment is 2 hours of supervision per week. 1 hour must be individual, face-to-face with a licensed professional (Psy.D.=Licensed Psychologist; MACL=LCPC, LCSW, LMFT, or Licensed Psychologist) and the other hour can be 1 hour individual or group supervision with a licensed allied mental health professional or licensed psychologist. During at least one of the supervision hours, it is preferable that a supervisor has some form of observation of the student’s clinical work, as observation is considered one of the best practices in supervision. Observation can be accomplished in person, or through audio or video tape reviews. It is also desirable that the agency provide didactic and collegial experience in the form of seminars, group supervision, case conferences and workshops.

The agency and trainee must communicate the 'student status' to the client.

Diagnostic students must have opportunities to conduct diagnostic interviews, as well as for psychological test administration.
**Staff**

The site should have at least two qualified and experienced supervisors on staff. Qualifications and credentials of the supervisor(s) include:

1. The agency should have at least one licensed psychologist on staff [relevant for sites training doctoral students].
2. Multi-disciplinary supervision is desirable.

ISPP will assess supervisors' attitudes toward students and their ability to provide supportive, helpful, discerning supervision and mentoring.

Supervisors must agree to comply with ISPP’s procedures, including student evaluations once per semester, audio- or video-recorded psychotherapy or diagnostic sessions for Practicum Seminars (in accordance with ethical guidelines), and liaison with Seminar Faculty and the Clinical Training Department.

Supervisors should endeavor to provide opportunities for the student to observe professional staff in the delivery of clinical services, as well as to be directly observed by professional staff, particularly in the early stages of the practicum placement.

**Treatment Orientation**

Supervisors should be able to articulate their own and the agency's philosophy of treatment, and that statement should meet ISPP's standards.

**Treatment Population**

There must be a sufficient number of patients/clients to provide the trainee(s) with treatment opportunities.

The population must be appropriate to trainee's level of skill and experience (e.g., sufficiently challenging, but not overwhelming).

There must be sufficient variation in the treatment population to provide the trainee(s) with a well-rounded experience;

**OR**

The treatment population may be appropriate for an experienced trainee seeking advanced or specialized experience.

**Remediation**

If there are deficiencies in any of these areas, supervisory staff must be amenable to working with ISPP's Clinical Training Department to develop and strengthen the training program.
Practicum Requirements Summary

- **MA Clinical**
  - 750 hours must be completed within 9 -12 months
  - Minimum of 200 total hours must be spent in direct contact with patients/clients providing clinical services
  - 2 hours/wk supervision
    - 1 hr individual with LCPC, LCSW, LMFT, or Licensed Psychologist
    - 2nd hr can be individual or group supervision with a licensed allied mental health professional or licensed psychologist
    - Supervisors are highly encouraged to provide at least one form of observation of the student’s clinical work, via live observation, audio, or video recording.
  - Supervisor must be a Licensed Clinical Professional Counselor (LCPC), Licensed Clinical Social Worker (LCSW), or Licensed Psychologist.

- **Psy.D. Diagnostic**
  - 800 hours must be completed within 9 -12 months
  - Minimum of 25% of total hours must be spent in direct contact with patients/clients providing clinical services
  - Supervisor must be a Licensed Psychologist
  - 2 hours/wk supervision
    - 1 hr individual with Licensed Psychologist
    - 2nd hr can be individual or group supervision with a licensed allied mental health professional or licensed psychologist
    - Supervisors are highly encouraged to provide at least one form of observation of the student’s clinical work, via live observation, audio, or video recording.
  - 8-10 test batteries (a battery is defined as a minimum of a Clinical Interview, Review of Records, and 2 tests from different domains). You will want to do more than the minimum as testing skills are a premium quality for internships.

- **Psy.D. Therapy**
  - 800 hours must be completed within 9 -12 months
  - Minimum of 25% of total hours must be spent in direct contact with patients/clients providing clinical services
  - Supervisor must be a Licensed Psychologist
  - 2 hours/wk supervision
    - 1 hr individual with Licensed Psychologist
    - 2nd hr can be individual or group supervision with a licensed allied mental health professional or licensed psychologist
    - Supervisors are highly encouraged to provide at least one form of observation of the student’s clinical work, via live observation, audio, or video recording.

- **Psy.D. Advanced Practicum**
  - 600 hours must be completed within 9 -12 months
- Minimum of 25% of total hours must be spent in direct contact with patients/clients providing clinical services
- Supervisor must be a Licensed Psychologist
- 2 hours/wk supervision
  - 1 hr individual with Licensed Psychologist
  - 2nd hr can be individual or group supervision with a licensed allied mental health professional or licensed psychologist
  - Supervisors are highly encouraged to provide at least one form of observation of the student’s clinical work, via live observation, audio, or video recording.
An individual may apply for Adjunct Clinical Faculty status at the Illinois School of Professional Psychology/Schaumburg if he or she meets the following criteria:

1. Is a licensed, doctoral psychologist in the State of Illinois.
2. Has three years of clinical, teaching, and/or supervisory experience post licensure.
3. Is currently supervising Illinois School of Professional Psychology/Schaumburg students.
4. Has supervised Illinois School of Professional Psychology/Schaumburg students for at least one academic year prior to the application.

Review will include student’s evaluations of their clinical training experiences, including supervision, clinical seminars, and so forth, as provided by the site and supervisor. Professional affiliations and activities of the supervisor will also be reviewed, as they may pertain to the mentoring and professional training experiences of students placed with the supervisor.

To apply, please submit a letter of application to the Director of Clinical Training at the Illinois School of Professional Psychology/Schaumburg. Please include current Vitae. Application may be made at any time during the Academic/Training Year. The Clinical Training Committee will review applications and make recommendations for appointments to the Illinois School of Professional Psychology/Schaumburg faculty.

The faculty will then review the recommendation and make a motion to the Vice-President for Academic Affairs. The Vice-President for Academic Affairs will make appointments. The Vice-President for Academic Affairs or the Director of Clinical Training will make notifications.

Appointment to the Adjunct Clinical Faculty is made for a period of three years subject to annual review. Requests for renewal follow the same procedures as specified above. If approval of the training site for Illinois School of Professional Psychology/Schaumburg students is revoked for any reason, the Adjunct Clinical Faculty status is similarly revoked.
INTERNATIONAL STUDENTS

International students must alert the Clinical Training Department about their special status. Involvement in practica and internships can be construed as falling under the rubric of *Curricular Practical Training* as defined by the United States Citizenship and Immigration Services (USCIS). Since such field placements are required integral parts of students' programs of study, appropriate permission should be relatively easy and straightforward to secure. Students should make arrangements to meet with the ISPP/Schaumburg Director of Admissions and Financial Aid to receive a full orientation to the USCIS and School policies and procedures. Students will need to have a memorandum from the Campus Director of Admissions and Financial Aid as well as copies of appropriate USCIS documentation confirming their compliance with USCIS and School guidelines forwarded to the Director of Clinical Training. Please contact the DSO/ISA for the campus to obtain the correct paperwork for Homeland Security.
# PRACTICUM DOCUMENTATION TIMELINE
(for students attending practicum during 2016-2017 year)

<table>
<thead>
<tr>
<th>Instructions</th>
<th>Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUMMER – AUGUST 2016</strong></td>
<td></td>
</tr>
<tr>
<td>Offer Letter for 16-17 Practicum</td>
<td>Before Practicum</td>
</tr>
<tr>
<td>Acceptance Letter for 16-17 Practicum to include your understanding of the start and end dates</td>
<td>Before Practicum</td>
</tr>
<tr>
<td>Practicum Meeting – Mandatory for first time Practicum Students 1:00-2:00 pm Room 322</td>
<td>June 30th, 2016</td>
</tr>
<tr>
<td>Practicum Learning Contract</td>
<td>2 weeks after beginning of Practicum</td>
</tr>
<tr>
<td>Practicum Agreement</td>
<td>2 weeks after beginning of Practicum</td>
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<tr>
<td><strong>SEPTEMBER (if applicable)</strong></td>
<td></td>
</tr>
<tr>
<td>Practicum Learning Contract</td>
<td>2 weeks after beginning of Practicum</td>
</tr>
<tr>
<td>Practicum Agreement</td>
<td>2 weeks from beginning of Practicum</td>
</tr>
<tr>
<td><strong>OCTOBER</strong></td>
<td></td>
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<tr>
<td>Register for Spring Practicum</td>
<td>October 2016</td>
</tr>
<tr>
<td><strong>NOVEMBER</strong></td>
<td></td>
</tr>
<tr>
<td>Submit Intent form and Pre-Practicum Placement for 2017-2018 training year</td>
<td>November 4th, 2016</td>
</tr>
<tr>
<td><strong>DECEMBER</strong></td>
<td></td>
</tr>
<tr>
<td>Time2Track/MyPsychTrack Summary Report (Start through November 31, 2016)</td>
<td>December 8, 2016</td>
</tr>
<tr>
<td>Student Practicum Activity Report (SPAR2)</td>
<td>December 8, 2016</td>
</tr>
<tr>
<td>Practicum Site Evaluation</td>
<td>December 8, 2016</td>
</tr>
<tr>
<td><strong>FEBRUARY 2017</strong></td>
<td></td>
</tr>
<tr>
<td>Register for Summer Practicum/Internship</td>
<td>March 2017</td>
</tr>
<tr>
<td><strong>MARCH 2017 (If Applicable)</strong></td>
<td></td>
</tr>
<tr>
<td>Turn in a copy of the offer letter for Practicum 2017-2018</td>
<td>1 week after offer/acceptance</td>
</tr>
<tr>
<td>Turn in a copy of your acceptance letter for Practicum 2017-2018 Include your understanding of the start date and end date.</td>
<td>1 week after offer/acceptance</td>
</tr>
<tr>
<td><strong>APRIL 2017</strong></td>
<td></td>
</tr>
<tr>
<td>Time2Track/MyPsychTrack Summary Report (December 1, 2016 – March 31, 2017)</td>
<td>April 8, 2017</td>
</tr>
<tr>
<td>Task</td>
<td>Date</td>
</tr>
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<td>------------------------------------------</td>
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</tr>
<tr>
<td>Student Practicum Activity Report (SPAR2)</td>
<td>April 8, 2017</td>
</tr>
<tr>
<td>Practicum Site Evaluation</td>
<td>April 8, 2017</td>
</tr>
<tr>
<td><strong>JUNE 2017</strong></td>
<td><strong>DEADLINE</strong></td>
</tr>
<tr>
<td>Register for Fall Practicum/Internship</td>
<td>June 2017</td>
</tr>
<tr>
<td>Full Year Time2Track/MyPsychTrack Summary Report</td>
<td>1 week after end of Practicum</td>
</tr>
<tr>
<td>Letter of Completion</td>
<td>1 week after end of Practicum</td>
</tr>
</tbody>
</table>

__________________________________________  ___________________
Student Name                                      Date
***BE SURE TO KEEP A COPY OF ALL DOCUMENTS FOR YOUR RECORDS***

# Internship Documentation Timeline 2016-2017

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>June-August</strong></td>
<td></td>
</tr>
<tr>
<td>The Internship experience year begins in the Fall and ends the following Summer. Continuous registration is required until the internship is complete. Since start dates vary, all 2016-2017 cohorts must register for the full sessions of Fall 2016, Spring 2017 and Summer 2017 Internship (PP8900). Any exceptions must be approved by Dr. Johnson.</td>
<td></td>
</tr>
<tr>
<td>Register for Fall Internship</td>
<td>Summer 2016</td>
</tr>
<tr>
<td>Submit <em>Goals and Priorities Plan &amp; Certificate of Readiness</em> following final Internship Applicant Meeting</td>
<td>May 6th, 2016</td>
</tr>
<tr>
<td>Begin preparing your Learning Contract based on the Goals and Priorities Plan</td>
<td>June 2016 (following final internship meeting)</td>
</tr>
<tr>
<td>Follow the CRP timeline as detailed in the CRP Manual. If there is any deviation from the timeline in the manual, you need to submit a copy of the new timeline signed by you and your CRP Chair.</td>
<td>June 30, 2016</td>
</tr>
<tr>
<td><em>Learning Contract</em> to ISPP (Student should send in)</td>
<td><em><strong>30 days after start of internship</strong></em></td>
</tr>
<tr>
<td><em>Internship Site Data Form</em> to ISPP (Student should send in)</td>
<td><em><strong>30 days after start of internship</strong></em></td>
</tr>
<tr>
<td>MIAR for June (for summer starting Interns)</td>
<td>July 10, 2016</td>
</tr>
<tr>
<td>MIAR for July (for summer starting Interns)</td>
<td>August 10, 2016</td>
</tr>
<tr>
<td><strong>SEPTEMBER</strong></td>
<td></td>
</tr>
<tr>
<td>MIAR for August (for summer starting Interns)</td>
<td>September 10, 2016</td>
</tr>
<tr>
<td><em>Learning Contract</em> to ISPP (Student should send in)</td>
<td><em><strong>30 days after start of internship</strong></em></td>
</tr>
<tr>
<td><em>Internship Site Data</em> Form to ISPP (Student should send in)</td>
<td><em><strong>30 days after start of internship</strong></em></td>
</tr>
<tr>
<td><strong>OCTOBER</strong></td>
<td></td>
</tr>
<tr>
<td>MIAR for September</td>
<td>October 10, 2016</td>
</tr>
<tr>
<td>Register for Spring Internship</td>
<td></td>
</tr>
<tr>
<td><strong>NOVEMBER</strong></td>
<td></td>
</tr>
<tr>
<td>MIAR for October</td>
<td>November 10, 2016</td>
</tr>
<tr>
<td><strong>DECEMBER</strong></td>
<td></td>
</tr>
<tr>
<td>MIAR for November</td>
<td>December 10, 2016</td>
</tr>
<tr>
<td><em>Mid Year Progress Report</em> (ISPP form is on Student Portal – it is the Interns responsibility to download the form and provide to site supervisor)</td>
<td>6 months after beginning internship</td>
</tr>
<tr>
<td><strong>JANUARY</strong></td>
<td></td>
</tr>
<tr>
<td>MIAR for December</td>
<td>January 10, 2017</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Mid Year Progress Report</strong> (ISPP form is on Student Portal – it is the Interns responsibility to download the form and provide to site supervisor)</td>
<td>6 months after beginning internship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓ FEBRUARY</th>
<th>DEADLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIAR for January</td>
<td>February 10, 2017</td>
</tr>
<tr>
<td>Beginning of Internship Questionnaire</td>
<td>February 13, 2017</td>
</tr>
<tr>
<td><strong>Mid Year Progress Report</strong> (ISPP form is on Student Portal – it is the Interns responsibility to download the form and provide to site supervisor)</td>
<td>6 months after beginning internship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓ MARCH</th>
<th>DEADLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIAR for February</td>
<td>March 10, 2017</td>
</tr>
<tr>
<td>Register for Summer Internship</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>✓ APRIL</th>
<th>DEADLINE</th>
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<tbody>
<tr>
<td>MIAR for March</td>
<td>April 10, 2017</td>
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<table>
<thead>
<tr>
<th>✓ MAY</th>
<th>DEADLINE</th>
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<tbody>
<tr>
<td>MIAR for April</td>
<td>May 10, 2017</td>
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</table>

<table>
<thead>
<tr>
<th>✓ June</th>
<th>DEADLINE</th>
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</thead>
<tbody>
<tr>
<td>MIAR for May</td>
<td>June 10, 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓ July</th>
<th>DEADLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIAR for June</td>
<td>July 10, 2017</td>
</tr>
<tr>
<td><strong>End of Year Progress Report</strong> (ISPP form is on Student Portal – it is the Interns responsibility to download the form and provide to site supervisor)</td>
<td>At the end of the Internship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓ August (if appropriate)</th>
<th>DEADLINE</th>
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</thead>
<tbody>
<tr>
<td>MIAR for July</td>
<td>August 10, 2017</td>
</tr>
<tr>
<td>End of Year Progress Report</td>
<td>At the end of the Internship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓ September (if appropriate)</th>
<th>DEADLINE</th>
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</thead>
<tbody>
<tr>
<td>MIAR for August</td>
<td>September 10, 2017</td>
</tr>
<tr>
<td><strong>Letter of Completion of Hours</strong></td>
<td>At the end of the Internship</td>
</tr>
<tr>
<td><strong>End of Year Progress Report</strong></td>
<td>At the end of the Internship</td>
</tr>
<tr>
<td><strong>Internship Experience Survey</strong></td>
<td>At the end of the Internship</td>
</tr>
</tbody>
</table>

**MIAR Instructions**

- All monthly reports are to begin on the 1st of each month and continue through to the end of each month.
- The only exception is your first and last month of internship. Depending on your start and end date you may be submitting a “partial” month. For example, if you begin on July 7th you will submit an MIAR by August 10th reporting hours from July 7 through July 31. The next month begins August 1st and ends August 31st.
COMMUNICATION BETWEEN CLINICAL TRAINING & STUDENTS

The Clinical Training Department will utilize the Argosy University email address provided to students for all electronic communications. It is simply too difficult to maintain an up-to-date database of personal email addresses and the result is poor communication and missed messages. Please make sure to activate and regularly check your Argosy email address.

Clinical Training will often send attachments in email messages. Also check your “Spam/Junk Mail” box regularly. Frequently, emails with attachments or mass emails may be incorrectly identified as junk mail. You may need to set your email filter accordingly. Please contact Academic and Student Services for assistance if you have any difficulty with utilizing your student email account.

Clinical Training will also continue to update the Campus Common website-Academics-Department Specific Forms & Documents-Clinical with revised documents and other essential and helpful resources. Please utilize this website to download forms and manuals.

FACULTY & STAFF

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(847) 969-4990 (o)  
(847) 969-4998 (f)  
kfjohnson@argosy.edu

Barbara Hochgesang  
Clinical Psychology Support Coordinator  
(847) 969-4992 (o)  
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Kristen M. Carney, Psy.D.  
Associate Director of Training  
(847) 969-4933 (o)  
(847) 969-4998 (f)  
mcarney@argosy.edu

Submit all practicum and internship documentation to:  
auchinwclinicalpsych@argosy.edu
CCE rating forms:
ILLINOIS SCHOOL OF PROFESSIONAL PSYCHOLOGY-SCHAUMBURG CAMPUS
CLINICAL COMPETENCY EXAM - DIAGNOSTIC
(February 1, 2014)

STUDENT___________________________________  Date____________

<table>
<thead>
<tr>
<th>Objective 1.2: Assessment</th>
<th>Students will conduct competent psychological assessments through application of psychometric theory, interviewing and diagnostic skills, and proficiency in using psychological tests.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competencies</td>
<td>Methods of Psychological Assessment: Conducting clinical interviews and/or observations of identified clients, families, and collateral informants. Selecting, administering, scoring, interpreting and reporting psychological tests and measures integrating interview data, psychological testing results, behavioral observations, and information from other sources to formulate an understanding of presenting concerns and to make recommendations.</td>
</tr>
<tr>
<td></td>
<td>Diagnosis and Knowledge of Psychopathology: Knowledge of key concepts, theories and empirical research in the study of maladaptive behavior. Applying knowledge of theories of psychopathology to case formulations and treatment planning. Identifying relevant DSM criteria and utilizing other clinical information to generate diagnostic formulations.</td>
</tr>
</tbody>
</table>

1.2.B Methods of Psychological Assessment
Clinical Interview Skills
- establishment of rapport
- depth & range of data obtained in interview
- basic interviewing skills (e.g. active listening, effective conveyance of empathy to & understanding of client)

<table>
<thead>
<tr>
<th>Rating scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
<th>7</th>
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<td>Comments:</td>
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</table>

Testing Skills
- ability to assess the appropriateness of battery administered
- knowledge of evidence based assessment tools
- accurate scoring of test data
- interpretation of test data

<table>
<thead>
<tr>
<th>Rating scale</th>
<th>1</th>
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</table>

Report Writing Skills
- clearly written, comprehensive, well-integrated, professional report
incorporates behavioral observations, assessment data, interview data, & information from other sources.

Rating scale: 1 2 3 4 5 6 7 8 9 10
Comments:

Oral Presentation Skills
ability to communicate on a professional level an understanding of client

Rating scale: 1 2 3 4 5 6 7 8 9 10

1.2.C Diagnosis & Knowledge of Psychopathology

Formal Diagnostic Skills
differential diagnosis utilizing DSM

Rating scale: 1 2 3 4 5 6 7 8 9 10

Case Formulation Skills
conceptualization of the client’s problems based on a specific theoretical orientation
-formulation of recommendations based on conceptual understanding of the client

Rating scale: 1 2 3 4 5 6 7 8 9 10

Objective 2.1: Diversity
Students will apply knowledge about human diversity to clinical practice and other areas of professional competence.

2.1.B Culturally-Informed Skills & Practice
Clinical intervention, diagnoses and assessments demonstrate awareness of individual differences and of socio-cultural, political and economic factors that impact individuals, institutions, systems and communities.

Rating scale: 1 2 3 4 5 6 7 8 9 10
### Objective 2.2: Professional and Ethical Standards

Students will understand and apply ethical principles and professional standards that guide the practice of clinical psychology.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.2.A</strong></td>
<td><strong>PROFESSIONAL CONDUCT:</strong> Understanding and adhering to parameters of professional conduct for clinical psychologists, including—showing integrity, honesty, responsibility, accountability and reliability; adopting professional values and standards of conduct; showing concern for the welfare of others; demonstrating self-awareness and reflection upon one's professional practice; and assessing and managing one’s own personal well-being and self-care. Demonstrating the ability to relate constructively to others in an effective, meaningful, and respectful manner, including—managing one's affective state and expression; negotiating differences and handling conflict; and providing and receiving feedback effectively and non-defensively.</td>
</tr>
<tr>
<td><strong>2.2.B</strong></td>
<td><strong>KNOWLEDGE OF ETHICAL, LEGAL, AND PROFESSIONAL STANDARDS:</strong> Understanding and applying the current APA Code of Ethics and the general ethical principles that serve as the foundation for this code. Integrating ethical, legal, and regulatory principles and standards into all areas of professional competence and practice. Adherence to standards of ethical conduct. Articulating and applying a model of ethical decision-making to resolve ethical issues or dilemmas.</td>
</tr>
<tr>
<td><strong>2.2.C</strong></td>
<td><strong>PROFESSIONAL DEVELOPMENT:</strong> Establishing identity as a professional psychologist. Using resources to enhance one's professional development. Knowledge of licensing/credentialing, scope of practice, professional organizations, and career opportunities for clinical psychologists. Assessing and monitoring one’s own professional competencies. Understanding the role of life-long learning to maintain and enhance competencies.</td>
</tr>
</tbody>
</table>

### 2.2.A Professional Conduct

**Self-Evaluation Skills**

- Ability to evaluate the professional challenges of the case and the management of these challenges (e.g. negotiating disagreements, handling conflict, utilizing supervision, provision of feedback, management of affective reactions of client and of clinician, establishing rapport, eliciting client cooperation)

<table>
<thead>
<tr>
<th>Rating scale</th>
<th>1</th>
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<th>3</th>
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</table>

### 2.2.B Ethical Knowledge & Practice

- Identification of ethical issues relevant to case
- Decision making regarding appropriate ways to address these issues

<table>
<thead>
<tr>
<th>Rating scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</tbody>
</table>
2.2.C Professional Development
- identification of areas for continued professional growth that have emerged through working on the case

Rating scale: 1 2 3 4 5 6 7 8 9 10

Comments: __________________________________________________________

____________________________________________

FACULTY ____________________________________________________________

Date_______________________________________________________________

Grading Criteria for CCE--Diagnostic

Rating Scale for individual items:
10 Superior
9 Significantly stronger level of competence than required for advancement to doctoral candidacy
8 Somewhat stronger level of competence than required for advancement to doctoral level
7 Acceptable level of competence for advancement to doctoral level
6 Somewhat weaker level of competence than required for advancement to doctoral level
5 Significantly weaker level of competence than required for advancement to doctoral level
4 Decreasingly weaker level of competence
3 Decreasingly weaker level of competence
2 Decreasingly weaker level of competence
1 Totally unacceptable

This grade is based on a total of 10 items for a total of 100 possible points. Please record the total points and the percent on the appropriate line below.

______ High Pass Minimum score of 90
No item scores below 8
-----  Pass  Score between 70 and 89
               No item scores below 6
-----  Pass with revision  Score between 60 and 69
-----  Fail  Score below 60

Examiner signature __________________________  Date  ______________

ILLINOIS SCHOOL OF PROFESSIONAL PSYCHOLOGY-SCHAUMBURG CAMPUS
(November 1, 2014)

CLINICAL COMPETENCY EXAM – INTERVENTION PSYCHOTHERAPY
STUDENT ______________________________________  Date______________

<table>
<thead>
<tr>
<th>GOAL #1:</th>
<th>PREPARING STUDENTS TO BECOME COMPETENT AND EFFECTIVE CLINICAL PSYCHOLOGISTS USING THE PRACTITIONER-SCHOLAR MODEL OF CLINICAL TRAINING.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1.3: Intervention</td>
<td>Students will deliver clinical interventions that are grounded in conceptual models of intervention and evidence-based practices.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competencies</th>
<th>1.3.A  Knowledge of Interventions: Understanding conceptual/theoretical models of clinical intervention and principles of change associated therewith. Ability to prepare case formulations utilizing specific theories and/or models of clinical intervention. Knowledge of the empirical support for clinical practices.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.3.B  Basic Intervention and Relationship Skills: Demonstrating basic therapeutic skills – e.g., empathic listening, reflection, framing problems, questioning, redirecting, making process comments, supportive confrontation, etc. Ability to establish and maintain an effective working relationship and/or treatment alliance with clients.</td>
</tr>
<tr>
<td></td>
<td>1.3.C  Planning and Implementing Interventions: Utilizing evidence-based and evidence informed interventions that are grounded in assessment findings and appropriate to the individual client and/or population. Implementing specific theoretically-guided and evidence-based clinical interventions, strategies, and/or techniques with clients. Knowledge of the process and means of assessing intervention progress and outcomes. Basic skills in evaluating the effectiveness of one’s interventions with clients.</td>
</tr>
</tbody>
</table>

1.3.A  Knowledge of Theoretical Orientation/Model
Describes and understands the theoretical orientation(s) used with this client, and presents empirical support for the use of the theoretical model(s).

Rating scale: 1 2 3 4 5 6 7 8 9 10
Comments: ________________________________
__________________________________________________________________________
__________________________________________________________________________

Writes a case formulation that is consistent with theoretical model; and is documented with relevant data from social history, therapy sessions, observations, etc.

Rating scale: 1 2 3 4 5 6 7 8 9 10
1.3.B Basic Intervention and Relationships Skills

Demonstrates basic therapeutic skills such as empathic listening, reflection, focusing, (re)framing problems, questioning, redirecting, making process comments, supportive confrontation, etc.; establishes and maintains an empathic and collaborative relationship.

Rating scale:  1  2  3  4  5  6  7  8  9  10

Comments:

1.3.C Planning and Implementing Interventions

Provides a treatment plan, which includes specific goals and specific planned interventions, or describes a set of marker-driven interventions, depending on what is appropriate for theoretical perspective.

Rating scale:  1  2  3  4  5  6  7  8  9  10

Comments:

Demonstrates the ability to implement specific theoretically-guided and evidence informed clinical interventions. Demonstrates self evaluation skills--is able to discuss both therapeutic and counter therapeutic interactions; identifies areas of strength and weakness regarding implementing interventions.

Rating scale:  1  2  3  4  5  6  7  8  9  10

Comments:

Understands the process and has the skills to evaluate intervention progress and outcomes; can point to interventions and attitudes that have facilitated or hindered the client’s progress.

Rating scale:  1  2  3  4  5  6  7  8  9  10

Comments:

GOAL #2: ASSURING THAT STUDENTS UNDERSTAND HOW COMPETENT CLINICAL PRACTICE OCCURS IN A BROADER CONTEXT OF DIVERSITY, PROFESSIONAL STANDARDS, AND PROFESSIONAL DEVELOPMENT.

Objective 2.1: Diversity Students will apply knowledge about human diversity to clinical practice and other areas of professional competence.
2.1.A Knowledge and Awareness of Diversity Considerations.

Presents research informed and theory guided knowledge of culture and diversity factors that influence the case; has knowledge and awareness of how therapist’s cultural values influence the therapeutic interactions.

Rating scale: 1  2  3  4  5  6  7  8  9  10

Comments:
________________________________________________________________________________________________________
________________________________________________________________________________________________________

2.1.B Culturally-Informed Skills and Practice:

Demonstrates cultural sensitivity in interactions with the client; demonstrates ability to integrate cultural considerations into the case conceptualization and when implementing interventions.

Rating scale: 1  2  3  4  5  6  7  8  9  10

Comments:
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Objective 2.2: Professional and Ethical Standards

Students will understand and apply ethical principles and professional standards that guide the practice of clinical psychology.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>2.2.A Professional Conduct</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Professional Conduct:</td>
</tr>
<tr>
<td></td>
<td>Understanding and adhering to parameters of professional conduct for clinical psychologists, including—showing integrity, honesty, responsibility, accountability and reliability; adopting professional values and standards of conduct; showing concern for the welfare of others; demonstrating self-awareness and reflection upon one's professional practice; and assessing and managing one’s own personal well-being and self-care. Demonstrating the ability to relate constructively to others in an effective, meaningful, and respectful manner, including—managing one's affective state and expression; negotiating differences and handling conflict; and providing and receiving feedback effectively and non-defensively.</td>
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</table>

2.2.B Knowledge of Ethical, Legal, and Professional Standards: Understanding and applying the current APA Code of Ethics and the general ethical principles that serve as the foundation for this code. Integrating ethical, legal, and regulatory principles and standards into all areas of professional competence and practice. Adherence to standards of ethical conduct. Articulating and applying a model of ethical decision-making to resolve ethical issues or dilemmas.

2.2.C Professional Development: Establishing identity as a professional psychologist. Using resources to enhance one's professional development. Knowledge of licensing/credentialing, scope of practice, professional organizations, and career opportunities for clinical psychologists. Assessing and monitoring one’s own professional competencies. Understanding the role of lifelong learning to maintain and enhance competencies.

2.2.A & 2.2.C Professional Conduct and Professional Development

Demonstrates ability to evaluate the professional challenges of the case and the management of these challenges (e.g. negotiating disagreements, handling conflict, utilizing supervision, provision of feedback) and identifies areas and resources for continued professional growth that have emerged through working on the case.

Rating scale 1  2  3  4  5  6  7  8  9  10
2.2.B Ethical Knowledge & Practice
Identifies ethical and legal issues relevant to case and makes appropriate decisions regarding ways to address these issues.

Rating scale
1 2 3 4 5 6 7 8 9 10

Comments:

Writing Skills
Exhibits professional writing skills.

Rating scale
1 2 3 4 5 6 7 8 9 10

Comments:

Oral Presentation Skills
Orally presents theoretical and case material in a clear, organized, and professional manner that conveys clinical rationale and comprehensive understanding.

Rating scale
1 2 3 4 5 6 7 8 9 10

Comments:

Orally presents information in a rigorous manner, backing up their statements, claims, and ideas with evidence-based knowledge and research support.

Rating scale
1 2 3 4 5 6 7 8 9 10

Comments:

FACULTY __________________________________________________________

Date _______________________________
Grading Criteria for CCE--Intervention (Psychotherapy)

Rating Scale for individual items:

10 Superior
9 Significantly stronger level of competence than required for advancement to doctoral candidacy
8 Somewhat stronger level of competence than required for advancement to doctoral level
7 Acceptable level of competence for advancement to doctoral level
6 Somewhat weaker level of competence than required for advancement to doctoral level
5 Significantly weaker level of competence than required for advancement to doctoral level
4 Decreasingly weaker level of competence
3 Decreasingly weaker level of competence
2 Decreasingly weaker level of competence
1 Totally unacceptable

This grade is based on 13 items for a total of 130 possible points. Please record the total points and the percentage on the appropriate line below.

_____ High Pass Minimum score of 117 (90%) No item scores below 8

______ Pass Score between 91 and 116 (70% and 89%) No item scores below 6 (Any score below 6 must be remediated)

______ Pass with revision Score between 78 and 90 (60% and 69%)

______ Fail Score below 78 (60%)

Examiner signature _____________________________ Date___________
AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, ________________________________ (Name of Client in Print), authorize ________________________________ (Name of Graduate Student) to use information, including but not limited to, case material and audio/video taping, that s/he obtains regarding my assessment or treatment for educational purposes only at Argosy University, Schaumburg. By signing this form, I understand that:

1. All identifying information in the tapes will be kept confidential.
2. The professional group will be advised that in the unlikely circumstance that they recognize the identity of the person in the case, they should immediately excuse themselves from the room. Further, they are bound by confidentiality not to reveal what they have heard.
3. I may review this information upon request.
4. This consent is valid for twelve (12) months. However, I may revoke my consent at any time within this twelve-month period.
5. Refusal to consent to release of my information will not affect my rights to receive treatment.
6. At the end of the training year, the graduate student named above will destroy all the video/audio tapes by using tape erasers provided by the Argosy University Training Department.

My signature below confirms that the above named graduate student has explained to me the above policies regarding the use of my information for educational purposes.

Client Signature ____________________________ Date ____________________________

If the client is a minor, the custodial parent/legal guardian must sign this consent form. If the client is at least 12 years of age, but under 18, the client must sign in addition to his/her parent/legal guardian.

Parent/Guardian Signature ____________________________ Parent/Guardian Name (Print) ____________________________ Date ____________________________

Graduate Student Signature ____________________________ Graduate Student Name (Print) ____________________________ Date ____________________________

Notice to Receiving Agency/Person: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, you may not re-disclose any of this information unless the person who consented to this disclosure specifically consents to this re-disclosure.

Under the Federal Act of July 1, 1987 Confidentiality of Alcohol and Drug Abuse Records, no such records, nor information from such records, may become further disclosed without specific authorization for such re-disclosure.

If the client is a minor, the custodial parent must sign this consent form. If the client is at least 12 years of age, but under 18, the client must sign in addition to his/her parent.