



# NORTHWESTERN UNIVERSITY

**Department of Psychology**

## **Doctoral Program in Clinical Psychology Program Handbook**

September, 2015

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## **1. Philosophy and Overview**

Just as psychology stands at the intersection of the biological, cognitive, and social sciences, clinical psychology stands at the intersection of biological, cognitive, and social psychology. Scientific understanding of the causes, assessment, and treatment of psychopathology at each of these levels of analysis is one of the great challenges of clinical psychology. The missions of the Northwestern University Department of Psychology Graduate Program in Clinical Psychology are to advance understanding of clinical phenomena through basic clinical (primarily) and applied (secondarily) research and to train graduate students for academic and research (primarily) or influential applied (secondarily) positions in clinical psychology. Students do not only receive training in clinical psychology but also are encouraged to develop broadly as scientific psychologists. This is ensured both through broad course requirements and by students' expected participation in the scientific community that is the Department of Psychology.

Our program is APA accredited and is also a member of the Academy for Psychological Clinical Science (APCS). As a clinical science program, we fully embrace the mission laid out by APCS of assessment, understanding, amelioration, and prevention of human problems in behavior, affect, cognition and health through the application of principles consistent with scientific evidence. With regard to direct clinical service training, our program provides many opportunities for professional training through coursework and practicum experiences, culminating in a clinical internship. However, the major emphasis of our program is clinical research and research methods. It is our view that the clinical psychology is best advanced through scientific and empirical progress. Thus, we aim is to train the very best clinical scientists who will pursue careers conducting research and teaching in clinical psychology. The program's success in achieving those objectives is reflected in placements of our graduates. Most of our graduates from the past decade are currently working in positions that involve research or teaching, including several with post-doctoral research fellowships or assistant professorships in prominent psychology departments (for detailed information on the placements of our graduates since 1999 see <http://www.psychology.northwestern.edu/graduate/program-areas/clinical/student-data.html>).

Our training in clinical psychology focuses on four areas: methodology, psychopathology, assessment, and treatment. Few if any clinical psychology training programs emphasize all of these strands equally, and this is true of us as well. Because our program is small, we have chosen to emphasize training in methodology and psychopathology. However, we also have considerable strength in assessment. Although treatment research is our weakest area of the four, two of our core faculty members have conducted treatment research. In addition, several distinguished psychotherapy researchers are affiliates of our program. Our close affiliation with The Family Institute, a site that is deeply committed to psychotherapy research, also affords our students additional opportunities for learning about and getting involved in treatment research.

Because our clinical area has relatively few faculty, we are limited in how much core faculty provide practicum supervision. We therefore draw upon the broad Northwestern community for clinical training, relying especially on our close relationship with The Family Institute at Northwestern University.

Thus, the doctoral program in Clinical Psychology at Northwestern embraces tenets of the clinical science model of training at several levels: training students for careers in clinical science research, encouraging the full range of clinical science research and its integration with

other relevant sciences, promoting a broad application of clinical science to human problems in responsible ways, and advancing the timely dissemination of clinical science within the field.

## **2. Faculty**

Maintaining an excellent faculty both within the department and within the clinical psychology program itself is a primary concern of the Department and of the program. The high quality of the current program faculty reflects this concern and appointments of new faculty members are made only after extensive national searches.

Our current faculty members are first rate and include:

J. Michael Bailey, primarily studies the origins, development, and expression of sexual orientation. He is also interested in the broad areas of evolutionary psychology, behavior genetics, individual differences (especially intelligence), and statistical methods, including the replication/Type 1 error controversy.

Dan P. McAdams, whose primary area of research is in personality, is a half-time member of the clinical program. He is very widely regarded for his work on generativity and adult development as well as for his influential theory of narrative identity. He is a Fellow of APA's Division 8 and of APS, and a past recipient of the Henry A. Murray Award from the Society for Personality and Social Psychology and the William James Book Award from Division 1 (General Psychology) of the American Psychological Association, for best general-interest book in psychology across all subfields (for *The Redemptive Self*: Oxford University Press, 2006). Recently his research has been supported by the Foley Family foundation and the Spencer Foundation.

Susan Mineka is very well known for her work on conditioning and cognitive models of anxiety disorders and depression. In the past she served as Editor of the *Journal of Abnormal Psychology*, as Chair of APA's Board of Scientific Affairs, and as President of the Society for the Science of Clinical Psychology (APA Division 12, Section 3). She is a Fellow of APA Divisions 1, 3, 6 and 12, and of APS, and her past and current research has been supported by NSF and NIMH. In the recent past she served as Associate Editor of *Emotion* and on the executive boards of both APS and the Society for Research in Psychopathology. In 2007 she received the Distinguished Scientist Award from the Society for the Science of Clinical Psychology.

Vijay Mittal, studies early psychosis, particularly within the domain of high-risk syndromes for disorders such as schizophrenia. Within this context, he specializes on adolescent brain and hormone development, and related motor, cognitive, perceptual, and emotive biomarkers. He conducts longitudinal studies and employs a range of innovative methodologies. His lab has the primary goal of elucidating the pathophysiology of psychotic disorders, and then employing this information to develop novel targeted treatments. As an advanced assistant professor, Dr. Mittal is an NIMH BRAINS award recipient and maintains an active research program that has won grants for several avenues of large scale extramural funding.

Dan Mroczek, whose primary area of research is personality, is a half-time member of the psychology department and an affiliated faculty member of the clinical program. His other half is in Northwestern's Feinberg School of Medicine, in the Medical Social Sciences Department. He studies lifespan personality and lifespan health and tries to bridge the two. He also has expertise in longitudinal data analytic techniques, especially trajectory modeling, multilevel modeling, and survival analysis. His research has won extensive grant funding, mostly from the National Institute on Aging.

Robin Nusslock studies the neuroscience of emotion and emotional disorders such as depression, bipolar disorder, and anxiety. His work takes a multi-modal perspective, incorporating neurophysiology (electroencephalography, event-related potentials) and both structural and functional neuroimaging. As an assistant professor he has already garnered extensive funding for his research. In 2013 he was the recipient of a “Rising Star Award” from the Association for Psychological Science.

William Revelle, also primarily a personality researcher, is a member of the clinical training program and provides research supervision for many of our students. He was department chair from 1987-1993, and 1998-2001. His very well-known research on the interrelationships between personality, motivation, and cognition has been supported by NIMH and the U.S. Army Research Institute, and has implications for impulsivity, attention-deficit hyperactivity disorder, and anxiety. He is also internationally known for his development and application of psychometric methods. He is a former President of the Society of Multivariate Experimental Psychology and also of the International Society for the Study of Individual Differences. He is a fellow of APS and AAAS.

Richard Zinbarg, Director of Clinical Training (DCT), is well-known known for his work on anxiety and the anxiety disorders. He also has strong research interests in psychometric theory, factor analysis and structural equation modeling. He was the project director of the DSM-IV Mixed Anxiety-Depression field trial and served in the past as Associate Editor of *The British Journal of Clinical Psychology*. Currently he serves as Associate Editor of the *Journal of Abnormal Psychology*. His current research is supported by the NIMH and the Patricia M Nielsen research chair of The Family Institute at Northwestern University.

Jennifer Tackett (to begin Fall, 2015), studies the development of personality and psychopathology in children and adolescents. Her work includes methods from behavior genetics, personality measurement, and psychophysiology (and recently, endocrinology). Her research has won extensive extramural funding. She won the Early Career Award from the Society for Research in Psychopathology in 2011 and the Samuel J. and Anne G. Beck Award from the Society for Personality Assessment in 2013.

The faculty function well together as a unit and there are a number of collaborations among core faculty. There are also collaborations of core faculty members with other members of the department as well.

With respect to the four strands of our training model outlined above, the following table lists each faculty member’s involvement:

	<b>Methodology</b>	<b>Psychopathology</b>	<b>Assessment</b>	<b>Treatment</b>
J. Michael Bailey	Secondary	Primary	Secondary	
Robin Nusslock	Secondary	Primary		
Susan Mineka		Primary	Secondary	Secondary
Vijay Mital	Secondary	Primary	Secondary	
Dan Mroczek	Primary	Secondary	Primary	
Dan P. McAdams	Primary (qualitative methods, narrative analysis)		Secondary	
William Revelle	Primary	Secondary	Secondary	

	(quantitative)			
Richard Zinbarg	Secondary	Primary	Secondary	Secondary
Jennifer Tackett	Secondary	Primary	Primary	

In addition to our clinical program and other departmental faculty members, we are very fortunate to have 10 additional distinguished clinical psychologists who serve as affiliates of our program.

Anthony Chambers is the coordinator of research at The Family Institute at Northwestern University. He is a co-investigator of the Psychotherapy Change Project at The Family Institute and is developing a program of research on couple functioning in African American couples with particular interest in understanding the factors that explain the disproportionately low marriage rate and high divorce rate among African Americans. He received his doctorate in clinical psychology from the University of Virginia and he completed his internship and post-doctoral clinical residency at Harvard Medical School/Massachusetts General Hospital.

Jackie Gollan is an assistant professor in the Northwestern University Medical School doctoral program in Clinical Psychology. She is well known for her contributions to research on behavioral activation treatment for depression, in work begun with her graduate school mentor, Neil Jacobsen. She has recently developed a clinical research practicum in the Asher Depression Center in the Department of Psychiatry (*The Translational Research of Stress and Affective Disorders Practicum*) that we think will be attractive to our students in the future, especially to those of our students with primary interests in affective disorders.

Lynne Knobloch-Fedders is the Director of Depression, Relationship Distress and Couples Research Initiative of The Family Institute. Her primary research interests are in psychotherapy research and treatment development for couples in which one person suffers from depression. She received her doctorate in clinical psychology from Miami University in 2001 and she completed the Dr. John J.B. Morgan Fellowship at The Family Institute in 2003. In 2004, she received the Randy Gerson Memorial Research Award from the American Psychological Foundation.

Jay Lebow is a senior faculty member in The Family Institute and is an internationally recognized scholar in the area of systemic approaches to therapy. He is also a Past President of APA's Division of Family Psychology (Division 43). Dr. Lebow is the primary clinical supervisor for our clinical graduate students who elect to do the practica in The Family Institute's General Clinic. Some of his work focuses on the scientific basis of couple and family therapy. Another focus is on integrative psychotherapy and a third is on the evaluation and treatment of families going through high conflict divorce.

William Pinsof is President of The Family Institute at Northwestern University and an internationally recognized theorist and researcher with primary interests in systemic approaches to therapy and the therapeutic alliance. He is the overall coordinator for the four practica that we have established at The Family Institute, as well as the overall director of research at The Family Institute including the several research projects that our faculty members are conducting at the Family Institute.

Mark Reinecke is the Chief of the Division of Psychology at the Northwestern University Medical School on the Chicago Campus. Professor Reinecke's major research interest is the developmental psychopathology of depression and cognitive-behavioral psychotherapy. He is a Past-President of the Academy of Cognitive Therapy.

J. Peter Rosenfeld, is a faculty member in the department's brain, behavior and cognition program. He studies the use of event-related brain potentials (ERPs) in the diagnosis of malingering and deception, head injury, personality, psychopathology, attention allocation, and pain level. He is well known for his work in pain and opiate mechanisms. He is also interested in frontal cortical correlates of emotion and in psychopathy. He is a past president of the Association of Applied Psychophysiology and Biofeedback, and served in the past as an Associate Editor of the *International Journal of Psychophysiology*. His research has been supported by NIDA and DOD.

Tony Tang (Zhiyan) is an adjunct assistant professor of Psychology who had been a core tenure-track faculty member until the end of the 2005-2006 academic year when he opted to take a part-time adjunct position instead. He is well-known for his creative work on sudden gains in psychotherapy and the mechanisms that produce them. This work focuses primarily on cognitive-behavior therapy but also on supportive-expressive therapy.

Paula Young, a highly experienced staff psychotherapist at the Family Institute (and a Staff Psychologist at Rush-Presbyterian-St. Luke's Medical Center) supervises students in The Family Institute's Anxiety and Panic Treatment Program and The Family Institute's Depression Treatment Practicum (which she also directs) and participates in research on the treatment of anxiety and mood disorders with Steve Hollon (Vanderbilt University) and Rob DeRubeis (University of Pennsylvania).

### **3. Students and Admissions**

Our graduate program is small (typically 2-3 new students matriculate a year) and will remain so. Students are very carefully selected, and nearly all have research experience, usually as undergraduates. We begin the admissions process by looking for students with promising GPAs (typically > 3.5) and GREs (usually V + Q > 1300). As we make clear in materials posted on the psychology department website (<http://www.wcas.northwestern.edu/psych/>) we will admit only students committed to research careers. We also look for a good match between the applicant's research interests and those of at least one of our core faculty members. Admission decisions are made by vote of each of the program's faculty members. Moreover, admission to the graduate program is offered by the entire program faculty and is not contingent on a student's working with any particular research advisor. All students admitted to the clinical program are offered financial support (tuition remission and a stipend) for five academic years and three summers, provided that they remain in good academic standing. Financial support may take the form of departmental assistantships, teaching assistantships, research assistantships on a faculty grant, teaching in the School of Continuing Studies, university fellowships and outside (e.g., NSF, NIMH) fellowships.

Although the classes are small, there is ample interaction among students entering in different years because most core clinical courses are only offered every other year and thus include students from at least two different entering classes. Similarly, all students attend the program's brown bag seminar (see p. 16) and the *History, Ethics and Diversity* (HED) seminar (see p. 9) regardless of their entering class. Moreover, because some required and elective courses are outside the clinical program, clinical students get to know students from other programs in the department and university as well. Students also share training experiences through group supervision in their clinical practica.

Each student selects a primary advisor (almost always by the end of the first quarter of graduate study). Until a primary advisor is selected, the DCT serves as the advisor. It is through

consultation with one's advisor (and the DCT) that decisions about curriculum, research, and career goals are made. To the extent possible while still meeting program requirements, these are tailored to individual interests and needs. All students are evaluated each year by the program faculty at the conclusion of the Spring Quarter and receive formal feedback from their advisor or the DCT regarding progress, strengths, and weaknesses.

Our students arrive at Northwestern with impressive records and generally they continue to perform at a very high level. In the last several years, our students have published research articles in several prominent journals including: *Psychological Science*, *Journal of Abnormal Psychology*, *Journal of Consulting and Clinical Psychology*, *Psychometrika*, *Clinical Psychology Review*, *Clinical Psychology: Science & Practice*, *Behaviour Research and Therapy*, *Archives of Sexual Behavior*, *Cognitive Therapy and Research*, and *Cognition and Emotion*. They have presented papers and posters at conferences including: the American Psychological Association, the American Psychological Society, the Association for Behavioral and Cognitive Therapy, the Society for Psychotherapy Research, the Society for Research in Psychopathology, the Society for Personality and Social Psychology and the Midwestern Psychological Association.

**4. Curriculum** Please note: for questions about curricular issues that apply to all graduate programs at Northwestern University, such as how many classes to register for per quarter or the maximum number of independent study courses one can register for, consult The Graduate School website (<http://www.tgs.northwestern.edu/academics/index.html>).

*A. Overview of Academic Program Calendar*

*1. The first year of graduate training.* It is vital for students to begin their training in statistics and clinical research methods, as well as to begin work on a research question of interest to them, in their first year of graduate study. Thus, in the first year students usually take three required statistics and methodology courses. They also complete a first-year research project (described in more detail below). First year students also take coursework in several other substantive areas of clinical psychology (e.g., psychopathology or empirical foundations of cognitive-behavior therapy, in alternating years), as well as in other core areas of psychology (see Curriculum Plan at end of this section). Students are also expected to choose their research advisor by the end of the first quarter (though many students make this choice before starting the first quarter), with the full understanding that they may choose to work with someone else in subsequent years. Concurrently during the first or second year (see below), students begin their professional clinical training through didactic coursework in clinical assessment. Because their coursework in statistics, psychometrics, and methodology has already begun, this allows them some analytic and conceptual rigor in evaluating the clinical assessment procedures that will be part of their practicum training. Conversely, their relatively early placement in a clinical setting (assessment practicum beginning in the second year) potentially allows them to identify possible clinical research questions that may be of interest.

*2. The second year.* The second year is largely similar to the first in terms of coursework and research training, with the addition of the beginning of direct clinical training. Students continue coursework on statistics and methodology, initiate work on a second-year research project, and begin clinical practicum training in assessment, as well as receive didactic training in theory and techniques of psychotherapy. Substantive coursework in the other core areas of clinical psychology and the other basic areas of psychology is also continued in the second year (see section F1, *The breadth of scientific psychology, its history of thought and development, its research methods, and its applications*, below). Thus in the first two years students generally



complete most or all of their breadth requirements in other areas. Students are also expected to complete a second-year research project (described in more detail below) by the beginning of the third year.

3. *The third year.* By the third year students have a strong grounding in statistics and clinical research methods, as well as a solid background in both the core areas of clinical psychology, as well as psychological science more broadly. During the third year, any remaining gaps in coursework requirements or electives are completed and clinical practicum training continues. The *preliminary examination* (described in more detail below in Section B, *Required Projects*) required for acceptance into candidacy for the doctoral degree is completed by the end of the third year. In addition to completion of this preliminary exam, students in their third year of the program are typically also engaged in preliminary work toward conceptualizing and designing a dissertation project. Students continue to receive experience and feedback regarding their presentation skills by giving one or more brown bag presentations (see p. 16 for more detail regarding the brown bag seminar).

4. *The fourth year and beyond.* In the fourth year, students are expected to defend a dissertation proposal and continue their practicum training. In addition, whereas students in years one through three attend our monthly team taught *HED* seminar, only third year students register for it for course credit and do so for two quarters. Requirements of the HED seminar include case presentations that raise either ethical or diversity issues or that are presented in a historical context (e.g., history of treatment for the presenting problem). Additional requirements for the HED seminar are an essay examination at the end of each year and a practice version of the Examination for Professional Practice in Psychology (EPPP) by the end of the fifth year. Each question on the essay examination is graded on a pass with distinction/pass/fail basis and to pass the exam a student must obtain a score of at least “pass” for each question. Students will be asked to retake each question they fail (if the student’s revised answer is still judged to be inadequate, the clinical faculty will meet to discuss the case and what further actions are appropriate on a case by case basis). After turning in his/her answers to the EPPP practice test, each student will receive an answer key and will be asked to score his/her answers. To pass the EPPP practice test, the student must turn in their answers and documentation that they have scored their answers (i.e., a copy of their answer sheet with incorrect answers indicated in some clear fashion) in a timely manner. At the beginning of the fifth year, students who have not already done so defend a dissertation proposal before applying for internships later in the fall. Fifth year students may continue to pursue clinical practicum training if they wish, and work on their dissertation projects and are encouraged to continue to hone their presentation skills by giving brown bag presentations.

### *B. Required Projects*

1. *First Year Project (FYP).* This research project is conducted under the close supervision of a faculty research advisor. It need not involve a great deal of data collection work on the student's part, but rather may involve responsibility for completing part of an ongoing study in the faculty member's laboratory, or analyzing an already existing data set from a new perspective. Thus, the training goal is to give the students experience with the design and/or analysis of research in an ongoing working environment rather than to get them immediately embarked on a two- to three-year Master's project. The final product of the FYP is a presentation in the program’s brown bag series in the Fall quarter of the student’s second year including a presentation of results from meaningful analyses (which may represent analyses from data

collected to date, rather than the complete dataset). Students who fail to meet this deadline will be asked to leave the program. Of course, students who obtain publishable results will be encouraged to submit those results for publication. Final approval of the project is entirely in the hands of the faculty research advisor.

2. *Second and Third Year Project (STYP)*. The STYP is intended to involve more of the student's own initiative in selection of a research question and design of a study than the first-year project. A research proposal describing the project must be written and defended before the research is undertaken (i.e., prior to data collection or prior to conducting analyses if using an existing data set) and a report of the research must be defended after it is completed. The proposal defense is scheduled before the research is undertaken to allow for committee member feedback on the design and/or analytic plan of the research before it is conducted. The report of the completed project should be journal article length and format to facilitate and encourage the publication of STYP results. Students also obtain important experience in communicating their work by presenting their STYP findings in the area brown bag series just as they did with their FYP. All students must defend their STYP research proposal by June of their third years. All students must defend their final STYP manuscript by March of their fourth years. Missing either deadline will result in academic probation. (These deadlines are the maximums, and it is desirable that the defenses occur earlier.)

3. *Preliminary Examination*. The preliminary examination project consists of either (1) writing a substantive review paper on a topic of interest to the student that has been approved by a committee chaired by someone other than the primary mentor, (2) conducting an empirical study under the supervision of a faculty member other than the primary mentor, and writing a manuscript describing the study and its results, or (3) a NIMH NRSA application, following faculty approval of a pre-proposal.

One of the primary goals of the first two options for completing the preliminary examination is to insure some breadth of scholarship. To accomplish this goal, the topic must be a departure from any past work or dissertation proposal. The model for the review paper option is reviews published in *Psychological Bulletin* or *Clinical Psychology Review*. The evaluation procedure for both options is similar to that of a review process for a journal. The paper must be written with an advisor different from one's second year project, and this preliminary examination advisor will serve as chair of the committee who will act as an action editor as in the journal review process. The student will submit the paper to the committee chair and two other faculty members. These faculty members will write reviews of the paper which are submitted to the committee chair (the committee chair or co-chair and at least one of the other two members of the committee must be core program faculty). The chair is responsible for composing a decision letter regarding the manuscript, which is given to the student along with the faculty member reviews. Unless the committee chair's decision is "accept as is" or "reject", the student will then revise and resubmit the manuscript to the committee chair who will decide if the revisions are adequate. Students satisfying the preliminary examination via the second option are expected to present the results of their study in the program's brown bag series.

Obviously, the primary goal of the third option for completing the preliminary examination is to increase the number of NIMH NRSA applications submitted by our students. We anticipate that students who pursue this option will be our strongest students who have already demonstrated breadth of scholarship through their coursework and/or research. Students interested in pursuing this option should submit pre-proposals that are three to four pages in length to the entire clinical faculty. The NRSA sponsor should approve these before they go to

the area group faculty. The document must include something about aims/hypotheses and enough about methods and analyses for the area group faculty to determine the worthiness of the idea. Faculty vote 'yes' or 'no' as to whether the student can proceed with a full proposal to the NIMH and have it potentially count toward satisfying their preliminary examination requirement if they do so. Those with zero or one 'no' votes are approved to continue with the possibility of the full proposal satisfying the prelim requirement, those with three or more 'no' votes are not (they are still free to submit their proposals to the NIMH but doing so will not have the potential to satisfy the preliminary examination requirement). Those with two 'no' votes have two weeks in which to turn around a revised pre-proposal that will satisfy at least one of the two 'no'-voting faculty such that they change their vote to 'yes'. The DCT will communicate the results of the faculty vote, but the NRSA sponsor will be responsible for communicating qualitative feedback and questions about the pre-proposal raised by the faculty. Revised pre-proposals should be submitted to the NRSA sponsor (rather than the DCT) who will be responsible for circulating the revision to the area faculty, soliciting votes on the revised proposal and providing the student with the results of the second vote.

For the NRSA option, the student should also assemble a committee of three faculty who will judge the final submission to determine if the student passed the preliminary examination requirement (as above the committee chair or co-chair and at least one of the other two members of the committee must be core program faculty). Unlike the empirical project variant or the review paper variant of the preliminary examination (which must be done under the supervision of someone other than the primary mentor), the chair may (and probably would) be the student's primary mentor. The committee members provide detailed feedback (either written or communicated in a meeting) that will help the student's chances of getting funded. Thus, the student should submit a draft that is complete and has been approved by the NRSA sponsor for circulation to the committee at least two weeks prior to the submission date. This will ensure that the committee members will have up to one week to give the student feedback with the student still having time to incorporate the feedback in the final submission. The student should then circulate the submitted draft to the committee members who will communicate a yes/no vote to the committee chair on whether the submission meets the criteria of passing the preliminary examination requirement. 'Yes' votes on the final document are contingent upon the success of the proposal in reaching the potential conveyed in the briefer pre-proposal.

Upon completion of the preliminary examination, the chair of the committee notifies the graduate secretary. The graduate secretary then submits electronically a form to the graduate school so that the student can be entered into candidacy. The deadline for completion of the preliminary examination is March during students' fourth years. Failure to do so will result in academic probation. This deadline is a maximum, however, and it is desirable that the preliminary examination be completed earlier.

4. *Dissertation.* The dissertation is an empirical study and should meet two standards: (1) it should be an original contribution to the knowledge base of clinical psychology; and (2) it should possess scientific merit and intellectual rigor. The basis of the dissertation is typically an independent empirical research project designed and conducted by the candidate. Students are encouraged to conduct at least one research project over the course of their graduate career in which they are primarily responsible for the research design and data collection. However, there are individual exceptions to this, and it is up to the dissertation chair and committee as to whether it is acceptable for a particular student to base the dissertation on analyses of an existing data set from which the student carves new questions. Before students are eligible to apply for

internship, and no later than two weeks before the first deadline for submission of internship application materials, the student must: (a) submit a dissertation proposal, (b) assemble the committee for a proposal meeting, and (c) obtain the committee's approval for the proposed plan. The dissertation committee is composed of at least four faculty members, at least two of whom are Core Clinical faculty with at least one member from another area of the department (or a faculty member outside of the department who is not a clinical psychologist).

For students who satisfy the preliminary examination via the NIMH NRSA proposal option, it is anticipated that the NRSA and the dissertation proposals will be related. Given the brevity of a NRSA proposal, however, it is also expected that the dissertation proposal will include a more detailed and exhaustive literature review and may even address a broader range of topics than in the NRSA proposal. Though overlapping preliminary examinations and dissertation proposals will result in less breadth than would otherwise be the case, there are many other ways in which breadth is accomplished in our program. In addition, dissertation committee members do not need to limit their questions at a proposal defense to the material covered in the dissertation proposal. Thus, committee members have this additional opportunity to encourage and assess breadth for all students including those who satisfy the preliminary examination requirement via the submission of a NRSA proposal that overlaps with a dissertation proposal. It is a good idea for students to meet with their committee members prior to their proposal defense, therefore, to get a sense of what issues might be raised at the proposal defense. Just as with the STYP, a research proposal describing the project must be defended before the research is undertaken (i.e., prior to data collection or prior to conducting analyses if using an existing data set) and a report of the research must be defended after it is completed. The dissertation proposal must be defended by March of student's fifth years in order to avoid academic probation.

### *C. Clinical Practica*

Direct training in clinical service begins in the second year, when students start their first practicum experience. Given the clinical scientist orientation of our program, practicum hours should be limited to the minimum number required to achieve basic competence and readiness for internship. In our view, this would mean that students should be averaging 10 hours per week in practica training in total (including patient contact hours, supervision, preparation, documentation and report writing, didactics, etc.) with a maximum of 12 hours per week (students who want to obtain more than 12 hours per week of clinical work – including on a volunteer basis should first get approval from the area group faculty members). Given the orientation of the program, the ideal practicum training would also take place in the context of clinical research in which students have the opportunity to learn something about clinical research, contribute to knowledge acquisition and get involved in publications. All students should be trained in at least one empirically validated therapy (with the definition of empirically validated based on that adopted by the APA task force on empirically validated treatments).

In our view, the ideal practicum would begin with didactic training to introduce students to the assessment and/or treatment model underlying that practicum and to foster propositional or semantic knowledge of the assessment or intervention techniques. Practicum training should also be on empirically supported treatments and assessments when possible and incorporate empirical assessment of efficacy on a case by case basis especially when not conducting empirically supported treatments.

After the initial orientation/didactic phase, practica should include assessment experience (including diagnostic interviewing, psychological testing and report writing), therapy experience and supervision. The ideal breakdown of hours across these areas would ideally include more

assessment hours than therapy hours as students begin the practicum sequence and shift toward more therapy hours and fewer assessment hours as students advance in the practicum sequence, which is roughly as set out in the table below.

	Year 2	Year 3	Year 4 and beyond
Assessment (SCIDs & testing)	4	2	1
Therapy	2	4	5
Supervision (Assessment & Therapy)	4	4	4

Most of our students elect to do their practica at one of the four captive placements at The Family Institute at Northwestern University (described in detail below), which is only one block from the Psychology Department, thus keeping transportation time for fulfilling clinical training hours minimal. Most cases are seen at the Evanston location of The Family Institute, although students may elect to see some clients at one of The Family Institute's satellite locations (e.g., Downtown Chicago) to further increase the diversity of their case load. At the Family Institute students get formal contact with a range of clinical populations and clinical tasks within the context of research-oriented practica. Thus, our students have the opportunity to participate in clinical research in an applied setting, allowing for greater integration between their research and clinical training. In addition to ongoing research projects conducted within each practicum, students may also submit proposals to The Family Institute to conduct their own research project using data collected from Family Institute clients and/or therapists. Supervision in all four practica occurs primarily in a group setting, broadening the range of cases each student is exposed to and allowing them to learn from supervision of other students' cases in addition to their own. Individual supervision is provided when the supervisor deems it appropriate. The group format also allows students to learn more about supervision by observing and contributing to the supervision of other students. The program obtains evaluations from clinical supervisors on each practicum student twice a year to ensure students are making adequate progress in the development of their clinical skills and take appropriate action when that is not the case (see Evaluation of Student Progress section below).

Due to limited resources, *Family Institute practica cannot be guaranteed for students in their fourth year of practicum (fifth year in the program) and beyond* but rather will be on a space available basis. Thus, *students in their fourth year of practica and beyond are encouraged to seek outside practica*. The DCT will solicit FI practicum preferences from students for the following year in January to ensure that students in their fourth year of practicum will know if there is space available for them in the Family Institute practica in time for them to arrange an outside practicum.

Students are free to propose taking practica at any training site of their choosing. No one issue will serve as a litmus test for whether a proposed practicum outside of The Family Institute

practica will be approved. However, each such proposed practicum will be evaluated against the program's stated ideals for practica experience and determinations will be made on a case by case basis by the DCT together with any of the program faculty who wish to have a vote in the decision.

Our students are required to complete at least two *different* practica during their 4-5 years of clinical training (and they typically complete more than two). Over the course of all their practica, students should be exposed to some variety of populations (defined broadly, and can include diversity in terms of age, backgrounds or presenting problems) and/or modalities (that is, providing different forms of service including assessment, short-term treatment, longer-term treatment, consultation, individual therapy, systemic therapy, etc.).

In addition to some breadth/diversity of experience, students should also gain *some degree of depth* in a core, empirically supported clinical area including (but not necessarily limited to): diagnostic interviewing, psychological testing (including administration of batteries assessing multiple domains and writing reports summarizing the result), CBT for anxiety, CBT for mood disorders, CBT for eating disorders, CBT for substance abuse treatment, CBT for health problems (e.g., chronic pain, migraine, IBS, obesity, insomnia), CBT for problems usually first diagnosed in childhood or adolescence (e.g., ADHD, conduct disorder), IPT for mood disorders, IPT for eating disorders, brief psychodynamic therapy, empirically supported couples therapy and family therapy, Sex therapy, DBT for serious, chronic emotional difficulties, and empirically supported treatments for serious and persistent mental illness (e.g., schizophrenia, psychosis, etc.). This list is based on publications from the APA's Presidential Task Force on Evidence-Based Practice (<http://www.div12.org/PsychologicalTreatments/index.html>) and is not intended to be fixed. Rather, it is intended to be updated to reflect the current recommendations of the APA Division 12 Committee on Science and Practice. In addition, students may petition the area group faculty members at any time to have additional assessment or intervention techniques recognized as being empirically supported. The depth requirement may be satisfied by the successful completion of either (1) more than one year in the same practicum, (2) more than one year in practica focused on the same empirically supported clinical area (such as The Family Institute's Anxiety and Panic Treatment Program practicum and a CBT for anxiety practicum outside of The Family Institute), or (3) a performance-based measure of competency in an empirically supported clinical area. For each student pursuing one of the first two options and who is taking the second year of a practicum while they are applying for internship, successful completion will be based on their practicum supervisor's mid-year evaluations.

The quality, depth, and breadth of our clinical training is reflected in the fact that most of our students receive their top choices for internship (many of which are among the most prestigious in the country such as McClean Hospital of Harvard Medical School, Massachusetts General Hospital of Harvard Medical School, the Boston Consortium in Clinical Psychology, Rush-Presbyterian-St.-Luke's Medical Center in Chicago, University of Chicago, University of Illinois at Chicago, Northwestern Memorial Hospital, etc.). Moreover, they nearly always obtain high ratings by their internship supervisors.

The four captive Family Institute practica are as follows:

1. The *Assessment* practicum, supervised by Drs. Ardizzone, Knobloch-Fedders and Zinbarg, offers clinical psychology graduate students training in semi-structured diagnostic interviewing and psychological testing. The diagnostic team (supervised by Drs. Knobloch-Fedders and Zinbarg) of assessment practicum involves training on diagnosis and assessment with populations of clinical research participants and of outpatients seeking therapy for a variety of issues including anxiety, depression, and marital distress. This training consists of learning how to (a) administer the Structured Clinical Interview Interview for DSM-IV (SCID) and (b) interpret a battery of standardized self-report questionnaires for the assessment of anxiety and depression. The psychological testing team (supervised by Dr. Ardizzone) of assessment practicum involves training in the administration of batteries of psychological tests in populations of children and adults referred for a variety of clinical issues.

2. The *Anxiety and Panic Treatment Practicum*, begun by Professors Zinbarg and Mineka, with clinical supervision currently provided by Dr. Young, offers clinical psychology graduate students training in cognitive-behavior therapy for the various anxiety disorders. Not only does the anxiety and panic treatment practicum participate in the Psychotherapy Change Project, but there are also several ongoing research projects unique to the Family Institute's Anxiety and Panic Treatment Program, of which the practicum is one part, that provide excellent opportunities to integrate practice, research and theory (such as Dr. Zinbarg's treatment of generalized anxiety disorder project). The students are also required to conduct a single case experimental design with every case they treat to evaluate their outcomes. At a minimum, the student conducts an A-B design with each treatment case and some students elect to conduct multiple baseline designs with some of their cases. Students are thus introduced to a range of opportunities for applied research. They continue to see an emphasis on the theme of integration of clinical psychology and research methodology in this practicum.

3. The *Integrative, Problem-Centered Therapy Practicum*, supervised by Dr. Lebow, offers clinical psychology graduate students training in systemic therapy with individuals, couples, and families. Dr. Lebow, together with Dr. Pinsof, is a Co-Principal Investigator in The Family Institute's major research project, the Psychotherapy Change Project. The Psychotherapy Change Project is a large scale study enrolling several hundred new cases every year that has several aims, including the development of assessment tools appropriate for tracking change in individual, couples and family therapy, the mapping of normative patterns of change in psychotherapy, and the development and validation of systems for comparing individual growth curves with normative growth curves to inform clinical decision making. Students in this practicum collect data on a session by session basis with each of their patients who consent to participate in the Psychotherapy Change Project. Dr. Lebow prefers that students take the anxiety and panic treatment practicum prior to his practicum but this is not a requirement.

4. The *Depression Treatment Practicum*, supervised by Dr. Young, offers clinical psychology graduate students training in cognitive-behavior therapy for depression. Just as with the Anxiety and Panic Treatment Program (which is a prerequisite for this practicum), students in this practicum collect data on a session by session basis with each of their patients who consent to participate in the Psychotherapy Change Project. Just as with the Integrative, Problem-Centered Therapy practicum, students in the Depression Treatment practicum collect data on a session by session basis with each of their patients who consent to participate in the Psychotherapy Change Project. A requirement of enrolling in the depression treatment practicum is that students must first successfully complete the anxiety and panic treatment practicum.

#### D. *Internship*

Students usually complete the required year-long internship in either a CoA-accredited setting or in a setting approved by the clinical faculty during the sixth year. **Prior to applying for internship, students must have completed all course work, be entered into candidacy and successfully completed their dissertation proposal defense.** Students are strongly encouraged to complete all data collection for their dissertation work prior to departing for internship. Due to strict APA policy, students cannot graduate until completion of the internship. While on internship, students must enroll in PSY 508. Application deadlines are usually in November and December. Copies of all application materials should be sent in digital format to the graduate secretary and the DCT in addition to the internship sites (including the letters, students should therefore ask each letter writer to have a copy of their letter scanned and sent as an attachment). It is imperative that students remove identifying information from any work samples sent in with an application. Failure to do so would constitute an ethical violation and will likely jeopardize a student's chances of matching for an internship placement. Information about internship training sites including the number of hours they require of applicants is provided in the APPIC directory. Training sites that conduct interviews typically contact students in December to set up meeting times for December or January. By approximately the beginning of February (deadlines to be announced), students are asked to rank their selected internship sites in order of preferences. The internship sites also rank the applicants in order of preference, and a computer program matches the applicant and site rankings (with more weight given to the applicant rankings). The final matches are announced in late February (date to be announced). Students preparing to apply to internships should subscribe to the APPIC MATCH-NEWS list by sending a blank e-mail message to [subscribe-match-news@lyris.appic.org](mailto:subscribe-match-news@lyris.appic.org). For more information about APPIC, the APPIC Directory and/or the Match go to: <http://www.appic.org/>. In addition, the students in our program have also voluntarily maintained a CD-ROM of internship application materials for each of our applicants. This valuable resource is available (from the DCT or any current student) for any of the clinical students to refer to in order to better assist them in the application process.

#### E. *Integration of Theory, Research, and Practice*

The program is not designed around any single model of etiology, treatment, or prevention. Instead, it is a broad-based clinical scientist model with an eclectic, adult focus (although we now have one faculty member who is a developmental psychopathologist). Our faculty research interests represent a broad range of perspectives, including cognitive-behavioral, personality and temperament, behavior genetic, developmental, psychophysiological, and psychotherapy research. Additionally, adjunct faculty, to whom the students may be exposed, represent neuropsychological, cognitive-behavioral, psychodynamic and systemic psychology perspectives.

By exposing our students to all of these perspectives, we hope to train well-rounded research-oriented clinical psychologists. Because we represent such a broad range of perspectives, students also have a range of options in terms of the kind of research that they can pursue. Furthermore, students have many rich alternative clinical opportunities in the Chicago area if they have other interests, including excellent practica and research placements in child and community settings. Child clinical settings that students have used occasionally over the past 15 years include Northwestern's Children's Memorial Hospital, the Institute for Juvenile



Research, and the University of Chicago's Department of Psychiatry. Options for additional coursework (electives) other than the required curriculum also exist, particularly after the first two years, thus allowing students to obtain additional training in related areas (e.g., neuroscience, cognitive psychology, social psychology, developmental psychology, human development, cross-cultural research in social and cognitive psychology). Students may also pursue research in these other areas if they desire and indeed a number of our students participate in research projects supervised by members of other programs in the department (primarily social and biopsychology).

There are many aspects of our program that foster the development of an integrated view of theory, research, and practice. First, much of the required coursework in the first two years is aimed at this integration, although the balance between theory, research and practice varies from one course to another. For example, conceptual courses such as Personality Assessment/Psychometric Theory (405), Psychopathology (421-1 and 2), and Empirical Foundations of Cognitive-Behavior Therapy (406) focus primarily upon theory and research, but include some applications to clinical practice. The courses on Clinical Assessment (495), Contemporary Psychotherapy (496), and the courses that comprise the first quarter of each of our three captive practica (413-1; 414-1 and 415-1), on the other hand, place more emphasis on practice, but also explore theoretical and research issues.

Second, as mentioned earlier, much of the clinical work students engage in through our four captive practica occurs in the context of clinical research. Moreover, to facilitate their clinical decision making, students collect data on a systematic basis with most, if not all, of their therapy cases in the three treatment practica (including the anxiety and panic treatment practica in which students are required to conduct formal single-case designs). A number of the other practicum sites also provide exposure to work integrating research, theory and practice of clinical psychology in hospital settings. Within the practica at Northwestern Medical School, for example, some clinical supervisors are strong supporters of the scientist-practitioner approach (this is certainly true in Dr. Gollan's recently developed practicum mentioned earlier). This is also true of many of the supervisors at the University of Chicago and University of Illinois at Chicago Medical Schools where some of our students have done practica in recent years. Thus, students are exposed to this perspective on an ongoing basis during their practicum training and emphasis is placed on the degree to which students have grasped the theoretical bases of their interventions.

A third means of accomplishing the objective of integration is through the early involvement of students in a range of research experiences. Starting in their first quarter (and throughout their 5-6 years at Northwestern), students are expected to attend a weekly clinical seminar, "clinical brown bag", in which, during most of the weeks, the clinical faculty and graduate students present an overview of one or more components of their research programs. This is intended to give students a flavor of the various kinds of research in which they can get involved, and to give them a feel for the variety of different ways in which programmatic research can be conducted. Some of these brown bag seminars also involve outside speakers from other areas of the department or university, from clinical programs at other local universities, or from the clinical program in the Northwestern University Medical School. Still other brown-bags involve discussions of professional development issues facing clinical scientists (e.g., teaching, supervision, job search, etc.). Finally, students at all levels are encouraged to present their research in this setting, and are required to do so at least once during both their second and third years.

### F. Other Curricular Issues

As noted above, students must acquire and demonstrate understanding and competence of a number of different areas.

(1) *The breadth of scientific psychology, its history of thought and development, its research methods, and its applications.* In their first year, students take a two semester pro-seminar in which they are exposed to all areas of psychology. They attend lectures/discussions led by each faculty member in the department in all the areas of psychology represented by our faculty. Each faculty member assigns one or several articles or chapters that provide a graduate level introduction to ideas and research of contemporary importance. Thus, from the beginning, Northwestern clinical (as well as other) graduate students are made aware that they are part of an intellectual community that transcends any particular research focus. We have also been fortunate to have the funds to sponsor a large number of colloquia in different areas of psychology ([http://www.wcas.northwestern.edu/psych/events/colloquium\\_series/](http://www.wcas.northwestern.edu/psych/events/colloquium_series/)). These lectures are well attended by students and faculty.

Given the strengths of our faculty in cognitive, emotion, developmental, neuroscience, and social psychology, this provides considerable potential for exposure to scientific psychology in all of its breadth. To assure that students actually receive this exposure, they are required to take the two quarter Proseminar (401-1 and 2) that is team taught by all of the faculty members in the department. To assure additional depth in these foundational areas, students are also required to take at least one additional course in two of the following three distributional areas: biological, cognitive, and social-affective bases of behavior. (Put differently, students need at least one course in each of the three distributional areas with one quarter of Proseminar, 401-1, 2 being able to be used to satisfy the requirement in one of these three areas but other courses are required in addition to Proseminar in the other two areas). Listed below are examples of courses that have been taken to meet this requirement in the past.

#### **Biological Bases of Behavior**

Psych	437-1	Neural Plasticity
Psych	437-2	Neural Plasticity
Psych	470	Mind and Brain (might also be listed as CogSci 401)
NUMS	472	Brain and Behavior: Introduction to Neuropsychology
NUMS	475	Neuropsychological Diagnosis
NUMS	476	Health Psychology
NUMS	480	Introductory Clinical Psychopharmacology
NUIN	440	Advanced Neuroanatomy

#### **Cognitive Bases of Behavior**

Psych	424	Behavioral and Neural Bases of Visual Perception
Psych	446	Human Memory and Cognition
Psych	448	Sensory Processes
Psych	461	Reasoning and representation
Psych	466	Analogy and Similarity
Psych	560	Seminar in Cognitive Science

#### **Social and Affective Bases of Behavior**

Psych	481	Theories in Social Psychology
Psych	482	Research Methods in Social Psychology
Psych	483	Social Cognition
Psych	485	Psychology of Attitudes

Other courses may be taken to satisfy the distributional requirements with the approval of the program faculty - students should submit their requests for approval to the DCT or their mentor. The criterion that the clinical area faculty members applies when considering whether a course meets the standard to serve as an additional depth course is whether the course is fundamental enough to help the student begin to develop expertise in that area. Thus, some courses have been deemed to be overly specialized to serve as an additional depth course (e.g., a cognitive course on counter-factual thinking or a biological course on the biology of meditation).

The proseminar, as well as the HED seminar, also cover a great deal about the history and systems of psychology. As already noted, our students take at least 4 courses in psychological measurement, research methodology, and statistics (405, 434, 451-1, 453-1). As was also mentioned above, one of the primary goals of the first two options for completing the preliminary examination is to insure some breadth of scholarship. Finally, the policy that dissertation committee members do not need to limit their questions at a proposal defense to the material covered in the dissertation proposal also has the aim of encouraging and assessing breadth.

(2) *The scientific, methodological, and theoretical foundations of practice in the substantive areas of professional psychology in which our program has its training emphasis.* (Note: The following description has applied in years before the fall of 2015, when several important changes occurred, especially the addition of Professors Tackett and Mital. The particular courses we offer and require will likely change.) Regarding the professional specialty areas, we require a one quarter course in clinical assessment during the first or second year (alternating years), courses on psychotherapy and cognitive-behavior therapy (Mineka), two courses on psychopathology (Bailey and Mineka), a course on clinical research methods including both design and analysis issues particularly germane to clinical research (Zinbarg) and a course on personality assessment/psychometrics that involves substantial exposure to measurement issues in the study of individual differences (Revelle). A number of these courses (e.g., psychopathology, cognitive-behavior therapy, and assessment) also involve some exposure to issues of human development. McAdams also offers two courses on lifespan development (Theories of Development, and Adult Development and Aging) which our students can take. He also offers a graduate seminar on Personality Psychology (494) which incorporates some focus on development that our students are required to take. When possible we have also offered a course on developmental psychopathology (422).

In addition, the three major treatment practica at The Family Institute discussed above each begin with quarter long courses that cover a range of scientific, professional, and ethical issues. For example, the first quarter of Anxiety and Panic Treatment Program (413-1), developed by Zinbarg and currently led by Young, is a course that includes exposure to the theoretical foundations of cognitive-behavior therapy for anxiety, the methodological foundations of single-case experimental designs to evaluate outcome on a case-by-case basis and the scientific basis (i.e., reliability and validity) of the clinical assessment of anxiety and depression via semi-structured interview and standardized self-report instruments.

(3) *Diagnosing or defining problems through psychological assessment and measurement, and formulating and implementing intervention strategies (including training in empirically supported procedures).* Students are trained in psychological assessment through their course on this topic as well as during their practicum training. Their exposure to issues of

psychological measurement is extensive and occurs primarily during their statistics and methodology courses, as well as during oral exams for the second year research paper, and dissertation orals. Issues of psychodiagnosis are studied in the assessment course, as well as in the psychopathology classes, and in the assessment practicum at the Family Institute (with the diagnostic interviewing component of this practicum directed by Zinbarg and a Family Institute faculty member). Much of the first quarter in the diagnostic interviewing component of assessment practicum is devoted to didactic training in the administration of the Structured Clinical Interview for DSM-IV (SCID) and the interpretation of results from a standardized self-report questionnaires for the assessment of anxiety and depression developed at Dr. David Barlow's Center for Anxiety Related Disorders and refined by Zinbarg. The remainder of this component of assessment practicum consists of supervised administration of these instruments. In addition to their coursework on psychotherapy, there are several year long practica which integrate experience with assessment, case conceptualization and therapy (second through fifth years). For example, the first quarter in Anxiety and Panic treatment practicum consists primarily in didactic training in cognitive-behavior therapy conceptualizations of and interventions for anxiety disorders that includes reading, discussion, videotape and role-plays as well as some discussion and reading about the empirical evidence regarding the efficacy of these approaches. Each of the other two treatment practica at The Family Institute begin with similar didactic training and all three practica emphasize ongoing assessment of the presenting problems to measure outcome with individual cases and for clinical decision making.

The course on Empirical Foundations of Cognitive-Behavior Therapy (Mineka) provides extensive exposure to the research literature on empirically supported interventions, as well as some discussion and reading about how these interventions are actually conducted. The course on Contemporary Psychotherapy (Tang) also discusses how different approaches to assessment are used for each different school of psychotherapy, as well as how to integrate assessment information into that form of treatment.

(4) *Issues of cultural and individual diversity.* Students are exposed to issues regarding cultural and individual differences and diversity in many of their courses and practica. Given that our program has many faculty members with strong research interests in personality and individual differences, there is obviously no shortage of exposure to such issues in discussions of research as well. To some extent, cultural differences in diversity are integrated into different courses in which these issues arise. For example, in the required Assessment course, students are exposed to issues related to assessment and diagnosis with clients from diverse backgrounds. This exposure takes the form of discussion, course readings, and consultation regarding students' ongoing assessment cases. Particular targets for education include increasing student awareness of knowledge regarding normative data for clients from minority groups, cultural factors that may influence clients' performance during and reaction to assessment tasks, and the importance of including an appreciation of individual clients' particular cultural, ethnic, and socioeconomic background in the integration and presentation of assessment findings. Students are also exposed to empirical data regarding the cultural, socioeconomic, and ethnic differences in overall rates of referral for assessment services in common mental health settings (such as schools), and in types of referral questions. To supplement this coverage, however, we require all students to take the HED seminar sequence (420-I, and 420-II) described above in which cultural differences in diversity is one of the main foci.

The clients seen in all of our practica come from the diverse ethnic, racial and social groups represented in the greater Chicago metropolitan area. For example, at the Family

Institute site over 50% are from lower income groups and 40% are from races other than Caucasian. The Family Institute has a serious commitment to treating diverse populations and training clinicians to have a respect for issues of diversity. Several class sessions in the didactic quarters of The Family Institute practica focus on these issues, which are also often a focus in supervision. Moreover, the Family Institute is one of very few other sliding fee scale treatment agencies in the area and there are fewer still that have a sliding fee scale that slides as low as the one in place at The Family Institute (the average fee for the clients of our clinical psychology graduate student therapists in these practica is often less than \$15 an hour and has been as low as \$4 an hour). Thus, practicum students at The Family Institute are exposed to a wide variety of patients from diverse cultural, ethnic and socioeconomic backgrounds, including the physically disabled. Supervision addresses the needs to tailor interventions to make them culturally sensitive on a case by case basis as the supervisor deems necessary.

(5) *Attitudes essential for life-long learning, scholarly inquiry, and professional problem-solving as psychologists in the context of an evolving body of scientific and professional knowledge.* Many of the core courses involve discussion of the ways in which our understanding of important issues has evolved over the past century, and particularly the past two or three decades (e.g., changing conceptualizations of neurotic disorders in DSM-III to become anxiety, mood, somatoform, and dissociative disorders, evolution in thinking about personality disorders [categories versus dimensions], changes in understanding about the most effective treatments for different disorders). Thus, students are continuously exposed to the need for life-long learning in a field where progress continues to be made in our understanding of etiology, diagnosis, and treatment. In addition, attendance at our weekly brown-bag seminar and colloquium series insures that students are exposed to an evolving body of scientific and professional knowledge in many different areas of psychology.

## **5. Evaluation of Student Progress**

At the end of each academic year, students complete an annual accomplishments form and a “Clinical Progress Checklist” form (see Appendix A) in which they review their progress for that year and submit this form to the DCT (advisors should initial and date the Clinical Progress Checklist before it is submitted to the DCT). The program faculty meets shortly after the end of each academic year to evaluate each student’s progress based on the student’s annual accomplishments form, their evaluations from practicum supervisors (for students in the second year and beyond), comments from program faculty regarding the student’s performance in class, evaluations of any teaching the student performed over that year (a copy of the department’s Graduate Student Lecture – Evaluation Form can be obtained from staff in the main office in Swift Hall), and a report from their advisor regarding the student’s research progress. Written feedback summarizing this evaluation is then provided to each student with the final version produced (and signed) by the DCT to ensure that evaluation criteria are standardized across students (the preliminary version may be drafted by the DCT or the advisor). When students are falling behind schedule or in case of sub-standard achievement, the letter serves to identify the deficiencies, give a timeline for remediating them and notifies the student of potential consequences if these deadlines are not met. Consequences might include being prohibited from practica training until course and/or research requirements are fulfilled, being placed on probation or transition to an inactive status.

Evaluations of students' performance in practicum will be completed twice a year by practicum supervisors and turned in to the graduate secretary (see Appendix B for evaluation forms). Students who receive any less than adequate ratings of performance in practicum two evaluations in a row will be placed on clinical probation. Students on clinical probation have until the first evaluation of the following year to raise all of their ratings at least to the adequate level. If all ratings have not been raised to at least adequate by that time, the student will be counseled out of clinical training (they may still take their PhD in personality if they desire and are otherwise making good progress in their graduate work).

In addition, students should submit to the DCT their clinical hours. Hours should be tracked using MyPsychTrack (<http://www.mypsychtrack.com/>), which is free to our program as an APPIC Doctoral Program Associate.

## **6. Problems in Professional Competence Policy**

Program faculty members and relevant program personnel (e.g., clinical supervisors) have a professional, ethical, and potentially legal obligation to (a) establish criteria and methods through which program competency areas may be assessed that include but are not limited to emotional stability and well being, interpersonal skills, professional development, and personal fitness for practice; and (b) ensure that students who complete the clinical doctoral program are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of their administrative authority, the program faculty members will not advance, graduate, or recommend students who fail to achieve minimum levels of expected competence to other programs/ internships, the profession, employers, or the public at large.

As such, program faculty members will evaluate student competence in areas other than, and in addition to, coursework, practica, scholarship, comprehensive examinations, or related program requirements and competencies. These evaluative areas include but are not limited to: (a) **interpersonal and professional competence** (e.g., the ways in which students relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) **self-awareness, self-reflection, and self-evaluation** (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) **openness to supervision** (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and (d) **resolution of issues that interfere with professional development or judgment or functioning in a satisfactory manner** (e.g., by responding constructively to feedback from program faculty members and relevant program personnel; by successfully completing remediation plans).

This policy generally applies to settings and contexts in which evaluation would normally occur (e.g., coursework, research activities, practica, supervision) rather than settings and contexts normally unrelated to the formal process of education and training (e.g., nonacademic, social contexts). However, irrespective of setting or context, when a

student's conduct clearly and demonstrably (a) **impacts the performance, development, or functioning of the student**, (b) **negatively impacts the development of other students**, (c) **raises questions of an ethical nature**, (d) **represents a risk to public safety**, or (e) **damages the representation of psychology to the profession or public**, the program faculty members may review such conduct within the context of the program's evaluation processes.

In addition, the APA Ethics Code requires, in Standard 2.06, that psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner. When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. Students are expected to adhere to the APA Ethics Code and are thus expected to disclose and assist in resolving competency issues by consulting with program faculty members, relevant program personnel, and the Director of Clinical Training (DCT) as appropriate and as described below.

When questions about a student's competency and behavior arise, the program faculty members will assess the nature and define the scope of the problematic behavior(s). Program faculty members will also determine whether the problem can likely be remediated and can make this determination at any time. When appropriate, a formal remediation plan will be developed. If the competency problem is egregious or not amenable to remediation, then the student may not be permitted to continue in the program.

A remediation plan will be constructed by the student's primary advisor, the DCT, and a practicum supervisor as appropriate. The plan will then be reviewed as necessary by the program faculty members. The student who is the subject of the remediation plan will be allowed to consult and contribute to the plan and asked to provide a signature for the plan, but the final remediation plan will be authorized by program faculty members only.

Actions necessary for remediation may include, but are not limited to: repetition of a course or other program requirement, reduced practicum or course load, personal therapy, psychological or medical or other assessment, leave of absence, consultation with the Office of Services for Students with Disabilities, documentation of disability-related information, additional coursework or practica, increased supervision, frequent and regularly scheduled meetings with specific program faculty members or other relevant program personnel, adherence to specific deadlines, restriction of participation in professional/program activities, and other modifications or accommodations as appropriate. The remediation plan will contain specific descriptions of problems, benchmarks for progress, suggestions for remediation, a definitive timeline (after which the plan must be reviewed), and consequences for failure to satisfactorily meet remediation requirements.

Following the end of the remediation plan timeline, the student's primary advisor and the DCT will review the student's progress and consult with program faculty members, practicum supervisors, and other program personnel as appropriate. At this time, the remediation plan may be ended (if all concerns have been adequately resolved), renewed or extended for a specific time, and/or modified as appropriate. All remediation plans will be entered into a student's confidential program file.

If a student continues to fail to make satisfactory progress toward remediation (as determined by the student's primary advisor and the DCT), then the program faculty members will convene to review the student's status and consider additional remedial steps. In some cases, a student may be requested to withdraw from the program, may be separated from the program, or may be suspended from the program. A student who is the subject of the remediation process shall have, at any time during the course of the remediation process, the right to a hearing with the program faculty members and may follow stipulated department, WCAS, and University appeals and other relevant procedures and options.

## **7. Resources**

*Financial support.* All students are provided full financial support for five academic years (and four summers, with support for a fourth summer sometimes available but not guaranteed). Students receive financial support for their research needs through their faculty mentor. Small research grants (up to \$3000) are also available to the individual student from the Graduate School on a competitive basis (for more details see <http://www.tgs.northwestern.edu/funding/fellowships-and-grants/internal-grants/graduate-research-grant.html> ). Students can also receive some financial support from the department and additional financial support from the program to attend professional meetings (especially if they are delivering a paper or poster).

Students entering internships are eligible for summer "gap" funding (between the end of one's regular funding from the department and the start of internship) from the department.

Students only need ask the director of graduate studies for this funding when the time comes, but the request must also indicate that the student's advisor is unable to support him/her (e.g., on a grant) during that period.

*Clerical and Technical Support.* The Psychology Department staff includes a department administrative assistant, a budget and accounting administrator, and 4.5 secretaries. Computer support for hardware installation and software maintenance is provided by the College of Arts and Sciences at Northwestern University. The departmental staff provides adequate support for the program.

Every faculty member has a computer and general office supplies provided by the Psychology Department, as well as access to departmental secretaries. Faculty can also transfer files from their personal computers to the departmental secretaries. Each faculty member has high speed connections with the internet and appropriate software.

Northwestern University has switched to distributed computing resources and has a centralized computing center for network services and statistical consultation. Computer labs for advanced data analysis are available across campus, with a 30 station PC lab and a 30 station Mac/PC lab in the library just a short walk from our building. Site licenses for Maple, Mathematica, MATLAB, SAS, SPSS are available for free (Maple) or nominal cost. In addition,



students can establish an account for free with the social sciences computing cluster (<http://sscc.northwestern.edu/>) and access such programs as LISREL and HLM.

In addition to the Computer Labs around campus, there are many other microprocessors available for research in the various faculty laboratories and most graduate students have a primary computer on which they work. Other equipment available to program members includes: several polygraphs, ambulatory psychophysiological recording equipment, videotape equipment, slide projectors, and LCD projectors. Students interested in imaging have access to EEG recording equipment in the Rosenfeld and Paller (Dr. Paller is a faculty member in the department's biopsychology program who has worked with several clinical students in the past) labs, a 3-T MRI on the Chicago campus and the ENIAC data analysis lab in the department.

*Training materials and equipment.* Clinical assessment takes place at clinical settings that have their own assessment materials. However, the clinical psychology program has begun to develop its own assessment library. For some time we have had the following materials in our collection: A DSM-III audio and video tape training program from the American Psychiatric Association, a SADS and RDC training system from the New York Psychiatric Institute, the SCID for DSM-IV, and multiple copies of some major psychological tests. Recently, the Clinical area has been the recipient of a substantial donation from a past graduate of our program, who was a clinical psychologist in the community with primary expertise in psychological assessment. This donation includes a number of assessment batteries and instruments spanning neuropsychological, intellectual, and personality assessment. Among the resources recently added to our assessment library are: the Wechsler Adult Intelligence Scale-III, the Wechsler Intelligence Scale for Children-IV, the Wechsler Memory Scales, the Woodcock-Johnson Tests of Cognitive Ability and Tests of Achievement, McCarthy Scales of Children's Abilities, the California Verbal Learning Test, the Trail Making Test, the Halstead-Reitan, the Stanford-Binet, the Thematic Apperception Test, and the Rorschach. Moreover, each program in the department including the clinical program receives an annual \$4000 discretionary fund that the clinical program uses to augment and replenish materials and equipment (among other uses).

*Conference travel funding.* Students are encouraged to attend and present their work at national and international conferences. Several professional societies hold conferences in the Chicago area in any given year (e.g., Midwestern Psychological Association), and students are encouraged to pursue presentation at other relevant conferences (see Appendix C for a non-exhaustive list of annual conferences that might be of interest to students). Students should discuss which conferences to attend with their research advisors.

In order to encourage conference submissions and the dissemination of students' research, the cost of conference travel is wholly or partially (depending on the number of conferences attended and their costs) defrayed for students who are presenting their work. In addition to yearly \$300 awards offered through the Psychology department, students may apply for Conference Travel Grants through the Graduate School, and are eligible to receive up to \$700 per year. The Conference Travel Grant provides additional funding over that contributed by the department; students must provide information on departmental support (e.g., \$300) when applying for the grant. The total amount of funding (i.e., \$1,000 total from the department and the Graduate School) can be used toward one or multiple conferences. Conference funding covers *early* conference registration fees, transportation to and from the conference, lodging, food, and ground transportation while attending the conference. Conference registration fees and air and

rail fares may be charged to the departmental account prior to travel; other expenses are paid for by the student and reimbursed using the Travel & Entertainment (T&E) form with *original, itemized* receipts. (The Graduate School will not reimburse alcoholic beverages.) Students should apply for the Conference Travel Grant as soon as their presentation is accepted, as the Graduate School generally prefers to receive applications 2 months prior to the conference. Specific details on the Conference Travel Grant and the grant application process can be found at <http://www.tgs.northwestern.edu/funding/fellowships-and-grants/internal-grants/conference-travel-grant/>.

In addition to departmental and Graduate School funding, students may also defray conference costs by applying for a travel grant through the conference (if one is offered). Conferences also often provide reduced registration fees or reimburse travel costs for students who elect to work at the conference for a few hours. Finally, students who present at University of Chicago/Northwestern University's yearly PsychFest receive \$200 toward additional travel.

*Physical facilities.* There is adequate classroom, seminar, office, and research space available for the program. Every graduate student has office space in either a laboratory or in space reserved for teaching assistants. For the most part, these are shared offices, with between two and five students assigned per office. All faculty members have their own office and research space. Faculty members with joint appointments at The Family Institute (Zinbarg) also have access to shared research space at The Family Institute. These include a computer laboratory with several coding stations, and suites for observing and recording therapy sessions and family interactions. Graduate students arrange for the use of research space through their faculty advisors. Plans for further remodeling of lab and office space are currently in place. A long range space plan for the department that requests additional space has been tentatively approved and is awaiting funding.

*Student support services.* Northwestern University has an outstanding library with over 4,200,000 volumes. It has an excellent collection of journals and books relevant to psychology. If any volume is not in the library's collection, the volume can be readily obtained at one of a number of Chicago area university libraries or through interlibrary loan. Northwestern students and faculty members have access to online subscriptions of most major journals as well as access to PsycINFO, Medline, PubMed and SSCI/Web of Science. Computer access to the library is available on campus by internet and off campus through Virtual Private Network connections.

Student counseling services are available through their health insurance program at the university counseling center. Some also seek more long-term therapy in the community. Financial support issues are coordinated by the Director of Clinical Training (Zinbarg), the Director of Graduate Studies (Professor Jennifer Richeson) and the Department Chair (Professor Alice Eagly).

*Primary practicum training site.* As already mentioned, our primary practicum site is The Family Institute at Northwestern University. Founded in 1968, The Family Institute is the Midwest's oldest and largest organization devoted to marital and family therapy, education and research. The Institute signed an independent affiliation agreement with Northwestern University in 1990; the pact includes a 99-year lease of land for the Institute's headquarters on Northwestern's Evanston campus (one block from the Psychology Department building). Following a \$4.7 million capital campaign, The Institute opened its current Evanston campus headquarters, the Bette D. Harris Center, in 1994. The 26,000-square foot building offers state-

of-the-art facilities for clinical services, education and research including six therapy suites with adjoining video-control/observation rooms ideal for recording/live supervision of student therapy and assessment sessions. In addition, when those therapy suites are all occupied, students can use portable audio- and video-recorders and staff therapist offices that are available on a sign-out basis. The Institute provides counseling and psychotherapy to more than 4,000 people annually throughout the Chicago metropolitan area, including community-based mental health services for low-income, at risk families and individuals (and though the Institute specializes in marital and family therapy, roughly 50% of their caseload are comprised of individual cases). The Institute's partnership with Northwestern is also evident in the Institute's research programs. Two endowed positions at the Institute – the Patricia M. Nielsen Research Chair (currently occupied by Zinbarg) and the Kovler Research Scholar – have been occupied by Northwestern University Psychology Department faculty.

The Northwestern-Family Institute relationship permits the Institute to remain an independent, not-for-profit organization – with its own governance, programmatic and funding autonomy – while benefiting from the academic richness of a major university. In turn, this relationship gives the clinical psychology program access to first-rate clinical training facilities that are in very close proximity without the burden of funding a training clinic. Moreover, the clinical psychology program has direct control over two - the Assessment practicum (developed and co-directed by Zinbarg in collaboration with Family Institute faculty members Ardizzone and Knobloch-Fedders) and the Anxiety and Panic Treatment practicum (developed and directed by Zinbarg with supervision currently provided by Dr. Young) and selected the director of a third (Dr. Young, who directs the Depression Treatment practicum, and was first hired by Zinbarg as the associate director of the Anxiety and Panic Treatment program) of our four Family Institute practica. Finally, the Institute's commitment to research and empirically-informed psychotherapy insures that even those aspects of practica training that we do not have explicit control over are consistent with our clinical scientist orientation.

**7. Organizational Structure and Governance.** The clinical psychology program and personality psychology program function jointly in most matters. The other graduate training programs of the NU psychology department (<http://www.wcas.northwestern.edu/psych/>) include cognitive psychology, social psychology and brain, behavior and cognition. The clinical program is subject to departmental governance, yet has a good degree of autonomy in terms of program curriculum and policies. Although substantial responsibility resides with the DCT, most decisions are made by consensus of the clinical faculty. The core clinical faculty meets two to four times each quarter and those meetings are attended by two graduate student representatives (one representing first and second year students and the other representing students in their third year and beyond). To ensure the privacy and confidentiality of students' educational records, the student representatives are excused from discussions of particular students.

The process of appointing new student representatives begins with the current student representatives soliciting self-nominations. The self-nomination step is followed by an election if necessary (if there is more than one self-nomination for a given representative position) with votes sent to the DCT rather than to the current representatives. Of the two student representatives for the clinical program appointed at the beginning of the year, the senior student representative will be invited to represent the

students as a member of any active clinical search committee and will have the same role, responsibilities and authority that faculty members of the committees do other than not participating in the discussions or votes related to the search at the full department meetings (given their relative inexperience in evaluating application materials for faculty positions, the student representative has usually been paired with two other members of the search committee for initial ratings of the folders). If at least two members of the search committee think that the discussion of a particular issue should not include the student representative then the student representative will be excluded from that discussion and at the end of the search, the whole area will discuss what to do about those situations in the future.

The psychology department's graduate student handbook ([http://www.wcas.northwestern.edu/psych/graduate\\_studies/current\\_students/](http://www.wcas.northwestern.edu/psych/graduate_studies/current_students/)) presents policies that apply to all graduate programs within the department. Similarly, The Graduate Catalog (<http://www.tgs.northwestern.edu/academics/programs/index.html>) presents policies that apply to all graduate programs at Northwestern University. *Students are advised to read carefully the relevant sections of the psychology department's graduate student handbook and The Graduate Catalog and are responsible for knowing and abiding by the contents of these policies.* Students are advised and expected to maintain regular email contact during the school year and summer to ensure that they receive program announcements and requests. Accordingly, all students should make sure that they give the graduate secretary, DCT, and clinical program student representatives their current working email addresses or alternative contact information.

### **8. Student Complaints, Concerns and Grievances.**

Our program recognizes the rights of students and faculty to be treated with courtesy and respect. We are committed to striving for and expecting all interactions among students, faculty, and staff to be collegial, respectful and conducted in a manner that reflects the highest standards of ethical conduct. Should problems with regard to these principles (or any other aspect of the program) arise, students who have concerns can approach their advisor or any faculty member as well as their student representatives. However, three faculty members are particularly relevant because their positions include broad responsibility for the welfare of the program's students: the DCT (Zinbarg), director of graduate studies (Richeson) and the department chair (McAdams). In accordance with the psychology department's grievance policy for graduate students ([http://www.wcas.northwestern.edu/psych/graduate\\_studies/current\\_students/ProceduresandPolicies.htm#grievance](http://www.wcas.northwestern.edu/psych/graduate_studies/current_students/ProceduresandPolicies.htm#grievance)), the student is encouraged to take a concern first to the lowest level of the hierarchy – advisor, area director, director of graduate studies, department chair – and then, if necessary, move up from one level to the next. Students may skip over one or more level, however, if they feel that discussing the problem with those faculty would be too awkward or threatening. Thus, students should always be able to consult a faculty member who is not directly involved in the situation that confronts them when attempting to resolve a conflict. Most problems can be readily resolved within the program or department. In some cases, however, the student may wish to talk with a higher administrator in the Graduate School. At the present time, the Associate Dean of Student Services in the Graduate School fills this role.

## **9. Future Directions**

Though we realize that working out the logistics would be daunting, and perhaps impossible, it would be desirable for our most advanced students to have the opportunity to provide supervision and receive feedback about their supervision. This is not something that is currently a part of our practica sequence beyond the opportunities to participate in group supervision but we will be on the lookout for opportunities to make such additional training experiences available to our students.

There is a growing crisis in clinical psychology graduate training having to do with a steady rise in the number of applicants for internship over the past several years (with this growth coming exclusively from PsyD programs) without a concomitant increase in the number of internship slots. Partially in response to this unsatisfactory state of affairs, the APCS has developed an alternative accreditation system to the APA's system. We will work with our sister programs in the APCS to implement this alternative accreditation system and to develop a pool of accredited internships recognized by the VA and potential employers whose mission is to contribute to the training of clinical scientists. We are also exploring the possibilities of partnering with The Family Institute, the Northwestern University Medical School and/or the University of Illinois at Chicago Medical School to develop an affiliated or partly affiliated internship for our students.

## 10. Appendix A

- Commission on Accreditation contact information
- Program Goals, Objectives, Competencies and Minimum Levels of Achievement Table
- Annual Accomplishments Form
- Clinical Program Progress Check List
- General Practica Student Performance Evaluation Form
- Assessment Practica Student Performance Evaluation Form
- Anxiety Practica Student Performance Evaluation Form

Any questions about the status of the program's accreditation should be directed to the:

Commission on Accreditation  
American Psychological Association  
750 First Street, NE  
Washington DC, 20002-4242  
TEL: 202-336-5979

**Program Goals, Objectives, Competencies and Minimum Levels of Achievement Table**

Goal #1: Generate research that contributes to the scientific knowledge base
Objectives for Goal #1(a) Critically reviews individual research studies; (b) Conducts original research; (c) Demonstrates scientific mindedness; (d) Disseminates research
Competencies Expected for these Objectives: (a) Competence in reviewing others' research; (b1) Identifying important research questions; (b2) Successfully designs, completes and analyzes scientific studies; (c) Openness to subjecting one's work to the scrutiny of peers and faculty; (d1) Presents research at conferences; (d2) Publishes research;
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies (minimum thresholds are in parentheses): (a) writes reviews of manuscripts submitted for publication (pass PSY 434 which has a requirement of writing two manuscript reviews); (b1) evaluations by first year research project mentor (pass), defense of second-year research project proposal (pass); defense of dissertation proposal (pass); (b2) evaluations by first year research project mentor (pass), defense of second-year research project (pass), defense of dissertation (pass); (c) Presentation of first year research project and second year research project in program brown bag seminar (both are required); (d1) acceptance of research presentations at conferences (one); (d2) acceptance of manuscripts submitted for publication (one)
Goal #2: Evaluate research literature (to draw appropriate conclusions from existing research)
Objectives for Goal #2: (a) Understands philosophy of science; (b) Understands how to gather appropriate literature and know how to critique that literature
Competencies Expected for these Objectives: (a) Ability to discuss philosophy of science; (b1) Read original research and reviews of research; (b2) Recognize common methodological flaws (b3) Applies knowledge of statistics to critiquing research; (b4) synthesizes and integrates results and conclusions across multiple studies/publications
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: (a) Performance in PSY 434 (pass); (b1) evaluations by first year research project mentor (pass), defense of second-year research project proposal (pass); defense of dissertation proposal (pass); performance in various classes including PSY 401-1,2, PSY 405, PSY 406, PSY 421-1, 2, PSY 434, PSY 495-1, PSY 496-1, PSY 494 (pass) ; (b2, b3, b4) evaluations by first year research project mentor (pass), defense of second-year research project proposal (pass); defense of dissertation proposal (pass)
Goal #3: Acquire foundation of knowledge in basic psychological science
Objectives for Goal #3: Understands basic literature in Biological Bases of Behavior, Social Bases of Behavior, Cognitive and Affective Bases of Behavior, history and systems of psychology, psychometric theory, research methodology and data analysis, individual differences, and development.

Competencies Expected for these Objectives: Able to read and discuss research articles and/or doctoral-level texts demonstrating familiarity with current work in Biological Bases of Behavior, Social and Affective Bases of Behavior, Cognitive Bases of Behavior, history and systems of psychology, psychometric theory, research methodology and data analysis, individual differences, and development.
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: See B3 table
Goal #4: Acquire foundation of knowledge in clinical science
Objectives for Goal #4: (a) Understands basic science relevant to clinical treatment; (b) Understands formal statistical reasoning relevant to clinical assessment; (c) Understands reasoning biases that interfere with accurate assessment ; (d) Is familiar with the psychiatric nomenclature, the scientific support for diagnostic categories, and their evidentiary limitations; (e) Knows conclusions of recent scientific studies of psychological interventions and assessment per se
Competencies Expected for these Objectives: (a) Understands the hypothesized mechanisms for clinical interventions, and the current scientific status of relevant hypotheses; (b, c, e) Consumes clinical assessment critically, with explicit awareness of the limitations of inferences and predictions; (d) Is familiar with the psychiatric nomenclature, the scientific support for diagnostic categories, and their evidentiary limitations; (e) Knows the optimal treatment to recommend for a specific problem, if an optimal treatment exists
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: (a) Performance in Psy 406, Psy 421-1, Psy 421-2, and Psy 496-1 (pass); (b, c, e) performance in Psy 405 and Psy 495-1 (pass); (d) Performance in Psy 421-1 and Psy 421-2 (pass); and (e) Performance in Psy 406 and Psy 496-1 (pass).
Goal #5: Acquire basic competence in teaching
Objectives for Goal #5: (a) Demonstrates ability to organize and present information related to a topic; (b) Demonstrates ability to lecture or implement alternative pedagogical techniques clearly and effectively; (c) Demonstrates ability to promote active learning/interaction
Competencies Expected for these Objectives: (a) Stays on theme of lecture/activity, signals transition to new topic and explains how each topic fits in; (b1) promotes critical thinking; (b2) explains concepts clearly; (b3) stresses important concepts; (b5) projects confidence; (b6) speaks expressively or emphatically and makes use of gesture; (c1) encourages questions and comments and asks questions of class or facilitates discussion



<p>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: (a1) GSLEF #s15, 18 and 19 (adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion); (b1) GSLEF #1 (adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion); (b2) GSLEF #3 (adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion); (b3) GSLEF #7(adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion); (b4) GSLEF #14 (adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion); (b5) GSLEF #20 (adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion); (b6) GSLEF #21 (adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion); (b7) GSLEF #23 (adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion); (b8) GSLEF #24 (adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion); (c1) GSLEF #9 (adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion); (c2) GSLEF #10 (adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion); (c3) GSLEF #12 or GSLEF #13 (adequate at second observation) or Searle Center’s Graduate Teaching Certificate Program (successful completion)</p>
<p>Goal #6: Acquire basic competence in the application of scientific method to practice.</p>
<p>Objectives for Goal #6: (a) Acquire basic competence in empirically based assessments; (b) Acquire basic competence in delivering empirically based interventions; (c) Acquire basic competence in the use of scientific methods for evaluating interventions (i.e., basic single-case design strategies); (d) Acquire basic competence in ethics of practice; (e) Acquire some breadth of clinical skill; (f) Acquire some depth of clinical skill</p>
<p>Competencies Expected for these Objectives: (a) Competently administers semi-structured diagnostic interviews and standardized psychological tests and integrates them in arriving at diagnoses/assessment conclusions; (b) Competently administers at least one empirically supported treatment; (c) Compiles and analyzes data on own clients using psychometrically sound instruments; (d1) Is familiar with professional ethics and acts in accordance with them; (d2) Ability to discuss ethical conflicts; (d3) Is aware of areas of professional ethics, if any, that require further study; (e) Acquires basic competence in assessment and at least one intervention or in at least two interventions; (f) Acquires skill in assessment or at least one intervention commensurate with a second year of training in assessment or that intervention.</p>
<p>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: (a) practicum supervisor evaluations in Psy 412 or another practicum providing training in semi-structured diagnostic interviewing approved by the clinical faculty members (never placed on clinical probation based on this practicum’s supervisor evaluations or successfully resolved clinical probation); (b) evaluations from a practicum supervisor in Psy 413 or Psy 414 or another practicum</p>

providing training in an empirically supported treatment approved by the clinical faculty members (final ratings all at least adequate in at least one of these practica); (c) supervisor ratings on “Monitoring client progress/clinical state“ (or equivalent) in in Psy 413 or Psy 414 or another practica using psychometrically sound outcome measures (adequate); (d1 and d2) Performance in Psy 420 (1 and 2) (pass), practicum supervisor evaluations (never placed on clinical probation or successfully resolved clinical probation); (d3) practice EPPP exam (turns in both completed exam and evidence of grading it); (a, b, c d1 and d2) evaluation by internship supervisors (adequate); (e) evaluations from practicum supervisor in at least two different practica (final ratings all at least adequate); (f) evaluations from practicum supervisor in a second year of the same practicum (final ratings all at least adequate).

**Annual Accomplishments**

Name:

Year:

Year in Program:

Please list your accomplishments in each of the five areas below. You may expand the length of each section as necessary.

*A. Program Requirements:* (coursework, projects, exams/defenses, etc.)

*B. Publications:* (completed, in progress and planned)

*C. Conference Presentations:*

*D. Teaching:* (TA work, courses taught, completion of departmental teaching requirement, etc.)

*E. Other accomplishments you would like us to be aware of.*

**Department of Psychology  
Clinical Program  
PROGRESS CHECK LIST**

**Student Name** \_\_\_\_\_ **Year Entered Program** \_\_\_\_\_

**Advisor Name** \_\_\_\_\_

**DEGREE REQUIREMENTS**

<b>A. Research</b>	
	<b>Completion Date</b>
<b>Comments</b>	
First Year Project	
Second Year Project	
Master's Degree Conferred	
Qualifying Examination Paper	
Oral Defense of Dissertation Proposal	
Oral Defense of Dissertation	
Ph.D. Conferred	

<b>B. Required Courses</b>			
	<b>Quarter/Year Completed</b>	<b>Research Design, Methodology, and Statistics</b>	<b>Quarter/Year Completed</b>
406 <sup>a</sup> Empirical Foundations of CBT		405 <sup>a</sup> Psychometric Theory	
421-1,2 <sup>a</sup> Psychopathology		451-1 <sup>a</sup> Statistics in Experimental Design	
495-1 <sup>a</sup> Clinical Assessment		453-1 <sup>a</sup> Correlation and Regression	
496-1 <sup>a</sup> Psychotherapy		434 Research Methods in Clinical Psychology	
412/413-1,2,3 <sup>b</sup> Assessment or Treatment Practicum			
413/414/15-1,2,3 <sup>c</sup> Treatment Practicum			
494 Personality Psychology			
420-1,2 History, Ethics and Diversity in Clinical Psychology			

Additional Required Courses (first year)		Quarter/Year Completed			Quarter/Year Completed
401-1	Proseminar (Biological and Cognitive Bases of Behavior)		401-2	Proseminar (Social and Personality Bases of Behavior)	

*Note:* <sup>a</sup> first or second year; <sup>b</sup> second and third year; <sup>c</sup> =fourth year

**C. Elective Courses**  
*At Least One Course from Each of the Areas Must be Taken to Meet the Elective Requirements (please fill in)*

Biological Bases of Behavior		Quarter/Year Completed	Cognitive Bases of Behavior		Quarter/Year Completed
<i>Course Number</i>	<i>Course Name</i>				
<hr/>					
<hr/>					

Social and Affective Bases of Behavior		Quarter/Year Completed
<hr/>		

**D. Independent Studies**  
*According to The Graduate School Policy Catalog, a first-year student may take no more than one-half of the total credits in any one quarter in 499*

Course Number	Course Name	Quarter/Year Completed
<hr/>		
<hr/>		
<hr/>		

**E. Departmental teaching requirement** Quarter/Year Completed \_\_\_\_\_

**F. Practicum breadth requirement** Year Completed \_\_\_\_\_

**G. Practicum depth requirement** Year Completed \_\_\_\_\_

v. 8/3/10

**General Practicum Student Performance Evaluation Form**  
 (For use by a practica supervisor who does not have his/her own form)

\*\*\*\*\* student: please fill out this section before giving the form to your supervisor \*\*\*\*\*

Student \_\_\_\_\_ Supervisor \_\_\_\_\_ Site: \_\_\_\_\_  
 Term in this practicum sequence: \_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, . . .) Term in overall practicum sequence: \_\_\_\_\_  
 Primary type of client(s) seen: \_\_\_\_\_ (individual, couple, . . .); Primary modes of  
 intervention: \_\_\_\_\_

\*\*\*\*\* supervisor: please rate the student's performance \*\*\*\*\*

	1	2	3	4	5	
	very poor	poor	adequate	good	excellent	

*Very poor* = in need of substantial remediation; serious concerns in this domain;  
*Poor* = in need of some remediation;  
*Adequate* = competency/skill in this domain commensurate with level of training; improvement could be made;  
*Good* = ability in this domain is well developed, given level of training;  
*Excellent* = strong in this domain, with skill exceeding what would be expected, given level of training;  
*NA* = not applicable.

<b>Clinical Skills</b>	<b>Rating</b>					
Assessment of psychopathology/intervention targets	1	2	3	4	5	NA
Planning treatment approaches/case formulation	1	2	3	4	5	NA
Developing well-defined goals with client(s)	1	2	3	4	5	NA
Building rapport/working alliance with client(s)	1	2	3	4	5	NA
Repairing alliance breaks with client(s)	1	2	3	4	5	NA
Implementing specific intervention techniques	1	2	3	4	5	NA
Report writing and record-keeping	1	2	3	4	5	NA
Preparation for sessions	1	2	3	4	5	NA
Monitoring client progress/clinical state	1	2	3	4	5	NA
Handling termination	1	2	3	4	5	NA
Knowledge and implementation of professional ethics	1	2	3	4	5	NA
<b>Other</b>						
Communicating with other professionals involved	1	2	3	4	5	NA
Communicating with other supervisees	1	2	3	4	5	NA
Receptivity to input from supervisor(s)	1	2	3	4	5	NA
Ability to accept criticism	1	2	3	4	5	NA
Willingness to try new techniques/interventions	1	2	3	4	5	NA
Ability to seek consultation when necessary	1	2	3	4	5	NA
Consideration of and openness towards diversity issues	1	2	3	4	5	NA

**Overall rating of level of competence:**

List strengths this student can build upon in clinical training (use additional pages if necessary):

List areas in need of improvement (use additional pages if necessary):

My signature indicates I have read and discussed the material above with my supervisor. It does not indicate agreement with the evaluation. I have also been given the opportunity to express any disagreements I have with this evaluation in the space provided below for my comments.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Student's comments/reactions:

Assessment Practicum Student Performance Evaluation Form

\*\*\*\*\* student: please fill out this section before giving the form to your supervisor \*\*\*\*\*

Student \_\_\_\_\_ Supervisor \_\_\_\_\_ Site: \_\_\_\_\_  
 Term in this practicum sequence: \_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, . . .) Term in overall practicum sequence: \_\_\_\_\_  
 Primary type of client(s) seen: \_\_\_\_\_ (individual, couple, . . .); Primary modes of intervention: \_\_\_\_\_

\*\*\*\*\* supervisor: please rate the student's performance \*\*\*\*\*

	1	2	3	4	5	
	very poor	poor	adequate	good	excellent	

Very poor = in need of substantial remediation; serious concerns in this domain;  
 Poor = in need of some remediation;  
 Adequate = competency/skill in this domain commensurate with level of training; improvement could be made;  
 Good = ability in this domain is well developed, given level of training;  
 Excellent = strong in this domain, with skill exceeding what would be expected, given level of training;  
 NA = not applicable.

<b>Clinical Skills</b>	<b>Rating</b>					
Assessment of psychopathology/intervention targets	1	2	3	4	5	NA
Building rapport/working alliance with client(s)	1	2	3	4	5	NA
Report writing and record-keeping	1	2	3	4	5	NA
Preparation for sessions	1	2	3	4	5	NA
Knowledge and implementation of professional ethics	1	2	3	4	5	NA
<b>Other</b>						
Communicating with other professionals involved	1	2	3	4	5	NA
Communicating with other supervisees	1	2	3	4	5	NA
Receptivity to input from supervisor(s)	1	2	3	4	5	NA
Ability to accept criticism	1	2	3	4	5	NA
Willingness to try new techniques/interventions	1	2	3	4	5	NA
Ability to seek consultation when necessary	1	2	3	4	5	NA
Consideration of and openness towards diversity issues	1	2	3	4	5	NA

**Overall rating of level of competence:**

List strengths this student can build upon in clinical training (use additional pages if necessary):

List areas in need of improvement (use additional pages if necessary):

My signature indicates I have read and discussed the material above with my supervisor. It does not indicate agreement with the evaluation. I have also been given the opportunity to express any disagreements I have with this evaluation in the space provided below for my comments.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Student's comments/reactions:

## Anxiety Practicum Student Performance Evaluation Form

Student \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor \_\_\_\_\_

Term in Practicum Sequence: \_\_First Second \_\_\_\_\_ Third \_Fourth or  
more

## Rating Scale

1= *Very poor = in need of substantial remediation; serious concerns in this domain*2= *Poor = in need of some remediation*3= *Adequate = competency/skill in this domain commensurate with level of training;  
improvement could be made*4= *Good = ability in this domain is well developed, given level of training*5= *Excellent = strong in this domain, with skill exceeding what would be expected,  
given level of training*

NA=Not applicable

\_\_\_\_\_ Establishes a working relationship with clients

\_\_\_\_\_ Gains client confidence and trust

\_\_\_\_\_ Demonstrates empathy and respect for client

\_\_\_\_\_ Helps client explore and work through ambivalence

\_\_\_\_\_ Helps client establish relevant therapy goals and express them in concrete terms

\_\_\_\_\_ Helps client explore alternative strategies for reaching goals

\_\_\_\_\_ Appropriately administers assessment instruments

\_\_\_\_\_ Appropriately interprets assessment

\_\_\_\_\_ Helps client to understand assessment results

\_\_\_\_\_ Monitoring client progress/clinical state

\_\_\_\_\_ Understands theoretical and conceptual principles as applied to particular client  
problems

\_\_\_\_\_ Assesses client's understanding of treatment model

\_\_\_\_\_ Appropriately educates client regarding any gaps in his/her understanding of treatment  
model

\_\_\_\_\_ Appropriately implements cognitive restructuring

\_\_\_\_\_ Appropriately implements exposure therapy

\_\_\_\_\_ Appropriately implements relaxation/breathing retraining

\_\_\_\_\_ Willingly assumes responsibility

\_\_\_\_\_ Establishes and maintains facilitative working relationship with peers, supervisors and  
staff

\_\_\_\_\_ Shares skills and competencies with peers and supervisors

\_\_\_\_\_ Shares weaknesses with supervisors to improve and is aware of skill/ability limitations

\_\_\_\_\_ Participates in group supervision

\_\_\_\_\_ Knows ethical aspects of therapy and behaves ethically and responsibly with clients

\_\_\_\_\_ Behaves in a professional manner (demeanor, dress, language, etc.)

\_\_\_\_\_ Responsibly schedules and meets with clients

\_\_\_\_\_ Keeps adequate and timely client records/notes





## Appendix B

Criteria for Appointments and Promotions for Faculty of the Center for Applied Psychological and Family Studies of Northwestern University and The Family Institute at Northwestern University

Clinical Lecturer

- Requires competency in a Clinical Discipline (e.g. Clinical or Counseling Psychology, Social Work, Marriage and Family Therapy, etc.). **Originally we specified that this criterion would also include professional licensure. We have deleted this aspect of this criterion. Although virtually all of our faculty are licensed in a clinical discipline, we would like to be able to have some of our younger faculty, who are in the process of obtaining licensure, teach. Additionally, some of our clinical research faculty might not intend to practice and therefore would not require licensure.**
- **If the appointee is to be involved in clinical teaching and/or supervision**, the appointee must demonstrate clinical expertise and commitment through excellent patient care.
- Demonstrates commitment to educational and/or research excellence through teaching, clinical supervision and/or participation in research activities.
- Demonstrates clinical and/or research thought-leadership through professional/academic publications and/or presentations.

Assistant Clinical Professor

- Meets criteria for Clinical Lecturer.
- Publishes scholarly articles in refereed journals and/or chapters in professional texts or handbooks.
- Holds first authorship on at least two of these publications; and/or
- Demonstrates academic, professional **and/or scientific** leadership by directing educational programs **and/or research programs**.
- Participates in presentations at regional or national conferences and/or serves on committees of regional or national professional associations. (she has 7)

Associate Clinical Professor

- Meets criteria for Assistant Clinical Professor.
- Holds first authorship on at least 8 refereed journal articles and two other publications, which could be refereed journal articles or major chapters in leading academic/professional books. **Originally, this criterion was “8 refereed articles and two major chapters.” We modified it to make it more flexible.**
- Edits and/or writes thought-leading professional **and/or** academic books
- Holds key institutional leadership positions

- Reviews articles for refereed journals
- Leads presentations at national conferences and holds leadership roles within national organizations
- Participates in or leads research projects

#### Full Clinical Professor

- Meets criteria for Associate Clinical Professor
- Holds first authorship on at least **20** refereed publications and/or major chapters in leading academic/professional books
  - Some of these publications are recognized as seminal contributions
- Edits and preferably writes thought-leading books that are published by major academic or professional publishers
- Demonstrates academic and professional recognition by serving on editorial review boards of leading professional and academic refereed journals
- Demonstrates professional and academic excellence through Fellow positions in leading professional organizations and academies
- Makes invited presentations at national and international academic and professional conferences
- Achieves the highest form of external professional recognition
- Is considered by peers to be a leading figure in the discipline

#### Appointment Procedure

- All appointments would be based on the recommendation of the Director of the Center for Applied Psychological and Family Studies to the Faculty of the Department of Psychology through the Chair of the Department.
- Appointments at the level of Clinical Lecturer can be made by the Chair of the Department without the approval of the Department Faculty.
- Appointments at the level of Clinical Assistant, Associate and Full Professor are made by the Faculty of the Department of Psychology at the recommendation of the Faculty of the Clinical Program
- External recommendations may be sought for appointments at the Associate and Full Professor levels
- As per prior agreement between WCAS, the Psychology Department and The Family Institute, **all** appointments will be co-terminus with employment by the Center and The Family Institute (**Originally, the clinical lecturer level was to be renewed annually. However following a meeting with Barbara O'Brien of Psych Dept and Barbara Ghoshal of WCAS on May 3, 2005, it was agreed that the position of Clinical Lecturer would also be co-terminus with employment at CAPFS/FI**). However, under circumstances in which the professorial level appointee fails to consistently perform at a level and in a manner consistent with their rank, the appointment can be terminated unilaterally, with at least six months notice, by the Psychology Department.



## Appendix C

### Conference Calendar for Research Meetings of Interest to Program Students and Faculty

#### **February**

Society for Personality and Social Psychology (SPSP)

<http://www.spsp.org/>

#### **March**

Cognitive Neuroscience Society (CNS)

<http://www.cogneurosociety.org/>

Society for Sex Therapy and Research (SSTAR)

<http://www.sstarnet.org>

#### **April**

Midwestern Psychological Association (MPA)

<http://midwesternpsych.org/>

University of Chicago/Northwestern University Psychology Graduate Students  
Symposium (PsychFest)

Society for Research in Child Development (SRCD)

<http://srcd.org/>

#### **May**

Association for Psychological Science (APS)

<http://www.psychologicalscience.org/>

#### **June**

International Academy of Sex Research (IASR)

<http://www.iasr.org>

Organization for Human Brain Mapping

<http://www.humanbrainmapping.org>

Society of Psychotherapy Research (SPR)

<http://www.psychotherapyresearch.org/>

#### **July**

International Society for the Study of Individual Differences (ISSID)/Association of  
Research in Personality (ARP)

<http://www.issid.org/issid.html#about>

#### **August**

American Psychological Association (APA)

<http://www.apa.org/>

**October**

Society for Psychophysiological Research (SPR)

<http://www.sprweb.org/>

Society for Research in Psychopathology (SRP)

<http://www.psychopathology.org/>

**November**

Association for Behavioral and Cognitive Therapies (ABCT)

<http://www.aabt.org/dHome/>

Society for Neuroscience (SFN)

<http://www.sfn.org/>

Society for the Scientific Study of Sexuality

<http://www.sexscience.org>