# NORTHWESTERN UNIVERSITY

## Department of Psychology

# Doctoral Program in Clinical Psychology Program Handbook

September 2026

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**1. Philosophy and Overview**

The Graduate Program in Clinical Psychology, Department of Psychology, of Northwestern University (NU) is dedicated to training clinical scientists. 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 and applied research, and to train graduate students for academic and research or scientifically grounded applied 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. Consistent with the goals of the Academy, the overarching mission of NU's Clinical Psychology Program is to educate innovative research-oriented scholars. Our educational philosophy emphasizes a scientific and socially responsible approach to clinical psychology, including sensitivity to ethical issues as well as diversity, broadly defined. Through course work and practical experience, students receive training in the diagnosis, etiology, and treatment of clinical disorders. 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 clinical psychology is best advanced through scientific and empirical progress. Thus, our 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).

The program is housed within and is an integral part of a very highly ranked Department of Psychology with outstanding researchers not only in clinical but also in social, cognitive, neuroscience and an area group in our department called personality, development and health. Each of the five substantive areas of the department also have their own graduate program, and our students' training is enhanced by their ability to take courses from faculty in other areas and by their opportunities to interact with graduate students in other programs. There is a great deal of overlap between the clinical and personality programs and these two programs operate in a highly integrated fashion. Each of the other programs, however, operates semi-independently when it comes to admission of graduate students and evaluation of student's progress, although resources are shared equitably across all programs.

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 ours 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. 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.

*Program Aims Include:*

**Goal #1: To produce graduate students that can design and conduct research studies that can provide independent contributions to knowledge in Human Services Psychology.**

Our program espouses a mentorship model of training emphasizing intensive individual attention. There are immersive opportunities research, training, and collaboration across clinically relevant and allied areas. Program faculty members utilize a range of exciting and state-of-the-art research methods. To complement these active training experiences, students gain and maintain knowledge of research methodology and techniques of data analysis. Students and graduates conduct high-quality empirical studies on clinically meaningful issues, and they disseminate these findings.

**Goal #2: To produce graduates who possess a foundation of knowledge in core areas of basic psychological science including clinical science.**

Through a series of courses and a range of other didactic and experiential training opportunities (colloquia, proseminar presentations, conference attendance, collaborative studies), students gain and apply knowledge of clinical science as well as allied fields that can improve a more comprehensive perspective to approaching this field. This training includes classes in biological, social, developmental, cognitive, and affective aspects of behavior in addition to the history of psychology.

**Goal #3: To produce graduates who possess a basic competence in teaching**.

The program is designed to weave didactics around teaching, instruction, and mentorship (provided at the University and Departmental level) with experiential learning throughout the course of graduate education. Students start with a range of teaching assistantships, and then progress to providing independent lectures to college and graduate classes (the sequence requires at least two separate lectures), and finally, experiential opportunities to lead a class are provided. Students also work in laboratory settings, and as they gain experience, they are provided with mentorship experience, first with undergraduate students working on individual research projects, and then later, with junior graduate students. These collective processes are completed in close conjunction with faculty involvement, as well as regular adaptive feedback.

**Goal #4: To produce alumni with foundational skills to engage in a range of activities related to health service psychology, including therapy, assessment and evaluation, research, supervision, mentoring/teaching, and consultation.**

Students gain exposure and achieve competence in multiple roles relevant to health service psychology as part of the intensive research training and high quality clinical training experiences applied at every level of our program. Although the program is designed with the aim of training clinical research oriented graduates (e.g., future professors or investigators in Research 1 settings), the background training provides ample opportunities for students to gain experience and develop foundational competencies that can significantly inform this important work.

**Goal #5: To produce graduates who maintain high levels of professional conduct in applying professional standards and ethics as well as knowledge and respect for cultural and individual diversity.**

Through a series of dedicated courses as well as research experiences, students are taught to maintain the highest ethical standards and develop a deep understanding of and appreciation for cultural and individual diversity. This also includes regular interactions between the students and both the student and faculty diversity committees, who arrange for numerous events (e.g., inviting speakers on diversity science, establishing workshops on diversity science applications and methods, running a recruitment program to attract new graduate students from populations underrepresented in STEM) and training opportunities (including a certificate in Diversity Science), adapting to any emerging critical diversity and inclusion priorities in our society.

**Goal #6: To produce graduates who competently integrate the empirical literature with application in their work settings, as per the clinical science model.**

Through a series of courses, invited speakers, workshops throughout graduate training, students gain knowledge in processing the empirical literature, drawing sound conclusions, and using this information as a background to ground effective research methods as well as empirically supported interventions and assessment practices. These lessons are engrained and refined through a series of diverse and intensive research, clinical practicum, and supervisions experiences. Through a mentorship model, students are trained to appreciate continuing to apply these practices, as new empirical evidence continues to arrive, thus promoting a life-long practice.

## 2. Faculty

The designated leader of the Clinical Program at Northwestern University is the Director of Clinical Training (DCT). Robin Nusslock serves as our DCT beginning in September 2024. Dr. 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. He has garnered extensive funding for his research. In 2013 he was the recipient of a “Rising Star Award” from the Association for Psychological Science.

Alissa Levy Chung, Associate Professor of Instruction in Psychology, serves as our Associate DCT beginning in September 2023. Dr. Levy Chung has been a licensed clinical psychologist in Illinois since 2001 and a member of our teaching faculty since 2018. She has taught classes within the clinical area, and her research background is in developmental psychopathology with a dual PhD in child development and clinical psychology.

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.

The core faculty include the following 8 full-time tenured or tenure-track faculty (year of hire in parentheses), specifically 6 core faculty and 2 cross-appointed, and our Associate DCT: Michael Bailey (1989), Alissa Levy Chung (2018), Dan McAdams (1992), Vijay Mittal (2016), Dan Mroczek (2013), Robin Nusslock (2010), Jennifer Tackett (2015), and Richard Zinbarg (1998). A photo of the 8 core and cross-appointed faculty is included at the following link: http://www.psychology.northwestern.edu/people/faculty/core/clinical.html

**Commented [REZ1]:** I think we had 6 core before Sue retired and 2 cross-appointed before Dan Mroczek joined the department. I think the current numbers are 5 and 3

All 6 of the core faculty: (1) have PhDs, (2) were trained in scientist-practitioner or clinical science training programs, (3) have active programs of research or teaching with research teams comprised of graduate and undergraduate students, (4) have theoretical perspectives and experiences that are in line with the primary aims of our program, including the importance of integrating clinical research and research methods, and (5) support the program's efforts to respect and understand cultural and individual differences and diversity. Three of the 8 faculty are licensed in the State of Illinois.

**Commented [REZ2]:** I think this should be 5 now unless we count you in which case it is 6. Don't know what are the APA implications of counting you?

**Commented [AC2R2]:** I don't need to be counted :-)

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 also a member of the clinical training program. He is widely known 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.

**Commented [AC3]:** Another big recent award, right?

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. 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. He has also served as our Department Chair since the fall of 2023.

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 tires 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.

Jennifer Tackett served as our DCT from September 2016 to June 2023. She 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.

Richard Zinbarg, a tenured full professor, has ample leadership experience. He served as DCT from 2006-2014 and 2023-2024 and as department chair from 2017-2023. Dr. Zinbarg is well-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* and the *Journal of Abnormal Psychology*. His current research is supported by the NIMH. Dr. Zinbarg is also a licensed clinical psychologist in the state of Illinois.

**Commented [AC4]:** Switch to Robin

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:

| | **Methodology** | **Psychopathology** | **Assessment** | **Treatment** |
|---|---|---|---|---|
| J. Michael Bailey | Secondary | Primary | Secondary | |
| Robin Nusslock | Secondary | Primary | | |
| Vijay Mittal | Secondary | Primary | Secondary | |
| Dan Mroczek | Primary | Secondary | Primary | |
| Dan P. McAdams | Primary (qualitative methods, narrative analysis) | | Secondary | |
| Richard Zinbarg | Secondary | Primary | Secondary | Secondary |
| Jennifer Tackett | Secondary | Primary | Primary | |

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

Anthony Chambers is Chief Academic Officer 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.

Jay Lebow is a Clinical Professor of Psychology 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.

Michael Maslar Director of Mindfulness and Behavior Therapies Program, Director of Mindfulness and Skills-Based Organizational Services. Therapy includes Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Couple Therapy, Dialectical Behavior Therapy (DBT), Exposure and Response Prevention (ERP), Family Therapy, Meditation, Mindfulness & Behavior Therapies, Radically Open Dialectical Behavior Therapy (RODBT). He provides compassionate and practical, skills-based approaches, rooted in meditative practice and supported by scientific evidence, to help people with a wide range of problems.

Erika Lawrence Director of Translational Science. Therapy includes Acceptance and Commitment Therapy (ACT), Brief Consultation (1-6 Sessions), Cognitive Behavioral Therapy (CBT), Couple Therapy, Emotionally Focused Couples Therapy, Exposure and Response Prevention (ERP), Mindfulness & Behavior Therapies, Premarital Counseling. Dr. Erika Lawrence is the Director of Translational Science at The Family Institute at Northwestern University and is a professor and licensed clinical psychologist. She received her B.A. in Psychology at Emory University, and conducted research under the direction of Professor K. Daniel O'Leary at SUNY Stony Brook. She went on to complete and her M.A. and Ph.D. in clinical psychology at UCLA under the mentorship of Professors Thomas Bradbury and Andrew Christensen, and her clinical psychology internship at the UCLA Neuropsychiatric Institute and Hospital. Her past academic positions include tenure-track and tenured professorships at the University of Iowa and the University of Arizona, prior to joining The Family Institute. Her work has been funded by the DOJ, NIMH, NICHD and the CDC.

Commented [AC5]: Professor K?

Jonathan Sutton is the Director of Cognitive Behavioral Therapies Program

Therapy includes Brief Consultation (1-6 Sessions), CBT-informed, Cognitive Behavioral Therapy (CBT), Diagnostic Assessment, Exposure and Response Prevention (ERP). Dr. Sutton began his psychotherapy training at The Family Institute and is very pleased to return. During his doctoral training at Northwestern University, he received specialized training in CBT for both anxiety disorders and depression.

Benjamin Rosen received both his Master's degree (2013) and PhD. (2017) in Counseling Psychology from Virginia Commonwealth University (VCU), with an area of concentration in child, adolescent, and family psychology. He completed an APA-accredited pre-doctoral internship at the Virginia Treatment Center for Children (VTCC). In the fall of 2017, Dr. Rosen came to The Family Institute (TFI) at Northwestern University to complete a two-year postdoctoral fellowship. Upon completion in August 2019, Dr. Rosen moved to his current position at TFI as a staff therapist. Dr. Rosen primarily works with adolescent and young adult clients, but also has school-aged children, middle-aged adults, and couples on his caseload.

Mark Driscoll is a licensed clinical psychologist and staff therapist at The Family Institute at Northwestern University. He received his doctorate in Clinical Psychology from Marquette University and his internship at Alexian Brothers Behavioral Health Hospital. Dr. Driscoll is a member of The Family Institute's Mindfulness and Behavior Therapies program, specializing in DBT for the treatment of mood disorders (e.g., depression, bipolar disorder), anxiety disorders (e.g., Generalized Anxiety Disorder, Social Anxiety Disorder, Obsessive-Compulsive Disorder), substance use disorders and personality disorders. He leads a weekly DBT Skills Group as well as an Advanced DBT Skills Group at The Family Institute's Millennium Park location. His research investigates behavioral and interpersonal models of stress and depression among individuals who are members of cultural and ethnic minority groups.

Chanelle Ramos-Doucette, Psy.D., is a clinical psychologist and completed a postdoctoral fellowship at The Family Institute at Northwestern University. Dr. Ramos-Doucette works primarily with individuals, couples or families experiencing relationship conflict or who have experienced trauma. Dr. Ramos-Doucette has studied the psychological impact of oppression and the importance of community in healing. Dr. Ramos-Doucette believes a safe and collaborative relationship is essential for therapy and believes client's voices are important in telling their stories.

## 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, as well as post-undergraduate research experience. We begin the admissions process by looking for students with promising GPAs and, when submitted, GREs. 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, 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.

Commented [AC6]: As well as post-undergraduate research experience

Commented [AC7]: Anything here about unionization?

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 are required to participate in the Clinical Proseminar **(refer to page 20 for further detail)**, and the *History, Ethics, Diversity, and*

*Consultation* (HEDC) seminar 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.

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 take coursework in several other substantive areas of clinical psychology (e.g., psychopathology), as well as in other core areas of psychology (see Curriculum Plan at end of this section). Concurrently during the spring of the first year, students begin their professional clinical training through didactic coursework in clinical assessment and CBT. 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 and therapy practica beginning in the summer before the second year) potentially allows them to identify possible clinical research questions that may be of interest. Students also complete a first-year research project (described in more detail below), which culminates in a presentation to the proseminar class in the fall quarter of the second year and, for students who entered the program in the 2024-2025 academic year going forward, a paper to be submitted to the student's advisor by the end of winter quarter of the second year.

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, complete their first-year project (presentation and paper), initiate work on a third-year research project, and begin clinical practicum training in assessment and 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. Given the strengths of our faculty in cognitive, emotional, developmental, neuroscientific, and social psychology, this provides considerable potential for exposure to scientific psychology in all of its breadth. Students will present their first-year project in the fall of their second year and, for students who entered the program in the 2024-2025 academic year going forward, will submit a paper based on the first-year project to their primary advisor by the end of winter quarter.

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 are completed and clinical practicum training continues and progresses to include therapy practica (although some deviations in timing of assessment and therapy practica may occur depending on rotation availability). Students continue to receive experience and feedback regarding their presentation skills by giving one or more presentations and research talks. Students must complete their third year project (equivalent to a master's thesis) by July 15 after the third year along with an oral defense of the project for students who began the program in the 2023-2024 academic year going forward.

**Commented [AC8]:** Need to decide if it is 2023-2024 or 2024-2025

**Commented [RZ9]:** I thought we just changed this but perhaps I'm mis-remembering and we didn't come to resolution and the discussion needs to be continued?

4. *The fourth year and beyond.* During the fourth year, students are expected to complete the qualifying/*preliminary examination* (described in more detail below in Section B, *Required Projects*) required for acceptance into candidacy for the doctoral degree. Although the qualifying/preliminary exam can be completed earlier, it must be completed by the end of the winter quarter of the fourth year (i.e., March 31). In addition to completion of this qualifying/preliminary exam, students in their fourth year of the program are typically also engaged in work toward conceptualizing and designing a dissertation project. Students must defend their dissertation proposal by March 1 of their fifth year according to TGS guidelines. However, students must defend their dissertation proposal prior to applying for clinical internships. **This means that if students want to apply for internships during the fall of their fifth year, they must have defended their dissertation proposal by October 1**. Fifth year students may, if they wish, continue to pursue clinical practicum training, work on their dissertation projects, and are encouraged to continue to hone their presentation skills by giving research talks and presentations.

**B. Required Projects:**

Note that all projects have due dates that are generally inflexible (although an occasional exception has been made due to unusual circumstances). Failure to meet a due date usually results in probation but, depending on the overall picture of a student's performance, is also grounds for dismissal from the program. It is in everyone's interests that a student stays on track.

*1. First Year Project (FYP).* This research project is conducted under the close supervision of a faculty research advisor. It need not involve data collection, 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. (Of course, it is also fine for a student to collect data.) 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 products of the FYP are: 1) a presentation in the program's proseminar presentation series in the fall quarter of the student's second year and 2) a formal write-up of the FYP to be submitted to the student's advisor by the end of winter quarter during the second year (for students entering the program in the 2024-2025 academic year going forward). 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. Third Year Project (TYP).* The TYP (equivalent to a master's project) 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. The report of the completed project should be of journal article length and format to facilitate and encourage the publication of TYP results. For students entering the program in the 2023-2024 academic year going forward, all students must complete an oral defense of their TYP by July 15 after their third years. The paper and oral defense must be approved by a committee of three faculty members, one of whom will be the student's primary advisor. The remaining members may be clinical core faculty but are not required to be. For students entering the program prior to the 2023-2024 academic year, the requirement for a master's degree is a defense and approval by a committee of two faculty members, one of whom will be the student's primary advisor. The second may be a member of the clinical core faculty but is not required to be.

*3. Qualifying/Preliminary Examination.* For students entering the program in the 2023-2024 academic year going forward, the qualifying/preliminary examination project consists of either (1) writing a substantive review paper (in the style of a Psychological Bulletin/Psychological Review/Clinical Psychology Review article) on a topic of interest to the student or (2) a NIMH NRSA or other major federal funding application. The exam includes an oral defense by a committee of three faculty members, one of whom may be the student's primary advisor.

For students who began the program prior to the 2023-2024 academic year, the following options still qualify for the preliminary examination, and an oral defense is not required. (1) writing a substantive review paper in the style of a Psychological Bulletin/Psychological Review/Clinical Psychology Review article on a topic of interest to the student, (2) a NIMH NRSA or other major federal funding application (3) an NSF funding application , (4) conducting an empirical study with a faculty member other than the primary mentor (note that the primary mentor may also be involved) and writing a manuscript describing the study and its results. The evaluation procedure for all options requires that the project is read by two faculty members, one of whom may be the student's primary advisor. Both members must judge the project as passing. Otherwise, the faculty will meet to decide the student's fate.

**Commented [AC10]:** I need the old verbiage here

The primary goal of the NRSA option for completing the qualifying/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.

Upon completion of the qualifying/preliminary examination, the student obtains approval from their advisor and committee via email and uploads a PDF of email approvals to the "general" documents section of their account in GSTS. After the approval document is uploaded, the student completes the PhD Qualifying Exam form under the TGS forms tab. The Graduate Program Coordinator will then approve the form and route it to TGS for final approval. This process will formally admit the student into candidacy for a PhD in Psychology. The deadline for completion of the preliminary examination is March during students' fourth year. 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 three 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). The dissertation proposal must be defended by March of student's fifth years in order to avoid academic probation. ***Of note, the dissertation proposal must be defended prior to internship application, so if students plan to go on internship after their fifth year, the deadline for the dissertation proposal would be October of that year. Students who are completing the program in five years (standard funding) will follow the October deadline during the fifth year and will apply to internship at that time. Students who have banked outside funding and are planning for a sixth year will follow the March of fifth year deadline and will apply for internship in October of the sixth year.**

**Commented [AC11]:** This is the deadline in GSTS, but should we address the issue of lack of/difficulty with 6th year funding?

For students entering the program beginning in the 2024-2025 academic year

| Milestone | Requirement | Faculty | Due Date | TGS Form |
|---|---|---|---|---|
| First Year Project | Psych 403 presentation | Advisor | End of fall year 2 | no |
| | Written paper | Advisor | End of winter year 2 | no |
| Third Year Project (Master's Thesis) | Paper & oral defense | Advisor + 2 faculty | July 15 after year 3 | Yes (Master's) |
| Qualifying/Prelim Exam | 1) Review paper & oral defense<br>2) NRSA application & oral defense | Advisor + 2 faculty | March 31 of year 4 | Yes (Qualifying Exam) |
| Dissertation Proposal | Written proposal & Oral defense | Advisor + 2 faculty (1 out of clinical area) | October of year 5*<br>March 31 of year 5 if 6th year funding | Yes |
| Internship application | Application through APPIC | DCT approval | Fall of year 5 (year 6 if external funding) | No |
| Dissertation defense | Paper & oral defense | Same as proposal | Prior to or by the end of internship | Yes |

For students entering the program during the 2023-2024 academic year

| Milestone | Requirement | Faculty | Due Date | TGS Form |
|---|---|---|---|---|
| First Year Project | Psych 403 presentation | Advisor | End of fall year 2 | no |
| Third Year Project (Master's Thesis) | Paper & oral defense | Advisor + 2 faculty | July 15 after year 3 | Yes (Master's) |
| Qualifying/Prelim Exam | 1) Review paper & oral defense<br>2) NRSA application & oral defense | Advisor + 2 faculty | March 31 of year 4 | Yes (Qualifying Exam) |
| Dissertation Proposal | Written proposal & Oral defense | Advisor + 2 faculty (1 out of clinical area) | October of year 5*<br>March 31 of year 5 If 6th year funding | Yes |
| Internship application | Application through APPIC | DCT approval | Fall of year 5 (year 6 if external funding) | No |
| Dissertation defense | Paper & oral defense | Same as proposal | Prior to or by the end of internship | Yes |

For students entering the program prior to 2023-2024 academic year

Commented [AC12]: Need to figure out what to do with 2023-2024 entering cohort (and the 2022-2023 group as well)

| Milestone | Requirement | Faculty | Due Date | TGS Form |
|---|---|---|---|---|
| First Year Project | Psych 403 presentation | Advisor | End of fall year 2 | no |
| 2nd/3rd Year Project (Master's Thesis) | Paper | Advisor + 1 faculty | July 15 after year 3 | Yes (Master's) |
| Qualifying/Prelim Exam | 1) Review paper & oral defense<br>2) NRSA application & oral defense<br>3) NSF application<br>4) Paper with faculty who is not advisor | Advisor + 1 faculty | March 31 of year 4 | Yes (Qualifying Exam) |
| Dissertation Proposal | Written proposal & Oral defense | Advisor + 2 faculty (1 out of clinical area) | October of year 5*<br>March 31 of year 5 if 6th year funding | Yes |
| Internship application | Application through APPIC | DCT approval | Fall of year 5 (year 6 if external funding) | No |
| Dissertation defense | Paper & oral defense | Same as proposal | Prior to or by the end of internship | Yes |

*Assuming standard 5-year funding, students will apply for internship in the fall of year 5. The dissertation proposal must be approved prior to internship application in October. For students who have external funding that allows for a 6th year, the dissertation proposal must be completed by March 31 of year 5, and they would apply for internship in the fall of year 6.

**C. Clinical Practica:**

Direct training in clinical service begins with didactic training in the spring of the first year, and clinical assessment/intervention in the summer before the second year. 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 standard breakdown of hours across these areas would 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. One notable exception would be for students who plan to pursue careers related to assessment (e.g., neuropsychology).

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

Most of our students elect to do their practica at one of the seven 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 seven captive 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 Associate DCT will meet with all students in the fall to discuss their clinical goals and plans, which includes the TFI rotations and external practicum options. Final selections will be submitted in January. Once students submit their requests for TFI rotations, proposed changes to

students' selections must be first brought to the DCT or Associate DCT and then requested of TFI supervisors.

Students are free to apply for faculty approval for training sites other than TFI. 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 practicum experience, and determinations will be made on a case by case basis. There is a form to submit to propose an external practicum placement, and you are encouraged to meet with the Associate DCT in addition to your primary advisor to plan out your practicum decisions. This application must be submitted by the end of fall quarter. The criteria for consideration for an external practicum or a practicum that exceeds the standard number of hours are included in Appendix D of this handbook.

**Commented [RZ13]:** I think it would be good to add the statement we recently agreed on re: the criteria for evaluating these applications. Maybe as an appendix?

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, 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 seven captive Family Institute practica are as follows:

1. The *Assessment* practicum, supervised by Dr. Zinbarg and Dr. Mittal, offers clinical psychology graduate students training in semi-structured diagnostic interviewing and psychological testing. The assessment team (supervised by Dr. Zinbarg) 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 for DSM-V (SCID) and (b) interpret a battery of standardized self-report questionnaires for the assessment of anxiety, depression, and cognitive functioning.

*2.* The *Anxiety and Panic Treatment Practicum*, begun by Professors Zinbarg and Mineka, with directorship and clinical supervision currently provided by Dr. Sutton, offers clinical psychology graduate students training in cognitive-behavior therapy for the various anxiety disorders. The practicum begins with a didactic portion about CBT and work toward taking on therapy cases. Students are 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.

Commented [AC14]: Is this still the case?

3. The *Integrative Systemic Therapy Practicum*, supervised by Dr. Lebow, offers clinical psychology graduate students training in systemic therapy with individuals, couples, and families. 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. Sutton, offers clinical psychology graduate students training in cognitive-behavior therapy for depression. A requirement of enrolling in the depression treatment practicum is that students must first successfully complete the anxiety and panic treatment practicum.

Commented [REZ15]: Is this still separate from anxiety practicum? I'm not certain

Commented [AC15R2]: It is, but everyone agrees that it should not be. Perhaps we can just have something called Adult CBT?

5. The *Dialectical Behavior Therapy Practicum*, supervised by Dr. Michael Maslar and Dr. Mark Driscoll, offers training on: (1) the theoretical and philosophical underpinnings of treatment, including dialectical philosophy, radical behaviorism, and mindfulness and Zen practice, (2) structuring DBT treatment as a whole, as well as structuring individual, group, phone consultation, and clinical consultation sessions, and (3) strategies and tactics for effectively treating complex, multi-problem, difficult-to-treat populations. Drs. Maslar and Driscoll require that students have taken at least one of the other treatment practica prior to this practicum.

6. *The Child CBT Practicum*, supervised by Dr. Ben Rosen, offers training on anxiety/panic, mood disorders, and adjustment disorders in childhood and adolescence via developmentally appropriate CBT (Cognitive Behavior Therapy). Dr. Rosen's rotation includes a regular didactic component, group supervision, and individual youth cases with varying levels of complexity, from single-diagnosis to multiple diagnosis clients.

7. *The Eclectic/Relational Practicum*, supervised by Dr. Chanelle Ramos-Doucette, offers training on cases with a wide range of potential diagnoses and approaches. Students will create a treatment plan with Dr. Ramos-Doucette that varies with client presentation but may include attachment-based approaches, individual or family interventions, and CBT interventions. Clients may present with comorbid diagnoses and may include children, adolescents, or adults.

Students must register for practicum every quarter, whether internal (which corresponds to a specific course title) or external to TFI (which is the Psych 411 course regardless of which external setting). They should generally register for one course credit unless they have a full credit load, in which case there is an option to register for zero credits.

**D. Internship:**

Students usually complete the required yearlong internship either in 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. They must have approval to apply from the full clinical area faculty based on an evaluation that covers all APA profession wide competency areas that is completed by both the student's mentor and their clinical supervisor from the year prior to internship application (Appendix E).** 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 TGS 512. Application deadlines are usually in the end of October. Copies of all application materials should be sent in digital format to the Associate DCT 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).

**Commented [AC16]:** Do we allow non-APA accredited internships?

You should plan to meet with the DCT or Associate DCT in addition to your advisor in the summer and early fall when selecting your prospective sites and writing your application materials. 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. For more information about APPIC, the APPIC Directory and/or the Match go to *http://www.appic.org/*

In addition, internship application materials (including prior students who have shared their full applications) are available on the clinical area Canvas site, along with timelines and other guidance for the internship application, interview, and selection process.

While the graduate student is on the internship placement, the Northwestern clinical program ensures that there is communication with the program site, both at the beginning of as well as throughout the year in order to make sure that goals are being achieved. A mid-year and final internship evaluation must be submitted to the Graduate Program Coordinator.

**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 focus, that includes both adult and developmental psychopathology oriented faculty. 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 include Northwestern's Children's Memorial Hospital, the Institute for Juvenile Research, Rogers Behavioral Health, Northshore university Health System Pediatric Neuropsychology Practicum 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 so desire, and, indeed, a number of our students participate in research projects supervised by members of other programs in the department (primarily PDH and CAN).

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), and Contemporary Psychotherapy (496) focus primarily upon theory and research but include some applications to clinical practice. The courses on Clinical Assessment (495) and the courses that comprise the first quarter of each of our seven captive practica (412-1; 413-1; 414-1; 415-1, 416-1, 417-1, and 418-1), 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 seven captive practica occurs in the context of clinical research. 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. 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 through the end of their third year, students are expected to attend a weekly clinical seminar class, *Clinical Proseminar, Psychology 403-1, 2, 3*. All students in the program are expected to attend the proseminar regularly but should only register for it when they have room in their schedules for the credits without taking an overload (more than 4 other classes per quarter). The three courses aim to provide a strong background in basic principles of and topics within clinical psychological science, covering research and professional/applied domains. Content will cover three broad domains relevant for your development as a clinical scientist:

1) Scientific communication and dissemination of research in psychopathology and intervention
2) Modern topics related to psychopathology and intervention research and practice
3) Professional development topics such as supervision, consultation, ethics, and culture and diversity.

Topics will rotate from year-to-year, but each year coverage will span these three domains. Second year students are expected to prepare a full 45-minute professional research presentation on their first year project. Students years three and higher are expected to present at least one 15-minute research talk,

similar to the format of a standard conference presentation. 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. It also affords the students making the presentations an opportunity to get feedback on their research from a broad range of perspectives. Additional professional development sessions may include panel discussion, roundtables, journal article discussion, and "flash talks" on professional development topics.

By implementing the curricular noted throughout the handbook, the clinical program ensures that the graduate students have the required Discipline-Specific Knowledge (DSK) and Profession-Wide Competencies (PWC) required in the field of Psychology.

**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 quarter 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/). These lectures are well attended by students and faculty.

Given the strengths of our faculty in cognitive, emotional, developmental, neuroscientific, 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.

The proseminar also covers 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):** Regarding the professional specialty areas, we require a one quarter course in clinical assessment during the first or second year (Professor Tackett), a course on psychotherapy (Zinbarg), at least one course on psychopathology (Mittal), a course on clinical research methods including both design and analysis issues particularly germane to clinical research (Nusslock or Tackett), and a course on personality assessment/psychometrics that involves substantial exposure to measurement issues in the study of individual differences. A number of these courses (e.g., psychopathology, psychotherapy, 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 the development of Personality Psychology

**Commented [AC17]:** This section looks like it could use some updating. We can wait to finalize it until after our January meeting about program requirements for coursework that go beyond APA requirements.

(494) that our students are required to take. We offer an elective course on developmental psychopathology (422).

In addition, the six 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 and currently led by Sutton, is a course that includes exposure to the theoretical foundations of cognitive-behavior therapy for anxiety and the methodological foundations of single-case experimental designs to evaluate outcome on a case-by-case basis**.**

**(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 third 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. Much of the first quarter in the assessment practicum is devoted to didactic training in the administration of the Structured Clinical Interview for DSM-5 (SCID) and the interpretation of results from a standardized self-report questionnaire 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. Some of the other treatment practica at The Family Institute begin with similar didactic training, and all five treatment practica emphasize ongoing assessment of the presenting problems to measure outcome with individual cases and for clinical decision making. Additional assessment experience can be gained through administration of assessment batteries for research projects and external practica depending on student interests.

**(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

**Commented [REZ18]:** When is the last time this was offered?

**Commented [AC18R2]:** I have no idea. Do we want to be offering such a class?

**Commented [RZ18R3]:** I'm reluctant to add to required courses but would be enthused to offer it for students who are interested. Would you be interested in teaching it?

**Commented [AC18R4]:** Sure!

**Commented [AC19]:** Is the didactic focused primarily on anxiety, or is it more general?

**Commented [RZ19R2]:** Primarily focused on anxiety

require all students to take a course that covers issues related to diversity (as well as history of psychology, consultation, and clinical ethics). We also offer a specific course on diversity science: Psych 404 Diversity Science in Psychology and have regular events where speakers focus on issues of human diversity and social equity on research.

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 discussed 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 (most clients are currently seen for no fee). 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 ensures 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 meet 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 showing sub-standard achievement, the letter identifies the deficiencies, gives a timeline for remediating them, and notifies the student of potential consequences if these deadlines are not met. Consequences might include being prohibited from practicum training until course and/or research requirements are fulfilled, being placed on probation or transition to an inactive status. All final

Evaluations are sent to the Graduate Program Coordinator. Each student has an electronic file where evaluations and other significant milestones/reviews are stored.

Evaluations of students' performance in practicum are completed twice a year by practicum supervisors and turned in to the Graduate Program Coordinator (see Appendix B for evaluation forms). Students who receive any less than 3-"adequate" ratings of performance in practicum two evaluations in a row are 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 are counseled out of clinical training. (They may still take their PhD in PDH, CAN, or another relevant area if they desire and are otherwise making good progress in their graduate work.) Students' clinical hours will also be logged on practicum evaluation forms and verified by their supervisors. All final evaluations are sent to the Graduate Program Coordinator. Each student has an electronic file where evaluations and other significant milestone achievements and reviews are stored.

To be approved to apply for internship, students must have ratings of 3 or higher on all Profession-Wide Competency (PWC) areas in a written evaluation provided by the student's mentor and clinical supervisor in the year prior to internship application (Appendix E). This evaluation will be reviewed by the clinical area faculty at the annual meeting, and the faculty will then determine whether the student has permission to apply (assuming that their dissertation proposal is also completed by October 1 of the application year).

The Clinical program collects proximal and distal data, the outcomes for the proximal data regarding students' attainment of minimum levels of achievement in Profession-Wide Competencies (PWC) and Discipline-Specific knowledge (DSK), the evaluations are listed on the DSK and PWC tables (see point #10 in the handbook). The distal data is collected via the alumni survey, these tables can be found on the website.

## 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) **negatively 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 is likely be remediated–this can occur at any time during a student's career. When appropriate, a formal remediation plan will be developed. If the competency problem is egregious or not amenable to remediation, this may result in termination from the program, depending on the severity of the issue.

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

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 Accessible NU (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 contains 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 meet remediation requirements.

Following the end of the remediation plan timeline, the student's primary advisor and the DCT 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 are 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 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 has, 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, Weinberg College of Arts and Sciences (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 fifth summer sometimes available but not guaranteed). Students receive financial support for their research needs through their faculty mentors. Small research grants (up to $3000) are also available to individual students 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 papers or posters).

Students entering internships are eligible for summer "gap" funding (between the end of their 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 provide support (e.g., on a grant) during that period.

**Commented [AC20]:** Any union-relevant changes?

**Clerical and Technical Support:** The Psychology Department is supported by a team of seven administrative staff under the leadership of a Business Administrator. Most department operations, program coordination, research administration, financial management, student and faculty support, and facility matters are managed by the staff. Computer support for hardware installation and software maintenance is provided by WCAS.

Every faculty member has a computer and general office supplies provided by the Psychology Department, as well as access to departmental staff. Faculty can also transfer files from their personal computers to the departmental staff. 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. Computers for advanced data analysis are available across campus at the library just a short walk away from our building. The library's Information Commons (located on the first floor) houses 36 PCs and 25 Macs. On the lower level, there are also three computer labs: a Mac lab with 20 stations, a PC/Mac lab with 15 Macs and 7 PCs, and

another PC/Mac lab with 10 Macs and 11 PCs. PCs at the library have ArcGIS, Excel, MATLAB, R, SAS, SPSS and Stata installed. Macs come with Excel, Mathematica, MATLAB, R, SPSS and Stata. The NVivo qualitative analysis package is available on select computers at the library, ask there for more details. Northwestern has site licenses for ArcGIS, Mathematica, MATLAB, SAS, SPSS, and JMP available to students for free or nominal cost. In addition, students can establish an account for free with the Social Sciences Computing Cluster (http://sscc.northwestern.edu/) for access to additional software and consultation.

Students interested in imaging have access to EEG recording equipment in the 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.

**Commented [AC21]:** 21 PCs

**Commented [AC22]:** Does this need to be updated?

**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 recorded training program on structured diagnostic interviewing from our earlier research, a SADS and RDC training system from the New York Psychiatric Institute, the SCID for DSM-5, 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-5, 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).

**Commented [AC23]:** Does this need to be updated?

**Commented [REZ23R2]:** Yep, updated

**Commented [AC24]:** Do students widely know this? Are we keeping instruments up to date? Could we consider having voluntary, brief demonstrations of instruments if students are interested?

**Commented [REZ24R2]:** I don't know, I don't know and sure!

**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.

The department has funding to support Psychology graduate students who attend and present at **two** conferences per year. These funds are for Psychology graduate students to present data collected at Northwestern. The first conference is based on applying for a conference travel grant from The Graduate School which automatically approves you for department funding. The second conference is funded by the Psychology department and must be requested as soon as you receive confirmation to present at a 2nd conference. We hope that you consider going to the highest-impact conference in your area where your presentation will reflect well upon Northwestern and help you build a network that will launch a successful career.

**Commented [AC25]:** Check with Shelley for any changes

**Funding for a first conference**

Eligibility for 1st conference supported with combination of TGS and department funds.

- Must be a registered and funded graduate student, except students on internship.
- Limited to graduate students in **years 1-5**.
- First author on a presentation or poster
- Must request and receive conference travel support from The Graduate School 2 times in your graduate career. https://www.tgs.northwestern.edu/funding/fellowships-and-grants/internal-fellowships-grants/conference- travel-grant.html

Award

- TGS provides $800 to graduate students in Weinberg PhD and MFA programs 2 times in your graduate career.
- The Department will provide $450 to supplement TGS conference travel funds.
- The department will provide $1250 only after TGS travel funds have been requested twice.
- Students who do not apply for TGS conference travel funds twice will only receive $450 reimbursement from the department.
- Must use travel funds within the current fiscal year it is awarded and for the conference it was awarded. There will be no carryover of funds for use in next fiscal year. Fiscal year begins September 1 and ends August 31.

Deadline

TGS deadline states students must apply prior to the first date of the virtual conference or conference travel, but no more than 3 months in advance. Please read their guidelines.

- Must use conference travel funds within the fiscal year it is awarded. There will be no carry over of funds for use in next fiscal year. Fiscal year begins September 1 and ends August 31.
- TGS states no retroactive requests will be honored.

**The department has no deadline, other than proof of TGS support 2 times and submitting request within the fiscal year when TGS funding is involved.**

**Funding for a second conference**

The availability of department funds is based on the number of requests and budget for the fiscal year.

Eligibility for 2nd conference

- Must be a registered and funded graduate student, except students on internship.
- Limited to graduate students in **years 1-5**.
- First author on a presentation or poster that is different from what was presented at 1st conference.

Award

- The Psychology department will provide $1250 to graduate students in Psychology PhD program for a 2nd conference.

- Send a request to DGS, Satoru Suzuki with a detailed budget, a justification and supporting letter from your adviser. The request must be approved by DGS in advance.

### Deadline

- Submit request for 2nd conference funding as soon as you receive confirmation of your presentation.
- Graduate students must use 2nd conference travel funds within the fiscal year it is awarded. There will be no carry-over of funds to use in the next fiscal year. The fiscal year begins September 1 and ends August 31st.

Graduate students in year 6 (registered and funded, or on internship) must request conference travel funds from DGS, Satoru Suzuki with a detailed budget, a justification and supporting letter from your adviser. The request must be approved by DGS in advance.

In addition to departmental and Graduate School funding, students may defray conference costs by obtaining a travel grant through the conference (if one is offered). Conferences often reduce registration fees or reimburse travel costs for students who provide a few hours of conference-related work.

**Physical facilities:** There is adequate classroom, seminar, office, and research space available for the program. Every graduate student has office space either in 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. 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.

**Student support services**: Northwestern University has an outstanding library with nearly 6.5 million print and electronic volumes. It has an excellent collection of journals and books relevant to psychology, as well as subject specialist librarians who support research in psychology and counseling. If any materials are not in the library's collection, they can be readily obtained at any of a number of Chicago area university libraries or through interlibrary loan. The library also offers a robust document delivery service where journal articles and books can be delivered via email or for pick up. Northwestern students and faculty members have online access to most major psychology journals 24 hours a day, as well as access to PsycINFO, Medline, PubMed and Web of Science among many other databases. Computer access to the library is available on campus by internet and off campus through our proxy server and Virtual Private Network connections. For more information, see the library's psychology research guides (http://libguides.northwestern.edu/psychology).

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 (Professor Robin Nusslock, the Director of Graduate Studies (Professor Satoru Suzuki) and the Department Chair (Professor Vijay Mittal).

**Primary practicum training site:** As aforementioned, 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 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. Finally, the Institute's commitment to research and empirically-informed psychotherapy ensures that even those aspects of practica training that we do not have explicit control over are consistent with our clinical scientist orientation.

**8. <u>Organizational Structure and Governance:</u>** Clinical psychology is one of five training programs in the Department of Psychology. The other graduate training programs of the NU psychology department (http://www.wcas.northwestern.edu/psych/) include Cognitive Psychology, Social Psychology, Personality, Development, and Health, and Cognitive and Affective Neuroscience. 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 multiple times per year, 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) when appropriate. To ensure the privacy and confidentiality of students' educational records, the student representatives are excused from discussions of individual 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 representative serves as a member of any active clinical search committee, representing students, and has the same role, responsibilities and authority as faculty members, with one exception. Student representatives do not participate 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 discussion of a particular issue should not include the student representative, the student representative is excluded from that discussion. After the search has ended, the clinical students and faculty 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/) 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/ADCT, and clinical program student representatives their current working email addresses or alternative contact information.

**9. <u>Student Complaints, Concerns and Grievances.</u>**

Our program recognizes the rights of students and faculty to be treated with courtesy and respect. We expect 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 advisors, any faculty member, or their student representatives. Three faculty members are especially relevant because their positions include broad responsibility for our students' welfare: the DCT (Nusslock), director of graduate studies (Suzuki) and the department chair (Mittal). 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), 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 be able to consult a faculty member who is not directly involved in a problematic situation. 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.

## 10. Minimum Levels of Achievement (MLA) Required for Profession-Wide Competencies (PWC) and Discipline Specific Knowledge (DSK) as per APA accreditation standards

**Commented [AC26]:** This section has been revised consistent with the APA requirement

The table below explains how our program addresses each of the profession-wide competencies (PWC) and discipline specific knowledge areas (DSK) determined to be essential by the APA for competence in clinical psychology doctoral training. Our courses may cover more than one PWC or DSK, and when that is the case, a separate assessment is required for each specific DSK area. Each PWC and most DSK domains have multiple requirements for training and assessment to ensure that our students are fully qualified clinical psychologists upon completion of our program. Because we are a clinical science program, we have particularly rigorous expectations around research competency.

| Discipline-specific knowledge areas (IR C-7 D) | Outcome measure | Minimum level of achievement (MLA, e.g., minimum grade) |
|---|---|---|
| History and Systems of Psychology | Grade in history section of course Psych 420 History, Ethics, Diversity, and Consultation | B- or better |
| History and Systems of Psychology | Evaluation of research-specific history paper review | Advisor rates paper as meets or exceeds expectations |
| Affective Aspects of Behavior | Grade in Psych 497 Social-Emotional Brain | B- or better |
| Biological Aspects of Behavior | Essay on Biology in Psych 401-1 Biological & Cognitive bases of behavior | B- or better |
| Cognitive Aspects of Behavior | Essay on Cognition in Psych 401-1 Biological & Cognitive bases of behavior | B- or better |
| Developmental Aspects of Behavior | Grade in Psych 494 The Development of Personality | B- or better |
| Social Aspects of Behavior | Essay in Psych 401-2 Social and Personality Bases of Behavior | B- or better |
| Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas | Grade in Psych 434 Research Methods in Clinical Psychology Research Proposal | B- or better. |
| Advanced Integrative Knowledge of Basic | Grade in Psych 421 Clinical Psychopathology | B- or better |

| | | |
|---|---|---|
| Discipline-Specific Content Areas | | |
| Research Methods | Grade in Psych 434 Research Methods in Clinical Psychology Journal Article Reviews | B- or better |
| Research Methods | Pass Master's Thesis (2nd & 3rd Project) | Pass oral proposal and defense of master's thesis |
| Research Methods | Pass Dissertation Defense | Pass oral proposal and defense of dissertation |
| Statistical Analysis | Grade in Psych 451 Statistics in Experimental Design | B- or better |
| Statistical Analysis | Grade in Psych 453 Linear Models | B- or better |
| Statistical Analysis | (2nd & 3rd year project) Master's Thesis | Pass oral proposal and defense of master's thesis |
| Statistical Analysis | Dissertation Defense | Pass oral proposal and defense of dissertation |
| Psychometrics | Grade in Psych 405 Psychometric theory | B- or better |

| **Profession-wide competencies (IR C-8 D)** | **Outcome measure** | **Minimum level of achievement (MLA)** |
|---|---|---|
| Research | Grade in Research Methods 434 | B- or better in course |
| Research | Grade in Psychotherapy 496 Final paper | B- or better in course |
| Research | 1st Year research project/brownbag presentation | Pass |
| Research | (2nd/3rd Yr project) Master's Thesis | Pass oral proposal and defense of master's thesis |
| Research | Dissertation Defense | Pass oral proposal and defense of dissertation |
| Research | Qualifying/Preliminary Exam 4th Year | Pass |
| Ethical and Legal Standards | Grade in HEDC 420 Ethics Section | B- or better in course |
| Ethical and Legal Standards | Grade in Responsible conduct of research 519 | B- or better in course |
| Ethical and Legal Standards | Practicum Ratings - ethics knowledge & ethical behavior | Rated 3 or greater |
| Individual and Cultural Diversity | Grade in HEDC 420 Diversity Section | B- or better |
| Individual and Cultural Diversity | Practicum Ratings - individual & cultural differences | Rated 3 or greater |

| | | |
|---|---|---|
| Professional Values and Attitudes | 1st Year research project/brownbag presentation | pass milestone |
| Professional Values and Attitudes | Third Year Research Project | pass milestone |
| Professional Values and Attitudes | Dissertation Proposal/Prospectus | pass milestone |
| Professional Values and Attitudes | Dissertation Defense | pass milestone |
| Professional Values and Attitudes | Practicum Ratings-Ethics /knowledge & Ethical Behavior & Items of Professional Development & Behavior | Rated 3 or greater |
| Professional Values and Attitudes | Internship Director Rating | end of year written evaluation |
| Communication and Interpersonal Skills | 1st Year research project/brownbag presentation | pass milestone |
| Communication and Interpersonal Skills | (2nd/3rd Yr project) Master's Thesis | pass milestone |
| Communication and Interpersonal Skills | Dissertation Manuscript/Proposal | pass milestone |
| Communication and Interpersonal Skills | Dissertation Defense | pass milestone |
| Communication and Interpersonal Skills | Practicum Ratings - Relationship/interpersonal skills | Rated 3 or greater |
| Assessment | Clinical Assessment 495 (discussion/class assignments/Journaling) | B- or better |
| Assessment | Assessment Practicum Ratings | Rated 3 or greater |
| Intervention | Psychotherapy 496 | B- or better in course |
| Intervention | Practicum Ratings on Intervention items | Rated 3 or greater |
| Intervention | Internship | Completion and written evaluation |
| Supervision | Psychotherapy 496 Grade in Supervision Assignment | B- or better |
| Supervision | Practicum Ratings on Supervision items | Rated 3 or greater |
| Consultation and Interprofessional/ Interdisciplinary Skills | Grade in HEDC 420-consultation section | B- or better in course. |

| Program Specific Competency | Outcome Measure | Minimum Level of Achievement (MLA) |
|---|---|---|
| Teaching | Faculty teaching evaluation of two lectures | Rated “adequate” or above on all items by second lecture |

## 11. Appendix A

- Commission on Accreditation contact information
- 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

**Commented [REZ27]:** This now seems out of order, doesn't it?

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

**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.*

**Commented [AC28]:** Service?

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

**Student Name** _____ **Year Entered Program** _____

**Advisor Name** _____

**DEGREE REQUIREMENTS**

Commented [AC29]: Update?

| **A. Research** | | |
|---|---|---|
| | **Completion Date** | **Comments** |
| First Year Project | | |
| Master's Degree Conferred | | |
| Qualifying Examination Paper<br><br>At least two core competency domains must be integrated (please check which were addressed)<br>o History & Systems of Psychology<br>o Affective Aspects of Behavior<br>o Biological Aspects of Behavior<br>o Cognitive Aspects of Behavior<br>o Developments Aspects of Behavior<br>o Social Aspects of Behavior<br>o Advanced Integrative Knowledge of Basic Discipline-Specific content areas<br>o Research Methods<br>o Quantitative Methods<br>o Psychometrics | | |
| Oral Defense of Dissertation Proposal<br><br>At least two core competency domains must be integrated (please check which were addressed)<br>o History & Systems of Psychology<br>o Affective Aspects of Behavior<br>o Biological Aspects of Behavior<br>o Cognitive Aspects of Behavior<br>o Developments Aspects of Behavior<br>o Social Aspects of Behavior<br>o Advanced Integrative Knowledge of Basic Discipline-Specific content areas<br>o Research Methods<br>o Quantitative Methods<br>o Psychometrics | | |
| Oral Defense of Dissertation | | |
| Ph.D. Conferred | | |

| B. Required Courses | | | | | |
|---|---|---|---|---|---|
| **Core Clinical Psychology Courses** | | **Quarter/Year Completed** | **Research Design, Methodology, and Statistics** | | **Quarter/Year Completed** |
| 421-1,2[a] | Psychopathology | | 405[a] | Psychometric Theory | |
| 495-1[a] | Clinical Assessment | | 451-1[a] | Statistics in Experimental Design | |
| 496-1[a] | Psychotherapy | | 453-1[a] | Correlation and Regression | |
| 412/413-1,2,3[b] | Assessment or Treatment Practicum | | 434 | Research Methods in Clinical Psychology | |
| 413/414/415-1,2,3[c] | Treatment Practicum | | 519 | Responsible Conduct of Research | |
| 494 | Personality Psychology | | | | |
| 420-1,2 | History, Ethics and Diversity in Clinical Psychology | | | | |
| 470 | Social Emotional Brain | | | | |
| **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:* [a] first or second year; [b] second and third year; [c] =fourth year

Commented [AC30]: 497

| C. Independent Studies<br>*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** |
| | | |
| | | |
| | | |

**D. History of field in area requirement Quarter/Year Completed _____**

**E. Departmental teaching requirement Quarter/Year Completed _____**

**F. Practicum breadth requirement Year Completed _____**

**G. Practicum depth requirement Year Completed _____**

General 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: ___(1st, 2nd, . . .) Term in overall practicum sequence: _____
Primary type of client(s) seen: _____(individual, couple, . . .); Primary modes of intervention:_____

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

**During this period, I performed direct observation as defined by SoA: Standard II.B.3.d**
"each practicum evaluation must be based in part on direct observation (either live or electronically; e.g., in room or one-way mirror observation of client contact in an intake or test feedback session, live video streaming, or video recording)" _____ Yes _____ No

| 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.*

| **Clinical Skills** | **Rating** | | | | | |
|---|---|---|---|---|---|---|
| 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 evidence-based 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 |
| Integrating science and practice in treatment/planning | 1 | 2 | 3 | 4 | 5 | NA |
| Adapting goals and techniques when necessary | 1 | 2 | 3 | 4 | 5 | NA |
| Displaying concern for others | 1 | 2 | 3 | 4 | 5 | NA |
| **Other** | | | | | | |
| 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 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Ability to self-reflect in clinical work | 1 | 2 | 3 | 4 | 5 | NA |
| Behaving with professional integrity | 1 | 2 | 3 | 4 | 5 | NA |
| Working effectively with supervisors, colleagues, and clients with backgrounds that differ from trainee's | 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):

Number of Hours completed

Assessment Hours: _____

Intervention Hours: _____

Supervision Hours: _____

Supervisor Signature: _____ Date: _____

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: ___(1st, 2nd, . . .) Term in overall practicum sequence: _____
Primary type of client(s) seen: _____(individual, couple, . . .); Primary modes of intervention:_____

********** *supervisor: please rate the student's performance* **********
**During this period, I performed direct observation as defined by SoA: Standard II.B.3.d**
"each practicum evaluation must be based in part on direct observation (either live or electronically; e.g., in room or one-way mirror observation of client contact in an intake or test feedback session, live video streaming, or video recording)" ____Yes ____No

| 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.*

| **Clinical Skills** | **Rating** | | | | | |
|---|---|---|---|---|---|---|
| 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 |
| Selecting appropriate materials for assessments | 1 | 2 | 3 | 4 | 5 | NA |
| Interpreting assessment results | 1 | 2 | 3 | 4 | 5 | NA |
| **Other** | | | | | | |
| 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 |
| Communicating assessment results to client(s) | 1 | 2 | 3 | 4 | 5 | NA |
| Behaving with professional integrity | 1 | 2 | 3 | 4 | 5 | NA |
| Working effectively with supervisors, colleagues, and clients with backgrounds that differ from trainee's | 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):

Number of clinical hours on this rotation:
Assessment:
Therapy/Intervention:
Supervision:

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:

## 12 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.

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.
-

# 13. 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

## 14. Appendix D
## Criteria for Consideration for an External/Extended Hours 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 core clinical faculty. The three major criteria that will be taken into account are: (1) the student's research productivity to date, (2) how the proposed placement relates to the student's research program, and (3) how the proposed placement relates to the student's career goals. Regarding research productivity, simply meeting program requirements in a timely fashion is not sufficient. Rather, the faculty will also take into account the strength of the student's publication record with the major criteria for judging strength of publication record being (1) number of first-authored peer-reviewed publications, (2) quality of the journals these publications appear in and (3) year in the program. One example of the application of the quality of journal criteria is that one first-authored, multi-study paper published in Journal of Personality and Social Psychology will be weighted more heavily than a single-study paper published in a less selective and lower impact journal such as Personality and Individual Differences. Other examples, not intended to be exhaustive, are that one single-study first-authored paper published in JAMA Psychiatry, American Journal of Psychiatry, Biological Psychiatry, Clinical Psychological Science or Journal of Psychopathology & Clinical Science will be weighted more heavily than a paper published in a less selective and lower impact journal such as Behavior Research and Therapy, Anxiety, Stress & Coping or Journal of Anxiety Disorders. As for year in the program, expectations are higher for more advanced students (thus, a publication record consisting of one high quality, first-authored publication will be judged to be stronger for a third year student than for a fifth year student). There is a form to submit, in addition to your current curriculum vitae, to propose an external practicum placement that you can obtain from the Associate DCT and you are encouraged to meet with the Associate DCT in addition to your primary advisor to plan out your practicum decisions.

**Application for Practicum Placement**

Name:

Year in Program:

Advisor:

TA schedule for next year (number of quarters):

RA obligations (number of hours if that is a source of your funding):

Any additional obligations (teaching commitments, administrative positions):

Number of classes you are going to enroll in (other than practica):

Proposed practicum placement:

Type of placement (assessment/therapy and what type of assessment or therapy):

Patient population:

Hours required per week:
- Direct intervention hours:
- Supervision hours:
- Report writing/outside of practicum obligation hours:
- Commuting time:

Proposed schedule (how you would make this work with your other obligations):

How does this placement relate to your research?

How will this placement further your career goals?

Give a brief summary of your research productivity this past year (projects you have undertaken, lab contributions, publications, manuscripts in preparation or under review).

Have you already communicated with someone at the site about this placement?

Does supervision include some direct observation of your clinical work (explain)?

Has this site had NU students before?

## 15. Appendix E

### Evaluation of Internship Readiness

Student Name: _____ Evaluator Name: _____

Evaluator Title/Institution: _____

Evaluator Relation to Student _____

Please evaluate the student in each of the following domains, which are the key Profession Wide Competencies for doctoral students based on APA standards. If the domain is not relevant to your interaction with the student (e.g., you are not involved in their research or direct clinical intervention), you can put N/A for those questions.
For each section, your rating should consider that this is a student who has not fully completed their doctoral work but is ready for predoctoral internship-level expectations (a 5th or 6th year doctoral student). Please note that the application happens in the fall of their final year, so students will have an additional year of training before they begin their internship.

**Criteria for Rating:**

*1 - Very poor = in need of substantial remediation; serious concerns in this domain. (not at all ready for internship)*
*2 - Poor = in need of some remediation. (not ready to apply this year but likely will be next year)*
*3- Adequate = competency/skill in this domain commensurate with level of training; improvement could be made. (just meeting the bar of readiness)*
*4- Good = ability in this domain is well developed, given the level of training. (clearly ready for internship)*
*5- Excellent = strong in this domain, with skills exceeding what would be expected, given level of training. (exceeds expectations, outstanding internship candidate)*
*NA = not applicable.*

**Research**

1. The student demonstrates the substantially independent ability to conduct research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.

1 2 3 4 5 NA

2. The student is able to critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including Northwestern), regional, or national level.

1 2 3 4 5 NA

**Ethical and legal standards**

1. The student is knowledgeable and acts in accordance with:
    a. APA Ethical Principles of Psychologists and Code of Conduct
    b. relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
    c. relevant professional standards and guidelines.

1 2 3 4 5 NA

2. The student can recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.

1 2 3 4 5 NA

3. The student conducts self in an ethical manner in all professional activities.

1 2 3 4 5 NA

**Individual and cultural diversity**

1. The student demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves

1 2 3 4 5 NA

2. The student demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

1 2 3 4 5 NA

3. The student demonstrates the ability to integrate awareness and knowledge of individual and cultural differences, including intersectionality, in articulating an approach to working effectively with diverse individuals and groups.

1 2 3 4 5 NA

4. The student demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews differ with their own.

1 2 3 4 5 NA

**Professional values and attitudes**

1. The student behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, the integration of science and practice, professional identity, accountability, and concern for the welfare of others.

1 2 3 4 5 NA

2. The student engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

1 2 3 4 5 NA

3. The students actively seeks and demonstrates openness and responsiveness to feedback and supervision.

1 2 3 4 5 NA

**Communication and interpersonal skills**

1. The student can develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

1 2 3 4 5 NA

2. The student can produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts

1 2 3 4 5 NA

3. The student can manage difficult communication well.

1 2 3 4 5 NA

**Assessment**

1. The student demonstrates current knowledge and application of knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology

1 2 3 4 5 NA

2. The student can select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity considerations and contextual influences (e.g., family, social, societal, and cultural) of the service recipient.

1 2 3 4 5 NA

3. The student can interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

1 2 3 4 5 NA

4. The student can communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

1 2 3 4 5 NA

**Intervention**

1. The student can establish and maintain effective relationships with the recipients of psychological services.

1 2 3 4 5 NA

2. The student can develop and implement evidence-based intervention plans specific to the service delivery goals informed by the current scientific literature, assessment findings, diversity considerations, and contextual variables. This includes the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

   1 2 3 4 5 NA

3. The student can evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing progress evaluation.

   1 2 3 4 5 NA

**Supervision**

1. The student demonstrates knowledge of supervision models and practices.

   1 2 3 4 5 NA

2. The student demonstrates knowledge of contemporary evidence-based supervision literature.

   1 2 3 4 5 NA

**Consultation and interprofessional/interdisciplinary skills**

1. The student demonstrates knowledge and respect for the roles and perspectives of other professions.

   1 2 3 4 5 NA

2. The student demonstrates knowledge of consultation models and practices.

   1 2 3 4 5 NA

16. Nondiscrimination Statement:

Northwestern University does not discriminate or permit discrimination by any member of its community against any individual on the basis of race, color, religion, national origin, sex, pregnancy, sexual orientation, gender identity, gender expression, parental status, marital status, age, disability, citizenship status, veteran status, genetic information, reproductive health decision making, or any other classification protected by law in matters of admissions, employment, housing, or services or in the educational programs or activities it operates. Harassment, whether verbal, physical, or visual, that is based on any of these characteristics is a form of discrimination. Further prohibited by law is discrimination against any employee and/or job applicant who chooses to inquire about, discuss, or disclose their own compensation or the compensation of another employee or applicant.

Northwestern University complies with federal and state laws that prohibit discrimination based on the protected categories listed above, including Title IX of the Education Amendments of 1972. Title IX requires educational institutions, such as Northwestern, to prohibit discrimination based on sex (including sexual harassment) in the University's educational programs and activities, including in matters of employment and admissions. In addition, Northwestern provides reasonable accommodations to qualified applicants, students, and employees with disabilities and to individuals who are pregnant.

Any alleged violations of this policy or questions with respect to nondiscrimination or reasonable accommodations should be directed to Northwestern's Office of Equity, 1800 Sherman Avenue, Suite 4-500, Evanston, Illinois 60208, 847-467-6165, equity@northwestern.edu.

Questions specific to sex discrimination (including sexual misconduct and sexual harassment) should be directed to Northwestern's Title IX Coordinator in the Office of Equity, 1800 Sherman Avenue, Suite 4-500, Evanston, Illinois 60208, 847-467-6165, TitleIXCoordinator@northwestern.edu.

A person may also file a complaint with the Department of Education's Office for Civil Rights regarding an alleged violation of Title IX by visiting www2.ed.gov/about/offices/list/ocr/complaintintro.html or calling 800-421-3481. Inquiries about the application of Title IX to Northwestern may be referred to Northwestern's Title IX Coordinator, the United States Department of Education's Assistant Secretary for Civil Rights, or both.