University of Wisconsin Department of Psychology

Clinical Psychology Program
Graduate Student Handbook

Cohort: 2021-2022
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Overview

The Clinical Psychology Doctoral Program at the University of Wisconsin rests on two fundamental assumptions: 1) The practice of psychology will be best served by training clinical scientists who possess the knowledge, research training, theoretical sophistication, and clinical experience to increase understanding of the processes underlying mental health and mental illness, and 2) Such understanding will ultimately foster methods that promote mental health, prevent mental illness, and ameliorate psychopathology. Consistent with our program's membership in the Academy of Psychological Clinical Science, our program's emphasis on training clinical scientists highlights our strong "commitment to empirical approaches to evaluating the validity and utility of testable hypotheses and to advancing knowledge by the scientific method" (APCS mission statement).

The principal goal of the UW-Madison Clinical Program is to train clinical psychological scientists who will: 1) generate new and significant knowledge about the factors that influence mental health and illness, 2) develop more effective methods for treating mental illness and promoting mental health, and 3) deliver evidence based, cost effective, clinical care to treat psychopathology and improve mental health.

Our program uses a mentor model for research training; applicants are admitted to the program based in part on how closely their research interests are aligned with those of the current faculty. The close working relationship between the faculty mentor and the graduate student is one of the mechanisms supporting the integration of theory and research with applied training. Students' coursework and clinical practicum experiences comprise the other mechanisms that foster the integration of science and practice. Virtually all clinical graduate students have received financial support while in residence in the graduate program.

Throughout the program clinical graduate students complete a sequence of core courses covering the etiology and treatment of psychopathology, the theory and application of clinical assessment, clinical research methods, statistics/methodology courses, as well as other coursework in nonclinical areas both in and outside of the department (see Degree Requirements). The coursework typically requires three years to complete. However, it may take six or more years to complete all training in the program (e.g., clinical practicum, masters and dissertation research, internship).

The Faculty

The program has eight core clinical faculty in Clinical Psychology with graduate student admitting privileges (Professors Abramson, Curtin, Davidson, Goldsmith, Gooding, Li, Pollak, Walsh). Dr. Linnea Burk is also a member of the core clinical faculty. She serves as one of the two Co-Directors of Clinical Training and is the Director of the Psychology Research and Training Clinic. In these roles, she does not admit graduate students.

The program has an additional 4 associated clinical faculty from other areas in Psychology and other departments. These associated clinical faculty who also have admitting privileges are Professors Herringa, Koenigs, Piper, Plante. Dr. Chris Gioia is also a member of the associated clinical faculty. He serves as the Assistant Director of the Psychology Research and Training Clinic and the Off-site Practicum Coordinator. In these roles, he does not admit graduate students.

All of the Clinical training is overseen by the Co-Directors of Clinical Training (Linnea Burk and John Curtin), the Clinical Area Group Chair (John Curtin), and the core/associated Clinical faculty.

Our Research

All clinical faculty have very active research laboratories that regularly produce high quality, high impact research publications. Our clinical faculty as a group are exceptional at securing extramural support to fund their research and have received considerable national and international attention for these accomplishments.

The clinical faculty are leaders in many areas of psychopathology and health including sleep disorders (Plante), substance use disorders (Curtin). The faculty also have shared expertise in broader domains related to psychometric methods (Curtin, Goldsmith, Li), assessment (Curtin, Davidson, Goldsmith, Gooding, Piper, Pollak), psychotherapy/intervention and its evaluation (Abramson, Davidson), clinical research methods (all faculty), biological aspects of behavior (Abramson, Curtin, Davidson, Goldsmith, Gooding, Herringa, Koenigs, Li, Pollak), assessment of cognitive processes (Abramson, Curtin, Davidson, Gooding, Koenigs, Li) developmental perspectives on psychopathology (Abramson, Davidson, Goldsmith, Gooding,Herringa, Pollak, Li), biologically based assessment methods (Curtin, Davidson, Goldsmith, Gooding, Herringa, Koenigs, Pollak), machine learning/big data approaches (Curtin), and psychiatric genetics and epigenetics (Davidson, Goldsmith, Li, Pollak) to name some focal areas. A number of the faculty actively consult on various assessment / treatment projects (Abramson, Curtin, Davidson, Pollak), and/or use psychological research and theory to advance clinical practice (Curtin, Davidson, Gooding, Piper) and public policy (Pollak).

Environment

Our clinical program is situated in a world-class Psychology Department that includes area groups in Biology of Brain and Behavior, Cognitive and Cognitive Neuroscience, Developmental, Perception, and Social and Personality. In addition, there is an Emotion Training Program within the Department that cuts across area groups and is supported by an NIMH training grant. Many clinical students and faculty are involved in various aspects of the Emotion Training Program. Clinical students also participate in the LUCID training grant for machine learning and data science. Many clinical students avail themselves of the extensive opportunities available through collaborations with other units on campus including: the Waisman Center, an interdisciplinary research institute for developmental research; the Institute on Aging; the Waisman Laboratory for Brain Imaging and Behavior; the Department of Psychiatry; and other Departments in the Medical School, College of Letters and Science, and the School of Education. These collaborations support our aim to train scholars who are well-versed in modern, interdisciplinary research in psychopathology. The department also provides faculty and students with a shared psychophysiology laboratory capable of collecting 64-channel EEG as well as other peripheral psychophysiological measures (e.g., startle response, facial EMG). In addition, UW-Madison possesses a well-equipped Biotechnology Center that supports molecular biological and genetic research.

The interests of and methods utilized by our faculty vary widely but all share the common goal of pursuing innovative, cutting edge analyses of major forms of psychopathology. Our program also offers excellent clinical training and opportunities for students to integrate their applied clinical and research activities. Over the course of the program, graduate students develop expertise in both the assessment and treatment of psychopathology.

Commitment to Diversity and Positive Climate

Climate and Diversity Statement

The Department of Psychology is committed to creating an environment in which all students, staff, and faculty are treated with respect and feel included regardless of race, ethnicity, sexual orientation, gender identity, sex, age, religious beliefs, socioeconomic status, or ability. We also believe in the need to provide equitable opportunity for individuals from marginalized and underrepresented backgrounds. As a department, we stand in solidarity with all our Black students, faculty, staff, and alumni. We invite you to read our Black Lives Matter statement below.

However, words without action are insufficient. The faculty, graduate students, and staff of the University of Wisconsin–Madison's Department of Psychology pledge to support a Climate of Inclusion and Diversity by committing to our Call to Action. The Call to Action delineates our goals to improve the department for historically disenfranchised individuals and is directed at faculty, graduate students, staff, undergraduate students and our surrounding community. It also states the current concrete steps we are taking in order to achieve our goals. We firmly believe in embracing and celebrating diversity in all its forms and aim to foster a department that supports and uplifts all members of our community.

"We believe that the pursuit of equity, diversity and inclusion is a moral obligation and is essential to living our values, achieving our goals and building a stronger Department. We are committed to diversity both as an end in itself, and also because we are convinced that it helps us achieve our main goals, namely maximizing student learning, generating cutting-edge research, training the next generation of scientists, and serving our communities." — Chair of the Department of Psychology

Black Lives Matter statement

The murders of George Floyd, Breonna Taylor, and Ahmaud Arbery, among too many others, have brought into sharp relief ongoing systemic racism in our nation. We condemn these hateful acts of violence in all forms. As a department, we stand in solidarity with all of our Black students, faculty, staff, and alumni: Black Lives Matter. We also acknowledge the historical marginalization, systemic racism, and inequitable privilege that has been maintained through systems of power, including academia.

"It is certain, in any case, that ignorance, allied with power, is the most ferocious enemy justice can have." — James Baldwin

We pledge to look at ourselves and our profession in order to understand the biases that exist within academic settings, including our own department, and to ask what we can do as individuals and within our professional community to mitigate systemic biases, increase the diversity of our community, and foster opportunities for Black members of our community to thrive and succeed. We also pledge to continuously engage in action for a more equitable department and academia as a whole. The actions we are currently taking to address issues of racism and other diversity related issues are detailed in our Call to Action (to be announced).

Additional Resources

A list of popular graduate courses with a focus on Diversity topics within the department are here. Additional information about campus wide diversity resources is also available.

Financial Assistance

Students are admitted with five years of tuition remission and stipend.   These financial aid packages typical consist of either a research assistantship, a project assistantship, a teaching assistantship, or a fellowship. Current pay rates for each type of assistantship can be obtained here.

Many of our students are supported by University fellowships. There are numerous types of University fellowships but we wish to emphasize that among them is an Advanced Opportunity Fellowship (AOF) that is reserved for highly qualified underrepresented students. Furthermore, if the application fee represents a barrier for admission for any applicant, the University offers a fee grant program to assist with application fees.

Many of our students are supported by National Research Service Awards (F31 program) from the National Institutes of Health and other competitive extramural fellowships. Once again, we would like to emphasize NIH has reserved a specific NRSA (F31 – Diversity) for predoctoral students from underrepresented groups in the clinical research workforce

Degree Requirements

Coursework

Students must obtain a **B or better** in all required coursework described below.

Psychopathology series: Two courses in the psychopathology series are required. These courses focus on child, adolescent, and developmental psychopathology (**740**) and adult psychopathology (**741**).

Clinical training series: The following courses are required as part of formal training in assessment, diagnosis, and psychotherapy: **800** (Cognitive and Neuropsychological Assessment for Diagnosis), **802** (Assessment of Psychopathology and Personality), **807** (Introduction to Conducting Psychotherapy), **803** (Advanced Techniques in Psychotherapy), **811** (Theory of Cognitive Behavioral Therapy), **808** (Culture & Diversity in Clinical Practice), **809** (Ethical & Legal Issues in Clinical Practice), **810** (Clinical Supervision, Consultation, & Community Psychology).

Methodology series: **610** and **710** (General. Generalized, and Multi-level Models statistics series), **806** (Foundations of Research in Clinical Psychology), and **910** (Psychometrics)

Breadth series: The following courses are required as part of formal training in the Domain specific knowledge of Psychology. Students may occasionally petition to substitute a comparable course as part of their Ideal Curriculum Proposals. **711** (Affective Neuroscience; two half semesters w/Davidson or one full semester with Pollak), **720** (Essentials of Cognitive Neuroscience w/ Postle), **728** (Seminar in Social Psychology w/ Niedenthal), and **EP 725** (Theories and Issues in Human Development w/Brown in Educational Psychology). Two semesters (fall and spring) of **621** (Meet the Faculty) are also required for all first year students in the department.

Pro-seminar in Clinical Psychology: Students are required to register for and participate in 704 every semester prior to internship. The pro-seminar requirement involves three primary activities throughout the semester as follows:

- Attend the (approximately) weekly Lunch and Learn series. These meetings involve presentations by faculty and students. Some meetings also focus on program requirements and program evaluation. Students should plan to present each year in either a Lunch and Learn meeting or the Spring Research Symposium (see below). Lunch and Learn is scheduled for Wednesdays from 12-1pm each semester.
- Attend the Spring Research symposium. The cornerstone of this event is the required "4th year research talk". Students are required to give one other talk between their 1st and 4th years at this symposium. Use of the symposium to give capstone "Job Talks" prior to graduation is encouraged. All students are encouraged to present as often as they like. This activity provides an opportunity to present student research and to ask/answer questions in public settings.
- Schedule a public defense of the dissertation project. This activity provides an opportunity to present student research and to ask/answer questions in public settings.

Other Coursework Requirements

- **CP 737** (History and Systems of Psychology: Clinical Psychology). This course is offered each summer in by the Department of Counseling Psychology.
- **805** (Field Work in Clinical Psychology). Clinical graduate students must enroll in at least 1 credit of **805** in every semester in which they are actively involved in clinical practice in our department's clinic and/or at an off-site clinical practicum (i.e., starting in the second semester of their second year).
- **990** (Research). Clinical graduate students can add credits of 990 as needed to complete their schedule to the appropriate credit load. For reference, the Graduate School considers full time enrollment as 8-15 graduate level credits (no audit or pass/fail) during the academic year. Graduate level courses are defined as 300 level and above by the Graduate School.

- **995** (Pre-doctoral Internship). All clinical graduate students are required to complete a one year APA/CPA accredited pre-doctoral clinical internship. Students will register for this 0 credit course during each semester of their internship year ONLY if they have defended their dissertation. Students will not be required to pay tuition in the semesters after they have defended their dissertation. Students who have not yet defended their dissertation must continue to register and pay tuition for 3 credits of 990 for fall and spring semesters (Research) while on internship and will NOT register for this course.

Summer Enrollment

- Students holding an academic year (i.e., Fall/Spring semesters) TA, PA, or RA appointment or a UW Fellowship do not need to enroll in summer.
- Students with a RA summer appointment must enroll in at least two graduate level credits in summer.
- Trainees, and fellows (NRSA, NSF, etc.) that are being paid during the summer months must enroll in at least two graduate level credits in summer.
- Dissertators must be enrolled in three credits during the summer if they are expecting to successfully defend their dissertation and graduate during the summer session.
- Students holding spring TA, PA, or RA appointments are eligible for summer tuition remission, if necessary.
- Students participating in any applied practicum work during the summer must enroll in at least 1 credit of 805.

Ideal Curriculum Proposals

Students are required to complete an ideal curriculum proposal by the end of their first semester in the program. The clinical area group will review and approve this proposal. This proposal then serves as a contract between the student and the area with respect to courses they will be required to complete as part of their training in Clinical Psychology.   Any changes to this proposal must be approved by the area group.

First Year Project

Our Clinical program is committed to strong training in scientific psychology and research, and the First Year Project is designed to get students off to a flying start. Students gather data, run analyses, write a research report, and present their findings to faculty and students at a symposium held in the fall of your second year. This experience gives students an early sense for the demands and satisfaction of psychological research. Most importantly, it provides a sense of accomplishment while synthesizing newly learned skills, and it becomes a reference point for continued efforts.

The First Year Project proposal is submitted by the student to their mentoring committee as an NRSA style grant proposal (Specific Aims and Research Strategy sections only), providing an entry level experience in grant writing. Students also prepare and deliver a short oral presentation of the proposal to their mentoring committee at a FYP proposal meeting. The completed (or progressing) FYP is also presented by the student to the entire department during the FYP Symposium in the Fall. Finally, students submit a written paper on the Friday before the FYP symposium that is evaluated by their mentoring committee. A discussion/defense of this paper is conducted in a separate meeting with the mentoring committee approximately two weeks after the FYP Symposium.

Clinical Training Practicum

Students begin their clinical practicum in the Psychology Department Research and Training Clinic (PRTC) during the second semester of their second year in the context of their coursework: Introduction to Conducting Psychotherapy (807). Students are trained following a generalist model and gain clinical experience working with adults, adolescents, and children from diverse backgrounds and with varied diagnoses. Following the successful completion of a full clinical year in the PRTC during their third year in the program, students typically apply to a clinical practicum at one of several local mental health agencies or hospitals. Practicum placements may include experiences in traditional outpatient therapy, partial hospitalization / day treatment, health psychology, primary care psychology, neuropsychological assessment, inpatient psychiatric services, substance use / dependence treatment, and other specialty areas. In addition to community practicum, most students continue to provide therapy and assessment services at the PRTC throughout the remainder of their graduate careers. Finally, all clinical students complete a one-year, full-time clinical experience at an approved APA/CPA accredited internship facility. Historically our students obtain internships at top training centers around the country. However, it should be emphasized that this program is a "best fit" for the student who is deeply committed to research and scholarship and less appropriate for the student planning on a primarily practice-oriented career.

Clinical psychology graduate students are required to complete a minimum of 500 hours of direct client contact hours (intervention and assessment combined) and at least 75 hours of formally scheduled supervision. Many internship sites also maintain minimum requirements specifically for direct assessment hours but substantial variation exists across sites. Therefore, it is recommended that students begin their exploration of internship sites early in their clinical training to familiarize themselves with all potential requirements.

Clinical practicum students must register for at least one credit of 805 each semester, including over the summer. Clinical students' practicum experience begins with enrollment in 807 (Introduction to Conducting Psychotherapy) during their second year. In order to complete the introductory practicum requirement satisfactorily, students must be meet basic standards of clinical competence and receive a grade of B or better to advance in the clinical training series. Students who do not meet basic levels of competence by the end of 807 will need to complete an individual remedial training plan that will be collaboratively developed by the student, course instructor, and DCT.

Typically, students will have taken six semesters of practicum after their fifth year of graduate study. After six semesters of practicum, students who have not prepared a satisfactory dissertation proposal will not register for additional elective practicum until they have met this requirement.

Students' clinical competence is objectively evaluated and documented by two methods. See sections on Self/Clinical Supervisor Clinical Competency Evaluation (CCEs) and the Cognitive Therapy Rating Scale (CTRS) later in this handbook.

Clinical Portfolio

Evaluation and Timeline of the Portfolio

The clinical portfolio is evaluated by the student's mentoring committee. The clinical portfolio will be developed over the first four years in the program. Students will submit their developing portfolios to their full mentoring committee each year during their yearly mentor committee meetings. The personal statement and other components of the portfolio can be used to guide the discussion at these meetings about professional goals, progress, accomplishments, future plans, and obstacles or other challenges. The full committee can provide feedback on draft materials as they are included in the portfolio each year.

The final portfolio must be submitted to the mentoring committee for evaluation by the end of the fourth year in the program (i.e., prior to the start of the fall academic semester of their fifth year). The student must also meet with their mentoring committee to discuss the final portfolio. This meeting should happen in the summer of the fourth year or within the first 4 weeks of the start of the fall academic semester in their fifth year. This final portfolio will be evaluated as satisfactory or unsatisfactory. An evaluation of satisfactory is required to become obtain dissertator status. Although all members of the mentoring committee will be included in this discussion/meeting, the final decision regarding satisfactory or unsatisfactory is determined by only the clinical faculty members of the committee. If the mentoring committee does not include at least three clinical faculty, the DCT will add additional clinical faculty to attend the meeting where this final evaluation will occur.

Components of the Portfolio

1. Personal statement

Students should provide a brief (up to approximately 500 words) personal statement. This statement should include a narrative of their career goals to provide a context for the materials provided in their portfolio. The statement can also provide details regarding current accomplishments and expertise, anticipated accomplishments and/or expertise to be gained in the program and plans to acquire it, obstacles experienced or anticipated, or any other relevant information to contextualize their portfolio or establish themselves as an emerging clinical scientist.

2. Research experiences, training, and products

All students must include the required research products below. Depending on their career goals and professional aspirations, students should submit additional research products as available. Examples of additional (not required) research experiences and/or products are provided below. However, this list should not be considered exhaustive.   For all published or submitted papers, students should report their relative contributions to the conceptualization, design, analysis, and writing in percentages.

Required research products
- **Clinical Lunch and Learn presentations:** Provide title, abstract, date. At least one is required.
- **Fourth year capstone presentation**: Provide title, abstract, date.
- **Research statement**: Provide in format of tenure portfolio research statement or internship research statement (i.e., Please describe your research experience and interests in 500 words). See appendix on writing a research statement at the end of this document for more details.
- **Significant research products**: Students must include at least one significant research product. These products should be led by the student (i.e., the student would be listed as first author if submitted).
    - A published (or submitted) version of the first-year project.
    - A published (or submitted) substantive review or theory paper
    - Completion of an additional "meaningful" empirical study beyond the first-year project. Students should provide sufficient detail about the project's aims, methods, findings, and implications to allow the committee to evaluate the contribution made by the project. In contrast to the other significant products listed above, this project can be included in the portfolio prior to submitting a manuscript for publication. However, if the project has been submitted or published, the manuscript should be included.

Additional research products

- **Empirical papers**: Can include co-authored papers submitted or published.
- **Theory or review papers**: Can include co-authored papers submitted or published.

- **Methods papers**: Can include first-authored or co-authored papers submitted or published.
- **Perspectives papers or letters**: Can include first-authored or co-authored papers submitted or published.
- **NRSA or other grants**: Include grant and any summary statements or other evaluations.
- **Presentations or posters at scientific meetings:** Provide title, abstract, and date. If possible, a pdf of the poster or related handout should also be included. These can include presentations/posters at local meetings.
- **Meaningful blogs or other online contributions**
- **Research collaborations, consulting, or fellowships in industry**
- **Workshops attended or led**: Provide title, workshop summary, and date

3. Clinical experiences, training, and products

All students must include the required clinical products below. Depending on their career goals and professional aspirations, students should submit additional clinical experiences and/or products as available. Examples of additional (not required) clinical experiences and/or products are provided below. However, this list should not be considered exhaustive.

Required clinical products

- **Descriptions of clinical practicum experiences:** Brief description should include the name and dates for the practicum, brief description of the client population and other relevant details (e.g., interventions, modalities). This should include documentation of clinical hours (per internship categories) and available/completed supervisor evaluations.
- **Internship clinical orientation statement**: Please describe your theoretical orientation and how this influences your approach to case conceptualization and intervention. You may use de-identified case material to illustrate your points if you choose. 500 word limit
- **Certification by clinic director of developmentally appropriate clinical expertise**

Additional clinical products

- **Case conceptualization.** The format for case conceptualization is flexible. However, the student should consider including 1. Identifying info and presenting problems; 2. Psychosocial and medical history; 3. Assessment battery (e.g., testing, questionnaires, interviews); 4. Conceptualization (i.e., possible diagnoses based on data and history, explanation of treatment based on information gathered, treatment goals and objectives); 5. themes in treatment (e.g., summary of how treatment progressed each week, summary of data collected re: treatment efficacy); 6. Case summary, and alternative treatment options

- **Assessment report(s)**. Provide integrative or other assessment reports after appropriate de-identification. Do not include raw data from assessments.

4. Diversity, Equity, and Inclusion (DEI) experiences, training, and products

All students must include the required diversity statement described below. However, they may also include and/or describe additional experiences, training, and products that demonstrate their training and commitment to DEI practices, broadly construed. Examples of additional (not required) DEI experiences and/or products are provided below. However, this list should not be considered exhaustive. It should also be noted that many of the products that you might include in this section could be "cross-listed" in another category of the portfolio. For example, if you develop a case conceptualization and treatment plan for a patient from an under-represented group, it could be cross-listed in both the clinical and DEI categories.

<u>**Required diversity products**</u>

- **Diversity statement**: Describe your experiences, training, and practices regarding research, clinical practice, and teaching/mentoring (if applicable) with diverse populations. Diversity is construed broadly in this context by design. You may wish to reflect on your engagement with a myriad of populations, from those who have historically been marginalized and understudied in psychology, to at-risk and vulnerable populations traditionally subject to systematic discrimination in social science research and society more generally. Suggested length: 500 words.

<u>**Additional diversity products**</u>

- **Case conceptualization and/or treatment planning for a patient from an under-represented or marginalized group.**
- **Syllabus or course design that attend to issues of DEI**
- **Description of mentorship experiences of students from under-represented groups**
- **Translations of research instruments into other languages to increase accessibility**
- **Development of protocols for research/lab practices to address DEI issues**
- **Descriptions of workshops or consultation with experts on DEI practices in research, clinical practice, or teaching**

5. Transcript
All students should include an (unofficial) copy of their current transcript documenting their coursework and grades. At the time of final evaluation of the portfolio, their transcript must confirm that they have completed all required coursework.

6. Teaching experiences, training, and products (Optional)

There are no required teaching experiences, training, or products. However, students who plan to pursue a career that involves teaching should consider pursuing formal experiences in teaching during their time in our program. Examples of experiences and/or products that you can consider including in your portfolio to document these experiences are listed below. This list should not be considered exhaustive.

<u>**Teaching products (not required)**</u>
- **Teaching statement:** Provide a statement that describes your teaching philosophy and indicate how you strive to achieve and ensure excellence in teaching and mentoring. Suggested length: Up to 500 words.
- **Description of courses TAed or taught:** Include course evaluation summary statistics and raw evaluations if available.
- **Description of courses developed and materials**: Include course materials such as syllabus, required reading, sample exams, course website)
- **Description of mentorship experiences**

Dissertation

In general, there are no limitations on the sorts of research topics, research designs, or analytic strategies that may be used in dissertation research. The dissertation proposal should be submitted to the mentoring committee as an NRSA style grant proposal (Specific Aims and Research Strategy sections only) to provide the student with additional training in grant writing. Students also prepare a short oral presentation of the proposal that is delivered to their mentoring committee at the proposal meeting. The completed dissertation is presented to the entire department in a public defense. Students will discuss/defend their dissertation in a separate private meeting with the mentoring committee; typically, this meeting is held immediately following the public presentation.

Professional Ethics

The Clinical Psychology Area Group requires that students demonstrate that they comprehend and adhere to the principles of professional conduct as contained in the APA publications, General Guidelines for Providers of Psychological Services, the Ethical Principles of Psychologists, and the Casebook on Ethical Principles of Psychologists. These principles pertain to their conduct as students, teachers, clinicians, and researchers. The student's adherence to these criteria will be determined at student progress reviews and on an ad hoc basis by clinical faculty and staff.

Students must also complete the appropriate Human Subjects Protections Training given the nature of their research program. Further detail is available here.

Minimum Program Duration

The Clinical Psychology Doctoral Program requires a minimum of 5 full-time academic years of graduate study (or the equivalent thereof) and completion of an internship prior to awarding the doctoral degree (6 years total). All five full-time academic years of study must be completed at the University of Wisconsin, with virtually all of this time in residence, except in unusual circumstances by petition. Student should be aware that 6 years is the minimum program duration. Students pursuing research programs that required a high degree of

methodological/analytic expertise or exceptionally transdisciplinary focus may need additional time to obtain these skills and complete the program.

Credit Load for Dissertators

Clinical graduate students who are dissertators must register for exactly three credits per semester. These will typically include 1 credit each of **990**, **805**, **704**.

Required Coursework Schedule

Frequency of Course Offerings

Psychopathology series
> **740**: Developmental Psychopathology (every 2-3 years; should take when offered)
> **741**: Adult Psychopathology (every 2-3 years; should take when offered)

Clinical Series
> **800**: Cognitive and Neuropsychological Assessment for Diagnosis (every Fall; typically taken in second year; possible in year 1 with program approval)
> **802**: Assessment of Psychopathology and Personality (every Fall; typically taken in second year; possible in year 1 with program approval)
> **807**: Introduction to Conducting Psychotherapy (every Fall; should be taken in second year)
> **803**: Advanced Techniques in Psychotherapy (every two years in Spring; should be taken in 2 or 3rd year depending on your cohort entry year)
> **811**: Theory of Cognitive Behavioral Therapy (every other year in Fall; should be taken in 1st or 2nd year depending on your cohort entry year)
> **808**: Culture & Diversity in Clinical Practice (every three years in Spring; should be taken between your second and fourth year when offered)
> **809**: Ethical & Legal Issues in Clinical Practice (every three years in Spring; should be taken between your second and fourth year when offered)
> **810**: Clinical Supervision, Consultation, & Community Psychology (every three years in Spring; should be taken between your second and fourth year when offered)

Methodology series
> **610**: General, Generalized, and Multi-level Models statistics series I (Every Fall, required in 1st year)
> **710**: General, Generalized, and Multi-level Models statistics series II (Every Spring, required in 1st year)
> **806**: Foundations of Research in Clinical Psychology (Every other year in Fall; should take when offered)
> **910**: Psychometrics (Every three years; should be taken when offered)

Breadth series
> **621**: Meet the faculty (should be taken in fall and spring semesters of first year)
> **711**: Affective Neuroscience. There are two versions of this course. The half semester version is offered every Spring. The full semester version is offered approximately every other Fall. Can complete at any point in first four years.
> **720**: Cognitive Neuroscience. This course is offered approximately every other year; Should take when offered.
> **EP725**: Theories and Issues in Human Development. This course is offered every Fall. Can complete at any point in first four years.
> **728**: Social Psychology. This course is offered approximately every other year; Should take when offered.

Other
> **704**: Pro-seminar in Clinical Psychology. This course is offered every semester; required every semester for all years in program.
> **CP737**: History and Systems of Psychology. This course is offered every summer; Can complete at any point in first four years.

Tentative Schedule for 2021-2022 Cohort

Students will complete the majority of their coursework within the first three years. The fourth year of the program is reserved to complete the final course in the 808-810 series and any electives or other courses that have been postponed. Our program strives to adhere to the schedule outlined here. However, given the complexities of faculty teaching assignments in the clinical area, department, and related departments, some changes to this schedule may emerge. We also strive to continually review and improve the academic experience of our students. Occasionally, this results in changes to required courses and/or course offerings.

Year 1: Fall 2021

610, 806, 621, 704, [800/802; can take in first or second year]

Year 1: Spring 2022

710, 910, 621, 704, [808 can take in first or fourth year]

Year 2: Fall 2022

741, 807, 811, 704, [800/802; can take in first or second year]

Year 2: Spring 2023

740, 809, 704, 805, 728

Year 3: Fall 2023

704, 805

Year 3: Spring 2024

803, 810, 704, 805

Year 4: Fall 2024

720, 704, 805

Year 4: Spring 2025

704, 805, [808 can take in first or fourth year]

Year 5: Fall 2025

704, 805

Year 5: Spring 2026

704, 805

Additional coursework with flexible timing: There is some flexibility in when to take these required courses because they are offered more frequently. These courses should be added to the above schedule as best fits your needs and other elective coursework

711: Half semester every Spring. Full semester possible in some years including Fall 2021. A total of one full semester is required

EP 725: Every fall

CP 737: Every summer

Student Mentoring

Clinical Mentoring Committee

A strong student-faculty mentor relationship is the cornerstone of our clinical program. However, students also benefit from perspectives and information from individuals outside of their primary mentor's lab. The purpose of the clinical advising committee is to assist students in (a) setting appropriate goals, (b) anticipating and successfully completing program requirements, (c) integrating research and clinical training experiences, (d) considering career options and other professional issues, and (e) evaluating their progress toward their professional goals. It is expected that the committees will address all of these issues during the advising sessions.

All clinical students are expected to select a 5 person (minimum) advising committee that would include their major professor and other members of their choosing. All committees must have at least one faculty member who is a core clinical faculty (Core clinical faculty are clinical area group faculty members whose tenure home is the Department of Psychology). Additional committee members may be added as appropriate and useful. At the point of the dissertation proposal, the mentoring committee must contain at least one member from outside the Psychology Department. We recommend that this individual is a committee member from the beginning to ensure continuity in mentoring. Finally, students should include either the Director (Burk) or Assistant Director (Gioia) of the PRTC in mentoring committee meetings starting in their second year and beyond. This will facilitate discussions about the integration of research and clinical training and goals. Drs. Burk or Gioia count among the 5 (minimum) members.

Prior to the meeting, students are expected to distribute the current version of their clinical portfolio to their committee for review. Their portfolio is expected to provide a framework for the committee to advise the student on their training progress and future goals. This portfolio will serve only as a guide for advising and discussion until the end of year 4, where it is evaluated to advance to dissertator status.

In addition to the once annual meeting required by the department, students are encouraged to request a meeting of their committee whenever they desire additional perspectives on their performance, goals, or other career or academic issues.

Mentoring Committee Timeline/Schedule

Below is the annual schedule of mentoring committee meetings that must be held to stay in good academic standing with the department.

Year 1, Fall**:**

1. Meet with your mentor to complete the First Year Fall Meeting form (turn in to Kevin Belt).

2. Review and discuss the Mentor-Mentee Compact with your mentor. The Mentor-Mentee Compact does not need to be turned into the department or clinical area group.

3. Complete the Ideal Curriculum Form (turn in to Kevin Belt and John Curtin).

Year 1, Spring:

1. By the START of the spring semester, you must finalize the members of your mentoring committee. You should communicate this information to Kevin Belt and John Curtin by email. No form is required.   This committee will evaluate your FYP and likely provide stable mentoring and evaluation over the course of your training in the program.   Committee composition can change if needed over time.

2. By April 1st, you must complete the Annual Progress Report with your mentor only (turn in to Kevin Belt)

3. By the END of the spring semester you must meet with your Mentoring committee to evaluate your FYP proposal and your progress in the department thus far. Complete the FYP Spring Meeting form at this meeting (turn in to Kevin Belt).

Year 2, Fall:

1. Meet with your Mentoring Committee to evaluate the recently completed First Year Project and discuss any relevant training items (e.g. courses for Year 2 or Year 3; discuss prelim plans, etc.). Drs. Burk or Gioia should be added to your committee at this point if you have not already done so.

2. The FYP meeting can serve as your annual Mentoring Committee meeting.

3. Complete the FYP Defense Meeting Form (turn in to Kevin Belt).

Year 2, Spring:

No Meetings required unless progress discussion does not occur during FYP defense.

Subsequent Years:

The Mentoring Committee will meet annually in either fall or spring (the student and their faculty advisor decide what works best). A Progress Report must be signed and turned in to Kevin Belt after each meeting. See student and faculty versions of the progress report form. Only the faculty version of the form is required but both forms are recommended.

The student should convene their Mentoring Committee between the summer of their fourth year and the fourth week of the semester in their fifth year to evaluate their final clinical portfolio. Evaluation of the portfolio is completed by only the clinical area faculty members of the mentoring committee. However, the student may wish to invite their full committee to participate in the discussion for further mentoring opportunities. Upon satisifcatory evaluation of their clinical portfolio, the student will be granted dissertator status starting in the fall semester of their fifth year.

Additional Meetings and Forms: Upon completion of the FYP and accumulation of 30 credits, the student is eligible to receive their Master's degree. A warrant must be ordered from the Grad School by Kevin Belt, signed by the members of the Mentoring Committee and returned to Kevin Belt.

Student Evaluation, Feedback, & Retention/Termination

Second Year Retention Decision

First consideration: Area groups and mentoring committees will evaluate the performance of second-year students following the defense of the First Year Project.

Students who perform well on the First Year Project and who are meeting expectations in other important domains (e.g., coursework, research skills) will receive a brief letter from their area group chair noting their accomplishments to date. Receiving a positive letter at the end of the fall semester does not guarantee a positive retention vote in the spring.

Students who perform poorly on any component of the First Year Project (written document, public presentation, defense) as assessed by their mentoring committee or who are failing to meet expectations in other important domains (e.g., coursework, research skills) as assessed by their mentoring committee and area group will receive a letter from their area group chair and the Associate Chair for Graduate Studies before the start of the spring semester of their second year. The letter will outline concerns raised by the faculty and note any actions the student can take to address the concerns before the spring retention vote. Students who receive such a letter should be aware that the faculty may vote not to retain them in the spring.

Second consideration: The Faculty of the Psychology Department will meet late in the spring semester of students' second year to evaluate their performance and determine whether they should be permitted to continue working toward the Ph.D. The evaluation and determination will be based on:

1. Performance in graduate-level courses as assessed by course instructors and by grades.
2. Performance on the First Year Project as assessed by the mentoring committee and by attendees of the First Year Project Symposium.
3. The evaluation by the advisor of the student's research ability.

At the spring meeting, faculty can vote to retain a student, not retain a student, or provisionally retain a student. Students who receive a negative vote will not be allowed to continue working toward their Ph.D. Students who receive a provisional retention vote will receive a letter from their area group chair and the Associate Chair for Graduate Studies outlining concerns raised by faculty, with information about how (and by when) students must address the concerns. Students who do not address the concerns outlined in the letter (as determined by the faculty body) will not be allowed to continue working toward the Ph.D. beyond their third year.

Students who are not retained for the Ph.D. may still receive a master's degree in psychology, provided they meet criteria for one. See here: https://grad.wisc.edu/current-students/masters-guide/#what-you-need-to-do

Satisfactory Progress: Years 1, 3, and beyond

The Clinical Area Group and student mentoring committees will review graduate progress and report assessments to the entire faculty at least once a year. In judging satisfactory progress, faculty will consider students' progress on milestones (First Year Project, Preliminary Exams, Dissertation Proposal), research, and other area group and department requirements. Students can enter a state of unsatisfactory progress in any of these areas at any time. Students who are determined to be making unsatisfactory progress will receive a letter from their area group chair and the Associate Chair for Graduate Studies outlining concerns raised by faculty, with information about how (and by when) students must address the concerns. Once the concerns are addressed, the student will enter a state of satisfactory progress.

If a student does not address concerns outlined in the letter by the indicated deadlines, the Psychology Department will then inform the Graduate School that the student is not making satisfactory progress. At that

point, the student may be asked to leave the program entirely and may also be ineligible to receive university funding (TA-ships and fellowships).

At the University of Wisconsin–Madison, departments set their own standards and policies for determining and informing students about their progress. However, the Graduate School does have minimum requirements for satisfactory progress (see here: https://grad.wisc.edu/documents/satisfactory-progress/). Note in particular the Graduate School's requirement that students maintain a minimum graduate GPA of 3.00 in any coursework taken as a graduate student.

Area Group Communications

All area group communications are handled within the Clinical Area Group Slack Workspace. There are specific channels established for most important topics for communication.   It is strongly recommended that you join all of the channels and set your notifications to alert you when new communication is posted.

You should also communicate with the DCTs via direct message in Slack. This allows us to maintain a threaded conversation that can provide a context for future communications.

The area group also uses the Outlook Calendar to provide information about important area group events. It is strongly recommended that you also use Outlook as your calendaring system, either directly or by synching your Outlook Calendar with your other preferred calendaring software.

Clinical Responsibilities, Competence, & Disciplinary Consequences

Clinical and faculty supervisors have a professional, ethical, and legal obligation to evaluate the clinical competence, professional skills, and interpersonal competence, of graduate clinicians who are under their supervision. Such evaluation ensures graduate clinicians are competent to manage future professional activities in an effective and appropriate manner. As part of this process, each semester, graduate clinicians and clinical supervisors complete evaluations of each other and the supervisory experience. This process allows both parties to summarize the efficacy of the practicum and supervisory experience in promoting the supervisee's professional development. Additionally, PRTC staff evaluate graduate clinicians in other areas of professional development, e.g., maintenance of client charts, paperwork, and other behavior. The Director is responsible for assigning all practicum grades and utilizes information from the following area to arrive at the practicum grade:

1. Ability to complete required paperwork and documentation
    a. Review of charts and monthly billing
2. Maintenance of appropriate levels of practicum hours
    a. Activity reviews
    b. Time-2-Track
    c. PRTC Clinical Accountability Statement - Documentation of Hours
3. Student completion of evaluation of clinical supervisors, clinic staff, and off-site placements
4. Professional Competence
    a. Therapy performance as measured by the Cognitive Therapy Rating Scale and evaluation of the student by clinical supervisors
    b. Interpersonal competence as measured by evaluation of the student by clinical supervisors

Professional Competence

Demonstration of professional competence includes maintaining an appropriate caseload, attending and participating in supervision, and complying with all PRTC policies and procedures. Professional training goals and competencies are outlined in the "Practitioner Competencies" provided to each student at the start of practicum training. This document is also available on the CAG Wiki. Instances of non-compliance with PRTC policies and procedures as well as non-compliance with the policies and procedures at community practicum sites will be documented and brought to the attention of the Director of Clinical Training and the student's faculty mentor.

Self- and Clinical Supervisor Clinical Competency Evaluations (CCEs)

- At the end of each semester of clinical practicum student performance is evaluated by their clinical supervisor(s) and by themselves. Students are asked to identify their clinical strengths and weaknesses, the training goals that were met during the current semester, and new goals for the upcoming semester. The student self-evaluation is used to stimulate an ongoing discussion with the clinical supervisor to facilitate individual achievement.
- Depending on the training stage of the student, supervisors complete either the Foundational Competencies Evaluation or the Functional Competencies Evaluation. The Foundational Competencies Evaluation is used for students completing practicum experiences in the PRTC during their second and third program years. The Functional Competencies Evaluation is used for students who are completing practicum experiences in the community and/or PRTC and are beyond their third program year.
- The Foundational Competencies Evaluation assesses students' abilities in seven areas: Professionalism; Reflective Practice/Self-Assessment/Self-Care; Scientific Knowledge and Methods;

Relationships; Individual and Cultural Diversity; Ethical Legal Standards and Policy; and Interdisciplinary Systems.

- The Functional Competencies Evaluation assesses students' abilities in six areas: Assessment; Intervention; Consultation; Supervision; Management-Administration; and Advocacy.
- On both the Foundational and Functional Competencies Evaluations, supervisors assign ratings ranging from 0 to 100 points (Rating Anchors: 0 = skill not demonstrated, 50 = adequate for stage of development, 100 = greatly exceeds expectations) on each item. Supervisors are provided with a "ratings codebook" containing detailed definitions of rating anchor points.
- If a student receives multiple supervisor ratings below a "50 – adequate for stage of development," a formal remediation plan may be developed to address deficiencies. Plans could include, but are not limited to: additional practicum training or movement to a different practicum site; a change in supervisor, the use of multiple supervisors, and/or additional supervisory contact; additional coursework or training workshops; and/or referrals to other professional services for the student. Such plans will be time limited and include clear goals/benchmarks that the student will be required to meet in order to continue with the clinical training program.
- In addition, if a student receives one or more ratings below "50 – adequate for stage of development" on the Foundational Competencies Evaluation they will be unable to apply for a community practicum placement until after the remediation plan has been completed and their foundational ratings are all at 50 or above.

The Cognitive Therapy Rating Scale (CTRS)

- The primary therapeutic model followed by the clinical training program is cognitive behavior therapy. As part of the initial practicum experience students will be trained to use the Cognitive Therapy Rating Scale (CTRS) to assess how well student-led therapy sessions exemplify this model. Most research and accrediting bodies use a minimum total score of 40 to represent therapeutic competence in CBT.
- In January of the student's first practicum year in the training clinic a sample of 3 to 5 recorded therapy sessions will be rated by clinical supervisors using the CTRS. It is expected that at least one of these sessions will have a total score of 40 or above before the student applies for off-site clinical practicum experiences (applications are typically made in February and March).
- A score of 40 on the CTRS indicates that the majority of individual item level scores are "2 – evidence of competence, but numerous problems and lack of consistency" and "3 – competent, but some problems and/or inconsistencies" or higher. Identified areas of weakness will be addressed during the student's second semester in the training clinic.
- Students with CTRS total scores lower than 40 will have a limited choice of practicum experiences and may be required to remain in the training clinic for another year.

Interpersonal Competence

The ability to interact effectively with other people is of particular importance in the practice of clinical psychology as effective therapeutic relationships must be created and maintained. It may become clear during the course of training that a graduate clinician is struggling with interpersonal competence. A range of consistent markers of interpersonal competency problems that have emerged within the training literature:

(a) Inability to display reflective learning – self-awareness, self-reflection, self-evaluation

(b) Inability to engage in honest inquiry into their style of presentation - knowledge of the impact of one's own behavior, beliefs, and values on clients, peers, faculty, allied professionals, the public, and individuals with diverse backgrounds.

(c) Inability to be open to the process of supervision – unwillingness to explore issues that interfere with the provision of care or impede professional development or functioning.

(d) An overly emotional or overly inhibited interpersonal style

(e) Difficulty tolerating or inability to tolerate the affective states of others

(f) Difficulty meeting or inability to meet the cognitive demands of engaging in the therapeutic process

(e) Poor maintenance of interpersonal boundaries

(f) Poor relationship skills – the way in which students relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds.

(g) Inability to resolve problems that interfere with professional development or functioning – poor response to evaluative feedback, refusal of referral for personal therapy

(e) Questionable dress and hygiene

(g) Exploitation and misuse of training resources.

Problems with Competence

When problems with professional, therapeutic, or interpersonal competence are identified the following remediation and reporting process will be used:

1. When a clinical supervisor (program or community based) or PRTC staff member has concerns regarding student competence they will first discuss this issue directly with the student and attempt to remedy such issues. After notifying the PRTC Assistant Director and/or Director, community practicum supervisors may develop their own plans for increased supervision, additional training, etc. to address concerns.

2. When the concerns are sensitive or are not resolved when directly addressed in a more informal manner, the clinical supervisor will consult with the Director and/or Assistant Director to determine if the concern should become a focus of the student's evaluation and document the concern. The Director of Clinical Training and the student's faculty mentor will be notified of these discussions.

3. When these concerns are of sufficient severity that they become a focus of training, a formal remediation plan will be developed. This plan will be developed by the DCT, the student's faculty mentor, Director, and Assistant Director. Several possible and perhaps concurrent courses of action may be indicated, including, but not limited to:

   a. Increased supervision, either with the same or other supervisors.

   b. Change in the format, emphasis, and/or focus of supervision.

   c. Change in format, emphasis, and/or focus of clinical activities.

   d. Recommendation for personal therapy and/or other appropriate professional services.

4. The Assistant Director, Director, and/or DCT will monitor the implementation and results of the remediation plan and determine if there is acceptable and timely improvement. If improvement is not noted all parties will meet to discuss a continuing remediation plan.

5. Once implemented remediation plans will be reviewed at least once each semester to assess progress. Written documentation of the review will occur.

6. If sufficient progress is not made, a decision will be made regarding the student's clinical privileges and ability to continue in the clinical training program. Clinical privileges may be suspended or revoked depending on the severity of student deficiencies. The student may be counseled to pursue a non-clinical degree. Such decisions will be made with input from the student, clinical supervisors, Assistant Director, Director, the Director of Clinical Training, and the student's faculty mentor.

Evaluation of Supervisor & Off-Site Placement

At the end of each semester students will complete an evaluation form for each of their clinical supervisors. Students with off-site practicum placements will also complete a summary and evaluation of their experiences at that site at the end of each semester.

Caregiver Background Checks

Overview

All students enrolled in the Clinical Psychology PhD program who will provide clinical services through a supervised practicum placement must complete a caregiver background check. ***There are no exceptions.*** Typically, the background check occurs before the Spring semester of the second year in the program, as the student prepares to enroll in PSY807 Introduction to Conducting Psychotherapy. If the student is able to provide a current (within the past year) background check report completed by another entity, the PRTC Director and/or Assistant Director **may, but are not obligated to,** use the results of that background check.

This process includes the completion of a Background Check Information Disclosure Form and a criminal records check. As indicated on the form, it is important to complete this document truthfully and accurately. Health and Family Services 12.05(4), Wis. Adm. Code, provides for sanctions if the form is not completed truthfully and accurately. Untruthful or inaccurate completion of the form may also jeopardize a student's participation in the clinical training components of the Clinical Psychology PhD program. Inability to participate in clinical practicum because of a faulty completion of the background check process, or problematic background results may result in a student being unable to obtain the Clinical Psychology PhD.

All costs associated with the caregiver background check shall be paid by the student. At this time the base cost is estimated at $26.95. Some (but not all) students may incur additional charges depending on where they have lived previously (i.e., some states/countries apply additional charges). Students should be aware that some practicum placements may require information or other procedures in addition to the background check conducted through the Clinical Psychology PhD program. Any such additional requirements do not relieve the student of the obligation to complete the Clinical Psychology PhD program background check. Students will receive an email with a link to backgroundchecks.com and instructions on how to complete the background check.

Please be aware that a criminal records search reports a wide variety of legal infractions. Only some of these disqualify a student from participating in applied clinical activities. If you anticipate that your background check will yield problematic results, it may be in your best interest to consult with the DCT, Clinic Director, or other program official before beginning the process. If you believe you have complicated and/or disqualifying circumstances, it may be in your best interests to engage a personal attorney to represent you. Be aware, you will be asked to complete criminal background checks across your career for various reasons, typically for employment (even employment without healthcare provision) and licensure. Issues such as outstanding fines, open charges, and dismissed but not expunged charges will continue to be reported by these searches until resolved. It is in your best interests to resolve these issues as soon as you are able so that they do not impede your professional development and career trajectory.

Background Check Results and Practicum Placement Process

The student, the PRTC Assistant Director, and the PRTC Director receive the background check results from Backgroundchecks.com. The PRTC Assistant Director and PRTC Director will ensure that the practicum agency receives the letter and background check for the student in order for the agency to determine if background check results are substantially related to the care of the agency's patients or clients. If the agency determines that the results are substantially related, the PRTC Assistant Director and PRTC Director will not place the student in that agency. The University of Wisconsin Practicum Affiliation Agreement contains the following language:

> "The University shall ensure a caregiver background check is conducted in accordance with the applicable Caregiver Background Check statutes (Wis. Stats. §48.685 and §50.065) and regulations (Wis. Admin. Code Ch. DHS 12) for students who have or are expected to have regular, direct contact with Facility's patients. The University shall maintain completed Background Information Disclosure ("BID") forms for those students as well as the results from caregiver background checks, so that both may be retrieved for inspection by the Wisconsin Department of Health Services. The University

agrees to notify Facility of any information about a student on a BID form or in caregiver background check results that could bar that student from regular, direct contact with Facility's patients. Facility shall make the final determination whether a student may have regular, direct contact with Facility's patients but only after consulting with the University."

In situations where a student's background check results present significant challenges in terms of finding an agency for the student's practicum, PRTC Assistant Director and PRTC Director will make reasonable efforts to place the student.   "Reasonable efforts" are defined as referrals to three (3) agencies. These referrals will be documented by the PRTC Assistant Director and PRTC Director. Once the reasonable efforts to place the student have been exhausted, the student may not be able to participate in practicum training which, in turn, would prevent the completion of the clinical degree program. The Director of Clinical Training will be involved in all placement efforts for students with challenging background check results.

Background Checks in Effect for Four (4) Years
If it has been four (4) years or more since the completion of the student's initial background check, the student is required to complete another one.

Retention of Background Check Records
Background checks will be retained in digital format for seven (7) years post-graduation, to meet University record retention requirements. Any paper copies of background checks will be kept in a locked file in the respective student's folder and retained for seven (7) years post-graduation to meet these same record retention requirements.

Students' Continuing Duty to Inform
Students have a duty to inform the PRTC Assistant Director, the PRTC Director, the Director of Clinical Training, and the Clinical Area Group Faculty of any changes or additions to the background check form. Students sign and date an "Authorization and Duty to Disclose" Form at the time of the initial background check. The completed form is kept in the student's file. A copy of the completed form is given to the student.

Students must notify the PRTC Assistant Director, the PRTC Director, the Director of Clinical Training, and the Clinical Area Group Faculty **in writing** if there are changes or additions to the background check form as follows:

> If there are changes or additions to background check, the student provides the written notification to the PRTC Assistant Director and the PRTC Director.

> The written notification of changes or additions will be shared with the student's current or potential practicum agency.

> In the interim, the student will be required to complete a new background check and these results will be processed following the same procedures outlined above.

Questions, Concerns, and/or to Appeal this Process
Students who have questions, concerns or wish to appeal the process should contact the PRTC Assistant Director, the PRTC Director, the Director of Clinical Training, and the CAG Faculty.

Chart & Billing Reviews
The Administrator conducts billing and chart reviews each month and notifies the Assistant Director and Director of the results. Each time a chart review is conducted the graduate clinician will be notified of any

missing documentation or needed corrections. All corrections must be made as soon as possible. Noted deficiencies that are not corrected by the next chart review or a pattern of negligent record keeping will be reported to the Director of Clinical Training and the student's faculty mentor.

Activity Review, Time-2-Track, & the Clinical Accountability Statement- Documentation of Hours

Information from the PRTC appointment schedule present in Titanium is used to review each graduate clinician's client contacts, including total number of sessions, cancellations, and "no shows." This allows the Assistant Director and Director to determine if appropriate contact levels are being maintained and whether newly assigned cases have been seen. Such information will be used to increase or decrease the number of assigned cases based on the graduate clinician's training goals.

In addition, the PRTC provides the use of a professional hours tracking system, known as Time-2-Track, free of charge. Students who wish to use this service sign the Time-2-Track Use Agreement. Graduate clinicians will be required to document their clinical hours at least monthly in order to maintain this service at no cost. Failure to do so will result in the PRTC not renewing that student's account. Additional information about how to use Time-2-Track can be found on the PRTC section of the CAG Wiki. The Assistant Director and/or Director will check students Time-2-Track hours of at least once each semester to ensure the student is regularly recording their hours, and that estimated hours targets are being met.

Finally, students are required to document their semester practicum hours on the PRTC Clinical Accountability Statement - Documentation of Hours form. This form is reviewed and signed by both the clinical supervisor at the practicum placement where the hours were accrued and the Assistant Director, who coordinates the practicum placements.

PRTC Disciplinary Consequences

Students enrolled in the clinical psychology PhD program are expected to adhere to the policies and procedures of the training program as a whole. In addition, there are specific rules pertaining to the provision of clinical services within the PRTC and other practicum sites that must be followed. Students who fail to adhere to these policies and procedures are subject to specific disciplinary consequences. Violations will be judged to fall into one of two possible categories; Violation of Client Confidentiality and Privacy Practices (Level 1 and 2) or Violation of Routine Clinic Policy.

Category 1: Violation of Client Confidentiality and Privacy Practices

Violation of client confidentiality and privacy practices is a category of behaviors that includes such things as leaving confidential client information in a public space, losing confidential client information, working with or storing confidential client information on non-PRTC computers, inappropriate discussions of client material in a public forum, and engaging in inappropriate dual relationships. It should be noted that this category also extends down to behaviors such as accumulating a large amount of client information in your PRTC server folder; retaining electronic or paper copies of client information after the file has been closed; failing to delete video and document files as directed after supervision; failing to destroy informal case notes, interview notes, and computer generated interpretive reports; and storing information for extended periods of time on PRTC portable memory devices.

Violations of these policies and procedures will be judged as either Level 1 or Level 2 offenses based on the student's conduct and the circumstances of the incident. The Director of Clinical Training will bring these violations to the full Clinical Area Group which will determine whether the incident is a Level 1 or Level 2 offense. The definitions, process, and disciplinary consequences for Level 1 and Level 2 violations follow below.

Level 1: Any student who willfully and intentionally disregards PRTC policy and / or procedures pertaining to the protection of client confidentiality, client privacy, and / or the appropriate use of protected health information (HIPAA policy) will immediately lose all clinical privileges. An orderly transfer of their clinical responsibilities will occur. This includes cessation of client related activities at both the PRTC and any off-site practicum locations. The student would at this point transfer to the IGM program, would not complete a clinical internship, and would not be allowed to graduate with a degree in clinical psychology.

Level 2: It is recognized that in a training environment a situation may arise during which a student inadvertently violates PRTC policies and / or procedures pertaining to the protection of client confidentiality and client privacy. However, students must be aware that such incidents are also serious violations. Students are expected to know and adhere to all policies. Ignorance of any policy is not an excuse for violations. These violations will be dealt with in the following manner:

1. The student will cease all client related activities and an orderly transfer of their clinical responsibilities will occur. This includes cessation of client related activities at both the PRTC and any off-site practicum locations.

2. The student will be suspended from any activities involving direct client contact for at least one academic semester and up to one calendar year. The length of the suspension will be determined by the Clinical Area Group on a case by case basis. During the suspension the student will continue to be required to attend didactic clinical activities, specialty training seminars, group supervision meetings, etc.

3. The student will complete additional training in clinical ethics. The specific training to be completed will be determined by the Clinical Area Group. Such training could include a semester ethics course (COUN PSY 735 Legal & Ethical Bases of Counseling & Psychology; COUN PSY 730 Professional & Ethical Issues in Counseling), completion of a substantial book-based continuing education course (APA courses – Essential Ethics for Psychologists; APA Ethics Code Commentary & Case Illustrations; Health Care Ethics for Psychologists; Ethics in Plain English), or other experience defined by the Clinical Area Group. All monetary cost associated with additional training will be borne by the student.

4. Following this suspension and completion of additional training in clinical ethics, the student may petition the Clinical Area Group for the reinstatement of clinical privileges. The reinstatement of privileges will be based on the quality of the student's conduct both before and during the suspension period. As part of the petition for reinstatement, the student will write a reflective essay about their policy violation, any ethical or legal dilemmas inherent to the situation and their own actions, potential alternative resolutions to those dilemmas, and their educational / remedial activities during the suspension which have increased their awareness and application of ethical principles and laws.

5. If clinical privileges are reinstated, the student will return to practicum activities on probationary status. The student will remain on probationary status until completion of their clinical training (i.e., until leaving for internship or leaving the program). Any violation of PRTC policies (Category 1 or Category 2 violations) resulting in further disciplinary action (as determined by the Clinical Area Group) while on probationary status will result in the permanent loss of clinical privileges and transfer to the IGM program or expulsion from the clinical program as decided by the CAG Faculty.

6. The student should be aware that the Director of Clinical Training is legally and ethically obligated to report any disciplinary actions taken against the student while in training on the APPIC certification of training form. Reports of these disciplinary actions will include information about the nature of the violation, the context in which it occurred, and the educational / remedial training completed by the student.

7. The student should be aware that the Director of Clinical Training / Clinical Program is legally and ethically obligated to report any disciplinary actions taken against the student while in training whenever an outside entity specifically requests information regarding the application of disciplinary consequences. However, this information will not be automatically offered on documents that request certification of successful graduation, unless the Clinical Area Group determines that such notification is necessary.

Category 2: Violation of Routine PRTC & Practicum Policy

Issues that fall under this heading include late paperwork, arriving late for appointments, failing to end appointments on time, problems with professional dress and demeanor, failure to address identified problems with client files and documentation, scheduling, etc. Such issues will be dealt with in the following manner:

1. When problems are first detected by staff members (PRTC and community practicum) they will be discussed with the student directly and documented in the student file. The student will be informed of a timeline for successfully rectifying these deficiencies. If the student successfully corrects the noted problems or deficiencies the student remains in good standing and no further action is taken. Successfully resolved instances do not warrant future reporting as a disciplinary consequence.

2. If the student does not correct the noted issues in a timely fashion, if problems are recurrent, or if problems are increasing, a meeting between the student, the Clinic Director, the Director of Clinical Training, outside supervisor (if applicable), and the student's faculty mentor will occur. The purpose of the meeting is to discuss the issues and develop a plan for rectifying the situation. The student is expected to come into compliance and to remain in compliance following this meeting. If the student successfully corrects the noted problems or deficiencies, the student remains in good standing and no further action is taken. Successfully resolved instances do not warrant future reporting as a disciplinary consequence.

3. Continued problems with compliance after the meeting detailed above will result in disciplinary consequences.

    1. The student will be suspended from all activities involving direct client contact for at least one academic semester and up to one calendar year. The length of the suspension will be determined by the Clinical Area Group on a case by case basis. During the suspension the student will be required to attend didactic clinical activities, specialty training seminars, group supervision meetings, etc.

    2. The student will complete additional training in clinical ethics. The specific training to be completed will be determined by the Clinical Area Group. Such training could include a semester ethics course (COUN PSY 735 Legal & Ethical Bases of Counseling & Psychology; COUN PSY 730 Professional & Ethical Issues in Counseling), completion of a substantial book-based continuing education course (APA courses – Essential Ethics for Psychologists; APA Ethics Code Commentary & Case Illustrations; Health Care Ethics for Psychologists; Ethics in Plain English), or other experience defined by the Clinical Area Group. All monetary cost associated with additional training will be borne by the student.

    3. Following this suspension and completion of additional training in clinical ethics, the student may petition the Clinical Area Group for the reinstatement of clinical privileges. The reinstatement of privileges will be based on the quality of the student's conduct both before and during the suspension period. As part of the petition for reinstatement, the student will write a reflective essay about their policy violation, any ethical or legal dilemmas inherent to the situation and their own actions, potential alternative resolutions to those dilemmas, and their educational / remedial activities during the suspension which have increased their awareness and application of ethical principles and laws.

4. If clinical privileges are reinstated, the student will return to practicum on probationary status. The student will remain on probationary status until the end of their clinical training (i.e., until leaving for internship or leaving the program). Any violation of PRTC policies (Category 1 or Category 2 violations) resulting in further disciplinary action (as determined by the Clinical Area Group) while on probationary status will result in the permanent loss of clinical privileges and transfer to the IGM program or expulsion from the clinical program.

5. The student should be aware that the Director of Clinical Training is legally and ethically obligated to report any disciplinary actions taken against the student on the APPIC certification of training form. Reports of these disciplinary actions will include information about the nature of the violation, the context in which it occurred, and the educational / remedial training completed by the student.

6. The student should be aware that the Director of Clinical Training / Clinical Program is legally and ethically obligated to report any disciplinary actions taken against the student while in training whenever an outside entity specifically requests information regarding whether the student ever received disciplinary consequences. However, this information will not be automatically offered on documents that request certification of successful graduation, unless the Clinical Area Group determines that such notification is necessary.

Grievances and Appeals

The Graduate School describes procedures to be followed to resolve a grievance or conflict if the student feels that they have been treated unfairly by the department, faculty, staff or another student (see https://grad.wisc.edu/documents/grievances-and-appeals/). If the student is uncomfortable with making direct contact with an individual or attempts to settle the issue in question have been unsuccessful, the student should contact one of our program's Co-DCTS (Linnea Burk or John Curtin), the Program Coordinator (Kevin Belt) and/or the Director of Graduate Studies (Paula Niedenthal) within the Department of Psychology. If the student is uncomfortable discussing the issue with any of these people, they can contact the Chair of the department (Craig Berridge).

As a student of the Psychology Department, we have made a strong commitment to you and your training. Do not hesitate to talk to the any of our program representatives listed above if you are experiencing any problems in our program. We are here to help. See the above-listed web site for additional information regarding your rights and procedures for pursuing grievances: https://grad.wisc.edu/documents/grievances-and-appeals/ .

Graduate Student Rights

The Department of Psychology at the University of Wisconsin-Madison is strongly committed to creating a positive and safe working environment. The University and Department of Psychology view harassment in any form as unacceptable.

Harassment includes, but is not limited to, sexual misconduct, academic bullying, and emotional abuse. Graduate students should be aware that they have rights that empower them to address hostile situations, should they occur. Although speaking up about an uncomfortable situation can be difficult, we cannot help if we are unaware of an adverse situation.

If you are a victim of harassment/assault, we encourage you to contact either of our program's Co-DCTs (Burk & Curtin), the Director of Graduate Studies (Kristin Shutts), Department Chair (Craig Berridge) or any trusted faculty member. In cases of sexual harassment/assault, Dr. Linnea Burk, is the department's Title IX representative (262-9079; burk@wisc.edu). You should be aware that faculty are required by law to report first-hand knowledge or disclosure of sexual assault.

If you wish to discuss sexual misconduct or anything else in a confidential manner, a list of services who are legally required to maintain confidentiality in most cases is available at: https://uwpd.wisc.edu/confidential-resources/

Other resources include

UW-Madison Title IX representative: TitleIX_Coordinator@wisc.edu.

(608) 890-3788

https://compliance.wisc.edu/titleix/coordinators/

The Ombuds office (https://ombuds.wisc.edu), provides a confidential, impartial, informal, and independent resource to collaboratively explore and consider your options and resources available to you. This office has no mandatory requirement to report sexual harassment and is there solely to support individuals with complaints, including sexual harassment, in full confidentiality.

Graduate School Academic Policies

More detail about the academic policies and procedures implemented at the level of the Graduate School are available [here](#). These are provided for the students' reference. The policies and procedures of the Psychology Department and the Clinical Program (as specified in this handbook) adhere to all Graduate School requirements and also specify additional detail relevant for our department/program.

Mental Health Resources

Everyone encounters difficulties with thoughts, feelings, or emotions at any time and for any reason. To best prepare you to be an advocate for the mental health of yourself and fellow students, [here](#) is a list of people and services on campus that are here to help. You are not alone.

Clinical Program Accreditation Information

The University of Wisconsin-Madison's doctoral program in clinical psychology has been accredited by the Psychological Clinical Science Accreditation System since 2014.

Psychological Clinical Science Accreditation System
Alan G. Kraut, Executive Director
1800 Massachusetts Ave NW · Suite 402 ·
WASHINGTON, DC 20036-1218 USA
AKraut@PCSAS.org
Ph: (301) 455-8046

Our program has also been continuously accredited by the American Psychological Association accreditation since l948.

American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
Phone: 202-336-5979

Future Accreditation Plans: The principal goal of the doctoral program in Clinical Psychology at the University of Wisconsin- Madison is to train clinical psychological scientists who will: 1) generate new and significant knowledge about the factors that influence mental health and illness, 2) develop more effective methods for treating mental illness and promoting mental health, and 3) deliver evidence based, cost effective, clinical care to treat psychopathology and improve mental health. We have been continuously accredited by the American Psychological Association since 1948. Consistent with our commitment to the most rigorous training in clinical science, we have also been accredited by the Psychological Clinical Science Accreditation System (PCSAS) since 2014.

We intend to pursue renewal of our accreditation with the APA when our current accreditation period ends in 2019. We will consider not continuing accreditation with APA after this next accreditation cycle if we determine that APA accreditation requirements do not align with our program's fundamental clinical science training goals and/or the optimal preparation of our graduates. We intend to maintain accreditation with PCSAS to guarantee that we meet the highest standards with respect to clinical science training.

Consumer Disclosure regarding Licensure

Pursuant to U.S. Department of Education Regulation 34 CFR 668.43(a)(5)(v), as of July 1, 2020, all programs that lead to professional licensure or certification are required to provide to enrolled students and prospective students the following:

1. A list of all states for which the institution's program curriculum meets state educational requirements for professional licensure or certification;
2. A list of all states for which the institution's curriculum does not meet state educational requirements for professional licensure or certification;
3. A list of all states for which the institution has not made a determination of whether the curriculum meets educational requirements.

This information is to be updated annually, with enrolled students being informed of any changes, either through email or physical correspondence. Additionally, this information should be present on the program website and in any student handbooks and/or program guides.

1. The UW-Madison Clinical Psychology PhD program curriculum _fulfills_ the educational requirements for licensure as a psychologist in the following states/districts:

Alabama	Massachusetts	Texas
Alaska	Michigan	Utah
Arizona	Minnesota	Vermont
Arkansas	Mississippi	Virginia
Colorado	Missouri	Washington
Connecticut	Montana	West Virginia
District of Columbia	Nebraska	Wisconsin
Delaware	Nevada	Wyoming
Florida	New Hampshire	
Georgia	New Mexico	
Hawaii	North Carolina	
Idaho	North Dakota	
Illinois	Ohio	
Indiana	Oklahoma	
Iowa	Oregon	
Kansas	Pennsylvania	
Kentucky	Rhode Island	
Louisiana	South Carolina	
Maine	South Dakota	
Maryland	Tennessee	

2. UW-Madison Clinical Psychology PhD program curriculum *does not fulfill* the educational requirements for licensure as a psychologist in the following states. Additional specialty coursework and/or supervised clinic work is required. Please consult the individual states' licensure information for specific requirements.

California

New Jersey

New York

3. There are no jurisdictions where a determination has not been made.

Additional information regarding required consumer disclosures and state-by-state requirements for licensure as a psychologist can be found using the links below.

Electronic Code of Federal Regulations – Required Consumer Disclosures

https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=6aeb22ed567ab937f975b2a49abd148e&rgn=div8&view=text&node=34:3.1.3.1.34.4.39.3&idno=34

Association of State & Provincial Psychology Boards (ASPPB) Psychologist Licensing Requirements By State

https://cdn.ymaws.com/www.asppb.net/resource/resmgr/files/Consumer_Information_Disclos.pdf