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Introduction

The purpose of this Handbook is to provide clinical psychology students with information about the procedures, regulations, and requirements for completing the doctoral degree in the Department of Psychology. When used with other departmental and university literature (e.g., Graduate Student Manual, Graduate School Catalog), this Handbook is designed to facilitate your progress through the program. It is important, therefore, that you read all sections of the Handbook so that you are thoroughly familiar with the program and department.

If you have any questions regarding the program, department, or university, please contact your faculty mentor or the Director of Clinical Training (DCT). We hope that your educational career at Northern Illinois University (NIU) is exciting, challenging, and educationally profitable.

Overview of the Program

The area of graduate study in clinical psychology is designed to be completed in 6 years of full-time study, including a one-year internship. Part-time applicants are not accepted. Thirty semester hours beyond the baccalaureate degree must be taken for the master’s degree. Of these, 15 hours will consist of basic courses, 6 hours will be thesis credit, and the additional hours are made up of elective courses. For the doctoral program, the university requires 90 semester hours beyond the baccalaureate degree, including at least 18 hours of dissertation credit. The program requires each student to complete at least 3 academic years of full-time graduate study at NIU and a 12-month internship prior to awarding the doctoral degree.

The clinical psychology program at NIU first received full American Psychological Association (APA) accreditation in 1972. We completed our most recent accreditation cycle in 2011 and received full accreditation; our next accreditation site-visit will occur in 2018. Any questions regarding the accreditation of the program should be addressed to the Office of Program Consultation and Accreditation of the American Psychological Association; Address: 750 First St. NE, Washington DC 20002-4242; Phone: 202-336-5979.

The primary purpose of the program is to train professional psychologists to work in universities and colleges, medical settings, government agencies, and clinical practice. The clinical program is a generalist program; however the research interests of the faculty allow students to focus on more specialized areas of clinical psychology, including developmental psychopathology, anxiety, trauma, and family violence/sexual assault. Graduates of the program are prepared to function in research and teaching professions as well as multiple practitioner roles that include treatment, assessment, and consultation modalities.
Educational Philosophy and Training Model

The Department of Psychology offers the Ph.D. degree. The doctoral program places a strong emphasis on the scientist-practitioner model of training. The faculty believes a clinical psychologist is distinguished from other helping professionals by the knowledge and ability to bring a scientific approach to the study, assessment, and treatment of human behavior. The dual emphasis of the scientist-practitioner model is more important than ever in this era of changing roles for clinical psychologists, and it is the aim of the program to provide rigorous training in both of these important roles. Completion of the Ph.D. program entails training in the basic content areas of scientific psychology as well as specialized training in the applied areas of clinical psychology. Through the integration of coursework, practicum, and other program related experiences, the curriculum provides a synthesis of theory, empirical research, and clinical applications.

The scientist role is emphasized throughout the program in multiple ways through a series of sequenced, cumulative, and integrated experiences and processes. Being housed within a comprehensive Ph.D. level Department of Psychology, the clinical psychology program provides its students with rigorous, research-based training not only in the core areas of clinical psychology, but also in the content areas that provide the psychological foundation for the practice of clinical psychology. Students work closely with faculty mentors and advisors on the completion of a Master’s thesis and Ph.D. dissertation that make a substantial contribution to scientific knowledge. Less formally, students participate in multiple activities throughout the academic year that directly facilitate and model the scientist role. These include participation in ongoing faculty research projects, participation as both attendees and presenters at a variety of departmental colloquium series (e.g., Child Clinical—Developmental Psychopathology Brown Bags, Center for the Study of Family Violence Meetings, Anxiety Research Topics Meetings), as well as participation in local, state, and national conferences and workshops.

Training in the practitioner role emphasizes the development of skills in assessment, intervention, and consultation and the importance of evaluating the methods we use in practice. As beginning practitioners, students are encouraged to utilize empirically supported clinical methods and to conceptualize clinical work within the framework of empirically supported theories. Clinical training is sequential and cumulative and is integrated with coursework and research throughout the program. Initial practicum training takes place in the departmental Psychological Services Center (PSC), where students are supervised by clinical faculty members who help students integrate coursework, research experience, and professional practice. After students complete their basic clinical training in the PSC, they complete at least one 9-12 month externship in a clinical setting prior to applying for internship. Toward the end of their training, students enroll in a supervision practicum and are afforded the opportunity to supervise beginning students under faculty supervision.

In accordance with the scientist-practitioner model, students are continuously encouraged to integrate research and practice in their professional conduct. Our program attracts students with a variety of career aspirations in teaching, research, and practice; and the
scientist-practitioner model allows our students to obtain broad training while maintaining a high degree of individual focus consistent with their chosen roles in the profession. Moreover, the diversity of student career paths and interests promotes dialogue among students and faculty on the integration of science and practice. The clinical psychology program is dedicated to the principles of respect for and understanding of cultural and individual diversity throughout all aspects of training. These principles are reflected in nondiscriminatory policies and operating conditions in the recruitment and retention of students and faculty, coursework, research, mentoring, and practicum experiences. The program tries to meet the needs of all students in a sensitive manner, including those who bring diversity to the program through their gender, ethnicity, or other characteristics.

While the doctoral program in psychology is structured with respect to course content and sequence, the specific courses and training experiences are shaped by ongoing program evaluation. To promote student input into this process, students are actively involved in decision-making concerning the clinical area. Students are involved in recruiting and orienting incoming students, evaluating candidates for positions on the clinical faculty, and providing input to the clinical faculty regarding area revisions.

Psychology Department

The Department of Psychology is housed within the College of Liberal Arts and Sciences (CLAS) and consists of four major curricular areas: (a) Cognitive/Instructional, Developmental, School Psychology; (b) Clinical; (c) Neuroscience and Behavior; (d) Social/Industrial-Organizational. The Department is located in a modern building which provides ample research, clinical, and office space for faculty and student use. The Department also administers the Psychological Services Center (PSC), an on-site clinic facility designed to provide both training for departmental students and service to the community. The PSC is equipped with extensive audio and video recording capabilities, observation facilities, and rooms designed for both assessment and intervention.

The University and the Community

NIU maintains its 460-acre main campus in the city of DeKalb, Illinois, a community of approximately 46,000 persons about 65 miles directly west of Chicago. Of the nearly 25,000 students at NIU, approximately 6,000 are pursuing studies at the graduate level. While university housing is open to graduate students if timely applications are made, most graduate students live off campus and many share apartments with other graduate students. Housing and living costs are substantial, but generally less than larger metropolitan centers. NIU offers a variety of sporting, recreational, and cultural events. A number of specialized support groups are available for minority and foreign students. While most needs can be met locally, there are a number of major shopping centers and services within a half hour’s drive, and downtown Chicago is a 75-minute drive away.
Admission Requirements and Procedures

Students applying to our program must submit the following materials to the NIU Graduate School by DECEMBER 1st:

- Graduate School application and fee
- Three letters of recommendation
- Official transcripts of all undergraduate and graduate work
- Graduate Record Examination (GRE) scores (only the General Test is required)
- A statement of career goals and research interests

For strongest consideration for admittance into NIU’s clinical psychology program, our candidates typically:

- Have a B.A. or B.S. in psychology, although other related majors are considered
- Have earned a strong undergraduate GPA
- Have strong GRE scores
- Have strong letters of recommendation
- Have relevant research experiences and interests

The Department of Psychology admits only full-time students. We encourage students with cultural and individual diversity to apply to the program. Students with strong credentials are invited to the Open House. Attendance at the Open House is by invitation and is not required for admission, although students report it is very helpful in their decision making. The Open House is usually held in February (the date for each year is available at [http://www.niu.edu/psyc/graduate/clinical/admissions.shtml](http://www.niu.edu/psyc/graduate/clinical/admissions.shtml)) and allows promising applicants to visit the university, meet the faculty and students, and tour the facilities. We admit students to work with specific faculty members, although students may choose to work with another faculty member if the initial match is not satisfactory. Students should make their research interests clear in their applications. Students are notified of our admissions decisions by April 15th. Typically, seven to eight students are accepted into the program each year. Assistantship assignments are made following admissions decisions.

When applicants have completed some graduate training at another institution, their graduate record will be considered in the admission process. Applicants should be aware that prior graduate coursework will not be transferred automatically for credit at NIU and we expect all students to take the required clinical courses in our program (see Ph.D. Program Requirements on page 10 of this Handbook. Thesis projects completed at other universities will be reviewed by a committee of clinical faculty to evaluate whether the project and thesis document meet the program expectations for an empirical thesis.

Student admissions, outcomes, and other data are available online at [http://www.niu.edu/psyc/graduate/clinical/admissions.shtml](http://www.niu.edu/psyc/graduate/clinical/admissions.shtml).
Department and University Assistantship Support

Graduate students in the department may receive financial support from a number of sources within the university community. Listed below are the three most common sources of support for clinical psychology students:

1. **Graduate Assistantships.** The department of psychology awards a large number of full and part-time graduate teaching and research assistantships each year. Teaching assistantship duties include classroom teaching under appropriate levels of faculty supervision and assisting with undergraduate laboratory sections and graduate courses in assessment and statistics. Research assistants are involved in the research of faculty members to whom they are assigned. Research assistantships are also occasionally available on faculty research grants. Clinical assistantships (placements in the PSC) and externships (placements in community settings) are available typically after the third year in the program.

   - **Stipends.** Information on stipend levels in recent years is provided at http://www.niu.edu/psyc/graduate/clinical/costs.shtml. Depending on the availability of funds, assistantships may be awarded on a half-time basis, with a corresponding reduction in hours and stipend amounts. Assistantships are typically for a nine-month period; however, externship assignments (see information on Pre-Internship Clinical Training) are usually for 12 months. All assistantships include tuition remission for the academic year plus a summer session. Students are responsible for the payment of fees and necessary insurance. Historically, the clinical program has supported all first-year students with the vast majority of our students in good standing continuing to receive full funding until they depart for internship.

   - **Summer Support.** Limited financial support is available during the summer months. Students may apply for funding from the College of Liberal Arts and Sciences and the Graduate School, which is available from May 16th through June 30th (six weeks) either full (20 hours) or part (10 hours) time. Priority is given to students who are making adequate progress in the program. First-year students are sometimes funded. Students who are employed at externship sites receive funding for the summer months that are covered by their contracts.

2. **Fellowships.** The Graduate School offers a limited number of fellowships awarded on a university-wide competitive basis to graduate students whose performance has been outstanding. These awards include University Fellowships for students working on the M.A. degree and Dissertation Completion Fellowships.
3. **Additional sources of support for minority students.** The Graduate School provides funds on a matching basis with the department for a number of Rhoten Smith Assistantships for minority students. These assistantships carry stipend levels and duties consistent with other assistantships in the department. Other programs are available to support minority students. Jeffrey T. Lunsford Fellowships are available for students while they are completing the M.A. degree. The DFI (Diversifying Higher Educational Faculty in Illinois) is a state-supported program that provides one year of support that can be renewed for up to three years. The Carter G. Woodson Scholars Program (CGWSP) is funded locally by NIU and is reserved for doctoral level students with expressed interest in academic careers. The maximum length of tenure for the CGWSP is two years. All of these fellowships are competitive and open to minority students in all graduate departments. In addition to access to these special funds, minority students are eligible for the usual financial assistance available in the department. More information can be found at [http://www.grad.niu.edu/grad/diversity/fellowships.shtml](http://www.grad.niu.edu/grad/diversity/fellowships.shtml).

**Program Goals and Objectives**

The training program has established the following goals, objectives, and competencies for students in the clinical psychology program:

**Goal 1: To produce graduates who apply scientific knowledge and principles in academic, clinical, and research settings.**

**Objective 1:** Graduates will have broad knowledge of psychological theory and research; and extensive knowledge of research methods, research ethics, and statistical techniques that can be applied across content areas.

**Competency 1:** Students will demonstrate an understanding of the biological aspects of behavior, the cognitive and affective bases of behavior, the social aspects of behavior, and developmental factors that affect behavior.

**Competency 2:** Students will demonstrate proficiency in applying principles of psychological measurement, research methodology, research ethics, and techniques of data analysis.

**Competency 3:** Students will demonstrate the ability to place current developments in research and practice in a historical perspective.

**Objective 2:** Graduates will be able to apply scientific methods to answer theoretical and applied questions.

**Competency 4:** Students will know how to design, conduct, and evaluate research studies which appropriately test theoretically, or clinically relevant, hypotheses.
**Competency 5:** Students will become proficient in conducting original research studies which have the potential to make a substantial contribution to the field of psychology; this will enable them to use their research skills to conduct program evaluations and/or other research that leads to publications or presentations.

**Goal 2: To produce graduates who are prepared for entry in the practice of clinical psychology.**

**Objective 3:** Graduates will have the requisite knowledge of the science required for the practice of clinical psychology.

**Competency 6:** Students will demonstrate knowledge of the scientific and theoretical foundations of practice in the area of dysfunctional behavior by developing the ability to describe and evaluate the assumptions and content of the *Diagnostic and Statistical Manual of Mental Disorders (DSM).* Students will also acquire knowledge of the biological and cognitive models of psychopathology, and the role of individual differences and diversity in each area.

**Competency 7:** Students will demonstrate knowledge of professional ethics and become proficient in discussing the ethical principles of psychologists, legal issues in the practice of clinical psychology, and the process of ethical decision-making.

**Competency 8:** Students will demonstrate knowledge in psychological assessment and diagnosis and become proficient in describing and evaluating methods of assessment, including tests, observations, and interviews for a range of client problems in diverse populations.

**Competency 9:** Students will demonstrate knowledge of effective interventions and become proficient in describing and evaluating interventions, including those based on cognitive-behavioral, behavioral, and interpersonal perspectives, for a range of client problems in diverse populations.

**Competency 10:** Students will demonstrate knowledge of supervision and consultation models.

**Objective 4:** Graduates will have the requisite clinical skills for entrance into the practice of clinical psychology.

**Competency 11:** Students will be proficient in conceptualizing cases based on assessment information and communicating clinically useful information from the assessment on possible causal and maintaining factors and appropriate interventions for a range of problems in diverse populations.

**Competency 12:** Students will document and evaluate client progress as part of their clinical practice.
Competency 13: Students will apply ethical principles in everyday practice and recognize and take appropriate actions when potential legal and ethical problems occur.

Competency 14: Students will conduct clinically appropriate assessments in which they conduct interviews and select, administer, and score appropriate assessment measures to identify problem behaviors and symptoms and derive DSM diagnoses for a range of problems in diverse populations.

Competency 15: Students will be proficient in selecting appropriate interventions, formulating treatment plans and goals, and implementing interventions based on cognitive-behavioral, behavioral, and/or interpersonal models of treatment for a range of problems in diverse populations.

Competency 16: Students will demonstrate an appreciation of the value of science in the practice of psychology and consult the theoretical and empirical literature as part of their practice.

Goal 3: To prepare graduates to contribute to the field of psychology in the scientist-practitioner tradition.

Objective 5: To produce graduates who identify with the community of psychologists and contribute to the profession of psychology.

Competency 17: Graduates will be proficient in the skills required for obtaining and retaining professional positions.

Competency 18: Graduates will appropriately contribute to the development of the field of psychology beyond entry level activities.

Competency 19: Graduates will recognize the value of membership in professional organizations for the development of their roles as practitioners, scientists, and teachers.

Objective 6: To produce graduates who retain their curiosity and interest in the field of psychology and value life-long learning.

Competency 20: Graduates will appreciate the value of continued professional development and will be motivated to remain current in their selected areas of expertise in order to meet professional standards in practice, research, and teaching.
Ph.D. Program Requirements

I. Departmental and Clinical Foundation Requirements

Students must complete with a grade of A or B all of the courses listed below. These courses meet the departmental foundation requirements and are consistent with the expectations for professional training put forth in the Guidelines and Principles for the Accreditation of Programs in Professional Psychology. Students should consult the Graduate Student Manual for additional information on the department foundation requirements. Students must complete both PSYC 604 and PSYC 606 during their first year in the program. Students must complete at least three (3) foundation courses (i.e., PSYC 603, PSYC 611, PSYC 620, PSYC 641, PSYC 665 as part of their master’s degree requirements.

- PSYC 603 Biopsychology
- PSYC 604 Analysis of Variance and Hypothesis Testing in Psychological Research
- PSYC 606 Correlation and Regression Analysis in Psychological Research
- PSYC 611 Cognitive Psychology
- PSYC 620 Experimental Social Psychology
- PSYC 641 Psychopathology
- PSYC 665 Behavioral Development

II. Required Clinical Courses

Ph.D. students in the clinical program are required to complete the courses with a grade of A or B listed below.

- PSYC 640 Theory and Assessment of Intellectual Functioning
- PSYC 641 Psychopathology
- PSYC 642 Personality Assessment or PSYC 646 Psychological Assessment of Children
- PSYC 643 Theories of Psychotherapy
- PSYC 644 Cognitive-Behavioral Theory and Techniques
- PSYC 649 Ethics and Professional Issues in Psychology
- PSYC 645 Developmental Psychopathology
- PSYC 654 Practicum in Psychotherapy
- PSYC 655 Internship in Clinical Psychology (12 months)
- PSYC 671D Studies in Clinical Psychology: Clinical Research Methods
- PSYC 672E Studies in Clinical Psychology: Multicultural Diversity, Supervision, and Consultation
- PSYC 528 History of Psychology

1 Students interested in pursuing the child clinical-developmental psychopathology focus should review Appendix A, which outlines expectations for students pursuing this focus. Students interested in pursuing the Trauma Psychology focus should review Appendix B, which outlines expectations for students pursuing this focus.

2 Students may choose to take PSYC 676 Social-Personality Development instead of this course for the clinical requirements, but this course will not count toward the three foundation courses required by the end of the second year.
III. Psychological Research (PSYC 690)

In addition to content-related courses and required clinical practicum, students are required to enroll in PSYC 690 (Psychological Research) during each semester (excepting summers) prior to the approval of a dissertation proposal. PSYC 690 is designed to develop students’ research and professional skills related to their areas of specialization and the course is graded on a satisfactory/unsatisfactory basis.

All students registered for PSYC 690 are required to spend at least 9 hours each semester attending meetings, presentations, workshops, seminars, or other training experiences. A minimum of 3 hours must be spent in each of the following domains:

- Activities that enhance students’ knowledge and skills for professional practice (“research in clinical practice” hours);
- Activities that enhance their understanding of the interface between science, theory, and practice, and explicitly address how science informs practice and how practice informs science (“scientist-practitioner” hours);
- Activities that enhance their capacities to contribute to knowledge and skills in the profession (“clinical research” hours).

Students are also expected to experience different cultural perspectives through at least two activities each semester and are required to reflect on one of these experiences in a short paper. The requirements for PSYC 690 are the same for students registered for 1, 2, or 3 credits. The syllabus for PSYC 690 and the End of Semester Survey for the course are posted on the Clinical Psychology WebPages and can be accessed from this URL: [http://www.niu.edu/psyc/graduate/clinical/forms.shtml](http://www.niu.edu/psyc/graduate/clinical/forms.shtml).

IV. Tool Requirement

Students must specify the means by which they intend to satisfy the doctoral research tool requirement (this is typically done through two additional statistics courses beyond PSYC 604 and PSYC 606). Successful completion of four of these courses with a grade of A or B will satisfy the Graduate School’s requirements regarding a research tool. Courses used to satisfy the tool requirement must be approved by the student’s advisor, Director of Graduate Studies, and the office of the Dean of the Graduate School. A list of approved courses can be found in the Graduate Student Manual, and the tool request approval form can be obtained from the Director of Graduate Studies. Completion of these four courses is necessary prior to appointing your dissertation chair.

V. Practicum Experiences

Students complete a graduated sequence of practicum training that includes, at minimum, one semester of pre-practicum, four semesters of pre-internship clinical training in the Psychological Services Center, and two semesters of externship. Students are also encouraged to take one semester of supervision practicum, in which they supervise a more junior student on an actual clinical case. These experiences provide students the
opportunity to integrate and apply theory, research, and clinical skills in an applied setting. Student clinicians are expected to perform at a level commensurate with their training/experience and to progress in their development of clinical and professional skills/abilities over the course of each semester. Students should be familiar with the Clinical Competencies Evaluation Form (found in Appendix C) that describes the skills, attitudes, and behaviors on which students will be evaluated in practicum. If students are not at expected level on all domains assessed by the Clinical Competence Evaluation Form in their last semester in the PSC they will be expected to continue training in the PSC until they are performing at expected levels. Similarly, if students are not at expected levels on all domains assessed during the last semester on externship they will be expected to continue in an additional externship placement until they are assessed to be at expected levels. More information about clinical practicum procedures and expectations can be found in the Pre-Internship Clinical Training section of this Handbook, as well as in Appendices B and C.

VI. M.A. Thesis

An essential aspect of the Ph.D. program is completion of the M.A. thesis and Ph.D. dissertation. Both the thesis and dissertation are research-based projects that represent a substantial contribution to the field. The completion of these projects provides students the opportunity to pursue in-depth study in an area of specialized professional interest.

Students are required to submit an empirical thesis in partial fulfillment of the requirements of the Master’s degree. We expect students to complete and defend their thesis research within the first three years of graduate study. Students become engaged in thesis work early in the program. During their first semester, students work with their faculty mentor on readings related to their shared research interests. During the second semester, students apprentice with their faculty mentor and take a research methods course. The apprenticeship may involve a variety of activities including additional readings, participation in lab meetings, data collection and analysis, and training in experimental procedures and methods. The first-semester readings course, the second-semester apprenticeship, and the research methods course are designed to promote students’ early involvement in the scientific enterprise and to facilitate the development of the thesis project. Students entering with a B.A. or B.S. degree are expected to begin to develop their thesis research as part of the Clinical Research Methods course; students entering with a completed M.A. or M.S. thesis are expected to develop another research project as part of the course. Appendix G of the Department of Psychology Graduate Student Manual provides a list of the steps and procedures to be followed in completing the thesis-based M.A. degree.

An approved thesis proposal is expected to be on file by May 1st of the second year of the program while the thesis must be completed by the end of the third year for the student to maintain good standing in the program. If either of these deadlines are missed, the student and the chair of their committee must compose a letter to the full clinical faculty explaining why the deadline was not met and propose a way to remediate the
problem. Continued delays in making progress will jeopardize standing in the program and continued financial support.

VII. Candidacy Exams

All students in a Ph.D. program within the Psychology Department are required to pass an extensive candidacy examination that includes a written component. The doctoral candidacy examination samples the student’s knowledge and ability to integrate theory and research relevant to the student’s area of concentration. To that end, students must prepare a portfolio, for review by the clinical faculty, demonstrating their abilities in the three following categories: (1) Research Productivity; (2) Engagement in the Broader Professional Community; and (3) Clinical Competence in Assessment and Psychotherapy. Evidence of Research Productivity involves the submission of two manuscripts, one as a first author. Evidence of Engagement in the Broader Professional Community involves attending and presenting three conference posters. Evidence of Clinical Competence in Assessment and Psychotherapy is shown through passing two case conferences that are scheduled as part of a student’s training the PSC. Students should start working on material for their portfolio when entering the program, but portfolios may not be reviewed until after their master’s thesis has been defended. In addition, the candidacy exam portfolio needs to have been passed before the student proposes their dissertation. More information on the candidacy exam procedures can be found in Appendix E.

VIII. Dissertation

All candidates for the Ph.D. are required to submit an empirical dissertation which has the potential to make a substantial contribution to the field of psychology. The dissertation represents the original work of the student, with advisement rather than direct assistance from the faculty advisor.

Appendix F of the Department of Psychology Graduate Student Manual provides a list of the steps and procedures to be followed in completing the pre-requisites for the dissertation and the dissertation research.

An approved dissertation proposal must be on file by September 1st of the year a student intends to apply for internship.

IX. Predoctoral Internship

The pre-doctoral internship is the culminating experience in the predoctoral training of clinical psychologists. Students are eligible to apply for internships following (a) completion of all course work and practica experiences, (b) successful defense of the dissertation proposal, (c) demonstration that all dissertation data can reasonably be collected prior to leaving for internship, and (d) approval from the clinical faculty to apply for internship. Students are expected to meet the minimum requirements of internship eligibility set forth by the Council of University Directors of Clinical
Psychology (see Appendix F) in order to be most competitive in the application process. Students are expected to apply for APA-accredited internships. Specific components of the application process for internship can be found in Appendix G. Information on the application process is available at the following website: www.appic.org.

If a student does not “match” with an internship through the first application cycle, the student will be expected to apply again the following year. In collaboration with the faculty, the student should try to assess the reasons s/he failed to “match” and take steps to improve the likelihood of a positive outcome during the second round of applications. This could include, among others, completing the dissertation, gaining additional clinical experience, improving the quality of the written application, and changing the number, types, and/or locations of internship sites to which applications are submitted. Students may petition the faculty to apply to sites that are not APA-accredited in the second application process. If a student does not “match” through the second application cycle, the student can petition the faculty to construct an internship experience outside of a structured internship setting. The full clinical faculty will review this request and determine whether there are exceptional circumstances that merit construction of this type of experience.

While on internship, students must enroll for 3 semester hours of PSYC 655 credit each semester during the academic year and 1 semester hour of PSYC 655 credit during one summer semester. If the internship starts during summer session, students should register for the first summer semester of their internship. If their internship has a late start (i.e., after August 1st), they should register for internship for the fall, spring and final summer session. To maintain the continuous nature of the internship experience, students will receive grades of “I” (Incomplete) at the end of each semester, which will be changed to a letter grade at the start of the next semester. To remove the final “Incomplete,” the DCT will need a copy of the final evaluation and a letter from the internship Director of Training stating that the student has completed all of the requirements for the internship. If the evaluations are not received, but the internship Director of Training has documented the student’s successful completion of the internship, the student will receive a grade of “B” in PSYC 655.

Students cannot graduate before the official end-date of the internship and receipt of the letter of completion from the internship Director of Training. Students should not request permission to graduate before the end-date of the internship. If student’s clinical internship is completed after the August graduation date, they may request the DCT to ask the Graduate School to add to their transcript a statement indicating the date that all degree requirements were met. This note on the transcript is recommended as it should be sufficient for licensing boards to verify the start of your postdoctoral hours.

X. Summary of Expectations for Graduation

Appendix H provides a summary of all expectations for graduation, organized by the competencies associated with the Program’s Goals and Objectives (presented in pp. 9-11 above).
XI. Example Ph.D. Program of Study

Although each student’s final program of courses will be individualized, a sample Ph.D. program is provided below. The program is designed to be completed in six years. Students who enter with a thesis-based M.A. degree in psychology should be able to reduce their tenure in the program by one year. The statistics on time-to-graduation are available at: [http://www.niu.edu/psyc/graduate/clinical/admissions.shtml](http://www.niu.edu/psyc/graduate/clinical/admissions.shtml).

Example Ph.D. Program of Study

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
</table>
| 1    | Analysis of Variance and Hypothesis Testing in Psychological Research  
Theory and Assessment of Intellectual Functioning  
Psychopathology  
Psychological Research  
Independent Study (Research) | Correlation and Regression Analyses in Psychological Research  
Second Assessment Course or Ethics and Professional Issues  
Clinical Research Methods  
Practicum  
Psychological Research  
Independent Study (Research) | Independent Study (Research) |
| 2    | Developmental Psychopathology  
Cognitive-Behavioral Theory and Techniques  
Foundation Course  
Practicum  
Thesis  
Psychological Research | Theories of Psychotherapy  
Second Assessment Course or Ethics and Professional Issues  
Foundation Course  
Practicum  
Thesis  
Psychological Research | Thesis |
| 3    | Choose among remaining foundation requirements, tool requirement, and electives  
Psychological Intervention with Children and Their Families (for child focus students)  
Practicum  
Thesis  
Psychological Research | Choose among remaining foundation requirements, tool requirement, and electives  
Practicum  
Thesis  
Psychological Research | Thesis or Independent Study |
| 4    | Choose among remaining foundation requirements, tool requirement, and electives.  
Externship  
Dissertation | Choose among remaining foundation requirements, tool requirement, and electives  
Multicultural Diversity, Supervision and Consultation  
Externship  
Dissertation | Dissertation |
| 5    | Externship  
Dissertation  
Supervision Practicum | Externship  
Dissertation | Dissertation |
| 6    | Internship  
Dissertation | Internship  
Dissertation | Internship  
Dissertation |
Pre-Internship Clinical Training

The clinical training component of our program consists of graduated levels of clinical exposure and experience. The training includes an introduction to clinical procedures through coursework, intensive supervision on cases that increase in number over two years of on-site practicum, exposure to a range of cases and procedures through vertical teams and clinic meetings, and extensive experience with select populations through externship assignments.

Students are required to complete a pre-practicum and four semesters of practicum in the Psychological Services Center (PSC) during the first three years of the program. The first-year pre-practicum, which takes place during the second semester, introduces students to clinical procedures and teaches interviewing skills. In subsequent semesters, students are assigned to vertical teams that include four to six students at different levels of training. Clinical teams are usually supervised by core faculty members. Students enrolled in practicum function as staff in the PSC and contribute to diagnostic and therapeutic activities in a manner consistent with their levels of training and experience. Caseloads become larger as students progress through their training. All clinical work conducted by students is either audio or video recorded to facilitate supervision. Students enrolled in practicum in the PSC also attend a weekly clinic meeting where case conferences and clinical issues are presented by students, faculty, and community professionals. If students face unusual circumstances that would lead to missing a clinic meeting, they must discuss the situation with their supervisor as well as the PSC Director before the meeting.

After receiving the M.A. degree, students are expected to gain clinical experience on an externship prior to going on predoctoral internship. Externship placements include residential and outpatient facilities for adults and children with mental disabilities, the child development clinic operated by the local hospital, the local probation office, NIU’s counseling center, school districts, and the PSC. Although experiences available at the externship sites differ, opportunities exist among the group of placements to refine skills in consultation, assessment, prevention, and individual and group therapy. The externships are typically paid positions and are between nine and twelve months in duration.

Additional unpaid clinical opportunities are often available, either for a few hours per week during the academic year or during the summer months. When such opportunities become available, the DCT (or other faculty designated as liaison) will inform students, who should discuss the advisability of the additional time commitment with their advisor given their progress in the program. With the advisor’s approval, students may apply for such clinical opportunities. If students believe a new clinical opportunity may be available either at a new site or one with whom we have an existing relationship, they should consult with their mentor of the advisability of pursuing the opportunity. With their approval, the student should approach the DCT to discuss the possibility of initiating this new clinical opportunity. The DCT, in consultation with any faculty member with existing relationships with the clinical site, will approach the site to learn more about the
clinical opportunity, including student responsibilities and provision of supervision and will determine if the opportunity is appropriate for clinical training. All unpaid clinical opportunities need to be approved by the DCT and have a Practicum/Externship Agreement in place to ensure the quality of the training experience meets the expectations of the program. For these hours to count on APPIC internship applications, supervision needs to be provided by a doctoral level psychologist and an evaluation form must be completed and submitted to the DCT once per semester.

Advanced students are provided with training in supervision and consultation in PSYC 672E: Multicultural Diversity, Supervision and Consultation, which includes both didactic and experiential components. This course can be taken any time after the completion of the basic practicum and typically will be in year four or five of the program. After the completion of this didactic course, students are encouraged to take the supervision “practicum,” where they gain experience supervising less advanced students while being supervised by a clinical supervisor in the PSC.

Students are expected to develop basic clinical competencies during their practicum training in the PSC. If the faculty believes a student is not making satisfactory progress in the development of his/her clinical skills that student may be designated “at risk” for termination from the program. “At risk” students are helped to remediate deficiencies with additional supervision and training. The full “At Risk” Policy is available in Appendix D.

Each semester students are required to turn in documentation of hours related to practicum work including externships and any additional approved clinical training. Specifically, students must divide these hours into the following categories: intervention, assessment, and supervision. A description of each category can be found at http://www.niu.edu/psyc/graduate/clinical/forms.shtml.

Registration for practicum hours (PSYC 651 and PSYC 654) requires permission from the department. All students who plan to be on a supervision team in the PSC should complete a 654 Learning Agreement. All students who plan to do other clinical training experiences, either on formal externships or more informal arrangements (e.g., running groups at a private practice) should complete in conjunction with their clinical supervisor the 651 Externship/Practicum Agreement. Students are responsible for getting the appropriate signatures on these forms and presenting them to office personnel, who will register the student for practicum through MyNIU. Further instructions for completion of these forms are saved with the forms on the clinical area webpage.
Ongoing Student Activities and Involvement

Advisement

Program faculty members maintain an “open door” policy, and students are strongly encouraged to schedule meetings with their faculty mentor, instructors, and supervisors as needed. Questions about administrative issues (e.g., paperwork, courses to take) should be directed toward the DCT and/or the graduate secretary, who is located in the psychology office (room 400).

Expected Levels of Involvement

Research

Throughout their program, students should be actively involved in a wide variety of research-related activities. These activities are important to the development of rigorous, scientifically-based problem solving that is the basis of the scientist-practitioner model. The Department of Psychology offers a wide variety of research-related activities including course-based projects, research assistantship assignments, thesis and dissertation projects, independent study projects, departmental colloquia, informal brown-bags, and ongoing discussions with faculty and student colleagues. Students are expected to attend presentations offered by the department and the curricular area. Students are also strongly encouraged to present posters, papers, or workshops at regional, national, or international professional conferences or meetings as well as to be authors or co-authors on manuscripts submitted for publication.

Students may enroll for Independent Study credit when working on special projects or readings. Students are expected to discuss their plans for the semester when enrolling for PSYC 685 credits and should be prepared to present documentation of their progress at the end of the semester. Grades for PSYC 685 will reflect the student’s success in meeting the goals established for the semester.

During summer semesters, each student is expected to maintain focus and make progress on the thesis or dissertation. Summers provide a break from typical classroom demands; students should devote this time to required and/or extra research. Students may register for PSYC 685, PSYC 699, or PSYC 799A in the summer to cover their research work.

Communication

Much of the communication on matters related to the program occurs via the clinical listserv. Students should check e-mail messages at least once a day except during times the university is formally closed, when less frequent monitoring is acceptable. It is expected that students will also be available by phone and e-mail except when the university is formally closed. If students plan to be away from the university, and/or out of phone or e-mail contact for an appreciable length of time, it is expected that students will discuss their absence with the DCT, their instructors, research supervisors, and clinic
supervisors. Students are not to be absent from the university for nonessential personal reasons while classes are in session.

**Cohort Meetings**

Cohort meetings are held each fall and spring with the DCT. These mandatory meetings are intended to provide an exchange of information between the students in each class and the program. The meetings provide a forum for students to ask questions related to training and administrative issues and share perceptions of training needs. Expectations related to research, clinical training, and coursework are discussed. A cohort representative, who represents the cohort in formal interactions with the DCT and clinical faculty, is elected at the meeting. Students also have informal meetings throughout the year with their cohort faculty mentor.

**Participation in Faculty Hires**

All students are expected to participate in the interview process for new faculty appointments. This includes, but is not limited to, attending research presentations and the student meetings. If students are unable to attend these events, they must notify the DCT. Some students may also be asked to help escort the faculty candidate to appointments on campus. Students provide feedback to the faculty through written evaluation forms.

**Recruitment of Students**

An Open House is held in February for prospective graduate students. Current students, especially those in their first year, help with the recruitment of new students. All students, regardless of their year in the program, are expected to attend the Open House activities unless teaching, research, or clinical obligations make attendance impossible. However, students should not schedule conflicting activities unless it is necessary.

**Input to Faculty**

Each year one student representative per cohort is identified to facilitate communication between the faculty and students. Prior to each clinical faculty meeting, the DCT asks for students to inform her of any concerns or comments that would like to be raised with the clinical faculty. If students do not want to be identified they may pass along their concerns through a cohort representative. Through this mechanism the DCT will share concerns at the faculty meeting and, if appropriate, invite one or more of the cohort representatives to come to the faculty meeting to more explicitly discuss raised issues. The faculty may also request information from the students through the cohort representatives.
**Professional Involvement**

During the academic year, students are strongly encouraged to attend a variety of department-sponsored activities, such as brown-bag seminars, open lab meetings, and department colloquia. These activities are viewed as an important aspect of students’ development as scientist-practitioners. During these activities, students will have opportunities to informally discuss topics relating to the program and profession with other students, faculty, and members of the professional community.

It is important for students to become involved in the profession of psychology during their graduate training. To be eligible for liability insurance through APAIT, which is necessary once students are working clinically, students must be member of the American Psychological Association (APA). In addition, students are encouraged to join and be active in professional organizations such as Association for Behavioral and Cognitive Therapies (ABCT), the Association for Psychological Science (APS), and Society for Research on Child Development (SRCD). Each of these organizations offers student memberships and special activities and opportunities for students. Students are also encouraged to attend and/or present at local, state, and national conferences. Funds are available from various sources to support graduate student travel for presentation at conferences. Please see the section of this Handbook on Travel Money Allocations on page 32 for more information on travel funding.

**Teaching Experience**

Teaching is an important component of the professional activities of many psychologists, and the faculty believes it is helpful for students to obtain supervised experience in the teaching role during their training. Consistent with this belief, we try to assign students to at least one teaching assistantship while they are in the program.

**Annual Picnic**

Near the beginning of each fall semester, all clinical graduate students and faculty are invited to attend a picnic, usually held at a faculty member’s house or a local park. The picnic provides an opportunity for new students to begin to get to know faculty and other graduate students. There is always great food and conversation to mark the beginning of another academic year. Students are also encouraged to attend the occasional social activities held by either the clinical area or the psychology department.

**Academic Integrity**

Students are expected not to engage in any form of academic dishonesty, including plagiarism and cheating in any way on examinations, written assignments, theses, and dissertations. If you are not sure if something is academically dishonest, ask. Plagiarism and other forms of cheating are serious issues within an academic setting and will be dealt with in a manner that reflects this seriousness and threat to the integrity of the
Clinical Program, the Department, and the University. The following statement is taken from the NIU Graduate Catalog.

“Good academic work must be based on honesty. The attempt of any student to present as his or her own work that which he or she has not produced is regarded by the faculty and administration as a serious offense. Students are considered to have cheated, for example, if they copy the work of another or use unauthorized notes or other aids during an examination or turn in as their own a paper or an assignment written, in whole or in part, by someone else. Students are guilty of plagiarism, intentional or not, if they copy material from books, magazines, or other sources without identifying and acknowledging those sources or if they paraphrase ideas from such sources without acknowledging them. Students guilty of, or assisting others in, either cheating or plagiarism on an assignment, quiz, or examination may receive a grade of F for the course involved and may be suspended or dismissed from the university” (Northern Illinois University, p. 20).

**Student Assessment**

**Annual Evaluation**

The clinical faculty meets in May to evaluate the progress of each student. Before the meeting, students are requested to provide a list of accomplishments and current curriculum vitae to their advisors and the DCT. Students are also encouraged to discuss their progress with their advisors prior to the annual evaluation faculty meeting. The evaluation of student performance is comprehensive and includes both performance in departmental requirements and professional development and functioning. Methods for evaluating students’ competence were modeled by The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs guidelines found in Appendix I. As such, the faculty completes the yearly evaluation form indicating whether each student is below expected levels, at expected levels or exceptional based on year in the program in the areas of knowledge, research and clinical skills, professional behavior, professional development, and performance on their assistantship (see Appendix J).

Students receive a written evaluation based on the annual review of their progress. Students may request a re-consideration of their annual evaluation. Such requests should be made in writing to the DCT within 30 days of receipt of the evaluation. Students may also provide a written response to the annual evaluation for inclusion in their file.

**Assessment of Adequate Progress**

The following goals and deadlines have been established to help students complete the program in a timely fashion. If a student fails to meet a remediation deadline, the student and the chair of their committee are expected to compose a letter to the full clinical faculty explaining why the deadline was not met and propose a way to remediate the problem. Specifically, they should indicate how and when the objective will be met as well as how the student will be able to “catch up” to meet the next milestone’s deadline. This may, but does not need to, include modifications to their anticipated time in the
clinic (e.g., a reduced caseload could be requested) or coursework so that they can focus on writing or data collection. The faculty will review the proposed plan and decide if it is appropriate. Once a plan is in place, the student will need to periodically check in with the DCT regarding their progress until the goal has been reached. If the student does not make progress with their proposed plan within a specified time period (e.g., six months), the faculty will follow the remediation procedure described below.

Students who do not meet a probation/termination deadline have more serious consequences. If they are placed on probation, this is something that will need to be acknowledged on the internship application, with documentation indicating how the problems leading to probation are resolved. At this point, rather than being put on probation, the faculty may determine to terminate the student from the program. Students may appeal to the faculty for extension of a termination deadline if they feel there are special circumstances that have slowed their progress; however, the onus is on the student to convince the faculty that the circumstances have been sufficient to account for the delayed progress. The guidelines below will be followed to help a student who has fallen behind in the program regain momentum and demonstrate an appropriate rate of progress.

**Goals and Deadlines for Students Who Enter with a Bachelor’s Degree**

**M.A. thesis proposal on file**
- Aspirational Goal: Fall of second year
- Remediation Deadline: May 1\textsuperscript{st} of second year
- Probation or Termination Deadline: May 1\textsuperscript{st} of third year

**Defend final M.A. thesis**
- Aspirational Goal: Fall of third year
- Remediation Deadline: Beginning (August 16\textsuperscript{th}) of fourth year
- Probation or Termination Deadline: April 15\textsuperscript{th} of fourth year

**Submit and pass candidacy exam portfolio**
- Aspirational Goal: Submit by fall of their 4\textsuperscript{th} year
- Remediation Deadline: Submit by the December faculty meeting of their 5\textsuperscript{th} year
- Probation or Termination Deadline: Submit by April faculty meeting of their 5\textsuperscript{th} year

**Propose dissertation on file**
- Aspirational Goal: Summer after fourth year
- Remediation Deadline: Beginning (September 1\textsuperscript{st}) of sixth year
- Probation or Termination Deadline: April 15\textsuperscript{th} of sixth year

**Defend dissertation**
- Aspirational Goal: Spring of fifth year
- Remediation Deadline: End (August 15\textsuperscript{th}) of seventh year
- Probation or Termination Deadline: End (August 15\textsuperscript{th}) of eighth year
Complete internship
Aspirational Goal: End of summer after sixth year
Remediation Deadline: End of summer after seventh year
Probation or Termination Deadline: End of summer after eighth year

Goals and Deadlines for Students Who Enter with a Thesis-Based Master’s Degree

Submit and pass candidacy exam portfolio
Aspirational Goal: Submit by the April faculty meeting of their 3rd year
Remediation Deadline: Submit by the December faculty meeting of their 4th year
Probation or Termination Deadline: Submit by April faculty meeting of their 4th year

Propose dissertation
Aspirational Goal: Summer after the third year
Remediation Deadline: Beginning of fifth year (August 16th)
Probation or Termination Deadline: April 15th of fifth year

Defend dissertation
Aspirational Goal: Spring of the fourth year
Remediation Deadline: End of summer (August 15th) after sixth year
Probation or Termination Deadline: End of summer (August 15th) after seventh year

Complete internship
Aspirational Goal: End of summer after fifth year
Remediation Deadline: End of summer after sixth year
Probation or Termination Deadline: End of summer after seventh year

Other assessment of program profess and professional development

In addition to the goals and deadlines listed above, students’ progress in their professional development as clinical psychologists is monitored closely by faculty throughout the program. This includes formal assessment procedures such as course grades, exams, research projects, and annual evaluations. It also includes less formal observation of students’ performance during activities such as assistantships, presentations, and interactions with both NIU and other professional colleagues. Faculty members providing university supervision for externships and extra clinical experiences also communicate with external supervisors through written evaluations and discussion of student progress. Should serious concern arise about a student’s professional development, these concerns will be identified and communicated to the student as part of the annual evaluation or in a letter to the student at any time. If program faculty believe that more systematic feedback, remediation, and monitoring is necessary, the following procedures will be followed:

Formal feedback and remediation procedure

1. The DCT and at least one other program faculty member (e.g., practicum supervisor, research supervisor) will meet with the at-risk student to understand the nature of the
student’s difficulties, explore options, specify identified weaknesses, and develop goals and strategies for remediation.

2. An individualized plan will be developed, and approved by the clinical faculty, that will specify student activities, expected levels of performance, methods of faculty monitoring, and schedule of evaluation. The student’s research advisor or other appointed member of the clinical faculty will be responsible for tracking the plan and evaluating the student’s progress. The responsible faculty member will provide feedback on the student’s progress each month at the regular clinical faculty meeting.

3. The student will be provided written feedback about his or her performance on a scheduled basis. The timeline for feedback will be included in the individualized plan.

4. At the conclusion of the remediation period, the clinical psychology faculty will determine whether (a) sufficient progress has been made for the student to no longer be considered “at risk,” (b) to continue or modify the remediation plan, or (c) to terminate the student from the program. The faculty’s decision will be communicated to the student in writing.

5. The student may appeal the faculty’s decision to the Department Chair, who will review the recommendations with the student, DCT, and other relevant parties. If the decision is unchanged, the Chair will inform the student of the process for further appeal.

6. If a student is dismissed from the program, a final meeting should be initiated by the DCT to provide help or referrals for academic counseling, personal counseling, status of future letters of recommendation, and any other issues of concern to the student.

**Grievance Procedures**

Several procedures and guidelines are in place to insure that student complaints or grievances are handled effectively and fairly.

There are informal procedures that students are encouraged to utilize to handle program complaints or grievances. Students are encouraged to bring the complaint to the attention of the program via the Director of Clinical Training, the Department Chair, or their assigned faculty mentor. All student concerns and grievances will be treated fairly and kept confidential. The nature of all grievances will be documented for program development and evaluation.

Students may elect to more formally bring complaints to the Department or University. Within the Psychology Department, students may contact the Director of Graduate Studies (DOGS) or the Graduate Student Advisory Committee regarding concerns. See the *Department of Psychology Graduate Student Manual* for information on the formal Departmental grievance procedures and for information on appealing course grades.

In addition, grievance procedures for students are detailed in the Constitution and Bylaws of Northern Illinois University (Article 12, Grievance Procedures for Students): http://www.niu.edu/u_council/constitution/bylaws/article12.shtml.

Finally, two of the most relevant University resources for students regarding grievances are listed below:

- **The NIU Ombudsman**, (815) 753-1414, Ombuds@niu.edu, [http://www.niu.edu/ombuds/](http://www.niu.edu/ombuds/). The University ombudsman is independent of the university’s formal administrative structure and will consider all sides of an issue in an impartial and objective manner. The ombudsman cannot impose solutions, but will identify options and strategies for resolution.

- **The Office of Affirmative Action and Diversity Resources**, Human Resource Services, 815-753-1118, [http://www.hr.niu.edu/ServiceAreas/DiversityResources/Index.cfm](http://www.hr.niu.edu/ServiceAreas/DiversityResources/Index.cfm). Any student who experiences and/or witnesses possible acts of discrimination, harassment, or retaliation has the right to report this activity to the Office of Affirmative Action and Diversity Resources. All complaints and/or allegations of discrimination will be examined in a reasonable, objective, confidential, and expedient manner, and in accordance with applicable federal and state employment laws. This office also offers alternatives to filing a complaint: Mediation and Confidential Counseling.

**Student Support Services**

Northern Illinois provides an exceptionally supportive environment for faculty and graduate students alike. Student support services are a priority for the university and they are not only comprehensive in scope, they are user friendly and competently run. A selection of those that are particularly relevant to clinical psychology graduate students can be found in Appendix K. This selection also includes the active centers and commissions on campus that are available to provide services and support related to issues of diversity. NIU has an active and productive interest in diversity issues on campus, resulting in a culture of appreciation and success for all students.

**Self-Care**

Graduate training in clinical psychology is both exciting and demanding. Students in clinical programs face a number of challenges including high workloads; multiple roles (you may be a student, a teacher, and a therapist all in one semester); performance anxiety and frequent evaluations; management of both professional and personal relationships; and emotional distress and fatigue associated with clinical work. Although students may feel that seeking counseling or other assistance is a sign of weakness, the
opposite is true. Taking care of yourself is a good habit to develop and a sign of professional maturity. We encourage students to take an active approach to caring for themselves during their training. Self-care issues are an appropriate topic to address in clinical supervision and during Topics in Psychotherapy (TIPS) meetings. Students are also encouraged to seek out their faculty cohort mentor for guidance with professional development issues (e.g. how to juggle multiple roles; time management; etc…). Additionally, the program provides readings about self-care and a list of local resources that may be useful in managing the stress associated with graduate training. Copies of these materials are located in the library, workroom, and main filing cabinet of the Psychological Services Center.

**Administrative Procedures**

**Program of Courses**

Students should familiarize themselves with the deadlines for filing the M.A. Program of Courses and the Ph.D. Program of Courses. This information is available in Appendix F of the *Graduate Student Manual*.

**Thesis and Dissertation Committees**

Typically a clinical faculty member is the chair of clinical students’ thesis or dissertation committees. A student may petition the clinical faculty to request a faculty member outside the clinical area be designated as chair, sharing the rationale for such an appointment. This can be done at the point of admission as well as later in the program. Faculty members outside the clinical area can serve as co-chairs of a thesis or dissertation committee without petitioning the clinical faculty. In addition, at least one clinical faculty member should be on all thesis committees and at least two clinical faculty members should be on all dissertation committees. Again, the student may petition the clinical faculty for lower representation on these committees, providing adequate information about the rationale for the make-up of the proposed committee.

**Teaching Evaluations for Student Files**

Students who hold advanced TA positions must provide copies of their syllabi and the numeric teaching evaluations to the DCT for inclusion in their clinical area files. These materials will be used in annual evaluations, but more importantly, will provide an empirical basis for letters of recommendation that relate to teaching skills. Students should provide a copy of their syllabus at the beginning of each semester in which they teach. Teaching evaluations should be provided when they become available after the close of the semester.

**Registration for Practicum and Learning Agreements**

Students register for Practicum hours through two mechanisms. Students register for PSYC 654 when they are on a supervision team in the PSC. Second year students register for 2 credit hours, while third year (or beyond) students register for 3 credit
hours. Students choosing to see clients in the PSC over the summer need to register for PSYC 654 and should consult with their clinical supervisor and the DCT to determine the appropriate number of credit hours of registration.

Students who are pursuing additional clinical training experiences outside the PSC supervision teams should register for PSYC 651. To do this, students need to complete a externship/practicum agreement form with their supervisor prior to registration. As indicated on this form, students with a full time (16+ hours) clinical externship should register for 3 credits of PSYC 651. Students with a part-time clinical externship (i.e., 10-15 hours) should register for 2 credits of PSYC 651. Students whose clinical experiences are less than 10 hours per week (e.g., running groups at the Myket practice, doing clinical evaluations for research) should register for one credit of PSYC 651. Students may have multiple training experiences occurring in a given semester. An agreement needs to be in place for each of them. The maximum number of credit hours students can enroll in a given semester is three. Please consult with the DCT regarding the appropriate allocation of credit hours across the externship/practicum agreements as needed.

All students who enroll for practicum are responsible for obtaining the appropriate signatures to complete the learning agreement and practicum/externship and submitting it to the graduate secretary. The graduate secretary will then register the student for practicum using the MyNIU system.

Learning Agreements and Externship/Practicum Agreements must be on file by the first day of classes of the semester covered by the agreement. This means Learning Agreements for externships beginning on July 1st should be on file by the first day of the summer semester. Supervised clinical work done without a 654 Learning Agreement or 651 Externship/Practicum Agreement in place is not considered to be program-sponsored and may NOT be counted on internship applications.

Clinical Competency Evaluation Form for Clinical Work and Recording of Clinical Hours

The program requires that students’ clinical work be evaluated, whether the work is part of the practicum in the PSC, an externship placement, or extra work arranged by the student and covered by an Externship/Practicum Agreement. Evaluations should be provided by the primary clinical supervisor, using the Clinical Competency Evaluation form found in Appendix C of this Handbook or online. A substitute form customized to a specific practicum experience is acceptable with consultation. Students should discuss the evaluation with their supervisors and respond in writing if they disagree with the evaluation. Clinical Competency Evaluations for the PSC are due in the main office before the last day of classes each semester for PSC teams. Evaluation forms for externships are due in the main office at the end of the clinical experience, or at least once a year.

Students are responsible for recording their practicum and externship hours on the evaluation form, using four categories: intervention, assessment, support, and
supervision. A description of each category can be found online at http://www.niu.edu/psyc/graduate/clinical/forms.shtml. Because of the importance of accurately reporting clinical hours, activities, and client characteristics, students should familiarize themselves with the AAPI categories early in their training, and begin recording their clinical experiences during the first practicum experience. Students are responsible for ensuring that clinical supervisors are aware of the expectations of completing and turning in the clinical evaluation forms. Students should consult with the DCT if they are having difficulty getting their evaluation form completed by their clinical supervisor.

To increase accuracy, students are expected to record clinical hours as they are accrued, using the Time2Track software. Time2Track is a web-based program that uses the format of the AAPI (internship application form) and allows faculty to monitor student hours as they progress through the program. Students are enrolled in Time2Track by department personnel, and the costs associated with Time2Track are covered by the fees assessed with enrollment in PSYC 654.

Students will receive an “In progress” grade for continuous training in the PSC as well as continuous enrollment in an externship experience. Upon completion of that particular clinical experience, students will receive a grade of Satisfactory.

Annual Report Regarding Outside Employment

Students are required to have a statement on file with the clinical program describing any employment outside the department which involves the provision of social services, teaching, or other professional activities. The letter should describe the title and responsibilities of the employment and indicate explicitly that the employer has been informed of the student’s training status in the graduate program. The letter should be signed by the employer and must be renewed annually. Letters should be on file by October 1st each year. Students who take new positions during the school year are responsible for providing the letter at the time of initial employment.

Annual Report for APA

Accredited professional programs in psychology are required to file annual reports with information on faculty and student activities. Students will be asked to complete a form each Spring/Summer to provide information relevant to the reporting requirements. Students may also be asked to provide information at other times related to accreditation requirements. It is important that this information be provided promptly and that students pay careful attention to the accuracy of the information they provide. Students include identifying information on the material requested by the DCT; however, information reported to APA does not include names.
Reporting on PSYC 690 Experiences

Each semester, students who are registered for PSYC 690 must report the ways in which they met the requirements for the course. If you are registered for PSYC 690, an end-of-semester survey as well as their reflection on one of their diversity experiences must be completed each semester and returned to the personnel in the main office by the last day of classes. This form can be found online at http://www.niu.edu/psyc/graduate/clinical/forms.shtml. If a student does not return the survey by the deadline, the student will receive a grade of “U” (Unsatisfactory) in the course.

Preferences for Clinical Team Assignments

Students will be surveyed prior to each semester regarding their preferences for clinical supervisors in the PSC. The faculty will try to honor these preferences whenever possible; however, numerous other factors enter into team assignments including schedules, student training needs, and balance of experience among the students on the team. Students should be aware the goal of the PSC training is to provide broad experiences with a variety of supervisors and a broad range of presenting problems. This is the opportunity to not specialize, although students will be assigned to a team that matches their particular training interest (e.g., child, trauma) at least once during their time in the PSC.

Preferences for Assistantship Assignments

Assignment of assistantships will proceed in two phases: (1) paid clinical externships (in January/February), and (2) all other departmental assistantships (in March/April). In Phase 1, any student in good standing who will be in Year 3 or above may apply for paid clinical externships. Externship sites may require an application and interview. After any interviews are conducted by the externship site, both students and externship sites will submit their preferences. These preferences along with the students’ training needs will be used by the clinical faculty to make decisions.

After Phase 1 is complete, preferences for departmental assistantships will be solicited by students not assigned a paid clinical externship. As in Phase 1, students should discuss their preferences with their advisors and list assignments that will contribute maximally to their professional development. In both Phase 1 and 2, the faculty will try to honor students’ wishes whenever possible; however, numerous other factors enter into assistantship assignments including the training needs of each student and the needs of the department. Typically, all assignments are determined by early May.

Travel Money Allocations

Graduate students receive an initial travel allocation of $300.00 from the department if they are presenting the work (funds allocated from department may vary year to year; you do not need to be the first author to be reimbursed). Directions for submitting travel
documentation to the department can be found on the department webpage at http://www.niu.edu/psyc/graduate/current/index.shtml under travel reimbursement request. You will need to submit proof that you presented at the conference (e.g., program brochure). In addition, you will need to submit all receipts, including those for each meal. In order to be reimbursed for meals, students must provide an itemized receipt for each meal and list the exact cost of each meal on the travel voucher. The university does not reimburse for alcoholic beverages. If students share hotel rooms, they should ask the hotel to separate the costs and give each contributing student a separate receipt.

For those with an M.A. conferred, as soon as travel arrangements are known, students should also apply for travel grants through the Graduate School. Information on Graduate Student Travel Grants can be found on the Graduate School website: http://www.grad.niu.edu/grad/audience/current_students.shtml. Students should submit the grant cover sheet and required documents to the Chair’s assistant for departmental approval. The Dr. Gary Coover Travel Fund for Graduate Students, a competitive award through the Department of Psychology, is another possible source of support for travel to professional meetings. Information on this award can be found on the Psychology Department WebPage: http://www.niu.edu/psyc/giving/scholarships.shtml.

Exit Procedures
Departure for internship is a very busy and exciting time and it is sometimes hard for students to remember to attend to the important administrative tasks that must be completed before departure. The list below is a reminder of the required exit procedures for the program. All students embarking for internship should consult the list and complete the tasks before they leave.

- Provide new contact information to the graduate secretary
- Discuss data management and IRB issues with their research advisor
- Return keys to the main office
- Arrange for an exit interview with the DCT
Program and Department Faculty

The research interests of the primary faculty and staff currently associated with the program are summarized below. Students also may wish to work with other faculty in the department.

Clinical Psychology Faculty

David J. Bridgett (Ph.D., Washington State University)
Email: dbridgett1@niu.edu
Website: www.niu.edu/emotionreg/

Consistent with my interests and program of investigation, research within the Emotion Regulation & Temperament Laboratory at NIU focuses on identifying contributors to infant/toddler emotion regulation, such as aspects of parent self- and emotion-regulation and parenting, how parent self-regulation affects parenting of young children, and how early individual differences in emotion regulation contribute to risk for early emerging symptoms of internalizing and externalizing problems. Furthermore, the research within the lab takes a longitudinal approach so that we are able to model how early emotion regulation changes over time as a result of parent, child, and other environmental factors. Other research within the lab focuses on similarities and differences between aspects of self-regulation, and links between self-regulation, emotion, and behavior, including externalizing and internalizing behaviors, and health outcomes (e.g., overweight status) across the life-span. To address these and other questions, behavioral and physiological methods are employed.


**Michelle M. Lilly** (Ph.D., University of Michigan)  
Email: mlilly1@niu.edu

My research focuses on the exploration of mental health outcomes following interpersonal trauma, with a particular focus on intimate partner violence. I am particularly interested in the ways in which world views, emotion regulation, and coping affect posttraumatic functioning, as well as the recovery process. A second, though related, line of research focuses on the mental and physical health of emergency responders, particularly 9-1-1 telecommunicators. This work examines factors that enhance risk for poor health in this population.


**Holly K. Orcutt** (Ph.D., SUNY Buffalo)  
Email: horcutt@niu.edu  
Webpage: [http://www.niu.edu/horcutt/](http://www.niu.edu/horcutt/)

My research interests fall within the broad framework of traumatic stress. With an interest in prevention of trauma exposure, I am investigating risk and protective factors...
for interpersonal violence perpetration and victimization. For example, I am interested in factors, such as using alcohol or sex to reduce negative affect, that may increase women’s risk of being sexual assaulted as adults. In addition, I am interested in whether or not there are emotion regulation strategies in response to painful experiences (e.g., sexual assault, the mass shooting at NIU) that are more or less predictive of suffering (i.e., pathological anxiety, PTSD), particularly with regard to issues of acceptance (e.g., mindfulness, forgiveness) vs. avoidance (e.g., experiential avoidance). More recently, I have been examining fear physiology (e.g., laboratory fear potentiated startle to a fear conditioned cue, fear discrimination and fear extinction, as well as dark enhanced startle) as a risk factor for posttraumatic stress symptoms.


**Laura Pittman** (Ph.D., University of Connecticut)
Director of Clinical Training
Email: lpittman@niu.edu
Website: [http://niu.edu/pittmanlab/](http://niu.edu/pittmanlab/)

My research focuses on risk and resilience in children and adolescence, specifically, in how parents as well as broader contextual factors may buffer the expected negative influence of known risk factors (e.g., parental depression, poverty). Currently I am focusing on understanding the ways in which grandparents and fathers influence families
and child development. I also have a growing interest in how culture/race/ethnicity may influence development in children and adolescents, considering the question both demographically as well as through cultural aspects like ethnic identity and racial socialization.


Alan Rosenbaum (Ph.D., SUNY at Stony Brook)

Email: arosenbaum@niu.edu

The primary focus of my research agenda has been on understanding and treating intimate partner violence (IPV). Currently, my research concerns two related factors, relationship acceleration and future time perspective (foreshortened future) which may contribute to IPV. More recent focus is on anxiety (especially future anxiety) and how it relates to aggression. My research group is also looking at (1) victimization and re-victimization of women from the perspective of the characteristics they find attractive in mates; (2) sex role strain from the perspective of the conflicting pressures experienced by women and the mixed messages sent to men; (3) the effects of exposure to inter-parental aggression; and (4) assessing outcomes of batterer intervention programs.


**Elizabeth Shelleby (Ph.D., University of Pittsburgh)**

Email: eshelleby@niu.edu

My research is informed by a developmental psychopathology perspective and focuses on the development of child disruptive behavior problems, preventive interventions for at-risk populations, parenting practices, early child emotion regulation, and the influence of contextual stressors on child mental health. My work on preventive interventions explores intervention moderators and mechanisms of change. One line of inquiry I have pursued in the area of contextual stressors focuses on the intersection between family economic stress and children’s behavioral development.


**David Valentiner** (Ph.D., University of Texas, Austin)
Email: dvalentiner@niu.edu
Website: [http://davidvalentiner.weebly.com](http://davidvalentiner.weebly.com)

My research examines cognitive and emotional factors related to anxiety, anxiety disorders, and change in anxiety during treatment and during the natural recovery following trauma, addressing questions such as: what are the mechanisms of change in effective therapies for anxiety disorders?; what are the implications of these mechanisms for how we understand the psychopathology, including etiology and maintenance?; and how can treatment and prevention be improved based on what we learn about mechanisms of change? I also have interests in brain areas involved in fear reduction and recovery, racism and belief change, and research on pseudoscience and scientific anomalies.


properties of the Avoidance and Fusion Questionnaire for Youth in two adult samples. *Psychological Assessment, 24*, 402-408.

**Kevin D. Wu** (Ph.D., University of Iowa)  
Email: kevinwu@niu.edu  
Webpage: [http://wuniu.weebly.com](http://wuniu.weebly.com)

My research focuses on dimensional models of psychopathology in which symptoms generally exist on a continuum rather than as qualitatively discrete entities. Primary work addresses issues related to obsessive and compulsive experiences, focusing on experimental methods and targeting cognitive-behavioral models of their development and maintenance. My graduate students conduct research relevant to this domain, but bring their own interests. Most co-authors below are former NIU graduate students who have completed their PhDs in clinical psychology.


**Director of the Psychological Services Center**

**Karen White** (Ph.D., Florida State University)  
Email: kwhite1@niu.edu

My specific interests in the field of child clinical psychology include children’s peer relationships, especially those of children with attentional and acting-out behavior.
problems; the influence of teacher and peer feedback on perceptions of behavior problems with children; and child and adult attentional problems.

Affiliated Research Faculty

**Julie Crouch** (Ph.D., Northern Illinois University)
Director, Center for the Study of Family Violence and Sexual Assault
Email: jcrouch@niu.edu

My research focuses on understanding the causes and consequences of child physical abuse and intimate partner violence. My recent work focuses on applying social cognitive paradigms as a means of understanding why some parents physically abuse their children. Also, I am conducting research and evaluation projects examining innovative interventions designed to promote positive parenting practices.

**Michelle K. Demaray** (Ph.D., University of Wisconsin-Madison)
Professor, School Psychology Program
Email: mkdemaray@niu.edu

I have spent over a decade focused on the measurement of social support and the relations among perceived social support in youth and positive and negative outcomes. I also conduct research on bullying and victimization in schools. This research includes cyber-bullying and cyber-victimization and the role of bystanders in the bullying situation. I am also interested in both research and clinical practice issues relevant to Attention-Deficit/Hyperactivity Disorder (ADHD). More broadly, I am interested in social-emotional issues in schools, including social emotional screening.

**Leslie Matuszewich** (Ph.D., SUNY-Buffalo)
Chair and Associate Professor, Neuroscience and Behavior Program
Email: lmatusze@niu.edu

My laboratory studies the effects of psychostimulants on the brain and behavior. Our previous research found that chronic stress increases the sensitivity to illicit stimulant drugs, such as methamphetamine, with females showing greater neurochemical and behavioral responses than males. More recently, we have begun to examine the long-term effects of the stimulants when given early in development. We are interested in understanding the effects of juvenile exposure to methylphenidate on adult motivation, learning and memory.

**Nina S. Mounts** (Ph.D., University of Wisconsin- Madison)
Professor, Developmental Psychology Program
Email: nmounts@niu.edu

My research focuses on parent-child and peer relationships during adolescence across ethnically diverse groups. My lab is examining the way in which parents are involved in
the peer relationships of adolescents. We are especially interested in examining the way in which parental involvement in peer relationships (i.e. harsh and supportive approaches), is related to several aspects of peer relationships including aggressive behavior, prosocial behavior, conflict resolution, and friendship quality. My research also includes a consideration of social-cognitive and physiological processes that contribute to the linkages between parenting and adolescents’ peer relationships.

**Christopher P. Parker** (Ph.D., Rice University)
Associate Professor, Industrial/Organizational Psychology Program
Email: cparker@niu.edu

I am interested in psychological climate and organizational climate/culture, attitude theory and job satisfaction, perceptions of organizational politics, and leadership recognition.

**Bradford H. Pillow** (Ph.D., Stanford University)
Associate Professor, Developmental Psychology Program
Email: bpillow@niu.edu

My research examines social cognitive and metacognitive development during the preschool and elementary school years. I have investigated (a) children’s ability to infer another person’s knowledge, beliefs, or visual experience, (b) children’s explanations of interpersonal events, (c) children’s understanding of cognitive processes such as attention, inference, comprehension, and memory, and (d) children’s monitoring of their own cognitive activities. Although my research emphasizes normative age-related developmental changes, individual differences in social cognitive and metacognitive abilities may be related to outcomes in both the social and academic domains. Social cognitive abilities are related to children’s social behavior and the quality of their social relationships, whereas metacognitive abilities are important for performance on many academic tasks. In addition, I also have studied young children’s reasoning about social categories. Current research focuses on children’s attribution of motives to others to explain social behavior.

**Douglas G. Wallace** (Ph.D., Kent State University)
Associate Professor, Neuroscience and Behavior Program
Email: dwallace@niu.edu

My research uses navigational tasks in multiple species (humans and rodents) at different scales (manipulatory vs. ambulatory) to investigate the impact of neurodegenerative processes on spatial orientation. For example, I have used rodent models of Alzheimer’s Disease to understand the cue processing deficits associated with wandering behavior. This work has prompted a series of human studies that demonstrate the importance of self-movement cue processing in maintaining spatial orientation. One active line of research uses manipulatory scale tasks to investigate the impact of several factors (aging, adolescent binge drinking, and exercise) on changes in spatial orientation observed across
the lifespan. Future work will examine the impact of interventions to ameliorate spatial deficits associated with a history of adolescent binge drinking.

Katja Wiemer (Ph.D., University of Memphis)
Associate Professor, Cognitive and Instructional Psychology Program
Email: katja@niu.edu

My main research focuses on mental representations and language processing. Ongoing research projects explore our understanding of abstract concepts (like "process", "freedom" or "argument"), with research addressing the content of these concepts as well as how they relate to each other (with a focus on causal relations) and how they are categorized in memory; perceptual bases of concepts (i.e. to what extent is our knowledge grounded in perceptual experiences); scientific explanations and the ability to evaluate explanations produced by others as well as by ourselves. I have conducted some language processing work on cognitive distortions (i.e., we developed a system that automatically identified maladaptive thoughts by analysis of linguistic features). Apart from my active research, I have theoretical interests related to the clinical area (i.e., areas I read but do not actively conduct research in), which include health psychology, codependency, and Adult Children of Alcoholics (ACOA) symptoms related to narcissistic abuse.

Other Department Faculty

Cognitive-Instructional-Developmental-School Psychology

M. Anne Britt
Advanced literacy skills, argument comprehension, production, and evaluation skills, integration of information from multiple sources, enhancing learning and understanding through use of computer-aided instruction.

Joseph P. Magliano
My interest focuses on how people understand and represent events that they experience in texts or in film. I’m also interested in understanding how skilled and less skilled comprehenders differ and in developing technologies to better detect those differences. Finally, I’m interested in learning how to help struggling readers become more successful in comprehending what they read.

Christine K. Malecki
School psychology, social support perceived by children and adolescents, curriculum-based measurement, innovative school psychology delivery services.

Keith K. Millis
Discourse comprehension, technology and instruction, experimental aesthetics, memory processes.
Neuroscience and Behavior
Angela Grippo
Interactions among social behavior, stress, and the heart; association of depression and heart disease; animal models of psychological disorders and stress.

Social and Organizational Psychology
Larissa Barber
Self-regulation and occupational health; work-life balance; stress and sleep; self-control and counterproductive work behavior; personality in the workplace.

Amanda M. Durik
Factors that promote optimal motivation (interest and performance) in achievement situations, achievement goals, the development of interest.

Lisa M. Finkelstein
Age and generation identification, the role of age and generation differences in newcomer socialization, mentoring, and inaction in workgroups, stereotyping and discrimination in the workplace.

Brad J. Sagarin
Attitude change, resistance to persuasion, deception, jealousy and infidelity, evolutionary psychology, human sexuality, statistical approaches to missing data and non-compliance.

Alecia M. Santuzzi
Interpersonal appraisals and evaluations; metaperceptions (knowing what others think of you); social stigma in work-related situations; social interaction in face-to-face and virtual groups; virtual organizations.

John J. Skowronski
My primary research and supervisory interests concern investigation of the processes and structures that are involved in judgment and memory. Two important issues that have guided my research in this area are: (1) how we draw conclusions about the internal characteristics (traits, motives, goals) of people, and (2) why we remember certain things about people and forget other things. My research has looked at these questions both for judgments and memories about others, and for judgments and memories about the self. Additional recent work has focused on our emotional responses to our own positive and negative autobiographical memories and how and why those change over time.
APPENDIX A

Child Clinical—Developmental Psychopathology Focus

The clinical area of the psychology department at Northern Illinois University offers a focus in Child Clinical—Developmental Psychopathology for students with strong research and/or clinical interests in child development and developmental psychopathology. The focus area is based on the premise that the understanding of normal developmental processes and outcomes is essential for understanding and treating abnormal behavior in children and adolescents. That is, psychologists establish a deeper understanding of both normal and abnormal development when each is viewed in the context of the other. Students receive broad training in theory and research in both clinical and developmental psychology. Applied work with children, in both clinical and school settings, is also available. Students in the Child Clinical—Developmental Psychopathology focus can prepare themselves for academic careers in clinical and developmental psychology as well as careers in clinical work with child and adolescent populations.

The Child Clinical—Developmental Psychopathology focus offers students a broad range of courses, research opportunities, and practicum experiences. Specialized child clinical courses include developmental psychopathology, child assessment, and child and family therapy. Students also take clinical courses in intellectual assessment, personality assessment, ethics and professional issues, cognitive-behavior therapy, and adult psychopathology. For students who are interested, a course on school-based consultation is available through the school psychology program in the department, and family therapy courses are available both within and outside the department. Students are expected to take two developmental courses including a survey class in developmental psychology and a class in social/personality development. Occasionally, additional graduate-level courses are made available in the department (e.g., cognitive development, language development, and perceptual development).

Students completing the Child Clinical—Developmental Psychopathology focus have opportunities to conduct research under the supervision of clinical, developmental, or school psychology faculty. Students are encouraged to work with faculty in the different areas to achieve a greater integration of clinical and developmental perspectives in their research. Faculty research interests include parent-child relationships in both normal and clinical populations, risk and resilience factors, emotion regulation and temperament, social support systems and peer relationships in the home and school environments, the development of social cognition and meta-cognition, and language development.

Practicum experiences are available through the Psychological Services Center, which is located within the psychology department, as well as through established externships and practica in outpatient clinics and local school districts. Students pursuing a child clinical focus are expected to seek out having child clients within the PSC and have at least one
child-oriented externship.

Students interested in this focus should apply to the Clinical area and indicate their interest in the Child Clinical—Developmental Psychopathology focus on the application materials. If you have any questions about the program, please contact Dr. Laura Pittman at (815) 753-2485 for additional information.

Child Clinical—Developmental Psychopathology faculty include:

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Phone</th>
<th>Email</th>
<th>Focus</th>
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</thead>
<tbody>
<tr>
<td>David Bridgett</td>
<td>(815) 753-0774</td>
<td><a href="mailto:dbridgett1@niu.edu">dbridgett1@niu.edu</a></td>
<td>Clinical</td>
</tr>
<tr>
<td>Michelle Demaray</td>
<td>(815) 753-7077</td>
<td><a href="mailto:mkdemaray@niu.edu">mkdemaray@niu.edu</a></td>
<td>School</td>
</tr>
<tr>
<td>Christine Malecki</td>
<td>(815) 753-1836</td>
<td><a href="mailto:cmalecki@niu.edu">cmalecki@niu.edu</a></td>
<td>School</td>
</tr>
<tr>
<td>Nina Mounts</td>
<td>(815) 753-6968</td>
<td><a href="mailto:nmounts@niu.edu">nmounts@niu.edu</a></td>
<td>Developmental</td>
</tr>
<tr>
<td>Brad Pillow</td>
<td>(815) 753-7079</td>
<td><a href="mailto:pillow@niu.edu">pillow@niu.edu</a></td>
<td>Developmental</td>
</tr>
<tr>
<td>Laura Pittman</td>
<td>(815) 753-2485</td>
<td><a href="mailto:lpittman@niu.edu">lpittman@niu.edu</a></td>
<td>Clinical</td>
</tr>
<tr>
<td>Elizabeth Shelleby</td>
<td>(815) 753-</td>
<td><a href="mailto:eshelleby@niu.edu">eshelleby@niu.edu</a></td>
<td>Clinical</td>
</tr>
<tr>
<td>Karen White</td>
<td>(815) 753-8090</td>
<td><a href="mailto:kwhite1@niu.edu">kwhite1@niu.edu</a></td>
<td>Clinical</td>
</tr>
</tbody>
</table>

To have completed the child clinical coursework, students must complete the same requirements as outlined for all clinical students (see page 12) with the following differences:

1) Student should take PSYC 665 (Behavioral Development) to fulfill the foundation requirement in Developmental.
2) Student should substitute PSYC 676 (Social-Personality Development) for the Social Foundation, although if extra time is available taking PSYC 620 (Experimental Social Psychology) is also advised.
3) Students should take PSYC 647 (Psychological Intervention with Children and Their Families) in addition to the other required clinical coursework.

All students must also satisfy other course requirements and research requirements of the psychology department and the formal area of study (Clinical) into which they have been admitted.
APPENDIX B

Trauma Psychology Focus

The clinical area of the psychology department at Northern Illinois University offers a focus in Trauma Psychology for students with strong research and clinical interests in the area of trauma. The focus area is based on the premise that trauma, broadly defined, is a risk factor in multiple disorders. Increased understanding of causes and consequences of traumatic stress and related sequelae will enhance the development of intervention strategies to reduce negative effects of trauma exposure. Consistent with the New Haven trauma competencies (Cook & Newman, 2014), training will target the core competencies of scientific knowledge about trauma, trauma-relevant psychosocial assessment, trauma-relevant psychosocial intervention and trauma-informed professionalism. Students will receive exposure and training in best practices in assessment and evidence-based treatment modalities in trauma psychology. Students will also produce original scholarship in trauma psychology.

Students completing the Trauma Psychology focus have opportunities to conduct research under the supervision of clinical or affiliated faculty. Faculty research interests include emotional processing, emotion regulation, interpersonal violence, emergency responders, risk and protective factors following trauma exposure, trauma disclosure, posttraumatic stress, and social cognitive models of child physical abuse.

Students interested in this focus should apply to the Clinical area and indicate their interest in the Trauma Psychology focus on the application materials. If you have any questions about the program, please contact Dr. Holly Orcutt at (815) 753-5920 for additional information.

<table>
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<tr>
<th>Faculty/Affiliate</th>
<th>Phone</th>
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<th>Focus</th>
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<tr>
<td>David Bridgett</td>
<td>(815) 753-0774</td>
<td><a href="mailto:dbridgett1@niu.edu">dbridgett1@niu.edu</a></td>
<td>Clinical</td>
</tr>
<tr>
<td>Julie Crouch</td>
<td>(815) 753-7080</td>
<td><a href="mailto:jercouch@niu.edu">jercouch@niu.edu</a></td>
<td>CSFVSA</td>
</tr>
<tr>
<td>Michelle Lilly</td>
<td>(815) 753-4602</td>
<td><a href="mailto:mlilley1@niu.edu">mlilley1@niu.edu</a></td>
<td>Clinical</td>
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<tr>
<td>Holly Orcutt</td>
<td>(815) 753-5920</td>
<td><a href="mailto:horcutt@niu.edu">horcutt@niu.edu</a></td>
<td>Clinical</td>
</tr>
<tr>
<td>Alan Rosenbaum</td>
<td>(815) 753-7084</td>
<td><a href="mailto:arosenbaum@niu.edu">arosenbaum@niu.edu</a></td>
<td>Clinical</td>
</tr>
<tr>
<td>David Valentiner</td>
<td>(815) 753-7086</td>
<td><a href="mailto:dvalentiner@niu.edu">dvalentiner@niu.edu</a></td>
<td>Clinical</td>
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</table>

To have completed the Trauma Psychology focus, students must complete the same requirements as outlined for all clinical students (see page 12) with the following differences:
1) Students will take the graduate level trauma seminar that will cover history and theories of trauma research and intervention.
2) Students will take the graduate level trauma seminar that will cover evidence-based assessment and treatment methods in trauma psychology.
3) Students will attend Trauma Journal Club and other relevant Brownbag presentations (Anxiety Research Topics (ART), CSFVSA).

4) Students will be expected to see trauma assessment and intervention cases in the PSC as part of the Trauma Specialty Team at least one semester during their tenure in the program.
APPENDIX C

Northern Illinois University
Clinical Psychology Program
Clinical Competencies Evaluation

Clinician __________________  Yr in Program _______
Supervisor _________________         Semester _____________
Site (PSC, specific externship, etc.) ___________________________

Status of student next semester in this placement (PSC or externship):

_____  Continuing in placement (will receive an “In Progress” grade)
_____  Satisfactorily completed (will receive an S for this experience; evaluation form needs
to be turned in before the end of the semester)
_____  Completed, but not satisfactorily (will receive a U for this experience; evaluation
form needs to be turned in before the end of the semester)

Performance is equivalent to the grade of: _____ (optional)

This evaluation is based on (check all that apply):

_____  Direct observation of clinical session(s)
_____  Video review of session(s)
_____  Audio review of session(s)
_____  Co-therapy
_____  Discussions in supervision and other clinical meetings

Clinical Hours:

Intervention ______ Assessment ______ Support ______ Supervision _______

Signatures:

Supervisor: _________________________   Date: ______________
Student: ___________________________   Date: ______________

Clinicians are expected to perform at a level commensurate with their level of training/experience and to
progress in their development of clinical and professional skills/abilities over the course of the semester. By
checking the “At expected Level” box, supervisors are affirming that the supervisee is demonstrating the
appropriate level of performance and is qualified to advance to the next level of training. Checking “below
expected level” indicates a deficiency that must be remediated or a lack of progress across the semester in a
particular skill. Specific strengths or weaknesses can be noted in the comments section.
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<th>Below Expected Level</th>
<th>Comments</th>
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<td><strong>Specific components</strong></td>
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<td>Maintains appropriate attire and appearance</td>
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<td>Adequate personal hygiene</td>
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<td>Presents self in a professional and favorable manner (non-verbal)</td>
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<td><strong>Overall Performance</strong></td>
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<td><strong>Specific Components</strong></td>
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<td>Interacts appropriately with professional staff and supervisor</td>
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<td>Interacts appropriately with support staff</td>
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<td>Participation in clinic meetings</td>
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<td>Maintains confidentiality and security of client materials and information</td>
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<td>Assessment of social, economic, and cultural issues impacting diagnosis and treatment</td>
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<td>Ability to choose appropriate assessment strategies and measures</td>
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<td>Technical competence at administration of assessments</td>
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<td>Interpretation of assessment data</td>
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<td>Assessment conceptualization skills-ability to conceptualize cases</td>
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<td>Understanding of uses and limitations of assessment strategies</td>
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<td>Skill at diagnosing using DSM multi-axial system</td>
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<td><strong>Specific Components</strong></td>
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<tr>
<td>Ability to conduct intake interview and collect necessary information for appropriate disposition</td>
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<tr>
<td>Ability to establish rapport with diverse clients</td>
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<tr>
<td>Ability to listen attentively</td>
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<tr>
<td>Ability to empathize with client</td>
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<tr>
<td>Appropriate reflection of client’s feelings</td>
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<tr>
<td>Ability to maintain appropriate boundaries</td>
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<tr>
<td>Ability to lead and control the interview</td>
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<tr>
<td>Ability to develop appropriate therapeutic goals</td>
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<tr>
<td>Ability to appropriately respond to client</td>
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<tr>
<td>Ability to develop appropriate and realistic treatment plan</td>
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<tr>
<td>Ability to implement therapeutic plan.</td>
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<tr>
<td>Flexibility to adjust goals and alter therapeutic plan during therapy.</td>
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<tr>
<td>Ability to write appropriate and adequate progress (process) notes</td>
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<tr>
<td>Maintains appropriate communications with client- telephone, mail</td>
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<tr>
<td>Maintains appropriate communications with referral sources and collateral providers</td>
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<tr>
<td>Interactions with client’s family members and significant others</td>
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<tr>
<td>Ability to receive and deal with client feedback and/or criticism</td>
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<tr>
<td>Management of termination/transfer of clients</td>
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</tbody>
</table>

**Administrative Skills**

**Overall Performance**

**Specific Components**

Prompt contact of clients and response to client phone calls

Prompt completion of progress notes, intakes, reports, and client-contact sheet

Prompt handling of letters, release forms, and other treatment related paperwork

Maintenance of and respect for clinic property and facilities

Compliance with clinic rules and policies

Maintenance and protection of client folders and clinic files

Maintains appropriate communications with clinic director and other staff

Quality, thoroughness, and clarity of written reports, notes, and letters

Quality, thoroughness, and clarity of oral
<table>
<thead>
<tr>
<th>Overall Performance</th>
<th>Specific Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics</td>
<td>Knowledge of ethical principles</td>
</tr>
<tr>
<td></td>
<td>Adherence to ethical principles</td>
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<tr>
<td></td>
<td>Recognizes potential ethical dilemmas</td>
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<tr>
<td></td>
<td>Integrity and honesty</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Knowledge of legal obligations especially with regards to mandatory reporting</td>
</tr>
<tr>
<td></td>
<td>Initiative in seeking new knowledge to enhance clinical skills</td>
</tr>
<tr>
<td></td>
<td>General psychological knowledge base</td>
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<td></td>
<td>Knowledge of intervention strategies</td>
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<td></td>
<td>Case conference presentation (see evaluation form when applicable)</td>
</tr>
<tr>
<td>Miscellaneous Clinically Relevant Behaviors</td>
<td>Overall Performance</td>
</tr>
<tr>
<td></td>
<td>Specific Components</td>
</tr>
<tr>
<td></td>
<td>Ability to tolerate uncertainty and mistakes</td>
</tr>
<tr>
<td></td>
<td>Awareness of own strengths and weaknesses</td>
</tr>
<tr>
<td></td>
<td>Personal problems do not interfere with professional responsibilities</td>
</tr>
<tr>
<td></td>
<td>Ability to manage own affect appropriately</td>
</tr>
<tr>
<td>Supervision Issues</td>
<td>Overall Performance</td>
</tr>
<tr>
<td></td>
<td>Specific Components</td>
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<tr>
<td></td>
<td>On time and prepared for supervision</td>
</tr>
<tr>
<td></td>
<td>Exercises good judgment regarding when to ask for help</td>
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<td></td>
<td>Non defensive in receiving input</td>
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<td></td>
<td>Ability and willingness to integrate supervisory suggestions into treatment</td>
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<td></td>
<td>Ability to present cases to supervisor in an organized and efficient manner</td>
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<tr>
<td></td>
<td>Appropriate level of independence and autonomy</td>
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</tbody>
</table>

Comments
APPENDIX D

Clinical Area “At Risk” Policy

Committee Purpose: To develop procedures to identify and remediate students whose clinical work is not progressing satisfactorily, putting them “at risk” to be terminated from the clinical program.

Problem Identified: A doctorate in clinical psychology requires more than good grades and research skills. Clinical psychologists are expected to be skilled in the evaluation and treatment of psychological disorders. Terminating students from the clinical program because of seriously deficient development of clinical skills is the ethical and professional responsibility of the clinical faculty. The absence of formal, defined procedures for this process can make decisions appear arbitrary or unfair to students.

Guidelines for Improvement: Four processes developed by the students and consistent with recent literature guided the committee’s approach:

1. Establish and communicate a set of clear expectations;
2. Provide ongoing feedback;
3. Involve all relevant parties in all phases of deliberation;
4. Provide the opportunity to demonstrate change and to appeal decisions.

Proposed Plan: At the end of each semester, the clinical faculty will review the clinical performance of the clinical students using the Clinical Competencies Evaluation form found in Appendix C. Faculty who taught a team will identify any student they feel is seriously deficient in their development of clinical skills. The faculty will notify students as early as possible that they are considering identifying the student as “at risk” and will again inform the student when they decide to go to the full clinical faculty with the recommendation that the student be considered “at risk.” If after discussion the majority of the clinical faculty concur, the following procedure will be implemented:

1. Once the clinical faculty decides a student is “at risk,” his or her next supervisor will be determined by the Director of Clinical Training (DCT) and the Director of the PSC with the student’s and the faculty’s input.

2. The student, immediate past clinical supervisor, next semester clinical supervisor, and DCT will meet to specify identified weaknesses and develop goals and strategies for remediation.

3. An individually tailored practicum will be developed which may include more intensive supervision, a reduced caseload, assigned readings, observation of more experienced therapists, an extra semester of practicum, recommendation for personal psychotherapy, a leave of absence, etc.
4. The student will be provided feedback about his or her performance on an ongoing basis but with a formal written evaluation at mid-semester.

5. At the end of the semester the student’s progress will be reviewed by the clinical faculty and a decision made whether sufficient progress has been made to no longer be “at risk,” to continue another semester “at risk,” or to be terminated from the program.

6. The student may appeal the decision to the Department Chair, who will review the recommendation with the DCT, and if the Chair chooses, with the clinical faculty. If the decision is unchanged the Chair will inform the student of the process for further appeal.

7. If a student is dismissed from the program a final meeting should be initiated by the DCT to provide help or referrals for: academic counseling, personal therapy, status of future letters of recommendation, and any other issues of concern to the student.

Procedures to handle violations of PSC policy and/or violations of ethical guidelines for clinical practice within practicum and externship placements:

Preamble
In addressing ethical concerns in clinical work, the NIU clinical training program takes the position that students should first follow the guidelines articulated in the “Ethical Principles of Psychologists and Code of Conduct” (see Standard 1.04). Initially concerns about another student’s professional conduct should be communicated directly to the person in question. Such communications should be handled in a tactful manner, with attention to the fact that perceived ethical problems may be due to a lack of understanding, a miscommunication, or an actual violation. Thus, students should begin a process of communicating concerns about another student's professional behavior in the spirit of learning and colleagueship. Students are reminded that a hallmark of a “profession” is that members of a group take pride in supporting the ethical and professional behavior and reputation of individual members of the group and the profession as a whole. Every effort should be made to clarify and resolve concerns informally prior to invoking the following policy.

In determining how to handle an apparent violation of PSC policy or professional ethics of clinical practice, students are encouraged to seek the consultation of other sources, such as the APA ethics board, the state psychological association, faculty and other professionals. The faculty also recognizes that many of the issues that are brought to their attention can be resolved in supervision, through remediation, and other less formal ways; and every effort should be made to avoid a formal inquiry. However, if examination of a potential ethical violation or PSC procedural violation is not resolved using this more informal approach, then the following policy will be followed.
Policy Guidelines

**Determination of whether the issue is an ethical violation, a policy/procedure violation, or both:**

Any procedural violation that also creates the potential for an ethical violation falls in the policy/procedure sequence of actions. If the procedural violation also constitutes an ethical violation, it is handled in the ethical sequence of actions.

Concerns about a student’s professional and ethical conduct should first be addressed with the DCT. In this consultation, the DCT determines whether the issue at hand is a policy/procedure issue or an ethical issue. If this question is not clear cut, then the DCT may call a meeting of the clinical faculty for consultation and discussion. If the issue pertains to clinic policy or procedure, the DCT immediately informs the PSC Director. If the concern is an ethical violation, the DCT then confers with the clinical faculty who can recommend remedial measures, or proceed with a more formal investigation as described below. If the faculty recommends remediation, and the student contests the recommendation, the student can also request the following procedure be followed. In accordance with the ethical guidelines, the faculty may suspend the student clinician from client care pending resolution of the complaint.

**Steps for handling ethical violations:**

1. Establish a small (3 person) fact-finding committee which would make a recommendation to the full clinical faculty. Committee would typically include: one faculty member appointed by the DCT, a faculty member selected by the student in question, and the faculty member who most recently taught the ethics course.

2. The fact-finding committee reports their findings to clinical faculty. The report should include the procedures and findings of their investigation; as well as the ethical principles at issue.

3. Following discussion among the entire clinical faculty, a plan of action and/or consequences is developed. A plan of action may be recommended by the fact-finding committee.

4. The plan of action is then voted on by the full clinical faculty. The entire clinical faculty must vote on the plan to deal with an ethical violation, and the consequences that may be imposed.

5. Any set of findings that could result in dismissal from the program would then be presented to the Director of Graduate Studies (DOGS) and the Department Chair.

6. A formal report of the deliberations, findings, and recommendations is placed in the student’s permanent record.
Violation of PSC policy or procedures that are NOT also ethical violations:

Concerns about a student not following PSC policy or procedure should be handled initially by the PSC Director. The PSC Director should work closely with the student’s direct supervisor and monitor adherence to policy. If concerns create the potential for ethical violations, or the student either continues to violate procedures or otherwise evidences an unacceptable response to correction, then the matter is presented to the DCT. The procedures from this point are the same as those followed for ethical violations with the following exception: The fact finding committee will typically be comprised of the PSC Director, a faculty member appointed by the DCT, and a faculty member selected by the student. If there is concern that the issues may include some ethical considerations, the DCT has the option of formulating the committee to include someone with expertise in a particular ethical issue.
APPENDIX E

Clinical Candidacy Examination

All students in a Ph.D. program within the Psychology Department are required to pass an extensive candidacy examination that includes a written component. The doctoral candidacy examination shall sample the student’s knowledge and ability to integrate theory and research relevant to the student’s area of concentration. Students must prepare a portfolio that includes materials from each of the following categories:

Category A: Research Productivity

1. *One 1st authored full-length manuscript* submitted and accepted for review to a peer-reviewed publication

and

2. *One additional 1st, 2nd, or 3rd authored full-length manuscript* submitted and accepted for review to a peer-reviewed publication.

It is permissible that either of these manuscripts be co-authored by faculty members. The student’s faculty mentor must approve all materials prior to submission of the candidacy exam portfolio. Manuscripts or publications based on work done prior to the formal start of program studies at NIU are not acceptable. The 1st authored manuscript (i.e., A1) must be empirical research. The additional manuscript (i.e., A2) may be either a literature review or empirical research. Students may petition the clinical faculty to request submission of other publication formats (e.g., brief reports) for the additional manuscript.

Category B: Engagement in the Broader Professional Community

1. *One 1st authored poster presentation* at a regional, national, or international professional conference

and

2. *One 1st authored paper presentation or two additional 1st or co-authored poster presentations* at regional, national, or international professional conference(s)

Conference presentations will be based on research engaged in while at NIU. It is permissible that these presentations be co-authored by faculty members. The faculty mentor must approve the presentations for them to be included in the portfolio. Conference presentations based on work done prior to the formal start of program studies at NIU are not acceptable. Presentations must be given at more than one conference (e.g., multiple years of the same meeting or meetings of multiple professional organizations).
Category C: Clinical Competence in Assessment and Psychotherapy

1. A passing evaluation on an assessment case conference

and

2. A passing evaluation on a therapy case conference

Students should submit hard copies of their PowerPoint slides along with a copy of the case conference evaluation forms for faculty review. Criteria for evaluation of case conferences are outlined in the PSC Case Conference Presentations document.

Failed case conferences can be repeated only once each. Students who fail to pass on the repeated case conference will have failed the candidacy examination.

Submission of portfolio

After the completion of their thesis and with the endorsement of their faculty mentor, students can electronically submit their portfolio in a single pdf to the DCT. The clinical faculty will review portfolios at each regularly scheduled clinical faculty meeting, which are held August through April. To permit adequate time for faculty to review portfolios, students should submit them at least one week before any of these meetings.

The majority of the clinical faculty will need to approve the portfolio for the student to pass the candidacy examination. If the portfolio is not approved by the majority of the clinical faculty, the student will receive feedback regarding which categories were not considered satisfactory. They then will have six months to address these issues and resubmit their portfolio. If their revised portfolio continues to not be approved by the majority of the clinical faculty, they will have failed the candidacy examination.
APPENDIX F

Council of University Directors of Clinical Psychology
Minimal Requirements for Internship Eligibility

1. Trainee meets or exceeds foundational competencies as outlined by the Benchmarks Assessment of Competency Benchmarks Work Group

2. Trainee meets or exceeds functional competencies as outlined by the Benchmarks Assessment of Competency Benchmarks Work Group

3. Trainee successfully completed a master’s thesis (or equivalent)

4. Trainee passed program’s comprehensive or qualifying exams (or equivalent)

5. Trainee’s dissertation proposal has been accepted at the time of application to the internship

6. Trainee successfully completed all required course work for the doctoral degree prior to starting the internship (except hours for dissertation and internship)

7. Trainee completed an organized, sequential series of practicum experiences supervised by at least two different clinical psychologists that involve formalized practicum experience in evidence-based assessment and therapy. The Trainee completed at least 450 face-to-face hours of assessment/intervention and at least 150 hours of supervision by a clinical psychologist who routinely employed individual and/or group supervision models and at least one or more of the following intensive supervision methods (e.g., direct observation, co-therapy, audio/videotape review). During early formative years, the ratio of face-to-face hours to supervision hours approximated 1:1 and increased to around 4:1 as the Trainee developed intermediate to advanced clinical skills (and in some cases the ratio exceeds 4:1 when the Trainee is engaged in extensive assessment practica training, which involved substantial face-to-face time for assessing a single client).

8. Trainee has contributed to the scientific knowledge within psychology, as evidenced by:

   a. Publishing an article in a refereed journal or a book chapter as an author or co-author, or

   b. Presenting at least three papers/posters/workshops at regional, national, or international professional conferences or meetings.

9. Trainee was enrolled in a program that conducts formal annual evaluations of each student for purposes of monitoring trainees’ developing competencies and assuring that only students making satisfactory progress are retained and recommended for doctoral candidacy and entry into the profession. This annual program review of each student utilizes evaluations obtained from different faculty and supervisors and covers the full range of competencies including academic, research, clinical skills, and ethical professional behavior. Trainee has been rated as meeting expectations and possessing the required competencies at the time of applying for internship.
APPENDIX G

Internship Checklist
NIU Procedures

Application Process (Specific dates will be provided each year at the meeting with the DCT. The estimated timeline assumes the first application due date is November 1st. Subtract accordingly from all dates if applications are due earlier.)

Before your Approval to Apply (during summer/early fall before applying)

___ Discuss with your dissertation advisor whether they will support your request to apply for internship. If you have defended your dissertation proposal by September 1st, have 500+ clinical hours, and your advisor believes you will be able to collect all of your data before leaving for internship, you will be encouraged to proceed.

___ Attend the Internship Application Meeting

___ Read the section on Internships in the Clinical Handbook

___ Review information presented at the Fall 2009 Internship Panel

___ Complete the Internship Readiness Questionnaire

___ Select a primary internship advisor (typically your dissertation advisor)

___ Meet with your internship advisor and discuss training goals, selection of sites, letter-writers, and strengths and weaknesses with your advisor. This will be the person who will review all materials to make sure you have a coherent package.

___ Revise your Internship Readiness Questionnaire if needed.

___ Attend the meeting with junior faculty to discuss the application process

___ Submit your request via email to apply for internship to the DCT at least one day before the September clinical faculty meeting, (b) a paragraph describing your plan for obtaining an internship, and (c) a summary of your clinical hours. You should attach a copy of your completed Internship Readiness Questionnaire. Requests are typically considered at the clinical faculty meeting scheduled in September. Your internship/research advisor should also have these materials as they will be the ones answering questions from other faculty about your plans for data collection as well as applying for internship. The faculty will consider the student’s readiness for internship and their plan for obtaining an internship in making decisions regarding approval for applications. The DCT will inform students of the outcome of their request.

After your Approval to Apply (Fall of year applying)

___ Provide a copy of your essays and examples of cover letters to your internship advisor. Meet with your internship advisor and discuss your materials and the application process.

___ Request letters of recommendation; notify them there is now a standard letter of recommendation being required by APPIC. (Copies of this new format can be shared along with a letter from me about this new process.)

___ Check your transcript for any issues (e.g., lingering incompletes; note that the in progress, “IP,” grades remain on the transcript with an S given in the final semester of the experience).
Request that your transcripts be sent to AAPI 5-6 weeks before your first due date (based on their instructions).

Complete Part I (Pre-Application Section) of the NIU Internship Outcome Questionnaire

Submit to the DCT by the beginning of October the following:
- Your list of strengths and areas for growth
- A list of your training goals
- A list (not actual forms) of your clinical hours (intervention, assessment, support, supervision and total by semester and site). (This will be compared to records in your file and any discrepancies brought to your attention.)
- If you are currently on an externship, talk with your supervisor about the number of hours you expect to gain between November 1 and the start of internship. Have your supervisor sign this estimate and make a copy for the DCT.
- Part I of the NIU Internship Outcome Questionnaire
- Copy of your CV (which should already have been reviewed by your internship advisor)
- Copy of your essays (which should already have been reviewed by your internship advisor)
- Several examples of cover letters (at least one example per type of site applying to)

Make an appointment with the DCT to discuss your application in early October. There will be an iterative process at this point where you will need to reconcile feedback and potentially gain further feedback from the DCT and advisor on the essays and/or CV.

Provide close to final versions of all material to internship advisor.

Provide information about letter writers on the AAPI so they can request the letters.

Provide the DCT with copies of your final AAPI.

Attend interviewing workshop with clinical faculty typically held on the first Friday afternoon in December.

After completing the interview process, meet with your internship advisor to discuss rankings.

Complete Part II of the NIU Internship Outcome Questionnaire.

**Match Notification Day**

If you matched with a site, be happy.

Notify the DCT and your internship/dissertation advisor of your status.

Make a note to remember to provide the DCT with a copy of your acceptance letter. This must be on file with the DCT before you leave for internship.

If you did not match with a site, contact your internship advisor and the DCT to discuss Match II.

**Before leaving for internship**

Be certain the DCT has a copy of your acceptance letter.

Provide new contact information to the DCT and personnel in the main office.
Try to make yourself available in April/May for meeting with students applying for internship in the next year.

Compile information on the internships that you interviewed (e.g., type of interviews; when notified about interview; sample questions; sense of satisfaction of current interns) and share with DCT.

If you have defended your dissertation, arrange for an exit interview with the DCT.

During internship

If you come back to defend your dissertation, arrange for an exit interview with the DCT.

At the end of internship

Check to make sure evaluations and certification of the successful completion of internship have been received by the DCT.

When you defend your dissertation (if you have not done so already) arrange for an exit interview with the DCT.

Provide new contact information to the DCT and main office personnel.

If your degree will not be conferred until December graduation (occurs when internship start date is after the end of summer session), request of the DCT to have the date all requirements were filled added to your transcript.
# APPENDIX H

## Student Competencies, Measures, and Expectations for Graduation

<table>
<thead>
<tr>
<th>Student Competencies</th>
<th>Measures</th>
<th>Scale</th>
<th>Expectations</th>
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<tbody>
<tr>
<td><strong>1. Students will demonstrate an understanding of the biological aspects of behavior, the cognitive and affective bases of behavior, the social aspects of behavior, and developmental factors that affect behavior.</strong></td>
<td>PSYC 603 Biopsychology Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<td></td>
<td>PSYC 611 Cognitive Psychology I Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<td></td>
<td>PSYC 620 Experimental Social Psychology Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<td>PSYC 665 Behavioral Development Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<td></td>
<td>Clinical Psychology Yearly Evaluation Form (Knowledge Section, Foundations Item)</td>
<td>Competence: 0- Below to 2- Exceptional</td>
<td>At Expected Level during final year in residence</td>
</tr>
<tr>
<td><strong>2A. Students will demonstrate proficiency in applying principles of psychological measurement, research methodology, and data analysis.</strong></td>
<td>PSYC 604 Advanced Psychological Statistics Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<td>PSYC 606 Experimental Design Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<td></td>
<td>Tool Course (PSYC 607, 710, 712, 714) Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<tr>
<td></td>
<td>Tool Course (PSYC 607, 710, 712, 714) Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<tr>
<td></td>
<td>PSYC 671D Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
</tr>
<tr>
<td></td>
<td>Clinical Psychology Yearly Evaluation Form (Knowledge Section, Research Item)</td>
<td>Competence: 0- Below to 2- Exceptional</td>
<td>At Expected Level during final year in residence</td>
</tr>
<tr>
<td><strong>2B. Students will demonstrate proficiency in applying principles of research ethics.</strong></td>
<td>IRB Online Training or Workshop</td>
<td>Completion/No Completion</td>
<td>Completion</td>
</tr>
<tr>
<td><strong>3. Students will demonstrate the ability to place current developments in research and practice in a historical perspective.</strong></td>
<td>PSYC 581 History of Psychology Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<tr>
<td><strong>4. Students will know how to design, conduct, and evaluate research studies which appropriately test theoretically or clinically relevant hypotheses.</strong></td>
<td>PSYC 671D Clinical Research Methods Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<td>PSYC 649 (formerly PSYC 680C) Ethics and Professional Issues Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<td></td>
<td>Master’s Thesis</td>
<td>Document Completed/Not Completed</td>
<td>Document Completed</td>
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<td></td>
<td>Master’s Thesis</td>
<td>Defense Passed/Not Passed</td>
<td>Defense Passed All Items At Expected Level during final year in residence</td>
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<tr>
<td></td>
<td>Clinical Psychology Yearly Evaluation Form (Skills Section, All 3 Research Items)</td>
<td>Competence: 0- Below to 2- Exceptional</td>
<td>At Expected Level during final year in residence</td>
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<tr>
<td>Student Competencies</td>
<td>Measures</td>
<td>Scale</td>
<td>Expectations</td>
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<tr>
<td>5A. Students will become proficient in <strong>conducting original research studies</strong> which have the potential to make a substantial contribution to the field of psychology</td>
<td>Dissertation</td>
<td>Document Completed/Not Defense Passed/Not</td>
<td>Document Completed Defense Passed</td>
</tr>
<tr>
<td>5B. Students will be able to use their research skills to <strong>conduct program evaluations and/or other research</strong> that leads to publications or presentations.</td>
<td><strong>No proximal outcomes</strong></td>
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<tr>
<td>6A. Students will demonstrate knowledge of the scientific and theoretical foundations of practice in the area of dysfunctional behavior by developing the ability to describe and evaluate the assumptions and content of the Diagnostic and Statistical Manual of Mental Disorders (DSM).</td>
<td>PSYC 641 Psychopathology Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<td>PSYC 645 Child Psychopathology Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
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<td></td>
<td>Clinical Psych Yearly Evaluation Form (Knowledge Section, Clinical Psychopathology Item)</td>
<td>Competence: 0-Below to 2-Exceptional</td>
<td><strong>At Expected Level during final year in residence</strong></td>
</tr>
<tr>
<td></td>
<td>Candidacy Exam (Psychopathology)</td>
<td>Pass/Fail</td>
<td></td>
</tr>
<tr>
<td>6B. Students will also acquire knowledge of the <strong>biological and cognitive models of psychopathology</strong>, and the role of individual differences and diversity in each area.</td>
<td><strong>No Proximal outcomes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Students will demonstrate knowledge of professional ethics and become proficient in discussing the ethical principles of psychologists, legal issues in the practice of clinical psychology, and the process of ethical decision-making.</td>
<td>PSYC 649 (formerly PSYC 680C) Ethics and Professional Issues Grade Candidacy Exam (Ethics &amp; Multiculturalism)</td>
<td>Grades A through F</td>
<td>A or B</td>
</tr>
<tr>
<td></td>
<td>Clinical Psych Yearly Evaluation Form (Knowledge Section, Clinical Ethics/Multiculturalism Item)</td>
<td>Competence: 0-Below to 2-Exceptional</td>
<td><strong>At Expected Level during final year in residence</strong></td>
</tr>
<tr>
<td>8. Students will demonstrate knowledge in psychological assessment and diagnosis and become proficient in describing and evaluating methods of assessment, including tests, observations, and interviews for a range of client problems in diverse populations.</td>
<td>PSYC 640 Theory and Assessment of Intellectual Functioning Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
</tr>
<tr>
<td></td>
<td>PSYC 642/646 Personality Assessment Grade/Psychological Assessment of Children Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
</tr>
<tr>
<td></td>
<td>Clinical Psych Yearly Evaluation Form (Knowledge Section, Clinical Assessment Item)</td>
<td>Competence: 0-Below to 2-Exceptional</td>
<td><strong>At Expected Level during final semester in PSC</strong></td>
</tr>
<tr>
<td></td>
<td>Candidacy Exam (Assessment)</td>
<td>Pass/Fail</td>
<td></td>
</tr>
<tr>
<td>9. Students will demonstrate knowledge of effective interventions and become proficient in describing and evaluating interventions, including those based on cognitive-behavioral, behavioral, and interpersonal perspectives, for a range of client problems in diverse populations.</td>
<td>PSYC 643/647 Theories of Psychotherapy/Interventions with Children &amp; Their Families Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
</tr>
<tr>
<td></td>
<td>PSYC 644 Cognitive-Behavioral Theory and Techniques Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
</tr>
<tr>
<td></td>
<td>Clinical Psych Yearly Evaluation Form (Knowledge Section, Clinical Intervention Item)</td>
<td>Competence: 0-Below to 2-Exceptional</td>
<td><strong>At Expected Level during final semester in PSC</strong></td>
</tr>
<tr>
<td></td>
<td>Candidacy Exam (Intervention)</td>
<td>Pass/Fail</td>
<td></td>
</tr>
<tr>
<td>Student Competencies</td>
<td>Measures</td>
<td>Scale</td>
<td>Expectations</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------</td>
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<td>--------------</td>
</tr>
<tr>
<td>10. Students will demonstrate knowledge of supervision and consultation models.</td>
<td>PSYC 654/672E/648 Practicum in Psychotherapy Grade/Multicultural Diversity, Supervision, and Consultation Grade/Consultative Interventions Grade</td>
<td>Grades A through F</td>
<td>A or B</td>
</tr>
<tr>
<td>11. Students will be proficient in conceptualizing cases based on assessment information and communicating clinically useful information from the assessment on possible causal and maintaining factors and appropriate interventions for a range of problems in diverse populations.</td>
<td>Psychological Services Center Clinical Competencies Evaluation Form (Assessment Item #7)</td>
<td>Competency: Below to Expected Level</td>
<td>At Expected Level during final semester in PSC</td>
</tr>
<tr>
<td></td>
<td>Psychological Services Center Clinical Competencies Evaluation Form (Overall Performance Item)</td>
<td>Competency: Below to Expected Level</td>
<td>At Expected Level during final semester in PSC</td>
</tr>
<tr>
<td></td>
<td>Internship</td>
<td>Completion/Not Completed</td>
<td>At Expected Level during final semester in PSC</td>
</tr>
<tr>
<td>12. Students will document and evaluate client progress as part of their clinical practice.</td>
<td>Psychological Services Center Clinical Competencies Evaluation Form (Therapy Skills, Item #13)</td>
<td>Competency: Below to Expected Level</td>
<td>At Expected Level during final semester in PSC</td>
</tr>
<tr>
<td></td>
<td>Data-driven Progress Monitoring</td>
<td>Charted data related to treatment plan: 0-100%</td>
<td>100% Charted in files during final semester in PSC</td>
</tr>
<tr>
<td>13. Students will apply ethical principles in everyday practice and recognize and take appropriate actions when potential legal and ethical problems occur.</td>
<td>Psychological Services Center Clinical Competencies Evaluation Form, For Students in Semesters 1-3 in the Clinic (Ethics Section, All 4 Items)</td>
<td>Competency: Below to Expected Level</td>
<td>All items at Expected Level during final semester in PSC</td>
</tr>
<tr>
<td></td>
<td>Psychological Services Center Clinical Competencies Evaluation Form, For Students in Semesters 4+ in the Clinic (Ethics Section, All 4 Items + Overall Ethics Performance Rating Score)</td>
<td>Competency: Below to Expected Level</td>
<td>All items At Expected Level during final semester in PSC</td>
</tr>
<tr>
<td>14. Students will conduct clinically appropriate assessments in which they conduct interviews and select, administer, and score appropriate assessment measures to identify problem behaviors and symptoms and derive DSM diagnoses for a range of problems in diverse populations.</td>
<td>Psychological Services Center Clinical Competencies Evaluation Form, For Students in Semesters 1-3 in the Clinic (Assessment Skills Section, All 9 Items)</td>
<td>Competency: Below to Expected Level</td>
<td>All Items At Expected Level during final semester in PSC</td>
</tr>
<tr>
<td></td>
<td>Psychological Services Center Clinical Competencies Evaluation Form, For Students in Semesters 4+ in the Clinic (Assessment Skills Section, All 9 Items + Overall Assessment Skills Performance Rating Score)</td>
<td>Competency: Below to Expected Level</td>
<td>All items At Expected Level during final semester in PSC</td>
</tr>
<tr>
<td></td>
<td>Psychological Services Center Clinical Competencies Evaluation Form, For Students on Externship (Overall Performance Ratings on Ethics)</td>
<td>Competency: Below to Expected Level</td>
<td>All items At Expected Level during final semester on externship</td>
</tr>
<tr>
<td></td>
<td>Psychological Services Center Clinical Competencies Evaluation Form, For Students on Externship (Overall Performance Ratings on Assessment)</td>
<td>Competency: Below to Expected Level</td>
<td>At Expected Level during final semester on externship</td>
</tr>
<tr>
<td>Student Competencies</td>
<td>Measures</td>
<td>Scale</td>
<td>Expectations</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>15. Students will be <strong>proficient in selecting appropriate interventions, formulating treatment plans and goals, and implementing interventions</strong> based on cognitive-behavioral, behavioral, and/or interpersonal models of treatment for a range of problems in diverse populations.</td>
<td>Psychological Services Center Clinical Competencies Evaluation Form, For Students in Semesters 1-3 in the Clinic (Therapy Skills Section, All 18 Items)</td>
<td>Competency: Below to Expected Level</td>
<td>All Items At Expected Level during final semester in PSC</td>
</tr>
<tr>
<td></td>
<td>Psychological Services Center Clinical Competencies Evaluation Form, For Students in Semesters 4+ in the Clinic (Therapy Skills Section, All 18 Items + Overall Therapy Skills Performance Rating Score)</td>
<td>Competency: Below to Expected Level</td>
<td>All Items At Expected Level during final semester in PSC</td>
</tr>
<tr>
<td></td>
<td>Psychological Services Center Clinical Competencies Evaluation Form, For Students on Externship (Overall Performance Ratings on Therapy)</td>
<td>Competency: Below to Expected Level</td>
<td>At Expected Level during final semester on Externship</td>
</tr>
<tr>
<td></td>
<td>Psychological Services Center Clinical Competencies Evaluation Form, For Students on Externship (Overall Performance Ratings on Ethics)</td>
<td>Competency: Below to Expected Level</td>
<td>All Items at Expected Level during final semester on externship</td>
</tr>
<tr>
<td>16. Students will demonstrate an appreciation of the value of science in the practice of psychology and <strong>consult the theoretical and empirical literature as part of their practice</strong>.</td>
<td>Treatment Plans</td>
<td>Use Empirical Literature in Treatment Plan</td>
<td>Document Literature final semester in PSC</td>
</tr>
<tr>
<td>17. Graduates will be proficient in the skills required for <strong>obtaining and retaining professional positions</strong>.</td>
<td>No proximal outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Graduates will appropriately <strong>contribute to the development of the field of psychology beyond entry level activities</strong>.</td>
<td>No proximal outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Graduates will recognize the value of <strong>membership in professional organizations</strong> for the development of their roles as practitioners, scientists, and teachers.</td>
<td>No proximal outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Graduates will appreciate the value of <strong>continued professional development</strong> and will be motivated to remain current in their selected areas of expertise in order to meet professional standards in practice, research, and teaching.</td>
<td>No proximal outcomes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX I

The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs

I. Overview and Rationale

Professional psychologists are expected to demonstrate competence within and across a number of different but interrelated dimensions. Programs that educate and train professional psychologists also strive to protect the public and profession. Therefore, faculty, training staff, supervisors, and administrators in such programs have a duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development, and functioning.

It is important for students and trainees to understand and appreciate that academic competence in professional psychology programs (e.g., doctoral, internship, postdoctoral) is defined and evaluated comprehensively. Specifically, in addition to performance in coursework, seminars, scholarship, comprehensive examinations, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) will also be evaluated. Such comprehensive evaluation is necessary in order for faculty, training staff, and supervisors to appraise the entire range of academic performance, development, and functioning of their student-trainees. This model policy attempts to disclose and make these expectations explicit for student-trainees prior to program entry and at the outset of education and training.

In response to these issues, the Council of Chairs of Training Councils (CCTC) has developed the following model policy that doctoral, internship, and postdoctoral training programs in psychology may use in their respective program handbooks and other written materials (see http://www.apa.org/ed/graduate/index.aspx). This policy was developed in consultation with CCTC member organizations, and is consistent with a range of oversight, professional, ethical, and licensure guidelines and procedures that are relevant to processes of training, practice, and the assessment of competence within professional psychology (e.g., the Association of State and Provincial Psychology Boards, 2004; Competencies 2002: Future Directions in Education and Credentialing in Professional Psychology; Ethical Principles of Psychologists and Code of Conduct, 2003; Guidelines and Principles for Accreditation of Programs in Professional Psychology, 2003; Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists, 2002).

II. Model Policy

Students and trainees in professional psychology programs (at the doctoral, internship, or postdoctoral level) should know—prior to program entry, and at the outset of training—that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainee’s knowledge or
skills may be assessed (including, but not limited to, emotional stability and well being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible—that the student-trainees who complete their programs 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, professional psychology education and training programs, faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g., the ways in which student-trainees 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 processes of 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 or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts in which evaluation would appropriately occur (e.g., coursework, practica, supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a student-trainee’s conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student-trainee, (b) raises questions of an ethical nature, (c) represents a risk to public safety, or (d) damages the representation of psychology to the profession or public, appropriate representatives of the program may review such conduct within the context of the program’s evaluation processes.

Although the purpose of this policy is to inform students and trainees that evaluation will occur in these areas, it should also be emphasized that a program’s evaluation processes and content should typically include: (a) information regarding evaluation processes and standards (e.g., procedures should be consistent and content verifiable); (b) information regarding the primary purpose of evaluation (e.g., to facilitate student or trainee development; to enhance self-awareness, self-reflection, and self-assessment; to
emphasize strengths as well as areas for improvement; to assist in the development of remediation plans when necessary; (c) more than one source of information regarding the evaluative area(s) in question (e.g., across supervisors and settings); and (d) opportunities for remediation, provided that faculty, training staff, or supervisors conclude that satisfactory remediation is possible for a given student-trainee. Finally, the criteria, methods, and processes through which student-trainees will be evaluated should be clearly specified in a program’s handbook, which should also include information regarding due process policies and procedures (e.g., including, but not limited to, review of a program’s evaluation processes and decisions).

† This document was developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC) and approved by the CCTC on March 25, 2004. Impetus for this document arose from the need, identified by a number of CCTC members, which programs in professional psychology needed to clarify for themselves and their student-trainees that the comprehensive academic evaluation of student-trainee competence includes the evaluation of intrapersonal, interpersonal, and professional development and functioning. Because this crucial aspect of academic competency had not heretofore been well addressed by the profession of psychology, CCTC approved the establishment of a “Student Competence Task Force” to examine these issues and develop proposed language. This document was developed during 2003 and 2004 by a 17-member task force comprised of representatives from the various CCTC training councils. Individuals with particular knowledge of scholarship related to the evaluation of competency as well as relevant ethical and legal expertise were represented on this task force. The initial draft of this document was developed by the task force and distributed to all of the training councils represented on CCTC. Feedback was subsequently received from multiple perspectives and constituencies (e.g., student, doctoral, internship), and incorporated into this document, which was edited a final time by the task force and distributed to the CCTC for discussion. This document was approved by consensus at the 3/25/04 meeting of the CCTC with the following clarifications: (a) training councils or programs that adopt this “model policy” do so on a voluntary basis (i.e., it is not a “mandated” policy from CCTC); (b) should a training council or program choose to adopt this “model policy” in whole or in part, an opportunity should be provided to student-trainees to consent to this policy prior to entering a training program; (c) student-trainees should know that information relevant to the evaluation of competence as specified in this document may not be privileged information between the student-trainee and the program and/or appropriate representatives of the program.
APPENDIX J
NIU Clinical Psychology Program
Yearly Doctoral Evaluation
20XX (for XX-XX Academic Year)

Name:

Year in Program: 1 2 3 4 5+ Internship or ABD

Key: NA = Not Applicable, 0 = Below Expected Level, 1 = At Expected Level, 2 = Exceptional

1. Knowledge
   Foundations: NA 0 1 2
   Research: NA 0 1 2
   Clinical
     Psychopathology: NA 0 1 2
     Ethics: NA 0 1 2
     Multiculturalism: NA 0 1 2
     Assessment: NA 0 1 2
     Intervention: NA 0 1 2

Comments:

2. Skills
   Research
     Conceptualization: NA 0 1 2
     Design: NA 0 1 2
     Statistics: NA 0 1 2
     Writing: NA 0 1 2
   Clinical
     Case Conceptualization/Reasoning and Behavior: NA 0 1 2
     Ethics: NA 0 1 2
     Assessment: NA 0 1 2
     Intervention: NA 0 1 2
     Multicultural Sensitivity and awareness: NA 0 1 2
     Writing: NA 0 1 2

Comments:
3. Professional Behavior: NA 0 1 2

Comments:

4. Professional Development: NA 0 1 2

Comments:

5. Assistantship: NA 0 1 2

Comments:

Key: NA = Not Applicable, 0 = Below Expected Level, 1 = At Expected Level, 2 = Exceptional

Additional Comments:
APPENDIX K

COMMUNITY AND CAMPUS RESOURCES

Campus Services

NIU Campus Child Care Center
Phone: 815-753-0125
Address: East side of Annie Glidden Road, behind Gabel Hall
Hours: Monday-Friday, 7:15 A.M. to 5:45 P.M.
       Interim hours are Monday-Friday, 7:30 A.M. to 5:30 P.M.
Website: [http://www.niu.edu/ccc/](http://www.niu.edu/ccc/)

The Center is licensed through the State of Illinois and accredited through the National Association for the Education of Young Children’s Academy of Early Childhood Programs, which serves as an indicator of a high quality program. The center provides full-time and part-time child care for children ages 3 months to 5 years (along with a summer school-age program for children ages 6-8 years). Priority for enrollment is given as follows: currently enrolled families; NIU students; NIU faculty and staff; community. Students make up 70% of their enrollment while faculty and staff make up 30%. Enrollment is open to the community in the pre-school classrooms (3-5 years) only.

Disability Resource Center (DRC)
Phone: 815-753-1303, 815-753-3000 (TTY)
Address: NIU Campus, Health Services Building, 1 Wirtz Dr., Fourth Floor
Hours: Monday-Friday, 8:00 A.M. to 4:30 P.M. during spring and fall semesters.
       Summer hours are Monday-Thursday, 7:00 A.M. to 5:30 P.M.
Website: [http://www.niu.edu/disability/](http://www.niu.edu/disability/)

Northern Illinois University established DRC to ensure that its academic and campus facilities are available to all students, faculty, and staff. DRC provides a wide range of support services tailored to individual needs using creative outreach and proactive solutions. DRC promotes the recognition of disability as an aspect of diversity that is integral to the community and collaborates with a network of other NIU offices and outside agencies to enhance related services and assist individuals with disabilities, including learning disabilities. To initiate services through DRC, students must schedule an informational interview.

Counseling and Consultation Services (previously the Counseling & Student Development Center)
Phone: 815-753-1206
Address: NIU Campus Life Building- 200
Hours: Monday- Friday, 8:00 A.M. to 4:30 P.M.
       After hour assistance is available by calling 815-753-1212
Website: [http://www.niu.edu/counseling/](http://www.niu.edu/counseling/)
This service provides a full range of programs to meet the needs of a diverse student population, with short-term, individual, and group counseling for a broad range of personal concerns. The mission of the Counseling and Student Development Center is to support the intellectual, emotional, social, and cultural development of students by offering a wide range of counseling, consultation, and educational services, including psychological counseling, group therapy, and crisis intervention. Career counseling services include interest assessment, workshops, and use of computerized career counseling programs. Educational counseling services include assistance with test anxiety and study skills. Drug and alcohol assessment and treatment are offered, as well as services related to interpersonal violence. First appointment scheduled within 3 to 7 days.

**Community Counseling Training Center (CCTC), NIU**

Phone: 815-753-9312  
Address: NIU Campus, 416 Graham Hall  
Hours: Call for available counseling hours.  
Website: [http://cedu.niu.edu/cahe/cctc/](http://cedu.niu.edu/cahe/cctc/)

The CCTC provides a wide range of services, including general evaluations, individual and relationship counseling and more, at no cost. In general, the approach used is one that promotes growth and focuses on increasing emotional well-being and self-awareness. All counselors are doctoral or masters level students in the Department of Counseling, Adult and Higher Education who are being supervised by members of the counseling faculty.

**The Couple and Family Therapy Clinic of NIU**

Phone: 815-753-1684  
Address: NIU Campus, Wirtz Hall 146  
Hours: Wednesday – 2:00 p.m. – 10:00 p.m.  
Thursday – 10:00 a.m. – 10:00 p.m.  
By appointment Monday through Friday.  
Website: [http://www.niu.edu/chhs/familytherapyclinic/](http://www.niu.edu/chhs/familytherapyclinic/)

The Family Therapy Clinic of NIU provides a range of mental health services, including individual, couple, and family counseling. The services are primarily provided by graduate students training in the specialization of Marriage and Family Therapy (SMFT) under supervision of faculty in the School of Family, Consumer and Nutrition Sciences. The SMFT faculty are individually licensed and Marriage and Family therapists in the State of Illinois as well as Approved Supervisors of the American Association for Marriage and Family Therapy. The cost of our services are determined by a sliding fee scale. No one will be denied services due to inability to pay. First appointment scheduled within 4 days.

**NIU Financial Aid Office**

Phone: 815-753-1395  
Address: NIU Campus, Swen Parson 245  
Hours: Monday-Wednesday, Friday, 8:30 A.M. to 4:00 P.M.  
Thursday, 9:00 A.M. to 4:00 P.M.
Summer hours are Monday-Wednesday, 8:30 A.M. to 5:00 P.M., Thursday, 9:00 A.M. to 5:00 P.M.
Counselor hours available on a walk-in basis:
Monday, Tuesday: 8:30 A.M. to 4:30 P.M., Wednesday: 10:00 A.M. to 4:30 P.M., Thursday: 9:00 A.M. to 4:30 P.M.
Website:  [http://www.niu.edu/fa/](http://www.niu.edu/fa/)

NIU’s financial aid office provides financial aid information to students, as well as financial planning for school expenses.

**Northern Illinois University Health Services**

Phone: 815-753-1311  
Address: NIU Campus, Health Services Building, 1 Wirtz Dr.  
Hours: Monday-Friday, 8:00 A.M. to 4:30 P.M. during spring and fall semesters.  
Summer hours are Monday-Thursday, 7:30 A.M. to 5:15 P.M.  
Immunizations available 7:30 A.M. to 11:30 A.M. and 1:00 P.M. to 5:00 P.M. Closed weekends and University holidays.  
Website: [http://www.niu.edu/healthservices/](http://www.niu.edu/healthservices/)

NIU Health Services is nationally accredited by the Accreditation Association for Ambulatory Health Care, Inc. and provides high quality primary health care and prevention services at reasonable cost to eligible students. There are no charges for physician’s services, x-rays, most lab tests and various other services. There is a fee for medications, immunizations, missed appointments, and certain specialized medical procedures and supplies. For information about student health insurance, please contact 815-753-0122.

**Students’ Legal Assistance**

Phone: 815-753-1701  
Address: NIU Campus, Campus Life Building, Room 120  
Hours: By appointment, Monday through Friday.  
Website: [http://www.niu.edu/legal/](http://www.niu.edu/legal/)

The Students’ Legal Assistance attorneys provide consultation, advocacy, and court representation services, as appropriate, to students in a wide variety of cases including: landlord/tenant; criminal misdemeanor; traffic and ordinance violations; consumer (debt collection, contracts, etc.); domestic relations; insurance; discrimination; public benefits; and employment. These services are free for all current students.

**University Libraries**

Phone: 815-753-1995  
Address: NIU Campus, Founders Memorial Library  
Hours: Monday-Friday, 7:30 A.M. to Midnight  
Saturday, 9:00 A.M. to 10:00 P.M., Sunday, 1:00 P.M. to Midnight;  
Extended hours during midterms/finals.  
Summer hours: Monday-Thursday, 7:30 A.M. to 10:00 P.M.
NIU has several libraries including the Shapiro Law library. The main library, the Founders Memorial Library, includes an extensive collection containing 1,654,926 volumes and a large collection of journals and periodicals. It also participates in an interlibrary loan service. The library periodically consults with the Department of Psychology regarding books and periodicals pertinent to the educational objectives of the department.

**Student Mediation Services**

Phone: 815-753-4799  
Address: NIU Office of Community Standards & Student Conduct, Campus Life Building, Room 280  
Website: [http://www.niu.edu/communitystandards/Mediation/index.shtml](http://www.niu.edu/communitystandards/Mediation/index.shtml)

Description of Services: Provides confidential mediation between parties to promote reconciliation, settlement, or an understanding between them. Mediation can include topics such as: roommate problems; vandalism; minor harassment; noise and disruptive behavior; ethnic and lifestyle tensions; minor incidents of violence; and relationship problems.

**NIU Police**  
Phone: Emergency: 911; Non-Emergency: 815-753-1212; Late Night Ride: 815-753-2222; Huskie Student Patrol: 815-753-9658  
Address: NIU Campus, 375 Wirtz Dr.  
Website: [http://www.niu.edu/publicsafety/](http://www.niu.edu/publicsafety/)

**NIU Speech-Language-Hearing Clinic**  
Phone: 815-753-1481  
Address: 3100 Sycamore Rd., DeKalb, IL 60115 (Access public parking from Bethany Rd.)  
Hours: Monday-Friday, 8:00 A.M. to 4:30 P.M.  
Website: [http://www.chhs.niu.edu/slhc/](http://www.chhs.niu.edu/slhc/)

The Speech-Language-Hearing Clinic provides services including audiology, speech-language pathology and rehabilitation counseling to individuals of all ages, beginning at birth. The services are provided by graduate student clinicians in the School of Allied Health and Communicative Disorders supervised by clinical and academic faculty who hold clinical certification and either master’s or doctoral degrees and state licensure. The clinic uses a sliding fee schedule and a standard fee structure for services.

**University Writing Center at NIU**  
Phone: 815/753-6636  
Address: NIU Campus, Stevenson Towers South, Tower B, Lower Level; Satellite Writing Center in Founder’s Memorial Library room 302  
Hours: Stevenson Towers: Monday-Thursday, 8:00 A.M. to 5:00 P.M.
Then NIU writing center assists all students, staff, and even faculty, to talk about their writing with trained consultants, one-on-one. Services include: discussing topics and ideas; developing writing strategies; identifying better use of language; learning persuasive writing techniques; integrating critical thinking skills into writing; and effective and correct use of documentation. Gail Jacky (gjacky@niu.edu), the director of the center, has worked with several of our students to improve their writing. Contact her directly or speak your mentor about seeking out this support.

**Diversity Resources**

**Asian American Center**  
Phone: 815-752-1177  
Address: 429 Garden Rd.  
Hours: Monday-Friday, 8:00 A.M. to 12:00 P.M.; 1:00 P.M. to 4:40 P.M.  
Website: [http://www.niu.edu/aac/](http://www.niu.edu/aac/)

The Asian American Center provides student-centered services, student learning opportunities, leadership development, student organizational advisement, and educational/cultural programs in order to enhance the quality of college life for Asian American students as they reach their academic goals.

**Center for Black Studies**  
Phone: 815-753-1709  
Address: Between Normal Rd and Caroll Avenue on Lincoln Terrace  
Website: [http://www.cbs.niu.edu/blackstudies/](http://www.cbs.niu.edu/blackstudies/)

The Center for Black Studies is a place where students can go to for advisement, information to academic and professional resources and networking. The Center also researches, collects and analyzes data on all aspects of the African experience on the Continent and in the Diaspora. CBS also serves as an interdisciplinary academic program that offers courses relating to African and African-American life and history.

**Latino Resource Center**  
Phone: 815-753-1986  
Address: 515 Gerden Rd.  
Hours: Monday-Friday, 8:00 A.M. to 4:30 P.M.  
Website: [http://www.niu.edu/lrc/](http://www.niu.edu/lrc/)

The Latino Resource Center (LRC) focuses on student-centered service by developing partnerships focused on student learning while establishing an inclusive community that builds collaborative relationships across campus and surrounding community. The Center offers various services including mentoring and tutoring programs as well as a computer lab, study/library area, student lounge, and wireless internet connection.
Gender & Sexuality Resource Center

Phone: 815-753-0320  
Address: 105 Normal Rd.  
Hours: Monday-Friday, 8:00 A.M. to 4:30 P.M.  
Websites: http://niu.edu/gsrc/

In 2014, the LGBT Resource Center and Women’s Resource Center merged. The Gender & Sexuality Resource Center serves as a central location for resources and support where acceptance of intersectional identities is encouraged and celebrated. Through student leadership development, advocacy, campus and academic engagement, and professional development opportunities, we collaborate with community, state, and national partners, alumni and other stakeholders to challenge societal constructs of gender and sexuality norms and promote social justice. Many of our students have participated in the NIU Ally program, designed for students, staff, and faculty to become more familiar with the issues faced by people who are LGBTQ.

Community Resources

The Prairie Clinic
Phone: 630-845-9644  
Address: 1541 E. Fabyan Parkway, Suite 101, Geneva, IL  
Hours: Monday-Thursday, 8:00 A.M. to 8:30 P.M., Friday, 8:00 A.M. to 5:00 P.M.  
Website: http://www.theprairieclinic.com/

To ensure that our students have access to therapy services that the faculty is confident in at a reasonable cost, we have reached out to one of our graduates, Dr. Lisa Konick, who is working at the Prairie. She, along with Dr. Venita Menon (a graduate of the school psychology program), have agreed to offer a reduced rate to NIU psychology graduate students (i.e., $50 for initial intake, and $30 for subsequent 50-minute therapy sessions). They would be able to offer this rate for appointments scheduled in advance prior to 3 pm, or to same day openings at any time of day as a result of a same-day cancellation. When contacting the office, students should indicate they are an NIU graduate student and are eligible for the fee reduction. Please note that while the practice focuses on services for children and families, they are competent in providing empirically supported practice for a wide variety of presenting problems for adults as well.

Living Rite

DeKalb Office: 2540 Hauser Ross, Drive, Suite 225, DeKalb IL  
Sycamore Office: 2128 Midlands Court, Suite 107, Sycamore, IL  
Phone: 815-758-8400  
Website: http://www.livingrite.org/

Living Rite offers individual, couples, and group therapy services as well as psychological testing. In addition, they have a specialty clinic addressing issues with
anxiety, OCD, and trauma. Several graduates of our program are now working at this practice.

**Ben Gordon Community Mental Health Center**

Phone: 815-756-4875  
Address: 12 Health Services Dr., DeKalb, IL 60115  
Hours: Monday-Thursday, 8:00 A.M. to 8:30 P.M., Friday, 8:00 A.M. to 5:00 P.M.  
After Hours: 815-758-6655 Crisis Line  
Website: [http://www.bengordoncenter.org/](http://www.bengordoncenter.org/)

The Ben Gordon Community Mental Health Center (BGC) offers comprehensive counseling services to all residents of DeKalb County. Ben Gordon provides services to all persons affected by mental health problems, substance abuse, and family/child welfare concerns. 24-hour sexual assault/abuse services can be accessed through the Crisis Line. BGC accepts most medical insurance and all fees are on a sliding scale based on income. The staff consists of nearly 40 counselors and therapists, three psychiatrists and registered psychiatric nurses. First appointment scheduled within 30 days. (Handicapped accessible and on Campus Bus Route).

**Braden Counseling Center**

Phone: 815-787-9000  
Address: 2580 DeKalb Ave., Suite C., Sycamore, IL 60178  
951 S. 7th St., Suite G., Rochelle, IL 60168  
Website: [http://www.bradencenter.com/](http://www.bradencenter.com/)

Braden Counseling Center (BCC) provides counseling to individuals, couples and families in various stages of life. BCC provide a free initial consultation, has flexible scheduling with Sycamore and Rochelle locations and offers a variety of evaluations, including same-day DUI evaluations, and legal and forensic work for attorneys.

**DeKalb County Health Department**

Phone: 815-748-2402  
Address: 2550 North Annie Glidden Rd., DeKalb, IL 60115  
Hours: Monday-Friday, 8:00 A.M. to 4:30 P.M.  
Website: [http://www.dekalbcounty.org/Health/](http://www.dekalbcounty.org/Health/)

The DeKalb County Health Department provides various programs including: Family Planning Program; Immunization Program; Influenza Program; Adult Immunization Program; Women, Infants and Children Food Supplement Program; Well Child Clinics; School Physicals; Blood Lead Testing; Healthy Moms/Healthy Kids Program; Communicable Disease Program; Tuberculosis Program; HIV Antibody Testing Program; Hypertension Program; Vision and Hearing Screening Program; and Employee Wellness Program.

**Family Service Agency, Center for Counseling**
The Family Service Agency Center for Counseling provides individual, couple, group counseling for children, adults, senior citizens, and families. The center also offers support groups, senior outreach and mediation. The fee is $75 per visit and insurance is accepted. First appointment scheduled within 1-7 days. (Handicapped accessible and on Campus Bus Route).

**DeKalb County Housing Authority**

Phone: 815/758-2692  
Address: 1145 Rushmore Dr., DeKalb, IL 60115  
Website: [http://www.dekalbhousing.org/](http://www.dekalbhousing.org/)

The DeKalb County Housing Authority provides clean, decent, safe, affordable housing for lower income families and individuals throughout DeKalb County. The Authority's two main programs are Housing Choice Voucher and Low-Income Public Housing.

**Safe Passage, Inc.**

Phone: 815-756-7930  
Hotline/Crisis: 815-756-5228  
Address: 151 North 4th Street or P.O. Box 621, DeKalb, IL  
Website: [http://safepassagedv.org/](http://safepassagedv.org/)

Safe Passage provides wide variety of services are offered to victims and perpetrators of domestic and sexual violence including crisis intervention and medical advocacy for victims of domestic and sexual violence, short- and long-term housing for victims and their children, counseling, legal advocacy, children's services, community education, a batterer's intervention program, and a Latina outreach program.

**Village Counseling**

Phone: 815-756-9907  
Address: 1211 Sycamore Rd., DeKalb, IL 60115  
Hours: Monday, 9:00 A.M.-10:00 P.M.  
Wednesday/Thursday, 9:00 A.M.-9:00 P.M.  
Friday, 10:00 A.M.-10:00 P.M.  
Website: [http://www.vccnewhope.com/](http://www.vccnewhope.com/)

Village Counseling provides relationship-centered counseling, including life counseling for individuals, couples, families, adolescents, and children, as well as marriage and family counseling. Fees are based on a sliding scale and insurance is accepted.
Private counselors, clinical social workers, and psychologists are available in the yellow pages of the phone book under “Psychologist” or “Mental Health Services” or “Social Services”.