

YALE CLINICAL PSYCHOLOGY: MISSION STATEMENT, PROGRAM STRUCTURE AND REQUIREMENTS (5.15.25)

The Clinical Psychology Program at Yale University aspires to educate the next generation of leading academic and research psychologists and to create an environment for advancing theory and research related to psychopathology and its treatment. While the program is decidedly research oriented, clinical training is viewed as essential to the development of outstanding clinical scientists. In line with this we strive for excellence in research and clinical training from a clinical science perspective. Clinical training is designed to educate students in scientific principles that will enable them to investigate theoretically important and clinically relevant questions and to ensure competence in the provision of evidence-based practice. We emphasize integration of research and clinical work to develop innovators who will advance the theoretical and empirical bases of knowledge in clinical psychology. The goals of the program are to:

1. Provide broad and general training in the science and practice of psychology as a foundation from which students can develop specific research and clinical skills;
2. Provide students with opportunities that facilitate the development of research skills necessary for research productivity during and following graduate training;
3. Ensure development of the skills necessary for competent evidence-based practice in preparation for internship and licensure. Given the vital importance of breaking down the barriers to mental health care for individuals that have been historically marginalized, we focus on tailoring evidence-based approaches in ways that are culturally sensitive and inclusive. We are committed to anti-racist, anti-sexist, anti-heterosexist, anti-ableist, anti-classist approaches throughout therapy.

RESEARCH TRAINING

In the research domain, students progress from the first-year project to the pre-dissertation and theme essay, to the dissertation. The first-year project can involve secondary analyses of existing data or pilot work that sets the stage for later research. The pre-dissertation project (comparable to the Master's Thesis in many institutions), is based on independent research conducted by the student but is expected to be less complex than the dissertation project. The theme essay provides an opportunity for the student to conduct an extensive literature review at a broad level, but often in the same general research area as the dissertation. Students are closely supervised at all stages of project development by primary faculty members. These projects typically lead to publications, poster presentations, and/or invited talks at scientific meetings. Students are trained by research mentors to apply for fellowships and grants from the National Science Foundation, National Institute of Mental Health, and other public and private agencies in order to support their research and to gain experience with applications and grant writing. In addition, Yale University offers seminars throughout the year on grant writing, sponsored through the Yale Office of Grant and Contract Administration, as well as, the Yale Medical School. Although the specific sequence of research projects outlined above represents an important aspect of research training, consistent with the mission and objectives of the program, research acumen

and experience are also obtained through experiences in the classroom, through participation in lab meetings and mentorship with a variety of primary faculty, through participation with a community of scholars in the current work in clinical psychology series and departmental colloquia, and through clinical training. It is the integration of these experiences that provides broad research training in clinical psychology.

Structure of Research Training

Faculty mentors work closely with students with the goal of nurturing the research interests of the students. The goal is excellence in research in whichever substantive area is the focus.

Students may work with one or more faculty members of their choosing, including department faculty outside the clinical area. Students are encouraged to work with several members of the faculty in the service of broad experience and are free to change research supervisors. This flexibility is a hallmark of the Yale program. First year students will be assigned a secondary mentor in the clinical area as a way to engage with more faculty. This can be for professional development broadly or specific research guidance.

Students begin their research experience from the time graduate training begins. In addition to receiving research training in classes, students are encouraged to attend the research meetings (lab groups) of their advisor and other faculty members whose work is of interest.

Students are required to arrange for a research supervisor (primary mentor) from among the primary faculty in the Department of Psychology and to report the choice of primary mentor to the Director of Clinical Training. The expectation is that during the first year, students will work with their primary mentor. The purpose is to introduce students to the research process. Working closely with a mentor on a specific project will enable students both to observe and to be involved in a project from planning through presentation. Students are free to work with other faculty members during or following this research experience and are free to select different areas of research emphasis following this initial supervised experience.

During the subsequent years in the graduate program, students are expected to fulfill other general departmental research requirements, as outlined in the "Description of Formal Requirements for the Ph.D. Degree" available from the department (<https://psychology.yale.edu/graduate/training/requirements>).

The clinical program requires students to be in residence for 4 years. Course work is often completed in the first several years, but the program requires attendance at the clinical current work seminar for four years, and there is the presumption that the 4th and 5th years will be a productive time for research with members of the faculty.

Evaluation of Students' Performance, Feedback, and Retention in the Graduate Program

Formal written policies regarding student performance evaluations and requirements for retention in the graduate program are presented in the *Yale University, Department of Psychology, Description of Formal Requirements for the Ph.D. Degree*, which can be found at:

(<https://psychology.yale.edu/graduate/training/requirements>). The clinical program must follow all Yale University and psychology department procedures regarding academic competence, remediation, and termination.

In brief, students are evaluated on a regular basis and receive written feedback from their research advisor and clinical supervisors twice each year (on the Biannual Faculty Progress Review form, found in Appendix F of the *Description of Formal Requirements for the Ph.D. Degree* listed above; and the Evaluation of Clinical Competencies, see Appendix 1). Toward the end of each semester, clinical area faculty members meet to discuss the progress of all clinical students. Evaluations from external clinical supervisors and research advisors are obtained prior to this meeting so that all relevant information is available. When problems are identified that do not warrant a warning or probation, the clinical faculty develop a written plan to help students remediate the problems. In these circumstances the student's advisor and the DCT both meet with the student to engage in a collaborative discussion of the concerns, to share the written plan for addressing them, and to elicit the student's input on this plan. At the subsequent evaluation period, the student is provided with written feedback regarding progress on the problems (on the documents described above).

When the problems represent a continued pattern or are more serious, they are presented to the full faculty of the department where a decision is made about any action to be taken. These meetings provide an opportunity for colleagues in other areas to provide input regarding a clinical student based on their experiences teaching or mentoring the student. The first level of intervention is to warn the student that his or her progress is not satisfactory. Constructive feedback is provided regarding what should change, concrete goals are established, and specific processes and a timeline for the evaluation of progress are determined. If students do not adequately address the problems identified, they may be put on probation, and ultimately may be asked to leave the program. These steps are documented in letters that are reviewed with the student by the DCT and the student's advisor. If the remediation efforts are successful, written documentation of the student's return to "good standing" in the program is provided to the student and retained in the student's file.

Students who are struggling with clinical skills but are strong in research may be offered the opportunity to enroll in other areas in the psychology department that provide a better match with their interests.

CLINICAL TRAINING

Clinical training is integrated with the curriculum and research aspects of the program. The training is designed to stimulate critical thinking, the application of theory and evidence-based assessment and treatment to human problems, and ongoing assessment and evaluation of therapy process and outcome. Clinical training begins in the first year with courses that focus on the theoretical basis for clinical work, development of clinical skill in a broad range of treatment techniques, knowledge of contemporary diagnostic approaches, training in structured clinical interviewing, knowledge of ethical principles and approaches to supervision and consultation, awareness of and respect for the importance of diversity and of taking an anti-racist approach, and evaluation of the effectiveness of clinical interventions. Students' initial exposure to clinical treatment is through structured clinical intake interviews that are conducted during the second or third semester within the Yale Psychology Department Clinic (YPDC). YPDC is equipped with video cameras that allow for discreet recording of

students' assessment and therapy sessions. Videotapes of students' work are reviewed by clinical supervisors and, with informed consent by student therapists, advanced students in clinical psychology (in the fourth or fifth year of clinical training) who have been selected by the clinic director to serve as student directors. Diagnostic assessments are presented orally during weekly clinical conferences, and written reports are edited by student directors and reviewed by clinical supervisors. Prompt and detailed feedback is provided after each of these activities, and formal written feedback is provided at the end of each semester (see the Evaluation of Clinical Competence in Psychological Assessment in Appendix 2).

Building upon the diagnostic assessment work conducted in the first year, training in psychological measurement and assessment is also initiated in the first, second, or third year. Students learn how to evaluate assessment instruments; select instruments that will help to answer specific referral questions; administer and interpret cognitive, achievement, memory, and personality measures; integrate information gathered from multiple reporters using multiple methods; communicate assessment results orally to clients and professionals during feedback sessions; and prepare written professional reports.

Students begin providing evidence-based practice to community referrals in the 2nd year at YPDC, under the direct supervision of core and associated faculty members. Clients are carefully screened so that they are well suited for graduate students in the beginning stages of training and well matched to the competencies of our clinical supervisors. Videotaped sessions are viewed each week for every student by clinical supervisors who provide feedback about the implementation of specific therapy techniques. Students have the option of requesting additional supervision from student directors (when available) who view videotaped therapy sessions and provide feedback. The student directors' supervision is supervised by the faculty member leading the practicum, and allows for more advanced clinical skill development (e.g., training in supervision) for the more experienced students. Written evaluations of competencies in supervision are provided every semester (See the Evaluation of Clinical Competencies Demonstrated by Graduate Student Supervisors in Appendix 3).

In the fourth or fifth year of training, once students have met clinical competency benchmarks, are well advanced in developing a program of research, and have received approval from their research mentors, students have the opportunity to gain additional experience with diverse client populations through external clinical placements in the Yale/New Haven community (e.g. Yale New Haven Hospital, Connecticut Mental Health Center, Yale Child Study Center, etc.). For more information, see the Practicum Opportunities listing,

https://psychology.yale.edu/sites/default/files/practicum_opportunities_2025-2026.pdf

At each stage of clinical training, students receive extensive supervision from licensed clinical psychologists, and are encouraged to engage in reflective practice. Supervisors and supervisees complete written evaluations of students' skills and identify goals for professional growth and development each semester (See the Evaluation of Clinical Competencies in Appendix 1). By the end of the fifth year of graduate training students are well prepared to engage successfully in clinical internships. Most students have successfully defended the dissertation toward the end of their fifth year prior to engaging in the clinical internship during the 6th year of training.

Clinical training is integrated in both principle and practice with the discipline of psychology. Evolving theory, research, and evaluation methods from other areas of psychology including developmental, social, and cognitive inform both research and clinical training. Beyond psychology, research from other disciplines (e.g. neuroscience, nutrition, public health) is used to improve understanding of etiology, treatment, and prevention of psychological problems. Treatment draws on

the contemporary scientific knowledge base and methods of inquiry to maximize benefits for each individual client and forms a basis for learning about psychopathology, personality, and psychotherapy process and outcome research. Theory is used to conceptualize clinical problems, contextual factors, and treatment. Specifically, students are encouraged to conceptualize clinical problems from a variety of perspectives and to consider various facets of the presenting problem and domains to which treatment may be directed.

An additional way in which clinical practice and research are integrated is through systematic evaluation of clinical outcomes and mechanisms of change. When a treatment plan is formulated, methods for evaluating treatment are described explicitly. Changes in client symptoms and functioning and hypothesized mechanisms of change are evaluated regularly using the progress monitoring measures. The information obtained from ongoing assessment informs treatment.

In addition to the clinical utility of progress monitoring, these data also can be used to bridge clinical work and research. As data from a large sample of clients accumulate manuscripts are submitted for publication. For example, graduate students, post-doctoral students, and faculty have presented findings at conferences and in published manuscripts based on research conducted with the clinical sample at YPDC. For a recent example, see O'Brien, M. P., O'Leary, C., Cannon, T. D., Lymus, C., Salinger, J., Prelli, F., & Gale, M. M. (2025). Response to psychotherapy by clients with varying levels of distress treated in a graduate student outpatient clinic. *Training and Education in Professional Psychology*, 19(2), 124–133. <https://doi.org/10.1037/tep0000508> In these ways, science and practice are continually integrated.

Students, research mentors, and the DCT work together to match students with clinical placements that are closely related to students' research interests so that clinical and research experiences are mutually informative. For some recent examples, students conducting research on addictions or justice-system involvement with Dr. Baskin-Sommers have participated in the practicum at the Substance Use and Addiction Treatment Unit at the Connecticut Mental Health Center and Transitions Clinic at Cornell Scott Hill; students studying mood and anxiety disorders with Dr. Joormann have participated in clinical training at the Intensive Outpatient Program at Yale New Haven Hospital; students conducting research on childhood trauma with Dr. Gee have conducted practicum training at the Outpatient Psychiatric Clinic for Children; and students studying schizophrenia with Dr. Cannon have sought clinical training opportunities at the Specialized Treatment Early in Psychosis (STEP) and PRIME Psychosis Prodrome Research Clinics at the Connecticut Mental Health Center.

Guiding Principles for Delivery of Evidence Based Practice

Clinical care is designed to draw on theory, research, and evaluation in ways that benefit the client. The guiding principles are:

1. The goals and means of treatment are explicit, are written, and are agreed upon by client and therapist.
2. The choice of treatment is guided by literature on assessment and intervention, prevailing standards of practice, theory, and a thorough discussion of alternative approaches. Evidence based treatments are used whenever possible.

3. Treatment is based on a thorough assessment consisting of clinical interviews and the use of assessment approaches with documented reliability and validity.
4. Assessment is ongoing throughout treatment and is used to evaluate whether treatment is helping the client accomplish his or her goals and whether the treatment approach should be altered. The client is a partner in this process and is informed of the results of evaluation.
5. Referral to another setting is considered when such a setting would be better suited to the specific needs of the client, or when evaluation indicates that treatment is not promoting progress toward the goals of treatment.
6. Assessment and treatment are conducted to ensure the protection of the individual client and are consistent with ethical guidelines.
7. Culturally sensitive and anti-racist approaches are used throughout therapy.

Evaluation of Students' Clinical Competencies

Students' clinical competencies are evaluated every semester. In the first semester, students are graded on their clinical coursework and are expected to earn grades of "high pass" or "honors." During the second or third semester students are expected to complete intake evaluations with clients, which include a diagnostic interview with the SCID-5 and the administration of additional assessment measures. Students present each intake evaluation at a clinical conference and write a history report that integrates findings from the assessment measures into a preliminary diagnostic formulation and treatment plan. A supervisor who is a licensed clinical psychologist and a graduate student director (if available) review audio and/or videotapes of each intake, participate in the clinical conferences, and review the history reports. This work is rated on the "Evaluation of Clinical Competence in Diagnostic Assessment" form (Appendix 2) and students receive prompt and detailed feedback regarding their performance. Every student is expected to obtain ratings of "3" (demonstrates moderate competency; clinician requires routine supervision) on every scale by the end of the third semester of graduate training. Only after students have met criteria for clinical competence in diagnostic assessment will they be allowed to begin supervised training in psychotherapy.

All students who have met criteria for clinical competence in diagnostic assessment begin training in psychotherapy in the second-year practicum at the Yale Psychology Department Clinic (YPDC). Students are assigned individual supervisors, licensed clinical psychologists, who review audio or videotapes of student therapy sessions and meet weekly with each student to discuss treatment progress and planning. At the end of every semester, supervisors complete written evaluations of students' work on the Evaluation of Clinical Competencies form (Appendix 1) and discuss the evaluations with students. Students are expected to obtain a rating of "meets expectations" on every scale of the form.

In November of the third year of training, all students who have met expectations on the Clinical Competencies form will be given the choice of remaining at the YPDC for an additional year (or years) of training, or of applying to an external practicum that has been vetted and approved by the DCT and clinical faculty. Before applying to an external clinical practicum, students are required to discuss their plans with the DCT and their research advisors. Students must be well ahead in meeting all research requirements to be eligible to apply for an external practicum that is time intensive (such as the

Intensive Outpatient Program, the Substance Use and Addictions Treatment Unit, etc.) The clinical practicum year at the Yale Psychology Department Clinic begins in September and ends in June. There is variability in the schedule for external practicum sites, with many requiring a full year that begins in the summer. Students apply to practicum sites in November – February. **Before planning vacations, students must check with the practicum supervisor regarding policies for taking time off.**

Students are required to participate for two consecutive semesters in a department approved external clinical practicum prior to the clinical internship year.

During every semester of clinical training during years 2-5, every student's clinical supervisor(s) will complete the Evaluation of Clinical Competence Form (Appendix 1), review the form orally with the student and then send the form to the Director of Clinical Training (DCT) to review and place in the student's clinical file.

Students are asked to complete self-evaluations of their clinical competence every semester and to set goals for their own growth and development as clinical scientists.

Remediation and Termination

Any significant problems that arise during clinical training should be discussed promptly with the DCT and the student's research advisor. If a student is not earning expected grades in clinical courses, and/or is not receiving ratings of "meets expectations" or above on all rating scales, a remediation plan will be formulated together with the Director of Clinical Training and clinical faculty. The remediation plan will include additional training opportunities that target the deficiencies in specific competencies, a clear time frame for completion of remedial training, and a process for reassessment of the identified deficiencies. Written documentation of progress will be provided in the subsequent clinical evaluation (at the end of the following semester).

If remediation efforts have not resulted in significant improvement within the specified time frame, the student will become ineligible for continuation in the clinical program. Usually, remediation and discussions occur over the course of a semester or longer, barring unethical behavior. If the student remains in good standing with respect to all other departmental requirements (coursework and research requirements; see Departmental Description of Formal Requirements document on the Graduate website), and the deficiency identified within the clinical training program is unlikely to compromise the student's ability to succeed in another area of graduate study in psychology (cognitive, developmental, social, neuroscience) the student will be eligible to petition to transfer into another area or to stay in the clinical area without continuing with the professional training aspects of the program. This option is also available for students who are demonstrating clinical competencies but have decided in collaboration with their advisor that they are no longer interested in pursuing the professional aspects of training. The student and clinical faculty would discuss this possibility with the Director of Graduate Studies, who would discuss this option with the psychology faculty at a departmental meeting. The faculty would vote on the transfer of areas and the decision of the faculty would be communicated to the student.

Required Hours

The clinical psychology program requires students to complete approximately 500 direct contact hours (face-to-face with clients) before applying for an APA-accredited clinical internship. Since clinical students are advised to spend no more than 12 hours/week on all clinical practice activities during their

time at Yale, typically 5 years of training are required to complete these hours. Generally, students apply to internship during the fifth year and complete the internship during the 6th year of training.

Below please find information about how these hours are commonly accrued:

Year 1: 0 hours

Year 2: Yale Psychology Department Clinic (September 1 – June 1) **3 clients/week**

Fall semester @15 weeks (September 1– December 20) with 3 contact hours per week = 45 hours

Spring semester @20 weeks (January – June 1) with 3 contact hours per week = 60 hours

Total = @105 hours of direct client contact

Year 3: Yale Psychology Department Clinic (September 1 – June 1) **5 clients/week**

Fall semester @15 weeks (September 1–December 20) with 5 contact hours per week = 75 hours

Spring semester @20 weeks (January – June 1) with 5 contact hours per week = 100 hours

Annual Total = @175 hours of direct client contact

Cumulative Total = @280 hours

Year 4: maintain a pace of seeing **5 clients per week** September 1 – June 1 = **@175 hours**

Annual Total = @175 hours of direct client contact

Cumulative Total: @455 hours

Year 5: maintain a pace of seeing 3 client per week September 1 – June 1 = **@105 hours**

Cumulative: 560 hours

Opportunities for “catching up” (with permission from your research advisor and the DCT, and the availability of clinical supervisors)

Extend practicum into the summer (June 1 – August 30) = 12 weeks

If seeing **3 clients/week = 36 hours**

If seeing **5 clients/week = 60 hours**

If a student falls behind on hours, there are opportunities to catch up over the summer, provided permission has been obtained from the research advisor and DCT, and clinical supervisors are available. Students are responsible for keeping track of their hours and communicating any irregularities to the DCT and their research advisor.

Definition of a Clinical Practicum

A clinical practicum (and the face-to-face hours counted when applying for internship) must be:

1. Program sanctioned
 1. All practicum placements must be approved by the DCT and your research mentor and supervised by the doctoral program.
 2. Practicum placements must be approved before the practicum experience begins; clinical experiences cannot be retrospectively approved as a practicum.
 3. Any clinical experience that has not been approved by the doctoral program for practicum is considered work or other non-practicum clinical experience.
2. Clinical

1. A practicum experience must involve clinical contact and clinical activities (e.g., psychological assessment/evaluation or treatment).
2. Consultation experience (e.g., consultation and liaison service) that involves direct patient contact, either with a patient or someone involved in their treatment (e.g., parent, adult child, teacher) is an acceptable practicum experience.
3. Supervised
 1. All practicum experience must involve case level supervision
 1. Group experience must involve a discussion/case conceptualization of specific group members, in addition to group process.
 2. Assessments must be reviewed individually, not as a mean of scores.
 2. At least one-hour per week of direct, individual clinical supervision from a clinical psychologist licensed in the state in which the services are conducted is required.

Registration for an External Clinical Practicum

When you register for an external practicum, please make sure to register for **PSYC 817** and enter the name of your placement (such as Yale Child Study Center, Yale Gender Program, CMHC STEP, West Haven VA, Institute of Living Cheshire Branch, etc.).

Please add the name of the DCT (Mary O'Brien) as the **primary instructor** so that the DCT can provide you with a grade. List the clinical supervisor as the **co-instructor**. That way the department registrar and the DCT can work together and in consultation with your respective supervisors to make sure that you each receive a grade every semester.

Practicum and/or Internship Placements at Veteran Administration Hospitals (VAs)

The VA mandates that every student participating in training at a VA facility (either at a practicum placement during doctoral training or during the internship year) satisfies certain health requirements and confirms certain personal information. The VA mandates that the Director of Clinical Training (DCT) endorses and submits a *Trainee Qualifications and Credentials Verification Letter* regarding these matters (the "TQCVL"). The information needed for the DCT to do so is not information that the DCT or Academic Program possesses or would otherwise request. Accordingly, to enable the DCT to endorse and submit the TQCVL, every student participating in VA training would need to sign an informed consent document that would allow the DCT to provide the following information:

Tuberculosis Screening

I agree to supply a copy of tuberculosis screening results and a formal physician note and signature endorsing these results to the DCT for verification and storage to comply with the TQCVL process.

Hepatitis B Vaccination

I agree to supply evidence of one of the following regarding the Hepatitis B vaccination to the DCT for verification and storage to comply with the TQCVL process (initial one only):

_____ Evidence of obtaining a Hepatitis B vaccine or having already obtained a Hepatitis B vaccine in the past (with a formal physician note and signature attesting to this vaccination); or

_____ A signed formal declination of the Hepatitis B vaccine.

Measles, Mumps, & Rubella Vaccination

I agree to supply evidence of one of the following regarding the Measles, Mumps, & Rubella vaccination to the DCT for verification and storage to comply with the TQCVL process (initial one only):

_____ Evidence of obtaining a Measles, Mumps, & Rubella vaccine or having already obtained a Measles, Mumps, & Rubella vaccine in the past (with a formal physician note and signature attesting to this vaccination); or

_____ A signed formal declination of the Measles, Mumps, & Rubella vaccine.

Varicella

I agree to supply evidence of one of the following regarding the Varicella vaccination to the DCT for verification and storage to comply with the TQCVL process (initial one only):

_____ Evidence of obtaining a Varicella vaccine or having already obtained a Varicella vaccine in the past (with a formal physician note and signature attesting to this vaccination); or

_____ A signed formal declination of the Varicella vaccine.

Tetanus, Diphtheria, Pertussis

I agree to supply evidence of one of the following regarding the Tetanus, Diphtheria, Pertussis vaccination to the DCT for verification and storage to comply with the TQCVL process (initial one only):

_____ Evidence of obtaining a Tetanus, Diphtheria, Pertussis vaccine or having already obtained a Tetanus, Diphtheria, Pertussis vaccine in the past (with a formal physician note and signature attesting to this vaccination); or

_____ A signed formal declination of the Tetanus, Diphtheria, Pertussis vaccine.

Meningococcal

I agree to supply evidence of one of the following regarding the Meningococcal vaccination to the DCT for verification and storage to comply with the TQCVL process (initial one only):

_____ Evidence of obtaining a Meningococcal vaccine or having already obtained a Meningococcal vaccine in the past (with a formal physician note and signature attesting to this vaccination); or

_____ A signed formal declination of the Meningococcal vaccine.

Influenza Vaccination

I agree to supply evidence of one of the following to the DCT for verification and storage to comply with the TQCVL process (initial one only):

_____ I will obtain an influenza vaccine before March 30th of the current year;

_____ I will supply evidence of having already obtained an influenza vaccine for the influenza season to the DCT for verification and storage to comply with the TQCVL process; or

_____ I will decline an influenza vaccine for the upcoming influenza season, and I will wear a facemask at VA facilities during the entirety of the influenza season.

HHS List of Excluded Individuals

I permit the DCT to screen my name against the Health and Human Services' list of Excluded Individuals and acknowledge that should my name show up on the Health and Human Services' list of Excluded Individuals, the DCT will be unable to endorse my TQCVL.

Selective Service

Federal law requires that most males living in the US between the ages of 18 and 25 (inclusive of 18 and 25) register with the Selective Service System. This includes individuals who are US citizens, non-US citizens and dual nationals, regardless of their immigration status. *Male* for this purpose is defined as those individuals born male on their birth certificate regardless of current gender. Only male, non-US citizens on a student or visitor visa are exempt from registration. Males required to register, but who fail to do so by their 26th birthday, are barred from any position in any Executive Agency.

I state that I (initial one only):

_____ Am not a male assigned at birth, am not a US citizen or immigrant, or am not between 18 and 25 years old (inclusive of 18 and 25);

_____ Have registered with the Selective Service;

_____ Have not registered with the Selective Service despite being a US citizen or immigrant, assigned as a male at birth, and between the ages of 18 and 25 years old (inclusive of 18 and 25); however, I can provide the DCT with a Status Information Letter; or

_____ Have not registered with the Selective Service despite being a US citizen or immigrant, assigned as a male at birth, and between the ages of 18 and 25 years old (inclusive of 18 and 25); I cannot show proof of a Status Information Letter.

Citizenship and Immigrant Status

I state that I (initial one only):

_____ Am a US Citizen

_____ Am not a US Citizen but can provide the DCT with documented proof of current immigrant or non-immigrant status that may include visa status documents, permanent resident card, Deferred Action for Childhood Arrivals (DACA) trainee Employment Authorization Document (Form I-766), and other forms as requested by the VA during this process; and I permit the DCT to provide this documented proof of my current immigrant or non-immigrant status along with the TQCVL to the VA.

Criminal Background Checks

Successful completion of the Yale graduate program in clinical psychology requires participation in a clinical practicum every year as well as an APA-accredited clinical internship. Some of the practicum placements and all internship sites require completion of a criminal background check prior to initiating clinical duties. Some sites will consider individuals with even a minor misdemeanor on their records to be ineligible for participation. Similarly, some state licensing boards consider a misdemeanor as evidence of “moral turpitude” and will not grant a license to practice psychology to anyone with a criminal record of any kind. ***It is important that you are aware of this before applying for training in clinical psychology at Yale so that you can make sure that your background is suitable for clinical practice, internship and licensure requirements.***

Once enrolled at Yale, students must meet standards of personal conduct described in the Yale Graduate School of Arts & Sciences Programs and Policies, <http://catalog.yale.edu/gsas/policies-regulations/academic-regulations>, which includes the following statements about students: “They are expected to abide by the regulations of the University. They are also expected to obey local, state, and federal laws, and violations of these may be cause for discipline by the Graduate School. Students are required to report misdemeanor and felony charges to their associate dean.”

Clinical Graduate Student Internship Stipends

Registered students undertaking the required clinical internship (usually in the sixth year of training) are typically not eligible for Graduate School stipend funding, since the internships are paid. However, clinical internship stipends for sixth-year students that fall below the current year’s psychology stipend will be topped up to the current year’s psychology stipend.

If extenuating and unusual circumstances exist, it is possible to request approval to complete internship in the 7th year (and remain at Yale for the 6th year, serving as a teaching fellow unless external funding is procured). In this case, the GSAS *will not* provide a top-up during the internship year, regardless of whether a student has an NSF.

This is the procedure that we have been instructed to follow to access the top-up funds:

1. Each spring, the Director of Clinical Training for the Clinical Psychology Program (currently Mary O’Brien) will submit a request for supplemental funding to the Associate Dean for Graduate Student Advising and Academic Support (currently Allegra di Bonaventura) with the following information:

- a. Name of student
 - b. Name and location of clinical internship
 - c. Clinical internship salary
 - d. Start and end dates for the internship
 - e. Health insurance information i.e., does the internship provide health coverage?
2. The Dean will review the request to determine eligibility and the amount of the supplement to be provided. This information will be passed to the Director of Financial Aid (currently Kerry Worsencroft) for payment.
 3. After students have registered for the term, payments will be made in the normal semi-monthly pay cycles as are made for all other PhD students.
 4. The Financial Aid office will keep track of all payments and provide annual reports.

Registration for Internship

The process usually begins with the student. Please submit an Individual Study Course Request Form. Here's a link to student instructions:

<https://registration.yale.edu/resource/graduate-students-how-submit-individual-study-course-request-form>

The DCT (currently Mary O'Brien) will send all prospective interns' names, and their respective internship sites and start and end dates to the Department Registrar (currently Fredericka Grant).

The start and stop dates of internship for each student will be entered as a "term comment."

For example,

Student First, Last Name-SID# XXXXXXXXXX or NET ID

Course: PSYC 802 - CRN 14721

New York Presbyterian Hosp/Weill-Cornell Med Ctr

New York, NY

July 1, 2024 – June 30, 2025

Please list the DCT (Mary O'Brien) as the faculty on record so that a grade can be entered at the end of every semester. Internship directors don't have access to the Yale grading system, so the DCT will gather input from the internship director before entering a pass/fail grade.

The department registrar will create a new course with a new CRN following these instructions to create the section for the students:

<https://registration.yale.edu/resource/graduate-school-staff-process-individual-study-course-requests>

Once the course has been created, the registrar will complete the dynamic form which will automatically send an email to the student instructing them to add the course with the new CRN to their schedule.

If you have not completed your dissertation prior to internship, please register for DISR999 (in residence).

If you have completed your dissertation, please register for DISR999 so that you will be sent information related to submitting dissertation paperwork.

Health Care While on Internship. If you are conducting your internship outside of CT, please register as “in Absentia” so that you are eligible to purchase the [Yale Out-of-Area Travel Rider](#) (deadline June 30) to have supplemental coverage in the area where you will be staying. The Yale Health website has a lot of information about student coverage and rider coverage. It is possible that there may be better and more cost-effective health insurance available through the relevant state or federal health care exchanges locally. Please note that you have to apply for the rider in the spring term if you want it to continue. It’s all on the Yale Health website.

In order to register as 'In Absentia' you must complete a change of status form. Once that is submitted the University Registrar's Office will register you in DISA 999 (Dissertation in Absentia).

https://registrar.yale.edu/sites/default/files/change_of_status_form_master.pdf

Then you are eligible to purchase the rider.

If you are conducting your internship in Connecticut, you won’t be eligible for the health rider so won’t need the Absentia status. You will obtain health care from Yale Health.

Awarding/Convocation of the Degree in Psychology within the Clinical Area

While Yale University awards the PhD to students upon completion of all academic requirements, the APA Commission on Accreditation requires clinical students to receive the degree upon successful completion of all program requirements including the internship year. We encourage clinical students to complete all academic requirements (such as defending the dissertation) prior to internship. However, the degree cannot be awarded until the completion of the internship year, typically in July, August, or September (this varies by internship). Yale awards degrees two times per year, May and December. However, the registrar in coordination with Allegra de Bonaventura, the Associate Dean for Academic Support, has agreed to award ***clinical students their degrees in September of the year that they complete their internship.*** While this flexibility has been tremendously helpful, ***for many students the official convocation of the degree will not occur until several months after completion of the internship.*** In some states, such as New York and Washington DC, the Licensing Board does not allow students to apply for a temporary permit, which is required prior to conducting postdoctoral training in psychotherapy, until the official convocation of the degree. For example, students who complete internship at sites like Weill-Cornell Medical Center or NYU-Bellevue, that have completion dates of June 30th, ***will need to wait approximately three months before they can begin post-doctoral training in New York State*** at sites that require them to have a NY State licensing board issued temporary permit. Additionally, they cannot begin “counting” post-doctoral hours toward licensure before the official convocation of the degree. Some states are more flexible, and a letter from the DCT stating that the student has met all degree requirements is sufficient for the student to begin post-doctoral training and to count those training hours when applying for licensure. It is important that you are aware of these potential challenges, to post-doctoral training and licensure in some states, prior to applying to the program.

Submission of Dissertation Paperwork

To comply with both Yale and APA Commission on Accreditation regulations, clinical students should submit their dissertation paperwork **after March 15th** of their internship year (provided they have successfully defended their dissertation) so that they will be awarded the degree in September (rather than May). That way students will not receive their PhD from Yale until after successful completion of the internship. Starting in 2026, please indicate “**September 2026** (or whatever year is appropriate)” on the title page of your dissertation since September is the month of the convocation of your degree. (This information was provided by Austin Hanlin, Assistant University Registrar). **Students will not be registered in the Graduate School during the fall term in which their degrees are conferred.**

Graduation Ceremony

Students who have completed all requirements (including dissertation and internship) are eligible to participate in the graduation ceremony that takes place in May of the year following completion of internship. For example, a student who completes internship on July 1, 2025, and has completed the dissertation, will be awarded their degree in September 2025, and will be eligible to participate in the graduation ceremony that takes place in May, 2026. You should be on the graduation list, so should automatically receive information about commencement (e.g., when and how to order a cap and gown, etc.).

Post-doctoral hours

The one- to three-month gap between completion of graduate degree requirements (often in June, July, or August upon ending the internship year, provided that all dissertation requirements have been met) and the official convocation of your degree by Yale in September can create challenges as you proceed to the next step in your career, often a post-doctoral fellowship. For many post-doctoral positions, a letter from your adviser, the DCT, the DGS or the Yale registrar (currently Claudia Schiavone) is sufficient to confirm that all degree requirements have been met such that you can begin work as an official post-doc (i.e., counting hours toward licensure as post-doctoral, and receiving payment and benefits commensurate with that of a post-doc). Many individuals/institutions that hire post-doctoral fellows understand the gap between degree completion and convocation, and view convocation as a formality that need not hinder commencement of the post-doctoral position. **However, in a few instances (such as New York state), the post-doc or state will require the degree to be formally conferred before the post-doc/position can begin.** This would require waiting until the Yale September conferral date before post-doctoral status and privileges can be initiated. In this frustrating situation, students should work with their new position to figure out the best approach to address this gap and certainly can reach out to the adviser, DCT, and DGS for advice.

Licensure

The Clinical Psychology PhD Program in the Department of Psychology at Yale makes every effort to provide education that is compliant with national standards and to prepare students to practice clinical psychology. As recognition of our compliance with national standards, our Program is accredited by the American Psychological Association. The practice of psychology, however, is regulated at the state level. State licensing authorities, commonly referred to as “State Boards,” determine the specific educational and training requirements for licensure in their State. ***Of note, many States require post-doctoral training*** as well as examinations beyond educational and training requirements. As such, a PhD degree

from the Yale Program in Clinical Psychology is not sufficient, in and of itself, to meet licensure requirements in most states.

If you are planning to pursue professional licensure or certification, it is strongly recommended that you contact the appropriate licensing entity in the state for which you are seeking licensure or certification to obtain information and guidance regarding licensure or certification requirements before beginning an academic program. Given that State requirements for licensure or certification vary and may change over time it is also strongly recommended that you review licensing or certification requirements as you get closer to seeking licensure or certification. You are encouraged to review the Association of State and Provincial Psychology Boards' online tool, PsyBook (<https://www.asppb.net/page/psybook>), which summarizes requirements for most states and territories. You may also want to consult their Centre for Data and Analysis on Psychology Licensure website (www.asppbcentre.org). You are also encouraged to confirm state licensing requirements directly with the state for which you are interested in seeking licensure or certification.

To the best of our ability, we determined that the curriculum offered by our Program meets – or does **not** meet – the educational requirements for licensure or certification to practice psychology in each of the States listed here: https://psychology.yale.edu/sites/default/files/yale_-_professional_licensing_-_clinical_psychology.pdf

For States in which the Program's educational offerings do not meet a specific State's requirements for licensure or certification, students may be required to obtain alternate, different, or more courses, or more experiential or clinical hours.

Details regarding professional activities post-graduation that are required for licensure are listed here: https://psychology.yale.edu/sites/default/files/consumer_information_disclosures.pdf

Further information is available from the Director of Clinical Training.

CURRICULUM

Purpose and Rationale

The curriculum in clinical psychology is designed to advance the mission of the program. As such, it is integrated with clinical and research training and is focused on the development of conceptual and practical skills. The ultimate aims are for students to apply these skills in innovative research projects and for both the conduct and evaluation of clinical work to be guided by the application of science. The curriculum, in conjunction with clinical experiences, also prepares students for internship and licensure.

The Department of Psychology at Yale has a tradition of flexibility in the curriculum, while emphasizing that students need to be trained in a consistent philosophy of science and must acquire

essential research skills. The curriculum, therefore, provides more structure in the early years of training, and more flexibility in later years.

Courses

Students in clinical psychology must meet all the requirements of the Department in relation to core courses, statistics, and progression toward the Ph.D. degree. In addition, students must meet breadth requirements so that they are eligible for licensure upon completion of an APA accredited internship and all Ph.D. requirements. Clinical students are expected to complete the following courses in the first four years of training.

Required Courses

History and Systems

PSYC 719 History and Systems of Psychology: Debating Topics in Clinical Psychology from Past to Present. Instructor: Dr. Arielle Baskin-Sommers

Biological and Cognitive Bases of Behavior

PSYC 500: Foundations of Psychology I: Cognitive Psychology and Neuroscience

Social, Developmental, and Affective Bases of Behavior

PSYC 501: Foundations of Psychology II: Social, Developmental, and Affective Psychology

Advanced Integrative Knowledge of Domain Specific Content Areas

PSYC 539: Psychopathology and Its Treatment/Advanced Psychopathology Instructor: Dr. Jutta Joormann

Psychological Measurement, Research Methods, and Treatment Evaluation

PSYC 541: Research Methods in Psychology Instructor: Dr. Tyrone Cannon

PSYC 643: Psychological Assessment Instructor: Dr. Alice Perez

Techniques of Data Analysis

PSYC 518: Multivariate Statistics Instructor: Dr. Julian Jara-Ettinger

Professional Issues: Ethics, Diversity, Consultation and Supervision

PSYC 690/800: Diversity, Ethics, Supervision, Consultation, and Clinical Practicum

Instructor: Dr. Mary O'Brien

Theories and Methods of Assessment and Diagnosis

PSYC 689: Diagnostic Interviewing Instructor: Dr. Mary O'Brien

PSYC 643: Psychological Assessment Instructor: Dr. Alice Perez

Theories and Methods of Effective Intervention

PSYC 684a and b: Introduction to Psychotherapy Instructor: Dr. Mary O'Brien

PSYC 800: Clinical Practicum Series

Clinical Area Speaker Series

PSYC 720: Current Work in Clinical Psychology

Lab Meetings with Primary Faculty

PSYC 700 Series: Research Topics

Students beginning their first year in clinical psychology plan their program in consultation with their advisor, the Director of Clinical Training, and the Director of Graduate Studies. In addition to the courses listed above, students are welcome to select among other offerings to meet interests and career aims.

Recommended Course Sequence for First- and Second-Year Students:

Fall – 1st year

1. PSYC 500: Foundations of Psychology I: Cognitive Psychology and Neuroscience
2. PSYC 539: Psychopathology and Its Treatment/Advanced Psychopathology
3. PSYC 689: Diagnostic Interviewing
4. PSYC 518: Multivariate Statistics
5. PSYC 684a: Introduction to Psychotherapy
6. PSYC 720: Current Work in Clinical Psychology
7. PSYC XXX: 1st year research
8. PSYC 700 series: Research lab meeting with primary faculty
9. PSYC 719: History of Psychology (This may not be offered every year, so some students will take this course in the 2nd or 3rd year).

Spring – 1st year

1. PSYC 501: Foundations of Psychology II: Social, Developmental, and Affective Psychology
2. PSYC 684b: Introduction to Psychotherapy
3. PSYC 690: Diversity, Ethics, Supervision, and Consultation
4. PSYC 541 Research Methods (Offered every 2 years, so some students will take this course in the 2nd year)
5. PSYC 720: Current Work in Clinical Psychology
6. PSYC XXX: 1st year research
7. PSYC 700 series: Research lab meeting with primary faculty
8. PSYC 643: Psychological Assessment (Offered every 3 years during the spring semester, so some students will take this in the 2nd or 3rd year)

Fall – 2nd year

1. PSYC 720: Current Work in Clinical Psychology
2. PSYC 800 series: Clinical Practicum at the Yale Psychology Department Clinic
3. PSYC 700 series: Research lab meeting with primary faculty
4. Teaching Fellow Assignment
5. PSYC 930a: Pre-Dissertation Research

Spring – 2nd year

1. PSYC 720: Current Work in Clinical Psychology
2. PSYC 800 series: Clinical Practicum at the Yale Psychology Department Clinic
3. PSYC 700 series: Research lab meeting with primary faculty
4. Teaching Fellow Assignment
5. PSYC 930b: Pre-Dissertation Research

Fall – 3rd year

1. PSYC 720: Current Work in Clinical Psychology
2. PSYC 800 series: Clinical Practicum at the Yale Psychology Department Clinic
3. PSYC 700 series: Research lab meeting with primary faculty
4. Teaching Fellow Assignment
5. PSYC 923a: Individual Study (Theme Essay)

Spring – 3rd year

1. PSYC 720: Current Work in Clinical Psychology
2. PSYC 800 series: Clinical Practicum at the Yale Psychology Department Clinic
3. PSYC 700 series: Research lab meeting with primary faculty
4. Teaching Fellow Assignment
5. DISR999: Pre-Dissertation Research - register for this course during the spring semester and every semester that you are working on your dissertation.

DEPARTMENTAL REQUIREMENTS

This document describes graduate study at Yale specific to clinical psychology. Information on general department issues, such as requirements for the dissertation, may be obtained from the Yale website: <https://psychology.yale.edu/graduate/training/requirements>

Appendix 1
Yale University, Department of Psychology
Evaluation of Clinical Competencies

Student's Name _____ Date: _____

Completed by: _____

Please rate this student on each of the areas of clinical competence on the following rating scale and provide additional comments in the space provided:

N/A – Not applicable. The competency or skill is not applicable in the practicum context or was not observed.

1 = Below Expectations. Student's skill development in this area is significantly below expectations. The student needs further training/remediation to improve to an acceptable level for his/her year in the program.

2 = Meets Expectations. The student demonstrates basic competency and is at a level expected for someone at his/her level of training. Student requires routine supervision.

Note: We anticipate that a majority of students will receive an evaluation of MEETS on most items.

3 = Exceeds Expectations – This is clearly a strength. This student requires minimal supervision and may be ready to start supervising others in this competency.

CASE CONCEPTUALIZATION, THEORETICAL ORIENTATION, AND TREATMENT PLANNING

1. Develops case formulations that consider many facets of the individual's life (individual, developmental, family, social, community, and cultural factors, etc.).

1 2 3 N/A

Comments:

2. Can conceptualize treatment from at least two distinct theoretical orientations. The conceptualizations are personalized in a rich manner to a particular client's experience. If development of this skill is not realistic at your particular training site, circle N/A and briefly explain.

1 2 3 N/A

Comments:

3. Can provide a clear rationale for adopting a specific evidence-based approach to treatment with a particular individual, based on assessment findings, the empirical literature, diversity characteristics, and contextual factors.

1 2 3 N/A

Comments:

4. Develops hypotheses regarding potentially useful mechanisms of change, and selects and administers measures of relevant symptoms, functioning, and change processes to inform treatment decisions.

1 2 3 N/A

Comments:

5. Can develop a specific treatment plan based on thoughtful case conceptualization and knowledge of the research literature on evidence-based approaches.

1 2 3 N/A

Comments:

INTERVENTION SKILLS

1. Deportment – Student demonstrates behavior that is mature and professional (includes appropriate dress, hygiene, etc.). Uses appropriate language, is on time and prepared for meetings, takes responsibility for his/her behavior including being open and responsive to feedback from supervisors.

1 2 3 N/A

Comments:

2. Demonstrates good nonspecific clinical skills (attends to client statements; establishes a collaborative and positive therapeutic alliance)

1 2 3 N/A

Comments:

3. Understands how to use a wide range of therapeutic responses (such as reflections, empathic statements, open ended questions, Socratic questions, summary statements, etc.) to achieve *specific* therapeutic goals.

1 2 3 N/A

Comments:

4. Is attuned to how the therapist's and client's attributes may influence the therapeutic process and is thoughtful and skilled in addressing diversity issues in therapy. Can work effectively with others whose worldviews are different from their own.

1 2 3 N/A

Comments:

5. Can execute specific treatment techniques such as CBT techniques (behavioral activation, psycho-education, organizing and interpreting client thought records, cognitive restructuring exercises, systematic desensitization, relaxation training, problem solving training, communication training, homework assignment, etc.) or DBT techniques (mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness, etc.) or Motivational Interviewing techniques, ACT, etc. Please comment on specific techniques the student learned/demonstrated during this practicum.

1 2 3 N/A

Comments:

6. Can employ specific intervention techniques with appropriate timing and in a way that is tailored to the unique needs of each client (i.e., flexible use of evidence-based practice).

1 2 3 N/A

Comments:

7. Understands and can effectively implement ethical and legal standards such as informed consent, confidentiality, setting appropriate boundaries, documentation of services, terminating treatment, assessing dangerousness to self/others and engaging in appropriate follow-up as needed. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.

1 2 3

Comments:

8. Can present an organized case summary in written and oral formats.

1 2 3 N/A

Comments:

9. Timely completion of treatment records; records are written in a professional manner.

1 2 3 N/A

Comments:

10. Is able to reflect on experiences in the therapy room to inform case conceptualization.

1 2 3 N/A

Comments:

11. Can do some constructive self-critiquing of own performance, and engages in activities to improve performance, well-being, and professional effectiveness.

1 2 3 N/A

Comments:

12. Demonstrates effective interpersonal skills and the ability to manage difficult communication well. Is able to develop and maintain effective relationships with a wide range of individuals (colleagues, supervisors, clients, etc.).

1 2 3 N/A

Comments:

13. Demonstrates knowledge and respect for the roles and perspectives of other professions.

1 2 3 N/A

Comments:

14. Please indicate whether you have completed at least one “live” observation of the student’s work (for example, through audio review, video review, observing through a mirror, providing co-therapy with the student, etc.).

Yes _____ No _____

Overall Evaluation

Strengths:

Areas for Improvement:

Student Signature _____ Date _____

Clinical Supervisor’s Signature _____ Date _____

Director of Clinical Training _____

Appendix 2

Yale Department of Psychology, Clinical Program Evaluation of Clinical Competence in Psychological Assessment

Please rate the clinician's competency according to the scale below and provide qualitative feedback for improvement as appropriate.

Scale: 1 = Below Expectation. Requires additional training/remediation.
2 = Meets Expectation. Demonstrates basic competency and requires routine supervision.
3 = Exceeds Expectation. Demonstrates advanced competency and requires minimal supervision.
N/A = not applicable.

Clinician:	
Supervisor:	
Date of Review:	

I. Development of Rapport and Standardized Administration

Demonstrated ability to build rapport with clients (puts client at ease, etc.).	1	2	3
Established an appropriate pace for the assessment (i.e., administration of test batteries was fluid and efficient, breaks were well timed, etc).	1	2	3
Made relevant behavioral observations.	1	2	3
Administered measures in a standardized manner.	1	2	3
Risk assessment was thoroughly and comprehensively completed for suicidal and homicidal intent, plan, means, etc.	1	2	3
Energy and/or activity level of the clinician was appropriate to the client.	1	2	3
Assessment was conducted in an overall sensitive and respectful manner.	1	2	3
Overall Rating	1	2	3

Comments:

II. Selection, Scoring, Interpretation, and Integration

Selected assessment measures that were appropriate for answering the referral question for a particular individual. Student considered diversity when organizing an appropriate test battery.	1	2	3
Accurately scored assessment measures (i.e., SCID, WAIS-IV, WMS-IV, MMPI-2, etc.).	1	2	3
Demonstrated awareness of the strengths and limitations of assessment measures.	1	2	3
Demonstrated skills in interpreting the results of assessment instruments.	1	2	3
Integrated results from multiple sources thoughtfully. Integrated interpretation of results with knowledge of scientific literature pertinent to the referral question (e.g., anxiety and mood disorders, ADHD, learning disabilities, etc.) Developed themes, identified ways to make sense of discrepant reports, focused analysis on answering referral questions, etc.	1	2	3
Overall Rating	1	2	3

Comments:

III. Communication of Results

<i>Report Writing:</i> Wrote a clear and professional report in a timely manner characterized by: a) clarity in writing, b) professional approach to reporting results, c) integration of results with the goal of answering the referral question; d) provision of relevant and specific recommendations.	1	2	3
<i>Oral Report:</i> Provided clear and concise feedback to client and/or referral source that answered the referral question using language appropriate for the audience.	1	2	3

Comments:

Clinician Signature

Supervisor Signature

Appendix 3
Yale University, Department of Psychology
Evaluation of Clinical Competencies Demonstrated by Graduate Student Supervisors

Student's Name _____ Date: _____

Completed by: _____

Please rate this student on each of the areas of clinical competence on the following rating scale and provide additional comments in the space provided:

N/A – Not applicable. The competency or skill is not applicable in the practicum context or was not observed.

1 = Below Expectations. Student's skill development in this area is significantly below expectations. The student needs further training/remediation to improve to an acceptable level for his/her year in the program.

2 = Meets Expectations. The student demonstrates basic competency and is at a level expected for someone at his/her level of training. Student requires routine supervision.

Note: We anticipate that a majority of students will receive an evaluation of MEETS on most items.

3 = Exceeds Expectations – This is clearly a strength. This student requires minimal supervision and may be ready to start supervising others in this competency.

Individual Supervision

1. Reviews sessions promptly for students and shows up prepared for meetings with supervisees.
2. Coordinates supervision with primary supervisor
3. Is aware of dual relationship and thinks carefully about how to navigate that skillfully with supervisee and with supervision group.
4. Works with supervisee (and primary supervisor) to develop and implement treatment plan to use with client.
5. Works with student (and primary supervisor) to identify interpersonal processes in the treatment room that are relevant to treatment. Also helps student to think about how to use those observations constructively in a way that is tailored to the specific client and will support treatment progress.

Group Supervision

1. Serves as a strong role model for thoughtful, advanced thinking about clinical conceptualization and treatment.
2. Provides input and feedback effectively.
3. Provides input on how to enhance the learning opportunities for all.

Clinical Conference

1. Provides input (asks questions, offers perspectives) that helps to clarify diagnostic decision making, clinical conceptualization, and treatment planning.