

YALE CLINICAL PSYCHOLOGY: MISSION STATEMENT, PROGRAM STRUCTURE AND REQUIREMENTS (8.10.20)

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 thus 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.

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.

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.

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' Research 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/sites/default/files/files/2017_06_21_PsychGradReqs%20Update.pdf The clinical program must follow all Yale University and psychology department procedures regarding academic competence, remediation, and termination.

Research mentors of clinical students complete an additional rating form each semester that allows for evaluation of competencies relevant to the research goals and objectives articulated in the mission statement of the clinical program. If a student receives a rating of “needs work” on any of the rating scales, a remediation plan is developed collaboratively by the student and his/her research mentor. 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. These remediation plans are designed to increase the likelihood that the student will successfully complete all departmental requirements.

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 the importance of considering diversity, 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 semester of the first year 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 as well as by 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.

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. Approximately one videotaped session per week is viewed 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 who view videotaped therapy sessions

and provide feedback in individual and group contexts. 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.

In the fourth or fifth year of training, once students have met clinical competency benchmarks 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). See the Practicum Opportunities listing for more information. Also, students must be well advanced in developing a program of research before applying to participate in an external practicum. At each stage of clinical training, students receive extensive supervision from licensed clinical psychologists, and are encouraged to engage in reflective practice, completing evaluations of their own skills and identifying goals for professional growth and development each semester. By the end of the fifth year 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 in the client file. 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 is used as the basis for sustaining or modifying the treatment approach.

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. 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 with Dr. Baskin-Sommers have participated in the practicum at the Substance Abuse Treatment Unit at the Connecticut Mental Health Center; 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; and
6. Assessment and treatment are conducted to ensure the protection of the individual client and are consistent with ethical guidelines.

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

Students' clinical competencies are evaluated every semester. Please see the Evaluation of Clinical Competence Form at the end of this document for a description of required competencies. 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 semester students are

expected to complete three 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 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 second semester of graduate training. Only after a student has met criteria for clinical competence in diagnostic assessment will he or she 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 Competence” form and discuss the evaluations with students. Students are expected to obtain a rating of “meets expectations” on every scale of the form.

In October of the third year of training, all students who have met expectations on the Clinical Competence 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 a 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 in order to apply to external practica that are time intensive (such as the Intensive Outpatient Program, the Substance Abuse Treatment Unit, etc.) The clinical practicum year begins in September and ends in June each year, although there is some variability in external practicum sites. Students apply to practicum sites every November – February. Before planning vacations, students must check with the practicum supervisor regarding policies for taking time off.

During every semester of clinical training during years 2-5, every student’s clinical supervisor(s) will complete the “Evaluation of Clinical Competence Form,” 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.

The clinical psychology program requires students to complete approximately 500 direct contact hours before applying for an APA approved clinical internship. Since clinical students are advised to spend no more than 10 hours/week on all clinical activities during their time at

Yale, it typically requires 5 years of training to complete these hours. Students typically 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 typically accrued:

Year 1: 0 hours

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

Fall semester @15 weeks (September – late December) with 3 direct client contact hours per week = 45 hours

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

Total = @100 hours of direct client contact

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

Fall semester @15 weeks (September – late December) with 5 direct client contact hours per week = 75 hours;

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

Annual Total = @175 hours of direct client contact

Cumulative Total = @275 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: @450 hours

Year 5: maintain a pace of seeing 3 client per week September 1 – June 1 = **@100 hours**

Cumulative: 550 hours

Opportunities for “catching up” (with permission from your research advisor and the DCT)

Extend practicum into the summer (June 1 – July 30) = 8 weeks

If seeing **3 clients/week = 24 hours**

If seeing **5 clients/week = 40 hours**

Information about 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, in order 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

Each student would need 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

Each student would need 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:

_____ 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.

Influenza Vaccination

Each student would need 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

Each student would need to permit the DCT to screen their name against the Health and Human Services' list of Excluded Individuals and acknowledge that should their name show up on the Health and Human Services' list of Excluded Individuals, the DCT will be unable to endorse their 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.

Each student would need to state that they (initial one one):

_____ Are not a male assigned at birth, are not a US citizen or immigrant, or are 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, 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

Each student would need to state that they (initial one only):

_____ Are a US Citizen

_____ Are 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 they must permit the DCT to provide this documented proof of their current immigrant or non-immigrant status along with the TQCVL to the VA.

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 3 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. 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. If the student remains in good standing with respect to all other departmental requirements (coursework and research requirements), 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. 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.

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-approved 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://www.yale.edu/printer/bulletin/htmlfiles/grad/policies-and-regulations.html#personal_conduct), 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."

Awarding 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). Given that Yale awards degrees two times per year, May and December, clinical students will be awarded their degrees in December of the year that they complete their internship.

In order to comply with both Yale and APA regulations, clinical students should submit their dissertation paperwork at the end of March so that they will be awarded the degree in December (rather than May). That way students will not receive their PhD from Yale until after successful completion of the internship.

Registration for the Internship Year, Walking in the Graduation Ceremony, Post-doctoral hours

Please register for the internship as 801 (clinical internship child) or 802 (clinical internship adult). When you register look for the pop-up where you can add the title of your specific internship site. Add the start and end dates of the internship as a “term comment.” If the system won’t allow you to do that, please send Mary O'Brien the start and end dates of your internship so that she can work with Claudia Schiavone, the Assistant Registrar, to add them to your transcript.

Students who have completed all dissertation requirements prior to internship are eligible to walk in the graduation ceremony in May prior to completion of the internship year (provided they are in good standing with the internship), but their names will NOT appear in the official commencement book until the December ceremony.

If students would like to start accruing post-doctoral hours prior to the December convocation of the degree, Claudia Schiavone will write the post-doc advisor a note stating the exact date at which all degree requirements (including successful completion of the internship year) have been met.

Licensure

Students may also be interested in meeting requirements for state Licensure to practice Clinical Psychology. These requirements vary by state. The requirements include course work, supervised training in evidence-based practice, and a clinical internship. Content areas that are relevant for licensure are included in the course requirements of our clinical doctoral program. Although the requirements specified above are typical of most state licensure boards, it is the student's responsibility to investigate any particular licensure requirements in states where they may ultimately be employed. Information about eligibility of program graduates for professional licensure can be found at: https://psychology.yale.edu/sites/default/files/yale_-_professional_licensing_-_clinical_psychology.pdf

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 approved 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

Affective Bases of Behavior

PSYC 605 Social and Emotional Relationships Instructor: Dr. Margaret Clark

Or

PSYC 805 Affective Bases of Behavior (Self Study) Instructor: Dr. Dylan Gee

Biological Bases of Behavior

PSYC 530 Foundations of Neuroscience: Biological Bases of Human Behavior (team taught)

Cognitive Bases of Behavior

Psyc 579 Thinking Instructor: Dr. Woo-kyoung Ahn

Or

Psyc 509 Social Cognition Instructor: Dr. John Bargh

Or

PSYC 803 Cognitive Bases of Behavior (Self Study) Instructor: Dr. Arielle Baskin-Sommers

Developmental Bases of Behavior

PSYC 5xx: Developmental Core Course – Dr. Yarrow Dunham

OR

PSYC 656 Developmental Psychopathology and Sensitive Periods of Neural Development.

Instructor: Dr. BJ Casey

Social Bases of Behavior

Psyc 509: Social Cognition Instructor: Dr. John Bargh

Advanced Intergrative 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. Mary O'Brien

Techniques of Data Analysis

Psyc 518: Multivariate Statistics Instructor: Dr. 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. Mary O'Brien

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 Topic

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 539: Psychopathology and Its Treatment/Advanced Psychopathology
2. Psyc 689: Diagnostic Interviewing
3. Psyc 518: Multivariate Statistics
4. Psyc 684a: Introduction to Psychotherapy
5. Psyc 720: Current Work in Clinical Psychology
6. 1st year research
7. Psych 700 series: Research lab meeting with primary faculty
8. Optional additional 500 level courses (e.g., affective, biological, cognitive, developmental, or social bases of behavior)

Spring – 1st year

1. Psyc 684b: Introduction to Psychotherapy
2. Psyc 690/800: Diversity, Ethics, Supervision, Consultation, and Clinical Practicum
3. 500 level course (ideally Research Methods)
4. 500 level course (e.g., affective, biological, cognitive, developmental, or social bases of behavior)
5. Psyc 720: Current Work in Clinical Psychology
6. 1st year research
7. Psyc 700 series: Research lab meeting with primary faculty
8. Psyc 643: Psychological Assessment

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. 500 level course (e.g., affective, biological, cognitive, developmental, or social bases of behavior)
5. 500 level course (e.g., affective, biological, cognitive, developmental, or social bases of behavior)
6. Teaching Fellow Assignment

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. 500 level course (e.g., affective, biological, cognitive, developmental, or social bases of behavior)

5. 500 level course (e.g., affective, biological, cognitive, developmental, or social bases of behavior)
6. History and Systems
7. Teaching Fellow Assignment

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>

Yale University, Department of Psychology Evaluation of Clinical Competence Fall, 2018

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, 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:

Overall Evaluation

Strengths:

Areas for Improvement:

Student Signature _____ Date _____
Clinical Supervisor's Signature _____ Date _____
Director of Clinical Training's Signature _____ Date _____