

UMSL

STUDENT HANDBOOK

Clinical Psychology Doctoral Program:

Part 1

Program-wide Policies and Procedures

This part of the handbook covers general issues for all doctoral students.

If there are discrepancies between program-wide and yearly handbooks, please use the most recent program-wide handbook for up-to-date information.

8/25/26

Table of Contents	Page
Introduction: Program Goals and Successful Student Qualities	3-5
Diversity	5
Graduate School Requirements & Graduate Assistantships	6
Vacations	7
Advisor-Student Relationships	7
Areas of Experience	8
Delayed Grades	8
Transfer of Credit	9
Community Psychology Service	9
Clerkship	9
Internship	10
Evaluation	11
Petition and Grievance Procedures	12
Leave of Absence	13
Professional Competencies and Standards of Conduct	14
Policies Related to APA Ethical Code	14
Graduate Equivalency Credits	15
Student Employment Outside the Program	16
Student Impairment Policy	17
APPENDICES	
Appendix A: Plan of Study	19
Appendix B: Student Evaluation Forms	26
Appendix C: Clinical Activities Outside Program	43
Appendix D: Statement of Personal Integrity/Criminal Background Checks	44
Appendix E: Public Professionalism	45
Appendix F: Responding to Professional and Personal Concerns	46
Appendix G: Psychological Sciences Office Contact Guide	47

Introduction

We wish you success in your stay here, and we are delighted you chose to become a part of our program!

This handbook is designed to serve as a resource for doctoral students throughout their years in the UM-St. Louis Clinical Psychology Program. Part 1 contains information about the procedures, guidelines, and regulations for all clinical doctoral students, and Part 2 pertains to research deadlines and program of study details for students who entered the doctoral program in their specific year (i.e., Fall 2026). Doctoral students who entered in previous years should refer to the program student handbooks dated the year of their arrival.

The policies, procedures and research deadlines usually remain applicable throughout your program of study, although they are subject to change. Course requirements, described in Part 2, also do not typically change; you will only have to satisfy new or different course requirements if they are required by the American Psychological Association for program accreditation, or if they do not substantively change your coursework or major aspects of your program of study (See Appendix A for updated plan of study). You are expected to be familiar with the information in this handbook and to refer to it when questions arise. **All students are required to sign a form indicating that they have read Part 1 and Part 2 of the student handbook at the beginning of each academic year.** Students may discuss questions with your advisor or the Director of Clinical Training (DCT) at any time.

Our program is designed with the understanding that doctoral-level clinical psychologists in the future are unlikely to primarily function as psychotherapists and psychological assessors. Indeed, our alumni surveys indicate that almost all of our graduates have some combination of teaching, supervisory, clinical administration, program evaluation, basic research, grant-writing, and other roles in addition to, or rather than, direct service responsibilities. The program curriculum provides rigorous preparation so that our graduates can excel in these complex roles and responsibilities. Thus, all students are expected to develop strong research skills, and strong clinical skills, and to form professional identities that integrate science and practice. Students complete at least 2 of the 3 full-time academic training years through the Clinical PhD program at University of Missouri, St. Louis

The clinical faculty strives to provide a supportive learning atmosphere for all students. Because the student to faculty ratio is low, it is possible for each student to receive ample individual attention at each stage of the program. Each entering class is small, and the core clinical faculty is available to provide intensive research and clinical supervision. The faculty accepts only those students expected to complete the program; because of this, the program is intended to foster collaborative, supportive relationships among students within and across year levels.

We are a program strongly committed to diversity, and recognize the importance of cultural and individual differences in the training of psychologists. These include, but are not limited to ethnicity, race, culture, age, disability, gender, gender identity, language, national origin, religion, sexual orientation, and social economic status. While in the program, all students, including ethnic and sexual minority students, are given ample faculty attention and support to allow them to proceed through the program successfully. In regard to the program curriculum, a diversity course and components of several other courses are designed to prepare students to work with diverse populations in their research, teaching and clinical roles. In addition, students have experience in working with diverse populations in their program-based practica and clerkships. The program also has a Diversity Committee, composed of both students and faculty, whose mission is examine, revise and propose new policies, procedures and practices to enhance diversity training and enhance the supportive learning environment for all students; provide a means for communicating student concerns about diversity issues to the faculty; and faculty on the committee are specifically identified as possible resources for confidential advice and support for students of diverse backgrounds (e.g., should problems arise with their research advisor or the DCT). A number of clinical faculty members and students are members of the UM-St. Louis Safe Zone community, and all students are encouraged to get Safe Zone training while in the program.

Program Goals and Objectives

As you develop in our program, we expect you to meet the following program goals and objectives:

Goal 1: Our students will develop and demonstrate the knowledge and skills needed to contribute to the science of clinical psychology, by their ability to:

Objective 1a - Articulate a broad-based foundation of knowledge and conceptual skills necessary for psychological research.

Objective 1b - Demonstrate an ability to interpret and evaluate psychological research.

Objective 1c - Conduct methodologically sound research of potential benefit to the practice of psychology.

Goal 2: Our students will develop and demonstrate the knowledge and skills needed to contribute to the practice of clinical psychology, by their ability to:

Objective 2a - Demonstrate a broad-based foundation of knowledge and conceptual skills necessary for psychological practice.

Objective 2b - Apply multiple assessment approaches that are theory-based and research-supported.

Objective 2c - Apply multiple treatment approaches that are theory-based and research-supported.

Goal 3: Our students will develop and demonstrate the knowledge and skills needed to promote and protect the core values of the profession, by their ability to:

Objective 3a - Display ethical sensitivity and ethical decision making.

Objective 3b - Display sensitivity and adaptability in the application of assessment, treatment, and research approaches to diverse populations.

Objective 3c - Follow professional standards of conduct in all areas.

Objective 3d - Express and demonstrate a commitment to the goals of life-long learning, and display an understanding of the field of clinical psychology as an evolving science.

Our program follows a competency-based model for evaluating students' achievement of these goals, and uses Fouad et al (2009) as a resource for monitoring progress across the multiple domains of professional functioning. Students are encouraged to review Table 1 of Fouad et al (2009) throughout their program of study, with specific attention to the behavioral anchors described for internship readiness. Our goal-based assessment forms for your research and clinical activities are grounded in this approach. Specific competencies have been identified for each program Goal/Objective, and the evaluation forms assess these competencies; APA accreditation requires that the evaluation forms systematically and specifically assess these competencies (see Appendix B).

Fouad et al. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, 3, S5-S26.

Behaviors and Attitudes linked to Success in the UM-St. Louis Program

1. Express critical thinking through written work

Clinical psychologists spend their careers thinking carefully about issues, and expressing these in written form (e.g., journal articles, grant applications/reports, clinical documentation such as assessment reports and progress notes). To flourish in both a doctoral program and in this field, students need to have the ability to think and write effectively for multiple audiences. Because of the strong emphasis on writing as a psychologist, it is critical to engage in and value this process.

2. *Commitment to lifelong learning and openness to feedback*

Clinical psychologists are empiricists, revising what they think, what they do, and how they do it on an ongoing basis as new data emerge. Our science emphasizes the process of discovery – and a commitment to lifelong learning and contributing to the profession. Research methodologies, “state-of-the-art” clinical practice guidelines, and teaching strategies evolve. Manuscripts and reports require multiple/countless revisions, as do case-conceptualizations and client treatment plans. Successful trainees remain committed to the discovery process and open to feedback.

3. *Strong Interpersonal and intrapersonal skills*

Whether developing new interventions as part of a research program, interacting with students and faculty colleagues in academia, collaborating with an interprofessional team, or working with clients, clinical psychologists need strong interpersonal skills. Competent and effective psychologists listen carefully, and give thoughtful consideration of what to say (and when and how to say it). The profession also requires strong *intrapersonal* qualities, including awareness and control of one's own emotions and responses in affectively charged situations, and the ability to engage in ethical decision making.

4. *Diversity of talents and interests*

What attracts many to this field is the wide range of activities and skills required by the profession. The development and use of research skills and statistical competencies go hand-in-hand with public speaking and clinical work. Our program is designed to help you acquire a range of successful experiences in academics, research, and clinical areas; this demonstrates a genuine interest and aptitude for engaging in these interrelated domains over one's professional career.

5. *Organized and effective work habits*

Clinical psychologists are multi-taskers and work very hard. Most days involve multiple responsibilities; many involve long hours that do not fall within the typical 9-5 workday. Most psychologists are involved in administrative areas such as grant project management, budgeting, recruitment/marketing, staff hiring and evaluation. Thus, clinical students need time management and organizational skills to help them survive our program and this fast paced and challenging profession.

Diversity

Our program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. These include, but are not limited to ethnicity, race, culture, age, disability, gender, gender identity, language, national origin, religion, sexual orientation, and social economic status. Thus, we are committed to achieving a diverse study body and welcome inquiries about our program from potential applicants. While in the program, all students, including ethnic and sexual minority students, are given ample faculty attention and support to allow them to proceed through the program successfully. Students do not need to give up their personal and/or religious values but trainees are expected to attain both demographic competency and demonstrate the competency of dynamic worldview inclusion. In regard to the program curriculum, a diversity course and components of several other courses are designed to prepare students to work with diverse populations. In addition, students have experience in working with diverse populations in their program-based practica and clerkships.

The program has a Diversity Committee, consisting of 3+ students and 2 faculty members.

The mission of this long-standing committee is to examine, revise, and propose new policies, procedures, and practices. Diversity Committee goals include: 1) enhancing diversity training in research, teaching and clinical work while creating a supportive learning environment for all students; 2) providing a means for communicating student concerns about diversity issues to the faculty; and 3) providing potential resources for confidential advice and support for students of diverse backgrounds through the presence of faculty and students on the committee. Thus, the committee serves as a conduit for communicating student concerns about diversity issues in the program (which provides opportunity for all students, but especially diverse students, to have their concerns expressed in a way that they will be heard). Individual faculty members on this committee are specifically identified as possible sources of confidential advice and support for diverse students; this provides an alternative avenue of communication and support should problems arise with their research advisor or DCT. The Diversity Committee works to specifically attend to diversity-related matters such as coordinating our annual program climate survey, receiving student feedback, hosting program forums and speakers on diversity-related topics in research/clinical work/ teaching, informing the program about St. Louis news/events, linking students to national diversity-related resources, and ensuring that inclusion remains a foundation and focus of our program. Students are welcome to serve on this committee while in the program.

In addition, students seeking additional mentorship outside the program can refer to mentoring programs available in several divisions of the American Psychological Association. APA Division 45 (Psychological Study of Culture, Ethnicity and Race) has a mentoring program that connects mentors and scholars in the field with both ethnic minority students and those who are studying issues related to individuals of color. APA Division 44 (Society for the Psychology of Sexual Orientation and Gender Diversity) has a mentoring program that connects mentors and scholars in the field with both sexual and gender minority students and those who are studying issues related to sexual orientation and gender diversity. These and other programs offer the opportunity for students to receive guidance from individuals who are both familiar with the problems confronting students from diverse backgrounds and who are also independent of the evaluative context of the program.

Graduate School and Clinical Program Requirements, Procedures, and Regulations

Graduate School Requirements

The clinical program is a graduate program subject to the guidelines and policies of the Graduate School. Verification and documentation of students' status and progress in the program is required and includes the completion of Graduate School forms at various milestones. It is the student's responsibility to submit all paperwork in a timely fashion. Failure to do so may lead to significant delays in students' progress towards their degree, or in funding problems. When it is time to submit a form, find it on the website, <https://www.umsl.edu/gradschool/forms.html>, enter materials into the portal, and submit them. For the D1 form only, enter all required information, obtain all required signatures, and email the form to the DCT.

Graduate Assistantships

Graduate assistantship duties in years 1 and 2 of the doctoral program require approximately 15-20 hours per week. Assistantships for advanced doctoral students are typically 20 hours per week. Common teaching assistantship duties may include one or more of the following activities: (1) constructing and grading exams and reports, (2) consulting with and aiding students on course assignments, (3) directing experimental or statistics labs, (4) leading small group study sessions prior to exams, (5) helping with various in-class activities or projects, (6) assisting with running the Psychology subject pool, among others. The specific teaching assistantship obligations will depend on the nature of your assignment, including whether it is specific to a course, the course content, course level, number of students, and instructor's organization of the class. Research assistantship duties vary depending upon the nature of the ongoing research.

As part of their first-year graduate assistantships, doctoral students may perform assessment, but not intervention/psychotherapy tasks, unless they have entered the program with a clinically-relevant Masters degree and confirmed this exception with the DCT. Formal documentation of successful completion of a Master's degree is required for the exception.

Continuation of the assistantship is dependent upon satisfactory performance of assistantship duties. Failure to meet the obligations satisfactorily will jeopardize the student's chances for future funding. All teaching assistants are required to perform their assistantship duties until grades are due for courses to which they are assigned (typically the Tuesday evening following the last possible date of final exams as shown on the campus academic calendar). Thus, duties usually extend beyond the end of class meetings and final exams. Graduate assistants should check with their supervisors to coordinate their assistantship duties with their end-of-semester plans.

Vacation:

Our program is designed to be full-time all year. Study is intensive, and research and clinical responsibilities are ongoing. Graduate teaching assistants routinely get a full week of vacation during the week of Thanksgiving in the fall semester, and Spring Break in the spring semester. Students also have some vacation time between the end of the fall semester (Dec) and the beginning of the spring semester (Jan). However, this is an important time for making research progress, so time away from the classroom does not translate to time away from research activities. Most GTA/GRA positions include some work over a portion of that break, so this should be discussed between the student and GTA/GRA faculty supervisor at the beginning of assuming that role. Students seeing psychotherapy clients are required to consult with their clinical supervisor regarding the appropriate length of vacations over winter break in relationship to client needs. A 1–2-week break is routinely allowed at the end of the spring semester, in consultation with clinical supervisors. Students are expected to be active in their research over the summer months. **All students in residence** (prior to internship) must plan to be in St. Louis and available for the campus Graduate Student Professional Development Conference, should their assistantship require attendance at this event (typically held in the week prior to the fall semester).

Vacations should not exceed two weeks except in unusual circumstances that require approval by the DCT; once you begin working with clients, it is often best if vacations are typically no more than 1 week at a time (or arranged such that clients miss only 1 calendar week of sessions).

Advisor-Student Relationships

Advisors have a dual function for doctoral students. They serve as the student's major research advisor, and they provide general professional advisement and mentoring. Students should consult their advisors when they have any questions, problems, or special requests related to the program. Advisors should be consulted as students select elective courses; most course-specific/registration questions are handled by the DCT. If any programmatic concerns should occur with respect to courses, timelines, interpersonal issues, the student should first discuss these issues with their advisor and then the DCT if the student believes a resolution has not been achieved to their satisfaction. In cases in which there exists a concern regarding the DCT, students may choose to contact and discuss concerns with Dr. Matt Taylor, the Associate Dean of the School of Social Work, Psychological, and Brain Sciences.

We use a mentorship model of research training, believing that doctoral students who work closely with their research advisor are most successful in gaining the conceptual and methodological skills needed to function as scientists. Thus, our students are encouraged to select research topics that fall within their faculty advisor's program of research, but that also allow for growing independence and personal achievements in professional research activities (conference presentations, publications, involvement in preparation of grant applications).

Doctoral students may change research advisors and committee members between research projects, when mutually agreed upon by student and the new advisor. Students do not normally change advisors or committee members when research projects are ongoing. However, such changes may be made when students are not making sufficient research progress. This change may be initiated by the student or the faculty member.

Students can expect that their advisors and committee members will normally require about two weeks when classes are in session to read drafts of their work (see also steps in the Dissertation process). On the other hand, this “two-week review” agreement is not guaranteed during winter holidays and summers. When a faculty member requires more than two weeks to provide feedback, s/he so informs the student and indicates when the paper will be reviewed. Students who do not receive timely feedback on their research papers should first discuss this concern with the faculty member. If the problem is not satisfactorily resolved, the student should bring this concern to the attention of the major advisor (if the faculty member is not the major advisor) or the DCT.

Areas of Experience

Doctoral students have a number of opportunities to gain specialized training during their time in the program. An important campus resource for doctoral students is the [Certificate in University Teaching](#) offered by the UM-St. Louis Center for Teaching and Learning. Doctoral students who wish to do so are given the opportunity in their advanced years to become formal instructors for an undergraduate course, under the supervision of a faculty teaching mentor.

Doctoral students may also elect to have area(s) of experience in a) Behavioral Medicine; b) Trauma Studies; c) Child and Adolescent Psychology; d) Substance Use. Requirements include:

- (1) Three credit hours of coursework in designated area.
- (2) Research (thesis and/or dissertation) in the area of experience. Students are encouraged to present their research at conferences and to submit their research for publication in scholarly journals.
- (3) Relevant practicum/clerkship/internship training. The nature and amount of training is not rigidly specified, but should comprise a meaningful therapy and assessment experience with the target clinical population.

See Part 2 of the Student Handbook for details on the requirements for each area, and see the Teams Drive for an updated area of emphasis form that should be signed by you, your advisor, and the DCT. When deciding on and planning for an area, be sure to consult with your advisor. Students may select their area at any time in the program. However, selection early in the program is advisable to allow time to plan coursework, research, and training in the area of experience. Students may change advisors to accommodate their changing interests across the areas of experience, if they identify an advisor who is willing to take them on as a student.

Delayed Grades

Seminars and Classes: Delayed grades are assigned in seminars and classes when all work for the course has not been completed at the close of the semester. The delayed grade is converted to an "F" grade at the end of 12 months unless work has been satisfactorily completed by that time. It is typically a program expectation that students complete the work needed to earn a letter grade in the course well before the 12-month window, with this clarified by the instructor at the time of DL grade.

Research Courses: Delayed grades are ordinarily assigned in research courses until the final product of the research has been completed and approved. At that time, grades are assigned for all academic credits associated with the project.

Transfer of Credit:

Students may transfer up to 6 semester hours of graduate credit from other universities toward the requirements of the Ph.D. degree. Transfer credit will be granted only for courses for which a grade of A, B, or the equivalent, was achieved and with consent of the director of clinical training. Students must formally petition the clinical faculty for permission to transfer credits by November 15 of the first semester of enrollment. Students may obtain the Transfer Form and further instructions regarding transfer of credit from the DCT.

Community Psychological Service:

The Department of Psychology established the Community Psychological Service (CPS) in 1977 to provide clinical and clinical research training for students, service to the public, and consultation to outside agencies. All students receive training in CPS. Doctoral students in the second, third, and fourth years have responsibility for a therapy caseload and formal evaluations at CPS.

Most supervision is provided in a clinical team format. Each clinical team is headed by a faculty member and includes students from beginning and advanced levels. Teams meet regularly to discuss clinical cases. The team discusses theoretical and research issues related to clients as well as specific treatment planning. Students receive formal evaluations at mid-year and year-end using the Clinical Team Student Evaluation form (See Appendix B).

Students sit in on team starting in January of their first year, and then enroll in clinical teams from the start of their second year to the end of their fourth year. Clinical teams' function throughout the calendar year. Students enroll in team courses for the Fall, Spring, and Summer sessions. This 12-month sequence allows for continuity in training and delivery of services to clients.

In the spring of their first year, doctoral students attend clinical team and typically follow 1-2 cases being seen by another clinical trainee. Doctoral students carry a weekly caseload resulting in two hours of client contact per week in their second year and must accrue a minimum of 45 direct client contact hours. As doctoral students begin their third year, they change to a second clinical team. Students carry a weekly caseload resulting in three client contact hours during their third year and must have a minimum of 90 direct client contact hours. Students move at the beginning of the fourth year to a third clinical team, where they are expected to carry a weekly caseload of three client contact hours. They must complete a minimum of 75 client contact hours by the end of their fourth-year team. They usually do not take new therapy cases late in their last year on team. In addition to therapy cases, students are required to complete no fewer than two psychological evaluations each year. Students have the alternative of petitioning the faculty to substitute research activity for the fourth-year clinical team. Petitions are due in April of the third year to allow time for team planning. Petitions will be discussed and decided upon by the full clinical faculty. Decisions will be based on the merits of the petition. Criteria to be considered are: the students' research plan for the fourth year, the quality and type of clinical experience obtained to date, the student's progress in the development of clinical skills, and the student's career goals.

Clerkship:

The formal clerkship is intended to further doctoral students' professional development. Students must have at least one formal clerkship taken in the third or fourth year. Clerkships are either on or off campus; students are also expected to attend the program's weekly professional development lectures and discussions while on clerkship. The duration of the clerkship is a minimum of one calendar year, and

requires registration in 1 credit hour of Psych 7433 in the fall. Clerkships are usually arranged in the spring semester of the second year. Clerkships are assigned under the direction of the clerkship coordinator, and are based on students' training needs and interests and on the availability of appropriate supervised experiences. Selection of students for off-campus clerkships are determined by the agency funding the position. Students complete at least 2 of the 3 full-time academic training years (or equivalent thereof) through the Clinical PhD program at University of Missouri, St. Louis

Students spend 20 hrs. per week in the clerkship setting. Students may arrange their own clerkship subject to the approval of the clerkship coordinator and in consultation with their academic advisor and graduate program director. **Students may not accept or work simultaneously at two or more paid external clerkships. Additionally, students may not work more than 20 hours at any clerkship (or a combination of clerkships/research positions/volunteer clinical experiences) without the approval of both their advisor and DCT.**

To qualify as a clerkship, a setting must provide the following:

- (1) One hour per week of face-to-face supervision by a licensed Ph.D. clinical psychologist
- (2) One additional hour of individual or group supervision by a Ph.D. clinical psychologist or another appropriate mental health professional
- (3) Biannual evaluations of student performance clerkship typically provide opportunities in assessment, consultation, administration and/or research.

Students should be aware that it is rare for a clerkship to involve psychotherapy opportunities, as clerkship funding is rarely available for non-licensed clinicians due to reimbursement realities at most agencies and clinics.

Students receive mid-year and end-of-year written evaluations of their performance while on internship; these evaluations focus on the student's performance in clinical and/or research activities and in supervisory and professional relationships. The clerkship director communicates the information to the clinical faculty during student evaluation meetings.

Clerkships may be continued for multiple years, depending on the clerkship opportunities available. Students are strongly advised not to be employed or be involved in unpaid clinical positions in off-campus settings while on clerkship. See also the section, "Student Employment/Unpaid Professional Experiences Outside the Program" and Appendix C.

Internship:

Formal, one-year, full-time internship experiences are required of all clinical psychology doctoral students prior to graduation. Internships are usually taken in the fifth or sixth year for doctoral students. Internships provide students with in-depth, multiply supervised pre-professional training. Only those programs approved by the American Psychological Association may be selected for the internship experience; students may petition the clinical faculty for an exception in rare circumstances. Each year program faculty hold an informational meeting with students to acquaint them with the internship application process, and review the program Internship Handbook (posted on the clinical program's Teams site). Students are encouraged to attend one of these meetings early in the program, as well as just prior to the time of application.

The program provides an *Internship Guide* with detailed information about the internship application process; this is posted in the program's Teams site. Doctoral students discuss the timing of their internship with their advisor in the context of their research progress and professional plans. Students must have advisor approval prior to internship application. In addition, students must have passed their Qualifying Exam (see deadline posted in Part 2 of Student Handbook), defended their dissertation proposal (see deadline posted in Part 2 of Student Handbook), have an approved proposal version from

their committee by Oct. 15th, and have submitted their dissertation study for IRB review by Oct. 15th in the fall they plan to apply for internship.

Internship selection and acceptance are arranged through a computer match system. This system assures that students receive their most preferred internship placement possible. Students are expected to abide by the rules of the computer match system. This agreement includes the requirement that the student accepts and attend the internship program to which the student is matched. Failure to abide by the match policies will be investigated by the program faculty. If this failure is determined to be evidence of unprofessional conduct and/or unethical behavior without mitigating circumstances, the student will be subject to disciplinary action, including potential dismissal from the program.

Evaluation:

All first, second, and third year doctoral students and students for whom there are special concerns are evaluated after the end of each semester; all other students receive annual evaluations. The evaluations are made based on coursework, research progress, practicum and internship performance, performance in graduate assistantships, and professionally related behavior. Professional comportment includes all behaviors related to clinical, teaching, classwork, or research work (e.g., behaviors linked to formal coursework; performance report on work in an applied setting, such as on a clerkship; as a research assistant, or on internship; a supervisor's report on teaching performance, failure to keep appointments with clients; behavior with clients, peers, and a variety of staff or other professionals; carrying out clinical responsibilities without adequate supervision; carrying out research without consulting with a member of the faculty; etc.).

Students' progress is discussed in formal evaluation meetings in which all available information about students is reviewed and integrated. A summary of the results of the evaluation is provided in a letter to the student. Students meet with the advisor to discuss the evaluation letter and sign a copy of the letter, which becomes a permanent part of the student's file. This annual performance review meeting is also expected to be an opportunity for professional mentoring and career planning discussions. If students believe that any of the material included in the letter is in error or requires clarification, they are entitled to submit another letter to be inserted in the file supporting this position. It is hoped that discussion between student and advisor will clarify any misperception of a student's progress so that all evaluation issues will be handled at the advisor/advisee level. If this is not possible, the DCT or the Associate Dean may also be involved in the discussions at either the student's or the advisor's request.

We follow a course of "due process" in the evaluation of students; all students are advised of any concerns regarding professional competencies when they become apparent, are provided with remediation plans aimed at correction, and are made aware of the possible consequences of failure to do so. The evaluations provide constructive feedback to students in order to maximize the probability that students will successfully complete the program.

Students may be placed on probation and a time limit set for the student to demonstrate required changes. Probation occurs when the clinical faculty perceives significant weaknesses that may jeopardize satisfactory completion of the program. This could involve academic work, research progress, conceptual or methodological skills, clinical work, or professional conduct. Students are automatically placed on probationary status if they receive two grades of "C" or lower or if their GPA falls below 3.0; students normally repeat any courses for which they receive a grade of "C" or lower, or an "Unsatisfactory" in an applied clinical course (clinical supervision, clerkship, internship). Because situations that lead to probationary status are varied, remediation plans/requirements for being removed from probation also vary. However, the faculty also recognizes that some situations better lend themselves to opportunities for standardization. In the case of being placed on probation for failure to meet research deadlines, students will not be allowed to participate in elective/discretionary program opportunities while on probation.

These opportunities include:

- a. Taking any elective coursework
- b. Teaching a course
- c. Participation in clinical training activities outside what is required for the clinical program or for the student's primary paid position

Per ongoing clinical program policy, students may not apply for internship while on probation for any reason.

Students are dismissed from the program when they fail to show adequate academic progress or when they fail to show adequate progress in the development of clinical skills and professional competencies as defined in the clinical evaluation form. Students may also be dismissed for breach of academic or professional ethics (see also Professional Behavior) without a probationary period.

In addition to the evaluation procedures discussed above, students receive a Comprehensive Competencies Evaluation assessment at the completion of the 3 program milestones (Thesis, End of 4th year after Specialty, Dissertation). This assessment includes the competency criteria items based on the goals and objectives of our program. See Appendix B for this Form. Students evaluated with this instrument receive a copy of this evaluation with their advisor's evaluation letter. One of the purposes of the Comprehensive Competencies Evaluation assessment is to provide information to the faculty on the success of the program in meeting its mission and goals. This evaluation also provides students with comprehensive information regarding the extent to which their performance is consistent with faculty expectations associated with the program missions and goals. The Comprehensive Competencies Evaluation Assessment at the end of the 4th year also documents that the student is ready for internship (i.e., has scores of 3 or higher on all competencies and box checked). If any competencies are not deemed ready for internship, the student will need to do remedial activities as documented in their student letter.

The evaluation process is an integral part of each graduate student's training. Because students are highly selected from a large pool of applicants, students are all academically capable and well prepared for graduate work. Thus, very few have been dismissed from the program. The primary purpose of the evaluation is to assist students in their professional and personal growth by means of realistic feedback and constructive suggestions. Although the content of the evaluation process will necessarily vary from student to student, the formal mechanisms are explicit and consistent, so that as much ambiguity as possible is removed from the procedure.

Petition and Grievance Procedures:

If a student wishes to be granted an exception to any rule set forth in this handbook, or wishes the clinical faculty to reconsider any of its decisions, the student must formally petition the clinical psychology faculty. For example, if a student would like to receive a time extension for completion of a research milestone, the student must explain the justification for the extension in writing. The clinical faculty will make a decision based on a vote of the clinical faculty. It should be understood that a petition is granted only in those cases in which there is substantial justification for the petition. If the petition is denied, students have the right to appeal the decision to the psychology chair, the graduate dean, and the provost.

Special grievance procedures are available for the following:

1. Grade Appeal Process. If a student believes s/he received an unjustified grade in a course, the student is entitled to appeal this grading decision. Procedures for appealing a grade can be found on the UMSL Academic Affairs website for Grade Appeal Process:
<http://www.umsil.edu/services/academic/policy/grade-appeal.html>
2. Grievances against another student. If a student believes s/he harmed by another student, redress is possible through the administrative procedures for violation of the student conduct code. The

student can contact Jessica Long-Pease, Ed.D. Interim Associate Vice-Provost for Student Affairs, who will assist the student in student conduct issues. The student can complete the [Student Conduct Referral form](#), and the student can file the grievance with Dr. Long-Pease (contact information below).

Jessica Long-Pease, Ed.D.
Vice-Provost for Student Affairs
366 Millennium Student Center (MSC)
(314) 516-5291
ilp@umsl.edu

3. Discrimination grievances. It is the policy of the University of Missouri to provide equal opportunity for all enrolled students and applicants for admission to the University based on merit without discrimination on the basis of their race, color, religion, sex, sexual orientation, national origin, age or disability, or Vietnam era veteran status. Sexual harassment shall be considered discrimination because of sex. This policy shall not be interpreted in such a way as to violate the legal rights of religious organizations or military organizations associated with the Armed Forces of the United States of America. Sexual harassment will be considered discrimination because of sex. Students may lodge an informal complaint or formal grievance with the Division of Student Affairs. https://cm.maxient.com/reportingform.php?UnivofMissouriSystem&layout_id=16
 - (a) The student can contact the Jessica Swederske, Director of the Title IX & Equity Office at titleix@umsl.edu or swederskej@umsl.edu, who will actively assist the student to file a formal university Discrimination Grievance. You may also contact Jessica Long-Pease, Ed.D. the Vice Provost for Student Affairs for assistance (contact information above).
 - (b) Filing a Discrimination Grievance
 1. All grievances must be presented in writing and contain the following information: (1) A clear concise statement of the grievance which includes the name of the person(s) against whom the grievance is made, the date(s) of the alleged discrimination and a statement describing the specific supporting evidence; (2) A brief summary of the prior attempts to resolve the matter which includes the names of persons with whom the matter was discussed and the results of those previous discussions; (3) A specific statement of the remedial action or relief sought.
 2. The Division of Student Affairs will work with the student to review the discrimination grievance and ensure that all established criteria are met. A link to the grievance procedure is included in the Student Conduct webpage for Student Affairs: <https://www.umsl.edu/oiec/academic-integrity/index.html>

Leaves of Absence

Students who have medical or personal difficulties (e.g., serious illness in a family member) that prevent them from participating in the program for a given period of time may request a leave of absence from the program and extension of time to completion of degree. In most cases, a leave of absence is granted for no more than one year. To obtain a leave of absence, the student must write a letter of petition to the clinical faculty. Upon the recommendation of the clinical faculty, the request is forwarded to the graduate dean for his/her approval. Requests for a second year of leave time are very rarely granted.

Professional Competencies and Standards of Conduct

This section is presented as a means of avoiding incidents that may reflect unfavorably upon the student, the program, and/or the University.

- (1) Students are expected to attend all classes, program town hall meetings, clerkship meetings, team meetings, and scheduled individual clinical and research supervision sessions. Students must receive permission from their instructor prior to their absence for any absence except in the case of illness or other emergency.

When in all classes, Wednesday Forums, or lab meetings, it is expected that students are not multitasking (e.g. working on other coursework or clinical work). Thus, it is expected that laptop computers, tablets, phones are only to be used in relation to the course, lab meeting, or Wednesday forum.

- (2) Students are expected to use their own funds for personal expenses or to reimburse the University should it become necessary to obligate the institution financially. Students are responsible for any mailing, copying, telephone, and other costs unless such expense has been authorized.
- (3) Students may not submit a paper in fulfillment of a class or research requirement if that paper, or one like it, was submitted in fulfillment of requirements for any other class unless the teachers/supervisors involved give approval.
- (4) Students are required to act in accordance with the UM-St. Louis Code of Student Conduct, and with the American Psychological Association's ethical principles and standards for providers of psychological services. Violations of these principles and standards may constitute grounds for dismissal from the program.

Policy related to APA Ethical Code on Personal Problems and Conflicts

All students are expected to be familiar with and adhere to the [APA Ethical Principles of Psychologists and Code of Conduct](#) (2017) at all times in the program; within the code, any reference to “psychologists” also applies to students in our program. Of particular importance are the following sections of the APA Ethical Code on personal problems and responding to concerns about peers.

2.06 Personal Problems and Conflicts

- (a) *Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.*
- (b) *When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.*

At various practicum locations during training, during application for clinical internship, and upon review for licensure and health provider panels after graduation, clinical psychologists undergo scrutiny regarding their personal background (including criminal background and child abuse checks) and issues of personal integrity (see Appendix D). Students' use of social media, email, voicemail, blogs, and other electronic communications may also be subject to program review and included in student evaluation (see

Appendix E). Students are also expected to properly handle professional and personal concerns in an ethical and appropriate manner (see Appendix F).

Thus, a student will not be continued in active status in the program when the competency of the student to perform in the program is compromised, as reflected by unsatisfactory performance in a formal or clinical training course, in professional interactions with faculty and students in the program, in the use of social media and other forms of communications, or with clients or research participants. Upon the observation of behaviors suggesting competency concerns, then the clinical faculty may require a variety of intervention/remediation plans.

The student may be placed on probation with a letter clearly outlining the length of probationary period, conditions for returning to good standing, and consequences for not meeting the conditions of probation. If a student fails to meet professional competency benchmarks as described in Table 1 of Fouad et al. (2009), the faculty may recommend to the Graduate Dean (a) suspension or (b) dismissal from the program. If the student is suspended, the student is typically placed on probation for the first semester of returned active status. Conditions for the probationary period are clearly outlined in a letter to the student, who is given an opportunity to meet with the Director of Clinical Training and/or program faculty to discuss prior to return to the program. If the student refuses or fails to comply with the conditions of the probationary period, the student will be dismissed from the program.

Also of relevance to this issue is students' ability to respond ethically and professionally to concerns they may have about a peer's competence to engage in clinical work. The Ethical Standards in the section "*Responding to Ethical Concerns*" helps direct the proper response of students.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to ...appropriate institutional authorities.

There may be times in the program when students (1) become aware of a peer's personal problems that could interfere with that peer's ability to perform work-related duties adequately, and (2) this peer is not taking appropriate measures such as obtaining professional consultation or assistance. In these cases, it is a student's ethical responsibility to seek consultation with the Director of Clinical Training, an academic advisor, or another clinical faculty member to discuss these concerns.

Graduate Equivalency Credits

Students who have outstanding loans and/or wish to borrow during the latter stages of the program must demonstrate to their lenders that they are half-time students (i.e., enrolled in 5 semester units). In semesters in which students are not enrolled in 5 or more units, they may obtain graduate equivalency credit with Form G-14. Graduate equivalency credit is given for students who are: Enrolled in clinical team (P7431), working on the comprehensive examination, enrolled in Clinical Internship (P7450 and 7451) or is a doctoral candidate. See Form G-14 for details. There is no fee for graduate equivalency credits.

Student Employment/Unpaid Professional Experiences Outside the Program

Students may decide to seek non-clinically oriented part-time employment in the community to contribute to their financial support. Students are strongly urged to discuss plans for any outside non-clinically oriented employment with your advisor before making commitments. Often it is difficult to judge how much work can be done outside the program while still making adequate progress within the program. Advisors can help students decide which course of action is optimal for training. Full-time outside employment other than the required pre-doctoral internship is not compatible with the program.

Doctoral students have a maximum of seven years to complete all program requirements. In addition, deadlines are in place for completion of the Thesis Project and the Qualifying Exam. Time extensions for completion of program requirements are not granted when delay is due to excessive work or volunteer hours outside the program. Hence, students at all stages of the program should be cautious about accepting outside part-time employment or unpaid clinical positions. Such activities may interfere with your research progress and jeopardize your standing in the program. In particular, the experience of previous students has been that outside employment in the first two years is virtually impossible due to especially heavy program requirements in the first two years.

For any clinically-oriented employment or unpaid clinical experiences (i.e. assessment, clinical interventions) outside of their current GTA/GRA or clerkship, students are required to get prior written approval from their advisor and DCT. Approval needs to be obtained *each* semester even if it had been obtained in previous years (Appendix C). This approval may also be revoked at any time if the advisor and/or DCT believe outside employment or an unpaid clinical experience is jeopardizing progress towards completion of the program or if concerns arise regarding the clinically-oriented position. Students should keep the following considerations in mind before seeking any clinical employment or unpaid experiences outside their clerkship/GTA/GRA positions:

- (1) Although some opportunities can clearly enhance a students' training experience, others are far less valuable from a training standpoint. Before accepting a position, students should consider whether the position will provide a useful training experience that is consistent with their professional goals.
- (2) Students and their employers are fully liable for work students perform outside of the program. Students are not covered by university professional liability insurance when performing work that is not associated with a program requirement. Students should consult with their prospective employer or agency providing the unpaid clinical experience regarding professional liability coverage before accepting clinical positions.
- (3) It is the students' responsibility to see that all work they perform is consistent with the ethical guidelines of the American Psychological Association and with state and federal statutes. This responsibility holds for non-program employment or unpaid clinical positions as well as program-related duties. All clinically related documentation (assessment and therapy paperwork) requires the co-signature of a licensed clinical psychologist. Students should be aware that any violations of statutes and ethical guidelines could affect their status in the program and later license eligibility status.
- (4) Under no conditions are students permitted to assess or treat clients without appropriate supervision from a licensed clinical psychologist. It is important to know that any clinical hours accrued outside approval and oversight of the program will not count towards pre-internship APPIC hours.

Student Impairment Policy:

Psychological Sciences has established this Policy to address the issue of potentially impaired students who may be unable to complete program requirements, including being placed in clinical rotations. Students who believe they may be impaired due to physical, mental, or substance use conditions are encouraged to reach out to resources to address those conditions, which may include contacting an adviser, a faculty member, or the Director of Clinical Training (DCT). The School of Social Work, Psychological, and Brain Sciences will work with students who voluntarily disclose an impairment to enable the students to obtain needed treatment and successfully complete their education, whenever possible.

Any person may notify an adviser, faculty member, or the DCT of a concern that a student is exhibiting behaviors that are consistent with an impairment. Any such reports shall be provided to the DCT. The DCT shall meet with the student and other individuals to determine whether there is a reasonable belief that the behaviors of the student could reflect an impairment that could interfere with the student's ability to complete program requirements and/or is safe to be placed in a clinical rotation.

If the DCT determines that the student may be impaired such that program activities may be impacted and/or the student may not be safe for clinical placement, and an evaluation of the student needs to occur, the DCT will discuss the options with the student. The DCT may place the student on a leave of absence or limit participation in clinical rotations pending the outcome of the evaluation or refer the student for appropriate interventions.

If the student is currently under the care of a practitioner for a condition related to the suspected impairment, the student will be asked to sign an Authorization for the practitioner to provide the DCT with a fitness for duty evaluation within a set time frame. If the evaluation confirms that the student is safe for all or some program activities, including clinical placement, the student will be permitted to resume those designated activities. A determination will be made as to whether the student's practitioner recommends ongoing treatment for the student and the student may be required to authorize the practitioner to keep the DCT advised that the student is compliant with treatment and safe for program activities. If there are limitations on what activities can be undertaken by the student, the DCT shall meet with the student to discuss if and/or how the student can continue in the program.

If a student does not have an applicable treating practitioner, the student may be referred to the MO Medical Professionals Health & Wellness Program ("MO PHP"), which is affiliated with the University of Missouri School of Medicine, or another State PHP or similar resource for an assessment. The student will be given a time frame in which to contact the designated entity. The DCT will contact the designated entity about the referral and request that the student authorize the designated entity to provide a report to the DCT as to whether the student is safe for program activities and whether the student needs to be enrolled in and monitored by the designated or another entity.

The failure of the student to timely contact the designated entity, or the failure of the student to cooperate with the assessment required by the designated entity shall be considered as misconduct for failing to follow Program Policy and the student will be referred to the UMSL Academic Integrity and Student Conduct Office.

If ongoing treatment and/or drug testing is recommended for the student by the designated entity, the student will be required to authorize periodic reports from the designated entity to the DCT that include whether the student is compliant with the treatment plan, which may include drug testing, and whether the student is safe for program activities, including clinical rotations. Similarly, should the student demonstrate behavior consistent with an impairment while on the university campus, including but not limited to the provision of clinical services to clients, the DCT may elect to require drug testing and make a determination as to whether it is safe for the student to continue.

Failure of the student to be compliant with recommended treatment and/or drug testing, or to authorize the provision of periodic reports to the DCT shall be considered as misconduct for failing to follow program Policy and the student will be referred to the UMSL Academic Integrity and Student Conduct Office.

APPENDIX A

Typical Plan of Study for Students (Entry: Fall 2026) The specific curriculum is subject to change.

	Fall Semester	Spring Semester
1st Year	5468 Cognitive Processes (3) 7421 Quantitative Methods I (4) 7403 Psychopathology (3) 7485 Seminar in Clinical Science (3)	7422 Quantitative Methods II (4) 6466 Developmental Psychology (3) 7487 Thesis Research (1) 7404 Introduction to Clinical Assessment (3)
2nd Year	7434 Foundations of Clinical Interventions (3) 6448 Multicultural Issues (3) 7431 Clinical Supervision Team (3)	7442 Cognitive Behavioral Therapy (3) 7431 Clinical Supervision Team (3) 7474 Research Methods in Psychology (3) 7423 Quantitative Methods III (3) 7481 Directed Readings: Clinical Didactics (1)
3rd Year	7431 Clinical Supervision Team (3) 7485 Seminar in Clinical Science (1) 5465 Behavioral Neuroscience (3) 7433 Clerkship (1)	7431 Clinical Supervision Team (3) 7488 Specialty Examination Research (1) 7432 Ethical & Professional Issues (3) 7481 Directed Readings: Clinical Didactics (1)
4th Year	7431 Clinical Supervision Team (3) 7433 Clerkship (1) 7483 Directed Research (1)	7431 Clinical Supervision Team (3) 7492 Dissertation Research (1)
5th Year (if on internship)	7450 Clinical Internship I (1)	7450 Clinical Internship I (1)
	7451 Clinical Internship II (1) (Summer Semester)	
5th Year (if not on internship)	7492 Dissertation Research (1)	7492 Dissertation Research (1)

Registration for 7492 Dissertation Research (1) is also required the semester that the dissertation orals are held. Must complete additional 3 courses (total) covering assessment, treatment, or special interest topics, including those for Area of Experience, by the end of the 4th year. **Tuition will not be covered for more than 3 courses.**

Possible Electives

1. Psychopharmacology
2. Substance Use and Addiction
3. Trauma and Recovery
4. Health Psychology and Behavioral Medicine
5. Developmental Psychopathology

Typical Plan of Study for Students (Entry: Fall 2025) The specific curriculum is subject to change.

	Fall Semester	Spring Semester
1st Year	5468 Cognitive Processes (3) 7421 Quantitative Methods I (4) 7434 Foundations of Clinical Interventions (3) 7485 Seminar in Clinical Science (3)	7422 Quantitative Methods II (4) 7474 Research Methods in Psychology (3) 7487 Thesis Research (1)

2nd Year	7404 Introduction to Clinical Assessment (3) 7403 Psychopathology (3) 7431 Clinical Supervision Team (3) 5465 Behavioral Neuroscience (3)	6466 Developmental Psychology (3) 7431 Clinical Supervision Team (3) 7423 Quantitative Methods III (3) 7481 Directed Readings: Clinical Didactics (1)
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3rd Year	6448 Multicultural Issues (3) 7431 Clinical Supervision Team (3) 7485 Seminar in Clinical Science (1) 7433 Clerkship (1)	7442 Cognitive and Behavior Therapy (3) 7431 Clinical Supervision Team (3) 7488 Specialty Examination Research (1) 7481 Directed Readings: Clinical Didactics (1)
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4th Year	7431 Clinical Supervision Team (3) 7433 Clerkship (1) 7483 Directed Research (1)	7431 Clinical Supervision Team (3) 7432 Ethical & Professional Issues (3) 7492 Dissertation Research (1)
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5th Year (if on internship)	7450 Clinical Internship I (1)	7450 Clinical Internship I (1)
	7451 Clinical Internship II (1) (Summer Semester)	
5th Year (if not on internship)	7492 Dissertation Research (1)	7492 Dissertation Research (1)

Registration for 7492 Dissertation Research (1) is also required the semester that the dissertation orals are held. Must complete additional 3 courses (total) covering assessment, treatment, or special interest topics, including those for Area of Experience, by the end of the 4th year. **Tuition will not be covered for more than 3 courses.**

Possible Electives

1. Psychopharmacology
2. Substance Use and Addiction
3. Trauma and Recovery
4. Health Psychology and Behavioral Medicine
5. Developmental Psychopathology

Typical Plan of Study for Students (Entry: Fall 2024) The specific curriculum is subject to change.

	Fall Semester	Spring Semester
1st Year	5468 Cognitive Processes (3) 7421 Quantitative Methods I (4) 7403 Psychopathology (3) 7485 Seminar in Clinical Science (3)	7422 Quantitative Methods II (4) 6466. Developmental Psychology (3) 7487 Thesis Research (1)
2nd Year	7404 Introduction to Clinical Assessment (3) 7434 Foundations of Clinical Interventions (3) 6448 Multicultural Issues (3) 7431 Clinical Supervision Team (3)	7442 Cognitive Behavioral Therapy (3) 7431 Clinical Supervision Team (3) 7474 Research Methods in Psychology (3) 7423 Quantitative Methods III (3) 7484 Directed Readings: Clinical Didactics (1)
3rd Year	7431 Clinical Supervision Team (3) 7485 Seminar in Clinical Science (1) 5465 Behavioral Neuroscience (3) 7433 Clerkship (1)	7431 Clinical Supervision Team (3) 7488 Specialty Examination Research (1) 7432 Ethical & Professional Issues (3) 7481 Directed Readings: Clinical Didactics (1)
4th Year	7431 Clinical Supervision Team (3) 7433 Clerkship (1) 7483 Directed Research (1)	7431 Clinical Supervision Team (3) 7492 Dissertation Research (1)
5th Year (if on internship)	7450 Clinical Internship I (1)	7450 Clinical Internship I (1)
	7451 Clinical Internship II (1) (Summer Semester)	
5th Year (if not on internship)	7492 Dissertation Research (1)	7492 Dissertation Research (1)

Registration for 7492 Dissertation Research (1) is also required the semester that the dissertation orals are held. Must complete additional 3 courses (total) covering assessment, treatment, or special interest topics, including those for Area of Experience, by the end of the 4th year. **Tuition will not be covered for more than 3 courses.**

Possible Electives

1. Psychopharmacology
2. Substance Use and Addiction
3. Trauma and Recovery
4. Health Psychology and Behavioral Medicine
5. Developmental Psychopathology

Typical Plan of Study for Students (Entry: Fall 2023) The specific curriculum is subject to change.

	Fall Semester	Spring Semester
1st Year	5468 Cognitive Processes (3) 7421 Quantitative Methods I (4) 7434 Foundations of Clinical Interventions (3) 7485 Seminar in Clinical Science (3)	7422 Quantitative Methods II (4) 7474 Research Methods in Psychology (3) 7487 Thesis Research (1)

2nd Year	7404 Introduction to Clinical Assessment (3) 7403 Psychopathology (3) 7431 Clinical Supervision Team (3) 5465 Behavioral Neuroscience (3)	6466 Developmental Psychology (3) 7431 Clinical Supervision Team (3) 7423 Quantitative Methods III (3) 7484 Directed Readings: Clinical Didactics (1)
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3rd Year	6448 Multicultural Issues (3) 7431 Clinical Supervision Team (3) 7485 Seminar in Clinical Science (1) 7433 Clerkship (1)	7442 Cognitive and Behavior Therapy (3) 7431 Clinical Supervision Team (3) 7488 Specialty Examination Research (1) 7484 Directed Readings: Clinical Didactics (1)
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4th Year	7431 Clinical Supervision Team (3) 7433 Clerkship (1)	7431 Clinical Supervision Team (3) 7432 Ethical & Professional Issues (3) 7492 Dissertation Research (1)
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5th Year (if on internship)	7450 Clinical Internship I (1)	7450 Clinical Internship I (1)
	7451 Clinical Internship II (1) (Summer Semester)	
5th Year (if not on internship)	7492 Dissertation Research (1)	7492 Dissertation Research (1)

Registration for 7492 Dissertation Research (1) is also required the semester that the dissertation orals are held. Must complete additional 3 courses (total) covering assessment, treatment, or special interest topics, including those for Area of Experience, by the end of the 4th year. **Tuition will not be covered for more than 3 courses.**

Possible Electives

1. Neuropsychological Assessment
2. Psychopharmacology
3. Substance Use and Addiction
4. Trauma and Recovery
5. Health Psychology and Behavioral Medicine
6. Developmental Psychopathology

Typical Plan of Study for Students (Entry: Fall 2022) The specific curriculum is subject to change.

	Fall Semester	Spring Semester
1st Year	7404 Introduction to Clinical Assessment I (4) 7421 Quantitative Methods I (4) 7403 Psychopathology (3) 7485 Seminar in Clinical Science (3)	7406 Introduction to Clinical Assessment II (4) 7422 Quantitative Methods II (4) 6466. Developmental Psychology (3) 7487 Thesis Research (1)
2nd Year	7434 Foundations of Clinical Interventions (3) 6448 Multicultural Issues (3) 7431 Clinical Supervision Team (3)	7442 Cognitive Behavioral Therapy (3) 7474 Research Methods in Psychology (3) 7431 Clinical Supervision Team (3) 7423 Quantitative Methods III (3)
3rd Year	7431 Clinical Supervision Team (3) 7485 Seminar in Clinical Science (1) 5465 Behavioral Neuroscience (3) 7433 Clerkship (1)	7431 Clinical Supervision Team (3) 7488 Specialty Examination Research (1) 7432 Ethical & Professional Issues (3)
4th Year	5468 Cognitive Processes (3) 7431 Clinical Supervision Team (3) 7433 Clerkship (1)	7431 Clinical Supervision Team (3) 7492 Dissertation Research (1)
5th Year (if on internship)	7450 Clinical Internship I (1)	7450 Clinical Internship I (1)
	7451 Clinical Internship II (1) (Summer Semester)	
5th Year (if not on internship)	7492 Dissertation Research (1)	7492 Dissertation Research (1)

Registration for 7492 Dissertation Research (1) is also required the semester that the dissertation orals are held. Must complete additional 3 courses (total) covering assessment, treatment, or special interest topics, including those for Area of Experience, by the end of the 4th year. **Tuition will not be covered for more than 3 courses.**

Possible Electives

1. Neuropsychological Assessment
2. Psychopharmacology
3. Substance Use and Addiction
4. Trauma and Recovery
5. Health Psychology and Behavioral Medicine
6. Developmental Psychopathology

Typical Plan of Study for Students (Entry: Fall 2021) The specific curriculum is subject to change.

	Fall Semester	Spring Semester
1st Year	7404 Introduction to Clinical Assessment I (4) 7421 Quantitative Methods I (4) 7434 Foundations of Clinical Interventions (3) 7485 Seminar in Clinical Science (3)	7406 Introduction to Clinical Assessment II (4) 7422 Quantitative Methods II (4) 7474 Research Methods in Psychology (3) 7487 Thesis Research (1)
2nd Year	7403 Psychopathology (3) 5465 Behavioral Neuroscience (3) 7431 Clinical Supervision Team (3)	6466 Developmental Psychology (3) 7431 Clinical Supervision Team (3)
3rd Year	6448 Multicultural Issues (3) 7431 Clinical Supervision Team (3) 7485 Seminar in Clinical Science (1) 7433 Clerkship (1)	7442 Cognitive Behavioral Therapy (3) 7431 Clinical Supervision Team (3) 7488 Specialty Examination Research (1)
4th Year	5468 Cognitive Processes (3) 7431 Clinical Supervision Team (3) 7433 Clerkship (1)	7432 Ethical & Professional Issues (3) 7431 Clinical Supervision Team (3) 7492 Dissertation Research (1)
5th Year (if on internship)	7450 Clinical Internship I (1)	7450 Clinical Internship I (1)
	7451 Clinical Internship II (1) (Summer Semester)	
5th Year (if not on internship)	7492 Dissertation Research (1)	7492 Dissertation Research (1)

Registration for 7492 Dissertation Research (1) is also required the semester that the dissertation orals are held. Must complete additional 3 courses (total) covering assessment, treatment, or special interest topics, including those for Area of Experience, by the end of the 4th year. **Tuition will not be covered for more than 3 courses.**

Possible Electives

1. Neuropsychological Assessment
2. Psychopharmacology
3. Substance Use and Addiction
4. Trauma and Recovery
5. Quantitative Methods III
6. Health Psychology and Behavioral Medicine
7. Developmental Psychopathology

Doctoral Candidacy

Students who have completed all required coursework and passed their Specialty Exam must register for Doctorial Candidacy (Grad School form D3).

Unless there are unusual circumstances, this should be done at the end of the 4th year.

Once Candidacy has been reached, the Graduate School will no longer provide tuition remission for coursework.

Establishing Missouri Residency

Tuition costs for courses are **MUCH** higher for out-of-state students. We strongly recommend applying for Missouri residency as soon as you are eligible. **One must live and work in Missouri for 12 consecutive months immediately prior to the semester they petition for residency.** Thus, all of you should be eligible to apply for Missouri residency in the Fall of your 2nd year of the program.

Not receiving Missouri residency by the beginning of your 3rd year of the program could impact some clerkship and/or graduate research assistantships as they often are required to pay graduate student tuition (and may be unable to do so for out-of-state graduate students). It will also impact your own tuition costs once you declare for doctoral candidacy (typically at the end of the 4th year in the program).

The link for residency information: <https://www.umsl.edu/registration/Residency.html>

Appendix B: Student Evaluation Forms

Student evaluation forms assess competencies associated with program Goals and Objectives. APA accreditation requires that evaluation measures of student performance systematically and specifically assess these competencies.

Research Goal-Based Assessment

Rater's Name _____

Student's Name _____ Date _____ Thesis/Qualifying Specialty/Dissertation (circle)

UE Unable to evaluate

- 1 Performance significantly below expectations; serious problems observed
- 2 Performance below expectations; problems observed
- 3 Performance at or above expectations
- 4 Performance is exceptional (*top 10% of students in this program*)

___ **Student demonstrates ability to write a research review paper at the doctoral level**
(*Specialty only. Rating of 1 = Exam is evaluated by this committee member as failed.*)

___ **Student demonstrates ability to integrate at least two discipline-specific content areas (i.e., affective, biological, cognitive, developmental, social psychology) at the doctoral level**
(*Specialty only. Rating of 1 = Exam is evaluated by this committee member as failed.*)

___ **A. Student demonstrates ability to compare, contrast, and evaluate the strengths and weakness of theories**

___ **B. Student demonstrates the ability to develop testable questions from a theoretical framework**

___ **C. Student shows the ability to critically evaluate the research methods, design, statistics, and conclusions of existing research**

___ **D. Student shows the ability to design and implement a research study that appropriately tests research hypotheses/questions** (*Thesis and Dissertation only*)

___ **E. Student displays understanding of potential ethical dilemmas that may arise in research**

___ **F. Student understands how research methods may have differential impact across diverse populations**

___ **Student displays doctoral level presentation and verbal communication skills** (*N/A for Thesis*).

Evaluation of Examination: _____ Pass _____ Fail

Comments:

**University of Missouri - St. Louis
Doctoral Program in Clinical Psychology
Clinical Team Student Evaluation Form
Mid-Year Review (Rev 2.14.25)**

Student:_____ **Date**_____

Supervisor:_____

Compared to other students at a similar level of training, please rate this student's abilities in the following areas with the use of this rating scale:

- 1 Deficient:** functions at a level substantially below that expected of students at this year level
Performance is deficient and unsatisfactory. Remedial action is required.
- 2 Needs improvement:** Performance below expectations; problems observed.
- 3 Good:** functions at or above that which is expected for the person's level of training.
- 4 Exceptional:** Performance is top 10% of students in this program

N/A Not Applicable

A. Intervention Skills include orienting clients to treatment, listening empathically and communicating respect to clients, developing effective case conceptualization skills, DSM-IV knowledge, effective management of the therapeutic relationship, effective treatment planning, effective interventions, strong knowledge base regarding psychotherapy research and practice, ability to apply empirically supported treatment methods, effective monitoring of treatment efficacy, personal awareness, effective communication skills, and effective management of the client termination process.					
Effective case conceptualization and treatment planning skills	1	2	3	4	N/A
Effective management of the therapeutic relationship	1	2	3	4	N/A
Overall Intervention Skills	1	2	3	4	N/A

Comments (please include a description of relative strengths and areas for further development):

B. Psychological Assessment Skills include but are not limited to clarifying referral questions, having sufficient knowledge of psychometric and assessment methods, selecting and implementing multiple methods and means of evaluation, knowledge about diversity issues and assessment, systematically gather and integrate data, effective, timely, clear, concise report writing that answers the referral question clearly and includes specific recommendations, and effectively communicating the test results to the appropriate parties.					
Effective test administration, scoring and interpretation skills	1	2	3	4	N/A
Timely, clear, concise report writing	1	2	3	4	N/A
Overall Psychological Assessment Skills	1	2	3	4	N/A

Comments (please include a description of relative strengths and areas for further development):

C. Emergency and Crisis Response includes accurate emergency assessment, development of plans for intervention (for example, therapy referral, behavioral contracting and voluntary and involuntary hospitalization) and accessing and effectively using supervisory support and community resources (such as child or elder protective services).					
Performance in Emergency and Crisis Response	1	2	3	4	N/A

Comments (please include a description of relative strengths and areas for further development):

D. Skills in Application of Research include developing skills to seek and apply theoretical and research knowledge relevant to practice of psychology in the clinical setting, including accessing and applying scientific knowledge bases, understanding and applying theoretical and research knowledge related to diagnosis/assessment and intervention, diversity, supervision, ethics etc.					
Skills in Application of Research	1	2	3	4	N/A

Comments (please include a description of relative strengths and areas for further development):

E. Attention to Issues of Diversity includes demonstrating an understanding of diversity issues pertaining to age, gender, rural/urban status, socio-economic status, ethnic group, national origin, sexual orientation, religion, and disability status, forming effective relationships with patients and staff from diverse backgrounds, demonstrating an understanding of the impact of diversity issues on assessment and therapy and constructs interventions that take these factors into account. Demonstrates behavior which is respectful of other staff or patients who have a different background from his/her own.					
Attention to Issues of Diversity	1	2	3	4	N/A

Comments (please include a description of relative strengths and areas for further development):

F. Ethical Issues include observing APA's Ethical Principles of Psychologists and Code of Conduct, agency policies and procedures, and federal and state law. Providing unimpaired psychological service, seeks appropriate information and consultation when faced with ethical issues. Matters of confidentiality are effectively managed.					
Ethical Issues	1	2	3	4	N/A

Comments (please include a description of relative strengths and areas for further development):

G. Supervision related competencies include: ensuring that all clinical activities are supervised and that no clinical services are delivered without an appropriately privileged supervisor assuming responsibility for the patient. Attending supervisory sessions on time and coming to meetings prepared to discuss problems and concerns. Demonstrating professional work habits including personal organization, personal hygiene, appropriate dress. Maintaining working rapport with supervisor, accurately portraying role in clinical activities to supervisor, accepting supervisory input regarding performance, incorporating supervisory directive, demonstrating awareness of when to seek additional supervision or referral, and displaying growth across the rotation. Takes responsibility for own supervision. Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision. Professional-level comportment is demonstrated and clinician provides timely notes and reports that meet agency standards. Meetings and appointments are attended in a timely fashion and trainee is organized in his/her presentation in supervision. Reports are well organized, succinct and provide useful and relevant recommendations to other professionals. Demonstrates knowledge of theories and methods of supervision in supervisory discussions.					
Demonstrates knowledge of theories and methods of supervision	1	2	3	4	N/A
Use of Supervision	1	2	3	4	N/A

Comments (please include a description of relative strengths and areas for further development):

H. Professional comportment and work habits includes timely notes and reports that meet agency standards. Meetings and appointments are attended in a timely fashion and trainee is organized in his/her presentation in supervision. Reports are well organized, succinct and provide useful and relevant recommendations to other professionals.					
Professional comportment and work habits	1	2	3	4	N/A

Comments (please include a description of relative strengths and areas for further development):

I. Personal and Interpersonal Skills includes:

With clients, colleagues, supervisors, staff, community professionals: ability to listen and be empathic with others; respect for/interest in others' cultures, experiences, values, points of view, goals and desires, fears, etc. These skills include verbal as well as non-verbal domains. An interpersonal skill of special relevance is the ability to be open to feedback. Other skills include:

Cognitive skills: problem-solving ability, critical thinking, organized reasoning, intellectual curiosity and flexibility

Affective skills: affective tolerance, effective management of interpersonal conflict, tolerance of ambiguity/uncertainty, a desire to help others, openness to new ideas; honesty/integrity/valuing ethical behavior, personal courage

Communication skills: effective oral, written and non-verbal expressive skills

Intra-personal skills: ability to examine and consider one's own motives, attitudes, behaviors and one's effect on others, uses own emotional reactions productively in session

With Colleagues: Ability to work collegially with fellow professionals and to give feedback appropriately and usefully to other team members

With Support Staff: Ability to be respectful of support staff roles and persons

With Community Professionals: ability to communicate professional and work collaboratively with community professionals.

For the agency itself: ability to understand and observe agency's operating procedures, ability to participate in furthering the work and mission of the practicum site.

Ability to establish and sustain effective, respectful relationships with colleagues, support staff and/or community professionals	1	2	3	4	N/A
Communication skills (oral, written, non-verbal)	1	2	3	4	N/A
Self-awareness and openness to feedback	1	2	3	4	N/A
Overall Personal and Interpersonal Skills	1	2	3	4	N/A

Comments (please include a description of relative strengths and areas for further development):

Overall Areas of Strength

Recommendations for Additional Development or Remediation

(Signature of supervisor) (Date) (Signature of student) (Date)

Signatures indicate an acknowledgement of the provision of feedback on clinical performance to date. The student signature does not necessarily indicate agreement with the feedback, only that the feedback was given. The student may respond to the evaluation on the reverse side of this form.

Once completed and signed, please provide signed copies of this evaluation to the student and UM – St. Louis's Director of Clinical Training.

**University of Missouri - St. Louis
Doctoral Program in Clinical Psychology
Clinical Team Student Evaluation Form
Year-End Review (Rev 8.25.26)**

Student:_____ **Date**_____

Supervisor:_____

Compared to other students at a similar level of training, please rate this student's abilities in the following areas with the use of this rating scale:

1 Deficient: functions at a level substantially below that expected of students at this year level. Performance is deficient and unsatisfactory. Remedial action is required.

2 Needs improvement: Performance below expectations; problems observed.

3 Good: functions at or above that which is expected for the person's level of training.

4 Exceptional: Performance is top 10% of students in this program

N/A Not Applicable

☐ **Ready for Internship (only applicable for students completing their final year of clinical team).**
The box should be checked if supervisor rated student as a 3 or higher, with heck box indicating readiness for internship on the competency.

A. Intervention Skills include orienting clients to treatment, listening empathically and communicating respect to clients, developing effective case conceptualization skills, DSM-IV knowledge, effective management of the therapeutic relationship, effective treatment planning, effective interventions, strong knowledge base regarding psychotherapy research and practice, ability to apply empirically supported treatment methods, effective monitoring of treatment efficacy, personal awareness, effective communication skills, and effective management of the client termination process.

Effective case conceptualization and treatment planning skills	1	2	3	4	N/A
Effective management of the therapeutic relationship	1	2	3	4	N/A
Overall Intervention Skills	1	2	3	4	N/A ☐

Comments (please include a description of relative strengths and areas for further development):

B. Psychological Assessment Skills include but are not limited to clarifying referral questions, having sufficient knowledge of psychometric and assessment methods, selecting and implementing multiple methods and means of evaluation, knowledge about diversity issues and assessment, systematically gather and integrate data, effective, timely, clear, concise report writing that answers the referral question clearly and includes specific recommendations, and effectively communicating the test results to the appropriate parties.

Effective test administration, scoring and interpretation skills	1	2	3	4	N/A	
Timely, clear, concise report writing	1	2	3	4	N/A	
Overall Psychological Assessment Skills	1	2	3	4	N/A	☐

Comments (please include a description of relative strengths and areas for further development):

C. Emergency and Crisis Response includes accurate emergency assessment, development of plans for intervention (for example, therapy referral, behavioral contracting and voluntary and involuntary hospitalization) and accessing and effectively using supervisory support and community resources (such as child or elder protective services).

Performance in Emergency and Crisis Response	1	2	3	4	N/A	☐
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Comments (please include a description of relative strengths and areas for further development):

D. Skills in Application of Research include developing skills to seek and apply theoretical and research knowledge relevant to practice of psychology in the clinical setting, including accessing and applying scientific knowledge bases, understanding and applying theoretical and research knowledge related to diagnosis/assessment and intervention, diversity, supervision, ethics etc.

Skills in Application of Research	1	2	3	4	N/A	☐
--	---	---	---	---	-----	--------------------------

Comments (please include a description of relative strengths and areas for further development):

E. Attention to Issues of Diversity includes demonstrating an understanding of diversity issues pertaining to age, gender, rural/urban status, socio-economic status, ethnic group, national origin, sexual orientation, religion, and disability status, forming effective relationships with patients and staff from diverse backgrounds, demonstrating an understanding of the impact of diversity issues on assessment and therapy and constructs interventions that take these factors into account. Demonstrates behavior which is respectful of other staff or patients who have a different background from his/her own.

Attention to Issues of Diversity

1 2 3 4 N/A ☐

Comments (please include a description of relative strengths and areas for further development):

F. Ethical Issues include observing APA's Ethical Principles of Psychologists and Code of Conduct, agency policies and procedures, and federal and state law. Providing unimpaired psychological service, seeks appropriate information and consultation when faced with ethical issues. Matters of confidentiality are effectively managed.

Ethical Issues

1 2 3 4 N/A ☐

Comments (please include a description of relative strengths and areas for further development):

G. Supervision related competencies include: ensuring that all clinical activities are supervised and that no clinical services are delivered without an appropriately privileged supervisor assuming responsibility for the patient. Attending supervisory sessions on time and coming to meetings prepared to discuss problems and concerns. Demonstrating professional work habits including personal organization, personal hygiene, appropriate dress. Maintaining working rapport with supervisor, accurately portraying role in clinical activities to supervisor, accepting supervisory input regarding performance, incorporating supervisory directive, demonstrating awareness of when to seek additional supervision or referral, and displaying growth across the rotation. Takes responsibility for own supervision. Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision. Professional-level comportment is demonstrated and clinician provides timely notes and reports that meet agency standards. Meetings and appointments are attended in a timely fashion and trainee is organized in his/her presentation in supervision. Reports are well organized, succinct and provide useful and relevant recommendations to other professionals. Demonstrates knowledge of theories and methods of supervision in supervisory discussions.

1. All clinical activities are supervised	1	2	3	4	N/A
2. Attending supervisory sessions on time and coming to meetings prepared to discuss problems and concerns.	1	2	3	4	N/A
3. Maintaining working rapport with supervisor, accurately portraying role in clinical activities to supervisor, accepting supervisory input regarding performance.	1	2	3	4	N/A
4. Takes responsibility for own supervision.	1	2	3	4	N/A
Overall Use of Supervision	1	2	3	4	N/A ☐

Comments (please include a description of relative strengths and areas for further development):

H. Professional comportment and work habits includes timely notes and reports that meet agency standards. Meetings and appointments are attended in a timely fashion and trainee is organized in his/her presentation in supervision. Reports are well organized, succinct and provide useful and relevant recommendations to other professionals.

Professional comportment and work habits	1	2	3	4	N/A ☐
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Comments (please include a description of relative strengths and areas for further development):

I. Personal and Interpersonal Skills includes:

With clients, colleagues, supervisors, staff, community professionals: ability to listen and be empathic with others; respect for/interest in others' cultures, experiences, values, points of view, goals and desires, fears, etc. These skills include verbal as well as non-verbal domains. An interpersonal skill of special relevance is the ability to be open to feedback. Other skills include:

Cognitive skills: problem-solving ability, critical thinking, organized reasoning, intellectual curiosity and flexibility

Affective skills: affective tolerance, effective management of interpersonal conflict, tolerance of ambiguity/uncertainty, a desire to help others, openness to new ideas; honesty/integrity/valuing ethical behavior, personal courage

Communication skills: effective oral, written and non-verbal expressive skills

Intra-personal skills: ability to examine and consider one's own motives, attitudes, behaviors and one's effect on others, uses own emotional reactions productively in session

With Colleagues: Ability to work collegially with fellow professionals and to give feedback appropriately and usefully to other team members

With Support Staff: Ability to be respectful of support staff roles and persons

With Community Professionals: ability to communicate professional and work collaboratively with community professionals.

For the agency itself: ability to understand and observe agency's operating procedures, ability to participate in furthering the work and mission of the practicum site.

Ability to establish and sustain effective, respectful relationships with colleagues, support staff and/or community professionals	1	2	3	4	N/A
Communication skills (oral, written, non-verbal)	1	2	3	4	N/A
Self-awareness and openness to feedback	1	2	3	4	N/A
Overall Personal and Interpersonal Skills	1	2	3	4	N/A ☐

Comments (please include a description of relative strengths and areas for further development):

Overall Areas of Strength:

Recommendations for Additional Development or Remediation:

(Signature of supervisor)

(Date)

(Signature of student)

(Date)

Signatures indicate an acknowledgement of the provision of feedback on clinical performance to date. The student signature does not necessarily indicate agreement with the feedback, only that the feedback was given. The student may respond to the evaluation on the reverse side of this form.

Once completed and signed, please provide signed copies of this evaluation to the student and Director of Clinical Training.

Comprehensive Competencies Assessment

Upon Completion of Thesis; Dissertation (Circle)

Student Name _____ Date _____

UE Unable to evaluate

- 1 Performance significantly below expectations; serious problems observed
- 2 Performance below expectations; problems observed
- 3 Performance at or above expectations
- 4 Performance is exceptional (top 10% of students in this program)

Goal 1: Our students will acquire the knowledge and skills needed to contribute to the science of clinical psychology.

Competencies:

- ___ A. Compare, contrast, and evaluate the strengths and weakness of theories
- ___ B. Develop testable questions from a theoretical framework
- ___ C. Critically evaluate the research methods, design, statistics, and conclusions of existing research
- ___ D. Design a research study that appropriately tests research hypotheses/questions
- ___ E. Identify potential ethical dilemmas that may arise in research
- ___ F. Understands how research methods may have differential impact across diverse populations

Goal 2: Our students will acquire the knowledge and skills needed to contribute to the empirically-informed practice of clinical psychology

Competencies:

- ___ A. Intervention Skills
- ___ B. Psychological Assessment Skills
- ___ C. Emergency and Crisis Response
- ___ D. Skills in Application of Research
- ___ E. Attention to Issues of Diversity
- ___ F. Ethical Issues
- ___ G. Use of Supervision
- ___ H. Professional Comportment and Work Habits
- ___ I. Personal and Interpersonal Skills

Goal 3: Our students will acquire the attitudes, knowledge and skills needed to behaviorally reflect core values within the profession of clinical psychology

- ___ A. Student responds appropriately to ethical issues raised in research and clinical work; attempts to remediate issues in accordance with APA guidelines
- ___ B. Student seeks opportunities to inform research and clinical activities with diverse populations
- ___ C. Student displays positive indicators of professional integrity, deportment, accountability and concerns for the welfare of others
- ___ D. Student uses evidence-based practices in clinical work, research and teaching activities

Comments:

Faculty Signature_____

Date_____

Student Signature_____

Date_____

Comprehensive Competencies Assessment-4th Year Review

*Completed by Faculty at the Student Progress Meeting for Students at the End of 4th Year
(after completion of Specialty)*

Student Name _____ Date _____

UE Unable to evaluate

- 1 Performance significantly below expectations; serious problems observed
- 2 Performance below expectations; problems observed
- 3 Performance at or above expectations
- 4 Performance is exceptional (top 10% of students in this program)

☐ Checked boxes below indicate student was rated as a 3 or higher and is ready for internship on the specific competency. Readiness for internship is based on the following: Fourth Year Clinical Team Student Year End Evaluation, Research-Goal Based Assessments forms from milestones, coursework, and faculty and supervisor feedback, depending on competency. Student must have checked boxes in all competencies to demonstrate readiness for internship.

Goal 1: Our students will acquire the knowledge and skills needed to contribute to the science of clinical psychology.

Competencies:

- ☐ ___ A. Compare, contrast, and evaluate the strengths and weakness of theories
- ☐ ___ B. Develop testable questions from a theoretical framework
- ☐ ___ C. Critically evaluate the research methods, design, statistics, and conclusions of existing research
- ☐ ___ D. Design a research study that appropriately tests research hypotheses/questions
- ☐ ___ E. Identify potential ethical dilemmas that may arise in research
- ☐ ___ F. Understands how research methods may have differential impact across diverse populations

Goal 2: Our students will acquire the knowledge and skills needed to contribute to the empirically-informed practice of clinical psychology.

Competencies:

- ☐ ___ A. Intervention Skills
- ☐ ___ B. Psychological Assessment Skills
- ☐ ___ C. Emergency and Crisis Response
- ☐ ___ D. Skills in Application of Research
- ☐ ___ E. Attention to Issues of Diversity
- ☐ ___ F. Ethical Issues
- ☐ ___ G. Use of Supervision
- ☐ ___ H. Professional Comportment and Work Habits

☐ ___ I. Personal and Interpersonal Skills

Goal 3: Our students will acquire the attitudes, knowledge and skills needed to behaviorally reflect core values within the profession of clinical psychology.

Competencies:

☐ ___ A. Student responds appropriately to ethical issues raised in research and clinical work; attempts to remediate issues in accordance with APA guidelines

☐ ___ B. Student seeks opportunities to inform research and clinical activities with diverse populations

☐ ___ C. Student displays positive indicators of professional integrity, deportment, accountability and concerns for the welfare of others

☐ ___ D. Student uses evidence-based practices in clinical work, research and teaching activities

Comments:

Faculty Signature_____

Date_____

DCT Signature_____

Date_____

Student Signature_____

Date_____

Appendix C
Clinical Activities Outside Program
(See Teams Drive for Printable Document)

Clinically-Oriented Activities (Paid or Volunteer) Outside of GTA/GRA/Clerkship Responsibilities

Semester/Year: _____

I currently have or am seeking approval for the following clinically-oriented activities (paid or volunteer):

Location	Start Date	End Date	Supervising Psychologist	Supervising Psychologist's Contact Details

I also understand that this approval may be revoked at any time if my advisor and/or DCT believe additional clinical activities outside my clerkship or GTA/GRA responsibilities is jeopardizing progress towards completion of the program or if concerns arise regarding the clinically-oriented activities.

Student's printed name

Student's signature

Date

Academic Advisor Signature Date

Emily Gerstein, Ph.D. Date
Director of Clinical Training

Appendix D

Statement of Personal Integrity

The profession of Clinical Psychology adheres to the current [ethical principles of psychologists](#), as stated by the American Psychological Association (2017), and the legal codes regulating the profession within each state. In undergoing training to become a clinical psychologist, all trainees must also adhere to these ethical principles and legal codes. At various practicum locations during training, during application for clinical internship, and upon review for licensure and health provider panels after graduation, clinical psychologists undergo scrutiny regarding their personal background (including criminal background and child abuse checks) and issues of personal integrity. The following questions represent the types of questions asked:

- Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board?
- Are there any complaints currently pending against you before any of the above bodies?
- Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?
- Have you ever been suspended, terminated, or asked to resign by a training program, practicum site, or employer?
- Have you ever been convicted of an offense against the law (including DUI) other than a minor traffic violation?
- Have you ever been convicted of a felony?
- Have you been addicted to or dependent upon any illegal or prescription drugs or controlled substances, or an alcoholic beverage within the past five years?

If you answered “Yes” to any of the above questions, you may encounter difficulties in securing clinical practicum positions during training, obtaining an approved clinical internship, or becoming a licensed psychologist.

A number of the clients at our training site, the Community Psychological Service, are seen via service contracts with agencies that require criminal and child abuse background checks of service providers. At some point in the training program, **a criminal and child abuse background check will likely be required in order for students to be able to engage in certain training experiences at all three of the clinics associated with our program: Community Psychological Service, Children’s Advocacy Center, and the Center for Behavioral Health. It is standard practice for most formal predoctoral internships to require criminal background checks, including fingerprinting, prior to allowing the student to begin their internship.** Thus, students who answer “Yes” to any of these questions should discuss their situation with the DCT as they begin the program to be advised about these issues.

Appendix E

Public Professionalism - Websites, Blogs, Email, Voicemail, Online Dating

Increasingly, as information becomes more widely available through the internet, lines between public and private information are blurring. Many students have websites, blogs, email signature lines, and voicemail messages that are entertaining and reflect their personal preferences and personalities. Information provided via online dating services becomes available to psychotherapy clients or undergraduate students taking a course being taught by that student. Students should consider the potential impact of this information on their professional image. For example, if the student uses his/her telephone or email account for professional purposes, clients, research participants, and potential employers may view the student as less professional than desired. Also, according to information collected by the Council of University Directors of Clinical Psychology, clients, graduate and internship programs, and potential employers may all conduct internet searches and use the resulting information in decisions about therapy, or job interviews or offers. Legal authorities also view websites for evidence of illegal activities.

Students should also note that if they identify themselves as a graduate student in the program or reveal information relevant to the graduate program in their email signatures, voicemail files, or website/blog information, then this information becomes part of their program-related behavior and may be used in student evaluations. For example, if a student reports doing something unethical or illegal on a web blog, or uses the website to engage in unethical or unprofessional behavior (e.g., disclosing confidential client or research information), then the program may use this information in student evaluation, including decisions regarding probation or termination.

Thus, students are encouraged to consider the use of personal web pages and blogs, email, and other electronic media carefully. They should attend to what content to reveal about themselves in these forums, and whether there is any personal information that they would not want program faculty, employers, or clients to read or view. Anything on the World Wide Web is potentially available to all who seek. Students who use these media should also consider how to protect the security of private information.

(The UM-St. Louis program would like to thank the UM-Columbia doctoral program in clinical psychology for permission to use this language from a policy drafted by their faculty).

Appendix F

Handling Professional and Personal Concerns

Students sometimes have concerns about themselves or their colleagues with which they would like assistance. For example, students often experience life stress (or graduate school stress!) for which therapy could be helpful, or face dilemmas about their personal or professional choices for which they would like advice. Several specific avenues exist for addressing various concerns, some of which are outlined below. In general, however, students can use any of three primary resources to address their concerns. First, the student's advisor is often a good person to consult with, as the advisor knows the student well and can offer informed opinions. Second, students' colleagues, such as the student reps or other peers, can provide useful information. For example, graduate student representatives maintain lists of resources for counseling or therapy services that they share with their student colleagues via regular distribution and on request. Third, students are encouraged to utilize the DCT to address concerns, particularly those that may affect their effectiveness or progress through the program.

Students are sometimes reluctant to express concerns or admit problems due to embarrassment or fear that they will be judged negatively by peers or faculty. However, the clinical faculty strongly encourages students to address these issues. Everyone has personal or professional issues that arise at some point during their lives, and graduate training is an especially stressful time for many people. These issues can often affect a student's productivity, professional judgment, or ability to take full advantage of their graduate training. Responsible attention to these issues is actually evaluated quite positively when faculty and colleagues are aware of it. At the same time, it is often possible to address such issues in a private manner. Clinical faculty and the DCT respect student privacy, and typically only ask to know as much as is needed to help the student make good decisions about his/her professional training and to evaluate the student's ability to meet program expectations.

The Clinical Program's Teams site list several campus resources, including health services, disability services, and resource centers for individual and cultural diversity that students may find helpful. For assistance with finding resources or addressing concerns about diversity, disability, sexual orientation issues, students are encouraged to contact their student representative.

For ethical and professional concerns, Psychological Science's Leadership team (dean, associate dean, directors of the two graduate programs) facilitates informal problem resolution and provides information for more formal complaints. Students are encouraged to consult the DCT or another member of this committee if they have any concerns about ethical or professional issues concerning themselves, faculty, or student colleagues. Areas addressed include research issues (e.g., authorship, data tampering), harassment, and professional misconduct (e.g., in supervisory, teaching, therapeutic, or consultative relationships). Consultations with individual members of the committee typically can be totally confidential (except in cases of abuse or harassment) and members of this committee can provide advice, assistance with informal dispute resolution, or guidance in filing formal grievance procedures.

(The UM-St. Louis program would like to thank the UM-Columbia doctoral program in clinical psychology for permission to use this language from a policy drafted by their faculty).

Appendix G:

Psychological Sciences Office Contact Guide

Psychological Sciences Office Contact Guide			
Task	Contact	CC	Notes
Certificate programs (undergraduate only)	CJ		
Course evaluations	CJ		
Course schedule changes	CJ		
eProcurement/requisitions/supplies	CJ		
Exam copies/book scanning	CJ		Please submit these at least 2 days in advance.
Grade Change Forms	CJ		
Key requests	CJ		
Maintenance issues	CJ		
Permission numbers	CJ		These cannot be given out after a certain date each semester.
Room reservations	CJ		Includes conference rooms, classrooms, auditoriums
Text adoptions/book orders/desk copies	CJ		
Website maintenance	CJ		
Poster printing	CJ		Please submit these at least 1 week in advance.
Unit-wide emails	CJ		
Catering	BSS	CJ	BSS indicates Business Support Specialist (TBD)
Craig's List Ads	BSS	CJ	
Gift cards	BSS	CJ	
One Card (credit card) purchases	BSS	CJ	
Travel/expense reimbursements	BSS	CJ	
Cash advances	BSS		
ePAFs	BSS		
G11s/tuition remission	BSS		
G14s	BSS		
Grant financial reporting	BSS		
Hiring paperwork	BSS		
Monthly financial statements/reports	BSS		
One Card statement reconciliations	BSS	CJ	
Paycheck data verification	BSS		
Payroll related issues	BSS		
Dissertation funding requests	BSS		
Research participant payments	BSS		
Scholarships	BSS		
Travel pre-authorization forms	BSS		

