

GUIDE TO THE UNIVERSITY OF OREGON CLINICAL PSYCHOLOGY DOCTORAL PROGRAM

A Companion to the Doctoral Student Handbook



UNIVERSITY
OF OREGON

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Table of Contents

I.	Clinical Psychology Program Overview	3
II.	Required Courses and Yearly Progress	6
	a. Courses by the Year	6
	b. Information for students with prior graduate coursework and university of Oregon Coursework Substitutions	9
	c. Dissertation	10
	d. Internship Year	11
III.	Clinical Practica/Internship	12
	a. In House Practicum	12
	b. External Practicum	13
	c. Procedures for Establishing a new practicum	14
	d. Competency Based Evaluations	15
IV.	Clinical Program General Information	16
	a. Clinical program structure, support, and leadership	16
	b. Ballmer Institute for Children's Behavioral Health	17
	c. Clinical Program Governance	17
	d. Student Annual Review	18
	e. Internship Preparation Support	18
	f. Clinical Psychology Doctoral student ethical guidelines	18
	g. Program and professional participation	18
	h. Teaching	19
	i. Work outside the department of psychology	19
	j. Clinical program student grievance procedures	19
	k. Professional licensing disclosure statement	19
	l. Policy on Telesupervision	20
V.	Appendices	
	a. Appendix A: Clinical Ph.D. Checklist	21
	b. Appendix B: Assessment of Student Competencies	23
	i. Clinical Science Research Competencies	24
	ii. Profession Wide Competencies: Practicum Evaluations	26
	iii. Clinical Trainee Assessment Competencies	31
	iv. Clinical Trainee Cultural Competencies	33
	v. Clinical Trainee Ethical Competencies	35
	vi. Clinical Trainee Supervision and Consultation Competencies	37
	c. Appendix C: Policy for Criminal Background Checks for All Clinical Students	39
	d. Appendix D: Policy for Required Immunizations, Screenings, Trainings, and Insurance & Liability Coverage	41
	e. Appendix E: External Practicum Agreement Forms	43
	f. Appendix F: Students in the clinical training program with non-clinical faculty advisors	47
	g. Appendix G: Guidelines for clinical psychology doctoral program professional ethics	48
	h. Appendix H: UO Registration policy for required internship year	52
	i. Appendix I: Telesupervision policy	53

While every effort is made to ensure the accuracy of the information contained herein, the UO Clinical Psychology Doctoral Program maintains the right to make changes at any time without prior notice. However, we will inform students regarding these changes. Neither this policy statement nor the Handbook represents a contract between the graduate program and current or prospective students.

I. Clinical Psychology Doctoral Program Overview

The Clinical Psychology Program at the University of Oregon has a strong tradition of clinical science research training on topics of relevance to both theory and practice of psychology.

Accredited by the American Psychological Association¹ since 1958, the program has been a member of the Academy of Psychological Clinical Science since the Academy's beginnings in 1995 and became accredited by the Psychological Clinical Science Accreditation System² in 2013. The Department of Psychology is within the Natural Science division of the College of Arts & Sciences. The University is a member of the Association of American Universities (AAU). Thus, across our program, the department, and broader university, training in conducting and disseminating clinically oriented research is a key value and mission.

The objective of our program is to educate and train clinical science psychologists who conduct research, provide evidence-based interventions, and contribute to the advancement of psychological knowledge mainly in the field of clinical psychology. The program's philosophy is based on the clinical scientist model. As such, the research and clinical training provide foundational as well as advanced training in order for students to pose meaningful research questions. Broadly, this includes the creation of new knowledge on the causes, correlates, and consequences of psychopathology and human distress, as well as the use of such knowledge to develop informed and effective interventions. While training experiences in delivering assessment, prevention and interventions services are integral to the training mission, these experiences primarily serve to inform the student's understanding of clinical phenomena. The program is not intended to train cohorts of students whose primary career goals are to provide full time direct clinical services. The program holds this philosophy in part, because numerous degrees prepare students to provide direct clinical services; by contrast, very few degrees prepare students to simultaneously be expert researchers as well as clinicians, making a doctorate in clinical psychology a highly valuable and rare skillset in society. It is our program's aspiration that all of our students and alumni leverage a *clinical scientist* skillset throughout their careers.

The training model is guided by both providing training structure (requirements) and flexibility so each student, with the guidance of their mentor and advising committee can create their own unique path from the start of the program through degree completion. This flexibility comes through consideration of taking additional courses, choosing external practicum experiences, selection of how to complete PSY department program milestones (FYP, SAP, Preliminary Exam; See Graduate Student Handbook), and through each student's particular and unique program of research. Thus, it is highly unlikely that two students in the program would ever have identical training experiences. Partly due to this, as well as potential personal reasons, time to program completion may vary. It is possible to complete the program in 6 years (including internship; sometimes referred to as being a 5 + 1 track) although many students take 7 years (sometimes referred to as a 6+ 1 track).

¹ <https://accreditation.apa.org/contact>; Office of Program Consultation and Accreditation, 750 First Street NE, Washington DC 20002-4242, (202-336-5979)

² <https://pcsas.org>; Indiana University; 1101 E. 10th Street; Bloomington, IN 47405, (479-301-8008)



Figure 1: Four core domains of how clinical psychology PhD students focus their time throughout the program; the amount of time dedicated to each of these domains changes throughout degree progression

- These four domains are separated to help students identify and organize their training; in reality, and is the philosophical aim of a clinical-scientist program, there is considerable integration across domains
- GE/Fellowship is not covered in this handbook as those details are covered in the Department Graduate Handbook
- We expect students to spend time living their lives outside the program!

Summary of yearly progress. Timeline Expectations. While there are often understandable reasons for students to be behind on timelines, students, mentors, and committees should recognize when a student is falling behind and it is a signal the student needs greater support or consultation to more efficiently move through the program. Not listed below are GE/fellowship obligations.

YEAR 1: Students are engaged in taking required courses and are working toward their First Year Project (for which they may apply to receive their master's degree; see Doctoral Student Handbook for details about the first-year project) These experiences are designed to provide foundational skills necessary for the research and clinical training they will receive during the remainder of the program. Students do not participate in in-house clinical practica in their first year. Some students may accrue clinical hours through research opportunities (which still require external practicum forms).

YEAR 2: Students are engaged in taking required courses, with many of these courses focused on training and supporting of clinical assessment and intervention. Students will complete their FYP, and are strongly encouraged to submit their FYP for publication, and begin to work on their Supporting Area Project and/or Preliminary Exam. Adult In house practicum training and service delivery occurs in year 2, with students beginning to accrue hours for internship.

YEAR 3: Students continue to engage in required courses. Students should complete either their SAP or Preliminary Exam. Students are often working on additional publications for manuscript with their mentor. Child & Adolescent In House practicum training and service delivery occurs in Year 3. In addition, students select and complete an external practicum.

YEAR 4: Students complete any remaining required courses—there should be few left. Students should complete either their SAP or Preliminary Exam (whichever is not done). Students are working towards their dissertation proposals. Students are often working on additional publications for manuscripts with their mentor. Students select and complete an external practicum. For students who are on track as a 5+1 student, the process for applying to internship in fall of the following year begins and these students need to be on track to defend their dissertation proposal by fall, before their internship applications are due.

YEARS 5/6: There should be no required coursework remaining. Students should be proposing their dissertations. Students continue to conduct research with their mentor and work on publications. Many students continue with or complete another external practicum. Fifth and sixth years students are either in the process of applying and matching for internship. Students often remain engaged in external practicum. Students should talk to their mentors and advising committee about the pros and cons of continuing to accrue clinical hours after internship applications are due.

YEARS 6/7: Students complete an APA-accredited pre-doctoral Internship. Completion of internship is required to obtain a UO doctorate in clinical psychology.

II. Required Courses, Electives, & Additional Trainings

This section details all required courses. Students should fill out and bring Appendix A to their annual advising meeting.

Year 1

First year clinical coursework involves intensive exposure to many facets of psychology as a science in general, as well as to clinical psychology as a specialty field within psychology. This provides much of the breadth necessary for the student's background as a psychologist, and is in accord with the APA guidelines for accredited training in clinical psychology.

*First Year Clinical Science Sequence; (*Clinical Science: Contemporary and Historical Models, Clinical Ethics, Psychopathology & Diagnosis, Assessment I) is a 4-course sequence designed primarily for clinical psychology students (*open to PSY doctoral students as a core course), to introduce theories, methods, and ethics of clinical practice, diagnosis and assessment, psychometrics, and intervention. It is designed to meet APA requirements in a number of domains. The sequence is taught by clinical faculty and/or faculty with relevant clinical training. All students complete this sequence prior to starting in the Adult In House Practicum in their 2nd year.

Data Analysis I, II, III (Psy 611, 612, 613) is a 3-course sequence for all psychology doctoral students that provides students with a solid grounding in theory and methods of statistical analyses appropriate for research questions in psychology. PSY 611 discusses the foundations of null hypothesis significance testing, including probability theory and sampling, as well as contemporary evaluations of the uses and misuses of p-values and parametric testing broadly. PSY 612 builds the foundations of regression analyses, including special cases of moderation and analysis of variance, and theoretical model building with the goal of causal inference. Finally, PSY 613 surveys a variety of advanced statistical techniques, including structural equation modeling, multilevel modeling, and psychometrics.

Psychology Department Core Courses. All clinical students are required to take four core courses, reflecting breadth areas in psychology. These are Social/Personality; Developmental; Contemporary and Historical Models; and either Advanced Cognitive Neuroscience or Systems Neuroscience. To remain in good standing in the program, at least two of the four required core courses must be completed by the end of spring term of their first year. The third and fourth core courses must be completed by the spring of their second year.

Notes: 1- Clinical Science: Contemporary and Historical Models meets two requirements for clinical students (Breadth + First Year Clinical Science Sequence. 2- Most clinical students opt to take Advanced Cognitive Neuroscience.

Clinical Psychology Seminar (Brownbag) (Psy 607) provides an opportunity for all clinical students and faculty to meet together to discuss issues related to professional development, current topics in clinical science, and clinical skill development. The agenda for the series is organized by the Director of Clinical Training and clinical training committee. This seminar is required of all clinical students in all terms during the first three years in the program.

First Year Res Seminar/Ethics (Psy 607) This 3-term course acquaints first year graduate students with the issues and resources that will help to jump-start graduate work in the UO Psychology Department. It covers a range of issues, including topics such as capitalizing on library resources, utilizing the Research

Participant Pool, what makes a strong research presentation, engaging in open science practices, and skills for putting inclusivity into practice in your work and daily life. The goal of the Ethics course is to provide a scaffold for consideration of a diverse range of topics related to ethical conduct of research broadly conceived, and to engage in robust yet inclusive discussion of these complex topics that admit multiple perspectives.

Writing Seminar (607). This writing course is designed to support doctoral students in psychology with the support and structure to launch their writing projects and enhance their productivity. Topics covered in this course will include time management, nurturing and maintaining a daily writing practice, understanding the major types of writing in psychology, confronting negativity and imposter syndrome, professional development as a psychology student, and identifying resources and ongoing sources of support.

Research Credits (Psy 601) accounts for the research activity students will engage in for the completion of their first year projects. The students' advisor serves as the instructor for this credit.

Note: All required clinical courses must be taken for a grade, not Pass/No Pass. A minimum grade of "B–" is required for satisfactory performance.

Request for prior course substitution: Some students entering the program may have completed graduate coursework relevant to the University of Oregon Psychology program. When relevant, these students may, with initial consultation and approval of their primary mentor, write a petition to substitute coursework, which must be approved by the DCT. Courses more likely to be substituted include: Courses that were completed at another APA accredited clinical psychology program, had a passing grade, and was taken in the past 5 years. Courses that do not meet these criteria may still be considered but are less likely to meet the criteria to count as a substitute. There may be limits on the number of credits that can be substituted. Students should consult with the graduate education coordinator on UO credits needed as this is set the Division of Graduate Studies.

For waivers on departmental requirements, see the doctoral student handbook.

Summer between years 1 and 2

Students will continue working on their First Year Project. Many students will have a summer GE assignment.

Year 1		
FALL	WINTER	SPRING
Clinical Science: Contemporary and Historical Models	Clinical Ethics	Psychopathology & Diagnosis
Clinical Area Seminar	Clinical Area Seminar	Assessment I
Data Analysis I	Data Analysis II	Clinical Area Seminar
First Year Research Seminar	First Year Research Seminar	Data Analysis III
Department Core Course	Department Core Course	First Year Research Seminar
Research Credits	Research Credits	Research Credits
		Writing Seminar

YEARS 2-4

Years two through four are devoted to fulfilling required coursework, completing program requirements, participating in clinical practicum training, and continuing research activities. Not all departmental and clinical required courses are offered each year, thus students should view the tables below as guides or prototypes, rather than a set schedule. Students should expect that no two cohorts will have identical course schedules and that because many courses offered are not viewed as sequential, there is no advantage or disadvantage afforded if certain courses are taken in different years. Finally, electives (seminars, grant writing course, etc.), can be taken anytime.

To advance to candidacy, students must complete all clinical and departmental program requirements (except dissertation and internship). There are typically 3 remaining clinical psychology classes after the first year course sequence is completed. These are:

Clinical Psychobiology (PSY 621) This course consists of two components. First, there will be a survey course on psychopharmacology, covering the neuroscientific basis and clinical application of pharmacological treatments for mental disorders. This will involve a lecture series presented by the instructor that will typically be delivered during the first half of class. The second component of the course will be a seminar series on the current status and application of major methods for studying biological processes associated with mental disorders. These topics will be presented by individual students, who will be responsible for providing the class with background material, making a presentation, and leading the discussion during class. The class presentation component will typically be presented during the second half of the class time each week.

Culture and Mental Health (PSY 610) The purpose of this course is to consider psychology in diverse cultural contexts. The applicability and limitations of mainstream psychology approaches with respect to culturally diverse populations will be evaluated. The course will focus on history, theory, and research on African Americans, Asian Americans/Pacific Islanders, Latinx Americans, and Native Americans that addresses both cultural and sociocultural issues involving minority status. Although there are similarities across each of these groups of color, there are unique aspects of each group and much diversity within each group. There will be an emphasis on culturally competent research methods and clinical applications. The role of cultural diversity in informing mainstream psychology will be considered.

Supervision & Consultation (PSY 610) This course is designed to fulfill the APA requirement that students receive exposure to current theoretical models and empirical research regarding the process and outcome of supervision and consultation. Students will learn about major theories, models, modes of delivery, and ethical/legal considerations of clinical supervision and consultation. In addition, we will practice the functional skills needed to effectively carry out clinical supervision and consultation. These skills will be practiced with one another and through supervision of introductory clinical students in the psychology clinic. Through didactics, reflective writings, review of original empirical research, and practicing skills directly, students will work towards foundational APA competencies for supervision and consultation. These competency benchmarks will be anchored around readiness for internship. The course is designed for students who have completed at least one year of clinical practicum.

In addition, during years 2 & 3 and prior to advancing to candidacy, it is necessary for students to complete the requirements for Psychology Doctoral Program (description listed under first year requirements).

Additionally, 2nd and 3rd year students will enroll in Clinical Psychology Seminar each term.

Elective classes & Additional Trainings. Students should consult with their mentors about enrolling in additional optional courses. Taking additional courses can be an excellent way to advance other skills and areas of expertise (ex. statistical modeling classes), although should be considered in light of additional program requirements.

Year 2		
Fall	Winter	Spring
Adult In House Practicum Didactics & Therapy	Adult In House Practicum Didactics & Therapy	Adult In House Practicum Didactics & Therapy
Clinical Area Seminar	Clinical Area Seminar	Clinical Area Seminar
Assessment II	Departmental Core Course	Departmental Core Course
Research Credits	Research Credits	Research Credits
<i>Clinical Psychobiology</i>		<i>Culture and Mental Health</i>

Year 3		
Fall	Winter	Spring
Child & Adolescent In House Practicum Didactics & Therapy	Child & Adolescent In House Practicum Didactics & Therapy	Child & Adolescent In House Practicum Didactics & Therapy
Clinical Area Seminar	Clinical Area Seminar	Clinical Area Seminar
Departmental Core Course	Supervision & Consultation	Departmental Core Course
Research Credits	Research Credits	Research Credits
<i>Clinical Psychobiology</i>		<i>Culture and Mental Health</i>

Clinical Psychobiology and Culture and Mental Health are offered every other year. Students will therefore be able to complete them in years 2-4.

Information for Students with Prior Graduate Coursework and University of Oregon Coursework Substitutions

Master's Degree credit is determined by the Department (via the student's 3 member advising committee and the Graduate Education Committee). The basis for this determination is that the student has completed a research thesis based upon empirical data which meets Departmental standards for scholarly content and ethical guidelines. If this is successfully negotiated, the final term of the First Year Research Practicum can be waived and the student will be required to present their research along with current students during the First Year Project Presentations (typically in October).

Substitutes of other course requirements should be discussed first with their advisor and then with the Director of Clinical Training before beginning the course substitution process. Students should prepare a short statement requesting the substitute and evidence of equivalent coverage. Information essential for determining the applicability of the prior coursework includes course syllabi, reading materials used, assignments, grading system, and overall level of sophistication of the course structure and content. Most often, the faculty member teaching the particular course in the Department also will judge the suitability of the prior course for the objectives of the Departmental or Clinical Program requirement. For all waivers of Departmental requirements, the Graduate Education Committee must make a final approval; for all waivers of Clinical Program requirements, the Clinical Faculty must make a final approval. Petitions for course substitutions must be submitted in writing, with places for endorsement by the Director of Clinical Training, by the person in charge of the course requested to be waived, and by the person from the appropriate final decision committee (i.e., the Director of Clinical Training or the Chair of the Graduate Education Committee). The course substitute documentation must be included in the student's file.

On other occasions, a student might elect to take courses elsewhere in the University that have obvious relevance for required clinical courses (e.g., an assessment or therapy course offered by another department). Under these conditions, the student should petition the clinical faculty to formally approve the substitution and it should be entered into his or her file.

Doctoral Dissertation Work (Years 4-5)

In years 4 and 5, students will complete any remaining coursework (although typically all coursework is completed prior to year 4, and continue with practicum experiences to accrue hours for internship. Typically, students are encouraged to enroll for 16 credits, comprising any remaining required classes, elective classes, practicum credits, and research/dissertation credits. The major milestone during these years is the completion of the dissertation.

Dissertation

Clinical students must have an approved dissertation proposal prior to applying to internship. See the graduate student handbook for requirements around the Dissertation Proposal approval process. Students should have completed their dissertation prior to beginning internship year. Only in the rarest instances, and with a clear timeline in place for completion, should students leave for internship without a completed dissertation.

- 1) A written proposal

This document must include the background and significance, the method, and the plan for data analysis.

- 2) A meeting of all committee members.

A meeting attended by the student and all committee members must be held to discuss the proposal. At the end of the meeting, a decision will be made regarding the proposal. The decision may be one of the following: 1) approved as is; 2) approved with specified changes; or 3) not approved because it requires sufficient reworking to necessitate another meeting.

- 3) Signed dissertation proposal approval form. A dissertation proposal approval form must be signed by the student and each committee member. In essence, this serves as a contract as to what everyone has agreed will constitute the student's dissertation.

Clinical Internship (Year 6 or 7)

Completion of a clinical internship is the final stage of the program. Specifically, all students are required to spend a minimum of one-year on clinical internship (approximately 2000 hours). The type of internship selected should be based upon the student's research and clinical specialty (e.g., child or adult; particular types of psychopathology; neuropsychology specialty). While it is advantageous to obtain an APA accredited internship, there may be circumstances that necessitate a student completing a non-accredited internship. Students should consult with their mentors and DCT about this decision. Students must petition to go to a non-accredited internship. Students who do not complete an internship The internship must be completed before the Ph.D. degree is awarded. If the student has not yet finished the dissertation, it should be completed during this year. Students who do not complete an internship are likely eligible for a nonclinical psychology degree. Students on internship need to familiarize themselves with the UO registration policy for internship year (Appendix H).

Preparing for and applying to clinical internships. Students should begin surveying information on clinical internships during the summer prior to the internship application process. The applications for internship are due as early as the end of October in the Fall Term, and the process of applying can require a good deal of time. Additionally, students must have their dissertation proposal approved prior to November 1* of the year they are applying for internship.

*The DCT is likely to request that all materials are due prior to November 1 as the DCT must verify that student requirements and hours are accurately documented. Students cannot submit their final applications until the DCT has verified via the APPIC portal. The DCT will send an email to students and their mentors the summer before applications are due, setting the specific dates.

III. Clinical Practica/Internship

Philosophy and Structure. The clinical training that students receive in the program strongly emphasizes integration of research within clinical practice. Our training sequence is informed by a developmental model by which greater autonomy is afforded as students progress through the program. For example, in earlier years of clinical training, students are in our ‘In house’ or internal practica which offer intensive didactic training coupled with supervision of individual, couple, parent-child, and/or group services by a faculty member. We are fortunate to have a Psychology Training Clinic staffed by clinical faculty, our clinic director and incoming associate clinic director who themselves have strong generalist clinical-science training. The department is often able to support a graduate assistant to work in the clinic (a .49 graduate employee) to support clinic operations. In subsequent years in training, students engage in external practica in the community, with external supervisors.

Our internal or ‘In-House’ Clinical Practica are an essential training feature of our clinical program. Students are required to complete two years (corresponds with Y2 and Y3 in the program) with a Core Adult (Y1) and Core Child & Adolescent (Y2) practicum. Training in Adult and Child & Adolescent reflects our program philosophy that all clinical psychologists should be trained across a broad range of the lifespan as services and even research funding remains siloed far too often into child versus adult tracks. These practica train students in evidence-based principles and treatments for a wide range of presenting disorders (mood, anxiety, trauma, emotion dysregulation) and problems for children through adults. The adult practicum emphasize cognitive and behavioral models, with a focus on transdiagnostic and third wave approaches, such as the Unified Protocol. The Child & Adolescent practicum focuses on MAP and MATCH. Across both practica, there is weekly didactics, individual and/or group supervision, and students carry a caseload of about 3-4 individual clients. Further, across all internal practica, other evidence-based training principles are infused across clinical services. All student therapists are trained to administer a semi-structured interview using the DSM5 Cultural Formulation Interview and the DIAMOND. Moreover, all student therapists are trained to administer weekly client measures to assess ongoing treatment response, aligned with routine outcome monitoring best practices for which feedback is shared with the client. Finally, all student therapists are trained in evidence-based suicide risk management, specifically the Columbia-Suicide Severity Rating Scale and Safety Plans.

While both tenure track and clinical professors have taught these courses, more often they are taught by our clinical professors (Clinic Director and Associate Clinic Director) given the heavy time commitment and course credits dedicated to teach this AY year-long course. Core competencies in ethical and professional practice, foundational clinical skills, appropriate record keeping and documentation, supervision and consultation, cultural considerations, training in telehealth, and psychodiagnostic assessment and intervention skills are intensively developed in their required years in our in-house clinic. This type of training structure affords our program the ability for increased flexibility in selecting external practica training choices, of which there are many.

While the primary function of the clinic is to teach and train students in the *delivery* of evidenced based practice, the clinic has occasionally led to generation of scientific knowledge. The clinic consent form specifically includes a description of archival research on client records. With Clinic Director permission and appropriate IRB approval, students are able to pursue research within the clinic.

External practica training experiences are another critical source of clinical hours required for internship. Students consult with their mentor, advising committee, other clinical faculty including the *Faculty Practicum Coordinator*, when selecting external practica. The program typically hosts an annual (often multisession) clinical seminar in which external practicum are discussed, including discussion of the process as well as site specific details. As part of this, advanced students in practicum serve as panelists and discuss their training experiences so other students can learn about them. The faculty practicum coordinator also plays a key role in managing external practicum experiences. They maintain site details and update site specific training information. Students are advised to consult with the Faculty Practicum Coordinator at any time during the process if something arises with their site they need consultation on (before starting, during training, etc.). Note that students are required to meet with the Faculty Practicum Coordinator prior to applying to sites where the primary supervisor is an allied mental health professional as there are relevant considerations related to clinical supervision that need to be discussed in advance. These sites are noted on the approved site list. The program also maintains a community canvas page that lists information about external practicum sites, the external practicum agreement form, and a copy of presentation information on external pracs given at the annual clinical seminar series.

When students submit their external practica training form for review and approval from the Faculty Practicum Coordinator (*Appendix E*), they must state how the training aligns with their overall training goals. This form MUST be completed prior to providing services as well as engaging in site specific training. There are no exceptions. The form must be signed and returned to the faculty practicum coordinator. The site specific activities can only start after the form has been returned to the supervisor and student (reviewed and signed by the faculty practicum coordinator). Students who fail to complete this prior to engaging in external practicum are at risk for those hours not counting for internship. Often, students seek more specialty training that fits their program of research and/or clinical interests. For example, students may seek training at the VA to enhance their program of research with adult trauma populations, Oregon Health & Science University for pediatric neuropsychology, or Portland DBT Institute to do DBT with adolescents. To be considered a new site, at a minimum, a site must: a) use evidence-based assessment and interventions; b) provide sufficient supervision and training, which includes a licensed provider, most often a licensed clinical psychologist; and c) completed required paperwork on behalf of the program.

Students enrolled in a credit-bearing program or participating in an internship as part of their degree completion are covered under the University Internship and Professional Liability Insurance Policy. This coverage includes:

- **Limits:**
 - \$3,000,000 per occurrence
 - \$6,000,000 aggregate

If a site host requires general liability coverage as part of the placement agreement, this policy satisfies those contractual insurance requirements. Students may also choose to obtain their own liability coverage independently, particularly if the host site has additional insurance requirements beyond what the University provides.

Procedure for Establishing a New External Practicum Site

We've had success with students identifying new sites to fit their specific clinical and training goals. To ensure that the new sites are appropriately suited for training, students should follow the steps below before discussing any specifics of their training plan with a potential site.

1. Student identifies site and proposes it to Faculty External Practicum Coordinator
2. Faculty External Practicum Coordinator may ask the student to meet to further discuss site. This discussion may also include reviewing the student's training goals as to consider whether an established site aligns with the student's training goals.
3. Faculty External Practicum Coordinator will contact the site to request a meeting with the site
4. Following the meeting, Faculty External Practicum Coordinator and Director of Clinical Training will consult to determine if the site is approved.
5. If approved, student can then contact the site with an effective introductory email and undergo the site's interview process

Faculty Led Practicum. Many tenure track faculty and clinical professor faculty also lead practica, although enrollment depends on student numbers and interest. These practica can occur within or outside the clinic. Over the past years, such examples have included Dialectical Behavior Therapy Skills (Zalewski), Center for Family and Child Practicum (Ablow), Couples (Dehle), Acceptance and Commitment Therapy (Park), and PEERS (Ellingsen). Further, many core and associated clinical TTF faculty, depending on their program of research, are able to offer training, supervision, and clinical hours through extramurally funded research projects (i.e. these are projects for which faculty do not receive teaching credit). Such examples include Transitions in Adolescent Girls for K-SADS (Pfeifer, Casement); Dialectical Behavior Therapy + parent training (Zalewski); Sleep Lab to conduct Sleep SCID modules (Casement); and STEPPS for doing suicide risk assessments on perinatal women (Zalewski). These latter experiences are rich and integrated and allow students to be part of a large scale research project, while accruing clinical hours/skills with a specialized population, diagnosis or set of presenting problems, and/or treatment modality. Even though these are faculty led practicum, students must complete the External practicum form.

Site Quality Assurance. The program conducts rotating site visits on external practicum as one method of maintaining quality assurance of high quality sites. This means that all sites/supervisors will be asked questions about their site and be able to offer our program input on how to improve the partnership or enhance the program training model. Students most recently at the site will also be interviewed for the student perspective of training at that site. The Faculty Practicum Coordinator organizes the site visits, which are conducted by the Clinical Training Committee. This information is maintained by the Faculty Practicum Coordinator and may be discussed with clinical faculty. If students are having difficulties with a site or external supervisor, they are encouraged to seek consultation with their mentor and/or the Faculty Practicum Coordinator. If after consultation, the student needs more support and/or the mentor or Faculty Practicum Coordinator need consultation on the student-site issue, they will consult with the DCT (who may engage the clinical training committee).

Competency Based Evaluations

As an APA accredited training program, we use a competency-based framework in addition to traditional university grades to assess students professional attitudes, knowledge, and profession wide competencies. This approach to learning and skill development is common among other health-oriented training programs and professions.

Throughout the program, students are continuously evaluated on 9 profession wide competencies: Research, Ethics & Legal Standards, Individual & Cultural Diversity, Professional Values & Attitudes, Communication and Interpersonal Skills, Assessment, Intervention, Supervision, Consultation and Interprofessional/Interdisciplinary Consultation. The program follows a developmental model such that students are evaluated on their competency domain relative to their year in the program. Ratings are anchored around a 3.

1 = Consistently below expectations; remedial action plan required

2 = Meets expectations at times, but not consistently; can be addressed within supervision

3 = Consistently meets expectations

4= Exceeds expectations at times

5= Exceeds expectations consistently

NO = No basis for Rating

Ratings below a 3. Ratings of 1, either at the mid or final evaluation indicates the that the training issue be addressed with support of the program. In the majority of instances, the student will be made aware of the 1 rating by the supervisor prior to the form being submitted, although there may be instances where this cannot be done. If a student receives a rating of 1 on any of these items from the practicum supervisor, a remedial action plan will be created for the student. Specifics of the remedial action plan may include input from the external practicum coordinator, the site supervisor, the student, and the students' advisor but will ultimately be specified by the DCT. This remedial action plan will be signed by the student, the DCT, and the student's primary advisor and placed in the student's file.

A rating of 2 at the mid evaluation indicates that the supervisor is able to address issues and support growth within supervision (no program level involvement is necessary). However, a rating of 2 by the final evaluation results in remedial action (process described above). It is expected by the final competency evaluation, that students obtain a 3 rating, indicating a minimum level of achievement. Final evaluations are retained by the program and may be discussed for the year end student review meeting, are available to accreditors for compliance purposes, and aggregated data on student competencies are retained for accreditation standards.

As of October 2025, completed competency evaluations from external practicum supervisors will be automatically sent to academic advisors in addition to the Faculty Practicum Coordinator. The evaluations are retained in student files for review by the student, student's academic advisor, and Director of Clinical Training.

Required Documentation

Before starting an outside practicum, please be sure to review Appendix D regarding required Immunizations, Screenings, Trainings, and Insurance & Liability Coverage.

IV. Clinical Program General Information

Clinical Program Structure, Support, and Leadership

This is a brief overview of major roles within the UO clinical program. Listed below include key duties but is not an exhaustive list.

Director of Clinical Training (DCT): oversees the entire clinical psychology doctoral program. Duties include: Ensuring compliance with APA and PCSAS standards, maintains adherence to university policies, completing required self-study, completing annual ARO reporting, ensuring coverage of all clinical area teaching, organizing clinical area scheduling, leading clinical seminar for 1-3 year students, leading clinical area faculty meetings, overseeing internship process procedures and writing the required DCT letter for each student, conducting annual student reviews, meeting with the clinical student graduate representatives, conducting the clinical student town hall and handling student ethical and professional training issues, advocating and reporting to the PSY department head and coordinating needs with the clinic and associate clinic director as well as leading the clinical training committee. Depending on the year, there is sometimes an associate director of clinical training.

Clinical Training Committee: department recognized service comprised of 2-3 clinical faculty. The CTC provides counsel to the DCT. Duties include but are not limited to: conducting site reviews of external practicum, helping lead clinical area seminar, organizing internship preparation for students, identifying and engaging in quality improvement projects in the program (varies each year), and consulting with the DCT on various issues as needed.

Clinic Director: oversees all clinic operations and ensures compliance in provision of mental health care services, state and federal record keeping and compliance, manages the budget, oversees the GE regarding phone screens, makes clients assignments, manages client risk, manages all equipment and electronic records systems, and oversees billing. The clinic director reports to the DCT.

Faculty Practicum Coordinator: manages all coordination regarding external practicum, tracks competency mid-term and final evaluation forms for supervisors, organizes site visits, consults with students regarding site placements or issues at sites, updates and maintains forms for external practicum supervisors, and identifies new training sites.

Graduate Education Coordinator: retains student records, collects information on student background checks, collects and maintains current student and alumni competency ratings and outcome tracking, assists DCT in all the DCT duties.

Clinical Faculty: The program has 12 TTF, and 3 clinical professors/instructors. In addition to clinical faculty, a number of faculty in the department serve as primary mentors to clinical students. Currently, of the 12 TTF, 3 are located in Portland as they are Ballmer-PSY faculty. These faculty admit students in the clinical area and are considered clinical faculty, although their primary teaching loads are with the Ballmer Institute. Programs of research among our current faculty include developmental psychopathology, intergenerational mental health, digital mental health, evidence-based parenting interventions, equitable implementation of evidence-based interventions, culturally adapted psychotherapy, suicide, sleep and sleep interventions, and the intersection of neuroscience, physiology, and development.

Ballmer Institute for Children's Behavioral Health

In 2022, the University of Oregon's Ballmer Institute for Children's Behavioral Health launched. The Institute focuses on promotion, prevention, and intervention services for youth, with an emphasis on serving historically underserved youth and communities. A primary objective of the Ballmer Institute is to develop the workforce in children's behavioral health. The Ballmer Institute is led by Executive Director Katie McLaughlin, who also has her tenure home in UO's psychology department. The Ballmer Institute TTF have tenure homes within psychology or COE, although are located in Portland. As of 2024, 3 TTF are in the clinical area. The scholarship of these TTF is central to the mission of the Ballmer Institute while also having considerable overlap with existing psychology faculty (exs. implementation science, sleep interventions for diverse families, family dynamics, adolescent suicide, etc.). Ballmer-PSY TTF admit graduate students to the program, do service in PSY, attend faculty meetings, and are available to serve on graduate student advising committees. Graduate students who have Ballmer-PSY TTF as primary mentors will train in Eugene and when required coursework is done, have the option of relocating to Portland to work on their dissertation with the primary mentor. When forming their advising committees, these students are strongly encouraged to appoint a PSY Clinical area faculty member, as to help support local advising and mentorship.

Clinical Program Governance

Governance of the Clinical Program is overseen by the Clinical Faculty. This is true even in instances in which a student has a non-clinical faculty member as a primary advisor (see Appendix F). There are several avenues by which students provide input into the program.

Clinical Graduate Representative(s). A clinical student representative(s) is elected yearly at the beginning of Fall Quarter by the clinical students, and actively participates in all Clinical Faculty meetings (with the exception of yearly student evaluations or personnel issues of faculty or students) and distributes meeting notes (approved by DCT) to the area. Whenever important program changes are considered, feedback and input are sought from current students via the student representative(s). While responsibility for the program ultimately rests with the DCT and Clinical Faculty, the system is designed to be as transparent and responsive to student input as possible. The clinical graduate representative(s) and the DCT typically meet 1x month.

Annual Clinical Town Hall. All clinical students are invited to attend the annual Clinical Town Hall, led by the DCT. This event usually occurs in the spring. The clinical student representative(s) will organize student identified issues to discuss openly with the DCT. Specifically, the clinical graduate representative(s) conduct a SWOT (Strengths, Weaknesses, Opportunities, Threats) for the program, for which responses are organized and reviewed during the clinical town hall. Students actively participate in sharing what they believe is working well in the program as well as areas they view as needing improvement. Clinical graduate students are also invited to Department Town Hall, which focuses more broadly on their graduate education in psychology and at the UO.

Student Annual Review

The Clinical Faculty will conduct an annual review of all clinical students' progress at the end of the academic year. The Director of Clinical Training will write a letter to each student detailing their accomplishments and progress that is needed to be made in the following academic year, if any. A copy of the letter will be given to the Graduate Education Coordinator to be placed in the student's file.

Internship Preparation Support

The program prepares students for the internship process through several supports. First, every year, we host a panel during the clinical seminar in which students who recently matched for internship are invited to discuss their experience and answer questions from more junior students. In the spring or summer prior to students applying for internship, the DCT emails students information about required dates in order to be eligible for APPIC application submissions. Typically, either the clinical training committee or the clinic director hosts a workshop(s) helping students prepare their applications. Finally, the clinical training committee, in support of students currently on internship, conducts virtual mock interviews. This process helps students prepare for the interview process, and typically occurs at the end of November.

Clinical Psychology Doctoral Student Ethical Guidelines

All students in the clinical doctoral program must adhere to the APA Guidelines for Ethical Behavior, as well as to the program's ethical guidelines (contained in Appendix G).

Program and Professional Participation

In addition to program requirements, students are encouraged to participate in the various activities of the Clinical Program and the Department. There are a variety of such experiences offered throughout the year, including formal colloquia, informal research talks by Department or Visiting faculty, job candidate colloquia, and other specialty interest study groups. Engagement in these activities fosters knowledge about the process of doing research, from the early phases of developing an idea and formalizing it through the final phases of public communication.

Psychology as a science and as a profession is in a continuing state of development. Although basic training at Oregon encompasses many of the major issues and themes in the field, there is a wide range of topics that can only be touched upon given the unavoidable limitations of faculty size and community resources. Students are encouraged to become aware of the broader issues involving the field through a variety of means. Most obvious is that students attempt to keep abreast of major scientific developments through the scholarly journals of psychology and related disciplines that bear upon their particular research issues. More generally, there are a number of publications, particularly by the American Psychological Association, that pertain to current issues in psychology (e.g., the *APA Monitor*; *APA Standards for Providers of Psychological Services*; *APA Standards for Educational and Psychological Testing*; *APA Ethical Principles*; *APS Bulletin*).

A number of professional associations hold annual meetings where research findings are communicated, and other important professional activities take place (e.g., symposia, workshops, and other continuing education activities). In addition to absorbing the most recent information on topics of interest, student can gain valuable experience through presenting findings from their own projects at conferences ranging

from large annual APA and APS conventions, to more specialized meetings (e.g., Society for Research in Psychopathology; Society for Research in Child Development). There are limited funds in the Department and the Graduate School to help support student involvement with such activities.

Teaching

Although not required, teaching experience is strongly recommended for all students. The major goal of the program is to train research scholars. Additionally, virtually any setting a student may eventually work in entails some form of teaching, so preparation in effective communication skills pertaining to technical and substantive matters is an important adjunct to the core training. There are a variety of opportunities available, and the Department attempts to rotate support for students through teaching assistantships and fellowships.

Work Outside of the Department of Psychology

Because Clinical Psychology is a profession as well as an academic program, the Clinical Faculty is responsible to the public and the profession of psychology to ensure that students demonstrate responsible professional behavior. Consequently, students may not engage in work of a psychological nature (e.g., psychotherapy or counseling, testing, teaching psychology, or research) without prior approval of the DCT. This includes any part-time or full-time position of a psychological nature until the doctorate is awarded.

Students must not portray themselves to the public as psychologists or as someone offering psychological services; they must work only under appropriate supervision. Supervision outside of the Clinical Program must comply with Oregon licensing law and be by a licensed psychologist, or by an arrangement for dual supervision involving a licensed psychologist.

Clinical Program Student Grievance Procedures

Most problems that arise are handled readily in discussions between the involved parties. Occasionally, however, this may not be the best vehicle for handling a grievance. When more serious problems arise, students should not hesitate to pursue more structured appeal procedures (as outlined below).

In terms of handling more minor matters, the grievance should first be addressed within the Department. If the problem concerns matters specific to the Clinical Program (e.g., clinical courses, instructors, or activities), the student should consult with the faculty member most closely involved first, then the Director of Clinical Training. If the problem is with nonclinical matters in the Department (e.g., general teaching, research), the student should consult with the faculty member most closely involved, the Director of Clinical Training, Chair of Graduate Education Committee, or the Department Head. If the student remains unsatisfied, they may contact the Graduate School for further information on official University grievance procedures. If the matter pertains to teaching assistantships, grievance steps are stipulated in the Graduate Teaching Fellows Federation (GTFF) union contract with the University. Other information can be obtained from the Office of Student Advocacy.

Professional Licensing Disclosure Statement

As an [APA](#) and [PCSAS](#) Accredited Clinical Training Program, it is our intention to train students in all the particulars of health service psychology, such that they are equipped to be both excellent scientists and excellent clinicians. While licensure is available in this field of study, our program does not lead to

such licensure upon graduation. The professional preparation you receive in our program will assist you in such pursuits, in that all states require completion of supervised pre-doctoral practicum hours and a pre-doctoral internship, which are requirements for the doctoral degree in clinical psychology at the University of Oregon. We are unable to confirm the specific licensure and certification requirements of each state, territory, or foreign entity in which professional credentialing may be possible as licensure is controlled by individual governmental bodies in all 50 US states. Further, many states require post-doctoral professional experience, which is beyond the curricular requirements of the University of Oregon program. You are welcome to contact Dr. Maureen Zalewski, Director of Clinical Training, with questions in this regard and we will do our best to assist you in your career planning. In addition, you may wish to consult the Association of State Boards of Professional Psychology (ASBPP) [webpage](#) for more information about licensing requirements.

Policy on Telesupervision

Telehealth and telesupervision have become common for mental health service delivery and the provision of supervision, particularly since the COVID-19 pandemic. In accordance with regulations, the clinical program has a policy on telesupervision that outlines information regarding rationale for use, program level training, and responsibilities of training sites and students. For more details about the specifics of the policy, see Appendix I.

Further Information

Information on current issues involving licensure and mental health legislation nationally is available in the *APA Monitor*, and statewide in *The Oregon Psychologist*. More specific information on licensure in Oregon can be obtained from the Board of Psychological Examiners, 695 Summer Street, NE, Salem, OR 97310.

Information pertaining to APA accreditation of the clinical psychology program by the Commission on Accreditation of the American Psychological Association can be obtained from the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242 (telephone: 202-336-5979) or from their website at <https://www.apa.org/>.

Information pertaining to Psychological Clinical Science Accreditation System accreditation of the clinical psychology program can be obtained from PCSAS, 1101 East Tenth Street, IU Psychology Building, Bloomington, IN 47405-7007 or from their website at <https://www.pcsas.org/>.

The Graduate Secretary has on file a number of other brochures and forms concerning various aspects of the department, procedures, and special circumstances. These are listed in an appendix of *The Doctoral Student Handbook*. There is also a *Psychology Clinic Policy and Procedures Manual*, which all students should consult; it is available from the Clinic Director.

Appendix A: Clinical Ph.D. Checklist

(for use in Annual Student Review Meetings)

First year committee*: 1) _____ 2) _____ 3) _____

Advising committee*: 1) _____ 2) _____ 3) _____

First year required courses:

	Term/Year	Grade
Data Analysis I (611)	_____	_____
Data Analysis II (612)	_____	_____
Data Analysis III (613)	_____	_____
1 st Year Res Seminar (607, F, W Ethics, S)	_____	_____
Clinical Brownbag (F, W, S)	_____	_____
Core Course I – Clinical Science	_____	_____
Core Course II – Developmental	_____	_____
Core Course III – Social/Personality	_____	_____
Core Course IV – Adv Cognitive Neuro	_____	_____
Clinical Ethics	_____	_____
Assessment I	_____	_____
Assessment II	_____	_____
Psychopathology & Diagnosis	_____	_____
Writing Seminar (607)	_____	_____

Second year and beyond courses and practica:

Term/Year Grade

First year Project:

Title: _____

Oral Presentation (date): _____

Written report completed (date): _____

Clinical Brownbag Year 2	_____	_____
Clinical Brownbag Year 3	_____	_____
Clinical Psychobiology (621)	_____	_____
Cultural Diversity and Mental Health (610)	_____	_____
Supervision and Consultation (610)	_____	_____

Psy 606 Clinic Practicum Training (2 years):

Acad Year Int Hours Assmt Hrs
to Date to Date

Practicum (606) F,W,S (Yr 1)	_____	_____	_____
Practicum (606) F,W,S (Yr 2)	_____	_____	_____
Practicum (606) F,W,S (Yr 3)	_____	_____	_____

	Acad Year	Int Hours to Date	Assmt Hrs to Date
External Practicum	_____	_____	_____
External Practicum	_____	_____	_____
External Practicum	_____	_____	_____

Supporting Area: (Deadline*)**

Committee*: 1) _____ 2) _____ 3) _____
 Project: _____
 Complete: _____

Preliminary Exam (Deadline*)**

Committee*: 1) _____ 2) _____ 3) _____
 Project: _____
 Exam Option: _____
 Exam Date: _____

Advancement to Candidacy (date): _____

Dissertation:

Committee*: 1) _____ 2) _____ 3) _____ 4) _____
 Title: _____
 Proposal Approved: _____ (must be approved prior to internship application)
 Defense Date: _____

Internship:

Site: _____ Dates: _____

* At least one must be clinical faculty member

** At least two must be clinical faculty member

***Either the Supporting Area or the Prelim Exam must be completed by May 15th of the third year with the remaining requirement completed by October 15th of the fourth year.

Appendix B: Assessment of Student Competencies (required by APA)

Policy: In compliance with the APA Committee on Accreditation requirement for clinical psychology doctoral programs to gather objective ratings of students in areas of competency deemed necessary for training as a clinical psychologist, students will be rated in 9 profession-wide competencies: Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional values, attitudes, and behaviors; Communication and Interpersonal Skills; Assessment; Intervention; Supervision; and, Consultation and Interprofessional/Interdisciplinary Skills.

The rating forms for each of these competency areas follow. The policy for ratings is that, if a student receives a rating of 1 or 2 on any objective on any form the student and his/her primary advisor (and when appropriate, the practicum supervisor) will make a formal written plan with respect to the activities that the student will engage in to achieve a rating of 3 or higher on this objective. This written plan will be signed by the advisor, the student, and the DCT, and placed in the student's file.

Assessment of Clinical Trainee Clinical Science Research Competencies

Date: _____ Student: _____ Year in doctoral program: _____

Check one: First-Year Project _____ Supporting Area _____ Preliminary Exam _____

Rater (chair of committee): _____

Goal: Clinical psychology graduate students will display competency in clinical science research, defined as a psychological science directed at the promotion of adaptive functioning; the assessment, understanding, amelioration, and the prevention of human problems of behavior, affect, cognition or health.

Please rate the clinical student's performance in the research competencies listed below, taking into account her/his developmental level in the program. Note: Ratings of 2 or 1 require an explanation and a remediation plan that is agreed upon by the student, his/her advisor, and the DCT.

- 1 = Inadequate Performance
- 2 = Marginal Performance
- 3 = Good Performance
- 4 = Very Good Performance
- 5 = Outstanding Performance
- N = No basis for Rating

1. **Ability to formulate a research question and related hypotheses based on research literature** (e.g., is the research question (a) answerable, (b) relevant to society, and (c) useful to the field and/or society? Reflect a conceptual argument (rather than just an annotated bibliography), and does it suggest a mechanism or process (rather than just a descriptive association)? Does the conceptual argument shape into a hypothesis? Is an operational prediction provided in the methods? Are operational definitions of constructs provided so they can be measured?)

1 2 3 4 5 N

Comments:

2. **Demonstration of familiarity with and the ability to synopsise research literature** (e.g., is literature reviewed current while also recognizing appropriate history of the idea and what has already been known and done? Are appropriate data bases searched to answer relevant questions?)

1 2 3 4 5 N

Comments:

3. **Ability to apply relevant research design, methodology, and data analytic methods** (e.g., is measurement reliability and validity adequately reflected, appropriately justified, and alternatives considered? Is best practice in terms of measurement considered and utilized or is argument based on convenience? Are “best practices” of data analysis implemented, missing data appropriately handled and covariates appropriately selected? Are non-independent data appropriately handled? Do analyses reflect the hypotheses and predictions described in the introduction?)

1 2 3 4 5 N

Comments:

4. **Ability to interpret data** (e.g., Are conclusions reflective of the findings? Do conclusions and discussion adequately consider related findings to which this speaks? Does discussion discuss the results rather than only other topics or studies? Are limitations appropriately considered?)

1 2 3 4 5 N

Comments:

5. **Shows integrative knowledge of basic discipline specific content areas** (e.g., Integration of knowledge across two or more of the following domains; affective, biological, cognitive, developmental, and/or social aspects of behavior?)

1 2 3 4 5 N

Comments:

Rater's Signature _____ Date _____

Profession Wide Competencies: University of Oregon Practicum Evaluations

Date: _____

Clinical Trainee: _____

Yr. in doctoral program: ____

Supervisor: _____

Yr. in practicum: ____

Type of Client(s) [*Underline or circle all that apply*]: Child; Adolescent; Adult

Mode of Supervision [*Underline or circle all that apply*]: Individual; Group; Couples; Family; Co-therapy; Live supervision; Review of recorded session; Review of audio recorded session

Please rate the clinical trainee's performance in the profession wide competencies listed below, taking into account their developmental level in the program. All ratings should be based on some live observation (includes video recorded tape review).

- 1 = Consistently below expectations; remedial action plan required
- 2 = Meets expectations at times, but not consistently; can be addressed within supervision
- 3 = Consistently meets expectations*
- 4 = Exceeds expectations at times
- 5 = Exceeds expectations consistently
- N = No basis for Rating
- *Considered Minimum Level of Achievement by Final Evaluation

Instructions to Supervisors: The following items are part of the UO clinical psychology doctoral program's APA accredited system for evaluating student profession wide competencies. We request supervisors to complete a mid practicum and final practicum evaluation. Not all of the competencies listed are expected to be demonstrated in every practicum; if you cannot make an informed rating for a particular item, select NO for Not Observed (NO). Ratings should be anchored around a 3, which indicates that the student is meeting expectations and developing their clinical skills as expected. Please supplement ratings with comments, particularly for students who are not consistently meeting expectations (i.e., ratings of 1 or 2). In these cases, comments should be behaviorally specific and identify pathways for the student to improve.

Ratings of 1, either at the mid or final evaluation should be reserved for situations that are more appropriately addressed with support of the program. In the majority of instances, the student should be made aware of the 1 rating by the supervisor prior to the form being submitted, although there may be instances where this cannot be done. If a student receives a rating of 1 on any of these items from the practicum supervisor, a remedial action plan will be created for the student. Specifics of the remedial action plan may include input from the external practicum coordinator, the site supervisor, the student, and the students' advisor but will ultimately be specified by the DCT. This remedial action plan will be signed by the student, the DCT, and the student's primary advisor and placed in the student's file.

A ratings of 2 at the mid evaluation indicate that the supervisor is able to address issues and support growth within supervision (no program level involvement is necessary). However, a rating of 2 by the final evaluation results in remedial action (process described above). It is expected by the final competency evaluation, that students obtain a 3 rating, indicating a minimum level of achievement. Final evaluations are retained by the program and may be discussed for the year end student review meeting, are available to accreditors for compliance purposes, and aggregated data on student competencies are retained for accreditation standards.

1. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS						
1a. Preparation (e.g., prepares for and actively engages in training and supervision process; demonstrates reliability, punctuality, availability, organization)	1	2	3	4	5	NO
1b. Responsiveness to Supervision (e.g., provides tapes of sessions; openness to and acceptance of supervisory feedback; implements supervisor's suggestions)	1	2	3	4	5	NO
1c. Self-awareness and Reflection (e.g., engages in self-reflection regarding one's personal and professional functioning)	1	2	3	4	5	NO
Comments:						

2. ASSESSMENT						
2a. Assessment Knowledge (e.g., demonstrates knowledge of assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; demonstrates knowledge of diagnostic classification systems; demonstrates knowledge of culturally relevant factors as well as any limitations of assessment measures across various populations)	1	2	3	4	5	NO
2b. Administration and Scoring (e.g., demonstrates observational and interviewing skills; administers tests with fidelity)	1	2	3	4	5	NO
2c. Report Writing (e.g. interprets assessment results following current research and professional standards and guidelines; communicates in written reports the findings and implications of the assessment in an accurate and effective manner relevant to a range of audiences)	1	2	3	4	5	NO
2d. Working Alliance (e.g., demonstrates collaborative rapport with assessment clients; provides effective feedback of assessment results to clients)	1	2	3	4	5	NO
Comments:						

3. INTERVENTION						
3a. Case Formulation (e.g., presents a conceptual model for the presenting problem(s) by identifying etiological factors and correlates, pertinent learning history and cultural background, course, stressors, individual and contextual maintaining factors, contingencies/consequences, treatment goals and expectations)	1	2	3	4	5	NO
3b. Treatment Planning (e.g., demonstrates knowledge of clinical treatment outcome research; formulates treatment	1	2	3	4	5	NO

<i>goals, strategies, and techniques; demonstrates session-to-session planning and preparation)</i>						
3c. Treatment Implementation (e.g., effectively explains treatment rationale and process; effectively employs and collaboratively implements treatment strategies and techniques; demonstrates appropriate directing and managing a session; demonstrates effective use of homework; effectively handles problematic issues within sessions; monitors client's progress and response to therapy/outcome in quantifiable terms)	1	2	3	4	5	NO
3d. Quality of the therapeutic relationship (e.g. demonstrates collaborative rapport and facilitative conditions – warmth/empathy/genuineness; demonstrates effective listening; maintains control of the session w/o being intrusive; tolerates client negative affect; demonstrates ability to recognize and make therapeutic use of own emotional reactions toward client; demonstrates ability to recognize and repair ruptures in the therapeutic alliance)	1	2	3	4	5	NO
Comments:						

4. COMMUNICATIONS AND INTERPERSONAL SKILLS						
4a. Interpersonal skills (e.g., listens and is empathic with others; respects and shows interest in others' cultures, experiences, values, etc.; works cooperatively and collaboratively with peers; manages difficult communication well; participates in didactics)	1	2	3	4	5	NO
4b. Clinical record-keeping (e.g., timely and accurate documentation of intake reports, case notes, termination reports, phone contacts, informed consent, releases of information, consultations, outside letters and reports)	1	2	3	4	5	NO
4c. Consultation (e.g., demonstrates knowledge and respect for the roles and perspectives of other professions; effectively communicates with other providers to improve client care)	1	2	3	4	5	NO
Comments:						

5. INDIVIDUAL AND CULTURAL DIVERSITY						
5a. Cultural Self-Awareness (e.g., demonstrates understanding of how own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves)	1	2	3	4	5	NO
5b. Cultural Awareness (e.g., uses awareness of social, political, economic, or cultural factors that may impact human development and functioning in the context of service provision; demonstrates knowledge of current theoretical and empirical	1	2	3	4	5	NO

<i>knowledge base as it relates to addressing diversity in clinical work)</i>	
5c. Application to Clinical Work (<i>e.g., flexibly attends to and incorporates client's cultural/diversity context in case conceptualization, treatment planning and interventions; incorporates knowledge about culture/diversity as appropriate, demonstrates respect for aspects of diversity and identity</i>)	1 2 3 4 5 NO
Comments:	

6. ETHICAL AND LEGAL STANDARDS

6a. Ethics Knowledge (<i>e.g., demonstrates knowledge of APA Ethical Principles of Psychologists and Code of Conduct; demonstrates knowledge of relevant laws, regulations, rules, and policies; demonstrates knowledge of relevant professional standards and guidelines</i>)	1 2 3 4 5 NO
6b. Ethical Decision Making (<i>e.g., identifies potential ethical obligations and conflicts; seeks appropriate consultation for ethical dilemmas or issues; documents ethical decision making and actions in client records; demonstrates awareness of own limits and boundaries; demonstrates reasonable judgement regarding ethical dilemmas/issues</i>)	1 2 3 4 5 NO
Comments:	

7. RESEARCH

7a. Clinical Science Knowledge (<i>e.g., assessment and treatment of a given disorder, knowledge of the theory and interventions associated with the treatment approach, indications and contraindications for a given treatment intervention, knowledge of clinical treatment outcome research</i>)	1 2 3 4 5 NO
Comments:	

Please list all components of the student's clinical practice and supervision model that have formed the basis of this evaluation (i.e., live or taped observation, feedback from other supervisors, review of clinical records and client documentation, discussions in supervision, participation in meetings, etc.).

Please describe the strengths and growth areas for this student. Please frame your responses within the profession-wide competencies that you have specifically observed in your role with the student.

Prior to submitting, please discuss your ratings with the student.

Trainee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

To return this evaluation, please email the survey to our Faculty External Practicum Coordinator, Dr. Michelle Fenesy, at mfenesy@uoregon.edu

Once completed, a copy of this evaluation will also be sent to the trainee's academic advisor. The evaluation will be retained in the trainee's file for review by the trainee, trainee's academic advisor, and our Director of Clinical Training, Dr. Maureen Zalewski, zalewski@uoregon.edu.

Assessment of Clinical Trainee Assessment Competencies

Date: _____

Clinical Trainee: _____ Rater: _____

Please rate the Clinical Trainee's performance in the assessment and diagnosis competencies listed below. *If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.*

1 = Inadequate Performance (Consistently below expectations)
2 = Marginal Performance (Meets expectations at times, but not consistently)
3 = Good Performance (Consistently meets expectations)
4 = Very Good Performance (Exceeds expectations at times)
5 = Outstanding Performance (Exceeds expectations consistently)
N = No basis for Rating

1. Does the student demonstrate basic knowledge of the scientific, theoretical, and contextual basis of test construction?

1 2 3 4 5 N

Comments:

2. Does the student demonstrate basic knowledge of administration and scoring of cognitive assessment measures?

1 2 3 4 5 N

Comments:

3. Does the student know how to locate and evaluate evidence-based assessment tools and practices?

1 2 3 4 5 N

Comments:

4. Does the student have an awareness of professional and ethical issues related to the practice of psychological assessment?

1 2 3 4 5 N

Comments:

5. Does the student have awareness of assessment issues with culturally diverse populations?

1 2 3 4 5 N

Comments:

Did you communicate the content of this evaluation to the clinical trainee? ___ Yes ___ No

If yes,

Trainee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Assessment of Clinical Trainee Cultural Competencies

Date: _____

Clinical Trainee: _____ Yr. Level in doctoral program: _____

Instructor/Rater: _____ Yr. in practicum _____

Please rate the Clinical Trainee's performance in the competencies listed below, taking into account her/his developmental level in the program (e.g., 2nd yr, 3rd yr, or pre- internship). *If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.*

1 = Inadequate Performance (Consistently below expectations)
2 = Marginal Performance (Meets expectations at times, but not consistently)
3 = Good Performance (Consistently meets expectations)
4 = Very Good Performance (Exceeds expectations at times)
5 = Outstanding Performance (Exceeds expectations consistently)
N = No basis for Rating

1. Awareness that culture is created with and within many intersecting identifying identities and social locations (including national origin, race/ethnicity, religion, sexuality/orientation, gender, ability, SES, etc.)

1 2 3 4 5 N

Comments:

2. Awareness that each person has a worldview (beliefs, attitudes, values) that is culturally conditioned and not universal. Student has skills to identify and address a lack of knowledge about certain cultures, personal biases, blind spots and thus knowledge that cultural competency includes both a stance of humility and regular, ongoing education/learning.

1 2 3 4 5 N

Comments:

3. Knowledge about how these identities and social locations are related to power and privilege and awareness that a person's experience and worldview is influenced by the intersection of each of their social locations/identifiers (including national origin, race/ethnicity, religion, sexuality/orientation, gender, ability, SES, etc.)

1 2 3 4 5 N

Comments:

4. Knowledge of how mainstream Western models of psychopathology may discriminate against and pathologize culturally appropriate responses to events/situations; Knowledge that mainstream Western models of psychopathology are culturally- specific and that there is evidence of psychopathology specific to other cultures; Knowledge that most of the existing evidence base for theory, research, and applications in clinical science is not culturally diverse.

1 2 3 4 5 N

Comments:

5. Knowledge of the evidence that culturally-adapted clinical interventions often produce better outcomes than unadapted clinical interventions.

1 2 3 4 5 N

Comments:

6. Skills in implementing multicultural approaches in theory, research, and clinical applications.

1 2 3 4 5 N

Comments:

Did you communicate the content of this evaluation to the clinical trainee? __Yes __No

If yes, Trainee's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Assessment of Clinical Trainee Ethical Competencies

Date: _____

Clinical Trainee: _____

Yr. Level in doctoral program: ____

Instructor/Rater: _____

Yr. in practicum _____

Please rate the Clinical Trainee's performance in the competencies listed below, taking into account her/his developmental level in the program (e.g., 2nd yr, 3rd yr, or pre-internship). *If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.*

1 = Inadequate Performance (Consistently below expectations)

2 = Marginal Performance (Meets expectations at times, but not consistently)

3 = Good Performance (Consistently meets expectations)

4 = Very Good Performance (Exceeds expectations at times)

5 = Outstanding Performance (Exceeds expectations consistently)

N = No basis for Rating

1. Knowledge of the American Psychological Association's Code of Ethical Conduct

1 2 3 4 5 N

Comments:

2. Knowledge of relevant Oregon State statutes and Federal laws governing the practice of psychology

1 2 3 4 5 N

Comments:

3. Awareness of relevant professional guidelines established by the profession

1 2 3 4 5 N

Comments:

4. Knowledge of models of ethical decision making for Psychologists

1 2 3 4 5 N

Comments:

5. Ability to apply the ethics code, state statutes, and relevant professional guidelines in discussions of issues faced by psychologists in practice, research, and teaching/training

1 2 3 4 5 N

Comments:

6. Practice ethical decision-making by applying models of decision making to hypothetical clinical and research scenarios

1 2 3 4 5 N

Comments:

Did you communicate the content of this evaluation to the clinical trainee? ____Yes ____No

If yes, Trainee's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Assessment of Clinical Trainee Supervision and Consultation Competencies

Date: _____

Clinical Trainee: _____

Rater: _____

Please rate the Clinical Trainee's performance in supervision and consultation competencies listed below. *If necessary, supplement the ratings with brief comments; comments are required in cases of ratings of 1 or 2 on individual items.*

1 = Inadequate Performance (Consistently below expectations)
2 = Marginal Performance (Meets expectations at times, but not consistently)
3 = Good Performance (Consistently meets expectations)
4 = Very Good Performance (Exceeds expectations at times)
5 = Outstanding Performance (Exceeds expectations consistently)
N = No basis for Rating

1. **Knowledge of Relevant Literature pertaining to supervision models** (*e.g., theories on various models of supervision including developmental models, process models, and various theoretical models; modes of supervision including individual, group, live, audio/video*)

1 2 3 4 5 N

Comments:

2. **Knowledge of Relevant Literature Pertaining to Consultation** (private practice models, case consultation in training settings, consultation models in treatment approaches including DBT; awareness of consultation in school and medical settings).

1 2 3 4 5 N

Comments:

3. **Understands and is able to identify the APA ethics codes that pertain to supervision and consultation** (*exs. 7.06-Assessment Student and Supervisee Performance; 7.07- Sexual Relationships with Students and Supervisees; 3.05 Multiple Relationships; 4.06 Consultations*)

1 2 3 4 5 N

Comments:

4. **Preparation for supervisory role** (during mock supervision, student supervisor articulates preparation, strategy, and approach to being a supervisor.

1 2 3 4 5 N

Comments:

5. Quality of Supervisory role

a. Professionalism

1 2 3 4 5 N

b. Collaboration with student therapist

1 2 3 4 5 N

a. Applies supervisory theory to supervisory role

1 2 3 4 5 N

Comments:

Did you communicate the content of this evaluation to the clinical trainee? ___Yes ___No

If yes,

Trainee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Appendix C: Policy for Criminal Background Checks for All Clinical Students

All students are required to submit a State and Nationwide criminal background check prior to enrolling in the clinical psychology doctoral program. The purpose of the background check is to ensure the safety of clients with whom the student will be working while in training in the doctoral program. Should a student have a record of prior criminal activity, the student is encouraged to disclose it prior to submitting the background check to the department.

In cases in which a student does have prior record of criminal activity, the Director of Clinical Training, in consultation with the clinical faculty, will make a determination whether this activity (a) poses no apparent risk to clients while the student is enrolled in the program, or (b) does potentially pose a risk to clients. In cases in which faculty determine that the nature of the prior history of criminal activity is highly unlikely to pose any risk to treating clients, the student will be permitted to participate in practicum training. In cases where it is determined that there may be a potential risk to clients, students will be required to obtain an evaluation of fitness to provide treatment services. This evaluation will be conducted at the expense of the student by a psychologist with no ties to the University of Oregon. In order to enroll in the clinical program, the student must sign a release of information allowing the Psychology Department Head, the Director of Clinical Training, the student's advisor and the Psychology Clinic Director to view the fitness evaluation.

If the fitness evaluation deems the student able to provide treatment services, the student will be permitted to enroll in the program and participate in practicum training. If the evaluation deems that an ongoing risk to clients exists that cannot be mitigated, the student will not be permitted to enroll in the clinical program. In some instances, the fitness evaluation may suggest a specific course of action (e.g., additional training) to facilitate fitness. In such instances, the student, DCT, and the student's advisor may craft an agreement outlining a course of action that would result in the student being cleared to enroll in the program and see clients. The Department Head will be informed about the details of this agreement, and will receive notice when the student has met the conditions of the agreement and is able to participate in clinical training.

In all instances in which a criminal record is revealed, all faculty involved in addressing and resolving the issue will be discrete and sensitive to issues of privacy; and will endeavor to resolve the situation in a timely manner. No information will be shared with other students by involved faculty, and other faculty will be informed of details only on a need to know basis. The first priority in these matters is the safety of prospective clients; however, faculty also recognize the importance of protecting the privacy of students.

Guidelines:

1. State and nationwide criminal background checks must be:
 - a. Performed by a vendor that is accredited by the National Association of Professional Background Screeners (NAPBS); or
 - b. Performed by a vendor that meets the following criteria:
 - i. Has been in the business of criminal background checks for at least two years;
 - ii. Has a current business license and private investigator license, if required in the company's home state; and
 - iii. Maintains an errors and omissions insurance policy in an amount not less than \$1 million; or

- c. Conducted through an Oregon health professional licensing board, if required for students by such Board. (For example, students of pharmacy are required by the Oregon Board of Pharmacy to obtain an intern license prior to engaging in clinical training and must undergo a national fingerprint-based background check.)
- 2. A criminal records check must include the following:
 - a. Name and address history trace;
 - b. Verification that the student's records have been correctly identified, using date of birth and a Social Security number trace;
 - c. A local criminal records check, including city and county records for the student's places of residence for the last seven years;
 - d. A nationwide multijurisdictional criminal database search, including state and federal records;
 - e. A nationwide sex offender registry search;
 - f. A query with the Office of the Inspector General's List of Excluded Individuals/Entities (LEIE);
 - g. The name and contact information of the vendor who completed the records check;
 - h. Arrest, warrant and conviction data, including but not limited to:
 - i. Charges;
 - ii. Jurisdictions; and
 - iii. Date.
 - i. Sources for data included in the report.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

Hist.: OHP 8-2013, f. 9-30-13, cert. ef. 7-1-14; OHP 4-2015, f. & cert. ef. 7-1-15

NAPBS: <http://www.napbs.com/resources/about-screening/>

An OHA recommended site is [Fieldprint](http://www.fieldprintfbi.com/FBISubPage_2col.aspx?ChannelID=266) or
https://www.fieldprintfbi.com/FBISubPage_2col.aspx?ChannelID=266

Appendix D: Policy for Required Immunizations, Screenings, Trainings, and Insurance & Liability Coverage

Externships have standardized requirements established under [Oregon Administrative Rules 409-030-0100](#), that students may be asked to submit.

For additional information, documentation requirements, and exceptions, please see Oregon Administrative Rules [409-030-0100 to 409-030-0250](#).

Immunizations:

Evidence requires documented receipt of vaccine or documented immunity via titer or valid history of disease, or a record from the Oregon ALERT Immunization Information System. Per CDC guidelines.

- ✓ *Required* Hepatitis B (Hep B)
- ✓ *Required* Measles, mumps and rubella (MMR)
- ✓ *Required* Tetanus, diphtheria, pertussis (Tdap)
- ✓ *Required* Varicella
- ✓ *Recommended* Polio
- ✓ *Recommended* Influenza (seasonal flu)

Screenings:

- ✓ Tuberculosis (TB)
 - Facility choice of skin test or IGRA Blood test in accordance with CDC guidelines
- ✓ Substance Abuse
 - 10-panel drug screen, which must include screens for the following eight substances: Amphetamines, including methamphetamines; Barbiturates; Benzodiazepines; Cocaine; Marijuana; Methadone; Opiates; phencyclidine.
- ✓ State/Nationwide Criminal Background Check (see Appendix C):
- ✓ Must include Social Security Number trace, state/national criminal background history, sex offender registry check, and OIG LEIE check.

Trainings:

- ✓ CPR/Basic Life Support (BLS) for healthcare providers. It is recommended that trainings comply with the American Heart Association standard
- ✓ Bloodborne Pathogen training (OSHA)
 - OSHA-recommended safety guidelines, including the following. Schools must verify student familiarity or exposure to topics:
 - Fire and electrical safety;
 - Personal protective equipment;
 - Hazard communications; and
 - Infection prevention practices.
- ✓ *Site-specific* privacy and confidentiality practices. Will occur at EACH facility.
- ✓ *Site-specific* orientation and on-boarding. For example, facility-specific protocols for safety, security, standards of behavior, etc. Will occur at EACH facility.

Insurance and Liability Coverage:

Students or health profession programs must demonstrate that students have:

- ✓ Professional liability insurance coverage and general liability insurance coverage, or
- ✓ A combined policy that includes professional and general liability coverage.

The coverage must remain in place for the entire duration of each placement. The health profession program may offer coverage for students through a self-insurance program or the student may obtain coverage individually. It is also recommended but not required that the student obtain some form of health insurance coverage.

Exemptions for Clinical Facilities:

A number of facilities have requirements that are set at the federal level (e.g., Department of Veterans' Affairs facilities) or are otherwise separately developed (e.g., state prisons and correctional facilities). If you wish to do a clinical rotation at those sites, you will need to meet the administrative requirements set forth by those facilities.

Additionally, if the clinical facility has fewer or less stringent requirements for newly hired, non-student employees, it may request an exemption from specific categories of these rules. For example, if it does not require a new hire at the facility to complete a background check, the facility may request an exemption from the rules so that students do not have to complete a background check either. However, students would still need to follow these requirements for the other categories (immunizations, trainings, and evidence of insurance policies).

Background:

As dictated in [SB 879 \(2011\)](#), the standardized set of administrative requirements was determined through a comprehensive and extensive process that involved experts, a wide variety of stakeholders, and public input. The intention of SB 879 was: to mitigate inconsistencies that currently exist across clinical facilities; to promote efficient solutions to reduce costs for students, health profession programs and clinical facilities; and to ensure patient, clinical staff and student safety.

For more background information, including a list of FAQs, please visit:

<http://www.oregon.gov/oha/OHPR/Pages/sct.aspx>

**Appendix E: University of Oregon Clinical Psychology Doctoral Program
External Practicum Forms
University of Oregon
Clinical Psychology Program
Agreement for External Clinical Work**

PART I: Student

Student Name:	Year in Clinical Program:
Academic Advisor:	
Completed Psychology Training Clinic Practica:	
Site of proposed clinical work (site name, address, etc.): • Site Name: • Address: • Phone:	
Period of proposed work (month/year – month/year): <i>*note, approval of this document must be obtained before the listed start date here</i>	
Site supervisor's information – • Name: • Credentials: • Phone: • Email:	
Description of Site (e.g., private practice, VA Medical Center, community mental health center, etc.):	
Description of population served (e.g., infant, children, adolescents, adults, at-risk youth, etc.):	
Description of clinical activities (e.g., assessments, treatment format and modality, manuals to be used, report writing, etc.):	
Approximate number of face-to-face client hours per week:	
Supervision agreement (include supervision format, frequency of supervision, number of hours of face-to-face supervision):	
Mode of delivery of services (in person, telehealth, both):	
Mode of delivery of supervision (in person, telesupervision, both):	

Description of training/oversight of telesupervision and telehealth provided (if telehealth and/or telesupervision are utilized):
Other activities at site (e.g., team meetings, etc.):
Please describe how your clinical work at this site would be consistent with our clinical scientist training model:
Please describe how clinical work at this site would support and further your individual training needs and goals:
Student Agreement: • If any of the above information changes, I will notify the department's graduate coordinator. • I understand that a request will be made of the site supervisor to evaluate my progress at least twice (mid-year, year-end) each year of the practicum experience. I also understand that the site supervisor may contact our Director and/or Associate Director of Clinical Training or Faculty External Practicum Coordinator if there are any questions or concerns. • If I have registered for Psy 606 Practicum credits, the graduate coordinator will reach out to the site supervisor prior to finals week of that term to confirm participation. The Faculty External Practicum Coordinator or DCT will be the instructor of record. • If this is an external practicum (on campus, but outside of Psychology Clinic), I have registered for at least one 606 Prac credit (contact Lori for details). • I will not start my external practicum until the DCT or Faculty External Practicum Coordinator has approved this form and I receive a notification.
Student's Signature: Date:

PART II: Site Supervisor

A student in our doctoral program in clinical psychology is requesting approval for clinical work under your supervision at your site. Please review the student's request above and indicate your agreement to the following.

- I have read and agreed with this proposal for clinical work. It is understood that the student has not completed the PhD program and is not licensed as a psychologist. Therefore, neither the student nor the practicum site will represent the student as a psychologist. The site or the student will inform clients that the graduate student is providing services as part of professional training.
- I understand that the department will require an evaluation on the student's progress at least twice a year (mid-year, year-end) for each year of the practicum agreement.
- Supervision will include direct observation (i.e., live or videotaped observation, feedback from other supervisors, review of clinical records, discussions in supervision, participation in meetings, or audiotape review of clinical work).
- The site is in compliance with *APA Ethical Principles of Psychologists* and *APA Standards for Providers of Psychological Services*.
- I have discussed any site specific documentation (ex. Proof of liability insurance, proof of vaccinations) and/or onboarding requirements with the student trainee.
- If I have questions or concerns, I can contact the Director of Clinical Training Maureen Zalewski, zalewski@uoregon.edu), the Faculty External Practicum Coordinator Michelle Fenesy (mfenesy@uoregon.edu), or graduate coordinator (Lori Olsen, lolsen@uoregon.edu).

Supervisor's name:

Supervisor's signature:

Date:

If supervisor is not a licensed psychologist,

Licensed psychologist's name:

Licensed Psychologist's signature:

Date:

PART III: Departmental Approval

Faculty External Practicum Coordinator: Michelle Fenesy, PhD

Signature:

Date:

This document will be placed in the clinical trainee's academic file by Lori Olsen (lolson@uoregon.edu) in the Department of Psychology, University of Oregon.

*PLEASE NOTE: Prior to commencing their enrollment, all students are required to submit a state and nationwide criminal background check (See Appendix C). Students may need to provide evidence of immunizations and required trainings prior to engaging in some external placements (See Appendix D).

Health Care Facility Exemption Request
Administrative Requirements for Health Profession Student Clinical Training
[Oregon Administrative Rules 409-030-0100](#)

OAR 409-030-0150(2): Clinical facilities that have fewer or less stringent administrative requirements for newly hired non-student employees may request exemption from specific provisions of OAR 409-030-0170 through 409-030-0240 for students performing clinical placements at that site. However, clinical facilities may only request exemptions from the specific category or section of these rules in which their requirements for newly hired, non-student employees are less (such as immunizations, screenings, trainings). Clinical placement sites with an exemption to a specific category of the administrative requirements must still abide by all other sections of these rules.

Health Care Facility Exemption Request form can be obtained from the Graduate Secretary or Community [website](#).

Appendix F: Students in the Clinical Training Program with Non-Clinical Faculty Advisors

Some Psychology graduate students whose advisors are not members of the Clinical Faculty may want to be in the clinical training program. The goal of the program is to train clinical scientists for research careers. Admission to our clinical program is not appropriate for a student who is seeking a career as a clinician or may have ambivalence about a research career.

The Clinical Faculty members have final say on admission to the clinical training program. Clinical Faculty members and practicum supervisors have professional and ethical responsibilities to protect the welfare of clients. Clinical students must be able to work effectively with clients, supervisors, and colleagues in clinical practica, in their internship, and in other clinical settings. Thus, academic and intellectual credentials are not the sole criteria for admission to the clinical program. If the Clinical Faculty members determine that a prospective student does not have the ability to work effectively with clients, supervisors, and colleagues, they will not be admitted to the clinical training program. If difficulties arise with the student's clinical training after they are admitted to the clinical training program, the procedures described in Appendix G (Guidelines for Professional Ethics at the University of Oregon) of the Guide to the Clinical Psychology Program will be followed.

In allowing their students to be admitted to the clinical training program, faculty outside the clinical training program agree to respect the judgment and decisions of the Clinical Faculty members and practicum supervisors regarding students' clinical training. Faculty outside the clinical training program who allow their students to be admitted to the clinical training program also agree to support their students with their additional clinical training responsibilities and to support and consult with the Clinical Faculty and practicum supervisors who provide the clinical training.

Appendix G: Guidelines for Clinical Psychology Doctoral Program Professional Ethics

Overview

A priority in clinical training at the University of Oregon is to teach, supervise, and support growth in the ethical and professional integrity of clinical psychologists and scientists. Clinical psychologists often work with vulnerable clients, whose welfare is of utmost importance. While it is recognized that students are training to become clinical psychologists, student training needs must not compromise the welfare and safety of clients.

The clinical psychologist is often faced with complex if not difficult decisions and communications related to ethical and professional behavior, which often require discussion and consideration of multiple perspectives. As an APA accredited program, we adhere to the ethical principles articulated by APA (revised and effective June 1, 2003 including 2010 and 2016 Amendments). This code can be found on the internet at <http://www.apa.org/ethics/code/index.aspx>. In general, it is expected that students and faculty will refer to the APA ethics code for guidance and problem solving when confronted with questions regarding professional and ethical behavior while engaged in clinical training, including clinical work, research, coursework, and teaching, at the University of Oregon.

It is not unusual for questions, ambiguities, and potential disputes regarding ethical and professional behavior to emerge in the course of clinical training. In fact, questions regarding ethical and professional behavior provide an ongoing opportunity for growth and development in a doctoral training program. Discussions of these issues between faculty and students, among students, and among faculty are encouraged. However, graduate, academic, and professional careers are often vulnerable to informal communications regarding ethical and professional behavior, or the lack thereof. In this sense, discussions about ethics and professional behavior can have inadvertent, unintended long-term effects on individuals as well as undermine a supportive climate for clinical training. In order to facilitate an environment that promotes professional and personal growth as well as one that promotes the discussion of norms and values related to professional conduct, we offer the following guidelines and principles.

Communication Principles

In general, discussions, questions, and concerns about ethical and professional behavior in the course of clinical training are to be localized within the training context in which they occur. In the spirit of clinical training, such questions should first be discussed directly with the person(s) involved. If the concerns or questions require faculty guidance, then the faculty directly responsible for the clinical training context is first consulted. Under most circumstances, concerns about ethical and professional behavior will be resolved between the student and the faculty member responsible for the clinical training. Students are responsible for informing faculty of any of their actions that may have potential ethical implications.

In the event that a situation is ambiguously unethical or unprofessional, or other consultation is desired (e.g., seeking best strategies for raising the issue with involved individuals),

students and faculty may discuss the situation with the faculty member responsible for the clinical training. If such a situation arises, it should be presented to the faculty member as hypothetical and extreme care should be exercised to keep the identity of the involved individual(s) anonymous. In some cases, after these communications have occurred, it may be necessary to discuss these with the Director of Clinical Training (DCT), or other relevant faculty members. In general, the clinical training program at the University of Oregon does not support the following communication practices:

1. Informal discussion of ethical and professional behavior that cultivate unsubstantiated impressions of misconduct;
2. Submitting anonymous reports or allegations that are ill informed, or that have not been discussed with the individuals directly involved;
3. Discussions that promote unsubstantiated or incorrect information, or distortions of ethical and professional behavior;
4. In cases where misconduct is substantiated, informal discussion of such misconduct.

Given the mission of clinical training, the majority of discussions and questions about ethical and professional behavior are seen as educational and professional opportunities. In rare cases, concerns about ethical and professional behavior may not be resolved simply as an education or training issue, but turn into a more formal allegation requiring remediation, and possible action by the DCT and the clinical faculty as a whole.

Addressing Misconduct Issues

If a concern or allegation of ethical or professional misconduct requires attention by the DCT, the following serve as guidelines for addressing these concerns:

1. When a concern is raised with the DCT about a graduate student, the DCT will notify the student and the student's advisor. The student may consult an advocate other than their advisor (e.g., another faculty member, university advocate). Moreover, if the student's advisor is the DCT, the student may consult with another faculty member.
2. If the concern involves clear evidence of serious professional or personal misconduct that requires the attention of the Clinical Faculty, the DCT will discuss the concern at a meeting of the Clinical Faculty. Upon request through the Director of Clinical Training, the student may be invited to appear before the Clinical Faculty to present her/his side of the issues. Serious professional misconduct is an issue of concern to all the Clinical Faculty because such behavior could be grounds for dismissal from the program.
3. If the evidence for the concern is not clear, the DCT will decide whether the issue warrants discussion by the Clinical Faculty.
4. At any stage after a concern is raised, the DCT may consult with relevant department administrators (e.g., Clinic Director, Chair of the Graduate Education Committee, Department Head).

Remediation Procedures

Due process is utilized in resolving concerns about a student's behavioral, academic, or ethical performance. The general remediation procedure is outlined below:

1. Review the concerns regarding the student.
2. Request and receive, where appropriate, further written evaluations from faculty and supervisors.
3. Convene, when necessary, a meeting in order that the faculty member(s) and student may share concerns and arrive at a specific program of remediation.
4. Review the student's standing, making a recommendation that the standing be maintained or changed. The student will be notified in writing of this recommendation.

If a student receives a 2 or lower on a final profession wide competency evaluation for a practicum, a remedial action plan will be pursued. Specifics of the remedial action plan may include input from the external practicum coordinator, the site supervisor, the student, and the students' advisor but will ultimately be specified by the DCT. This remedial action plan will be signed by the student, the DCT, and the student's primary advisor and placed in the student's file. Typically, remedial plans of PWC ratings of 2 or lower will be handled by the DCT who will directly work with the student. If the pattern of ratings or concerns raised extend beyond what the program is able to address, steps 5 and beyond will be taken.

Notification of recommendation to the student, should remedial action be deemed appropriate, including possible probation, dismissal or a leave of absence. Specific expectations that the student must meet before the student is reconsidered for reinstatement to full status in the program will be clearly outlined in the letter.

1. If probation, dismissal, or leave of absence is being considered, a letter will be written in consultation with the Director of Clinical Training, the Chair of the Graduate Education Committee, and the Department Head. It will include:
 - a. A description of the issues to be addressed
 - b. A plan for addressing each issue
 - c. A description of any previous efforts to address or prevent each issue
 - d. Criteria for determining that the issues have been remedied or resolved
 - e. A timeline for review
2. Determine the nature, type, and frequency of subsequent reviews.
3. If the student, having notification of the faculty member(s)'s recommendations, believes the procedure unjust or this decision unfair, or that new information could lead to a different decision, they may present an appeal in writing to the Director of Clinical Training. The appeal will be maintained in the student's permanent file.
4. If a student is to be suspended from participation in training, they must be notified in writing. The letter will state the time frames and limits of the temporary suspension and its rationale. A copy of the letter is to be maintained in the student's permanent file.

Detailed information about the formal university grievance policy can be found at the Division of Graduate Studies website- <https://graduatestudies.uoregon.edu/academics/policies/general/academic-grievances>

Student Termination

Clinical psychologists often work with vulnerable individuals. Thus, adherence to ethical standards is particularly important in clinical psychology, and problems involving professional competence are taken seriously. Student training needs must not compromise the welfare and safety of clients. Students encounter three types of problems that could lead to program termination:

1. Behavioral problems that include the student's inability or unwillingness to follow directions, to accept and respond appropriately to feedback, to work successfully with others, or extreme social insensitivity or mental health situations that affect the student's ability to be a successful psychologist.
2. Academic factors that may include the student's inability or unwillingness to acquire and demonstrate competence in program content, or to comply with the program, Department, College, and University procedures.
3. Legal/ethical factors that may include the student's use of inappropriate language or actions, or violation of university rules or violation of state laws, all of which demonstrate the student is not meeting professional standards.

Such serious problems may preclude the consideration of remediation until it is determined whether the student will be allowed to continue in the clinical program. When such a problem or problems occur, program faculty must review the student's behavior at the next available program meeting. Prior to this meeting, the faculty person involved (e.g., advisor, supervisor, or Director of Clinical Training) will notify the affected student as to the issues and concerns. The student may choose to work with this faculty person, or another faculty person, to present information to the faculty. Information may be presented in verbal or written form.

Upon request through the Director of Clinical Training, the student may be invited to appear before the Clinical Faculty to present her/his side of the issues.

After presentation of information by all parties involved, the Clinical Faculty in consultation with the Chair of the Graduate Education Committee and the Department Head, will first establish whether unethical or unprofessional behavior is present. If a majority vote does not support a judgment that unethical or unprofessional behavior is present, the issue will be dropped without prejudice to the student, and no reference to the behavior will be made in the student's records. If the faculty votes that there is evidence of unethical or unprofessional behavior, then they will vote to determine whether the behavior warrants dismissal. A majority vote that includes participation of the Chair of the Graduate Education Committee and Department Head, is necessary to dismiss the student. If the student is not dismissed, the faculty must specify the specific contingencies for retention including the behavioral change necessary, the criteria and process to be used in evaluating progress, and the dates by which change must be evidenced. The Director of Clinical Training will be responsible for monitoring the retention program and bringing information back to the faculty within the guidelines and time lines established. Failure to satisfactorily complete the remediation program will result in dismissal from the program.

Appendix H: UO Registration Policy for Required Internship Year

The American Psychological Association requires that Clinical, Counseling, and School Psychology doctoral students complete a 1-year internship before being awarded the doctoral degree. The UO Graduate School has created an oral defense and dissertation submission policy that allows students in these programs to defend, submit, and receive final Graduate School approval of the dissertation before the internship begins and then delay graduation until the internship has been completed.

International Students are strongly encouraged to meet with the graduate coordinator regarding registration requirements and Curricular Practical Training (CPT) documentation early in the defense planning process.

Students who have successfully defended, submitted, and received final Graduate School approval of the dissertation and received an internship assignment can apply for up to four terms of “On Leave” status. These students will not be required to pay tuition or fees during these terms and their degree term is the term in which the internship ends.

Students who have not defended and completed the dissertation before embarking on an internship must continue to follow the continuous enrollment policy (3 graduate credits each term) until they successfully defend, submit, and receive final Graduate School approval of the dissertation. If students are using services or faculty assistance they must be enrolled for at least three credits. This policy includes students not in residence while writing a thesis or dissertation, but using faculty assistance, university services or facilities such as sending chapters to an adviser by mail or email for feedback. Once the student has successfully defended and the dissertation has received final Graduate School approval these students become eligible for On Leave status as described above.

Students also are responsible for complying with all other applicable Graduate School deadlines and requirements related to dissertations and graduation. The On Leave terms associated with the internship requirement are in addition to the six terms of leave status that are available to all doctoral students.

EXAMPLES

Student A defends, submits, and receives final Graduate School approval of the dissertation in Spring term before the internship year. Student can be On Leave for up to four terms, depending on which term student completes the internship.

Student B defends, submits, and receives final Graduate School approval of the dissertation in Winter term of the internship year and will complete the internship during the following Summer term. Student registers for at least 3 credits of Dissertation during Fall term if working with the committee or advisor. Student will register for at least 3 credits of Dissertation during Winter term, will be On Leave for Spring and Summer term.

Student C defends, submits, and receives final Graduate School approval of the dissertation in Spring term, which is the last term of the internship year. Student will register for at least 3 credits of Dissertation during Fall and Winter terms if working with the committee or advisor. Student registers for 3 credits of Dissertation during Spring term.

Appendix I: University of Oregon Clinical Psychology Program Telesupervision Guidelines

Rationale for Telesupervision

We use telesupervision when in person supervision is not feasible, practical, safe, or when telesupervision is pedagogically appropriate. Telesupervision may be used in the following scenarios:

1. a) As a primary mode of supervision when offering services with an agency/supervisor who is located outside the Eugene/Springfield community to provide training opportunities that would not otherwise be possible,
2. b) As a primary or secondary mode of supervision when offering services with a supervisor whose agency is in Eugene/Springfield but for which that supervisor does not work on site and/or inconsistently works on/off site
3. c) As a secondary mode of supervision when either the trainee or supervisor is ill or if there is inclement weather
4. d) As an emergent mode of supervision when clinical emergencies arise that require more detailed consultation than is available through the phone when the supervisor is not at the training site or it is not practical for the student to attend the site because it is not their typical site day.
5. e) As pedagogy to train students in telesupervision and/or teletherapy

Telesupervision's Consistency with Program Aims and Training Outcomes

In scenarios a + b), telesupervision offers trainees experiences that would otherwise be unavailable to them or not feasible for site supervisors based on their agency workplace policy. In scenario c), telesupervision maintains the continuity of supervision during unexpected events that do not compromise a supervisor's or trainee's fitness to practice but that would impede meeting in person and providing continuous care to clients. In scenario d), telesupervision provides supervisors the ability to provide supervisor to emergent issues in clinical care. Finally, in e) we recognize that utilization of telesupervision and telehealth in the field of mental health is common in the field and that it is important for our students to have training experiences in this modality.

How and When Telesupervision is Used in Clinical Training

Students will be allowed to participate in telesupervision as a method of receiving supervision when telesupervision is a) indicated for service provision, b) reasonable as a secondary supervision modality, c) required to address emergent client needs, or d) pedagogically indicated. Supervisors and supervisees may access telesupervision either from their individual offices and in some cases from a secure and confidential space within a home.

It is important to note that because our Core Adult and Core Child Practica, for which all students are required to do, use in person supervision as the primary mode, our program does not believe it is necessary to stipulate a minimum number of in person supervision hours. At a minimum, all of our students receive two academic years of in person supervision, and it would be highly unlikely that beyond these required training experiences, a student only obtain telesupervision for all remaining clinical training experiences. We further believe that obtaining supervision via in person *and* via telesupervision optimally trains students for their professional roles.

How Trainees are Determined Fit to Participate in Telesupervision

All trainees will be afforded the opportunity to have telesupervision as an option for receiving supervision when telesupervision is indicated or reasonable. All students in the clinical program Foundational knowledge of telesupervision is covered at a minimum in the following courses: Clinical Ethics (1st year clinical training sequence), Adult Core Practicum, Child Core Practicum, and Supervision & Consultation. Further, students and site supervisors will indicate the method of supervision on the External Practicum Form. All external practicum forms are approved by the Faculty Practicum Coordinator for review and approval.

How Trainee-Supervisor Relationship is Established at Outset of Supervision

Before beginning telesupervision, the supervisor will instruct the trainee on any site specific requirements for telesupervision or telehealth and verify the suitability of the trainee's environment for telesupervision.

How Off-Site Supervisor Maintains Full Professional Responsibility for Cases

As is standard for all of our supervisors (External and/or Psychology Training Clinic), the supervisor who conducts telesupervision will maintain full oversight and professional responsibility for all clients for whom the trainee provides services.

Maintenance of Client and Trainee Privacy and Confidentiality

During telesupervision, client material will not be discussed without using HIPAA-compliant technology. Both trainee and supervisor will also be in private locations during telesupervision where patient privacy and confidentiality will be assured, which may include using headphones or other in-ear technology and orienting computers or phones toward walls without windows.

Technology and Technology Training Used in Telesupervision

All clinical students have the UO's HIPAA-compliant Zoom account. Sites not using HIPAA-compliant Zoom accounts will provide alternative HIPAA-compliant videoconferencing methods to trainees at no cost to them.