

HANDBOOK FOR DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY

Virginia Commonwealth University
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Introduction

Virginia Commonwealth University (VCU) was created in 1968, following the merger of Richmond Professional Institute and the Medical College of Virginia. In 1971, the State Council of Higher Education for Virginia approved VCU's doctoral program in Clinical Psychology and the Clinical Psychology program subsequently graduated its first doctoral student in 1975. In that same year, the APA Committee on Accreditation granted full accreditation to the Clinical Psychology doctoral program, and the program has maintained fully accredited status since that time. The program was admitted to the [Academy of Psychological Clinical Science](#) in 1995.

The Clinical Psychology program is designed to produce competent, creative professionals who are capable of functioning in research, academic, and/or clinical settings. The Clinical Psychology program presently has 50-60 students at various levels of training, accounting for more than one-third of the Department's total graduate student enrollment. Since our first graduate in 1975, we have graduated over 355 PhD's in clinical psychology. They have taken faculty, staff, administrative, or practitioner positions in psychology programs housed in university departments of arts and sciences and medical schools, community mental health centers, clinics, hospitals, prisons, private practice, and state departments of mental health.

The Clinical Psychology doctoral program curriculum is designed for students to spend four or five years on campus and a fifth or sixth year on pre-doctoral internship. Coursework is heaviest in the first and second years, with the model curriculum designed so that students need to take only 1-2 courses per semester in their third year, so that they can focus on their research and clinical practicum; and, ideally, no courses during the fourth and fifth year so that students can engage in their off-campus clinical practicum, work on their dissertation, and apply for internship. [Here is general information about the VCU clinical program.](#)

Program Aims

The Clinical Psychology program at VCU is committed to excellence in scholarship and clinical training from the scientist-practitioner model. Our goal is to train clinical psychologists in scientific principles and empirically-based theoretical models to guide the study and treatment of psychopathology for diverse groups of individuals. Accordingly, student learning outcomes include demonstrating competence in: (a) scientific research; (b) the delivery of clinical services (therapy and assessment) and related documentation; and, (c) cultural competence in science and practice.

The program faculty established the following aims for the program:

1. **Produce graduates who have empirical research skills and grounding in the science of psychology in order to produce new empirical literature and understand and evaluate the existing empirical literature in psychology.** The primary aim of the program is to train scientist-practitioners. This involves imparting substantive knowledge in the core areas of psychology, providing an intellectual climate conducive to analytic and integrative thinking, and developing the experimental design and evaluation skills that will enable students both to conduct scientific research and to integrate the findings

of others into their own research and clinical work. As our guiding philosophy asserts, we want our students to apply state-of-the-science applications to the range of their clinical activities. In short, our program strives toward the ideal scientist- practitioner training balance; however, if imbalance occurs, we prefer that it favor science and research.

2. **Produce graduates who engage in the practice of clinical psychology using evidence-based approaches to understanding, evaluating, and intervening with clinical disorders and dysfunctional behaviors.** A major program aim is to produce students who have a firm grounding in evidence-based practices of clinical psychology. This requires development of strong empirical and theoretical knowledge in the core areas of clinical psychology, including psychopathology, behavior change, and experiential training in psychological assessment, intervention, and program evaluation techniques. In the context of this knowledge, students will be provided with extensive clinical opportunities in several different domains to promote development of both generalist clinical skills empirically linked to clinical efficacy and effectiveness as well as treatment model specific skills. These skills will be developed through intensive supervision experiences with both Clinical Program faculty and community-based licensed clinicians. Students will begin with supervision utilizing session digital recordings of treatment and assessment sessions to ensure that supervisors get a first-hand look at the emerging skills of the students.
3. **Produce graduates who understand individual and cultural diversity and are able to apply this understanding in research and clinical settings.** Another important aim of our training program is to provide a culturally diverse environment in which to train future psychologists. Our clinical psychology program has adopted as an important program priority the recruitment and promotion of faculty and graduate students from diverse backgrounds. This priority is integral both to our own educational values as well as to the special mission of VCU as a comprehensive university embedded in the urban core of Richmond, Virginia.
4. **Produce graduates who have knowledge of and adhere to the ethical standards of the profession and who demonstrate appropriate professional conduct and relationships.** Students are exposed to a wide array of role models who embody the values of the scientist-practitioner model, including those who have impeccable ethical standards, deep understanding of and appreciation for cultural and individual diversity, and strong attitudes toward life-long learning, scholarly inquiry, and professional problem solving. Students are also trained to engage as scientist-practitioners in all settings in which they work and throughout their careers.

Overview of Major Program Features

Specialty Concentrations

Upon entry into the program, each student is matched with an academic advisor. The advisor is the Clinical Psychology faculty member with whom the student aligned during the admissions process. This match is made on the basis of congruence between a student's stated interests and a faculty member's specialty areas. To facilitate formal research involvement, during the fall semester of the first year, students work under the supervision of their advisor in a research practicum.

The Clinical program admits students into one of two concentration areas (Behavioral Medicine or Child and Adolescent), which provide more in-depth training in their respective areas of emphasis. The concentration in [Behavioral Medicine](#) emphasizes training in clinical health psychology, prevention, program development, consultation, and health promotion. The concentration in [Child and Adolescent](#) focuses on developmental psychopathology and treatment of underserved youth in schools, primary care practices, hospitals and other community settings. The areas of emphasis in each concentration are complementary to one another.

Research Emphasis

Excellence in research is a major program objective. Research projects may be carried out in both laboratory and applied settings. Students may conduct studies that are experimental, correlational, combine experimental and correlational components, involve single-case designs, or qualitative methodology. Program evaluation projects conducted in health settings and schools are also allowed. In addition to these research activities, students are encouraged to submit articles for publication based on their master's thesis, dissertation research, and their Preliminary Examination; to present research findings at professional meetings; and to get involved in faculty research programs.

Graduate Student Financial Support

Information about graduate student funding can be found in the Department of Psychology's [Graduate Student Handbook](#).

Center for Psychological Services and Development

Initial clinical practicum training, under the direct supervision of Clinical faculty members, takes place in our community-oriented training clinic, the [Center for Psychological Services and Development](#) (CPSD). The CPSD is a non-profit outpatient facility operated by the VCU Department of Psychology. The CPSD provides a wide range of assessment and treatment services for children and adults. Students, working with a limited number of clients, learn the basics of assessment and treatment processes under the close supervision of Clinical faculty supervisors.

In the CPSD, students obtain experience in a multidisciplinary mental health center where flexibility of treatment approaches and empirical evaluation of agency functions are routinely

applied. Students learn how to incorporate the use of technology into mental health services, conduct routine outcome monitoring, or deliver telehealth therapy. Data collected on clients are used to adjust daily operations of the CPSD to meet changing client, student and faculty needs, and to evaluate treatment effectiveness. Digital video recording is used in all CPSD training activities.

Clients are selected for treatment at the CPSD on the basis of match with the training needs of the students and suitability for an outpatient training clinic. In addition to therapy, students at the CPSD conduct psychological evaluations. Individuals, as well as schools, mental health agencies and other entities request these evaluations. Training in the theory, application, and mechanics of assessment, report writing, and professional communication is provided through these evaluation cases. Approximately one-fourth of CPSD clients come from the VCU student body.

To provide students with more diverse and specialized experiences during their first year of clinical training at the [CPSD](#), students may also choose to train at the [Primary Care Psychology Training Collaborative](#), which is housed at safety net primary care clinics around the City of Richmond, comprising both pediatric and adult sites. Students in their second and third years, and some in their fourth year, are involved in these clinics and have expressed a great deal of satisfaction with these training experiences.

Assessment Training in the Clinical Program

A major goal of the program is to provide students with excellent training in psychological assessment. The priorities of our assessment training are driven by our vision of the field of clinical psychology. Our priorities inform course requirements and course content. As such, some assessment topics are covered in depth, while others receive less formal attention. Assessment training also varies by specialty concentration.

Core areas of training represent those that ALL students in the program must master. Due to their enduring nature, these areas are likely to be included in the training program regardless of faculty or student interests. Specialty areas represent topics that are only covered within a specific concentration. These areas will fluctuate based on the science of our field, as well as individual faculty interests.

Below is a list of the core topics for assessment training. Each is followed by a brief description of the depth of coverage the program requires. Note that sometimes these decisions vary by concentration. Please note also that these are the MINIMUM standards of the program. We do not mean to imply that a student cannot exceed these standards. We have established these as the MINIMUM level of experience/exposure we expect students to have when they graduate from our program.

1. Intelligence Tests. Students should demonstrate competence in the administration and interpretation of intelligence tests, as well as production of a written report.
2. Achievement Tests. Students should demonstrate competence in administration and interpretation of achievement tests, as well as production of a written report.
3. Structured Diagnostic Interviews. Students should demonstrate competence in diagnostic interviewing.

4. Behavioral Assessment and Functional Analysis. Students should demonstrate competence in using behavioral assessment and functional analysis to inform their conceptualization and treatment of clients.
5. Self- and Other-Report Scales (includes screening tools, symptom measures, adaptive behavior measures, and construct scales). Students should demonstrate competence in using scales to inform their conceptualization and treatment of clients.
6. Mental Status Exam (MSE). Students will at a minimum have learned about the MSE and observed its performance in class.
7. Outcome Measurement During Treatment. Students should demonstrate competence in using assessment to measure outcomes during treatment and to inform their conceptualization and treatment of clients.
8. Cognitive Screening Exam
Behavioral Medicine Concentration: Students should demonstrate competence in using cognitive screening exams to inform their conceptualization and treatment of clients.
Child and Adolescent Concentration: Not applicable.
9. Personality Assessment Tools. Students will be exposed to personality assessment tools through classroom instruction and readings.
10. Projective Tests. Students will be exposed to projective tests through classroom instruction and readings.

In addition to these core topics, students should demonstrate a solid understanding of those psychometric principles essential to assessment training. Students also complete several full, integrated reports before completing their training. Reports do not need to be “instrument specific.” As such, there are no specific mandates about which tests and/or measures need to be included in reports. Rather, students complete several assessment cases, for which they write integrated reports that are relevant to their area of specialty and that demonstrate their mastery of the tools of that specialty, including an expertise in the interpretation of relevant test data.

Participation of Community Agencies and Professionals

Our program endorses close participation and collaboration with mental health agencies and professionals in the Richmond area. With our program embedded in a community-oriented urban university, this liaison is especially important. We continually seek to identify professionals in the community whose scholarly and clinical interests match our own. Community professionals are employed to teach courses, offer special seminars or clinical staffing presentations for our students, supervise individual students on therapy or testing cases, and supervise training clinics. In addition, in their fourth and fifth years, students receive clinical practicum training in an off-campus community agency where they are supervised directly by a licensed clinical psychologist employed by the agency. To the extent possible, students are placed with agencies that serve clinical populations or with supervisors who provide skills and theoretical orientations consistent with the student’s specialty area.

Summary of Philosophy, Model, and Options of Training

The design of our Clinical program is based on the scientist-practitioner model. We provide students a firm foundation in the core areas of general psychology (statistics, psychometrics, and

research design), and in the core areas of clinical psychology (psychopathology, measurement and assessment, psychotherapy and behavior change). Our emphasis is on training scientists who are also capable of functioning as practitioners in clinical settings. "Hands-on" clinical training is integrated with scientific training early in the program. Additionally, our program has a demonstrated commitment to human diversity, as we are housed within a Psychology Department with a commitment to diversity and multiculturalism through community-engaged research, teaching and outreach with relevant programs, goals and activities. Therefore, this commitment to diversity and inclusion is integral to our training philosophy and evident throughout our academic coursework, research, clinical training, and service to the VCU and larger Richmond community.

Clinical practicum training becomes increasingly coordinated with students' research and academic interests as these interests become more focused during the students' second, third, and fourth years in the program. A major mechanism for facilitating this integration is student experience at the CPSD and the off-campus practicum settings. Along with clinical training, elective coursework and research training are oriented toward each student's particular needs and interests within the framework of their specialty concentration or specialization area. Our goal is to produce competent scientist-practitioners with a strong sense of professional identity and personal responsibility who comport themselves in accord with the highest ethical standards of the profession.

Master's Degree Requirements

Students are admitted into the Clinical Psychology program only for full-time study towards the doctoral degree. However, all students must complete master's degree requirements prior to formal entry into the doctoral program. To meet master's degree requirements, students must complete the required coursework and a master's thesis involving empirical data.

Students admitted to the program who have already earned a master's degree in psychology that included an empirically-based thesis do not have to complete another thesis if their completed thesis is judged by the Clinical faculty to be equivalent in scope and quality to those required by our department. Such students ordinarily submit their master's thesis (in consultation with their advisor) to the Clinical faculty for approval after their first semester in the program. After the first semester incoming students who have had previous graduate work may apply to the Clinical faculty to transfer some previously earned credits toward VCU master's degree requirements. Previously earned practicum credits may not be transferred.

Faculty Advisor

As noted above, students are matched with a faculty advisor in the first year based on congruence of research and concentration specialty interests. Most students conduct their master's thesis research under their advisor or another clinical faculty member with similar interests. Occasionally, a student's research interests are most congruent with those of a faculty member outside of the Clinical program, and the student may thus desire to have this faculty member chair their master's thesis committee. In such cases, the student must make a formal request to the Clinical faculty outlining the specific nature of the project. Students whose research advisor is not a Clinical faculty member must maintain an academic advisor who is a Clinical faculty member.

Completion Expectations and Enrollment Restrictions

All departmental doctoral students are expected to successfully pass their final master's thesis oral defense no later than the last day of formal classes for the spring semester of their second year. In addition, students in the Clinical Psychology program may only participate in the match process for placement in an off-campus clinical practicum if they have defended their master's thesis or plan on defending it before May 1st. One purpose of this restriction is to permit the Clinical program to assure our off-campus practicum placement agencies that each student we assign will arrive with a master's degree in hand. Some sites require a master's degree prior to starting at that site and the student is responsible for finding out the policy for each site and creating their ranking list accordingly. The thesis advisor of students who have not defended their master's thesis by late March/early April (when the off-campus practicum match process typically starts) must send an email to the Director of Clinical Training (DCT) confirming that the student will likely defend by May 1st in order for a student to participate in the match. Students who anticipate defending after May 1st can be matched to a site not filled through the regular match process, using the same ranking process that other students are invited to submit. However, they cannot begin their placement at that site until they defend their master's thesis or have been certified as being ready to defend. For the latter, the master's thesis chair must certify

in an email to the DCT that the student is ready to defend the master's thesis but a defense cannot take place because of scheduling issues such as the absence of one or more committee members.

Curriculum Requirements

- [Read about coursework requirements for the concentration in Behavioral Medicine.](#)
- [Read about coursework requirements for the concentration in Child and Adolescent.](#)

TIP: Click on the Degree Requirements tab and then scroll down to the section Curriculum Requirements. Master's degree requirements will be marked with a superscript 1.

Doctoral Degree Requirements

Upon completion of master's degree requirements, students apply for continuation in the doctoral program by submitting a completed [Request for Continuation and Approval of Doctoral Program of Studies-Clinical Psychology Program](#) form. The continuation form summarizes degree requirements completed to date and the student's plans for completing remaining requirements.

- [Learn about the VCU Graduate School's policy on Degree Candidacy.](#)
- [Learn about the policy for the Behavioral Medicine concentration.](#)
- [Learn about the policy for the Child and Adolescent concentration.](#)
- [Learn about the policy for the Clinical Psychology program specifically.](#)

Students entering our doctoral program with a completed master's degree and an approved empirical thesis may be evaluated formally for continuation in the doctoral program as soon as they have completed all master's degree requirements at VCU (including course waivers or transfers). These students apply for continuation using the same procedure described above.

Policy on Program Completion

The Clinical Psychology doctoral curriculum is designed for students to spend four or five years on campus and a fifth or sixth year on an APA-accredited pre-doctoral internship. The first three years of graduate school residence concentrate on coursework, thesis research, and practicum experience with the fourth and fifth years largely reserved for the completion of off-campus practicum experience and dissertation research. A student entering the program with a master's degree and extensive clinical experience may petition to reduce the practicum requirements by one year, resulting in three rather than four years of residency. All academic training occurs while the student is in residence at VCU.

Students are encouraged to complete all Ph.D. requirements within five or six years. Students are required to complete all Ph.D. requirements within eight (8) years of their date of admission to the graduate program. Students are subject to dismissal from the program if this requirement is not met.

Students are expected to complete the requirements for the MS and PhD in an orderly, progressive sequence. Perhaps the greatest challenge in doing this is budgeting one's time and balancing the varied requirements of the program; i.e., coursework, comprehensive exams, independent research, and clinical work. A suggested calendar or timetable for doing this is presented in the Curriculum Requirements section below. It is also important to work closely with your advisor in planning and setting goals for each year.

Curriculum Requirements

- [Read about coursework requirements for the concentration in Behavioral Medicine.](#)
- [Read about coursework requirements for the concentration in Child and Adolescent.](#)

TIP: Click on the Degree Requirement tab and then scroll down to the section Curriculum Requirements.

In addition to courses focused on research and practice, APA requires that students in APA-accredited clinical programs acquire basic knowledge in areas described as "broad theoretical and scientific foundations of the field of psychology." The Department of Psychology and APA requirements overlap in several respects. One class can simultaneously satisfy both Departmental and APA requirements. The primary content areas designated by APA ("discipline-specific knowledge") include: (1) Biological Aspects of Behavior; (2) Affective Aspects of Behavior; (3) Cognitive Aspects of Behavior; (4) Social Aspects of Behavior; (5) Developmental Aspects of Behavior; and (6) History and Systems of Psychology. These requirements are largely the result of an APA assertion (that we agree with) that the very best PhD's are broadly trained.

Within the structure of the Clinical Psychology program, students have considerable freedom to pursue individualized interests through elective courses. These electives are selected by the student, in consultation with their advisor and should be chosen to provide greater depth in the student's specialized interest areas as well as a richer contextual framework for their research and clinical interests. A word of advice: elective courses are usually offered once every two or three years. Since these courses tend to be more specialized, their scheduling also depends on the availability of a qualified instructor. It is wise to think about your electives well in advance and to consult with your advisor or the DCT concerning the scheduling of these courses. If carefully planned, your elective schedule can allow you to develop expertise in special areas of interest (e.g., assessment, advanced statistical methods) within clinical psychology.

Below are summaries of the course recommendations for the PhD for each concentration. However, please note that this is a suggested (not required) course sequence and is dependent on course availability. If a suggested class is not taught in a semester or you are unable to enroll in the course, you can consider enrolling in another required or elective course. Discuss your options with your mentor. Classes that are required for the master's degree are indicated with a *.

Suggested Schedule of Classes for the Behavioral Medicine Concentration

Total of 87.5 credits are required for PhD (*40 credits required for MS degree).

Reminder: This is a recommended schedule; please consult with your advisor, the DCT, and check the program requirements from the [VCU Graduate Bulletin](#) (scroll down to Curriculum Requirements) to ensure that you have taken all the required courses and meet the minimum number of credits required for graduation.

Year 1

Fall Semester

- PSYC 616 Psychopathology* (3 credits)
- PSYC 667 Behavior Therapy* (3 credits). If this course is not offered, you could choose another class or to not take a class.
- PSYC 675 Ethical Principles of Psychology (2 credits)

- PSYC 644 Individual Tests of Intelligence* (3 credits)
- PSYC 680 Statistics in Psychological Research I* (3 credits)
- PSYC 798 MS Thesis* (1 credit)

Total credits = 12-15

Spring Semester

- PSYC 662 Diagnostic and Behavioral Assessment (3 credits)
- PSYC 673 Diversity Dialogues* (2 credits)
- PSYC 684 Research Methods in Psychology* (3 credits). Please enroll in the section for the Clinical and Counseling Students.
- PSYC 651 Theories of Counseling and Interviewing* (2 credits)
- PSYC 681 Statistics in Psychological Research II* (3 credits)
- PSYC 798 MS Thesis* (1 credit)

Total credits = 14

Year 2

Fall Semester

- PSYC 643 Principles of Psychological Measurement (2 credits)
- PSYC 629 Biological Basis of Behavior* (3 credits)
- PSYC 694 Clinical Practicum* (3 credits)
- PSYC 667 Behavior Therapy* (3 credits) or another required course/elective (3 credits)
- PSYC 798 MS Thesis* (2 credits)

Total credits = 13

Spring Semester

- PSYC 619 Learning and Cognition* (3 credits)
- PSYC 677 Minority Issues in Mental Health (3 credits)
- PSYC 661 Clinical Applications of Health (3 credits) or another required course/elective (3 credits)
- PSYC 694 Clinical Practicum* (3 credits)
- PSYC 798 MS Thesis* (2 credits)

Total credits = 14

Year 3

- PSYC 603 Developmental Processes (3 credits)
- PSYC 630 Social Psychology (3 credits)
- PSYC 660 Health Psychology (3 credits)
- PSYC XXX Electives at 600-level or higher (6 credits required for graduation)
- PSYC 798 MS Thesis (if thesis not completed)
- PSYC 694 Clinical Practicum (3 credits each semester)

- PSYC 898 Doctoral Dissertation (if MS degree completed; 3 credits each semester)

Years 4 through 6

- Any remaining class required for PhD.
- PSYC 694 Clinical Practicum (variable credit course repeated for maximum of 12 credit hours for PhD, six credit hours for M.S.)
- PSYC 898 Doctoral Dissertation (3 credits each semester; need a total of 12 to graduate)
- PSYC 696 Internship (1.5 credits required, .5 credit each for Fall, Spring, and Summer)

Suggested Schedule of Classes for the Child and Adolescent Concentration

Total of 87.5 credits are required for PhD (*40 credits required for MS degree).

Reminder: This is a recommended schedule; please consult with your advisor, the DCT, and check the program requirements from the [VCU Graduate Bulletin](#) (scroll down to Curriculum Requirements) to ensure that you have taken all the required courses and meet the minimum number of credits required for graduation.

Note, if a suggested class is not taught in a semester or you are unable to enroll in the course, you can consider enrolling in another required or elective course. Discuss your options with your mentor.

Year 1

Fall Semester

- PSYC 650 Advanced Child Psychopathology* (3 credits) or PSYC 652 Child and Adolescent Psychotherapy* (3 credits)
- PSYC 675 Ethical Principles of Psychology (2 credits)
- PSYC 644 Individual Tests of Intelligence* (3 credits)
- PSYC 680 Statistics in Psychological Research I* (3 credits)
- PSYC 798 MS Thesis* (1 credit)

Total credits = 12

- Note, you can choose to enroll in another 3-credit course if you would like, however, it is not required.

Spring Semester

- PSYC 673 Diversity Dialogues* (2 credits)
- PSYC 662 Diagnostic and Behavioral Assessment (3 credits)
- PSYC 684 Research Methods in Psychology* (3 credits). Please enroll in the section for the Clinical and Counseling Students.
- PSYC 651 Theories of Counseling and Interviewing* (2 credits)
- PSYC 681 Statistics in Psychological Research II* (3 credits)
- PSYC 798 MS Thesis* (1 credit)

Total credits = 14

Year 2

Fall Semester

- PSYC 603 Developmental Processes (3 credits)
- PSYC 643 Principles of Psychological Measurement (2 credits)
- PSYC 629 Biological Basis of Behavior* (3 credits)
- PSYC 694 Clinical Practicum* (3 credits)
- PSYC 798 MS Thesis* (2 credits)

Total credits = 13

Spring Semester

- PSYC 619 Learning and Cognition* (3 credits)
- PSYC 677 Minority Issues in Mental Health (3 credits)
- PSYC XX Elective (3 credits)
- PSYC 694 Clinical Practicum* (3 credits)
- PSYC 798 MS Thesis* (2 credits)

Total credits = 14

Year 3

- PSYC 630 Social Psychology (3 credits)
- PSYC electives at 600-level or higher (12 credits required for graduation)
- PSYC 798 MS Thesis (if thesis not completed)
- PSYC 694 Clinical Practicum (3 credits each semester)
- PSYC 898 Doctoral Dissertation (if MS degree completed; 3 credits each semester)

Years 4 through 6

- PSYC 694 Clinical Practicum (variable credit course repeated for maximum of 12 credit hours for PhD, six credit hours for M.S.)
- PSYC 898 Doctoral Dissertation (3 credits each semester; need a total of 12 to graduate)
- PSYC 696 Internship (1.5 credits required, .5 credit each for Fall, Spring, and Summer)

Selected PSYC Elective Options (consult [Schedule of Classes](#) for other potential options)

Intervention Courses

- PSYC 658 Motivational Interviewing
- PSYC 691 Child Health Psychology
- PSYC 660 Health Psychology (please note, this is an elective option for students in the Child and Adolescent concentration; this is a required course for students in the Behavioral Medicine concentration)
- PSYC 655 Community Interventions: Development, Implementation, and Evaluation
- PSYC 624 Group Counseling & Psychotherapy
- PSYC 653 Family Counseling and Therapy

Assessment Courses

- PSYC 691 Advanced Psychoeducational Assessment
- PSYC 645 Neuropsychological Assessment
- PSYC 645 Personality Assessment

Advanced Training in Methodology or Statistics

- PSYC 631 Evaluation Research: Psychological Perspectives
- PSYC 683 Structural Equation Modeling
- PSYC 700 Grant Writing
- NURS 772 Advanced Qualitative Research
- SWKD 704 Multiparadigmatic Qualitative Methods

Requirements for the Ph.D. in Clinical Psychology

1. Master's thesis successfully defended.
2. Capstone Clinical Examination successfully passed.
3. Preliminary Examination successfully passed.
4. Doctoral dissertation successfully defended.
5. Completion of all required coursework.
6. Completion of all required clinical practicum placements.
7. Completion of APA-approved clinical internship.

Note: Program milestones 3-7 are completed after students have graduated with their master's degree and have been approved for continuation in the program.

Thesis and Dissertation Research

Credit Hours

Students should be registered for MS thesis research (PSYC 798) or dissertation research (PSYC 898) during any semester in which they are actively involved in the planning, running, or writing of their MS thesis or dissertation. It is expected that students will begin work on their MS thesis (and consequently register for MS thesis credits) during the fall semester following their admission to the graduate program and continue to sign up for MS thesis credits until their MS thesis is completed.

The number of credits of PSYC 798 taken in any given semester should accurately reflect the amount of time dedicated to working on the MS thesis, with three hours per week, per credit serving as a general guideline. The total number of MS thesis hours taken by any given student will, in part, reflect differences in the nature of the research. There is no upper limit on the number of MS thesis or dissertation credits a student may earn while pursuing the degree. However, a minimum of six credits of MS thesis research and 12 credits of dissertation research are required, and no more than six credits of MS thesis or 12 hours of dissertation may be applied toward the MS or PhD degrees, respectively.

Goals and Grades

Students should set goals with their research advisor for each semester they are registered for MS thesis or dissertation credits. To facilitate this process, students are encouraged to complete the [Goals for Thesis/Dissertation Research Activity](#) form. This form is intended to clarify both the student's and advisor's expectations regarding work on the MS thesis or dissertation for that semester.

At the end of the semester, students will meet with their advisors to review their progress and the advisor will assign a grade of "S," "U," or "F" for that semester. Consistent with University policy (see Graduate Bulletin), students who receive a "U" in any semester will be reviewed for possible dismissal. Receipt of a grade of "F" in the MS thesis or dissertation is grounds for automatic dismissal from the program.

Master's Thesis and Dissertation Committees

Master's thesis and dissertation committees must be constituted and approved prior to the meeting in which the master's thesis or dissertation is proposed (see [Graduate Student Handbook](#)). The approval of the master's thesis/dissertation committee involves receiving a recommendation for approval from the student's master's thesis/dissertation advisor, DCT, and the Director of Graduate Studies. The Associate Dean for Graduate Studies and External Relations of the College of Humanities and Sciences approves and thus appoints the committee. The committee must be formally convened prior to conducting the master's thesis/dissertation research, and students should allow 10 working days prior to their committee meetings for administrative processing. Approval is sought electronically and the steps are summarized in an online document: [Guidance on forming committees](#). The student must gain the consent of all individuals identified for the committee prior to their being named to the committee. The

committee composition should reflect the expertise required to supervise the project and guide the student.

Please note that for students enrolled in the Clinical program, at least one member of the master's thesis committee and one member of the dissertation committee must be members of the clinical faculty. Other committee composition criteria can be found in the [Graduate Student Handbook](#). In most cases, the committee chair will be a member of the Clinical Psychology program faculty. Students must obtain approval from the Clinical program faculty for appointment of a non-clinical faculty member to chair the master's thesis or dissertation committee.

Publication Version

One important goal of master's thesis and dissertation research is publication in a professional journal. Thus, the Introduction of all master's theses and dissertations must include a "Statement of the Problem" section that is appropriate in length, breadth, and depth to serve as the Introduction of an article that is submitted for publication in an empirical journal.

Clinical Psychology Doctoral Preliminary Exam

Purpose of the Exam

Students can sit for the Preliminary Exam after they have been continued in the program. Students are strongly encouraged to meet with the DCT and/or Preliminary Exam Coordinator to develop a timeline that fits with the student's plan for applying for internship.

The Clinical program's Preliminary Exam is designed to evaluate students' knowledge of theory and research relevant to the current and developing information in the field of clinical psychology and to assess their ability to communicate and clearly articulate concepts in a written scholarly paper. The purpose of the Preliminary Exam is to provide students the opportunity to demonstrate their ability to consolidate their learning and knowledge gained through their educational experience with the goal of formal admission to candidacy in the PhD program. The Preliminary Exam is also intended to provide the opportunity for students to gain expertise in a particular content area, gain experience with the manuscript review process, and produce a manuscript that can be submitted for publication.

Content of the Exam

The topic of the Preliminary Exam will focus upon an area of research and/or clinical interest to the student and relevant to the field of clinical psychology. The Preliminary Exam should reflect the student's independent effort and should therefore not overlap substantially with other written efforts for which the student has received feedback. For example, a Preliminary Exam might focus on a topic that overlaps with a grant application and/or dissertation, so that each project builds on the other. However, because each project has distinct goals, the actual written products should be distinct. Specifically, the Preliminary Exam is a comprehensive review of the literature, whereas a grant application and dissertation both focus on making a case for conducting a specific study. Thus, even if a grant application, dissertation, and Preliminary Exam "start" in the same place, a student should not simply take an Introduction section of a grant application and expect to use it for their Preliminary Exam. Rather, students should make a strong case for why a comprehensive review is needed and what will be addressed in the review (which will likely only overlap a little with a grant/dissertation).

Students cannot submit Preliminary Exam papers that are largely based on papers submitted for a class (e.g., meta-analysis prepared for a class). Students are prohibited from cutting and pasting text from other written products into their Preliminary Exam. In cases where concerns might be raised about overlap, students should consult with the Preliminary Exam Coordinator before submitting an outline. Students should review the [Prelim Tip Sheet](#) prior to submitting an outline and also while writing the exam paper. Students are prohibited from using AI in writing the preliminary exam outline and paper.

The Preliminary Exam should be a scholarly review of the theoretical and empirical literature on a topic in clinical psychology identified by the student in consultation with their Preliminary Exam advisor (i.e., the student's research and/or clinical advisor). The Preliminary Exam paper may take the form of different types of reviews—e.g., a narrative review, scoping review,

traditional literature review, comprehensive review, systematic review, or meta-analysis. The student should select a specific journal to submit the paper to in the future. Examples of journals to potentially target include *Adolescent Research Review*, *Clinical Psychology Review*, *Psychological Bulletin*, *Annual Review of Psychology*, *Psychological Review*, *Clinical Child and Family Psychology Review*, or *Clinical Psychology: Science and Practice*.

Examples of Preliminary Exam manuscripts published by VCU Clinical Psychology students:

- Borschuk, A. P., & Everhart, R. S. (2015). Health Disparities among youth with Type 1 Diabetes: A systematic review of the current literature. *Families, Systems, & Health*, 33, 297-313.
- Braun, S.E., Kinser, P.A., & Rybarczyk, B. (2019). Can mindfulness in healthcare professionals improve patient care? An integrative review and proposed model. *Translational Behavioral Medicine*, 9, 187-201.
- Cox, J. R., Martinez, R. G., & Southam-Gerow, M. A. (2019). Treatment integrity in psychotherapy research and implications for the delivery of quality mental health services. *Journal of Consulting and Clinical Psychology*, 87, 221-233.
- Bourchtein, E., Langberg, J. M., & Eadeh, H. (2020). A review of pediatric nonpharmacological sleep interventions: Effects on sleep, secondary outcomes, and populations with co-occurring mental health conditions. *Behavior Therapy*, 51, 27-41.
- Drazdowski, T. K. (2016). A systematic review of the motivations for the non-medical use of prescription drugs in young adults. *Drug and Alcohol Dependence*, 162, 3-25.
- Dunn, C. B., & Farrell, A. D. (2023). Community violence exposure and patterns of alcohol use among rural middle school students. *American Journal of Community Psychology*, 72(1-2), 157-169.
- Dvorsky, M. R., & Langberg, J. M. (2016). A review of factors that promote resilience in youth with ADHD and ADHD symptoms. *Clinical Child and Family Psychology Review*, 19, 368-391.
- Griffin, S.C., Williams, A.B., Ravyts, S.G., Mladen, S.N., Rybarczyk, B.D. (2020). Loneliness and sleep: A systematic review and meta-analysis. *Health Psychology Open*, 7, 2055102920913235.
- Hawn, S.E., Cusack, S.E., & Amstadter, A.B. (2020). A systematic review of the self-medication hypothesis in the context of posttraumatic stress disorder and comorbid problematic alcohol use *Journal of Traumatic Stress*, 33(5), 699-708.
- Mack L.J., & Rybarczyk, B. (2011). Behavioral treatment of insomnia: A stepped care approach to promote public health. *Science and Nature of Sleep*, 3, 87-99.
- Mehari, K. R., Farrell, A. D., & Le, A. (2014). Electronic aggression: Measures in search of a construct. *Psychology of Violence*, 4, 399-415.
- Molitor, S.J. & Langberg, J.M. (2017). Using task performance to inform treatment planning for youth with ADHD: A systematic review. *Clinical Psychology Review*, 58, 157-173.

- Neale, Z.E, Kuo, S., & Dick, D.M. (2021) A systematic review of gene-by-intervention studies on alcohol and other substance use. *Development and Psychopathology*, 33, 1410-1427.
- Nielson, S. A., Boyle, J. T., Dautovich, N. D., & Dzierzewski, J. M. (2025). What you believe is what you get? A systematic review examining how beliefs and attitudes about sleep are associated with sleep duration in non-clinical samples. *Sleep Medicine Reviews*, 80, 102032. <https://doi.org/10.1016/j.smr.2024.102032>
- Nielson, S. A., Perez, E., Soto, P., Boyle, J. T., & Dzierzewski, J. M. (2023). Challenging beliefs for quality sleep: A systematic review of maladaptive sleep beliefs and treatment outcomes following cognitive behavioral therapy for insomnia. *Sleep Medicine Reviews*, 101856.
- O'Connor, K. E. (2021). A systematic review of unique and shared characteristics across aggressor/victim subgroups. *Clinical Child and Family Psychology Review*, 24, 500–528.
- Pittman, S. K. (2022). Beliefs about aggression as mediators of relations between community violence exposure and aggressive behavior among adolescents: Review and recommendations. *Clinical Child and Family Psychology Review*. Advance online publication. <https://doi.org/10.1007/s10567-022-00417-0>
- Radcliff, Z., Baylor, A., & Rybarczyk, B. (2016). Adopted youth and sleep difficulties. *Pediatric Health, Medicine and Therapeutics*, 7, 165-175.
- Ravyts, S.G., & Dzierzewski, J.M. (2022). Sleep and healthy aging: A systematic review and path forward. *Clinical Gerontologist*. Advance online publication: DOI: 10.1080/07317115.2022.2064789.
- Romo, S., Macias, A., Rohan, J., Jones, H.A., & Corona, R. (accepted for publication). A review of the lived experiences and psychosocial and school outcomes of Latinx childhood cancer survivors with a focus on cultural considerations. *Pediatric Blood & Cancer*. Advance online publication. <https://doi.org/10.1002/pbc.31911>
- Smith, Z. R., & Langberg, J.M. (2018). Review of the evidence for motivation deficits in youth with ADHD and their associations with functional outcomes. *Clinical Child and Family Psychology Review*, 21, 500-526.
- Weiskittle, R. E., & Gramling, S. E. (2018). The therapeutic effectiveness of using visual art modalities with the bereaved: a systematic review. *Psychology Research and Behavior Management*, 11, 9–24.

Paper Length and Style Requirements

Regardless of the journal selected, Preliminary Exam papers must be prepared and submitted using 1" margins (for all margins), double spacing, 12-point Times New Roman font, and cannot exceed 50 pages (including title page, abstract, references, tables/figures, and appendices/supplemental materials) for a first submission even in cases where the journal selected by the student allows for longer manuscripts or does not specify a page limit. Tables should be prepared using 10-point, 11-point, or 12-point font, landscape or portrait orientation, and 1" margins. Papers that do not adhere to these guidelines will be returned to the student for re-formatting before grading.

The page limit will be extended to 55 pages for a resubmission (including title page, abstract,

references, tables/figures, and appendices/supplemental materials), and to 60 pages for a second resubmission (including title page, abstract, references, tables/figures, and appendices/supplemental materials).

The Clinical Psychology Doctoral Program has a strong commitment to diversity, equity, and inclusion and recognizes that some students with disabilities or diagnoses may need accommodations for this exam. It is strongly recommended that students in need of accommodations meet with VCU Student Accessibility and Educational Opportunity (SAEO) and the Clinical Psychology Program DCT *prior* to sitting for their Preliminary Exam. Students do not need to disclose any personal information about the reason for the need for accommodations to the DCT or Clinical Program. However, the DCT may be able to work collaboratively with the student and SAEO to identify potential accommodations for this exam. To receive accommodations, the student should submit a formal letter from SAEO about suggested accommodations. These accommodations will then be discussed with the Clinical faculty to ensure that students are provided with the supports necessary to succeed on this exam. Per the SAEO's website, "It is important to note that accommodations are generally not put into place retroactively and may take some time to appropriately implement." It is the responsibility of the student to request accommodations.

Role of the Advisor & Preliminary Exam Committee

For the Preliminary Exam process, the advisor and Preliminary Exam committee should be regarded as consultants throughout the Preliminary process, rather than co-authors or collaborators on the Preliminary Exam paper. In common practice, a consultant may be asked to provide broad, general feedback regarding the topic and scope of a project. A consultant may be asked to provide some general input on areas that may be incorporated in a paper, they may provide feedback in response to an outline of the paper or provide general feedback regarding problems that arise during writing. For example, for the Preliminary Exam, advisors and Preliminary Exam committees may suggest some authors or resources or may offer general suggestions about theories helpful to the student's Preliminary Exam paper. However, the advisor and Preliminary Exam committees may not help form arguments for the student and cannot read or edit drafts of the written Preliminary paper.

Students whose primary research advisor is not in the clinical program can consult with one or both of their advisors throughout the Preliminary process.

If a student receives a grade of Revise and Resubmit, their advisor may read the Preliminary Exam paper and committee's comments prior to submission of the revised Preliminary Exam in order to provide consultative assistance on the feedback provided by the Preliminary Exam committee. If a student receives a grade of Revise and Resubmit, they are strongly advised to meet with their Preliminary Exam committee to receive consultative assistance on the feedback and Preliminary Exam paper.

How the Advisor & Reviewers May Assist the Student during their Preliminary Exam

Allowable

- Discuss the student's topic for their paper
- Offer suggestions for the areas of the literature to cover, including areas that would address a gap in the literature
- Offer suggestions for specific articles to read
- Help students form new hypotheses or models
- Review a detailed outline of the Preliminary Exam paper
- Edit the outline (i.e., offer suggestions to add, delete, move sections)
- Review and edit a draft that has been revised based on committee feedback before writing has begun
- Provide consultation during the writing process
- After the Preliminary Exam has been graded, advisors may read the paper and committee member's comments in order to provide consultative assistance on addressing committee member's comments
- Students may meet with Preliminary Exam committee members to receive consultative assistance on the feedback and paper in the case of a revise and resubmit

Not Allowable

- Offer models or hypotheses that are primarily the consultant's idea
- Read any drafts of the written paper in progress (including the response to reviewers)
- Read revised outlines about their Preliminary Exam paper after the writing process has begun
- Write the Preliminary Exam paper collaboratively with the student

Librarian Assistance

Students can meet with a librarian to learn how to conduct a review of the literature. For example, a librarian can:

- Provide an overview "from A to Z" regarding how to conduct a review and answer clarifying questions that students ask
- Clarify components of the process (what comes after what step)
- Help students understand when they should be doing what (e.g., don't screen until you run your final search)
- Provide information on the purpose of a review and the different types of reviews.
- Help build a search (IOM guidelines recommend using a librarian to construct the search – they do not do the search for the students but help them understand search logic and also terminology)
- Offer to check the logic of a search that they build (e.g., syntactically wrong)
- Provide recommendations for reference managers

Steps Required in Preparing for Preliminary Exam

The Preliminary Exam Coordinator is a Clinical Faculty member appointed by the Director of Clinical Training. The current Preliminary Exam Coordinator is Dr. Annie Haynos (haynosa@vcu.edu). Below are the required steps to follow in preparation for sitting for the Preliminary Examination:

1. Outline. Outlines should be no longer than 5 double-spaced pages (adhering to the Paper Length and Style Requirements noted above) and include references where appropriate. The reference list is not included in the 5-page limit. Advisors, serving in the role of a consultant, may provide consultative feedback to students (see section above titled Role of the Advisor & Preliminary Exam Committee). Students must include a brief abstract (4-6 sentences) at the beginning of the outline to orient the Preliminary Exam committee to their topic. Also, at the beginning of the outline, students must specify the journal whose guidelines they will follow in preparing their Preliminary Exam paper.
2. Email the Preliminary Exam Coordinator the Outline. Once the student decides their outline is complete, the student must email their outline to the Preliminary Exam Coordinator.
3. Assignment of Committee Members. Upon receipt of an outline, the Preliminary Exam Coordinator will randomly assign two Clinical Program faculty members (one from each concentration) to serve on the Preliminary Exam committee. It is possible for faculty members to be assigned to more than one student's committee at the same time. The Preliminary Exam Coordinator will send an email to the faculty on the committee and the student informing them of the committee composition and deadline for reviewing the outline, which the Coordinator will attach to the committee notification email.
4. Review of Outlines. Committee members have two weeks to provide feedback on the outline. Feedback will be provided in one-on-one or group meetings and/or via email correspondence. Committee members are able to make consultative suggestions about directions for the paper, applicable theories and previous papers to cite, with the goal of helping the student create a better final paper. As part of this process, committee members may suggest that a student revise their outline and submit the revised outline to committee members for additional feedback. Revised outlines follow the format of an original outline as described in point 1 above.
5. Notifying Coordinator of Intent to Take Preliminary Exam and Writing the Paper. Students should inform the Preliminary Exam coordinator when they have started writing their Preliminary Exam. It is possible that, on occasion, students' outlines may need to change during the course of writing the paper, and as such, students may alter their outlines when needed. Students may consult with their advisor and committee regarding changes to the outline, but their advisor and committee are not permitted to read paper drafts.
6. Write the Prelim Exam Paper. Re-review the [Prelim Tip Sheet](#) as you write your exam paper.
7. Exam is Pledged Work. Preliminary Exam papers are considered exams and "Pledged" work under the VCU Honor System. Once the Preliminary Exam period has started (i.e., after students have started writing their manuscript (including the response to reviewers if

they received an R&R), students must generate original work and complete their work independently. This means they are not to discuss their Preliminary Exam paper with other individuals (not including their advisor or committee members) or submit work that has been prepared in whole or part by others. Getting comments on drafts or final documents from other students, faculty, consultants or any other individual is strictly prohibited. Students are required to write and sign the honor system pledge at the beginning of their Preliminary Exam paper at the time it is submitted.

Grading Procedures

Students are able to sit for their Preliminary Exam up to three times (i.e., submit up to three Preliminary Exam papers). Details regarding the composition of the committees, grading procedures, and revision options are provided below.

Procedures for first Submission: The Preliminary Exam paper will be graded by the two faculty committee members who will each write a review of the submitted Preliminary Exam paper. The committee members will share their reviews with one another and discuss the grading of the Preliminary Exam paper.

Committee members are given 4 weeks to grade the Preliminary Exam paper. All students will receive committee members' grades and comments in the form of written peer-reviews four weeks after the due date, taking into consideration breaks within and between semesters during which faculty do not grade (e.g., Thanksgiving break). Although the individual scores on the [Preliminary Exam Rating Form](#) will be used as a guideline for determining the grade, the committee members will consider the overall product to determine the grade. One exception will be the "Pass with Distinction" grade, which will be given when there is an overall pass grade combined with an overall mean score of 4.5 or greater across all the scoring criteria on a first submission of a Preliminary Exam paper.

If the two committee members do not agree on the final grade after sharing reviews and scores, the Preliminary Exam Coordinator will randomly select a third committee member and will inform the student that a third committee member has been assigned. The third committee member will provide an independent review of the Preliminary Examination paper for a first submission (i.e., the third reviewer will not be provided with individual committee members grading prior to completing their independent review) and they will have up to 2 weeks to provide their review, which will be a general overview of the strengths and weaknesses of the Preliminary Exam paper. Once the third reviewer completes their grading, all three committee members will discuss their grading and vote pass or revise and resubmit on the Preliminary Exam. The final pass or revise and resubmit decision will be based on majority vote of the three faculty reviewers.

After the final score is determined, the committee members will send their scores and written reviews to the Preliminary Exam Coordinator. The Preliminary Exam Coordinator will email the student, the student's advisor (including clinical advisors), the committee members, and the DCT with the student's overall grade, scores, and written reviews. Students will be given a grade of "Pass with Distinction" (overall mean score of 4.5 or greater across all the scoring criteria on a

first submission of a Preliminary Exam paper), “Pass”, or “Revise and Resubmit.” Students who earn a Pass or Pass with Distinction are strongly encouraged to work with their advisor and/or committee members to prepare their Preliminary Exam paper for journal submission.

Procedures for Second Submission: Students who receive a grade of Revise and Resubmit on the first submission of their Preliminary Exam paper are provided the opportunity to (a) revise their Preliminary Exam paper based on the committee members’ feedback or (b) submit a new outline with a new topic. Students who receive a grade of Revise and Resubmit are strongly encouraged to (a) meet with their committee members to receive consultative assistance on the feedback and Preliminary Exam paper (including feedback on the pros and cons of submitting a new outline) and (b) share their Preliminary Exam paper and the committee members’ comments with their Preliminary Exam advisor. Students can invite their Preliminary Exam advisor to attend the feedback meeting with their original committee members. Other than being able to provide consultative assistance on committee members’ feedback, advisors and Preliminary Exam committee members must follow the same guidelines for consulting on a revised Preliminary Exam paper as they did for the first Preliminary Exam submission.

Prior to submitting a second submission students will be given the option of engaging in a remediation process. The advisor, committee, and student will work together to develop a remediation plan based on the categories that were scored a “1” or “2” by Reviewers on the Preliminary Exam Rating Form. The Remediation plan will include a description of the specific skill(s) that need to be remediated (e.g., “Ability to scrutinize the Methods across studies in a broad research area and determine the common strengths and limitations within a body of work”) along with the outcomes produced by the remediation plan (e.g., “Write an Introduction to an empirical paper in which the strengths and weaknesses of a body of work are discussed and critiqued). Of note, the remediation plan should focus on a topic that is distinct from that used for the student’s Preliminary Exam, whether the student submits a revised Preliminary Exam paper or a new outline. Engaging in a remediation plan is optional.

The composition of the Preliminary Exam committee will remain the same for the second submission with one exception. Third reviewers on the first submission will not serve on the second submission committee.

Submission of a Revised Paper: Students submitting a revised Preliminary Exam paper are required to provide a clean version of paper (i.e., no track changes), a version that has changes highlighted but not in track changes, and a response letter (like those used for revised submissions of journal articles), which indicates how and where in their revised Preliminary Exam paper they responded to points raised by the committee members. Students who were assigned a third committee member on the initial submission do not need to provide a response to the third committee member’s feedback nor will this faculty member review the revised Preliminary Exam paper.

Revisions must conform to the paper length and style requirements specified above. Note that the page limit for revised drafts is increased to 55 pages (including title page, abstract, references, tables/figures, and appendices/supplemental materials). Committee members are held to the same

deadlines (i.e., reviews completed in 4 weeks with two committee members, 6 weeks with three committee members).

Grading of a revised preliminary examination paper will follow the same procedures for an initial submission with one exception, a revised preliminary examination paper cannot receive a grade of Pass with Distinction. Committee members, including third reviewers when assigned, will primarily focus their grading of a revised Preliminary Exam paper on the student's responsiveness to the prior feedback. However, it is possible that new concerns may arise in a revision and the committee will consider the new concerns within the context of the student's overall responsiveness to the prior feedback and the revised manuscript.

If a third committee member is needed for the revised paper, the Preliminary Exam Coordinator will randomly assign a new third committee member. In the instance of a revised and resubmitted Preliminary Examination paper, the third committee member will be provided with the student's original submission, the committee's original grading and feedback, and the student's revised paper. They will not receive the individual committee members grading for the revised paper prior to completing their own, independent, review. Once the third reviewer completes their grading, all three committee members will discuss their grading and vote pass or revise and resubmit on the Preliminary Exam. The final pass or revise and resubmit decision will be based on majority vote of the three faculty reviewers.

Submission on a New Topic: Students who take the option of changing their topic are required to submit a new outline to their committee. The format for the new outline should follow the length and style requirements noted above. Advisors, serving in the role of a consultant, may provide consultative feedback to students as they prepare the new outline. Once the outline is submitted, the committee members have two weeks to provide feedback on the outline according to the procedures outline above. Please remember to copy the Preliminary Exam Coordinator on all correspondence.

Grading of the new Preliminary Exam paper will follow the same procedures for the first submission. If a third committee member is needed, the Preliminary Exam Coordinator will randomly assign a new third committee member.

The paper length and style requirements need to conform to those specified above for an initial submission. Committee members will be held to the same deadlines (i.e., reviews completed in 4 weeks with two committee members, 6 weeks with three committee members).

Procedures for Third Submission: Students who receive a grade of Revise and Resubmit on their second submission are provided the opportunity to (a) revise their Preliminary Exam paper based on the committee members' feedback or (b) submit a new outline. Students who receive a grade of Revise and Resubmit are strongly encouraged to (a) meet with their committee members to receive consultative assistance on the feedback and Preliminary Exam paper (including feedback on the pros and cons of submitting a new outline) and (b) share their Preliminary Exam paper and the committee members' comments with their Preliminary Exam advisor. Students can invite their Preliminary Exam advisor to attend the feedback meeting with their original committee members. Other than being able to provide consultative assistance on committee

members' feedback, advisors and Preliminary Exam committee members must follow the same guidelines for consulting on a revised Preliminary Exam paper as they did for the first Preliminary Exam submission.

Prior to submitting a third submission students will be given the option of engaging in a remediation process following the procedures outlined above.

For the third submission, a *new* committee will be formed that will be comprised of three faculty members. The Preliminary Exam Coordinator will randomly assign three Clinical Program faculty members (at least one faculty from each concentration) who were not primary reviewers on the prior submissions to serve on the Preliminary Exam committee. Students can submit a written request to retain the two committee members from their prior submissions for the third submission. In such cases, the Preliminary Exam Coordinator will randomly assign a third Clinical Program faculty member as the third committee member.

Submission of a Revised Paper: Students submitting a revised Preliminary Exam paper are required to provide a clean version of paper (i.e., no track changes), a version that has major changes highlighted but not in track changes, and a response letter (like those used for revised submissions of journal articles), which indicates how and where in their revised Preliminary Exam paper they responded to points raised by the committee members. Students who were assigned a third committee member on the initial submission do not need to provide a response to the third committee member's feedback nor will this faculty member review the revised Preliminary Exam paper.

Grading of a revised preliminary examination paper will follow the same procedures for an initial submission with one exception, a revised preliminary examination paper cannot receive a grade of Pass with Distinction. Committee members will primarily focus their grading of a revised Preliminary Exam on the student's responsiveness to the prior feedback. However, it is possible that new concerns may arise in a revision and the committee will consider the new concerns within the context of the student's overall responsiveness to the prior feedback and the revised paper.

Revisions must conform to the paper length and style requirements specified above. Note that the page limit is increased to 60 pages for a second revision (including title page, abstract, references, tables/figures, and appendices/supplemental materials). Committee members are held to the same deadlines (i.e., reviews completed in 4 weeks).

Submission on a New Topic: Students who take the option of changing their topic are required to submit a new outline to their committee. The format for the new outline should follow the length and style requirements noted above. Advisors, serving in the role of a consultant, may provide consultative feedback to students as they prepare the new outline.

Once the outline is submitted the committee members have two weeks to provide feedback on the outline according to the procedures outline above.

Grading of the new Preliminary Exam paper will follow the same procedures for an initial submission.

The paper length and style requirements need to conform to those specified above for an initial submission. Committee members will be held to the same deadlines (i.e., reviews completed in 4 weeks).

Students who do not receive a Pass on their third attempt will fail the Preliminary Exam and be automatically dismissed from the Clinical Psychology program (though it should be noted that students have the opportunity to appeal a dismissal – see [Department of Psychology Graduate Handbook](#) for appeal procedures).

Preliminary Exam Timing

Students should take into account the time required for the grading process and how this might affect the time needed to successfully complete the Preliminary Exam and plan accordingly.

Committee members have two weeks to provide feedback on a Preliminary Exam outline and students meet with the Preliminary Exam committee to discuss feedback on the outline, which can add an additional time to the process.

Four deadlines are established for submitting Preliminary Exams, including initial submissions and revisions. The four submission dates are: (1) August 16th, (2) November 1st, (3) January 16th, and (4) March 25th. Preliminary Exam can be submitted until 11:59 pm EST on these dates. If this date falls on the weekend or holiday, then the submission date will be the next business day. Preliminary Exams submitted after one of the deadlines will be grouped with submissions for the next due date (for instance, a Preliminary Exam submitted in October will be grouped with those submitted for the November 1st deadline). Committee members have four weeks to grade the Preliminary Exam (an additional two weeks may be needed if a third committee member is required for a total of six weeks for grading). The grading timeline and due dates are the same for the first Revise and Resubmit.

Of note, committee members do not review Preliminary Exam outlines during breaks within and between semesters, including the summer. The information provided below is intended to help students prepare a timeline that works best for their schedules and plans. Having this type of guidance is especially important for students who are planning to apply for internship in the same year that they submit a Preliminary Exam paper for grading. The dates listed below take into consideration several factors including (a) time for the Preliminary Exam Coordinator to assign faculty to a committee and review a submission to ensure it meets formatting criteria; (b) grading timelines; (c) the 9-month faculty contract and breaks in the semester; and (d) the possibility of revisions.

Please keep in mind that students can submit Preliminary Exam Outlines and Papers after the dates provided in the Handbook. The date students will receive feedback, or a final grade is determined when they submit the outline or paper to the Preliminary Exam Coordinator. This date is based on the review/grading timing outlined above (i.e., 2 weeks to review a Preliminary Exam Outline and 4 weeks to review a Preliminary Exam Paper (6 weeks for grading if a third

reviewer is required) and the different factors mentioned above. Also keep in mind that committee members will not provide feedback on outlines, nor will they schedule Preliminary Exam-related meetings with students between May 15th and August 16th or during breaks within semesters such as Thanksgiving and winter break. Students are encouraged to discuss a timeline for the Preliminary Exam with their faculty mentors.

- Feedback on Preliminary Exam Outlines: To receive committee feedback on a Preliminary Exam outline before the start of the summer and/or fall semester, students should submit the outline for review at least four weeks before the end of the preceding spring semester (typically around April 10). This allows 2 weeks for committee members to review it and time to schedule a meeting to get their feedback. However, the Clinical faculty strongly recommend that students submit their Preliminary Exam outlines in advance of this deadline so that there is more time for students who decide to revise their outline to obtain committee members' feedback on another Preliminary Exam outline draft.
- Grading of Preliminary Exam Papers: Students who want to have their Preliminary Exam paper graded before the end of the spring semester should submit it by March 25. Please note that this deadline does not consider the additional time needed to grade if a student receives a grade of Revise and Resubmit or if the student plans to apply for internship in the subsequent fall semester. Accordingly, students are encouraged to consider the possibility of receiving a grade of Revise and Resubmit and are thus, encouraged to submit their Preliminary Exam paper for grading by November 1 to allow time to prepare a revised Preliminary Exam paper and for that revision to be submitted by March 25.

Students planning to apply for internship should consider all possible contingencies (e.g., receiving a grade of revise and resubmit) in planning when to turn in their Preliminary Exam paper. As a reminder, to be approved to apply for internship, students have to pass their Preliminary Exam and successfully defend their dissertation proposal by October 1st. Submitting a Preliminary Exam paper for grading by August 16 assumes the student will receive a passing grade on the first attempt. As such, submitting a Preliminary Exam for grading by August 16 will make it difficult for the student to pass the Preliminary Exam and propose their dissertation prior to October 15 if the two products are linked (i.e., the student plans to use their Preliminary Exam as part of the Introduction to the dissertation proposal). Consequently, students are strongly encouraged to submit their Preliminary Exam paper by November 1 the year before they plan to apply for internship. Students will not be able to proceed with the internship application process until the Preliminary Exam has been passed and the dissertation has been successfully proposed. Faculty will not submit letters of recommendation for internship or verify that the student is eligible for internship until this requirement has been met.

Capstone Clinical Examination

Purpose of the Examination

The Capstone Clinical Examination is an assessment of students' clinical skills and knowledge. It is expected students will demonstrate their expertise in psychopathology, psychotherapy, assessment and ethics. Students will be expected to demonstrate competencies in:

1. Application of science, assessment and psychotherapy content and skills
2. Demonstration of a linkage of the literature and clinical procedure
3. Articulation of alternative clinical and procedural conceptualizations
4. Addressing relevant and/or potential ethical issues
5. Integration of "broad theoretical and scientific foundations of the field of psychology" as designated by the APA

The current Capstone Coordinator is Dr. Rosalie Corona (racorona@vcu.edu). Students can complete this exam after their 2nd year in the program (i.e., after they have spent at least 1 year in the CPSD). Most students sit for this exam in their 3rd or 4th year in the program.

Elements of the Examination

The Capstone Clinical Examination has two parts: the report and the presentation. The report has several functions: to present information about the case, show students' clinical thinking, and demonstrate students' competence in several specific areas. For these reasons, students' report needs to cover all of the points that are in the [Clinical Capstone Report Outline](#).

The capstone presentation has a somewhat different function. Of course, students need to present the details of their assessment and treatment and show their clinical thinking by answering questions about it, but it also serves an educational purpose, by exposing the junior students to different types of cases, treatments, conceptualizations, and clinical problems. All of this needs to be done in a 40-45 minute presentation to allow adequate time for discussion and questions.

Based on these considerations, we recommend that students do **not** present a summary of all of the parts of your capstone report. Instead, in their presentation, students should make sure to take enough time to fully present the most educational, interesting, unique, and discussion-worthy aspects of their case, even if that means that they leave out some parts of their capstone report.

1. Presentation. Presentations will include common elements and will also involve the discussion of a unique teaching point. Students should view this as an opportunity to find teaching points within interesting clinical cases for presentation. These include discussions of important diagnostic and treatment elements of a student's case. This may include, but is not limited to the following: cases in which the student therapist made unique decisions and why those decisions were made (e.g., deviations from treatment manuals, etc.), cases in which a student therapist made a mistake but learned from that mistake in a useful and "teachable" way, ways in which treatment was tailored to the specific needs of the client, ways in which the context of a case dictated deviations in

treatment, etc. The student can work with their clinical supervisor and/or the Capstone Clinical Exam Coordinator to choose an appropriate case to present and to identify the unique teaching points. A comprehensive assessment case may be presented in lieu of a therapy case; a student wishing to pursue this option should consult with the clinical supervisor and/or the Capstone Clinical Exam Coordinator about how to adjust the presentation and clinical report for an assessment case.

Cases do not need to be treated to termination in order to be acceptable cases on which to present. Cases may have been transferred to the clinician from a previous CPSD therapist, they may be ongoing at the time of the Capstone Clinical Exam presentation, or they may have been terminated prematurely. Some of these “atypical” cases may present the most useful training opportunities, as students and faculty may engage in open discussions about issues such as: “What went wrong?”; “How would you have handled this case differently, knowing what you know now?”; “How did the previous therapist [in the case of transfer clients] affect the framework of your therapy, and how would you have handled the case differently if you’d had it from the outset of treatment?”

The presentation will take 45 minutes, with an additional 45 minutes left for questions and answers from students and faculty.

2. Clinical Report. The Clinical Report is to be an independent effort. For the Clinical Report, previous supervisor(s) of the case or other mentors can serve as consultants throughout the process of preparing the report, but no one may review the written document or offer direct feedback on the Clinical Report following the same guidelines used for the Preliminary Exam. It will follow the format of the [Capstone Clinical Exam Report Outline](#).
3. Video Examples. Video or typed transcripts of video will remain an optional element of the presentation, though it is strongly encouraged. If no such video is available, there will be no penalty for not presenting video. The video should not be used simply as “filler,” but rather should be thought of as a useful supplement.
4. The Clinical Psychology Doctoral Program has a strong commitment to diversity, equity, and inclusion and recognizes that some students with disabilities or diagnoses may need accommodations for this examination. It is strongly recommended that students in need of accommodations meet with VCU Student Accessibility and Educational Opportunity (SAEO) and the Clinical Psychology Program DCT *prior* to the Capstone Clinical Examination. Students do not need to disclose any personal information about the reason for the need for accommodations to the DCT or Clinical Program. However, the DCT may be able to work collaboratively with the student and SAEO to identify potential accommodations for this examination. To receive accommodations, the student should submit a formal letter from SAEO about suggested accommodations. These accommodations will then be discussed with the Clinical faculty to ensure that students are provided with the supports necessary to succeed on this examination. Per the SAEO’s website, “It is important to note that accommodations are generally not put into place

retroactively and may take some time to appropriately implement.” It is the responsibility of the student to request accommodations.

Capstone Clinical Exam Committee & Other Attendees

The Capstone Clinical Exam committee is to be comprised of two clinical faculty members who can provide a depth and breadth of clinical experience and advising. Committee members will be randomly assigned by the Capstone Coordinator and will typically include one faculty member from each program track.

Students in their 2nd and 3rd year of training are required to attend Capstone presentations and may be assigned other training activities if unable to attend regularly.

Most semesters Capstone presentations will take place from 11:30 am to 1:00 pm on Tuesdays but may be moved to accommodate classes or other activities.

Grading

While the dimensions listed in the [Capstone Clinical Exam Evaluation Form](#) will serve as rating dimensions, they will not be exhaustive. Students should expect that faculty and student questions from their Capstone Clinical Exam committee may address any of the required capstone components or other components not listed explicitly in the documents. In other words, the case presentation requirements will be subject to the needs of the presentation. However, there are no restrictions on the committee members or their questions during the 45-minute question session. Committees will rate the students’ presentation and clinical report using the [Capstone Clinical Exam Evaluation Form](#). It is expected that students obtain ratings of “meets expectations” or “outstanding” on each item.

The presentation, clinical report, and the [Capstone Clinical Exam Evaluation Form](#) will be used to identify clinical (e.g., psychopathology, assessment, psychotherapy, integration of DSKs, attention to diversity) areas in need of remediation. In some cases, the committee will come up with some additional activities for the student to engage in to expand the student’s clinical skills and competencies. Acceptable completion of the remediation as evaluated by the Capstone Clinical Exam committee will be construed as passing the Capstone Clinical Examination.

Clinical Practicum

Beginning the fall semester of the second year and continuing through the spring semester of the fourth year, students must register each semester for PSYC 694 Clinical Practicum (see the bulletin for the total number of practicum credits required for graduation). During the 2nd year of the program, students are assigned to practicum in the CPSD. In their 3rd year, students are assigned to the [Primary Care Psychology Training Collaborative](#). In their 4th year, students are assigned to an off-campus practicum agency.

In some instances, students in the Behavioral Medicine concentration may begin off-campus practicum in their second semester of their third year in the program, pending availability of an approved 6-month external behavioral medicine/health psychology practicum. These students will need the approval of their advisor (research and clinical advisor if they are not the same person), the DCT, and the Clinical faculty.

Also, in consultation with their advisor, students who enter our program with a master's degree and who have already accumulated significant practicum experience may petition the Clinical faculty (after their first semester at VCU) to waive their second year of practicum to proceed directly to an off-campus practicum during their third year in the program. Similarly, in rare instances, if the student and their advisor judge that the student's career goals can be better facilitated by alternative activities, the clinical faculty may elect to waive the required fourth year of clinical practicum. In either of these instances, to meet graduation requirements the student is required to complete the required credit hours of PSYC 694.

CPSD Practicum

Students begin their clinical training in their second year when they are assigned to clinical teams in our departmental training clinic, the Center for Psychological Services and Development (CPSD). Specifically, students are assigned to our general training clinic team at the CPSD for their respective concentration area (i.e., Behavioral Medicine or Child and Adolescent). Students also have the option of participating in one of the VCU Health System primary care clinics (Primary Care, Family Medicine) with licensed clinical psychologists hired by the clinical program to provide on-site supervision. In their third year, students continue their clinical training in the VCU Health System primary care clinics.

While students are completing their on-campus practicum experiences, their caseload is gradually increased in number and complexity, and cases are chosen by supervisors based on the student's current level of knowledge, skill, and experience. As part of this training, students participate in group supervision in which they are exposed to the assessment, conceptualization, and treatment of other's cases, providing students exposure to cases varying in complexity, treatment modality, diagnostic category, and cultural and social background.

To provide students with more diverse and specialized experiences during their first two years of clinical training the program has added the [Primary Care Psychology Training Collaborative](#) (started in 2008 and Co-Directed by Drs. Jones & Rybarczyk and housed at eight safety net

primary care clinics around the city of Richmond). Second- and third-year students have the option of participating in this clinic.

Students are also required to complete one assessment during the years that they are assigned to the CPSD and/or the Primary Care clinics. This assessment will typically be conducted in the second year in the CPSD. Students whose training/career goals include developing advanced assessment skills, are encouraged to get additional experiences in this area. Faculty also recommend that students complete 10 assessments prior to applying for internship.

Telesupervision Policy

Rationale for Telesupervision

The Clinical Psychology Doctoral Program at Virginia Commonwealth University uses telesupervision as a form of supervision when in-person supervision is not practical, feasible, or safe, and when trainees have demonstrated competence in in-person supervision. Training students via telesupervision provides them with an opportunity to learn best practices in telesupervision prior to graduation. Our rationale for using telesupervision is that it allows for continuation of high-quality training even in circumstances that might preclude in-person supervision and when trainees have met competencies to transition to this form of supervision. Telesupervision may be used in four scenarios:

- a) As a primary mode of supervision after trainees have demonstrated sufficient competence in in-person supervision and client care,
- b) As a primary mode of supervision when trainees are offering services to a remote community in VA with a supervisor who does not live in the remote community to provide training opportunities that would not otherwise be possible,
- c) As a secondary mode of supervision when either the trainee or supervisor is ill to prevent contagion or worsening of the illness,
- d) As an emergent mode of supervision when clinical emergencies arise that require more detailed consultation than is available through telephonic methods when the supervisor is not at the training site.

Telesupervision's Consistency with Program Aims and Training Outcomes

Telesupervision allows supervisors to be engaged and available to assigned trainees, to oversee client care, and to foster trainee development, even in circumstances that preclude in person interactions. In these ways, it is fully consistent with the program's training aims. Supervisors work to ameliorate the drawbacks of telesupervision by discussing inherent challenges of the format with each trainee and collaboratively working to identify strategies for maximizing what can be done in this format. This can include discussion of potential for: miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. Supervisors set clear expectations and learning objectives at supervision outset and regularly check in on these throughout the supervisory relationship.

How and When Telesupervision is Used in Clinical Training

Telesupervision is not allowed as a primary mode of supervision until students have completed their first year of training at the Center for Psychological Services and Development (CPSD). 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, or c) required to address emergent client needs.

How Trainees are Determined Fit to Participate in Telesupervision

Trainees must demonstrate proficiency with using videoconferencing technology and exhibit non-defensive participation in in-person supervision with the ability to implement a supervisor's feedback with clients. They must exhibit the organizational skills needed to attend telesupervision, the responsibility to protect client privacy and confidentiality, and the clarity in communication necessary to convey relevant information about clients and their clinical care. Students who have satisfactory summary ratings at the end of their first year of clinical work have met these benchmarks and are eligible for telesupervision.

How Trainee-Supervisor Relationship is Established at Outset of Supervision

Before beginning telesupervision, the supervisor and trainee will engage in at least one virtual session to test out technology, verify the suitability of the trainee's environment for telesupervision, and work through screen sharing and other functions that may be required in telesupervision. At the beginning of supervision, the supervisor and trainee will have a discussion about the strengths and limitations of telesupervision in addition to the usual mechanisms of establishing the relationship (e.g., establishing goals, reviewing expectations, discussing evaluation mechanisms).

How Off-Site Supervisor Maintains Full Professional Responsibility for Cases

The supervisor who conducts telesupervision will maintain full oversight and professional responsibility for all clients for whom the trainee provides services. Supervisors will maintain operational competence with HIPAA-compliant software, remain accessible to trainees with flexibility in using telesupervision as supervisor and trainee situations dictate, and evidence warmth and connection with trainees through virtual meeting technology.

Management of Non-Scheduled Consultation and Crisis Coverage

Supervisors are available by phone, text, or email outside of scheduled supervision times should trainees need consultation. Supervisors will maintain standing invitations to trainees' virtual sessions to provide backup for trainees. Telesupervision that must occur outside of scheduled sessions will be scheduled through email, text, or other means of communication without discussing client information.

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 (i.e., no other individuals present) 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

VCU's HIPAA-compliant Zoom accounts provide the technological backbone of telesupervision at the CPSD. Sites not using HIPAA-compliant Zoom accounts will provide alternative HIPAA-compliant videoconferencing methods to trainees at no cost to trainees. Trainees are oriented to the use of this technology during their orientation to the CPSD. Training in additional technologies offered at other sites will occur with the supervisors from those sites.

Grading

Enrollment in practicum credits is required in some situations. Students should refer to the [practicum guidelines](#) to determine whether enrollment in practicum credits is required in a given situation and also consult the bulletin regarding the number of practicum credits required for graduation. At the end of each semester, students enrolled in practicum credits are assigned a grade of Pass or Fail. Practicum grades are based on students' developing clinical competencies including therapy skills, assessment skills, and related clinical documentation (e.g., timely completion of notes and reports). Students' professional and ethical behavior (e.g., replying to supervisors and clients in a timely fashion) in clinical activities is also considered in the assignment of practicum grades.

At the end of each semester, all supervisees and supervisors (on- and off-campus) are required to evaluate each other's performance on forms constructed by the Clinical program: (1) [This is the online Evaluation of Practicum Student Form](#) the supervisor fills out (and discusses with) each student on their practicum team. Once this feedback has been provided to each student, the student prints the form and submits it to the Director of Clinical Training for the student's file. (2) Before the end of the semester, students are asked to evaluate their supervisors via [the online Evaluation of Practicum Supervisor Form](#), which is submitted electronically to the Director of Clinical Training.

Off-Campus Practicum

One of the strengths of VCU's doctoral program in clinical psychology resides in the continuing arrangements it has established with various mental health agencies in the Richmond community. These agencies provide supervised clinical training experiences for our more advanced (fourth year and above) graduate student trainees. In most cases, students who successfully complete 2 years of clinical training become eligible to begin off-campus practicum. Other prerequisites for beginning off-campus practicum are completion of all master's degree requirements and judgment by the Clinical faculty that the student has achieved a sufficient level of professionalism and clinical proficiency to merit off-campus placement.

Following completion of on-campus practicum training in the CPSD and the Primary Care clinics, students are placed in an off-campus agency for their fourth year. Off-campus practicum placement decisions are the responsibility of the Director of Clinical Training, in consultation with supervisory staff from off-campus practicum agencies and the DCT of the Counseling Program. Off-campus practicum students are expected to conduct themselves professionally and ethically and to abide by the terms of the agreement with, and the regulations of, the host agency.

These off-campus placements may be either paid or non-paid and are for two or three semesters in the same location. The student's weekly time commitment is typically between 12 and 16 hours. This range is negotiated between the site supervisor and the student prior to the beginning of the practicum. Generally, paid practica require hours closer to the upper limit of this range, and unpaid placements require fewer hours. If research or other non-clinical training opportunities are available, students and supervisors should discuss what portion (if any) of the 12-16 practicum hours these experiences will involve. There is also the possibility that research could be conducted during additional hours, but these additional hours must also be included in the agreement and approved by the student's program. In sum, there is room for flexibility, but all expectations (clinical and research, if applicable) must be detailed in the [Practicum Agreement Form](#). After the fourth year, externship placements can vary in terms of the time commitment; this is negotiated between the student and the supervisor and documented in the [Practicum Agreement Form](#). All participating agencies provide supervision of the student's clinical activities; for paid practicum placements the agency also provides the student a financial stipend. In the case of non-paid off-campus placements, the student needs to obtain financial support from other sources (such as the Psychology Department). Students who hold a GTA/GRA position and are also funded in a paid practicum site will need to follow the procedures for holding a second job (see the [Departmental Graduate Handbook](#)).

During the spring semester, a meeting is held for students who will be seeking an off-campus practicum placement and the site supervisors. This is an opportunity for students to learn about the potential site options. Students and supervisors *should not contact each other* prior to the practicum meeting. Attempts to contact Practicum supervisors ahead of time creates an additional workload for supervisors (who are already extremely busy) and could result in perceptions of unfairness among students. There is ample time for everyone to get to know each other during the practicum meeting and interview process.

After the practicum meeting, students set up interviews with supervisors (minimum of 3 sites). Students who are currently placed at a practicum site and hope to remain at that site for an additional year need to discuss this option with their DCT prior to the practicum meeting. It is possible to remain at a site for multiple years; however, sites are required to take at least 1 new student, to enhance access to varied practicum placements for all students.

During the interview, students and practicum supervisors discuss the time commitment, holiday schedule, and vacation/leave time expectations with one another. Generally, VCU students will follow the VCU holiday schedule (see the VCU Academic Calendar, linked here for VCU holidays: <https://academiccalendars.vcu.edu/>). For Winter Break, this includes the days the university is closed for Winter Break—typically about 10 days between late Dec. and New Year's, not the entire Winter Break).

Students and site supervisors are asked to not indicate (at any point in the interview process) if a site or student is your "first choice." Sometimes first choices change after people meet someone new or visit another site. Also, we aim to find a placement for every student. Thus, sometimes students are not placed at their first-choice site (e.g., if it is several students' first choice). Also, more than one site can consider a particular student their first choice.

After interviews, students email their top three choices to the Clinical and Counseling DCTs. Similarly, sites are asked to submit their rankings to the DCTs. Sites may either rank students in

order of preference, or simply indicate if each student who interviews is acceptable or unacceptable.

Students interested in matching to sites that are not yet part of the formal match process (e.g., sites they may have found on their own) need to talk with their DCT and advisor to begin the approval process. Potential practicum sites must be reviewed by the program DCTs to ensure the training offered meets our supervision standards and APA requirements -- which is more important than ever given the fact that pre-internship hours can now count toward licensure. Also, it is possible that more than one student finds the same new site and, it could happen that more students than positions exist for the site. Thus, just because a student talks with a new site does not mean that they have secured that placement. Students and site supervisors must still submit their rankings via the ranking process. Please refrain from making any private deals with sites, bypassing our process. This circumvents a fair process for all.

Most students complete at least two semesters of off-campus practicum. Normally, however, off-campus placements begin during the summer semester of the third year and are completed at the end of the spring semester or during the summer of the fourth year. Midway through the placement, all supervisees and supervisors (on- and off-campus) are required to evaluate each other's performance on forms constructed by the Clinical program: (1) [This is the online Evaluation of Practicum Student Form](#) the supervisor fills out (and discusses with) each student on their practicum team. Once this feedback has been provided to each student, the student prints the form and submits it to the Director of Clinical Training for the student's file. (2) Students are asked to evaluate their supervisors via [the online Evaluation of Practicum Supervisor Form](#), which is submitted electronically to the Director of Clinical Training.

Remember, enrollment in practicum credits is required in some situations. Students should refer to the [practicum guidelines](#) to determine whether enrollment in practicum credits is required in a given situation and also consult the bulletin regarding the number of practicum credits required for graduation.

As a condition of admission to and continued enrollment in the Clinical Program, students must agree that all of their clinical work will be done under formal practicum arrangements negotiated by the Clinical program. Exceptions to this policy may be made solely for students who have completed their internships or who receive explicit exemptions from the clinical faculty. Some off-campus placements **may** require enrollment in practicum credits, including classes offered in other departments. Students must abide by any such requirement(s) to participate in that practicum (unless the requirement is waived). The student should confer with their advisor and the site supervisor(s) in advance of starting a practicum placement to determine the need to enroll in practicum credits.

Agencies that would like to offer an off-campus practicum placement to our students are asked to contact the Director of Clinical Training. The DCT will review expectations, requirements (e.g., supervision, telesupervision, “live observation”), and practicum placement procedures. Sites that wish to participate will be asked to complete a [form describing their practicum placement](#), attend the practicum meeting, and agree to all practicum procedures.

Additional Clinical Practicum Experiences

Students may seek additional clinical experiences beyond their Clinical program-assigned practicum experience to enhance their clinical experiences before the usual fourth year off-site practicum experience and throughout their time in the program. These experiences include any clinical work that occurs outside of the assigned clinical practicum team, even if that experience occurs in another department at VCU. So long as a student is making adequate progress in the program, as determined by their advisor and, in some cases, the clinical faculty, the student is free to engage in these experiences with approval. There are two types of experiences and each requires a different sort of approval.

1. Core Faculty-led Additional Practicum Experiences. Some of the additional experiences are supervised by VCU Clinical program core faculty. For these experiences, students need to get the approval of their advisor. Email approval is acceptable. Approval by the advisor should be documented to both the DCT and the proposed Clinical program faculty supervisor. The [Practicum Agreement Form](#) must be completed before engaging in the experience.
2. Other Additional Practicum Experiences. Some of the additional experiences are supervised by licensed psychologists in the community and/or faculty in other Departmental programs (e.g., Counseling). Experiences at other VCU sites that do not involve direct supervision by a core faculty member of the VCU Clinical program are in this category. As well, any clinical work occurring at a non-VCU site at which supervision is provided by a non-VCU clinical core faculty person would also be included here. For these experiences, students need to obtain approval of their advisor, the DCT, and the clinical faculty. The [Practicum Agreement Form](#) must be completed before engaging in the experience.

Clinical Internship

The internship represents a crucial phase in the training of a doctoral level clinical psychologist. According to APA accreditation criteria, internships should provide the trainee with the opportunity to take substantial responsibility for carrying out major professional functions in the context of appropriate supervisory support, professional role modeling, and awareness of administrative structures. The internship is taken after completion of relevant didactic and clinical practicum work and precedes the granting of the doctoral degree. For many students the internship is the last requirement that is satisfied prior to the granting of the PhD. Because it is a pre-doctoral requirement, the entire internship must be completed satisfactorily prior to graduation.

Ordinarily students take their internship during their fifth or sixth year in the program. Students may apply for internship at any time after (a) having completed all requirements for the MS degree, (b) having been approved for continuation in the doctoral program, (c) having passed the doctoral Preliminary Exam and Capstone Clinical Examination, (d) having successfully completed all required practicum training, and (e) having successfully defended their dissertation proposal.

It is recommended that students complete all other program requirements (including final defense of dissertation) prior to the internship year. Regardless of the year in which they take their internship, students are required to successfully defend their dissertation proposal before applying for internship. **The defense must take place on or before October 1st of the year they are applying.** The student will not be able to proceed with the internship application process until the proposal has been defended. Faculty will not submit letters of recommendation for internship or verify that the student is eligible for internship until this requirement has been met.

All students are expected to complete an APA-Approved internship. Students may apply to a non-APA-Approved internship only under highly unusual circumstances. Official approval must be obtained, in writing, from the Director of Clinical Training before agreeing to a match with a non-APA- Approved internship.

Students should inform both the Director of Clinical Training by the end of the first week of classes of the fall semester at the very latest if they will be applying for internship that year. The DCT must be provided with a list of internships each student is applying to well in advance of the application deadline dates. The DCT along with the student's advisor helps ensure that the best internship is secured for each student. The DCT will write a letter attesting to the fact that the program considers this to be an appropriate point in the student's training for serving an internship, to the student's good standing in the program, and summarizing the student's ability level and status regarding completion of other degree requirements.

In order to maintain continuous enrollment in the University during the year they are on internship, students should register for PSYC 696 (Internship, .5 credit each for Fall, Spring and Summer semesters --- see [Internship FAQ sheet](#)). Students must be registered for three sequential/consecutive semesters of internship. Also, a graduation requirement dictates that students must be registered for at least .5 credits the semester of graduation. Most students do not register for internship credits the first summer (even if their internship starts in July), but instead register for internship credit (.5) the summer they plan to graduate.

Virtually all VCU clinical students have been successful in obtaining their high-choice APA-Approved internships. It is the norm for our students on internship to receive outstanding performance evaluations, and this has contributed to our program's excellent reputation.

Internship sites where some of our clinical students have been trained include:

- Baylor College of Medicine – Pediatrics/ Texas Children's Hospital, Houston, TX
- Bay Pines VA Healthcare System, Bay Pines, FL
- Brown University Alpert Medical School, Providence, RI
- Charleston Consortium Internship, Charleston, SC
- Children's Hospital of Philadelphia, Philadelphia, PA
- Children's National Hospital, Washington, DC
- Cincinnati Children's Hospital, Cincinnati, OH
- Dupont Hospital for Children, Wilmington, DC
- Eastern Virginia Medical School, Norfolk, VA
- James Madison University Counseling, Harrisonburg, VA

- Harvard Medical School - Boston Children's Hospital, Boston, MA
- Harvard Medical School – Brigham and Women's Hospital, Boston, MA
- Kennedy Krieger/Johns Hopkins University, Baltimore, MD
- Mailman Center for Child Development/University of Miami, Miami, FL
- McGuire VA Medical Center, Richmond, VA
- Mount Washington Pediatric Hospital, Baltimore, MD
- Mt. Sinai Services/Elmhurst Hospital Center, Elmhurst, NY
- Nationwide Children's Hospital, Columbus, OH
- Pinecrest Supports and Services Center, Pineville, LA
- Rush University Medical Center, Chicago, IL
- Salem VA Medical Center, Salem, VA
- Spring Grove Hospital Center, Catonsville, MD
- Semel Institute, University of California Los Angeles, Los Angeles, CA
- University of Florida Health Science Center, Gainesville, FL
- University of Minnesota Medical School, Minneapolis, MN
- University of North Carolina Chapel Hill, Chapel Hill, NC
- University of Southern California/Children's Hospital, Los Angeles, CA
- University of Tennessee Health Science Center, Memphis, TN
- University of Texas Health Science Center – San Antonio, San Antonio, TX
- VA Connecticut Healthcare System, West Haven, CT
- VA Maryland Healthcare System/University of Maryland, Baltimore, MD
- VA New Jersey Health Care System, Lyons, NJ
- VA Palo Alto Healthcare System, Palo Alto, CA
- VA Pittsburgh Healthcare System, Pittsburgh, PA
- VA Salt Lake City Health Care System, Salt Lake City, UT
- Virginia Treatment Center for Children, Richmond, VA
- West Virginia University – Charleston, Charleston, WV
- Yale University – Psychiatry, New Haven, CT

Evaluation of Student Progress and Feedback

At the end of each spring semester, each student in the doctoral program is evaluated by Clinical program faculty and is given written feedback from the Director of Clinical Training regarding performance in essential areas and progress in meeting degree requirements. These evaluations will include (a) academic performance (including grades and other indicants of achievement in the classroom), (b) professional competence (including assessment of discharge of professional responsibilities, personal development and maturity as it relates to this area, clinical practitioner skills, and responsiveness to supervision), (c) research: interest, commitment, and progress (including assessment of work on the required master's thesis and dissertation projects as well as other scholarly and research contributions), (d) ethical behavior (including assessment of the degree to which the student's professional behavior is consistent with APA ethical guidelines which require that psychologists "respect the dignity and worth of the individual and strive for the preservation and protection of fundamental human rights"), and (e) commitment and contribution to the program and department (including assessment of overall student

involvement as reflected in participation in activities sponsored by the program or department, and involvement in service activities which provide direct help to individual students or faculty or to the program as a whole).

Every year, at a designated time, the student completes an [Annual Review Form](#). This form documents a student's activities over the past year and their goals for the coming year. It tracks completion of all coursework, completion of the Preliminary Examination, Capstone Clinical Examination, clinical practicum experiences, teaching experiences, research activities, and service and professional activities. Students also submit a current CV to their advisor and the DCT. Advisors use these forms to discuss student progress during the annual student evaluation faculty meetings at the end of the spring semester.

Students and trainees in the program should know that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student's knowledge or skills may be assessed (including, but not limited to, emotional stability and well-being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible—that the students who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of their administrative authority, the program faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

This process is applicable to settings and contexts in which evaluation would appropriately occur (e.g., coursework, practica, supervision, teaching, and other department-related activities), rather than settings and contexts that are unrelated to the formal process of education and training (e.g.,

non-academic, social contexts). However, irrespective of setting or context, when a student-trainee's conduct clearly and demonstrably (a) impacts negatively the performance, development, or functioning of the student-trainee, (b) raises questions of an ethical nature, (c) represents a risk to public safety, or (d) damages the representation of psychology to the profession or public, appropriate representatives of the Clinical faculty may review such conduct within the context of the program's evaluation processes.