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 approved VCU's proposed doctoral program in Clinical Psychology. The Clinical Psychology program graduated its first doctoral student in 1975. In that same year, the APA Committee on Accreditation granted full approval to the Clinical Psychology doctoral program. The program has maintained fully accredited status since that time.

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 300 PhDs 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 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 practicum; and, ideally, no courses during the fourth and fifth year so that students can engage in their off-campus 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 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 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 from diverse backgrounds, and the recruitment and graduation of 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 and 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 based on their thesis and dissertation research, and their preliminary examination for publication, 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 practicum training, under the direct supervision of clinical faculty members, takes place in our community-oriented 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 both children and adults. Students, working with a limited number of patients, 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. 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 extensively in CPSD training activities.
Clients are selected for treatment at the CPSD, in part according to the training needs of the students. In addition to therapy, students at the CPSD are assigned to conduct psychological evaluations. Schools, social service agencies, mental health agencies and individuals request these evaluations. Training in assessment, report writing, and professional communication is provided through these evaluation referrals.

To provide students with more diverse and specialized experiences during their first two years of clinical training the program has added four program-based specialty clinics where students can train beginning in the fall of their second year. These specialty clinics were initiated by core faculty members who provide leadership and supervision for the clinic: (1) the Anxiety Clinic, (2) the ADHD Clinic, (3) the Latina/o Mental Health Clinic, and the Primary Care Psychology Training Collaborative, which is housed at eight safety net primary care clinics around the city of Richmond and includes training in pediatric and adult sites. All second and third year students, and a high percentage of fourth year students, are involved in these specialty clinic training experiences 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 contents. 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.

Specialty areas represent topics that are only covered within a specific specialty concentration. Specialty areas will fluctuate based on the science of our field as well as individual faculty interests. Core topics are more likely to be enduring and thus be included in the training program regardless of faculty or student 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 are establishing 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 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.** 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 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, integrative reports before completing their training. Reports do not need to be “instrument specific.” As such, there are no specific mandates about which tools need to be included in reports. Rather, a student completes several assessments for which s/he writes an integrative report that is relevant to his/her area of specialty and that demonstrates his/her mastery of the tools of that specialty, including an expertise in 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 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.
Practicum training becomes increasingly coordinated with students' research and academic interests as these interests become more focused during the student's second, third, and fourth years in the program. A major mechanism for facilitating this integration is student experience at the CPSD and the external practica. Along with clinical training, elective coursework and research training are oriented toward each student's particular needs and interests within the framework of his/her 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 (in addition to completing the required coursework—specified below in Tables 1 and 2), complete a 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 thesis (in consultation with their advisor) to the Clinical Psychology faculty for approval after their first semester in the program. Also, 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 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 Psychology program, and the student may thus desire to have this psychology faculty member chair his/her 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 students are expected to successfully pass their final master’s thesis orals no later than the last day of formal classes for the spring semester of their second year. For students who have not completed their master’s thesis prior to the fifth semester of graduate study, the department has adopted guidelines (see the Graduate Student Handbook) that restrict the number of credit hours in which a student may enroll as a function of progress made on the thesis. Note that the restrictions apply to course credit hours only and do not include master’s thesis research credits (PSYC 798) or CPSD clinical practicum (PSYC 694). Extension of the master’s thesis project beyond the third year of graduate study will be considered an indication of a serious lack of progress in the program.

In addition, students in the Clinical Psychology program may only participate in the match process for placement in an off-campus practicum if they have defended their 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 thesis by April 1st (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 thesis or have been certified as being ready to defend. For the latter, the thesis chair must certify in an email to the DCT that the student is ready to defend the thesis but a defense cannot take place because of 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 requirements will be marked with a superscript 1.
Doctoral Degree Requirements

Upon completion of master’s requirements, students should 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 (scroll to #4).

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 requirements at VCU (including course waivers or transfers). These students apply for continuation using the same procedure described above.

Policy on Five-Year Program

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 termination from the program if this requirement is not met.

Students are expected to complete the requirements for the MA 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 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 all accredited clinical programs acquire basic knowledge in areas described as "broad theoretical and scientific foundations of the field of psychology.” Note that the Department of Psychology and APA requirements overlap in several respects. One class can simultaneously satisfy both Departmental and APA requirements. To acquire a broad background in the primary content areas designated by APA
(“discipline-specific knowledge”), clinical students are required to complete courses in each of the following areas: (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 his/her advisor, and should be chosen to provide greater depth in the student's specialized interest areas as well as a richer contextual framework for his/her 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. A list of selected electives are listed after the suggested course schedules in Tables 1 and 2; consult the Schedule of Classes for other possible electives.

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.

**Suggested Schedule of Classes for the Behavioral Medicine Concentration**

Total of 87.5 credits are required for PhD (49 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 met the minimum number of credits required for graduation.

**Year 1**

**Fall Semester**

- PSYC 616 Psychopathology (3 credits)
- PSYC 644 Individual Tests of Intelligence (3 credits)
- PSYC 680 Statistics in Psychological Research I (3 credits)
- PSYC 6XX Elective* (3 credits)
- PSYC 690 Research Practicum (1 credit)

Total credits = 13

*Note: If you can enroll in a required course, please do so. Otherwise, enrolling in an elective course is acceptable.

**Spring Semester**

- PSYC 651 Theories of Counseling and Interviewing (2 credits)
- PSYC 662 Diagnostic and Behavioral Assessment (3 credits)
- PSYC 667 Behavior Therapy (3 credits)
- PSYC 675 Ethical Principles of Psychology (2 credits)
- PSYC 681 Statistics in Psychological Research II (3 credits)
- PSYC 798 M.S. Thesis (1 credit)

Total credits = 14

*Summer*

PSYC 798 M.S. Thesis (1 credit)

**Year 2**

*Fall Semester*

- PSYC 627 Research Methods in Clinical Psychology (3 credits)
- PSYC 643 Principles of Psychological Measurement (2 credits)
- PSYC 661 Clinical Applications of Health Psychology* (3 credits)
- PSYC 694 Clinical Practicum (3 credits)
- PSYC 798 M.S. Thesis (3 credits)

Total credits = 14

*If this course is not offered and/or you are unable to enroll, take PSYC 629 Biological Basis of Behavior (3 credits), another required course, or an Elective.*

*Spring Semester*

- PSYC 619 Learning and Cognition (3 credits)
- PSYC 660 Health Psychology (3 credits)
- PSYC 677 Minority Issues in Mental Health (3 credits)
- PSYC 694 Clinical Practicum (3 credits)
- PSYC 798 M.S. Thesis (2 credits)

Total credits = 14

*Summer*

- PSYC 694 Clinical Practicum (1 credit)
- PSYC 798 M.S. Thesis (if thesis not completed) (1 credit)

**Year 3**

- PSYC 603 Developmental Processes (3 credits)
- PSYC 629 Biological Basis of Behavior (3 credits) or PSYC 661 Clinical Applications of Health
- PSYC 630 Social Psychology (3 credits)
- PSYC Electives at 600-level or higher (6 credits required for graduation)
- PSYC 798 M.S. Thesis (if thesis not completed)
- PSYC 694 Clinical Practicum (3 credits each semester and 1 credit in the summer)
• PSYC 898 Doctoral Dissertation (3 credits each semester; need a total of 12 to graduate)

**Years 4 through 6**

• PSYC 694 Clinical Practicum (variable credit course repeated for maximum of 14 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 (49 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 met the minimum number of credits required for graduation.

**Year 1**

**Fall Semester**

• PSYC 650 Advanced Child Psychopathology (3 credits)
• PSYC 644 Individual Tests of Intelligence (3 credits)
• PSYC 680 Statistics in Psychological Research I (3 credits)
• PSYC 603 Developmental Processes (3 credits)
• PSYC 690 Research Practicum (1 credit)

Total credits = 13

**Spring Semester**

• PSYC 651 Theories of Counseling and Interviewing (2 credits)
• PSYC 662 Diagnostic and Behavioral Assessment (3 credits)
• PSYC 652 Child and Adolescent Psychotherapy (3 credits)
• PSYC 675 Ethical Principles of Psychology (2 credits)
• PSYC 681 Statistics in Psychological Research II (3 credits)
• PSYC 798 M.S. Thesis (1 credit)

Total credits = 14

**Summer**

• PSYC 798 M.S. Thesis (1 credit)
Year 2

Fall Semester

- PSYC 627 Research Methods in Clinical Psychology (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 M.S. Thesis (3 credits)

Total credits = 14

Spring Semester

- PSYC 619 Learning and Cognition (3 credits)
- PSYC 677 Minority Issues in Mental Health (3 credits)
- PSYC 6XX Elective (3 credits)
- PSYC 694 Clinical Practicum (3 credits)
- PSYC 798 M.S. Thesis (2 credits)

Total credits = 14

Summer

- PSYC 694 Clinical Practicum (1 credit)
- PSYC 798 M.S. Thesis (if thesis not completed) (1 credit)

Year 3

- PSYC 630 Social Psychology (3 credits)
- Electives PSYC electives at 600-level or higher (9 credits required for graduation)
- PSYC 798 M.S. Thesis (if thesis not completed)
- PSYC 694 Clinical Practicum (3 credits each semester and 1 credit in the summer)
- PSYC 898 Doctoral Dissertation (3 credits each semester; need a total of 12 to graduate)

Year 4 through 6

- PSYC 694 Clinical Practicum (variable credit course repeated for maximum of 16 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

- Motivational Interviewing (PSYC 691)
- Child Health Psychology (PSYC 691)
• Health Psychology (PSYC 660; 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)
• Community Interventions (PSYC 655)
• Group Therapy (PSYC 624)

Assessment Courses

• Neuropsychological Assessment (PSYC 647)
• Personality Assessment (PSYC 645)

Advanced Research Courses

• Advanced Multivariate Methods (PSYC 691)
• Structural Equation Modeling (PSYC 691)
• Grant Writing (PSYC 700)
• Evaluation Research (PSYC 631)

**Requirements for the Ph.D. in Clinical Psychology**

Following completion of the master's degree and formal acceptance for continuation in the doctoral program, the following requirements must be met:

1. Preliminary Examination successfully passed.
2. Capstone Clinical Examination successfully passed.
3. Doctoral dissertation successfully defended.
4. Completion of all required coursework.
5. APA-approved clinical internship.
Thesis and Dissertation Research

Credit Hours

Students should be registered for 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 thesis or dissertation. It is expected that students will begin work on their thesis (and consequently register for thesis credits) during the spring semester following their admission to the graduate program, and continue to sign up for thesis credits until their 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 thesis, with three hours per week, per credit serving as a general guideline. The total number of 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 thesis or dissertation credits a student may earn while pursuing the degree. However, a minimum of six credits of thesis research and 12 credits of dissertation research are required, and no more than six credits of 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 thesis or dissertation credits. To facilitate this process, students are encouraged to complete a “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 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 termination. Receipt of a grade of "F" in the thesis or dissertation is grounds for automatic termination from the program.

Thesis and Dissertation Committees

Thesis and dissertation committees must be constituted and approved prior to the meeting in which the thesis or dissertation is proposed (see Graduate Student Handbook). The approval of the thesis/dissertation committee involves receiving a recommendation for approval from the student’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 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 clinical students, at least one member of the thesis committee and at least two members 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. A student must obtain approval from the
Clinical program faculty for appointment of a non-clinical faculty member to chair his or her thesis or dissertation committee.

**Publication Version**

One important goal of thesis and dissertation research is publication in a professional journal. Thus, the Introduction of all 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 Prelim Exam Coordinator to develop a timeline that fits with the student’s plan for applying for internship (see G. Preliminary Exam Timing below).

The Clinical Psychology program’s Doctoral 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. 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 her/his Preliminary Exam. Rather, she/he should make a strong case for why a comprehensive review is needed and what questions will be addressed in the review (which will likely only overlap a little with a grant/dissertation). Students may also not submit 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.

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 his/her research advisor. 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. The paper may take the form of a traditional literature review or a meta-analysis. See below for examples.

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


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**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, and tables/figures) 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. The page limit will be extended to 55 pages for a resubmission (again, including title page, abstract, references, and tables/figures). Of note, discussion of relevant theory will vary by journal; therefore, students should take their specific journal requirements into consideration when preparing their outline. Papers should be prepared in APA style except in cases where the selected journal requires a different format. Papers that do not adhere to these guidelines will be returned to the student for re-formatting before grading.

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**Role of the Advisor**

For the Preliminary Exam process, the advisor should be regarded as a consultant, rather than a co-author or collaborator 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 as to work and areas that may be incorporated in a paper, and they may provide some general feedback in response to an outline of the paper. For example, for the Preliminary Exam, advisors may suggest some authors or resources or may offer general suggestions about theories helpful to the student’s paper. However, the advisor may not help form arguments for the student and should not provide comments (e.g., via track changes) regarding the written paper. The advisor may only provide their consultative assistance on the outline of the Preliminary Exam paper. Students may only have one advisor for the Preliminary Exam paper; students unsure which faculty member would best fit this role are encouraged to discuss this issue with their academic advisor, research advisor, and/or the Director of Clinical Training as appropriate.

If a student receives a grade of Revise and Resubmit, his/her advisor may read the paper and reviewers comments prior to submission of the revised Prelim Exam in order to provide consultative assistance on the feedback provided by the reviewers. Other than being able to provide consultative assistance on reviewer feedback, advisors must follow the same guidelines for consulting on a revised Prelim Exam as they did for the first Prelim Exam submission.
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 second draft of the outline before writing has begun
- After the Preliminary Exam has been graded, advisors may read the paper and reviewer comments in order to provide consultative assistance on addressing reviewer comments.

Not Allowable

- Offer models or hypotheses that are primarily the consultant’s idea
- Read any drafts of the written paper in progress
- Read revised outlines or answer questions about their paper after the writing process has begun
- Write the Preliminary Exam paper collaboratively with the student

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. Joseph Dzierzewski (dzierzewski@vcu.edu). Below are the steps to follow in preparation for sitting for the Preliminary Examination:

1. **Outline.** Outlines should be no longer than 4 double-spaced pages and include references where appropriate. The reference list is not included in the 4-page limit. Advisors, serving in the role of a Consultant, may provide consultative feedback to students (see section above titled Role of the Advisor). Students with research advisors outside of the Clinical Psychology program should meet with their Clinical program advisor to determine the most appropriate person to advise them on their Preliminary Exam outline. Students also must include a brief abstract (3-4 sentences) at the beginning of the outline to orient the reader to their topic. Also, at the beginning of the outline, students must specify the journal whose guidelines they will follow in preparing their paper.

2. **Emailing the Coordinator the Outline.** Once the student decides that his or her outline is complete, the student must send his/her outline to the Preliminary Exam Coordinator.

3. **Assignment of Reviewers.** The Preliminary Exam Coordinator will randomly assign two Clinical Program faculty reviewers (one from each concentration) to serve on the Prelim Exam committee. It is possible for faculty members to be assigned to more than one student’s committee at the same time. The Prelim 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 email.

4. **Review of Outlines.** Reviewers 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. Reviewers 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, reviewers may suggest that a student revise his/her outline and submit the revised outline to reviewers for additional feedback. If a student receives a grade of Revise and Resubmit, then the student is encouraged to meet with his/her reviewers to receive consultative assistance on the feedback and paper.

5. Notifying Coordinator of Intent to Take Preliminary Exam and Writing the Paper. The exam process officially begins when students emails the Preliminary Exam Coordinator to indicate their intent to begin the writing process and is no longer receiving input on the outline. It is expected 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. However, once a student has started writing the paper, the research advisor and reviewers can no longer be used for consultation on outline revisions and are not permitted to read paper drafts.

6. Exam is Pledged Work. Preliminary Exam papers are considered exams and "Pledged" work under the VCU Honor System. Once the exam period has started (i.e., after students have indicated that they have started writing their manuscript), students must generate original work and complete their work independently. This means they are not to discuss their paper with other individuals or submit work that has been prepared in whole or part by others. Getting comments on draft 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 paper at the time it is submitted.

Grading Procedures

The Preliminary Exam paper will be graded by the two faculty reviewers who will each write a review of the submitted paper. The reviewers will share their reviews with one another and come to an agreement on the grading of the Prelim Exam paper. Reviewers have up to 4 weeks to grade the Preliminary Exam paper. Students will receive reviewer comments in the form of written peer-reviews of their Preliminary Exam paper. Although the individual scores on the Preliminary Exam Rating Form will be used as a guideline for determining the grade, the reviewers 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 reviewers do not agree on the final grade after sharing reviews and scores, the Preliminary Exam Coordinator will randomly select a third reviewer and will inform the student that a third reviewer has been assigned. The third reviewer has up to 2 weeks to provide his/her review. At that time, all 3 reviewers should vote pass/fail on the exam. The final pass or fail decision will be based on majority vote of the three faculty reviewers.

After the final score is determined, the reviewers will send their scores and written reviews to the Preliminary Exam Coordinator. The Preliminary Exam Coordinator will email the student, his/her reviewers, and the DCT with the student’s overall grade, scores, and written reviews. Students will be given a grade of “Pass with Distinction” (see above), “Pass”, or “Revise and Resubmit.” Students who earn a Pass or Pass with Distinction are strongly encouraged to work with their advisor and/or reviewers to prepare their Preliminary Exam paper for journal submission.
Students who receive a grade of Revise and Resubmit on their initial Preliminary Exam paper are provided the opportunity to revise their prelim exam document based on the reviewer feedback. Although there is no deadline as to when students need to submit this revision, they should remain aware of the timeline for grading and how this might impact their ability to apply for internship and meet other program deadlines (see G. Preliminary Exam Timing). Students submitting a revised paper are required to provide a response letter (like those used for revised submissions of journal articles), which indicates how and where in their revised paper they responded to points raised by the reviewers. Students should include a clean draft (i.e., not a “Track Changes” version). Revisions must still conform to the paper length and style requirements specified above. Note that the page limit for revised drafts is increased to 55 pages (again, including title page, abstract, references, and tables/figures). Reviewers are held to the same deadlines (i.e., reviews completed in 4 weeks with two reviewers, 6 weeks with three reviewers) with a revised paper as with the first paper.

Students who do not receive a Pass on their first revision will either: (a) be given a second chance to revise and resubmit or (b) instructed to start again with a different paper topic if the current draft is too far off the mark, and it is thought to be a better remediation experience for the student to start again. Thus, students have three chances to pass the Preliminary Examination: an initial paper, a revision of that initial paper, and a second revision of the initial paper or new paper. Of note, on the third attempt, students will receive a third reviewer to provide an additional review of their paper. Students who do not receive a Pass on their third attempt (i.e., the second revision or new paper) 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 Prelim Exam and plan accordingly. Faculty have two weeks to provide feedback on an outline and students typically meet with the faculty committee to discuss feedback on the outline. Faculty also have four weeks to grade the Preliminary Examination (an additional two weeks may be needed if a third grader is required for a total of six weeks for grading). Of note, students should not expect faculty to review/grade and provide feedback on Preliminary Exam papers or outlines during breaks between semesters, including the summer.

Students who wish to receive feedback on their outline before the start of the summer and/or fall semester should submit it for review at least four weeks before the end of the preceding spring semester (typically around April 10). This allows 2 weeks for faculty to review it and time to schedule a meeting to get their feedback. However, the faculty strongly recommend that students submit their outlines in advance of this deadline so that there is more time for those students who decide to revise their outline and obtain reviewer feedback on another outline draft.

Students who want to have their Preliminary Exam paper graded before the start of the fall semester should submit it at least six weeks before the end of the preceding spring semester (typically the end of March). This allows for the possibility of a third reviewer and for grading to occur before faculty are off-contract for the summer months. This deadline does not consider a student’s plans for applying to internship.

Students hoping to apply for internship should consider all possible contingencies (e.g., need for a third reviewer, 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 Examination and successfully defend their dissertation proposal by October 1st. Turning in a Preliminary Exam paper after the end of the spring semester (i.e., in the summer and/or early Fall semester) does not allow time for it to be graded prior to the October 1 internship deadline if a third reviewer is required. It also assumes the student will receive a passing grade on the first attempt. As such, submitting a Prelim Exam for grading during the summer and/or early in the Fall semester will make it difficult for the student to pass the Prelim Exam and propose his/her dissertation prior to October 1st if the two products are linked (i.e., the student plans to use his/her Prelim Exam as part of the Introduction to the dissertation proposal). Consequently, students are strongly encouraged to submit their Preliminary Exam paper early in the spring semester if they are planning to apply for internship in that same year. Students will not be able to proceed with the internship application process until the Preliminary Examination 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 to 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 (see Doctoral Degree Requirements-->Curriculum Requirements above)

Elements of the Examination

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 his or her clinical supervisor, Clinical faculty advisor, and/or the Capstone Clinical Exam coordinator to identify the unique teaching points.

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 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] effect 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 90 minutes with the first hour for involvement of all students and faculty and the remaining 30 minutes with the committee, alone.

2. Clinical Report. A written report will be due to the committee one week before the presentation. It will follow the format of the Capstone 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.
The committee is to be comprised of 3 clinical faculty members who can provide a depth and breadth of clinical experience and advising. One committee member will be the Capstone Coordinator, as designated by the DCT. The current Capstone Coordinator is Dr. Sandra Gramling (sgramlin@vcu.edu). The student will work with the Capstone Coordinator to identify the remaining two committee members. The Capstone Coordinator, with the expectation that the committee will represent diversity in theoretical and clinical perspectives, will approve the committee.

Grading

While the dimensions listed in the Clinical Capstone Rating Form will serve as rating dimensions, they will not be exhaustive. Students should expect that questions from their committee may address any of these 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 30-minute question session. Committees will rate the students’ presentation and clinical report using the Clinical Capstone Rating Form. It is expected that students obtain ratings of “meets expectations” or “outstanding.”

The presentation and report will be used to identify clinical (psychopathology, assessment and psychotherapy) 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. Completion of the remediation will be construed as passing the requirement.
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 and 3rd years of the program the student is assigned to practicum in the CPSD; during the 4th year the student is assigned to an off-campus practicum agency. 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, 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 Practicum Evaluation Form the supervisor fills out (and discusses with) each member of his/her practicum. Once this feedback has been provided to each student, the student needs to print the form submit 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 Practicum Evaluation Form, which is submitted electronically to the Director of Clinical Training.

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. Also, in consultation with their academic advisor, students who enter our program with a master’s degree and who have already accumulated significant practicum experience may petition the faculty (after their first semester at VCU) to waive their second year of CPSD practicum in order to proceed directly to an off-campus practicum during their third year in the program. Similarly, in rare instances, if the student and his or her academic 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 credit hours of PSYC 694.

CPSD Practicum

Students begin their clinical training in their second year when they are assigned to two clinical teams with the main assignment being 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) and to a specialty clinic at the CPSD (e.g., ADHD Clinic, Anxiety Clinic) or one of the VCU Health System primary care clinics (Adult Primary Care, Family Medicine or Pediatric Primary Care) with licensed clinical psychologists hired by the clinical program to provide on-site supervision. In their third year, students continue their clinical training in our departmental training clinics with assignments to two specialty 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 four program-based specialty clinics where students can train beginning in the fall of their second year. Four specialty clinics were initiated by core faculty members who provide leadership and supervision for the clinic: the Anxiety Clinic (started in 2003 by Vrana and Southam-Gerow and housed at the CPSD), the ADHD Clinic (started in 2011 by Langberg and Jones and housed at the CPSD), the Latina/o Mental Health Clinic (started in 2006 by Corona and housed at the CPSD) and the Primary Care Psychology Training Collaborative (started in 2008 by Rybarczyk and housed at eight safety net primary care clinics around the city of Richmond. All second and third year students, and a high percentage of fourth year students, are involved in these specialty clinic training experiences and have expressed a great deal of satisfaction with these training experiences.

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 graduate student trainees.

Following completion of on-campus practicum training in the CPSD, students are normally placed in an off-campus agency for their fourth and fifth year of practicum. Off-campus practicum placement decisions are the responsibility of the Director of Clinical Training, in consultation with supervisory staff from off-campus practicum agencies. 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.

In most cases, students who successfully complete five semesters of PSYC 694 in the CPSD 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.

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 20 hours and depends on whether the practicum experience is a paid position (20 hours) and/or the student and supervisors’ agreement regarding the time commitment that is discussed during the off-campus match interviews. 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).

To satisfy program requirements, a student need complete only 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 of the fourth year. 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 his/her advisor and the site supervisor(s) in advance of starting a practicum placement to determine the need to enroll in practicum credits.

**Additional Practicum Experiences in Years 2 and 3 of the Clinical Program**

Students may seek additional clinical experiences beyond their program-assigned practicum experience to enhance their clinical experiences before the usual fourth year off-site practica experience. 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 (as reflected on the VCU Psychology department website). 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 faculty supervisor.

2. **Other Additional Practicum Experiences.** Some of the additional experiences are supervised by licensed psychologists in the community. 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 and the clinical faculty. There is a form (the [Additional Practicum Form](#)) that 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 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 Ph.D. 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 year in the program. Students may apply for internship at any time after (a) having completed all requirements for the master’s degree, (b) having been approved for continuation in the doctoral program, (c) having passed the doctoral prelim examination and capstone clinical examination, (d) having successfully completed all on-campus 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 (DCT) 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 (courses, prelims, dissertation).

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/Texas Children’s Hospital, Houston, TX
- Brown University Alpert Medical School, Providence, RI
- Charleston Consortium Internship, Charleston, SC
- Children’s Hospital Colorado, Aurora, CO
- Children’s Hospital of Philadelphia, Philadelphia, PA
- Dupont Hospital for Children, Wilmington, DE
- Eastern Virginia Medical School, Norfolk, VA
- Kennedy Krieger/Johns Hopkins University, Baltimore, MD
- McGuire VA Medical Center, Richmond, VA
- Rush University Medical Center, Chicago, IL
- Salem VA Medical Center, Salem, VA
- 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
- VA Connecticut Healthcare System, West Haven, CT
- VA Maryland Healthcare System/University of Maryland, Baltimore, MD
- VA Palo Alto Healthcare System, Palo Alto, CA
- VA Pittsburgh Healthcare System, Pittsburgh, PA
- Virginia Treatment Center for Children, Richmond, VA
- 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 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 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, sent out via online survey. This form documents a student’s activities over the past year and his or her goals for the coming year. It tracks completion of all coursework, completion of the Preliminary Examination, Capstone Clinical Examination, practicum and internship experiences, teaching experiences, research activities, financial support, and professional development. Students should also submit a current CV to their advisor. 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 policy 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 program may review such conduct within the context of the program’s evaluation processes.