

The Doctoral Training Program in Clinical Child Psychology

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Introduction and Description

The Clinical Child Training Program is one of four programs in the Department of Psychology. The other three programs include (a) Behavior Analysis, which emphasizes basic experimental analysis of behavior and includes non-clinical applied behavior analysis; (b) Life-Span Developmental, which represents several theoretical perspectives and methodological approaches over the life span; and (c) Clinical, which offers training in broad-based behavioral approaches to clinical problems across the life span, but with more emphasis on adult age periods. The Clinical and Clinical Child Ph.D. programs constitute the Clinical Training Program that has been continuously accredited by the American Psychological Association since 1966. For any questions regarding accreditation of this or any other program, please contact the accrediting agency, the Office of Program Consultation and Accreditation of the American Psychological Association, 750 First Street, NE, Washington, DC 20002. Phone Number: (202) 336-5979; Website: <http://www.apa.org/ed/accreditation>.

The existence of a separate Clinical Child program gives recognition to the fact that the skills and knowledge needed to address the prevention, assessment, and treatment of the problems of children and adolescents are different from, although overlapping with, those needed for dealing with the problems of adults. The field of clinical child psychology has been growing for many years, and the job market for our graduates has been very good. Both the American Psychological Association and the National Institute of Mental Health have put high priority on training in clinical child psychology.

The Clinical Child doctoral program is designed to permit students to develop careers in academic and clinical service settings. Although all students become competent researchers and are expected to contribute to the knowledge base of psychology throughout their careers (e.g., through research, writing, teaching), only some will choose to make research and teaching their primary focus. Other students will prefer to emphasize the direct delivery of services. Either career direction or ones in between these two are respected by Program faculty, and the Program has enough flexibility to permit a range of emphases.

The Clinical Child Program operates on the scientist-practitioner, or "Boulder" model of training in which the clinician is trained as both researcher and practitioner. We agree with Phares (1979) that "the conclusion seems inescapable that as we move away from the scientist-practitioner training model and begin to place exclusive emphasis on the practitioner role, we also begin to lose the professional identity that made us unique in the mental health world" (p. 15), leaving clinical psychology barely discriminable from social work and psychiatry in the kind of contribution it can make. Thus, the overall goals of the Program are to train clinical child psychologists with the following characteristics:

1. They are empiricists. They value the role of science in society, and thus they value data-based theory and behavior-influence (treatment, assessment, education, training, prevention, etc.) technology. They are skeptical of assertions that are not supported by credible data, and theories that are not well-founded in basic research. They value, engage in, and encourage research that advances our understanding of and/or our ability to positively influence constructive human behavior.
2. They are consumers of research in terms of both substance and methodology. They can critically evaluate the scientific evidence provided by a study or group of studies.
3. They are producers of knowledge and behavioral technology via the scholarly avenues of research, development, and writing. They contribute routinely to the body of knowledge known as the discipline of psychology and to allied disciplines.
4. They are well-socialized professionals. They conduct their work in an ethical fashion, in a manner that takes into account the rights and needs of the individuals with whom they are directly involved and other members of society. Further, they are involved in professional organizations at local, state, and national levels, and serve as officers or committee members in these organizations.
5. They are competent direct-service technicians, able to address a variety of behavioral problems and provide direct services to a broad range of clients, but especially children and families.
6. They are competent indirect-service technicians. They can develop new programs and direct existing programs. They can train and supervise direct service staff and/or teach college courses. They view services in a systems context and are thus able to develop workable, effective services while recognizing that problems are the product of many interactive influences.
7. They conceptualize issues regarding clinical child psychology(e.g., assessment, treatment, prevention, training, supervision) from a behavior analytical perspective in which a functional analysis is critical. At the same time, their conceptual schemes are not closed; they are familiar with other major viewpoints and can understand and use the observations and concepts from these viewpoints. Therefore, they can contribute to or understand further developments in behavior theory as it evolves.
8. They are self-directed. They are skilled at independent problem-solving, planning, decision-making, research, personal career development, and life-long learning.

We believe that the following training methods, departmental values, and student characteristics facilitate the achievement of the above goals:

- a. Although Graduate Record Examination scores of applicants are a consideration--with Verbal Reasoning and Quantitative Reasoning scores in the 600's and above being preferred--grades, reputation of the department(s) where previously educated, research and applied experience, and letters of recommendation are weighed heavily in considering the credentials of an applicant. Those applicants with the strongest qualifications on paper are invited to interview, at which time additional information is gathered (and shared) by faculty and current graduate students. Interpersonal skills allowing effective interaction with clients/patients and professional colleagues also are considered in regard to admission, as is each applicant's overall theoretical orientation, research, and clinical "fit" with the program. The decision to offer admission is based also on year-to-year changes, such as faculty work load, sabbaticals, number of faculty available to supervise students' research and clinical work, availability of funding (e.g., teaching and other assistantships, practicum placements), as well as opportunities for clinical practicum training.
- b. The first year of training typically is comprised of required course work; a Quin Curtis Center practicum; research; and an assistantship-- typically as a teaching assistant for a departmental course. Thereafter, the student has increasingly wider opportunities to pursue individual interests and develop practical clinical, research, and teaching skills. The required course work covers basic learning phenomena and procedures, research methods, behavior pathology, assessment, intervention methods, biological bases of behavior, social bases of behavior, developmental psychology, and history of psychology. Aside from these topics, the student may choose to develop further skills and knowledge in theory, basic research, research methodology, systems intervention, program evaluation, or the various areas of topical research specialization represented by the faculty.
- c. Each graduate student develops an individual Plan of Study that permits selection of several elective courses and other activities (i.e., research and practicum experiences) oriented toward his or her own particular interests (e.g., anxiety disorders, attention-deficit disorders). The Plan of Study also requires, however, that these activities be coordinated into a realistic temporal sequence to ensure a timely graduation. The Plan of Study must permit completion of all on-campus work within four years for those entering the program with a bachelor's degree, and within three years for those entering with master's degrees and approved thesis. This is followed by a one-year internship at an APA-approved internship site. The Plan of Study is approved by the Clinical Child Training Committee.
- d. Graduate student representatives serve on every committee in the Department and have a genuine voice in decisions. Many significant improvements in Department functioning have been initiated by students, who are viewed as junior colleagues.
- e. Graduate students are encouraged to attend conferences and conventions, to present professional papers and posters, and to publish their work in professional journals.

- f. All full-time Clinical Child graduate students are provided the opportunity for financial support by the Department, University Fellowships, graduate assistantships, or a contract with an agency in which they are gaining practical experience ("practicum").
- g. Graduate students obtain considerable practical experience. A range of practica are available and students are expected to sample a variety. Practica include community mental health centers, the Quin Curtis Center (in the Life Sciences Building), the WVU Health Sciences Center, and other state and regional mental health agencies. In addition to clinical assessment and intervention, students are encouraged to become involved in activities such as staff training or supervision, consultation to agencies, program evaluation, and grant writing. Each student's performance on practicum is evaluated by his or her supervisor(s) each semester.
- h. Clinical Child graduate students are expected to become get involved in research beyond the thesis and dissertation required by the Department and University, beginning in their first semester. Nearly all students present papers at conferences, and most publish in professional journals before leaving WVU.
- i. Graduate students are evaluated by the Clinical Child Training Committee (CCTC) at the end of each year, and are provided with feedback based on the Committee's conclusions. First year students also are evaluated after the end of the Fall Semester. This evaluation covers academic work, research, practicum performance, and professional service (e.g., serving on Department or University committees, making guest presentations in classes, organizing or hosting Interview Weekend activities, serving in a professional organization).
- j. There is considerable collaborative work among faculty and graduate students throughout the Department; none of the program areas are isolated or self-contained. Graduate students are expected to interact with members of other program area, show them appropriate professional respect, attend open presentations by other areas, and may become involved in collaborative work.
- k. The doctoral-qualifying "preliminary examination" (prelim) in Clinical Child Psychology currently consists of three components: a multiple choice exam that parallels content areas assessed on the national licensing exam in psychology, a written essay exam on research methods, and a clinical portfolio and oral examination covering case conceptualization, clinical practice standards, and ethics. Graduate students are expected to fully prepare for this examination which should occur during Year 3 for students entering with a Bachelor's degree and Year 2 for those entering with a Master's degree with approved thesis. Only one re-take is allowed.
- l. Clinical Child students determine the places they apply for internships with the advice of the faculty and the approval of the training committee and the Director of Clinical Training. Each student is expected to take an internship that is approved by the American Psychological Association.

- m. The Clinical Child Psychology training program provides a diversity of faculty and peers with whom to associate and work. At the same time, it is small enough so most of the faculty get to know most of the students fairly well. Students are expected to seek experiences with more than one program faculty member.

Program-Specific Guidelines and Requirements

Program Description

The doctoral program in Clinical Child Psychology is designed for students who enter with either a Bachelor's or Master's degree. Students who enter with a Bachelor's degree spend four years on-campus and then complete a one-year full-time APA-approved internship off-campus and typically out-of-state. Students who enter with a Master's degree spend three years on-campus, followed by the same type of one-year internship.

Foci of the Program and Specialty Areas

The Clinical Child Psychology faculty have a variety of research and clinical emphases, which change over time with changes in the faculty and their interests. Among other areas, developmental psychopathology, anxiety, trauma, attention-deficit disorder, peer relations, parent-child interaction therapy, depression, and substance use are included. Faculty in other programs (i.e., Clinical Psychology, Behavior Analysis, and Life-Span Developmental) have other specialties that overlap or complement those of the Clinical Child Psychology faculty. Students can specialize in these or related areas by focusing their research, course work, and clinical practica, in consultation with their advisor and advising committee. Students may choose to complete a specialization in Developmental Psychology or Behavior Analysis.

Course and Thesis Waivers

For students who have prior graduate credit or a thesis, all waivers must be completed no later than October 1 of the first year, to allow the student to formulate her or his Plan of Study, and to allow the Program and Department to project course needs in future semesters. For students who will request waiver of courses that are offered in their first (Fall) term, it is necessary that they complete the waiver process for these classes prior to the start of the Fall term. It is strongly recommended that students begin the waiver process for such classes as soon as possible after their admission. Course request waiver forms are posted on the Psychology Department web site.

Colloquia

The Department sponsors colloquia on Mondays from 4:00 - 5:00 p.m. Other Program-wide or Department-wide meetings are sometimes scheduled during this time as well. Although not every Monday is booked with colloquia or large meetings, students are expected to keep this time available on an as-needed basis. Students are expected to attend all colloquia and document their attendance in their Annual Activity Reports. If a student has a professional engagement (e.g., teaching or class attendance) that will regularly interfere with attendance for a period of time (e.g., an academic semester), then she or he must consult with the faculty advisor, inform the program coordinator, and explain the reason for their nonattendance in the Annual Activity Report.

Wednesday Noon Clinical Conferences

Each Wednesday, from 12:00 - 1:00 p.m., during the regular fall and spring semesters, there is a conference for the Clinical and Clinical Child training programs. The Noon Clinical Conference includes presentations on research topics, clinical case presentations, ethical principles, and administrative activities. Students are expected to attend these conferences each Wednesday and document in the Annual Activity Report. If a student has a professional engagement (e.g., teaching or class attendance) that will interfere regularly with attendance for a period of time (e.g., an academic semester), then she or he must inform the program coordinator, and explain the reason for nonattendance in the Annual Activity Report.

Clinical Case Presentations

Clinical case presentations are important activities in the professional development of clinical psychologists. In preparation for clinical work, the program considers opportunities to present case material during graduate training extremely important. To achieve competency in presenting clinical cases, each student in the Clinical Child Training Program is required to present two (2) clinical cases during their graduate training years. At least one of these case presentations must be conducted individually and observed and evaluated by the attending faculty members. The other case presentation can occur as part of a team of presenters. The easiest way to complete this requirement is to volunteer to present clinical case material during one of the Wednesday Noon Clinical Conferences, although other methods of meeting this requirement can be approved by the Clinical Child Training Committee (e.g., case conferences at an external practicum site). Students must complete this requirement before the faculty will endorse their application for internship. Presentations given are to be documented in the Annual Activity Report.

Interview Weekend

Each spring semester, the Department sponsors a weekend of interviews and activities for the most highly qualified applicants for each program. This event allows for further assessment of each of these applicants' fit with the Clinical Child program and provides an opportunity for the applicant to learn more about the program, Department, and University, as well as the local and surrounding communities. Attendance and other involvement by hosting and participating in events at Interview Weekend is expected of all graduate students. If a student is unable to attend because of a conflicting professional or personal engagement, s/he should notify the program coordinator well in advance. Students document their attendance and involvement in Interview Weekend in their Annual Activity Reports.

Admission to Doctoral Candidacy

After completion of the preliminary examination, student performance on that examination, as well as their performance to date overall in the doctoral program, is reviewed by the Clinical Child Training Committee's core and associate members. The Committee then either recommends the student for admission to doctoral candidacy for consideration by the departmental faculty as a whole, or does not issue that recommendation. For students who are not recommended, remediation may be required, possibly leading to a later positive endorsement. Conversely, the student may be recommended for termination from the program. Admission to

candidacy does not automatically ensure successful program completion. Students must continue to meet all program and departmental deadlines and maintain satisfactory performance in all areas of evaluation.

Dissertation and Internship Application Deadlines

Students must have passed the preliminary examination by April 1 of the previous spring semester and completed an approved dissertation proposal prior to their submitting internship applications. Moreover, the dissertation proposal must be approved before the Clinical Child core faculty and Director of Clinical Training can submit their letters of recommendation on behalf of the student for internship. An “approved dissertation proposal” is defined as having a proposal meeting in which the committee members pass the student and sign her or his proposal document, and the student sends a follow-up memo to the committee noting any changes to the proposal. This memo must be approved by the dissertation committee chair, and must be submitted to all committee members, prior to recommendation letters being sent by the Clinical Child core faculty and Director of Clinical Training. Also, students may submit internship applications only after meeting this requirement, except with special permission of the Clinical Child Training Committee and approval of the internship sites to which the student is applying. As noted later in this document, the deadline for having an approved dissertation proposal is October 31 of Year 4 (Year 3 for those who entered with a Master’s degree with approved thesis).

Specializations

Specializations in Life-Span Developmental Psychology and Behavior Analysis are available for students in the Clinical Child doctoral programs. Completion of a specialization is optional. Because specializations require extra course work or experiences, students electing to complete a specialization should make this decision in their first year in the program, preferably at the time the Plan of Study is constructed. Specific requirements for these specializations are detailed later in this Supplement. Electing to complete a specialization does not provide the student with extra time to complete the program.

Committee Membership for Program Requirements

The Clinical Child training program requires that at least one core faculty member from Clinical Child be a member of the student’s thesis committee and that two core faculty members from Clinical Child be members of the dissertation committee. The preliminary examination committee is comprised solely of all current Clinical Child faculty members.

Guidelines for Assignment of Practica Placements and External Training Experiences

According to Department policy, “students who miss the probation date for a milestone in a particular year or who are on probation for other reasons at the end of an academic year will receive lower priority for the next year’s assignments of teaching (including summer), practica, and offices (to the extent practicable)” (Reprinted from the Graduate Student Handbook). Students who are on probation for failure to meet program milestones may be ineligible for subsequent funding.

In addition to guidelines stipulated by the Department, the following guidelines are used by the Director of Clinical Training, in consultation with the Clinical Child Training Committee, in making assignments for practica and external training experiences.

1. The training needs of students will be the primary consideration in making assignments to practica sites. Based upon the endorsement of the Clinical and Clinical Child Training Committees of the need for all doctoral clinical students to receive training with both adult and child cases, this includes consideration of Clinical Child students requesting experience with adult cases and Clinical students requesting experience with child cases.
2. The program's need to continue high quality practica sites for future students from year-to-year will be considered.
3. Seniority of the student will be considered, with higher years having greater priority for doctoral students in years 2 through 4. If there are 5th year students, their funding priority is below that of 1st year students (Each year, students who have entered the program with a master's degree will have the rank that is consistent with the next highest year, i.e., 2nd year students will be considered to be 3rd year students, 3rd year students will be considered to be 4th year students, 4th year students will be considered to be 5th year students).
4. Prior year(s) placements will be considered. Students who were assigned to a less preferred site in a previous year may be given greater consideration for a more preferred site.
5. The student's ability to travel to practicum sites (e.g., having an automobile) will be a consideration.
6. Student preferences for particular sites, outside of their training needs, will be considered.
7. Preferences of supervisors at the practicum site will be considered. Note that supervisors have the right to request additional assessment (i.e., interview, drug test, criminal check) and have the right to decline to have a particular student in a practicum slot.
8. Length of time on probation during the previous years will be considered.

Policy on External Training Experiences (including Voluntary Clinical Experiences)

On occasion, some students may wish to participate in external (out-of-department) experiences in order to provide breadth and depth of training. These experiences may be paid or voluntary, and may involve research collaborations, clinical (practical) training, instruction of a class, or consultation, among other professional development activities. For purposes of this policy, External Training Experience is defined as an educational or professional development opportunity conducted at an external site and supervised by a person who is not currently a faculty member in the Department of Psychology. All training activities directly sponsored and supervised by departmental faculty, conducted either in the Life Sciences Building or at external locations, are not covered under this policy.

Approval Process. Students who are interested in engaging in an External Training Experience are required to work through the DCT to arrange them. The following sequence outlines the approval process:

1. Identification of External Training Experiences. External Training Experiences typically are identified through one of the following ways:
 - a. Student Initiation. If a student becomes aware of a particular external training experience, the student should notify the DCT of his/her interest. In some cases, the DCT can assist the student in identifying specific external training experiences that match the student's training needs.
 - b. Faculty Initiation. If a faculty member becomes aware of a particular training experience that would benefit a student trainee, the faculty member should notify the DCT. In many cases, the faculty member already has a student in mind for the experience. If there is no student in mind, the DCT will send a description of the experience to all graduate students to determine the level of interest for the position. In cases where there is more than one interested student for the position, the DCT will consult with the Clinical and/or Clinical Child Training Area Committees regarding which student should be selected.
 - c. External Site Initiation. Unsolicited notifications of the availability of External Training Experiences from external sites that are forwarded to the DCT are sent to all graduate students to determine the level of interest for the position. In cases where there is more than one interested student for the position, the DCT will consult with the Clinical and/or Clinical Child Training Area Committees regarding which student should be selected.
2. Advisor Approval. Once a student has been identified for a designated External Training Experience, the DCT will instruct the student to discuss the benefits and costs of the experience with his or her academic advisor and obtain his or her approval. Faculty advisors should only approve external training experiences for students in good standing.

3. Site Approval. After obtaining approval of the advisor, the student will complete an External Training Experience Agreement form in consultation with external site personnel, including the external training experience supervisor. Students may be required to participate in and interview for the position by site personnel prior to completion of the Agreement form. The Agreement form stipulates training goals and experiences, as well as various logistical details (e.g., number of hours per week, amount and type of supervision, vacation and professional leave time). Agreements with external sites typically will include some time for holidays, vacation, and professional leave (e.g., conferences, internship interviews).
4. Training Area Committee Approval. Once the Agreement form has been completed and signed by both the student and external site supervisor, the DCT will present it to the student's training area committee for approval. Once the Agreement is approved, the DCT will sign the form and the supplementary external activity may begin.

Selection of students and sites. The first priority for approving an external research, clinical, or teaching experience is the students' training needs. Other priorities will include, in order of importance: (a) seniority (i.e., more advanced students have higher priority; doctoral students in the 5th year or beyond have the lowest priority); (b) current practicum placement and prior year(s) placement(s) (i.e., students who already had an experience at a site will have lower priority; students who were assigned a less preferred site will be given higher priority); (c) preferences of students; and (d) preferences of supervisor(s). Only those placements that have reasonable evidence of being able to provide a good training experience, as determined by the Clinical and/or Clinical Child Training Committees, will be accepted as external training sites. Student's progress in the training program, primarily progress on program milestones, will be considered in approving participation in external activities.

Possible conflicts with other activities, paid practica. In terms of the good of all students, including future students, voluntary external experiences will be cautiously arranged to avoid lessening the probability of securing paid slots at these agencies. For students who receive a stipend for other work (e.g., teaching), its scheduling will have priority over arrangements for external experiences.

Structure of External Experiences. External training experiences typically will be no more than 8 hours per week. These experiences typically will be at least one semester in duration, and may last an entire academic year or 12 month period. Students' commitment to working at the agency will be the same as in any professional endeavor.

External Clinical Practicum Experiences. Students engaged in clinical (practical) training activities at external agencies must enroll in at least one hour of academic credit in PSYC 660 (section 1) or 670 (section 1) each semester (i.e., Fall, Spring, Summer) in which they are involved in an approved clinical training experience. Student enrollment in one of these courses enables the student to count hours accrued as part of the external training experience as "practicum" hours and assures that their activities are covered by the State's liability coverage plan.

Expectations of external sites. Sites will provide all necessary supervision. The WVU Department of Psychology typically will not provide faculty consultation. Evaluations of the student will be completed by the external training experience supervisor(s); the student will complete evaluations of the supervisor, site, and experience as appropriate at the end of the Fall and Spring semesters.

Developmental Specialization for Clinical Child Graduate Students
REQUIREMENTS AND APPLICATION

Students may complete a Developmental Specialization to supplement their graduate training. The requirements for the Developmental Specialization are as follows:

1. The student's program area training committee approves participation in the Developmental Specialization by signing this form.
2. It is recommended that the student's thesis and dissertation committees include a faculty member from the Life-Span Development Program.
3. The student completes nine credit hours from the list below. Three of the nine credit hours must be earned in Infant Development, Child Development, Adolescent and Young Adult Development, or Adult Development and Aging.
 - a. Infant Development (541)
 - b. Child Development (542)
 - c. Adolescent and Young Adult Development (543)
 - d. Adult Development and Aging (544)
 - e. Conceptual Issues in Developmental Psychology (545)
 - f. Methodological Issues in Developmental Psychology (546)
 - g. One relevant Seminar in Life-Span Development (745)
 - h. 3 credit hours of Independent Study under the supervision of a core member of the Developmental faculty (795)

Student: _____

Date: _____

APPROVAL OF ADVISING COMMITTEE (Clinical Child Training Committee):

Advisor: _____ Area: _____ Date: _____

Member: _____ Area: _____ Date: _____

Member: _____ Area: _____ Date: _____

ROUTING:

After obtaining approval from the Clinical Child Training Committee, the form is routed to the Coordinator of the Life-Span Development Program for approval and then submitted to the Student Records Office to be placed in the student's file.

Clinical Child Coordinator: _____ Date: _____

Developmental Coordinator: _____ Date: _____

Behavior Analysis Specialization for Clinical Child Psychology Graduate Students

Eligibility: Any student in the Clinical Child Doctoral Program is eligible for the specialization by stating on their Plan of Study their plans for pursuing the specialization in behavior analysis.

Requirements: Students must complete the following requirements (note that the stated requirements are the minimum for certification in the specialization, additional courses may be taken):

(1) Completion of six hours of courses from the following list:

Psychology 532--Human Behavior

Psychology 611--Single-Subject Design

Psychology 736 or 737--Special Topics in Experimental Analysis of Behavior and Applied Behavior Analysis, respectively. These special topics courses require the prior approval of the Behavior Analysis Training Committee as being within the specialization requirements.

Psychology 732--Behavior Theory and Philosophy

Psychology 630--Reinforcement and Punishment

Psychology 733--Stimulus Control and Memory

(2) Completion of one additional course from the above list OR completion of a substantive Psychology 795 course under the supervision of a Behavior Analysis Program primary (core) faculty member that would involve active participation in a laboratory group and completion of a research project supervised by the faculty member.

(3) Inclusion of a Behavior Analysis Program primary (core) faculty member on the student's dissertation committee as the non-clinical Department of Psychology member.

It also is recommended, but not required, that a Behavior Analysis Program primary (core) faculty member serve on the student's advising committee.

Certification: Certification of completing the specialization is done by the advising committee during a meeting held for that purpose in the student's last year in the program. *It is the student's responsibility to arrange this meeting.* Upon approval of the specialization, the Advising Committee Chair notifies the Director of Graduate Training that the certification requirements have been met. The certification requirements then are checked off as complete on the student's plan of study.

Suggested Curriculum Sequence for Clinical Child Graduate Students

Year 1 – Fall Semester

Course#	Title	Cr.Hrs.
512	Research Design and Data Analysis I	3
651	Behavior Pathology	3
652	Clinical Interviewing	3
653	Behavioral and Psychological Assessment I	3
603	Professional Issues in Psychology	1
670	Practicum (Quin Curtis Center Clinical Team)	1
606	Seminar on Teaching Psychology	1
		15

4 content courses

Year 1 – Spring Semester

Course#	Title	Cr.Hrs.
511	Research Design and Data Analysis II	3
671	Child Behavior Therapy	3
654	Behavioral and Psychological Assessment II	4
670	Practicum (Quin Curtis Center Clinical Team)	1
790	Teaching Practicum	1
795	Directed Studies (Research)	3
		15

3 content courses

Year 2 – Fall Semester

Course#	Title	Cr.Hrs.
725	Social Psychology	3
531	Experimental Analysis of Behavior	3
611/612	Single Subject/Multivariate (or Child Development in alternate year)	3
698	Master's Thesis	3
670	Practicum (QCC or ETE)	1
790	(Teaching Practicum, if on teaching assistantship)	(1)
		13/(14)

3 content courses

Year 2 – Spring Semester

Course#	Title	Cr.Hrs.
661	Adult Behavior Therapy	3
607	Ethical and Legal Issues	3
	<i>Elective Seminar/Specialization Course</i>	3
698	Master's Thesis	3
670	Practicum (QCC or ETE)	1
790	(Teaching Practicum, if on teaching assistantship)	(1)
		13/(14)

2-3 content courses

Year 3 – Fall Semester

Course#	Title	Cr.Hrs.
722	Biological Bases (or Clinical Child Seminar in alternate year)	3
542	Child Development (or Single Subject/Multivariate in alternate year)	3
795	Directed Studies (Research)	3
603	Professional Issues (Preliminary Examination)	1
670	Practicum	5
		15

2 content courses

Year 3 – Spring Semester

Course#	Title	Cr.Hrs.
721	History & Systems	3
	<i>Clinical Psychopharmacology (or Elective Seminar in alternate year)</i>	3
795	Directed Studies (Research)	3
670	Practicum	5
		14

2 content courses

Year 4 – Fall Semester

Course#	Title	Cr.Hrs.
772	Clinical Child Seminar (or Biological Bases in alternate year)	3
798	Dissertation	3
670	Practicum	5
	Clinical Supervision Course	1
670	QCC Clinical Team	1
		13

1 content course

Year 4 – Spring Semester

Course#	Title	Cr.Hrs.
	<i>Elective Seminar (or Clinical Psychopharmacology in alternate year)</i>	3
798	Dissertation	3
670	Practicum	5
755	Clinical Supervision Course	1
670	QCC Clinical Team	1
		13

1 content course

Year 5 – Fall and Spring Semesters: Internship 3 credit hours per semester

Notes: *Courses in italics are suggested, not required. Minimum credit hour enrollment for graduate students is 9 credit hours per semester; enrollment in 16 or more hours requires over-enrollment petition.

The Clinical-Child Program at West Virginia University prepares students for entering the profession of clinical psychology, but given the myriad of different and changing requirements across jurisdictions cannot assure that graduates of the program will meet course requirements for licensure in all states, territories, or other entities.

Comprehensive Evaluation Policy

Adapted from the Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs statement developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC), (<http://www.apa.org/ed/graduate/cctc.html>), approved March 25, 2004.

Faculty, training staff, supervisors, and administrators of the Clinical Psychology Training Program at West Virginia University 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-trainee'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 student-trainees who complete the Program are competent to manage future professional 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 our administrative authority, our 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 the faculty, training staff, and supervisors of this Program will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, preliminary 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., responding constructively to feedback from supervisors or program faculty; the successful completion of remediation plans; 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., course work, practica, supervision), 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 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 our Program may review such conduct within the context of the Program's evaluation processes.

Clinical Child Doctoral Program and Departmental Time Lines

Clinical Child Program Time Lines. One of the program goals is to assist students in the timely movement through the curriculum. Toward this end, the Clinical Child Training Committee has established time lines for meeting certain milestones in the graduate program. These time lines appear in a student's Plan of Study and progress in the program will be measured against them. If a student misses any of the time lines, the student will automatically be placed on academic probation for failure to make satisfactory progress in the program. If a student is placed on probation, a second deadline will be given to the student by the Clinical Child Training Committee. This second deadline will take into consideration any extenuating circumstances. Failure to meet the second deadline is grounds for dismissal from the graduate program. Students must change their Plan of Study to reflect a new time line. A new time line, and changing the plan of study, does *not* remove the student from academic probation. The student remains on probation until the milestone is achieved.

Departmental Time Lines. The Department also has deadlines for three major academic steps (i.e., thesis proposal, thesis submission, dissertation proposal). If a student fails to meet these departmental deadlines, the student has one academic semester to meet the deadline (the funding termination date). If the student fails to meet the deadline by the funding termination date, the student is ineligible for departmental funding the following academic year and the Graduate Training Committee recommends to the Clinical Child Training Committee that the student be terminated from the program (see Departmental Handbook).

If you have any questions about these deadlines, please speak with your advisor. We hope that these deadlines will clarify our expectations and increase the likelihood that you will proceed through the program in a timely fashion. If you believe at any point in time that your progress is inadequate, please talk with your advisor as soon as possible. Your advisor will assist you in problem-solving with the goal of moving you back on schedule.

Year 1

October 1 - Submission of name of advisor to the Student Records Office.

October 15 - Completion of all waiver requests, including thesis and courses (if applicable). For classes offered in the Fall semester, course waivers must be completed prior to the beginning of the academic year.

October 15 - Submission of Plan of Study Form to the Clinical Child Training Committee.

February 15 - Submission of approved Plan of Study Form (following review by the Graduate Training Committee and signature of the Graduate Training Coordinator) to the Student Records Office.

Year 2

For students entering with a Bachelor's degree:

December 15 - Submission of an approved thesis proposal to the Student Records Office.

For students entering with a Master's degree *and* approved thesis:

April 1 - Completion of Preliminary Examination (if this time line is not met, then the student is not eligible to apply for internship in the fall semester of the subsequent academic year.)

Year 3

For students entering with a Bachelor's degree:

December 15 - Submission of an approved thesis to the Student Records Office. If a second deadline is required due to probation, it shall be no later than **May 15** of the following semester.

April 1 - Completion of Preliminary Examination (if this time line is not met, then the student is not eligible to apply for internship in the fall semester of the subsequent academic year.)

For students entering with a Master's degree *and* approved thesis:

Prior to submitting internship applications, and prior to Clinical Child core faculty and Director of Clinical Training submitting letters of recommendation for internship, or **December 15** - Submission of an approved dissertation proposal and follow-up memo to the Student Records Office.

Year 4

For students entering with a Bachelor's degree:

Prior to submitting internship application, and prior to Clinical Child core faculty and Director of Clinical Training submitting letters of recommendation for internship, or **December 15** -

Submission of an approved dissertation proposal and follow-up memo to the Student Records Office.

For students entering with a Master's degree *and* approved thesis:

August 16 (end of the 4th year, beginning of the 5th year) - Successful completion of internship.

August 16 (end of the 4th year, beginning of the 5th year) - Submission of an approved dissertation to the Student Records Office.

Year 5

For students entering with a Bachelor's degree:

August 16 (end of the 5th year, beginning of the 6th year) - Successful completion of internship.

August 16 (end of the 5th year, beginning of the 6th year) - Submission of an approved dissertation to the Student Records Office.

The Clinical Child Psychology Preliminary Examination

Goals

The primary goal of the preliminary examination is to serve as a doctoral candidacy examination that evaluates the student's scholarly and professional abilities. The preliminary examination is a series of evaluations consisting of a multiple-choice test covering the areas reflected in the national Examination for Professional Practice in Psychology (EPPP); a clinical portfolio and oral examination; and a research component (each of these are described in detail below). This comprehensive evaluation package is designed to assess the student's performance and skills as scientist and practitioner. In addition to the evaluative component of the preliminary examination, additional benefits include enhancing the student's professional development by providing exposure to a review process that is similar to that encountered when one applies for state licensure as a psychologist.

Content and Structure

A. Multiple Choice Exam

As with the EPPP, the multiple-choice component of the Clinical Child preliminary examination will be administered via computer. The exam will consist of 100 multiple choice items assessing the "knowledge base required for the various responsibilities psychologists are expected to assume in professional practice" (roles identified for content areas covered on the EPPP are listed in Appendix A; content areas and percentage breakdowns are listed in Appendix B).

Students will be allowed 2 hours to complete the exam (note: the EPPP is comprised of 200 items over a 4-hour time frame). The multiple-choice component will be administered twice per year (October and March). Students entering the program with a Bachelor's degree (or with a Master's degree who were required to complete a thesis at WVU) will be expected to take the exam in October of their 3rd year in the program. Students entering with a Master's degree and an approved thesis from another institution will be expected to take the exam in October of their 2nd year in the program. October examination dates will be established by the Clinical Child faculty and will be announced prior to the end of the preceding spring semester. The March administration dates will be announced in October each year.

Should a student fail the October administration (i.e., their first attempt), they may repeat the multiple-choice component at the next scheduled administration time (i.e., March). Failure on a second administration of the multiple-choice component will result in a grade of failure for the preliminary examination as a whole (regardless of scores on the other components) and constitute grounds for dismissal from the program.

B. Clinical Portfolio and Oral Examination

The student will prepare a clinical portfolio of written reports and materials reflecting their work with respect to a clinical case. The case selected should be one in which the student maintained primary responsibility (under appropriate supervision) for formal assessment and the development and execution of a treatment plan. The case must represent a child or family case. Materials included in the portfolio should include intake, assessment, and discharge reports reflecting the conceptualization and outcome of the case. The portfolio must be submitted to the Clinical Child program coordinator on October 1st of the year in which the student is sitting for the preliminary examination. The clinical portfolio will be reviewed by the Clinical Child faculty and a date set for an oral examination in which the student will answer questions about the conduct of the case. The oral examination will not exceed one hour. This component is quite similar to that required by most state licensing boards. Evaluation is based on the student's demonstration of appropriate decision-making, understanding of standard assessment procedures, psychopathology, behavioral treatment, and ethical practice. Criteria for passing will be a majority vote of the Clinical Child faculty (excluding any members on sabbatical or other leave that semester).

Should a student fail the October administration (i.e., their first attempt), they may repeat the clinical portfolio component at the next scheduled administration time (i.e., March). Repeat administration will require selection of a new clinical case. Failure on a second administration of the clinical portfolio component will result in a grade of failure for the preliminary examination as a whole (regardless of scores on the other components) and will constitute grounds for dismissal from the program.

C. Research Methodology Component

The final component will be comprised of a sit-down essay exam in which the student's knowledge and critical thinking with respect to research design and methodology are assessed. The student must select and expound upon one of three question topics presented (the three question topics will be formulated by the Clinical Child faculty). The exam will have a time-limit of 2 hours. Criteria for passing will be a majority vote of the Clinical Child faculty (excluding any members on sabbatical or other leave that semester).

Administration Dates

Clinical Child students must sit for all three components of the exam in October of their 3rd year (2nd year for those entering with a Master's degree). Specific dates to be determined by the core Clinical Child faculty and announced the previous semester. Any component failed by a student must be retaken in March of the 3rd year (year 2 for those entering with a Master's degree). Only the failed components will be re-administered.

Appendix A
 Psychologist's Roles Addressed within the EPPP National Licensure Exam
 (cited from Association of State and Provincial Psychology Boards <http://www.asppb.org>)

Direct Service

The provision and/or administration of psychological services to clients, patients, and/or organizations in the areas of problem definition, need assessment, and diagnosis and the design, implementation, and evaluation of interventions

1. Make and/or receive referrals.
2. Coordinate service delivery with other psychologists and professionals (e.g., health professionals, managed care systems, organizational personnel, schools, community groups, other outside agencies).
3. Observe, interview, and gather information from patient/client/organization and related sources (e.g., relevant others, written records, referral source), identify the problems/needs and their contexts, assessment planning, clinical assessment.
4. Develop assessment procedures and/or instruments (e.g., behavioral analyses, structured interviews, work samples, performance tests) for the assessment of relevant characteristics of individuals, groups, jobs, organizations, educational and social institutions, and/or environments.
5. Select, administer, and score norm-referenced, standardized, or other instruments for the assessment of relevant characteristics of individuals, groups, jobs, organizations, educational and social institutions, and/or environments.
6. Evaluate and integrate results of information-gathering and assessment processes with scientific/professional knowledge to formulate/reformulate working hypotheses, diagnoses, and intervention recommendations. Post assessment evaluation and diagnosis.
7. Plan, design, and implement intervention programs (e.g., define goals and objectives, identify appropriate intervention targets and strategies), planning and designing a new program, planning and designing a treatment plan for an individual patient.
8. Monitor and evaluate efficacy of interventions/programs and modify as appropriate.
9. Document and/or communicate assessment results, intervention recommendations, progress and outcomes.
10. In administering a professional practice, design, implement and monitor quality assurance, quality control, risk management and/or other procedures.
11. Provide direct service in a manner consistent with current professional and ethical standards and guidelines and state/provincial and national laws and regulations.

Outreach and Consultation

The preparation, presentation, and coordination of educational programs, and/or the dissemination of information or the provision of expertise to a variety of audiences.

1. Prepare/present/coordinate health promotion programs or workshops (e.g., smoking cessation, parenting, anger control management, informational programs on community psychological services/resources).
2. Prepare/present/coordinate prevention and/or early intervention programs for at-risk populations (e.g., substance abuse prevention, HIV-AIDS education, community programs for the elderly).
3. Prepare/present/coordinate classes, seminars, or workshops for clients, family and significant others, personnel in school systems, medical and allied health care personnel, human resource personnel, and/or the general public.
4. Provide expertise to and/or serve on local/state/provincial/federal agencies (e.g., community outreach program, jurisdictional licensing board, legal system), forensic psychology (e.g., family court, jury selection, adoption, divorce arbitration, negotiation, custody evaluation, disability evaluation, employee compensation evaluations, malpractice suits).
5. Provide expertise to and/or serve on local, state/provincial, national or international professional psychology organizations (e.g., American and Canadian Psychological Associations, American Psychological Society, Association of State and Provincial Psychology Boards, Society for Industrial and Organizational Psychology).
6. Disseminate knowledge of psychology and its value to the general public (media psychology).
7. Provide consultation regarding design, methodology, statistical analysis, and/or significance of reported data and conclusions of a research or evaluation study.
8. Provide expertise to and/or serve on site-specific patient-care, education-related, or research-related committees (e.g., program accreditation, Institutional Review Board, Quality Assurance Committee).

9. Establish and maintain intra- and inter-disciplinary collaborative relationships within institutional settings and with other professionals.
10. Provide education and consultation in a manner consistent with current professional and ethical standards and guidelines, and state/provincial and national laws and regulations.

Academic Preparation and Professional Development

The development, implementation, and administration of education programs for psychologists, including teaching, supervision, and curricula.

1. Prepare/present/coordinate classes, seminars, or workshops for undergraduates, pre- and post-doctoral students, and professional psychologists.
2. Develop/administer/coordinate pre- and post-doctoral practicum, internship, and fellowship programs in human services settings.
3. Develop/administer/coordinate undergraduate, pre- and post-doctoral, and continuing education programs in professional psychology.
4. Supervise pre- and post-doctoral students and professional practitioners to enhance service delivery.
5. Supervise and advise undergraduates and pre- and post-doctoral students on research/evaluation (e.g., honors thesis, dissertation).
6. Provide mentoring for undergraduates, pre- and post-doctoral students, and/or professional psychologists.
7. Provide training in a manner consistent with current professional and ethical standards and guidelines, and state/provincial and national laws and regulations.
8. Participate in professional self-development and continuing professional education designed to enhance professional and personal knowledge and skills.

Research and Evaluation

The development and/or participation in any investigation and/or the use of results to expand or refine knowledge or to improve programs and services.

1. Critically review and appraise existing literature with regard to study design, methodology, method of analysis, and generalizability of results and conclusions.
2. Use the existing knowledge base to formulate clear research/evaluation questions or to guide intervention or program development.
3. Engage in research in a manner that ensures protection of human and/or animal rights, adhering to current professional and ethical standards/guidelines, and jurisdictional and national laws/regulations.
4. Formulate research/program evaluation hypotheses, and design appropriate methods to conduct the study.
5. Collect and analyze data using appropriate methods of analysis (e.g., qualitative, quantitative).
6. Report research findings and implications according to professionally accepted standards.
7. Submit research findings to peer review for publication and/or presentation.
8. Apply research findings in practice, with awareness of strengths and limitations of application; data interpretation.
9. Prepare proposals to funding agencies.
10. Provide expertise to and/or serve in an editorial capacity on professional journals or other refereed publications, or review proposals to funding agencies.

Appendix B
 Content Areas Assessed on the EPPP and the multiple-choice component of the
 Clinical Child Preliminary Examination
 (cited from Association of State and Provincial Psychology Boards <http://www.asppb.org>)

Biological Bases of Behavior (11%)

Knowledge of (a) neuroscience, (b) the physiological bases of behavior and illness, and (c) psychopharmacology. Requires knowledge of:

1. Basic neuroscience (e.g., neuroanatomy, neurophysiology, neurochemistry), clinical neuroscience (e.g., brain-behavior relationships, neurological syndromes and their contribution to cognitive and emotional status and behavior) organic disorders and their symptoms.
2. Physiological correlates/determinants of behavior and affect (e.g., symptoms of common psychophysiological reactions and syndromes, such as hyperventilation, anxiety disorders, depressive disorders, stress reactions, headaches, irritable bowel syndrome).
3. Biological bases of the behavior and affect associated with acute and chronic illness (e.g., post-stroke depression, diabetes, AIDS, asthma, chemotherapy, fibromyalgia, hypoglycemia, schizophrenia). Includes knowledge of psychoneuroimmunology.
4. Basic psychopharmacology (e.g., medication effects, side effects, and interactions). Includes knowledge of drug metabolism, drug categories (e.g., anxiolytics, antidepressants, antipsychotics, anticonvulsants), addictive/dependency potential.
5. Genetic transmission (e.g., the relationship of dominant and recessive genes) and its role in understanding disorders and their behavioral, emotional, and psychosocial manifestations (e.g., Duchenne's muscular dystrophy, Huntington's disease, Down syndrome).
6. Relationship of stress to biological and psychological functioning, with particular reference to lifestyle and lifestyle modification (e.g., cardiac rehabilitation, smoking cessation), psychological reactions to stress, behavioral health, physical or biological reactions to a behavior (e.g., substance abuse, eating disorders).

Cognitive-Affective Bases of Behavior (13%)

Knowledge of (a) cognitive science, (b) theories of learning, memory, motivation, and emotion, and (c) factors that influence an individual's cognitive performance and/or emotional experience.

Requires knowledge of:

1. Cognitive science (e.g., sensation and perception, attention, memory, language and spatial skills, intelligence, information processing, problem-solving, strategies for organizing information).
2. Theories and principles of learning (e.g., social learning, classical and operant conditioning, primacy/recency effects).
3. Theories of motivation (e.g., need/value approaches, cognitive choice approaches, self-regulation).
4. Theories of emotions.
5. Reciprocal interrelationships among cognitions/beliefs, behavior, affect, temperament, and mood (e.g., healthy functioning, performance anxiety, performance enhancement, job satisfaction, depression).
6. Influence of psychosocial factors (e.g., sex differences, family styles and characteristics, academic/occupational success) on beliefs/cognitions and behaviors.

Social and Multicultural Bases of Behavior (12%)

Knowledge of (a) social cognition, social interaction processes, and organizational dynamics, (b) theories of personality, and (c) issues in diversity (multiethnic, multicultural, gender, ageism, sexual orientation, and disability).

Requires knowledge of:

1. Social cognition and perception (e.g., attribution theory and biases, information integration, confirmation bias, person perception, development of stereotypes, racism).
2. Social interaction (e.g., interpersonal relationships, aggression, altruism, attraction).
3. Group dynamics and organizational structures (e.g., school systems, gang behavior, job satisfaction, family systems, group thinking, cultural behavior, conformity, compliance, obedience, persuasion), social influences on individual functioning.
4. Environmental/ecological psychology (e.g., person-environment fit, crowding, pollution, noise).

5. Theories of personality that describe behavior and the etiology of atypical behavior. Includes knowledge of limitations in existing theories for understanding the effect of diversity (e.g., age, ethnicity, gender).
6. Multicultural and multiethnic diversity (e.g., racial/ethnic minorities, gender, age, disability, sexual orientation, religious groups, adverse impact, between-and-within group differences).
7. Theories of identity development of multicultural/multiethnic groups (e.g., acculturation theories, racial/ethnic identity).
8. Role that race, ethnicity, gender, sexual orientation, disability, and their cultural differences play in the psychosocial, political, and economic development of individuals/groups; effects of culture on school motivation.
9. Sexual orientation issues (e.g., sexual identity, gay/lesbian/bisexual, family issues).
10. Psychology of gender (e.g., psychology of women, psychology of men, gender identity development).
11. Disability and rehabilitation issues (e.g., inclusion, psychological impact of disability).

Growth and Life Span Development (13%)

Knowledge of (a) age-appropriate child, adolescent, and adult development, (b) atypical patterns of development, and (c) the protective and risk factors that influence developmental outcomes for individuals.

Requires knowledge of:

1. Normal growth and development (cognitive, social, personality, moral, emotional, and physical) from conception through old age.
2. Influence of culture on normative or age-expected behaviors (e.g., normal age-range, individual differences), how the definition of normative behavior is influenced by culture.
3. Risk factors which predict an atypical developmental course (e.g., nutritional deficiencies, health care, including prenatal care, availability of social support, adequacy of income and housing, poverty, parental alcohol/drug abuse).
4. Interventions to reduce risk factors (e.g., poor health care, nutritional deficiencies, violence), to increase resilience (e.g., protective factors such as care giving, increased social support), competence (e.g., skill building) of individuals living in at-risk environments.
5. Life-event changes that can alter the normal course of development (e.g., injury, trauma, illness, onset of chronic disease or disorder in self or parent, death, divorce).
6. Theories of development (e.g., constructivist theory, social learning theory, ecological theory).
7. How development is influenced by the organism-environment interaction over time (e.g., understanding the relationship between the behavior of the individual and the social, academic, or work environment).
8. Family systems functioning and family stages in life and how these impact on individuals (e.g., family life cycle, parent-adolescent communication, birth of a child).

Assessment and Diagnosis (14%)

Knowledge of (a) psychometrics, (b) assessment models, (c) methods for assessment of individuals and organizations/systems, and (d) diagnostic classification systems and issues.

Requires knowledge of:

1. Psychometric theory and concepts (e.g., measurement, reliability, validity, item characteristics, test fairness, standardization, norms), and test validation procedures (e.g., criterion, predictive, construct, and content strategies; appropriate measurement standards and legal regulations).
2. Assessment models (e.g., psychometric, behavioral, neuropsychological, ecological).
3. Tests for the measurement of characteristics of individuals (e.g., social, emotional, and behavioral functioning; cognitive; achievement; aptitude; personality; neuropsychological; vocational interest), and the adaptation of these tests for use with special populations.
4. Techniques other than tests (e.g., interviews, surveys, naturalistic and structured behavioral observations, history/biographical data, medical evaluations, imaging techniques and laboratory tests) for the measurement of characteristics of individuals.
5. Instruments and methods for the measurement of characteristics of jobs, organizations, educational and other social institutions (e.g., job analysis, job evaluation, need assessment, organizational diagnosis, ecological assessment).
6. Methods for evaluating environmental/ecological influences on individuals, groups or organizations (e.g., organizational frameworks, functional analysis of behavior).
7. Criteria for selecting assessment devices/approaches (e.g., cultural appropriateness, cost effectiveness, relevance to referral concern).

8. Utilization of various classification systems (e.g., DSM, AAMR, SEC, ICD) for diagnosing client functioning. DSM diagnosis; syndromes; differential diagnosis; diagnostic criteria.
9. Epidemiology of associated features of behavioral disorders, base rates of disorders in clinical or demographic populations, comorbidity among behavioral disorders and with medical disorders; comorbidity rates, age ranges affected; associated features.
10. Theory and techniques for the measurement of client changes (e.g., client tracking, patient compliance and progress).
11. Use of computers and related technology in implementing tests, surveys, and other forms of assessment, and use of computer-generated interpretative reports.

Treatment/Intervention (16%)

Knowledge of (a) individual, group, or organizational interventions for specific concerns/disorders, (b) treatment theories, and (c) consultation models and processes.

Requires knowledge of:

1. Treatment planning process, including matching to appropriate treatment (differential diagnosis), efficacy, outcome data. Matching client characteristics and knowledge of efficacy, cost-benefit, outcome research.
2. Theories of treatment (e.g., behavioral, cognitive, cognitive-behavioral approaches; psychodynamic approaches; systems/ecological approaches, humanistic approaches, psychoeducation, time-limited/brief therapy).
3. Treatment techniques/interventions for specific concerns or specific populations (e.g., marital and family, group therapy, crisis intervention, play therapy, feminist therapy, rehabilitation therapy approaches to stress management, remediation and compensation, culturally appropriate treatments and interventions).
4. System theories and system interventions (e.g., change of environment, school system, community interventions, family, job and equipment design, consultation).
5. Organizational interventions (e.g., organizational development, organizational change, performance enhancement/management).
6. Consultation models (e.g., mental health, behavioral, instructional, organizational), processes (e.g., stages, communication skills), consulting to individuals, groups, and organizations.
7. Human resource management interventions (e.g., selection, performance appraisal, training).
8. Theories of career development and counseling (e.g., career assessment, career counseling techniques).
9. Adjunctive and alternative interventions and appropriate referral (e.g., physicians, psychopharmacology, inpatient or partial hospitalization, support groups).
10. Service delivery systems (e.g., education, health, mental health, social services, forensics, business and industry), including the roles of other professionals.
11. Quality assurance measurement techniques (e.g., client satisfaction, goal attainment, organizational effectiveness).

Research Methods (6%)

Knowledge of (a) research design, methodology, and program evaluation, (b) statistical procedures, and (c) criteria for accurate interpretation of research findings.

Requires knowledge of:

1. Research methods (e.g., sampling, instrumentation, data collection procedures), appropriateness of instrument selection, issues of research design.
2. Research design (e.g., hypothesis generation, experimental, quasi-experimental, naturalistic inquiry, group designs, single-case research).
3. Appropriate analytical methods (e.g., qualitative, quantitative, descriptive, inferential, univariate, bivariate, and multivariate, parametric and nonparametric), which analysis is appropriate, interpretation (e.g., causal vs. correlational; degree and nature of generalizability).
4. Criteria for critical appraisal and utilization of research (e.g., technical adequacy, limitations to generalizations, threats to internal, external, construct validity, and design flaws), integration of qualitative and quantitative results, use of research.
5. Program planning and evaluation strategies and techniques (e.g., need assessment, process/implementation evaluation, outcome evaluation, cost-benefit analysis, public health benefit).

Ethical/Legal/Professional Issues (15%)

Knowledge of (a) the ethical code, (b) professional standards for practice, (c) legal mandates, (d) guidelines for ethical decision-making, and (e) professional training and supervision.

Requires knowledge of:

1. APA Ethical Principles of Psychologists and Code of Conduct and/or Canadian Code of Ethics for Psychologists (e.g., confidentiality, research, dual relationships, limits of competence, advertising practices, informed consent, record-keeping).
2. Professional standards and guidelines for the practice of psychology (e.g., APA/CPA Standards for Providers of Psychological Services, AERA/APA/NCME Standards for Educational and Psychological Testing, ASPPB Code of Conduct, ASPPB Model Licensure Act, credentialing requirements for advanced specialties and proficiencies, other published guidelines for special populations such as women and minorities).
3. Pertinent federal, state and/or provincial laws/statutes that affect psychological practice (e.g., laws and regulations relating to family and child protection, education, disabilities, discrimination, duty to warn and privileged communication, commitment and least restrictive care, continuing professional education requirements, practice regulations, licensure regulations).
4. Ethical decision-making process (e.g., resolution of ethical conflicts, integration of ethical principles and legal/regulatory standards).
5. Models and approaches for training and supervision of self and others (e.g., methods for developing and enhancing knowledge in proficiencies and specialties, continuing professional education, professional self-management, clinical supervision, peer consultation and supervision, recognition of self-limits, appropriateness of credentials).