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# STUDENT HANDBOOK

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## THE PHD PROGRAM IN CLINICAL PSYCHOLOGY

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**2023-24**

Wheaton College  
School of Psychology, Counseling & Family Therapy  
Wheaton, Illinois US

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## Acknowledgement of Student Responsibility

*Dear PhD Student:*

*The School of Psychology, Counseling & Family Therapy and the PhD Program have devoted significant time developing policies and procedures for the PhD Student Handbook in an effort to ensure that students receive the highest quality of training and education. Further details specific to the clinical training and clinical dissertation components of the program can be found in the Clinical Training Handbook and the Clinical Dissertation Manual. This student handbook contains academic and programmatic policies and procedures. PhD students must read and be familiar with its contents, as it will answer many common questions students ask. **Students are responsible to know and abide by the information contained herein.***

I have read the entire contents of the 2023-24 Wheaton College *PhD* Student Handbook and understand the policies and procedures herein. I understand that if I have further questions or if concerns arise, I may consult with Dr. Benjamin Pyykkonen, Ms. Ginger Smith, or Dr. Sarah Hall if necessary.

### Certification of acknowledgement and acceptance:

*Please complete [this acknowledgment](#) to indicate your understanding and acceptance of the timelines, policies, and requirements set forth in this handbook.*

## UPDATES TO THE 2023-24 CLINICAL PSYCHOLOGY PHD STUDENT HANDBOOK

1. Accreditation Status has been updated to reflect the acceptance of Wheaton's Intent to Apply for Accreditation application to the American Psychological Association (pg. 7)
2. The Dissertation Defense Deadline has been updated to March 15 (pgs. 17 & 32)
3. The course BITH 576 *Church History to 1900* has been phased out by the Bible and Theology Dept. and replaced by BITH 578 *Global Church History*. This resulted in a minor curricular change for the PhD in Clinical Psychology program to reflect the adoption of this new course. No student action is required. (pgs. 18, 28, 33)
4. The Concentration of Study, Trauma-Informed Care, has been incorporated into the "Concentration" section (pgs. 19, 28, 29)
5. The Wheaton PhD program in Clinical Psychology upholds the nondiscrimination policies of the larger college; this has been clarified and links to additional information have been added (pg. 27)
6. The Transfer Credit Policy has been updated to broaden the scope of accepted transfer credits (pg. 32)
7. The Clinical Psychology PhD degree enrollment policy has been updated to reflect that of the larger college, specifically, a student may not be simultaneously enrolled in two degree programs; the outworking of this is that a student may not earn an MA in Biblical Theology (or any other degree) while earning the PhD in Clinical Psychology (pg. 30)
8. Due to the restructuring of Wheaton College's Academic division, the positions of "Dean of the Graduate School" and "Graduate Records Analyst" have been eliminated and subsequently removed from this handbook. Additionally, the Graduate School Conference Presentation award has been phased out and is not included in this handbook.

## SECTION ONE: INTRODUCTION



## GENERAL INTRODUCTION

This handbook contains details about the policies and procedures for the PhD in Clinical Psychology Program at Wheaton College. The handbook is divided into sections that follow the typical sequence for completing graduation requirements. Sample forms are included throughout the handbook which the student will need during their graduate experience. While these are samples only, actual forms can be found on the [Clinical Psychology Doctoral Student Team](#) and the [Registrar's website](#). Revisions to this handbook may be made periodically and will be communicated to students as appropriate. In any instance of conflicting information or interpretation, the Wheaton College catalog takes precedence over the graduate and psychology handbooks. Additionally, the Doctor of Psychology Program at Wheaton College reserves the right to change policies of the Program and will communicate such changes through future handbooks or general communication when necessary, prior to publication of an updated handbook. The Doctoral Psychology Program Administrator can assist with the interpretation or resolution of conflicts if necessary.

## ACCREDITATION

The PhD program is pursuing accreditation by the Commission on Accreditation of the American Psychological Association (APA). In December of 2022, an *Intent to Apply for Accreditation Application* was submitted to the APA indicating intent to pursue accreditation for the PhD in Clinical Psychology through the American Psychological Association. This application was acknowledged by the APA in April of 2023 and [our status can be viewed here](#).

The larger college including this program is approved and accredited by the Higher Learning Commission North Central Association of Colleges and Schools.

## MISSION STATEMENT

The Wheaton College Department of Psychology, through its Doctor of Psychology program, will strive to

- educate its students in a manner grounded in, informed by, and shaped by the beliefs and practices of the Christian faith;
- produce highly competent clinical psychologists who will be **scholar-practitioners**, capable of not only benefiting from but contributing to both the theoretical and applied empirical scholarly literature of the field of clinical psychology, adept at advancing our understanding of the interface of psychological and spiritual understandings of the person, and competent to intervene to enhance human welfare;
- emphasize and model a commitment to professional practice as service, especially to the Body of Christ, the Church, and to those persons who have been marginalized and wounded by our society on the basis of racial or ethnic identification, age, socioeconomic status, or gender; and
- conduct training in the context of an intentional community of faith which will emphasize a balanced approach to spiritual, personal, professional, and interpersonal growth and development.

Our mission statement shapes the specific nature of the doctoral training program in the following ways:

### Christian Distinctiveness

Our commitment to Christian distinctiveness is more than a reaction to contemporary trends in scholarship. It is a reflection of the historic commitment of the entire institution, “Wheaton College [as a whole] exists to help build the church and improve society worldwide by promoting the development of whole and effective Christians through excellence in programs of Christian higher education. . . . Wheaton College seeks to relate Christian liberal arts

education to the needs of contemporary society. Students of the doctoral program are expected to affirm the Statement of Faith of Wheaton College and conform to the Community Covenant of Wheaton College that provides a framework for our life together as an academic and spiritual community. (For more details on the Statement of Faith of Wheaton College, go to: <http://www.wheaton.edu/About-Wheaton/Statement-of-Faith-and-Educational-Purpose>. For more details on Weaton College’s Community Covenant, see: <http://www.wheaton.edu/About-Wheaton/Community-Covenant>.) The curricular approach is designed to combine faith and learning to produce a biblical perspective needed to relate Christian experience to the demands of those needs” (Catalog of Wheaton College).

The Graduate School’s mission is to “form servant scholars and leaders through exceptional graduate programs for Christ and His Kingdom” and the vision of the Graduate School is to see “God transforming the world through scholars and practitioners rooted in Christ and equipped for global leadership.” We seek to train psychologists to understand and value human diversity, to demonstrate a commitment to underserved populations, and to be agents of reconciliation wherever oppression and injustice exist.

In conformity with these broad goals of the whole institution and of the Graduate School in particular, the doctoral program in clinical psychology is founded upon a concern for interrelating Christian belief and practice with the best of contemporary scholarship and professional standards in the discipline of psychology. We strive to produce graduates who will be distinctive as Christians in their practice of professional psychology - whether that practice is in an overtly religious context or not - while respecting any beliefs of those they serve as psychologists.

### Training Model: Scholar-Practitioner

There is growing recognition in the Christian community of the profound need for healing and growth among the religious and nonreligious populace, needs that are not readily met by traditional approaches to pastoral care. There is also increasing recognition of the intimate interrelationship of psychological and emotional needs and the spiritual or religious realms of life. There is a need for skilled practitioners and capable scholars in the field of psychology who are respectful and informed about the religious traditions which form the fundamental commitments in life for so many in American society and across the world.

The PhD program in clinical psychology attempts to address this need by providing training which is deliberately directed at producing highly competent scholar-practitioners of clinical psychology who are respectful of the Christian faith and at the same time personally committed to embracing the professional identity of a psychologist. Our goal will be to produce psychologists who are capable not only of understanding and contributing to the evolving research and scholarship in the field of clinical psychology, but also in the biblical and theological domains as well. Preparing psychologists to be effective scholars and practitioners, equipped with up-to-date skills in such areas as psycho-diagnosis, assessment, and intervention, as well as the capacities to continue growing over their professional life. We are convinced that the most effective scholar-practitioner will be the scholarly person who is clinically astute and multidisciplinary in focus, prepared to think in an analytical and sophisticated way in as many areas as possible that address our understanding of the human condition.

Recognizing that no single model or theoretical approach in the mental health field has emerged as dominant in the field, the doctoral program in clinical psychology is intentional in its pluralistic focus with regard to theoretical orientation. We recognize the importance of diversity in models of professional practice and scholarly work as a stimulus for growth as the student trains as a developing professional. We strive to integrate theory with practice early in the program through student involvement in practicum training beginning the second year of the program.

The curriculum offered is intended to foster the development of scholar-practitioners. It is designed to prepare ethnically- and culturally sensitive Christian psychologists to deal with diverse needs found in a pluralistic culture

and throughout the world. Given that psychologists attempt to build clinical theories and techniques on scientific principles, courses in the four core content areas in psychology are required (biological bases of behavior, social bases of behavior, cognitive/affective bases of behavior, and individual differences). Psychologists also must be wise/astute consumers of, and often contributors to, the scientific literature, so the curriculum includes coursework in advanced statistics, research design, program evaluation, and clinical research. We believe that preparing for personal engagement with the scholarly endeavor is the most effective way to build this competency. In our scholar-practitioner model our students are engaged in applied clinical research throughout their time in the program. Effective scholars and practitioners are aware of the theoretical underpinnings of their work while appreciating the work of those with differing theoretical views, and so diverse coursework on the theoretical bases of professional psychology is included (e.g., psychometric theory, cognitive-behavioral theory, psychoanalytic theory, family theory). Because of our commitment to Christian distinctiveness and our desire to produce scholars with a multidisciplinary focus, courses in other fields that contribute to an understanding of the human condition also are included in the curriculum (spirituality, diversity, theological anthropology, Bible and theology). Thus, the foundation of the curriculum is based on a broad understanding of scientific and theoretical psychology and on multiple perspectives of the human condition. The curriculum also provides courses and supervised practica in the technical skills necessary for professional psychologists (intellectual, personality, and neuropsychological assessment, psychotherapy, program evaluation, group therapy, and community psychology).

Many courses are conducted with a special focus on professional applications, with the scholar-practitioner model informing the use of classroom time and assignments. Some themes, including multicultural awareness, knowledge of ethical standards, and integration of Christianity and psychology, are so central to the curriculum that they are found in virtually all courses offered throughout the program. Though some courses are specifically devoted to these topics, these themes are of such critical importance for the scholar-practitioner in psychology that they cannot be relegated to isolated spots in the curriculum.

### Professional Practice as Service

The Graduate School exists to “bring Christian belief and perspectives to bear on the needs of contemporary society ... We provide academic and professional preparation that will enable the committed Christian student to articulate a biblical and global worldview and to apply it to service for Christ and His Kingdom.” (*Catalog of Wheaton College Graduate School*).

In keeping with these values, the doctoral program will expose students to training with underserved populations. As a community, we strive to model Christ's love to all regardless of whether they belong to his body, the church. We strive to model the very compassion of Christ, who mourned for the poor, the downtrodden, and the victims of injustice, regardless of their personal religious faith.

### Community Context of Training

We strive to be a Christian community of learning, fostering life-growth above narrow professional domains. We will work to build caring relationships encouraging growth in all areas of the lives of students, faculty, staff, and families. Effective learning likely occurs when traditional teaching methods are complemented by active study in a context where academic mentorship and apprenticeship relationships with faculty can be formed. The doctoral program attempts to foster this kind of learning environment by maintaining a small training program. The program is budgeted on sixty-four full-time students (in residence), and a student-to-faculty ratio of 9 to 1. Further, faculty are involved in the oversight of student clinical work, in the qualifying examination process, and in the required clinical dissertation.

As a complement to our relative religious uniformity, we desire to maintain and even celebrate diversity in terms of gender, culture, ethnicity, and age. Wheaton College is committed to an international focus and to valuing the various cultural traditions of the United States.

## PROGRAM GOALS AND OBJECTIVES

Our program goals and objectives for students flow from our mission and are anchored by the Competency Benchmarks for Professional Psychology. The program utilizes the Benchmarks Evaluation System provided by the American Psychological Association. The system has been tailored for our program, and the complete system can be located at the following link <https://www.apa.org/ed/graduate/benchmarks-evaluation-system>. The following are the program's goals and objectives, both proximal and distal, expected in the development of our graduate students.

### GOALS & OBJECTIVES<sup>1</sup>

#### **Proximal Goals and Objectives**

##### **Profession-wide competencies:**

1. To develop clinical skills in the integration of clinical practice and research
  - a. Students will nurture an approach to training and practice with personal and professional self-awareness and reflection. [PROFESSIONALISM]
  - b. Students will relate effectively and meaningfully with individuals, groups, and communities using interpersonal and expressive skills. [RELATIONAL]
  - c. Students will demonstrate knowledge of professional ethical and legal issues and show awareness and application of ethical decision-making. [PROFESSIONALISM]
  - d. Students will learn to comport themselves with integrity and responsibility which reflects the values of psychology and contributes to the professional identity as a clinical psychologist *and* demonstrate empathic understanding for human suffering. [PROFESSIONALISM]
  - e. Students will develop skills to assess and diagnose problems of individuals and groups from diverse backgrounds with the use of assessment methods and formulate effective case conceptualizations. [APPLICATION]
  - f. Students will gain knowledge of theories of intervention and demonstrate ability to apply appropriate, culturally sensitive evidence-based interventions to alleviate suffering and promote well-being of individuals and groups. [APPLICATION]
  - g. Students will be able to demonstrate basic knowledge and utilization of supervision models and practices. [PROFESSIONALISM and EDUCATION]
2. To develop competency in clinical research and scholarship
  - a. Students will demonstrate knowledge of scientific foundations of general areas of psychology and clinical practice. [SCIENCE]
  - b. Students will demonstrate ability to effectively engage in and critique *scholarship* that contributes to psychological knowledge and clinical practice. [SCIENCE]
3. To develop individual and systemic diversity competencies

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<sup>1</sup> Corresponding Competency Benchmark in Professional Psychology cluster in [brackets]

- a. Students will demonstrate an awareness of self and diverse others as shaped by culture, society and apply this awareness toward effective work with underserved persons and communities. [PROFESSIONALISM]
- b. Students will exhibit awareness and skills in targeting the impact of social, political, economic, or cultural factors necessary to advocate in order to promote change. [SYSTEMS]
- c. Students will demonstrate awareness of the benefits of interdisciplinary collaboration and the skills to respectfully and productively collaborate with professionals from diverse disciplines. [SYSTEMS]

**Program-specific competencies:**

4. To develop capacity and ability for the integration of clinical practice and Christian faith
  - a. Students will demonstrate foundational knowledge of Christian theology and current models of integration.
  - b. Students will articulate a personal process of integration of psychology and Christian faith.
  - c. Students will apply integration of psychology and Christian faith to clinical practice in order to enhance human welfare as a means of biblical justice.

**Distal Goals and Objectives**

In addition to the proximal goals and corresponding objectives listed above, we also acknowledge two additional distal goals and five objectives that apply to alumni of the program. We gauge the success of our program, to some extent, on the degree to which our graduates collectively affirm the quality of the program and are following career paths consistent with our mission statement.

1. Graduates of the program will affirm that they received **competent training in profession-wide competencies** as evidenced by:
  - A. Objective 1 (Licensure)
  - B. Objective 2 (Employment)
  - C. Objective 3 (Scholarship)
  - D. Objective 4 (Graduates' evaluations of program's attainment of its goals)
  - E. Objective 5 (EPPP mean percentage scores on relevant exam content areas)
2. Graduates of the program will succeed in making unique contributions to **professional psychology** by promoting well-being of individuals and communities globally and within the Church as evidenced by (**program-specific competencies**):
  - A. Objective 1 (Practice as service)
  - B. Objective 2 (Serving the Underserved)

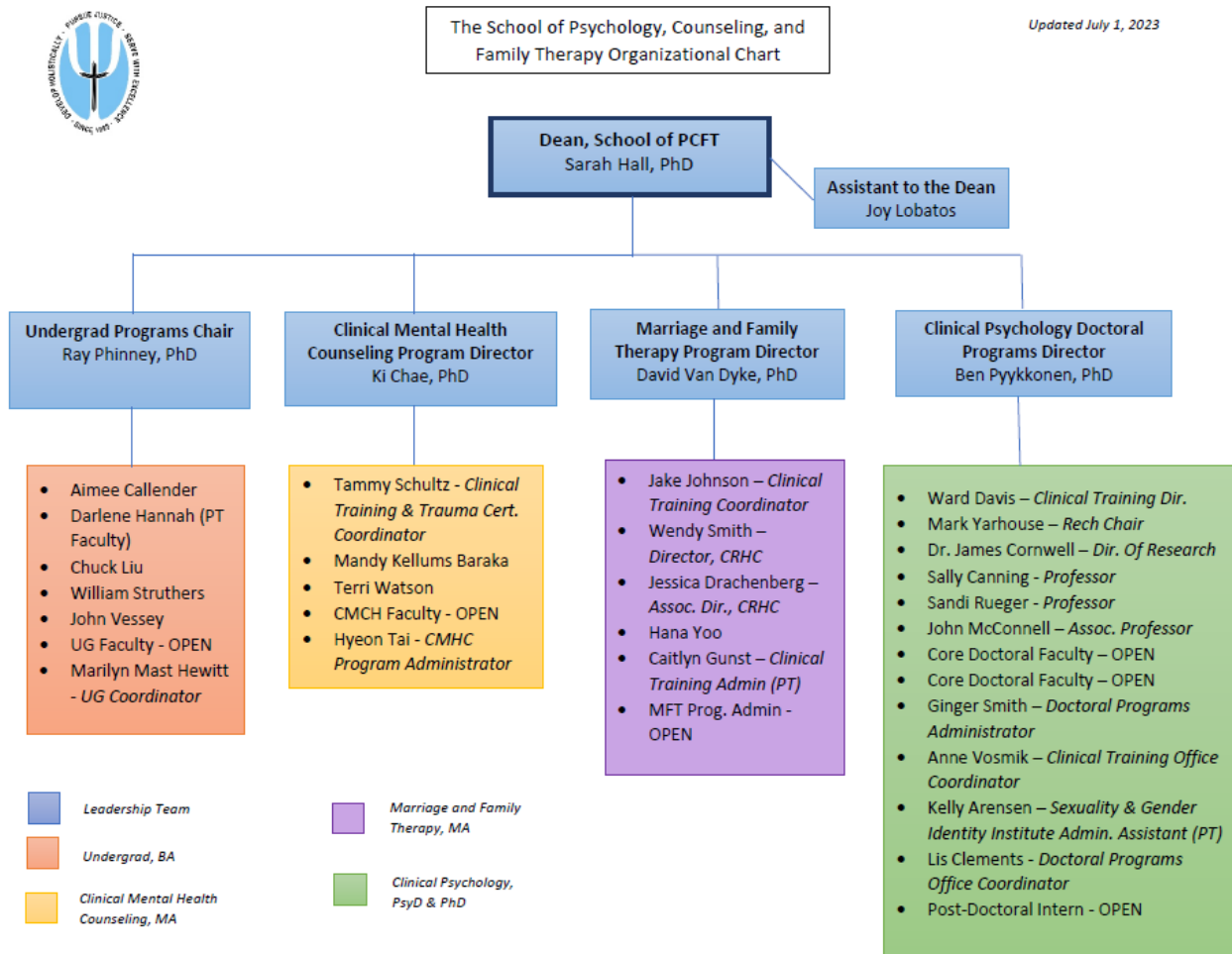
Some of these distal objectives apply to graduates collectively rather than individually. For example, we do not expect that **all** of our graduates will contribute to the scholarly literature, or that **all** of our graduates will work in faith integrated settings. However, given our training model, we expect that as a whole, our alumni will demonstrate involvement in these activities. Similarly, we do not expect that **all** of our graduates will obtain licensure, as there are some uses of a PhD degree that do not necessarily warrant licensure (e.g., college teaching at the undergraduate level, international work). Thus, we track these distal objectives (1A through 1E and 2A & 2B) on a collective basis to verify outcomes in these important areas.

## SCHOOL AND PROGRAM ORGANIZATION

The School of Psychology, Counseling & Family Therapy (SPCFT) is comprised of undergraduate programs (e.g., general education courses, undergraduate psychology majors including four different tracks and a certificate program in neuroscience), and graduate programs in clinical psychology (PhD and PsyD), clinical mental health counseling (MA) and marriage and family therapy (MA). The School utilizes a program leadership model to foster unity of our connate fields while encouraging diversity through service to our specific disciplines and the Church. Current SPCFT leadership team consists of the Dean of the SPCFT, Doctoral Programs Director, Clinical Mental Health Counseling Program Director, Marriage and Family Therapy Program Director, Undergraduate Programs Chair, and Senior Office Coordinator.

ORGANIZATIONAL CHART

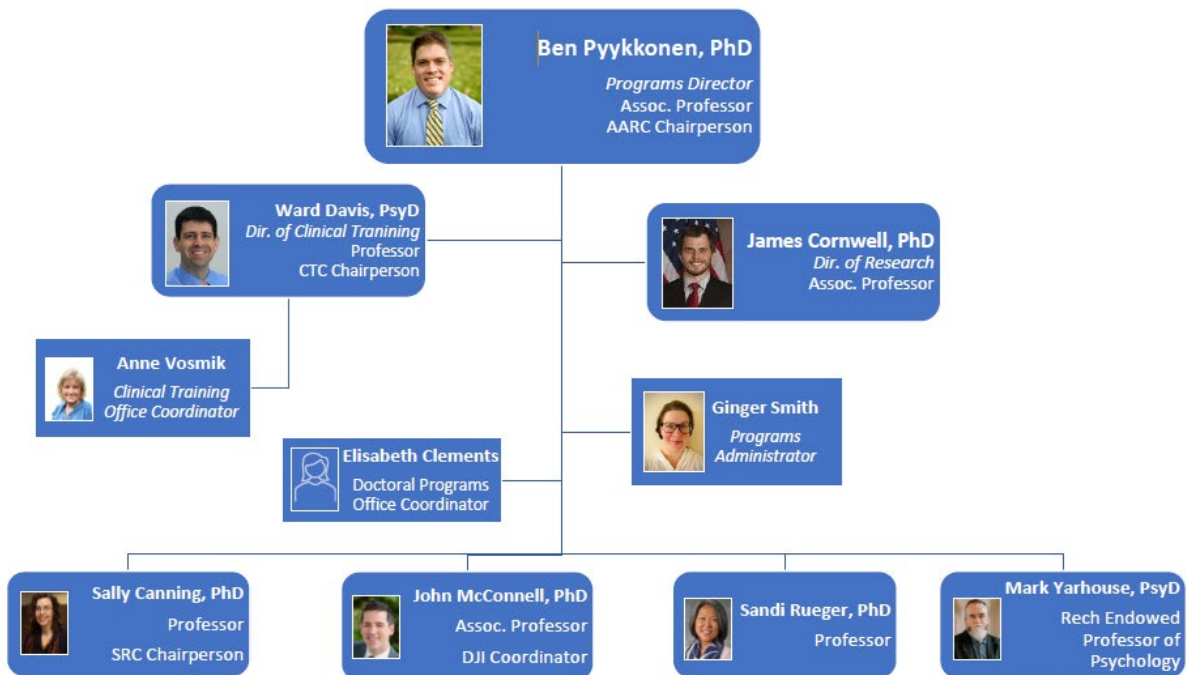
The School of Psychology, Counseling, and Family Therapy Organizational Chart



## PhD Program Faculty and Staff



### Clinical Psychology Doctoral Programs (PhD & PsyD) Faculty and Staff Organizational Chart



Updated July 1, 2023



## SECTION TWO: STUDENT GUIDE

## OVERVIEW OF REQUIREMENTS

There are four main areas that constitute the doctoral program:

- coursework
- clinical training
- qualifying examinations
- clinical dissertation

TABLE 1 (on the next page) briefly lists the main elements of each year.

TABLE 2 contains the typical course sequence for a 5-year progression through the program.

TABLE 3 shows the elective schedule. Always consult the most current course schedule distributed each semester by the Registrar's Office for official course offerings and times.

**The information below follows the sequence of courses and events for those students who enter the program with an undergraduate degree. Students with master's level credit should confer with their advisor or the Doctoral Psychology Program Administrator to confirm how the sequence applies to them.**

TABLE 1: SUMMARY OF TASKS BY YEAR AND PROGRAM DOMAIN

Yr.	Coursework	Clinical Training (Please refer to the Clinical Training Manual)	Qualifying Exams	Clinical Dissertation	Level
1	<ul style="list-style-type: none"> <li>✓ 1st &amp; 2nd year course sequence set to meet requirements for the 1st practicum &amp; MA in Clin. Psychology. See TABLE 2.</li> <li>✓ Keep all course syllabi for your records.</li> <li>✓ MA Candidacy submitted fall semester.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Obtain letters of recommendation and prepare Vita.</li> <li>✓ Attend Practicum Information Exchange (PIE) (In November/December).</li> <li>✓ Students begin application process in February.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Organize notes from all classes of 1st &amp; 2nd years</li> </ul>	<ul style="list-style-type: none"> <li>✓ Research Lab enrollment.</li> <li>✓ Develop your research interests and get to know current faculty research.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Level I – Achieved 1st day of class.</li> </ul>
2	<ul style="list-style-type: none"> <li>✓ See TABLE 2.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Practicum I &amp; II</li> <li>✓ Attend all practica seminar meetings.</li> <li>✓ Attend PIE for next year's practica applications.</li> <li>✓ Keep in mind potential cases for PQE; save reports and recorded sessions with consent.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Decide early on study plans – form groups, organize notes.</li> <li>✓ Comps Guideline meeting early spring semester.</li> <li>✓ Written comps – (August)</li> <li>✓ Three failures or not successfully passing the exam within 12 months of first taking the exam results in dismissal from the program.</li> </ul>	<ul style="list-style-type: none"> <li>✓ PSYC 746, 747 and research labs give you a start in selecting a topic and proposal writing.</li> <li>✓ Establish <i>chairperson</i> for dissertation.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Level II – Achieved after passing comps.</li> <li>✓ MA in Clinical Psychology- August degree conferral date.</li> </ul>
3	<ul style="list-style-type: none"> <li>✓ See TABLE 2. Begin to add electives – 1 per semester.</li> <li>✓ Check the schedule for electives that are offered every other year – plan ahead.</li> <li>✓ PhD Candidacy Plan submitted (completed in a cohort meeting).</li> </ul>	<ul style="list-style-type: none"> <li>✓ Practicum III &amp; IV</li> <li>✓ Attend all practica seminar meetings.</li> <li>✓ Attend PIE for next year's clerkship applications.</li> <li>✓ Keep in mind potential cases for PQE; save reports and recorded sessions with consent.</li> <li>✓ Begin internship information research and submit application to apply to internship.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Attend information meeting for Professional Qualifying Exam (PQE).</li> </ul>	<ul style="list-style-type: none"> <li>✓ Establish dissertation <i>committee</i> (Oct. 1st) and write dissertation proposal.</li> <li>✓ Initial dissertation proposal manuscript due to Chair by the first day of spring classes.</li> <li>✓ Defend dissertation proposal. (June 1st deadline for 4th year students/March 1st for students taking extra year)</li> <li>✓ Seek IRB approval.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Level III – Achieved end of spring semester &amp; after passing dissertation proposal defense.</li> </ul>
4	<ul style="list-style-type: none"> <li>✓ See TABLE 2.</li> <li>✓ Check that all coursework is accounted for – 122 credits. Meet with Program Administrator during Fall term.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Advanced Practicum</li> <li>✓ Application process for pre-doctoral internships –fall sem.</li> <li>✓ Match Day – Feb.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Submit PQE materials (Approx. August 1st)</li> <li>✓ PQE Exams administered first half of September. Must be passed to be approved to apply for pre-doc internship. Two failures results in dismissal from the program</li> </ul>	<ul style="list-style-type: none"> <li>✓ Collect data; write analysis and discussion.</li> <li>✓ Oral defense of dissertation before internship, if possible.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Level IV &amp; Candidate for Degree – after PQE &amp; req. courses.</li> </ul>
5	<ul style="list-style-type: none"> <li>✓ Register for: <ul style="list-style-type: none"> <li>- PSYC 896 Internship &amp;</li> <li>- PSYC 899 or PSYC 999 Clin. Dis. Continuation each semester until dissertation is bound and shelved in Buswell Library.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Pre-doctoral internship</li> </ul>		<ul style="list-style-type: none"> <li>✓ Complete oral defense by March 15th to participate in May graduation ceremony.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Participate in May grad. if oral defense passed.</li> <li>✓ 8/31 degree date if requirements met.</li> </ul>

TABLE 2: TYPICAL COURSE SEQUENCE PHD

NOTE: PSYC 722 History &amp; Systems of Psych (2 credits) is taken in the summer prior to the first fall semester

Fall Semester	Spring Semester	Summer Term
		<b>Year 1</b> 722 History & Systems of Psychology (2) <b>Total 2</b>
<b>Year 1 con't</b> 701 Foundations of Integration (3) 716 Basic Clin. Interviewing Skills (3) 714 Prof Dev. & Ethics I (3) 706 Spirituality I (.5) 743 Assessment I: Cognitive Foundations (3) 766 Research Lab I (1) <b>Total 13.5</b>	736 Cognitive Behavioral Theory & Prac.(3) 737 Psychoanalytic Psychology (3) 744 Assessment II: Personality Foundations(3) 753 Psychopathology(3) 766 Research Lab II (1) <b>Total 13</b>	773 Lifespan Development(3) 774 Advanced Social Psychology (3) BITH 565 Christian Theology (4)  <b>Total 10</b>  <b><u>Year Total 38.5</u></b>
<b>Year 2</b> 795 Practicum Seminar I (1) 796 Practicum I (2) 717 Class, Gender, Race, Religion & Sexual II (3) 707 Spirituality II (.5) 738 Family Theory and Therapy (3) 747 Clinical Research & Stats II: Analysis (3) 766 Research Lab III (1) <b>Total 13.5</b>	795 Practicum Seminar II (1) 796 Practicum II (2) 754 Biological Bases of Behavior (3) 766 Research Lab IV (1) 746 Clinical Research & Stats I: Design (3) BITH 561 Theological Anthropology (2)  <b>Total 12</b>	755 Cognition & Emotion (3) 749 Multivariate Modeling and Regression (3) 898 Clinical Dissertation (1)  <b>Total 7</b>  <b><u>Year Total 32.5</u></b>
<b>Year 3</b> 795 Practicum Seminar III (1) 796 Practicum III (2) 739 Community Psychology (3) 708 Spirituality III (.5) 898 Clinical Dissertation (1) Elective (3) 766 Research Lab V (1) <b>Total 11.5</b>	795 Practicum Seminar IV (1) 796 Practicum IV (2) 898 Clinical Dissertation (3) Elective (3) 766 Research Lab VI (1)  <b>Total 10</b>	898 Clinical Dissertation (3) 782 Clinical Supervision and Consultation (3)  <b>Total 6</b>  <b><u>Year Total 27.5</u></b>
<b>Year 4</b> 881 Advanced Practicum I (1) 882 Advanced Practicum Seminar (1) 898 Clinical Dissertation (2) 709 Spirituality IV (.5) Elective (3) BITH 578 Global Church History or BITH 566 Foundations of Biblical interpretation (4) 766 Research Lab VII (1) <b>Total 12.5</b>	883 Advanced Practicum II (1) 884 Advanced Practicum Seminar (1) 898 Clinical Dissertation (3) Elective (3) BITH 622-- Theological & Religious Issues in Psychotherapy (2) 766 Research Lab VIII (1)  <b>Total 11</b>	899 or 999 – Dissertation Continuation (every semester and summer until dissertation is in Buswell library)          <b><u>Year Total 23.5</u></b> <b><i>Total Hours to Doctor of Psychology Degree= 122</i></b>
<b>Year 5</b> 899 or 999 – Dissertation Continuation 896 - Internship	899 or 999– Dissertation Continuation 896 - Internship	899 or 999 – Dissertation Continuation 896 – Internship

TABLE 3: ELECTIVE SCHEDULE

Students should meet with their advisor to determine a cohesive group of electives that are considered strategic to their professional development and career. Please review the Concentrations section of the handbook for specific information about concentrations in Child Clinical Psychology, Marriage and Family Systems, Trauma-Informed Care, and Neuropsychology.

*Likely Elective Course Offerings over a Two-Year Period  
(Subject to Change based upon availability and need)*

FA23	SP24	SU24	FA24	SP25	SU25
SUD (851)	Geropsych (846)	Psychopharm (756)	Primary Care (854)		Psychopharm (756)
Child Intervt'n (845)	Develpmt'l Psycho-pathology (837)				
		Sexuality & Sex Therapy (849)	Couple Therapy (833)	Adv. Couple Therapy (838)	Sexuality & Sex Therapy (849)
NP Assessment (843)			NP Assessment (843)		
Intro to Trauma (855)	Adv. Trauma (856)		Intro to Trauma (855)	Adv. Trauma (856)	

**TABLE 4** summarizes main events and tasks over the span of the program. Consult the current academic calendar for actual dates. Numbers in parentheses refer to the handbook sections or appropriate other handbook (CT=Clinical Training Handbook and DM=Clinical Dissertation Manual).

**TABLE 4: ACTION ITEMS BY YEAR**

Year	Fall Semester	Spring Semester	Summer Term
1	<ul style="list-style-type: none"> <li>• Orientation-1st yr. students (3)</li> <li>• Transfer of credit requests (3)</li> <li>• Professional Practice Update Forms (3)</li> <li>• Advance registration for spring semester (3)</li> <li>• Mid-year advisor evaluation (9)</li> <li>• File for MA candidacy (if applicable) (5)</li> <li>• Practicum Information Exchange, P.I.E. (CT)</li> <li>• Complete FAFSA for following year (10/1 thru 4/15)</li> </ul>	<ul style="list-style-type: none"> <li>• Practica Applications &amp; Interviews for next yr. (CT)</li> <li>• Application for registration (practica) (CT)</li> <li>• Summer &amp; Advance Registration for next fall (3)</li> <li>• Financial Aid forms for summer – January</li> </ul>	<ul style="list-style-type: none"> <li>• Summer Courses</li> <li>• Final Advisor Evaluation &amp; Recommendation, July (9)</li> <li>• Practica begin (CT)</li> </ul>
2	<ul style="list-style-type: none"> <li>• Professional Practice Update Forms (3)</li> <li>• Learning Contract (CT)</li> <li>• Submit proof of insurance (CT)</li> <li>• Application for Degree (MA) (5)</li> <li>• Advance Registration for spring semester (3)</li> <li>• Mid-year advisor evaluation (9)</li> <li>• Practicum I Evaluation (CT)</li> <li>• Practicum Information Exchange, P.I.E. (CT)</li> <li>• Complete FAFSA for following year (10/1 thru 4/15)</li> </ul>	<ul style="list-style-type: none"> <li>• Practica Applications &amp; Interviews for next yr. (CT)</li> <li>• Application for registration (practica) (CT)</li> <li>• Diversity Questionnaire (CT)</li> <li>• Practicum II Evaluation &amp; Site evaluations (CT)</li> <li>• Summer &amp; Advance Registration for next fall</li> <li>• Financial Aid forms for summer – January</li> <li>• MA Graduation ceremony – May (3)</li> <li>• Identify dissertation chairperson (DM) (optimally)</li> </ul>	<ul style="list-style-type: none"> <li>• Summer courses</li> <li>• Final Advisor Evaluation &amp; Recommendation, July (9)</li> <li>• Comprehensive Exam – Aug (6)</li> <li>• Practicum Evaluation (final) (CT)</li> </ul>
3	<ul style="list-style-type: none"> <li>• Professional Practice Update Forms (3)</li> <li>• Learning Contract (CT)</li> <li>• Submit proof of insurance (CT)</li> <li>• File for PhD candidacy (6)</li> <li>• Identify Readers in collaboration w/chair (DM)</li> <li>• Submit Clinical Dissertation Committee Application by October 15 (DM)</li> <li>• Advance Registration for spring semester (3)</li> <li>• Mid-year advisor evaluation (9)</li> <li>• Practicum III Evaluation (CT)</li> <li>• Practicum Information Exchange, P.I.E. (CT)</li> <li>• Complete FAFSA for following year (10/1 thru 4/15)</li> <li>• 898-Clinical Dissertation (DM)</li> </ul>	<ul style="list-style-type: none"> <li>• 898-Clinical Dissertation (DM)</li> <li>• 1st draft of dissertation proposal due to Chair by 1st day of semester (DM)</li> <li>• Clerkship Applications &amp; Interviews for next yr (CT)</li> <li>• Practicum IV Evaluation &amp; Site evaluations (CT)</li> <li>• Meet with practicum seminar leader and advisor to discuss preparedness for internship and progression through the program</li> <li>• Clinical Dissertation Initial &amp; Final Proposals approved by Clinical Dissertation Committee (DM)</li> <li>• Internship Information Mtg. (CT)</li> <li>• Summer &amp; Advance Registration for next fall (3)</li> <li>• Financial Aid forms for summer - January</li> </ul>	<ul style="list-style-type: none"> <li>• Practicum Evaluation (final) (CT)</li> <li>• Deadline to defend dissertation proposal is June 1. (DM)</li> <li>• 898-Clinical Dissertation</li> <li>• Submit PQE materials (6)</li> <li>• Final Advisor Evaluation &amp; Recommendation, July (9)</li> </ul>
4	<ul style="list-style-type: none"> <li>• Professional Qualifying Exam (6)</li> <li>• Professional Practice Update Forms (3)</li> <li>• Learning Contract (CT)</li> <li>• Submit proof of insurance (CT)</li> <li>• 898-Clinical Dissertation (DM)</li> <li>• Preliminary Clinical Experience Checklist (CT)</li> <li>• "Candidate for Degree" status if requirements met. (3)</li> <li>• Internship Application Process Begins (CT)</li> <li>• Advance Registration for spring semester (3)</li> <li>• Complete FAFSA for following year (10/1 thru 4/15)</li> <li>• Clerkship Evaluation (CT)</li> </ul>	<ul style="list-style-type: none"> <li>• Internship (APPIC Match Day) – February</li> <li>• 898-Clinical Dissertation (DM)</li> <li>• Oral Defense (if ready) (DM)</li> <li>• Summer &amp; Advance Registration for next fall (3)</li> <li>• Application for registration (internship) (CT)</li> <li>• Diversity Questionnaire (CT)</li> <li>• Clerkship Evaluation &amp; Site evaluations (CT)</li> <li>• Program evaluations (4th yr. students only) (9)</li> <li>• Financial Aid forms for summer – January</li> <li>• Financial Aid forms for Internship (CT)</li> <li>• Annual Evaluation, May (9)</li> <li>• Program evaluations (4th yr. students)</li> </ul>	<ul style="list-style-type: none"> <li>• Clerkship Evaluation (final) (CT)</li> <li>• Clinical Experience Checklist Due (CT)</li> <li>• Oral Defense (if ready) (DM)</li> <li>• 999-Continuation dissertation– must register each semester until manuscript accepted by Buswell Library (DM)</li> <li>• <u>All course work must be completed and all paperwork to date must be submitted before beginning pre-doctoral internship</u></li> </ul>
5	<ul style="list-style-type: none"> <li>• Internship (CT)</li> <li>• 899/999-Dissertation Continuation (DM)</li> <li>• Oral Defense (if ready) (DM)</li> <li>• Application for Degree (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Internship (CT)</li> <li>• 899/999-Dissertation Continuation (DM)</li> <li>• Oral Defense (by 3/15 to walk in May grad) (DM)</li> <li>• May Graduation (if requirements met)</li> </ul>	<ul style="list-style-type: none"> <li>• Internship (CT)</li> <li>• 899/999-Dissertation Continuation (DM)</li> <li>• Oral Defense by 3/15 (DM)</li> </ul>

## STUDENT LEVELS

In order to more clearly reflect the progress and status of students (full time, part time, and students with transfer of credits) enrolled in the PhD program, rather than refer to a specific student by year in program, status is conferred in the following order: Level I, Level II, Level III, Level IV, Candidate for Degree, and Completion of Degree. Levels I to IV are conferred by the Program Director and are used to determine readiness and eligibility for specific requirements within the program. The status of “Candidate for Degree” and of “Completion of Degree” is conferred by the Registrar. The Doctoral Psychology Program Administrator and the Registrar’s Office monitor student status. Years in parentheses equate to the expected sequence for students without previous graduate psychology study.

### Level I (matriculation)

Conferred upon matriculation. Level I students will generally accumulate 30 or more credits during their 1st year

### Level II (2nd year)

Conferred by the Program Director, based on the following:

- Satisfactory completion of a minimum of 38.5 credit hours - to be met by credit at Wheaton College or by transfer of equivalent course work – including the following courses:

<i>Course #</i>	<i>Course Name</i>
PSYC 701	Foundations of Integration (3)
PSYC 714	Professional Development & Ethics I (3)
PSYC 716	Basic Clinical Interviewing Skills (3)
PSYC 722	History & Systems of Psychology (2)
PSYC 706	Spirituality I (.5)
PSYC 736	Cognitive Behavioral Theory and Practice (3)
PSYC 737	Psychoanalytical and Contemporary Psychodynamic Theory and Practice (3)
PSYC 743	Assessment I: Cognitive Foundations (3)
PSYC 744	Assessment II: Personality Foundations (3)
PSYC 774	Advanced Social Psychology (3)
PSYC 753	Psychopathology (3)
PSYC 766	Research Lab I (1)
PSYC 766	Research Lab II (1)
PSYC 773	Lifespan Development (3)
BITH 565	Christian Theology (4)

- A cumulative grade point average of 3.0 or higher
- Approval for Practicum I & II
- Recommendation for continuing in the program (faculty review & final advisor evaluation)
- Level II students generally accumulate 30 to 60 credits during their 2<sup>nd</sup> year.

### Level III (3rd year)

Conferred by the Program Director, based on Level II status plus the following:

- Satisfactory completion of a minimum of 60 credit hours including the following:

<i>Course #</i>	<i>Course Name</i>
PSYC 717	Class, Gender, Race, Religion & Sexual Identity (3)
PSYC 707	Spirituality II (.5)
PSYC 738	Family Systems Theory and Therapy (3)
PSYC 746	Clinical Research & Statistics I: Design (3)
PSYC 747	Clinical Research & Statistics II: Analysis (3)
PSYC 754	Biological Bases of Behavior (3)
PSYC 755	Cognition & Emotion (3)
PSYC 766	Research Lab III (1)
PSYC 766	Research Lab IV (1)
PSYC 749	Research & Stats III; Multivariate (3)
BITH 561	Theological Anthropology (2)
PSYC 795	Practicum Seminar I & II (2 total)
PSYC 796	Practicum 1 & II (4 total)
PSYC 898	Clinical Dissertation (1)

- A minimum of 6 credit hours completed in graduate Bible/ Theological Studies
- Satisfactory completion of Practica I & II
- Approved for Practica III & IV
- Passed Comprehensive Examination
- Recommendation for continuing in the program (faculty review & final advisor evaluation)
- Level III students generally accumulate 60 to 90 credit hours by the end of their 3rd year.

Level IV (4th year)

Conferred by the Program Director, based on Level III status plus the following:

- Satisfactory completion of a minimum of 90 credit hours including the following:

<i>Course #</i>	<i>Course Name</i>
PSYC 708	Spirituality III (.5)
PSYC 795	Practicum Seminar III & IV (2)
PSYC 796	Practicum III & IV (4 total)
PSYC 739	Community and Preventative Psychology (3)
PSYC 8xx	Clinical Elective courses (6)
PSYC 898	Clinical Dissertation (7)
PSYC 782	Supervision and Consultation (3)
PSYC 766	Research Lab V & VI (2 total)

- A minimum of 6 credit hours completed in graduate Bible/ Theological Studies
- Submission (before 80 hrs.) of Candidacy Plan for PhD degree - plan for completion of 122 credit hours *prior* to Internship
- Satisfactory completion of Practica III & IV
- Approved for Advanced Practicum
- Passed Clinical Dissertation Proposal
- Fulfillment of residency requirement **or** submission of a satisfactory plan for completion of the residency requirement
- Recommendation for continuing in the program (faculty review & final advisor evaluation)
- Professional Qualifying Exam materials submitted.



## Candidate for Degree (4th & 5th year)

Conferred by the Office of the Registrar, based on Level IV status and the following:

- Satisfactory completion of program milestones (i.e., Comprehensive Exam, Clinical Dissertation Proposal and Professional Qualifying Exam)
- Satisfactory completion of all required psychology courses (excluding 709, 883, 884, & 898)
- Satisfactory completion of all required Biblical & Theological Studies courses (excluding BITH 566 or 578 and BITH 622)
- Fulfillment of residency requirement.

## SECTION THREE: GENERAL INFORMATION

## ACADEMIC ADVISING

When a doctoral student confirms enrollment, he or she is assigned to a research lab. The lab director also functions as the student's advisor. Faculty advisors provide academic and career counseling, approve the student's semester registrations, and provide the opportunity for the student to develop a mentor-apprentice relationship for guidance throughout the program.

The student is strongly encouraged to meet with the advisor at least once each semester prior to the advance registration time. While the advisor is available to assist with planning, it is the student's responsibility to meet the requirements for the degree under the catalog of the year entered or later. The student should be knowledgeable of the certification or licensure requirements of the state in which the student is likely to practice (see Certification and Licensure). The Registrar's Office is the official auditor for the completion of all degree and graduation requirements.

When the student chooses a dissertation chairperson, that faculty person usually becomes the student's advisor. If the dissertation chairperson is not a core faculty member, then the Faculty member serving as a Reader on the student's dissertation committee becomes the academic advisor. Please refer to the Dissertation Manual for details.

## ACADEMIC CALENDAR

The year's academic calendar is found online here: <http://www.wheaton.edu/Academics/Academic-Calendar>. A campus events calendar is also available online here: <http://www.wheaton.edu/Calendar-of-Events>.

## REGISTRATION

Students must be officially registered for all courses they attend. Newly admitted and readmitted students for Fall and Spring register via Banner Self Service. After the official registration day, a late registration fee may be charged to the student. For quad courses and other deadlines, see [Registrar's Calendar](#).

Incoming first-year students and transfers will register over the summer. Detailed registration instructions are mailed from the Academic Advising Office at the end of June to all incoming first-year students and from the Associate Registrar to all transfers.

Continuing students can register online using their Banner self-service account during designated pre-registration periods and over the summer. Before going online to register via Banner Self Service, students must obtain an additional "semester PIN" from their advisors. Students can continue to drop/add classes online through the first two weeks of each semester.

### Schedule Changes (Add/Drop/Withdraw)

All schedule changes must be made through the Registrar's Office or using Banner Self Service (through the first two weeks of the course). No schedule change is complete until it has been submitted to the Registrar's Office (or confirmed on Banner Self Service) by the prescribed deadline date. (See [Registrar's Calendar](#).)

Full semester courses may be added only during the first two weeks of the semester; quad courses may be added only during the first week of that quad. Courses may be dropped during the first two weeks of the semester or quad with no transcript notation. After the second week, all courses dropped will be recorded as W (withdrawal). Students who do not officially drop classes will automatically be assigned a grade of "F" (failure) by the instructor. Refunds will be given according to the schedule listed in the Financial Information section of the Wheaton catalog.

Full semester courses may not be dropped after the twelfth week. Quad courses may not be dropped after the fifth week of the course. A full refund is allowed for any difference in tuition charges due to reduced load when such a drop takes place during the first week or second week of the term. No refund is allowed thereafter.

## Independent Study, Tutorials, and Seminars

PSYC 895 Independent Study (1-4 cr.) is a course that, through the agreement of a faculty member, can be taken to: 1) complete credit deficiencies from transfers for required courses, 2) specialize in topics not offered in the curriculum, or 3) do advanced work not listed in the curriculum. The student discusses the request with the faculty member who would monitor the Independent Study. If the faculty member agrees to the study, the student completes an [Application for Independent Study](#) with the faculty's signature and a title for the course. This form allows the student to register for the Independent Study. It is a graded course. Meeting times, class attendance (if any), and requirements are established with the faculty member.

The same form, [Independent Study](#), is used to register for a Tutorial. The Tutorial is for a regularly scheduled course that is taken on an individual basis. This is allowed under extraordinary circumstances that keep a student from taking the course at the regularly scheduled time.

The curriculum also periodically offers Seminars in Advanced Topics, PSYC 893, usually in the summer semester. Each section of PSYC 893 is a different topic and the offerings may vary from summer to summer. The Seminar is a one-credit intensive two-day workshop that requires advance preparation, complete attendance, and active participation in the workshop activities. It is a pass/fail course. No "IP" or "INC" grades may be given for these seminars.

In meeting the total number of credits for the PhD Program, *the combined number of credits of Independent Study, and Seminar: Advanced Topics cannot exceed 12 credits.*

## Registration While Off Campus

Students who are enrolled but off campus, pre-doctoral interns and ABDs (all-but-dissertation), must maintain their status by registering for PSYC 896 Internship (0 cr.) and/or PSYC 899 Dissertation Continuation: Full-time (0 cr.) or PSYC 999 Dissertation Continuation: Part-time (0 cr.) for every semester including summer until all requirements for the degree are completed. Registration for PSYC 896 Internship (0 cr.) can be done on-line from the Wheaton website, [www.wheaton.edu](http://www.wheaton.edu) or in cooperation with the Registrar's Office. Registration for either PSYC 899 or 999 is done by the Program Administrator on behalf of the student. If there are questions, consult the Registrar's Office at extension 5009. If there is a break in registration, the student will have to go through a reinstatement process. Please see the Continuous Enrollment Requirement for details of reinstatement.

## ADMISSIONS REQUIREMENTS

Below are the standards the PhD Program upholds for admitting new students. These standards are designed to ensure an applicant may successfully navigate the rigors of Wheaton's faith-integrated PhD program. In no instance shall access to the program be restricted upon any grounds other than those relevant to success in graduate training in the Wheaton PhD Program. Admissions processes at the Program and Admissions Department level operate in accordance with the [Wheaton College Nondiscrimination Policy](#).

Requirements for admission to the PhD Program include completion of the bachelor's degree from a regionally accredited college or university with a minimum 3.5 GPA on a 4.0 scale. In addition, at least 18 semester hours in undergraduate-level (at a minimum) psychology are required, including at least one course in each of the following groups of courses:

1. General Psychology
2. Abnormal psychology or psychopathology
3. Quantitative methods, statistics, research methods, or experimental design
4. Personality psychology or theories of psychotherapy
5. Physiological psychology

6. One course from the traditional “scientific subdisciplines” (i.e., learning, cognition, social or developmental psychology or sensation/perception)

Applicants must take the GRE general test. Minimum composite GRE scores of 300 are deemed necessary to assure student academic readiness for the program, though all admissions decisions are made in consideration of the applicant’s full application. Personal interviews are required for all finalists in the application process. Additionally, applicants also write personal essays and must arrange to have three letters of reference sent to the Graduate Admissions office.

## PREREQUISITES

The student is notified of any deficiencies in fulfilling undergraduate psychology requirements upon acceptance into the PhD Program. This is done via the “Notification of Acceptance” form that accompanies the acceptance letter. Questions concerning undergraduate psychology prerequisites should be directed to the Doctoral Psychology Program Administrator. It is strongly recommended that once accepted into the program, incoming students complete as many of the psychology prerequisites as possible prior to matriculation. However, all prerequisites are to be made up by the end of A quad fall semester except physiological psychology, which must be completed by August 15<sup>th</sup>, prior to the start of 2<sup>nd</sup> year. Students will not be permitted to register for Spring term, 2<sup>nd</sup> year classes until prerequisites are fulfilled. An official transcript of those prerequisites completed outside of Wheaton College must be sent to the [Registrar](#). The Registrar's Office maintains records of all completed graduate degree requirements.

## THEOLOGY PREREQUISITES

SPECIFIC THEOLOGY COURSES REQUIRED: 4 CREDITS TOTAL:		
BITH 561	Theological Anthropology (2) (TSR*)	Spring 2nd yr
BITH 622	Religious Issues in Psychotherapy (2)	Spring 4th yr

In addition to the four credits noted above, four hours of Systematic Theology must be taken as well as four hours from either Historical *or* Biblical Theology. The class requirements are listed below. In rare cases, another class may be substituted for the required class, however, a student’s request to substitute must be approved by Admissions and Academic Requirements Committee [via a petition](#). Failure to obtain appropriate permission may result in the class not counting towards the requirement.

CATEGORY	COURSE	TIMEFRAME	
Systematic Theology	BITH 565 Christian Theology (4) (TSR*)	Summer 1st yr	AND
Historical Theology	BITH 578 Global Church History (4)	Fall 4th yr	OR
Biblical Theology	BITH 566 Foundations for Biblical Interpretation (4)	Fall 4th yr	

\* **TSR (Theological Studies Requirement):** It is necessary to take BITH 561-Theological Anthropology and BITH 565 – Christian Theology TSR’s – before the student can earn a M.A. in Clinical Psychology.

## CONCENTRATIONS

The Wheaton College Doctor of Psychology in Clinical Psychology Program is a generalist program. At the same time, a student may desire to focus their curriculum, clinical training and dissertation topic in a certain area. Therefore, a student may concentrate in one of the following areas: Child Clinical Psychology, Couples & Family, Neuropsychology, and Trauma-Informed Care (by application only; see Program Administrator for details).

For a student to concentrate in one of the four areas, they must meet the minimum curriculum requirements (electives), specific clinical training requirements, and the clinical dissertation must also be on a topic related to the area of concentration.

*Curriculum Requirements:*

The following is the list of required elective courses for each area of concentration which a student must complete to declare a concentration.

Current Concentration Offerings							
CHILD CLINICAL PSYCH		COUPLE & FAMILY		NEUROPSYCHOLOGY		TRAUMA	
<i>Course #</i>	<i>Course Name</i>	<i>Course #</i>	<i>Course Name</i>	<i>Course #</i>	<i>Course Name</i>	<i>Course #</i>	<i>Course Name</i>
PSYC 837	Developmental Psychopathology	PSYC 833	Couple Therapy	PSYC 843	Neuropsychological Assessment – Required for concentration	PSYC 855	Intro to Trauma and Crisis Counseling
PSYC 844	Child Psychological Assessment	PSYC 838	Advanced Couple and Family Therapy	<i>Any 6 credits from the following:</i> PSYC 756 – <i>Psychopharmacology</i> (3) *PSYC 844 - <i>Child Psychological Assessment</i> (3) *PSYC 846 – <i>Geropsychology</i> (3) PSYC 854 - <i>Collaborative Psychological Practice in Primary Care</i> (3)		PSYC 856	Advanced Trauma-Focused Assessment and Intervention
PSYC 845	Psychotherapy w/ Children & Adolescents	PSYC 849	Sexuality and Sex Therapy			<i>Any 3 credits from the following:</i> •PSYC 849 Sexuality and Sex Therapy •PSYC 851 Substance Abuse	
<i>*Students pursuing a child neuropsychology concentration will take the child assessment elective course and students pursuing an adult neuropsychology concentration will take the Geropsychology elective course.</i>							

#### *Clinical Training Requirements:*

While completing Practica and Clerkship requirements of the program, the student must be able to document the following minimum training experiences:

	CHILD CLINICAL PSYCH	COUPLE & FAMILY	NEUROPSYCHOLOGY	TRAUMA
<i>Experience</i>	<i>Minimum Quantity of Cases</i>	<i>Minimum Quantity of Cases</i>	<i>Minimum Quantity of Cases</i>	<i>Minimum Quantity of Cases</i>
Testing Batteries (Assessment)	10 total with at least 6 with children or adolescents	Same as general	At least 20 neuropsychological batteries emphasizing cognitive performance by domain	Forthcoming
Intervention Cases	15 total with at least 10 being with children (0-12 years old) and adolescents (13-17 years old); preferably with 5 child & 5 adolescents	15 total with at least 6 being with couple or family clients	10 cases minimum	Forthcoming
Other	At least one practicum with an emphasis on child/pediatric populations..	At least one practicum with an emphasis on couples, family, and systemic intervention.	At least one of the student's practica/clerkship placements should be an exclusively neuropsychological assessment placement.	Forthcoming

Documentation of these experiences is made via the *Clinical Training Experiences Checklist* (see *Clinical Training Handbook*) which the student completes and submits to the Clinical Training Office during the Pre-Doctoral Internship Application.

#### *Clinical Dissertation Requirements:*

The student's Clinical Dissertation will be a focused topic within the student's chosen concentration area. As evidence, it will be clear to the reader of the Clinical Dissertation title that the Clinical Dissertation can be applied to the area of concentration.

#### *Use of Concentrations:*

If a student desires to concentrate in Child Clinical Psychology, Couple and Family, or Neuropsychology, he/she may note the concentrations on their Curriculum Vitae (CV) for pre-doctoral internship applications and post-graduate employment applications. Noting the concentrations prior to a time when all the requirements can be met is prohibited. The following is an example of what a CV should look like with the exact, appropriate notation of the concentration:

*Education*

**PhD in Clinical Psychology, Wheaton College**

**2020-2025**

- Dissertation (Defended or Anticipated Defense, Month Year) – *Title of the Dissertation Project*
- Child Clinical (or Neuropsychology; or Couple and Family) concentration based on program-designated coursework, research and clinical work

Additionally, the Director of Clinical Training (DCT) will make notation of the student's concentration in the DCT's pre-doctoral internship recommendation letter for the student. For example, in the DCT letter, it will be stated that the student is on track to complete (or has completed) specific elective courses to provide him/her with the foundational coursework for the subarea in clinical psychology of child clinical psychology (or neuropsychology, or couples and family). Additionally, the letter will state that student's clinical training met program requirements for a specific focus and depth of clinical training with (the specific population or clinical focus). Finally, the letter will state that student's dissertation research was also conducted within this subarea (or with this specific population) to garner greater depth in the relevant literature. Thus indicating that by graduation, the student will have met the requirements for a specific concentration in [name the concentration area].

## RESIDENCY, FULL TIME, AND PART TIME

Students must fulfill a minimum residency requirement as part of their degree requirements. The minimum residency requirement to obtain the M.A. degree is two semesters of full-time study. The minimum residency requirement for the PhD degree is four semesters of full-time study. **Full time study is defined as a minimum of 8 credit hours per fall and spring semester and 6 credit hours summer semester** (may be less in the last semester before pre-doctoral internship if all requirements have been met). The free audit to which doctoral students are entitled (only fall and spring semesters) is based on the 8-credit full time load. Part time is considered below the minimum for full time study. Be aware that scholarships, student loans, and visas may be affected if a student attends less than full time. Students are strongly encouraged to maintain a full-time load to progress through the program in a timely manner and to stay within the time limit for the degree (see below). Because of our small size, course scheduling may have limitations that may not allow students to condense the academic part of the program. Students hoping to condense their program should consult with their advisor and the Program Administrator as early as possible. Pre-doctoral internships that are a minimum of 2000 hours and between 9 and 12 months in length are defined as full time.

Students enrolled in an Advanced Clerkship or Advanced Clerkship II and either Clinical Dissertation (PSYC 898) or Dissertation Continuation: Part-time (PSYC 999) are considered half-time students by Wheaton College and student loans may be eligible for loan deferment. However, because Advanced Clerkship and Advanced Clerkship II are not required courses of the PhD degree, students cannot receive loans from U.S. Department of Education sources (e.g., Stafford loans). Please see the Program Administrator for the full policy.

Per Wheaton College policy, students may not be enrolled in multiple degree programs simultaneously. For example, a Clinical Psychology PhD student may not also be enrolled in a MA, Theological Studies program at the same time. Wheaton's certificate programs are not degree programs and therefore a student may enroll in a certificate program while also enrolled as a PhD student.

## TIME LIMIT FOR DEGREE

Students have a maximum of seven years from the time of enrollment to finish the PhD degree. If students do not complete the PhD program within the seven-year limit, they will be dropped from the program unless the student [petitions the Admissions and Academic Requirements Committee](#) (AARC) and is granted special consideration. Petitions will be considered on a case-by-case basis. A petition to continue enrollment past seven years must include a persuasive rationale for the program not being completed on time, and a detailed plan to complete the unfulfilled requirements in a timely manner. An AARC Petition form is used to request an extension and may be found in the [Clinical Psychology Doctoral Student Resource Group on Teams](#).

## CONTINUOUS ENROLLMENT REQUIREMENT

PhD students are required to maintain continuous enrollment by registering for classes each semester from the time of admission to the time of completion, including summer. For those who have met all requirements except the completion of the clinical dissertation, this entails coordinating with the Program Administrator to register for PSYC 999 Dissertation Continuation-PT each semester until the dissertation is officially accepted at Buswell Library. Those who must temporarily discontinue should consult with their advisor and complete the withdrawal process as described in the [Catalog of Wheaton College](#). Students who have withdrawn from the Program for less than one year must petition the Clinical Training Committee (CTC) and the Admissions and Academic Requirements Committee (AARC) to be re-admitted to the Program. The CTC and AARC will evaluate the student's petition and decide about the student's readiness for re-admission to the Program. Students who leave the program for a year or more must reapply through the Graduate Admissions Office for reinstatement to continue in the program.

## EXCUSED PROGRAM LEAVE AND LEAVE OF ABSENCE

Continuous enrollment in the Doctoral Program in Clinical Psychology is an expectation for doctoral students until all degree requirements are satisfied. For extraordinary reasons (e.g., prolonged illness, maternity leave or serious family crisis) that substantially limit their academic progress, a doctoral student may be granted a program leave. Those who wish to take such a temporary leave from the program should consult with the Graduate Student Care Office and their mentor/advisor of the student's intent and if it is decided this would be a necessary request, the student will petition the Admissions and Academic Requirements Committee (AARC) for the leave.

The petition should be written in collaboration with the advisor and include:

1. The purpose of the petition should include:
  - a. A clearly stated request for program leave
2. The rationale for the request should include:
  - a. The hardship circumstances responsible for the program leave request
  - b. Length and justification of leave time requested
  - c. Detailed plans for completing interrupted academic work
  - d. Show evidence of understanding:
    - i. The effect of the leave on institutional financial aid
    - ii. repayment for Title IV grants and/or loans
    - iii. the impact on health insurance
3. Signed and dated by the student and the advisor

This petition should be submitted as close as possible to the circumstance that precipitated the need. A program leave may be granted by the committee on more than one occasion but is not to exceed a total of two years. Once approved, the program leave will not be counted against the PhD Program's degree completion limitation (seven years), nor will the student be assessed any continuation fees during that time.



Students who have taken leave from the program for one or more semesters must complete the [application for re-enrollment](#) to be re-admitted to the program. Part of the application review process will include a review by the AARC of the student's application and making a determination about the student's readiness for re-admission to the program. During a program leave, the student's advisor is not expected to provide dissertation supervision.

When a student takes a program leave, the student will also no longer hold student status and therefore will need to access campus resources such as the library and SRC as a guest. The student will be responsible for initiating contact with these resources to understand the guest status.

If the student is approved for a program leave while currently enrolled and participating in a course, the student will initiate the withdrawal process with the Graduate Records and Registration office once the above steps have been completed. In some situations, a student may also qualify for the institutional Leave of Absence policy which can be found in the Student Handbook with the full policy available in the Graduate Student Life office (BGC 228) and the [Student Development Office](#).

If the circumstances for this request are of a sensitive nature which the student prefers to not discuss in detail with the faculty, the student can first go to the Graduate Student Care Office who will work with the student on initiating the program leave process and provide information and insight on the student rights to the AARC in the decision-making process.

## GRADUATION

The College confers the Doctor of Psychology degree on three dates only: the date of the day after semester final exams in May, August 31, and the date of the day after semester final exams in December—contingent on satisfactory completion of all PhD requirements. An "[Application for Degree](#)" must be submitted for *both the M.A. and PhD degrees by the deadlines stated on the forms* stated on the form for participation in the graduation ceremony and/or to receive a diploma. Students are eligible to participate in the May ceremony provided they have completed all coursework (excluding clinical dissertation and internship), have satisfactorily given the Oral Defense by **March 15**, whichever is later, and have satisfactorily completed two semesters of internship. The completion date of all PhD requirements (which can be different from the degree conferral date) is important as the student can then begin to accumulate post-doctoral clinical hours in many jurisdictions. It is determined by the completion of the last requirement (usually internship or clinical dissertation). The official completion date for internship is the last day of internship. The completion date of the clinical dissertation is the date that Buswell Library receives and approves the final manuscript. For example, a student who has given her oral defense by March 10th and has completed two semesters of her internship by May is eligible to participate in the May graduation ceremony. She has her manuscript approved by Buswell Library June 15th and her last day of internship is July 2nd. Therefore, she has completed all of the PhD requirements on July 2nd of that year and her degree conferral date is August 31st. For purposes of certifying the requirements completion date, upon the student's request, the Registrar's Office will write a letter indicating the actual date. In the example above, it is July 2nd.

## TRANSFER CREDITS

PhD students may transfer up to 12 credits of foundational psychological science courses (i.e., Biological Bases of Behavior, Psychopathology, Lifespan Development, Social Psychology, History & Systems, and Cognition and Emotion). These may be credited to the MA in clinical psychology that is earned after the requirements for Level II are met (see "Student Levels" in *Section Two: Student Guide*). These 12 credits comprise 25% of the 48 credits required for the MA in Clinical Psychology. Credits will only be considered for transfer if they have been earned from-

- A U.S. accredited institution of higher learning or

- an institution determined by World Education Service credential (WES) or Foreign Credential Evaluation report (ECE) to be the U.S. equivalent of a regionally accredited institution (exceptions will be considered on a case-by-case basis).

If a PhD student completed any of the following theology courses *at Wheaton College*, they may transfer these credits in as well. A student may transfer a maximum of 12 theology credits. These credits must be comprised of the following courses; no substitutions may be made under any circumstances and all transfer requests are subject to approval by the Wheaton Bible and Theology Department Chair as well as the PhD Program Director:

<b><i>SPECIFIC THEOLOGY COURSES ELIGIBLE FOR TRANSFER</i></b>		
BITH 561	Theological Anthropology (TSR*)	2 credits
BITH 565	Christian Theology (TSR*)	4 credits
BITH 566	Foundations for Biblical Interpretation	4 credits
BITH 576	History of the Church to 1900	4 credits
BITH 578	Global Church History	4 credits
BITH 622	Religious Issues in Psychotherapy	2 credits

#### *Common Policies*

**Courses in which the grade was lower than a B (or equivalent as evaluated by WES or ECE for Non-U.S. Institutions) cannot be transferred.** Grades from transferred courses are not used when determining a student's cumulative grade point average at Wheaton College. Credits from a conferred doctoral degree cannot be transferred. Courses taken more than eight years prior to enrollment at Wheaton College may not be transferable. Students must complete their last semester of study at Wheaton College.

#### *Transfer Process:*

Wheaton uses semester credit hours. A quarter hour from other institutions is equivalent to .67 of a semester hour. Where and how the credit is to be specifically applied in transfer will be petitioned and negotiated **after matriculation**. The sole exception to this will be that transfer credits that may affect first semester course enrollment will be negotiated by correspondence with the chair of the Admissions and Academic Requirements Committee before or during orientation. No transfer of credit will be granted for previous graduate practicum or field placement courses. **All transfer of credit requests should be submitted by October 1 of each year.**

#### *To petition for transfer credit:*

1. Prepare a list of those courses to be considered for transfer with course number, credits (specify qtr. or sem.), and grade along with the Wheaton doctoral psychology course(s) / Wheaton Theology course(s) to which they are considered equivalent. Collect and organize the appropriate syllabi. Set an appointment to meet with the Program Administrator. The student should bring a copy of the transcript(s) from the institution(s) they wish to transfer to the meeting. The Program Administrator will assist the student in completion of the "Request for Transfer Credits."
2. Submit a copy of the WES or ECE certificate with the transcript(s) copy *for transfers from Non-U.S. Institutions only*.
3. The Admissions and Academic Requirements Committee or its Chair will review a request. In most cases the opinions of faculty members teaching in the specialty area most closely related to the transfer request will be sought.
4. The committee or its Chair recommends one of two possible decisions for each transfer of credit request:

- A. Accepted in lieu of Wheaton doctoral psychology or applicable theology course —
- i. For psychology courses: the course for which transfer credit is desired is deemed to be current and to cover the same content as a doctoral psychology course at Wheaton College. The student is responsible for acquiring required textbooks and course notes for the Wheaton doctoral psychology course to prepare for the comprehensive exam. The student also has the option of auditing the class.
  - ii. For theology courses: the course was taken at Wheaton College and is an exact match for the above-listed theological courses.
- B. Declined — The course for which transfer credit is desired is inappropriate for doctoral psychology course credit for any of the following reasons:
- iii. The course was taken too long ago to be appropriate for present-day standards;
  - iv. The course was not sufficiently rigorous for graduate-level transfer credit;
  - v. The course is not directly relevant to the training model employed in the Wheaton College PhD Program;
  - vi. No transfer credit will be granted for previous graduate practicum or field placement courses.
5. All final decisions regarding transfer of psychology credit will be made by the Registrar's Office. Copies of the final approved "Transfer of Credits Request" are returned to the student and Program Administrator for retention in the student's file.

***Transfer Credits and Comprehensive Exam:***

To be as well prepared as possible for the program's Comprehensive Exam, it is highly recommended that students obtain course materials from faculty who instruct those courses which the student receives transfer credit for. Additionally, audits of these courses are recommended and at times required. For more information about the content covered in the Comprehensive Exam, see Section 6.

**ACADEMIC PROBATION/SATISFACTORY PROGRESS**

The student is expected to maintain a grade point average of 3.0 out of a possible 4.0. Students are expected to pass enough hours and maintain a grade point average sufficient to be considered as making satisfactory academic progress. See the college catalog for the graduate school grading system. A student's academic status will be checked at the end of each semester and at the end of summer school.

A student is required to achieve a minimum grade of B- in any Psychology course. Any Psychology course in which the student receives a C+ or lower must be repeated with a satisfactory grade of B- or higher. Additionally, a student is allowed a maximum of one C grade (C+, C, or C-) in a non-Psychology course. In any additional non-Psychology course for which the student receives a C or below, the course is to be repeated with a satisfactory grade of B- or higher. A student receiving any grade below the minimum will automatically be referred to the Student Review Committee (SRC). See **Section 9 – Evaluation** for more details about SRC.

When a student's cumulative grade point average falls below 3.00, the student will be placed on academic probation for the following semester of enrollment. Any student who fails to pass three-fourths of the credits in which he/she was enrolled may also be placed on probation. Any student placed on academic probation will be referred to the Student Review Committee for the purpose of assisting the student in developing appropriate guidance plans (See Section 9).

During the probationary semester, the student must receive a semester grade point average of 3.00 or higher to be continued on probation. When the student's *cumulative* grade point average reaches 3.00, the probationary status will be removed.

If the student's *semester* grade point average for the probationary semester is below 3.00, the student is subject to academic dismissal. Students dismissed may apply for readmission after one year has elapsed. A student who wishes to appeal a dismissal status must do so to the Registrar within three days from the time the dismissal notice is received.

Students must maintain satisfactory progress to receive financial aid. When a student qualifies for academic dismissal, financial aid cannot be awarded. If, therefore, a student appeals a dismissal status and the appeal is granted, the student will be allowed to enroll on a probation status but will not receive financial aid. If a student who has been dismissed later applies for readmission and the application is granted, the student will enroll on probation status but will not be eligible for financial aid until the dismissal conditions have been remedied. GPA is not the sole criterion for remaining in the program. Refer to Section Nine: *Evaluation*, for additional relevant information.

## SCHOLARSHIPS, ASSISTANTSHIPS, AND CONFERENCE SUPPORT

### Scholarships

Both designated (funds contributed by donors) and undesignated scholarships are awarded to PhD students each year. The entire class of accepted incoming doctoral students is considered in the award process, so no special application is needed. Incoming students are notified of scholarship awards during the acceptance and admission confirmation period (April-May) by the Graduate Admissions Office. Scholarship awards are renewable based upon satisfactory progress in the doctoral program as assessed by program faculty and administration. Scholarship awards may be withdrawn during the semester(s) in which a student is on probation. They may be renewed upon the student being removed from probationary status. Under no circumstance will the award be extended beyond eight semesters of study.

Scholarships are awarded to full time students. Full time is 8 credit hours each for the fall and spring semesters and 6 credit hours summer semester. Should a scholarship recipient not maintain a full-time load, the recipient's scholarship may be reduced or prorated according to the actual part time load.

Awards are made based on a combination of the following criteria: the department's desire to create an excellent training environment rich in human diversity, excellence in undergraduate or graduate performance, quality of academic preparation, articulated vision for service to the Christian community and/or to underserved populations, understanding of the mission of integration of psychology and Christian faith, and potential for exemplary development.

The current designated scholarships are the Sonneveldt Scholarship, the Lola Carey Scholarship, the Burton B. and Eleanor J. Butman Psychology Scholarship, Stanton Jones Scholarship, Child/Trauma Scholarship, the J. Richard and Mary C. Chase Scholarship, PhD Global Scholarship and PhD Domestic Diversity Scholarship. The School of Psychology, Counseling & Family Therapy also has a limited budget for undesignated scholarships, Doxazo Diversity Scholarship and the merit-based Practitioner-Scholar Achievement Award. Students are encouraged to research other outside sources for additional scholarship support.

Name	Description
PhD Scholarship	Awarded to all PhD students.
Practitioner-Scholar Achievement Award	Awarded to advanced PhD students during their last semester on campus before leaving for pre-doctoral internship. In order to be eligible for the award, a student must: <ul style="list-style-type: none"> <li>• Be in their final semester on campus</li> <li>• Passed comprehensive exam, PQE and dissertation proposal defense</li> <li>• Be applying for pre-doctoral internship</li> </ul>

	<ul style="list-style-type: none"> <li>• Have a strong identity as clinical psychologist as evidenced by clinical scholarship and professional affiliation.</li> </ul>
Doxazo Diversity Scholarship	<p>Awarded to PhD students based on:</p> <ul style="list-style-type: none"> <li>• Brings diversity to the cohort through ethnic heritage.</li> <li>• Excellence in academic performance.</li> <li>• Quality of academic preparation.</li> <li>• Articulated vision for service to the Christian community and to underserved populations.</li> <li>• Understands the mission of integration of psychology and Christian faith.</li> <li>• Must be registered for 10 hrs./semester; maximum 8 semesters.</li> </ul>
Sonneveldt Scholarship	<p>Awarded to PhD students based on:</p> <ul style="list-style-type: none"> <li>• Excellence in academic performance.</li> <li>• Quality of academic preparation.</li> <li>• Articulated vision for service to the Christian community and to underserved populations.</li> <li>• Understands the mission of integration of psychology and Christian faith.</li> </ul>
Burton B. and Eleanor J. Butman Psychology Scholarship	<p>Awarded to PhD students based at the discretion of the PhD Director.</p>
J. Richard and Mary C. Chase Scholarship	<p>Awarded to one PhD student based on:</p> <ul style="list-style-type: none"> <li>• Excellence in academic performance.</li> <li>• Quality of academic preparation.</li> <li>• Articulated vision for service to the Christian community and to underserved populations.</li> <li>• Understands the mission of integration of psychology and Christian faith.</li> </ul>
PhD Global Scholarship	<p>Awarded to international PhD students based on the following preferences:</p> <ul style="list-style-type: none"> <li>• Students must evidence strong Christian commitment in word and deed and demonstrate the capacity for leadership within the context of future service.</li> <li>• Students must demonstrate a commitment to clinical psychology as service, especially to the body of Christ, the church and to marginalized persons.</li> <li>• Students must demonstrate a commitment to serve in their homeland context after completing the PhD Program. Priority will be given to students from countries where mental health services are needed and lacking.</li> <li>• Recipients shall receive funds for up to 4 years while enrolled in the program.</li> </ul>
Lola C. Carey International Student Scholarship	<p>Awarded to undergraduate or graduate students with a preference toward doctoral students in the clinical psychology program.</p> <ul style="list-style-type: none"> <li>• Preference for international students from Africa, Asia, Latin America and the Caribbean.</li> </ul>
PhD Domestic Diversity Scholarship	<p>Awards will be made to qualified U.S. students enrolled in the PhD Program according to the following preferences:</p> <ul style="list-style-type: none"> <li>• Students must evidence strong Christian commitment in word and deed and also demonstrate the capacity for leadership within the context of future service.</li> <li>• Students shall demonstrate a commitment to clinical psychology as service, especially to the body of Christ, the church and to marginalized persons.</li> <li>• Students shall demonstrate a commitment to practice as a clinical psychologist in a geographic region and/or with a population that has been historically underserved after completion of their PhD training.</li> </ul>
Constance Kay Barth Memorial Psychology Scholarship for Women	<p>Awarded to one mature woman in the PhD Program.</p>
Stanton Jones Integration of Faith and Psychology	<p>For those students who demonstrate vibrant faith, deep dedication to serving the marginalized through the practice of psychology, and the integration of these two, Wheaton offers percentage-of-tuition funds for up to four years while enrolled in the PhD/PhD Program.</p>

Scholarship (Integration of Faith and Psychology)	
Child Trauma	Funding for advanced students with a demonstrated desire to work with children and adolescents in underserved populations and who are also trauma survivors. (Two-year award)

### Teaching/Research Assistantships

The PhD Program currently has financial funding for multiple teaching/research assistants allocated across the four cohorts of classes. The positions are for approximately 5 hours of work per week for up to a 45-week period. Minimal requirement for the position is status as a “student in good standing” in the PhD Program. Responsibilities include, but are not limited to, the following:

1. Assist in all phases of faculty preparation of doctoral, master’s and bachelor's courses, including background research, student evaluation procedure development, resource procurement, participation in tutoring students, assistance with grading, and so forth.
2. Assist and collaborate with faculty research projects, including library research, development of experimental or testing materials, execution of pilot studies, execution of primary research protocols, statistical analyses, development of draft manuscripts, and so forth.
3. Assist in the writing of grants in support of faculty research.
4. Assist in the ongoing process of research on the administrative/programmatic dimension of doctoral program development.

Teaching/research assistants are to be supervised directly by individual faculty members. Their job descriptions may be expanded with the consent of the student, the supervising faculty member, and the Dean. Interested students may complete an [Application for Assistantship](#). It is also recommended to connect with the Program Administrator if you are interested in an assistantship.

While there may be one or more positions available to incoming students each year, it is more likely that positions will be filled by 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> year students. Although renewable each year based on satisfactory fulfillment of responsibilities, the faculty and/or department reserves the right to terminate or reassign assistants to match the needs of the department. Students interested in a teaching/research assistantship position may make their interest known by completing a [Wheaton College School of Psychology, Counseling & Family Therapy \(SPCFT\) Application for Assistantship](#) and attach a current resume or Curriculum Vita.

From time to time, additional research/assistantship funds are available, and faculty request additional short-term assistance, usually project specific. Faculty either approach specific students or make an announcement of available positions as they occur.

Each teaching/research assistant needs to complete a Student Employment Application, the federal and state W-4 forms and an I-9 form. Any student who has previously worked on campus should already have these forms in his/her file, and consequently does not need to complete them again (unless it has been more than one year. If it has been more than one year since the student has worked, they will need to resubmit their paperwork). Additionally, the employee action form must be filled out every year, so the student should inform the undergraduate office coordinator that he or she is working again so she can fill out the proper paperwork. See the SPCFT Office Coordinator for forms, time recording, and payment details. **STUDENTS MAY NOT BEGIN WORKING UNTIL PAPERWORK HAS BEEN TURNED IN.**

## Conference Support - Student Travel Scholarship

Given the professional work students engage in with faculty, opportunities will arise to make a presentation with faculty at a conference. Once annually, a PhD student may receive up to \$650 in expense advances from Wheaton College to cover eligible expenses related to the conference if the student is working with a faculty member on the project being presented *and* helps make the presentation. Eligible expenses are conference registration fees, presentation materials, travel, lodging and presentation costs for which the student receives *an itemized receipt*. Students are to take advantage of early bird registration discounts whenever possible to effectively steward program resources. Additionally, the student may be required to staff a conference booth or pass out program materials as a condition of receiving an advance.

To apply for the Student Travel Scholarship, the student must submit a completed [PhD Program Student Travel Scholarship – Scholarship Application](#) to the Program Administrator 30 days prior to conference. Allocation of the funds for the PhD Student Travel Scholarship will be made on a rolling basis by the Admissions and Academic Requirements Committee (AARC). Monies not spent on eligible expenditures are the financial obligation of the student. This scholarship is issued with the understanding that *students will submit an expense report to Elisabeth Clements ([elisabeth.clements@wheaton.edu](mailto:elisabeth.clements@wheaton.edu)) and a narrative report (description of your conference participation and how professional goals were met) to Ginger Smith (emailed to [Ginger.Smith@wheaton.edu](mailto:Ginger.Smith@wheaton.edu)) within thirty (30) days following the event. These documents are kept in the student portfolio to aid in future award determinations. Students are also expected to present the project in some forum within the program.* If a student fails to meet these expectations, their chances to receive travel scholarships in the future will be affected. If plans change and you do not use the funds to attend this event, it is understood that you will inform the AARC so the funds can be used for other students' travel.

The student is responsible for keeping *all original receipts* related to the conference. The Doctoral Programs Office Coordinator will orient the student to the expense reimbursement report which should be submitted within thirty (30) days of the student's return from the conference. The student must return advances that exceed expenses. If advances exceed expenses, the student must submit a check made payable to "Wheaton College" for that amount with the expense reimbursement report. The student is responsible for any expenses that exceed the advance. Documentation of awarded Travel Grants, the accompanying narrative, as well as record of use of funds is kept in the Student Portfolio.

## COMMUNICATION WITHIN THE PROGRAM

Being able to effectively connect with one another is essential, especially since there are four different programs within the School of Psychology, Counseling & Family Therapy.

### Email

Email is the primary means of daily communication between the department and students. Each student, faculty, and staff member has a Wheaton College email address. An online directory can be found [here](#). If a student wants email forwarded to an outside email address, they may visit the [Academic and Institutional Technology page](#) for more information. **The department uses only the Wheaton email address for sending notices via email.** It is the students' responsibility to check their Wheaton email regularly to stay informed of department matters, and to ensure that any forwarding of the Wheaton email to another email account works appropriately.

### PhD Student Resources on MS Teams

All faculty, staff and students of the program belong to the [Student Resource Team hosted on MS Teams](#). Here, you will find programmatic announcements including summaries of program committee meetings, Grad Faculty meetings, Graduate Psychology Student Association announcements and all program related forms. Students may also use this forum to create discussion threads. Incoming students will be added to this Team over the Summer.

## Faculty Appointments (Office Hours and Meetings)

Students are responsible for making their own appointments with faculty. All faculty and the Program Administrator maintain appointment hours designated for student appointments. You may find a faculty member's office hours or appointment link posted outside their office door. Faculty contact information may be found in the [online directory](#).

If a student cannot keep an appointment, please cancel it on Calendly with a reason and reschedule if necessary. Students are also encouraged to utilize the "Dine with a Mind" program provided through Graduate Student Services in order to meet with faculty members over a meal or alternatively, students may take advantage of the "Perk with a Prof" program, which allows students to treat their professors to coffee or tea at Sam's Café.

## Faculty Mailboxes and Student Mailboxes

Faculty and staff have a department mailbox in departmental office, M230. Forms for their signature can be left in the mailbox and faculty will place it in the Grad Student Pick-up box in M230 or pin it to their own bulletin boards.

## Voice Mail

All faculty and staff phones are equipped with voicemail. If the faculty or staff member do not answer their phone, the student will be given an opportunity to leave a voice message.

## Address and Home Phone Information

It is important to keep the college and the department informed of your current address and telephone information. To notify the college of an address change, send an email with your new information to [addresschange@wheaton.edu](mailto:addresschange@wheaton.edu). To notify the Doctoral Program in Clinical Psychology of an address and/or telephone information change, address an email to the Program Administrator at [ginger.smith@wheaton.edu](mailto:ginger.smith@wheaton.edu). A single email addressed to both addresses will update the college and the department at once.

## COHORT MEETINGS & COMMUNITY GATHERINGS

### Cohort Meetings

Once each semester, the Program Director and Program Administrator, meet with each student cohort to discuss cohort dynamics, programmatic concerns, and elicit student feedback. When pertinent, anonymous feedback is presented to program faculty and at the Doctoral Coordinating Committee.

### Community Gatherings

At least once per semester, the PhD Program students, faculty, staff meet for a Community Gathering to share and discuss programmatic information; to celebrate together; and to facilitate community cohesiveness. The Clinical Training Office, Diversity and Justice Initiative, and Graduate Psychology Student Association (GPSA) may also make announcements at these meetings.

## COMMITTEE STRUCTURE

The following committees have been established to carry out necessary administrative, supervisory, and evaluative functions within the School of Psychology, Counseling & Family Therapy *and* Doctoral Program in Clinical Psychology. Some committees include student representatives determined jointly by the clinical faculty and the GPSA.



### 1. School of PCFT Faculty Meetings

Meetings of the entire School faculty are for colloquia, hiring, planning, and generally to facilitate group identity and communication, i.e., matters that concern the School of PCFT as a whole. Periodically colloquia to which students are invited are scheduled throughout the year.

### 2. Doctoral Program Faculty Meetings

Meetings of the core doctoral clinical psychology faculty (currently 7 of 22 School of PCFT faculty members) are scheduled to review graduate student progress at the end of each semester and to discuss concerns regarding clinical suitability as needed. Additionally, core doctoral clinical psychology faculty members meet regularly to discuss curriculum, clinical training policy, integration, diversity, and other programmatic matters. A student representative is present at these meetings but may be excluded from executive sessions at the discretion of the Program Director.

### 3. Clinical Training Committee (CTC)

The Clinical Training Committee (CTC) is responsible for setting policies and guidelines for doctoral level clinical training, such as the content and selection process for the practicum seminar groups and the clinical training evaluation process. The Director of Clinical Training (DCT) will review decisions about practicum/clerkship and pre-doctoral internship placement with the committee, assessment of the quality of training sites, student progress in professional development, and other concerns as appropriate. The CTC provides oversight to support the role of the DCT. Regular CTC meetings are scheduled during the academic year.

Committee membership consists of two clinical faculty members plus the DCT, who is chair of the committee. The Program Director is an ex-officio member. One clinical psychology doctoral student who is at least Level III status or the GPSA Liaison serves in an ex-officio capacity as an advocate and representative of the student perspective. Faculty (except the DCT) serve on a rotating two-year term; the student a one-year term. The student representative may be excluded from portions of the meeting at the chair's discretion.

### 4. Admissions and Academic Requirements Committee (AARC)

The Admissions and Academic Requirements Committee (AARC) oversees the academic and curricular aspects of the Program. The Committee's responsibility is to oversee the departmental aspects of the admissions process and to set academic and curricular guidelines and policies. The committee will also rule on petitions for transfer credit if necessary (see Section Three) and any other questions related to an individual student's academic status in the doctoral program which are not already handled by a preexisting college or graduate school authority or committee.

Committee membership minimally consists of the PhD Program Director, Program Administrator, two doctoral faculty members and a student representative. The student is not a voting member. In issues pertaining to specific student matters, the student representative will be asked to leave the meeting. The faculty members serve a rotating two-year term. The Program Director serves as chair. All members are eligible to vote.

### 5. Student Review Committee (SRC)

The purpose of the SRC is to serve as a supportive resource for students who may have exceptional issues or concerns of academic and professional progress in the training program. The goal of the Committee is to recommend specific guidance for the problems or concerns that prompted a referral to the committee. See "Section Nine: Evaluation" for further details.

The Student Review Committee consists of three members who are appointed by the Director of the PhD Program. This committee includes at least two core psychology faculty members and up to one non-graduate Psychology faculty member who contributes to the doctoral program in clinical psychology.

## 6. Diversity and Justice Initiative (DJI)

The purpose of the this initiative and associated committee is to facilitate the Wheaton College Clinical Psychology Doctoral Programs' commitment to promoting and sustaining an institutional culture that celebrates the full diversity of God's people unified in Christ by increasing student, faculty, and staff engagement with persons across identities representing class, race, gender, religion, sexual orientation, neurodiversity, and varying physical abilities; and developing and supporting initiatives that are aligned with the graduate program's goal to train students to pursue excellence in scholarship and clinical services – particularly to communities and persons who have been traditionally marginalized and unjustly treated in our global society.

Membership consists of the Coordinator of Diversity as Chair, the Program Director, and one or more student representatives from the PhD Program.

## 7. Doctoral Coordinating Committee (DCC)

The purpose of the DCC is to conduct a program evaluation on a yearly basis to ensure that the clinical psychology doctoral program remains on track with regard to its mission statement, is meeting appropriate academic and clinical training standards, and to ensure that the program remains sensitive to the evolving needs for psychological services at the local, regional, and national level. The annual program evaluation consists of both quantitative information and qualitative information. The quantitative information includes: a summary of instructor and clinical supervisor evaluation data, comprehensive exam results, professional qualifying exam results, dissertation proposal and defense load summaries, clinical training data including summary practicum and internship data and program evaluation survey data gathered as students leave campus for pre-doc internship; and other objective data collected in the normal ongoing operation of the doctoral program. The qualitative information includes impressions and input from all stakeholders in the program, including practicum seminar leaders and other faculty, current students, and non-clinical and adjunct faculty.

On the basis of the annual program evaluation, the DCC may propose program changes and enhancements, as needed, to bring the doctoral program into closer alignment with its mission statement and the changing needs of professional psychologists. These changes and enhancements include, but are not limited to, curricular changes and other structural changes in the program. The annual evaluation of the program is coordinated by the Program Director and Program Administrator, and normally occurs after the close of the academic year. Updates to the handbook will be highlighted and disseminated with the handbook annually.

The directive to the Doctoral Coordinating Committee is to conduct an annual program review following each spring semester. It is a five-member committee consisting of the Program Director, the School of Psychology, Counseling & Family Therapy Dean; the Coordinator of Diversity; the Director of Clinical Training; and the holder of the Rech Chair. The Program Administrator and all core clinical psychology doctoral program faculty members are included on the DCC as well, although their attendance at the meeting is not required.

See Program Evaluation (Section 9) for additional details.

## GRADUATE PSYCHOLOGY STUDENT ASSOCIATION

### Purpose

The Graduate Psychology Student Association (GPSA) is an organization of the graduate students in the master's and clinical psychology doctoral programs. Its purpose is to provide student involvement in the establishment, modification, and implementation of the policies and procedures governing the graduate clinical psychology, counseling and marriage and family programs. It provides encouragement and fellowship for the students as well as providing opportunities to develop leadership skills and direction in professional development.

## Organization Structure

GPSA is comprised of Officers which make up the Executive Council; Class Representatives; Standing Committee Representatives; and Ad Hoc Committees. The GPSA Sponsor is the clinical psychology doctoral Programs Administrator.

### Officers (Executive Council):

- *President*—The President presides at meetings of the GPSA. Meets with the Dean of the School of Psychology, Counseling & Family Therapy, Sponsor, or appointed faculty members to communicate outcomes of GPSA meetings as needed. Attends graduate faculty meetings periodically.
- *Vice Presidents (PsyD/PhD, CMHC/CM and MFT)*—Each Vice President meets regularly with class representatives from their programs and periodically with the other officers to support the President in the executive responsibilities. The clinical psychology doctoral program Vice President attends at GPSA officer meetings (Executive Council) and serves as substitute in the President's absence. The clinical psychology doctoral program Vice President is often designated the AARC, CTC, and PsyD/ PhD Faculty meeting representative.
- *Treasurer*—Monitors budget, expense commitments and completes procedures for expenses and other financial matters.
- *Secretary*—Records and distributes all meeting minutes and GPSA correspondence and keeps the GPSA files.
- *Student Life Enrichment Director (SLED)* – develops and coordinates social activities for the graduate psychology community for the school year. One or two assistants may be recruited from the student body.
- *Liaison*—attends AARC, CTC, and PsyD/PhD Faculty meetings in the event the Vice President is unavailable.

### Class Representatives:

Two representatives from each cohort year (1<sup>st</sup> – 4<sup>th</sup>) and two from each M.A. class are elected or volunteer; at most a total of twelve representatives. A representative for the pre-doctoral interns is desirable, but not required. Class representatives serve as spokespersons for their class and assist in coordinating various activities, such as sign-ups for events, requesting volunteers, etc.

### Sponsor:

The Psychology Program Administrator serves as a resource of information and liaison for coordination of GPSA activities.

### Standing Committees of School of Psychology, Counseling & Family Therapy that may have student representatives:

- *Clinical Psychology Doctoral Program Faculty Meetings* – see description above in “Committee Structure.”
- *Clinical Training Committee* - see description above in “Committee Structure.”
- *Admissions and Academic Requirements Committee* - see description above in “Committee Structure.”
- *Diversity and Justice Initiative* - see description above in “Committee Structure.”

### GPSA Committees (ad hoc):

*Spiritual Development Committee* - seeks to foster an atmosphere of unity between students and faculty and between master's and PhD/PsyD programs, to promote spiritual development of students and faculty, and to promote integration of psychology, theology and spirituality.

*Professional Development Committee* - seeks to foster an atmosphere of unity between students and faculty and between master's and PhD/PsyD programs and to plan professional development opportunities in addition to classroom experience. It also strives to initiate, maintain, and encourage professional networking with alumni of the graduate programs by means

of newsletters, articles in college publications, and various seminars or social gatherings. This committee may establish subcommittees or ad hoc committees as needed.

*Student Faculty Recruitment Committee* - main role is to serve as reviewers of those faculty candidates who are invited by the faculty to come for campus interviews. The specific responsibilities are:

1. Attend a student group lunch with the faculty candidate.
2. Give a feedback sheet to Associate Dean of the Department within a day of lunch date.
3. Attend the class lecture of the faculty candidate (optional) if schedule permits and complete teaching evaluation form.

The Committee consists of two representatives from each MA and PhD/PsyD class - one regular and one alternate. If the regular representative cannot attend the lunch interview, the alternate may attend. Both representatives are welcome to attend the candidate's lecture if available.

*Additional Committees*—Officers may establish other committees as deemed necessary or desired.

## Elections

Officers, Standing Committee, and Student Faculty Recruitment Committee members are elected by the graduate student body of the School of Psychology, Counseling & Family Therapy each year to represent the classes/levels of each program. Memberships to all other committees are on a volunteer basis. GPSA also provides a forum for students to discuss department issues as a group and to bring their views to the faculty.

### Election process:

Members of the GPSA executive council (i.e., President, clinical psychology doctoral programs Vice President, Secretary, Treasurer, and Student Life Enrichment Director or Co-Directors, and Liaison) are nominated by the graduate student body of the School of Psychology, Counseling & Family Therapy each year. A student is welcome to nominate themselves for a position. Each nomination is supported with a paragraph describing the rationale for the nomination. Though not required, it is preferred that nominees for the executive council have been involved in GPSA in some capacity in order to provide continuity of leadership. Current members of the GPSA executive council, in addition to cohort representatives, vote for each of the positions during the last GPSA executive council meeting of the year (i.e., typically at the end of April).

- Cohort representatives (two total for each cohort) are nominated by each individual cohort and determined based on votes by cohort members at the beginning of each academic year.
- Vice President positions for MFT and CMHC programs are determined at the discretion of the program directors for each program.
- All officers must be on-campus, enrolled students who are able to be actively involved in the life of the community.

## CERTIFICATION AND LICENSURE

While doctoral level psychological practice is relatively uniform across the United States, it is the student's responsibility to be knowledgeable of the current requirements in the states being considered for practice. Two websites that are helpful for obtaining such information are: [www.apa.org](http://www.apa.org) and [www.asppb.org](http://www.asppb.org)

These sites can link the student to specific state departments of professional regulations. Both the American Psychological Association (APA) and the Association of State and Provincial Psychology Boards (ASPPB) have publications that are helpful for licensure exams preparation. *Please refer to the Clinical Training Handbook for more details about certification and licensure.*

## SCHOOL OF PCFT LIBRARY, DOCTORAL PROGRAMS READING ROOM AND BOOKS

The School of PCFT has a library that is comprised of three smaller specialty libraries: The Robert J. Gregory Assessment Library, the Diversity and Justice Library, and the PCFT Video Resources Library. A catalog of library resources can only be accessed through the School of PCFT Library webpage: <https://wheatonpcft.bywatersolutions.com/>.

**The Robert J. Gregory Library** (the Assessment Library) contains psychological testing materials, treatment manuals, books on interventions and licensure study guides. Students will get familiar with this library during their first year in the program during the Assessment course sequence. This library is in the rear interior of the Clinical Training Office (BGC M245).

**The Diversity and Justice Library** is located on eastern end of the Mezzanine at the top of the stairs and contains primarily books on matters of diversity and inclusion, integration, and social justice. All books are kept in a locked cabinet. Please see one of the office staff to check out one of these books.

**The PCFT Video Resources Library** contains a variety of video resources for the department and these resources are most often checked out by School of PCFT faculty for use in the classroom. Please see one of the office staff to check out a video.

**Assessment Library** returns may be processed through the Clinical Training Office Coordinator in BGC M245.

**The Diversity and Justice Library** and **The PCFT Video Resources Library** returns may be processed through the PCFT Office Coordinator in BGC M230.

Clinical psychology doctoral students also have the unique privilege of having their own “Reading Room” that includes computer access, statistical analysis software, limited psychological test scoring software, and many of the required textbooks. It is the responsibility of all clinical psychology doctoral students to keep the door closed at all times and not allow outside individuals into the room. It is also the responsibility of the clinical psychology doctoral students to keep the room organized and tidy. Off-hours passes for the clinical psychology doctoral reading room are renewed on an annual basis and included with the student identification card. It is the student’s responsibility to always have the student identification card with them when they are in the reading room and present it to public safety upon request. If the privilege is abused, the student may not receive a pass in subsequent semesters and/or be subject to other disciplinary procedures.

GPSA has developed a procedure to keep Reading Room Books in the Clinical Psychology Doctoral Reading Room while also allowing them to be checked out for short periods of time. The department’s willingness to make the books accessible in the reading room is regularly reconsidered and depends on whether the students are abiding by the guidelines set by the department in conjunction with GPSA. This is determined on a semester-by-semester basis.

If you experience any problems with the computers, please call the Computing Services help desk at HELP (x4357). Computers are periodically maintained by Computing Services, so it is prudent to plan to save all your work to flash drives or a server-based storage system, such as the Cloud or Google drive. In the event that computer printer paper runs out, please come up to the School Office and ask for a new box.

## SECTION FOUR: CLINICAL TRAINING

## PHILOSOPHY

The philosophy of our clinical training is directly informed by the scholar-practitioner model described in Section One of this handbook. During graduate study, the student forms the foundation upon which all later clinical development will occur. The experiences that students receive in their practicum training are central to their development. Habits and skills will be formed which will limit or enhance the student's subsequent professional development. In light of their importance, it is imperative that these practicum training experiences be directed by the faculty who also oversee the other aspects of the students' training.

At the core of our program's identity is our commitment to Christian distinctiveness. Also at the core of our program identity is a commitment to training students with an appreciation for issues of justice in our culture and a commitment to serve clients and communities who have been traditionally underserved. The assignment of students to Practicum Seminar and Advanced Practicum Seminar groups ensures that each student receives oversight from clinical psychologists engaged with and familiar with the integration of Christian faith and the practice of clinical psychology during the early formative years of the program. The general philosophy of training entails a process of gradual introduction of the student to the responsibilities of the clinician. As greater knowledge and skills are developed, a greater level of responsibility and autonomy is given. While those outside of the psychology program have substantial impact on the student's training through clinical supervision, the oversight and final responsibility of that training must remain with the School of Psychology, Counseling & Family Therapy faculty.

**Details pertaining to Clinical Training can be found in the *Clinical Psychology Doctoral Student Clinical Training Handbook*. Students are expected to be familiar with and follow guidelines described in the *Clinical Training Handbook*. Read this handbook and abide by the policies provided.**

## SECTION FIVE: MASTER OF ARTS DEGREE



## MASTER OF ARTS CANDIDACY AND DEGREE REQUIREMENTS

The Master of Arts degree in Clinical Psychology will be granted to students in the PhD Program upon completion of 48 credits, including a minimum of 43 hours of 700-level courses in psychology. The required psychology courses that must be completed are PSYC 714, 716, 717, 736, 737, 738, 743, 744, 746, 747, 753, 773, two credits of 795 and four credits of 796. A maximum of 12 credits applied to the M.A. degree may be transfer credit. To be awarded the degree, students must also have completed a minimum of six hours in biblical and theological studies, including BITH 561 and BITH 565 (these are Theological Studies Requirements set out by the college for all graduate level degree programs). Students should file for candidacy for the master's degree after 28 credit hours are completed. To receive approval of candidacy, students will need to document that all prerequisites for admission have been satisfactorily completed. Further, adequacy of progress in academic and professional skill areas and suitability for professional practice in psychology will be reviewed.

The M.A. degree is awarded AFTER all course work is completed including PSYC 796 Practicum I & II. ***For most students, this will be August 31st as most practicum contracts end after the May graduation ceremony.*** Students, however, may participate in the May graduation ceremony if they so choose, provided they have met all requirements to the satisfaction of the Registrar's Office. PhD students who have a Master of Arts degree in Clinical Psychology from Wheaton may not obtain a second M.A. in the same field. The Doctoral Psychology Program Administrator coordinates the filing of M.A. candidacy in the fall of the student's first year, usually before the advance registration period. For other times, the student should follow the procedures below.

### ***To file for M.A. in Clinical Psychology candidacy:***

1. Complete a *Program Plan Form* available on the [Wheaton website under registrar forms](#). Check all classes you plan to count toward the degree. The Program Administrator will meet with students in the Fall term to complete the form. The Program Administrator approves all program plan forms and forwards them to the Registrar's Office for final approval.
2. Complete the "*Application for Degree - Graduate School*" survey. A link to this online survey will be emailed to you by the Registrar's Office early in the semester that you anticipate graduating based on the date placed on the program plan form. In most cases, this will be early spring semester for May graduation ceremony.

## SECTION SIX: PHD DEGREE REQUIREMENTS

## REQUIREMENTS FOR DOCTOR OF PSYCHOLOGY DEGREE (PhD)

To earn the Doctor of Psychology (PhD) degree a student shall complete 122 semester hour credits.

### Required courses include:

- Scientific Foundations of Psychology. 17 credits. (PSYC 722, 753, 754, 755, 773, and 774);
- Applied Psychology Research. 9 credits. (PSYC 746, 747, and 749);
- Psychological Assessment. 6 credits. (PSYC 743 and 744);
- Psychological Interventions. 9 credits. (PSYC 736, 737, and 738);
- Ethics and Professional Development. 6 credits. (PSYC 714 and PSYC 782);
- Special and Underserved Populations. 6 credits. (PSYC 717 and 739);
- Integration of Faith and Psychology. 17 credits. (PSYC 701, 706, 707, 708, 709, and BITH 561, 565, 622 and BITH 566 or 578);
- Clinical Psychology Electives. 12 credits; (usually a combination of four 700 or 800-level courses)
- Clinical Training. 19 credits. (PSYC 716, 795 (4), 796 (8), 881 (1), 882(1), 883 (1), and 884 (1)) and;
- Dissertation and Research Lab. 21 credits. (PSYC 766 (8) and 898 (13)).

PhD students must successfully pass a written comprehensive examination (PSYC 991) covering the areas of basic and applied psychology and a professional qualifying examination (PSYC 992) based on a clinical case presentation. Students must successfully complete and orally defend a clinical dissertation (PSYC 993 & PSYC 898) and complete an approved clinical internship (PSYC 896) to graduate. Degree requirements must be completed within seven years of the first date of enrollment.

The typical course sequence and the elective schedule are shown in Table 2 of *Section Two: Student Guide*. Students are strongly encouraged to follow this prescribed sequence, especially for the first two years as the sequence is intended to lead to the Master's Degree in Clinical Psychology and to prepare the student for the clinical training courses. Some students may deviate from the sequence slightly because of adjusted credit loads.

## QUALIFYING EXAMINATIONS

Students must successfully pass a series of qualifying examinations. The purpose of these examinations is to assure basic competence in the areas of study and to encourage synthesis of the diverse areas of study.

### Comprehensive Exam

#### Purpose

The purpose of this first examination is to assure mastery of the fundamental academic and scientific concepts necessary for professional psychologists. Areas covered on the examination include clinical research and program evaluation, assessment, statistics, advanced general psychology (including social, physiological, developmental, life span development, cognitive, and abnormal psychology), professional ethics, diversity, history and systems of psychology, and clinical theory and interventions (cognitive-behavioral, psychodynamic, and family). Questions touching on any of these matters are allowed. We expect that students need not do substantial reading beyond that done in the context of course work to prepare for the comprehensive if they have taken the first two years of course work at Wheaton College. They will, however, be expected to have done significant work to synthesize all that they have been learning and to have retained and made use of material from their first two years of study. For students who did not take these courses at Wheaton, professors teaching relevant courses will provide course syllabi.

The comprehensive exam is offered twice annually. The primary testing date is in mid-August. A secondary testing date is available in January. The competency examination must be passed within twelve months of the student's first testing date using no more than three attempts.

## Competencies Evaluated

The following competency objectives are demonstrated when a student passes the comprehensive exam:

Clinical skills in the integration of clinical practice and research (1)	Clinical research and scholarship (2)	Individual and systemic diversity (3)
Ethics (1C)	Scientific foundations (2A)	Cultural awareness and application (3A)
Assessment and diagnosis (1E)		
Intervention (1F)		

## Eligibility

To be eligible to take the examination students must be at Level II and have completed the courses required for Level III.

## Written Exam

The written comprehensive exam is comprised of 200 multiple choice questions, as follows:

Exam content area	Number of Questions
Clinical Research (2A)	15
Statistics (2A)	15
Assessment (1E)	20
Psychopathology (1E)	20
History & Systems (2A)	13
Diversity (3A)	10
Ethics (1C)	10
Clinical Intervention: Cognitive Behavioral (1F)	13
Clinical Intervention: Family Systems (1F)	10
Clinical Intervention: Psychodynamic (1F)	10
Advanced General: Biological Bases (2A)	17
Advanced General: Cognition/Emotion (2A)	15
Advanced General: Lifespan Development (2A)	20
Advanced General: Social Psychology (2A)	12

Examination questions represent a broad coverage of the curriculum, and are selected with the following criteria in mind:

**Representativeness:** Questions are related to the core concepts of the area being tested and represent a range of knowledge within the area.

**Basic Competence:** Questions reflect the knowledge that is deemed minimally necessary for competence, rather than the more advanced understandings typical among experienced professional psychologists.

**Clear Criteria:** Questions have responses that are clearly correct and clearly incorrect to minimize ambiguity.

In addition to assessing competence, the examination will be a valuable experience for later evaluation requirements. For example, most states require licensure candidates to successfully pass the *Examination for Professional Practice in Psychology* (EPPP), a 200-item multiple-choice examination.

The exam begins at 9:00 a.m. and must be completed by 5:00 p.m. the same day.

### Outcomes

Results for each content area of the multiple-choice examination are computed. There are three possible outcomes to an exam:

1. “Pass” shall be an exam result which has an aggregate score of 70% or greater and specific content area scores of no less than 60%.
2. “Provisional Pass” shall be an exam result which has an aggregate score of 70% or greater and specific content area scores of less than 60% in at least one specific content area.
3. “Fail” shall be an exam result which has an aggregate score of less than 70%.

Outcome letters will be emailed to students at their @my.wheaton.edu accounts within 2 weeks of the exam date.

Provisional work must be submitted by the student to the Program Administrator by October 1<sup>st</sup>. Acceptable provisional work will include 1) identification by the student of the correct answer to a question originally answered incorrectly and 2) a brief written statement with citation indicating why that is the correct answer for each subject content area the student scores less than 60%. Provisional work will be reviewed and evaluated by the AARC using the *AARC Provisional Work Scoring Rubric* (Appendix A). The student’s work is independently reviewed by two faculty members of AARC. Provisional work must meet or exceed each criterion, and AARC makes determinations for passing work. Students must pass the Comprehensive Exam before being permitted to take Professional Qualifying Exams.

Students who fail the comprehensive examination must meet with their advisor as soon as possible to arrange a professional growth and re-examination plan. The next opportunity to retake the examination for those students who failed is in the following January. Failing the examination three times ordinarily results in dismissal from the Program, though extenuating circumstances may be considered on a case-by-case basis. Students may not be eligible to take the second qualifying examination until the professional growth and re-examination plan is successfully completed.

Students are expected to take Comprehensive Exams as soon as possible after completion of the second-year coursework. Students have up to three opportunities to pass the comprehensive exam in the twelve-month period beginning at the first test opportunity following completion of required coursework. Thus, if the exam is taken for the first time in August and failed, the student can retake it in the following January. If this exam is also failed, the student would have a third and final opportunity in the following August. Alternatively, if the exam is first taken and failed in August, the student could wait a year to retake it, but this second opportunity in the following August would be the final opportunity, i.e., the exam must be passed within a twelve-month period, whether it is retaken once or twice.

Students who do not pass the Comprehensive Exam within the twelve-month period will be dismissed from the PhD Program. The notice of dismissal will be a letter written by the PhD Program Director in his/her capacity as chair of the AARC (Admissions and Academic Requirements Committee), notifying the student of the effective date of the dismissal.

A student who is dismissed has the right to appeal this decision and must follow the appeal policy and procedure found in *Section Nine: Evaluation* of this handbook.

## Professional Qualifying Exam

### Purpose

The purpose of the Professional Qualifying Examination (PQE) is to provide an opportunity to evaluate students' progress in the development of clinical competence and praxis.

### Competencies Evaluated

The following competency objectives are demonstrated when a student passes the professional qualifying exam:

Clinical skills in the integration of clinical practice and research (1)	Individual and systemic diversity (3)	Integration of clinical practice & Christian faith (4)
Self-awareness and self-reflection (1A)	Cultural awareness and application (3A)	Foundational knowledge (4A)
Interpersonal (1B)	Advocacy (3B)	Personal process (4B)
Ethics (1C)	Interdisciplinary Collaboration (3C)	Application to clinical practice (4C)
Integrity and Professional Comportment (1D)		
Assessment and diagnosis (1E)		
Intervention (1F)		
Supervision (1G)		

### Eligibility

Students (at least Level III) will be required to complete their second qualifying examination, an oral Professional Qualifying Examination (PQE). Although not frequently granted, exceptions to the sequence for the first and second programmatic milestones may be petitioned in writing. The following process should be followed in submitting a petition:

1. Complete the [AARC Petition](#) clearly stating your purpose and rationale for making the petition.
2. This petition will be submitted to program committees (Admissions & Academic Requirements Committee and Clinical Training Committee) for recommendation.
3. The Program Director will grant or deny the petition. The student will be notified of the outcome by the Program Administrator. The decision of the Program Director is final.

Those students who have not completed the PQE within five years of starting PhD studies are not eligible to continue in the program.

### Timing

In the spring semester that the student is registered for their Practica I/II, a brief information meeting will be held to raise student awareness of the PQE requirements. A follow up meeting will be held in late spring semester in the student's 3<sup>rd</sup> year in the program (Practica III/IV). Students qualified to take the exam sign up beginning in June. Additionally, students submit their PQE Portfolios (see below) to their examination committee by first Monday in August prior to the start of 4<sup>th</sup> year. The Professional Qualifying Exam schedule is set each year for mid-September. Exams are not held outside the scheduled times. Each exam time is approximately 2 hours in length.

### Examiners

Two clinical faculty members are assigned to specific dates and times to serve as examiners. One faculty member will serve as Chair of the examination committee. Students may not use their Practicum III/IV Seminar Leader or clinical

supervisor as one of the examiners as this poses a dual role. Moreover, the case that is presented for the PQE shall NOT have been previously presented in a formal manner after the first semester of Practicum Seminar. Additionally, students should not solicit specific feedback or guidance from faculty on their PQE written materials. This does not preclude a general discussion about theoretical orientation, professional development, integration, or ethics. However, faculty should not be asked to help edit or modify or give feedback on specific written materials to be used in the PQE. If there is a compelling reason why a student cannot abide by these conditions, the student must notify the Program Director to resolve the dilemma.

### **Development of the PQE Portfolio - (See the PQE Scoring Guide for Behaviorally Anchored Rating Scales)**

By pre-determined date approximately by the first Monday in August, students eligible to take the PQE submit a PQE Portfolio in the manner prescribed by the Program Administrator..

Eligible students develop a clinical portfolio that includes the following components:

- **A psychological assessment report.** This report, with all identifying information removed, should represent the student's ability to integrate information from multiple assessment sources (e.g., interview, records, and test data), establish a diagnosis, and make recommendations. This report must also include a table which summarizes all test data.
- **A psychological assessment report self-critique.** A 500-1000 word self-critique of the psychological assessment report submitted. For example, given hindsight and the student's training in psychological assessment and integrative report writing, what would she/he do differently in selecting measures and interpreting and communicating testing results (e.g., differently now, differently than supervisor, etc.).
- **Video or audio recording of an intervention session.** The recording should be accompanied by a **brief** introduction establishing the context for the session (e.g., which session number) and overall focus of therapy.
- **Intervention session:** Submit 2 copies of the video/audio recording of a therapy session, with a transcription\*, a 500-1000 word description and analysis of the session. This analysis should include: a) background information and context of therapy session (including session number), b) information from collateral contacts, c) conceptualization/diagnosis from the student's theoretical orientation, d) course of treatment prior to session, and e) a critique of the session and course of treatment from the student's theoretical orientation.

***NOTE:** \*Quality transcription takes a significant investment of time. Plan accordingly. Outsourcing of transcription is not permitted for purposes of maintaining client confidentiality. Remove all identifying information from transcription for purposes of maintaining client confidentiality.*

- **Professional Identification Worksheet.** Articulate your professional identification with Clinical Psychology through affiliation with professional organizations such as APA. Submit the form shown on Page 63 with your PQE portfolio.
- **Informed consent form.** A signed [\*Client Consent Agreement for Doctoral Clinical Training\*](#) (view a sample in Appendix B) must be submitted to the HIPPA-compliant cloud-based folder opened and owned by the Program Administrator solely for this purpose. Access to the relevant Consent Form is granted to the Chair of the examination committee once these assignments have been made. The form will be kept on file with the PQE materials in the confidential student portfolio. It will be kept on file for seven years and deleted thereafter.
- **Five Essays:** Essays 1, 3 and 5 from your PQE will become the basis for your APPI essays including your pre-doctoral internship applications. However, APPI requirements do vary from PQE requirements. Use the following guidelines in your PQE essays:
  - **Essay 1: Theoretical Orientation.** Clearly explains implicit and explicit assumptions of theoretical orientation and uses appropriate language related to the theory, demonstrating an in-depth understanding of basic theories and their empirical support. (500 words or less)

- **Essay 2: Integration of Theoretical Orientation and Christian World View.** Discusses one or two basic assumptions of the orientation that reflects a Christian worldview, demonstrating an ability to think theologically about the implications of Christian faith for psychology; demonstrates capacity to recognize, evaluate, and resolve tensions between religious and psychological understandings. (500 words or less)
- **Essay 3: Diversity.** Evidences awareness of self as cultural being and how clinical work might be impacted by cultural differences, demonstrates sensitivity and skills in working with diverse groups, evidences a respectful attitude toward all persons. (500 words or less)
- **Essay 4: Ethical Dilemma.** Identifies a specific ethical dilemma (e.g., when two or more APA ethical standards or codes seem in conflict with each other) and specifically links it to APA ethics code, demonstrating necessary skills of ethical analysis and professional decision-making to act ethically. (500 words or less)
- **Essay 5: Autobiographical Statement.** Essay is suitable as a well-developed representation of student's professional development and identity. (500 words or less)

Students should utilize the *PQE Portfolio Checklist for Students* (Appendix C) to facilitate management of PQE Portfolio materials.

### Writing assistance and accommodations

Due to the clinical nature of written materials, issues pertaining to confidentiality, and the evaluative nature of the exam, students may not seek assistance on writing (e.g., from Wheaton College Writing Center) on any PQE materials. The faculty will respond to requests for accommodation by students who have documented their learning disabilities with the Registrar and once an accommodations request letter has been received from Learning and Accessibility Services. Wheaton College is committed to providing reasonable accommodations for students with disabilities, which may include use of the Wheaton College Writing Center for essays not containing patient identifying content. Use of the Wheaton College Writing Center for written material in which a Writing Center employee could identify the patient (e.g., assessment self-critique; intervention transcript, context, description and analysis; or any essay that could reveal a patient's identity) is prohibited by professional ethics and HIPPA laws. Deidentification of materials must be verified by either your advisor or doctoral program director before submitting these materials to the writing center when accommodation have been appropriately established.

Any student with a documented disability needing academic adjustments is requested to contact the Learning and Accessibility Services Office as early as possible. Please call 630.752.5615 or send an e-mail to [las@wheaton.edu](mailto:las@wheaton.edu) for further information. Please do not hesitate to discuss arrangements with the professor as early as possible – in fact, it is encouraged as needed.

### Review of Written Materials: Outcome and Communication Timeline

The PQE Examiner Committee will review complete initial review of written materials *and* the Chair will communicate with the student whether or not written materials pass 3 weeks prior to the exam date.

- **3 weeks prior to the exam:** The Chair communicates the written outcome to the student via email. If the student written materials pass Section 1 with a minimum of “1” per item on the PQE Rating Form, the student proceeds to the Oral Exam at the appointed time. If the student written materials fail Section 1 at this point, it is communicated to the student which domains in Section 1 did not pass and given 1 week to submit revised written materials.
- **2 weeks prior to the exam:** Student submits revised written materials to PQE Committee.
- **1 week prior to the exam:** Chair notifies student of final written work outcome (Section 1) via email. A pass proceeds to the Oral Exam at the appointed time. A failure to achieve a “1” on every item at this point counts as a failure of the Professional Qualifying Exam. See scoring and outcomes section.

### The Oral Exam



If the written materials are scored as acceptable by initial examiner review (score = 7 or greater with a minimum score of 1 for each individual item), the committee meets with the student for a 2-hour oral examination. An audio recording of the oral examination is made. The examination is structured as follows:

**Part 1.** Faculty discussion of written materials. The student waits outside the examining room while the committee discusses the content of the written materials and identifies areas of inquiry for the oral examination.

**Part 2.** Faculty discussion and feedback of the written materials (essays and work sample) with the student. The examining committee will conduct an examination pertaining to the essays and the work sample.

**Part 3.** Committee decision. After a few remaining questions are asked, the student is dismissed while the committee grades the student's performance. The student then returns to the room and is given the outcome of the examination and specific feedback about the oral exam and written PQE Portfolio.

### Scoring and Outcomes

The scoring criteria for the PQE (see PQE Rating Form in Appendix F) reflects whether a student demonstrates the minimum level of competency across a variety of profession-wide competencies consistent with a health service psychologist ready for internship. Additionally, students must demonstrate minimum competency in the program specific competency of integration of psychology and Christianity. The student must earn at least a "1" for each individual item in order to demonstrate the minimal level of achievement for each profession-wide competency assessed. In addition to a total score of 14 on the 14-item scale, students must also obtain a score of 1 on an item pertaining to the integration of psychology and Christianity. A *Guide to Scoring Categories for Professional Qualifying Exam* is found in Appendix F. The pass/fail decision is made by the following procedure:

- a. Each examiner independently rates the student on the 14-item scale and the single item integration scale.
- b. If all examiners agree on the outcome, then the decision is made accordingly.
- c. If there is not a unanimous decision, the examiners discuss their ratings. An audio recording of the discussion is made.
- d. Each examiner independently rates the student a second time.
- e. If there continues to be a lack of unanimous decision among the examiners, the result is a deferral of a pass/fail decision, and the exam will be referred to the Clinical Training Committee. The Clinical Training Committee will review the tape and portfolio at the earliest time possible and make a pass/fail decision. The decision of the Clinical Training Committee will be final.

### ***In the instance of exam failure:***

Students who fail the exam will meet with their PQE Chair and/or their advisor and/or practicum seminar leader - whichever can be most helpful to the student - within 30 days after the original exam to develop a professional growth and re-examination plan. The student will complete their plan using the *PQE Re-Examination Plan* form found in Appendix G. The student must submit the written *PQE Re-Examination Plan* form found on page 68 to the PQE Chair and PhD Program Director, as AARC Chair, for a one-week review and approval process. If the PhD Program Director is also the student's PQE Chair, then another member of AARC will review and approve the *PQE Re-Examination Plan*. The PQE Chair will notify the student of plan approval. The student will arrange a re-examination date and time with his/her original PQE examiners, but this date will be no later than the Tuesday of the second week of Spring semester following the initial exam attempt.

Students who fail a Professional Qualifying Exam may appeal the decision to the Clinical Training Committee within 30 days. The Clinical Training Committee will review the tape recording, the student's portfolio, and the grounds for the appeal. All decisions of the Clinical Training Committee are final.

Those who fail the exam twice are not eligible to continue in the PhD Program. Students may appeal dismissal following the appeal procedure found on p. 89 of this handbook.

Tape recordings of the examination and all recordings included in the portfolio will be destroyed 60-days after the exam.

### **Record of Qualifying Examinations**

A record of the qualifying examinations and results are maintained by the Program Administrator in the Program database.

### **Candidacy For Doctor of Psychology Degree**

The title “Candidate for PhD Degree” may be used by the student only when specific criteria have been met. This usually occurs after the student has passed all milestones, typically in September of the fourth year, but can be later. See “Levels” in Section Two.

Students should file a candidacy plan for the Doctor of Psychology degree after completing 60 credit hours of graduate study and before completing 80 credit hours. Completing the plan helps the student to be aware of needed courses or other requirements to earn the PhD degree. The Doctoral Psychology Program Administrator (Program Administrator) coordinates the process in the fall of the 3<sup>rd</sup> year.

#### **To file a PhD Candidacy Plan:**

1. Complete the Candidacy form (found under Registrar’s forms on the Wheaton website: <https://www.wheaton.edu/academics/services/office-of-the-registrar/forms/candidacy-forms-graduate-studies-only/>). The Program Administrator will meet with students at a Practicum Seminar or Cohort meeting for the purpose of advising students in the completion of the PhD Candidacy form.
2. Submit the form to the Program Administrator. The Program Administrator will review and authorize candidacy forms by signature.
3. The Program Administrator sends the signed form to the Registrar's Office for verification and filing into the student's record by the Graduate Records Analyst.
4. Copies of the form, when approved by the Registrar, will be sent to the student and the Doctoral Program of Clinical Psychology for record.

## SECTION SEVEN: CLINICAL DISSERTATION

## RESEARCH PHILOSOPHY

Doctor of Psychology degree recipients are to be capable scholarly consumers and producers of research and professionals who can integrate rigorous analysis and investigation into their clinical practices. The clinical dissertation is an opportunity to demonstrate to the faculty a doctoral level mastery of the many competencies that go into being a practitioner-scholar (e.g., command of a specific area of the literature, ability to formulate research questions, develop testable hypotheses, design an appropriate methodology, and analyze and interpret data).

**The step-by-step process of Clinical Dissertation can be found in the Doctoral Programs *Clinical Dissertation Manual*. Students are expected to be familiar with and follow policies, guidelines and processes described in the *Clinical Dissertation Manual*.**

## SECTION EIGHT: PRE-DOCTORAL INTERNSHIP

## PRE-DOCTORAL INTERNSHIP

Only upon satisfactory completion of all required course work, passing all qualifying exams, and approval of the final clinical dissertation proposal, may the student apply for the pre-doctoral internship. It is strongly recommended that students defend the clinical dissertation before leaving on internship.

**Details pertaining to Pre-Doctoral Internship can be found in the *Clinical Training Handbook*. Students are expected to be familiar with and follow guidelines described in the *Clinical Training Handbook*. Please read this manual and abide by the policies provided. Refer to it as often as needed throughout graduate work.**

## SECTION NINE: EVALUATION

## STUDENT EVALUATION

### Student Professional Growth and Evaluation Policies

As a basis for professional growth, students receive evaluation and feedback in several ways, both formal and informal, throughout their training in the PhD Program. The relationships with the student's advisor and practicum seminar leader are perhaps the most important basis for student professional growth. These relationships encourage professional growth based upon faculty mentoring and periodic feedback to students about strengths and weaknesses.

Each semester, feedback from students' faculty instructors will be collected. The student's advisor will review instructor feedback for each advisee on a timely basis to obtain assessment of the student's level of developmental competence in accordance with program objectives to provide well-informed encouragement of student professional growth.

In addition, evaluation and feedback are given via the Comprehensive Exam, the Professional Qualifying Exam, and through the development and defense of a dissertation. These types of evaluation and feedback are described elsewhere in the Handbook (See Section 6).

The concept of *timely* feedback is essential to a fair and constructive process in student evaluation and professional growth. Faculty members strive to inform students of their strengths and areas of special competence on an ongoing basis. Faculty members also strive to inform students of problems or concerns at the earliest opportunity. Faculty and advisors then collaborate with students to remedy these problems or concerns. The ability of students to respond appropriately to constructive feedback is considered part of their professional growth as clinical psychologists.

### The Student Portfolio

In order to assess the development of graduate students toward the professional outcomes identified by the department, the Program maintains a portfolio for each student. This portfolio is updated each semester with the materials that can be provided from that semester. Twice each year, at the end of fall and spring semesters, the core PhD faculty meet to review the professional development of all students in the program for the purpose of affirming student strengths and identifying special needs that should be addressed for individual students. To facilitate the process of professional growth, clinical faculty may present concerns regarding student progress at times other than the regular evaluation periods. When necessary, a student's advisor or another appropriate faculty member may review the student's portfolio with the student to assist the student in the process of professional development.

The graduate student portfolio consists of the following:

1. grades and transfer of credits
2. department copy of student's candidacy (M.A. and/or PhD) forms
3. yearly professional practice forms and updates
4. reserved for future use
5. qualifying examination records
6. evaluations - advisor and supervisor
7. practicum records, e.g., signed Time2Track hours, registration, learning contracts, and proofs of insurance
8. clinical dissertation records
9. pre-doctoral internship
10. addenda related to professional development (e.g., SRC referral and outcome forms—see below)
11. addenda submitted by the student (e.g., response to evaluations from faculty or supervisor, protest over grades, leaves of absence, etc.)



## 12. miscellaneous (e.g., program correspondence, scholarships, grants & awards)

Students have supervised access to their own portfolios. If a student desires to review the portfolio, he or she should make an advance appointment with the Program Administrator. The student then reviews the portfolio in an area designated by the Program Administrator.

At orientation each new student is provided with a copy of program goals and objectives. They are also provided with a copy of the evaluation forms used by faculty, and informed that their progress will be monitored in terms of these goals. At the completion of the fourth year, each student will be asked to evaluate the program according to its success in achieving the program goals and objectives.

## MID-SEMESTER STATEMENT OF CONCERN

The "[Mid-Semester Statement of Concern](#)" is intended to provide constructive feedback to students in a timely manner. Any instructor may complete the "[Mid-Semester Statement of Concern](#)" to inform the student of a concern noticed while taking a course. A copy is also provided to the Program Director and the Program Administrator.

## Practicum/Clerkship Evaluation

Students are evaluated by their primary Clinical Supervisor at the end of the fall semester and again at the end of the practicum/clerkship using the Practicum/Clerkship Supervisor Evaluation of Student form. See the Clinical Training Handbook for details and the evaluation form. All evaluations are placed in the student's portfolio for review by the faculty. The supervisor and the student and, separately, the Practicum Seminar Leader and the student review the evaluations together. The student may respond to the evaluation in writing for the permanent file. If a student is found to be unprepared for the professional requirements of a practicum and/or not able to meet the requirements of a mediation plan as developed by the supervisor, the Clinical Training Committee, in consultation with the practicum Clinical Supervisor and Practicum Seminar Leader, may require the student to withdraw from the practicum placement. The committee may also monitor student development and establish guidelines to determine when a student will be ready to enter the next practicum.

Please review the *Clinical Psychology Doctoral Student Clinical Training Handbook* for further discussion of practicum/clerkship, student evaluation and forms.

## Mid-Year Student Evaluations and Advisor Feedback

Each year in December, instructors of clinical psychology doctoral program courses, research group faculty, and practicum seminar faculty complete the Student Evaluation Report - either the Readiness for Practicum Level Rating form (Appendix H) or the Readiness for Internship Level Rating form (Appendix I), depending on the student's level of training

Qualitative and quantitative data from the rating forms are collated and summarized for each student by the Program Administrator and provided to advisors in January. For the mid-year student evaluation, students make appointments with their advisors prior to the end of February to receive feedback on their development over the fall semester.

Copies of the data summaries and the *Mid-Year Advisor Feedback* form are placed in the student portfolio section 6.

## Final Student Evaluations, and Annual Evaluation and Recommendation from Advisor

The *Annual Evaluation Report and Recommendation* (Appendix M) from the program director comes in mid-Summer, following an instructor evaluation process that mirrors the mid-year process with input from the full faculty and staff of the doctoral program in a meeting to review and discuss significant concerns and progress in student development and progression in the program.

The feedback is a collection of clinical training feedback, classroom feedback, milestone progress, and research engagement. Based upon a review of individual student portfolios, faculty discussion at the year-end faculty meeting, evaluation by the clinical supervisor, and research group faculty and practicum seminar faculty, an *Annual Evaluation*

*Report and Recommendation* is prepared for students and distributed by the Program Director and/or Program Administrator.

The *Annual Evaluation Report and Recommendation* is formative and evaluative in nature. The intention is to provide the student with constructive feedback as a basis for ongoing guidance and mentoring by the advisor. The written feedback identifies both perceived strengths and desired growth areas considering professional competency benchmarks. Even though the Annual Student Evaluation is formative in nature, the program director or advisor may raise concerns (some or serious) about the student continuing in the program (see below). In cases where the advisor indicates “Serious Concern”, the advisor shall also make a [Referral to the Student Review Committee](#) (SRC—see below).

The feedback is e-mailed to students (usually by the middle of July) by the Program Director or Program Administrator with a copy provided to the advisor. Students have two weeks to submit a written reply to the evaluation (optional). The written reply is given to the Program Administrator, with a copy to the advisor, and becomes part of the student’s portfolio. Students are encouraged to make an appointment with their advisor to discuss the evaluation. Please note that it is the responsibility of the student, not the advisor, to initiate the appointment. However, the advisor may initiate a meeting. Copies of the data summaries and *Annual Evaluation Report and Recommendation* are placed in the student portfolio section 6.

Students in their last semester prior to pre-doctoral internship will receive a Student Final Evaluation and Recommendation completed by their academic advisor. Attaining of Minimum Level of Achievement (MLA) for each program objective is a degree requirement. Students not attaining 100% MLA’s may not be permitted to proceed to internship and graduate.

### **Recommendation Ratings**

Of special significance on the Mid-year Advisor Feedback form and the Annual Evaluation and Recommendation form is the recommendation rating for Overall Level of Concern, which has three options: No Concern, Some Concern, and Serious Concern. An important purpose of this rating is to notify students who might need guidance regarding their academic performance or their professional behavior. Thus, the following advisor ratings are provided to students each semester:

Students receive a rating of “**No Concern**” when their performance during the semester meets or exceeds the objectives and expectations. This rating indicates that, based on performance during the semester, students have demonstrated academic abilities and professional behavior that are within the expected range for their year level. Specifically, on the Student Evaluation Reports and Practicum/Clerkship Supervisor Evaluation of Student, a rating of 3 on all competencies is expected as the minimal level of achievement for students and results in an overall advisor rating of “No Concern” on the Mid-year Advisor Feedback and the Annual Evaluation and Recommendation forms.

A rating of “**Some Concern**” signifies that a student is having one or more difficulties, academic or professional, that should be assessed more closely. Ratings of “2” or below on Student Evaluation Reports or Practicum/Clerkship Supervisor Evaluation of Student, difficulties with program milestones, and/or other professional concerns raised by faculty or supervisors during the year are noted by the advisor and results in a rating of “Some Concern” with identification of steps for professional growth/remediation. Students who receive two semesters of “Some Concern” will be referred to the Student Review Committee. That is, a rating of “Some Concern” during a student’s training at Wheaton College does not prompt a referral to the SRC (see below). However, if a second evaluation of “Some Concern” is later received in the student’s training, this raises the possibility of a pattern of behavior that should be reviewed by the SRC for purposes of assisting the student in developing appropriate guidance plans. For this reason, a second evaluation of “Some Concern” automatically results in referral to the SRC (Appendix J) . The advisor reviews past evaluations and provides recommendations after each semester, monitors the pattern of evaluations for the advisee, and makes the referral to SRC when necessary. The advisor notifies the student, the Director of the PhD Program, and the chair of the SRC and the Program Administrator, noting that a referral has been made.

A rating of “**Serious Concern**” is given when the performance of a student is significantly below expectations. This rating indicates that, in the opinion of the advisor, the student’s progress in the program should be reviewed as soon as possible.

A single evaluation of “Serious Concern” automatically results in referral to the SRC. The Program Administrator (see above) makes the referral. Examples of reasons for giving this evaluation include, but are not limited to, the following:

- Violations of ethical or professional standards
- Academic dishonesty including plagiarism
- Being dismissed from a practicum, clerkship, or internship site
- Excessive tardiness or absences from class
- Failing to respond to constructive feedback
- Unprofessional behavior (e.g., arrogance, rudeness) toward faculty, staff, or other students
- Failure to meet academic standards as described in the Student Handbook

### Problems of Professional Competence

Because clinical psychologists are usually in human service positions, professional competence of each student trainee enrolled in the PhD Program is a concern of the clinical faculty. Annual evaluations will include discussions of each student in relation to professional competence necessary for clinical practice.

It is clear that the conduct of psychologists and psychology trainees affects the public perception of psychology as a discipline, and professional responsibility requires faculty to monitor the conduct of students. When the student’s ability to deliver clinical services is compromised, the student should take steps to assure clients receive the best possible services in accordance with the APA Code of Ethics. This principle holds true whether or not faculty or clinical supervisors have noticed any problems of professional competence. Sometimes problems of professional competence will be related to stressful situations in a student’s life. Other times, students may enter the program without adequate awareness of personal problems, biases, or values that detract from their ability to provide competent clinical services. The clinical faculty seek to encourage voluntary awareness of problems of professional competency and to facilitate professional growth. This may include referrals to appropriate professional personnel off-campus, assisting the student or colleague in reassigning clinical work, and helping the student or colleague assess the nature and extent of problems of professional competency. Students cannot be assured of confidentiality when they discuss any problems with faculty members or their clinical supervisors if it is deemed there may be a risk of harm to self or others or is otherwise particularly germane to academic and professional development. Nevertheless, all reasonable discretion related to confidentiality will be applied whenever possible.

The clinical faculty does not function as an investigating agency, but it is likely that some problems of professional competency may be noted as part of professional oversight and supervision. These observations are included as part of each student’s annual evaluation. When a concern is considered serious, the student involved is informed and consulted. Faculty members attempt to assess the situation and, if a problem is determined to exist, recommend appropriate action. Faculty members are committed to respect students’ privacy, and communications about impairment are limited to those directly involved in decisions about training, professional development, and client welfare.

Whenever possible, a plan for assistance or remediation is constructed in consultation with the student. The Student Review Committee and the Director of Clinical Training monitor the student’s compliance with the plan. The goal is to restore the student to a level of personal functioning that assures clinical competence.

Although we desire to be a healing community, it is possible that some problems of professional competency will require temporary leave or permanent dismissal from the program if remedial efforts have been unsuccessful or are likely to be unsuccessful. In such situations, the Student Review Committee may make a recommendation of dismissal that is adjudicated by the clinical psychology doctoral program faculty through a dismissal hearing process. Remediation requirements may fall under the purview of the student’s advisor, the Clinical Training Director, the Clinical Training Committee, the student’s advisor, the program director, the program administrator, or clinical faculty.

### Student Review Committee

The Student Review Committee (SRC) consists of three members who are appointed by the Program Director. This committee includes at least two members of the doctoral psychology faculty, and another School of Psychology Counselling, and Family Therapy faculty member.

The purpose of the SRC is to provide a more in-depth evaluation of a student's academic and professional progress in the training program, with the goal of recommending specific guidance for the problems or concerns that prompted the referral to the committee. The aim of the SRC is to be supportive in the student's professional development. In some cases, the SRC can recommend dismissal from the program, as described below.

### **Referral to the SRC**

Referral to the SRC can occur in two different ways:

1. If a student receives an evaluation of "Serious Concern" or two consecutive evaluations of "Some Concern" at any point in his or her training in the Wheaton PhD Program, then the academic advisor or the Program Administrator makes a referral to the next regularly scheduled SRC meeting.
2. Any member of the faculty, staff, administration, or student body (including the student) can refer a student to the SRC. In this case, the referring source completes a "Referral to the SRC" and submits this form to the Psychology Administrator with copies to the student, the student's advisor, the Program Director, and the chair of the SRC.

Scheduling of the required SRC meeting is at the discretion of the committee chair. A special interim meeting may be scheduled, or the referral can be taken up at the next regularly scheduled SRC meeting (see below).

If a student has been previously referred to the SRC and then subsequently receives a single additional evaluation of "Some Concern" or "Serious Concern" this may also prompt a new referral to the SRC. The PhD Program Director makes this determination.

Regularly scheduled SRC meetings occur three times a year but may occur more or less often based on student need. These meetings are scheduled as follows:

*Post-summer SRC Meeting.* To evaluate referrals that arise after the summer semester evaluations, the SRC usually meets during the first month of the fall semester.

*Post-fall SRC Meeting.* To evaluate referrals that arise after the fall semester evaluations, the SRC usually meets during the first month of the spring semester.

*Post-spring SRC Meeting.* To evaluate referrals that arise after the spring semester evaluations, the SRC usually meets during the first month of the summer session.

The chair of the SRC may also schedule ad hoc SRC meetings, as needed, at any time.

Students who are referred to SRC will receive notice of the day and time of their requested appearance typically a week or more in advance but not less than 48 hours in advance. Attendance at this meeting is mandatory, and the student's advisor is also expected to attend. At the discretion of the SRC chair, the person(s) who initiated the referral also may be requested to attend. In addition, the student can request that one additional faculty member or one additional graduate colleague also attend. The SRC chair has the final say as to who is permitted to attend a meeting. Legal representation at the SRC is not permitted. A meeting of the SRC can be rescheduled only for very significant cause (e.g., serious illness, a death in the family). In this case, the meeting will be rescheduled as soon as possible.

### **SRC Referral Process**

#### **Who Refers**

"Referral to the SRC," hereafter referred to as Referral, can be submitted at any time. Unlike the "Mid-Semester Statement of Concern" (Appendix J) and the "Student Evaluation Report," (Appendix M) which are completed by course instructors and faculty, a Referral can be submitted by any member of the Wheaton College faculty, staff, administration, or student body (including the student himself or herself).

Practicum and clerkship supervisors also can initiate a Referral to the SRC. However, the faculty members recognize that clinical supervisors may be reluctant to get involved in remedial activities that could prove to be time-consuming. Therefore, the Director of Clinical Training, and other PhD faculty/staff members recognize that it is primarily their responsibility to initiate a referral, based upon a student's performance or evaluation at a practicum or clerkship site.

Anonymous referrals are not accepted. In addition, the chair of the SRC, in consultation with the Dean of the School of Psychology, Counseling & Family Therapy and the Director of the PhD Program, can choose to ignore referrals that appear to be made in bad faith and the referral is not placed in the Student Portfolio. The intention of this policy is to guard against the possibility (albeit unlikely) that individuals might use a Referral as a means of harassment. In all other cases, the Referral form becomes part of the student's permanent record. The student receives a copy of this form in a timely manner and is informed of his or her scheduled meeting with the SRC.

### **Reasons for Referral**

Reasons for Referral include, but are not limited to, the same reasons that might prompt an evaluation of "Some Concern" or "Serious Concern" or concerns regarding professional competence (see above). As a matter of courtesy, the person who initiates a Referral is encouraged to inform the student of this action prior to submitting the form.

### **Possible Outcomes of Referral to the SRC**

Referral to SRC is intended to be a constructive experience in which needed areas of student growth can be identified and addressed in a collaborative manner. By design and intention, the committee seeks to avoid a confrontational, adversarial atmosphere. The doctoral faculty realize that, realistically, a referral to this committee is likely to induce some level of student concern. However, the referred individual need not fear the process, nor should he or she necessarily consider it a sign of failure. In almost all cases, a referral to the SRC will result in professional growth and greater self-awareness.

Prior to meeting with a student at a scheduled SRC meeting, the committee will review all pertinent materials, including the student's portfolio. During the SRC meeting, the student, his or her advisor, the committee members, and other invited persons, will exchange information and views as to the nature of the problem or concern.

When a student undergoes SRC review, the committee must determine one of five outcomes, as indicated on the "SRC Referral Outcome." The possible outcomes are:

1. **No Action.** This outcome signifies that, after hearing from all parties, the SRC has determined that a significant problem does not exist. No follow up meeting with the SRC is scheduled. This outcome becomes part of the student's permanent record.
2. **Advisory.** In this case, the student and his or her advisor receive a written statement of growth areas (professional and/or academic) that should be addressed. This outcome signifies that, in the opinion of SRC, successful resolution of the issue prompting the referral is highly likely without any further oversight from the committee. No follow up meeting with SRC is scheduled. However, this does not rule out additional referrals to SRC in the event that the student receives future evaluations of "Some Concern" or "Serious Concern." An Advisory recommendation becomes part of the student's permanent record.
3. **Guidance.** In this case, the student and his or her advisor receive a written statement of growth areas (professional or academic) that must be addressed if the student ultimately is to succeed in graduating from the program. The statement of guidance must give a specific future date for a follow-up meeting with SRC, at which time the progress of the student will be re-evaluated. See the section titled "Follow-up SRC Meeting" below. A Guidance recommendation becomes part of the student's permanent record.
4. **Guidance with Probation.** This outcome is equivalent to placing the student on probation. The student and his or her advisor receive a written statement of growth areas (professional or academic) that must be addressed if the student ultimately is to succeed in graduating from the program, and a specific future date for a follow-up meeting with SRC is

included, at which time the progress of the student will be re-evaluated. Failure to demonstrate sufficient progress or competency at follow-up may result in an SRC recommendation of dismissal. See the section titled “Follow-up SRC Meeting” below. A Guidance with probation recommendation becomes part of the student’s permanent record. Possible reasons for this recommendation include, but are not limited to,

- Significant, documented concerns about professional competence, such as need for substantial remediation efforts in order to complete practicum requirement.
- One or more evaluations of “Serious Concern” or evidence of concerns consistent with that rating, including, but not limited to violations of ethical or professional standards, academic dishonesty and being dismissed from a practicum, clerkship, or internship site (see pp. 93-94 “Recommendation Ratings”<sup>1</sup>.)
- Failure to follow through on recommendations deemed necessary by advisor, supervisors, or program representatives.
- Failure to demonstrate acceptable progress in areas of concern previously documented by supervisors, faculty or the SRC.

5. **Dismissal.** In rare cases, the SRC may recommend dismissal from the PhD Program. Possible reasons for this recommendation include, but are not limited to:

- Academic dishonesty, including plagiarism and cheating—see prior section on integrity of scholarship and academic honesty
- Problems of professional competence—see prior section by this title
- Failure to make acceptable progress in areas of concern previously documented by the SRC
- Failure of either Qualifying Exam as described in Section 6 of the PhD Student Handbook.

A recommendation for dismissal is made only after the SRC has carefully considered all relevant information pertaining to the student and the issue(s) in question. The student will be notified in writing of the dismissal recommendation. Following notification of the student, a hearing with a quorum (50% or more) of the core clinical psychology doctoral faculty will be scheduled as soon as possible to review the recommendation and to decide whether to dismiss the student. At the hearing, the core clinical psychology doctoral faculty will hear from the student in writing or in person, the Student Review Committee members, other involved parties as approved by the Program Director, and will review all documentation and correspondence related to the dismissal recommendation. The hearing is closed after all involved parties have presented relevant information and answered any questions raised by the faculty. Faculty members then discuss the case and vote by ballot on whether or not to dismiss the student. All core clinical psychology doctoral faculty present at the hearing are eligible to vote. A super majority of 60% will be required to support a dismissal recommendation from the Student Review Committee.

If faculty vote to dismiss the student, written notice of this decision will be emailed as soon as possible following the hearing. Circumstances such as a summer hearing may increase the notification time allowing for proper consultation of relevant parties related to the ruling. If a dismissal occurs in mid-semester, the student may or may not be allowed to finish the term, depending upon the reason for dismissal. The decision on finishing the semester is made by the PhD Program Director, in conjunction with the Dean of the School of Psychology, Counseling & Family Therapy and the Provost.

If the SRC recommendation for dismissal is not accepted by faculty, then the SRC is instructed to meet again with the student within two weeks to issue a “Guidance” recommendation, according to the guidelines for “Guidance” as described in the Student Handbook.

### **Appeal of Dismissal**

A student who is dismissed from the PhD Program has the right to appeal the decision to the College’s Provost. The appeal must be filed in writing within five business days of the notification of dismissal. If an appeal is not filed within five business days following notification of dismissal, the dismissal decision will be final.

A request for an appeal must be based on one or more of the following reasons:

1. A procedural or substantive error occurred that significantly impacted the decision (e.g., bias or material deviation from established procedures).
2. To consider new evidence unavailable during the dismissal process that could substantially impact the outcome. A summary of this new evidence and its potential impact must be included with your appeal.
3. The outcome of dismissal is grossly disproportionate (i.e., excessively harsh or excessively lenient) given the offense or the cumulative conduct record of the responding student or employee.

The decision of the Provost will be final.

### **Follow-Up SRC Meeting**

As part of their overall written evaluation, students who are placed on Guidance status receive a specific future date for a follow-up meeting with the SRC. At this meeting, the SRC is mandated to arrive at one of the four outcomes discussed above, that is, the student will receive an additional SRC Referral Outcome form rated as No Action, Advisory, Guidance, or Recommend Dismissal. In the event that the student is continued on Guidance status, a specific future date for further follow-up with the SRC is provided.

### **Policy on Academic Honesty**

The Wheaton College Community Covenant, which all members of our academic community affirm, states that “According to the Scriptures, followers of Jesus Christ will . . . be people of integrity whose word can be fully trusted (Ps. 15:4; Matt. 5:33-37).” It is expected therefore that Wheaton College students, and indeed faculty and staff, understand and subscribe to the ideal of academic integrity and that they will take full personal responsibility and accountability for their work. Wheaton College considers academic dishonesty a serious offense against the basic meaning of an academic community and against the standards of excellence, integrity and behavior expected of members of our academic community. Our Community Covenant states that “Scripture condemns . . . dishonesty (such as stealing and lying, of which plagiarism is one form).” Acts of academic dishonesty violate the trust that exists among members of the learning community at Wheaton and degrade the college’s educational and research mission.

#### **Definitions:**

**Plagiarism** is defined as using material created by others—in part or in whole—without properly attributing authorial and publication references for the correct source(s). Plagiarism can occur in dealing with written texts, but can also occur in the arts when, for instance, images or musical themes created by another are presented as if they were the original composition or creation of the student. Reference credit must be given for direct quotations, for work (including a form of argument, progression of ideas, or artistic creation), whether in whole or in part, that is paraphrased, adapted, or summarized in the student’s own words or creative work, and for information that is not common knowledge.

Students may consider running papers and their dissertation manuscript through relevant software such as SafeAssign, Turnitin, or Grammarly is recommended to avoid inadvertent use of others’ work without properly attributing authorial and publication references for the correct source(s). Students are encouraged to speak with instructors, advisors or dissertation chairs if they have questions about this process. Additional commercially available software programs may also be helpful (e.g., Turnitin, Grammarly).

Plagiarism within a dissertation proposal or dissertation manuscript will result in immediate referral to the Student Review Committee.

**Cheating** is defined as use of unauthorized notes, study aids, or non-approved sources for an examination, unauthorized alteration of a graded work after it has been returned and resubmission of that work for re-grading, submission of another person’s work to meet requirements for a course, and submission of identical or similar papers for credit in more than one course (concurrently or sequentially) without prior permission from the course instructors.

**Fabrication** is defined as falsifying or inventing any information, data, or citation, presenting data that were not gathered in accordance with standard guidelines defining the appropriate methods for collecting or generation of data as if they were

gathered in accord with those guidelines, and failing to include an accurate account of method by which the data were gathered or collected.

Academic dishonesty also includes any lack of integrity exhibited through lying, misrepresenting, defrauding, or deceiving related to assigned or voluntary academic work. It further includes any deliberate attempt to gain unfair advantage in completing examinations or other required work, colluding, aiding or abetting the academic dishonesty of another student, and the falsification of academic records and official documents. These definitions are not exhaustive.

### **Disciplinary Processes and Outcomes for Academically Dishonest Behavior**

#### ***Process***

Students who commit acts of academic dishonesty should report their own violations of this standard to the appropriate person (i.e., the professor); honest confession is expected as the appropriate expression of remorse for such unacceptable behavior. It is the responsibility of every student who is a witness to such behavior to confront academic dishonesty whenever they become aware of it (in the spirit of the mutual responsibility we have as discussed in the Community Covenant). College faculty and all staff similarly must address every act of dishonesty, as they become aware of it.

#### ***Outcomes***

Modified to program specifications from the Wheaton College Student Handbook – Policies and Procedures, outcomes for academic dishonesty are assigned with the intent of maintaining appropriateness to the severity of the infraction, consistency, and fairness. Decisions about the nature and severity of disciplinary responses to academic dishonesty will take into consideration three factors: (1) the level of maturity of the student and the programmatic expectations on the student (e.g., the freshman in the first writing course versus the doctoral student working on a dissertation); 2) the severity of the infraction (from an apparently incidental failure to quote properly a source to an act of wholesale plagiarism in purchasing an academic paper on-line); and 3) any pattern of prior incidents.

Outcomes (i.e., penalties) for academic dishonesty may include the following:

- a. reprimand/warning
- b. assignment of additional work
- c. lower the grade assigned for the specific assignment by one or more “grade steps”
- d. re-examination
- e. lower the grade to zero credit for the specific assignment on which academic dishonesty occurred
- f. assign the grade of F (Failed) in the course (in consultation with the Program Director (or Associate Dean) of the faculty member reporting the dishonesty) which will result in the student’s referral to the Student Review Committee
- g. direct referral to the Student Review Committee in the case of dissertation plagiarism or other grave instances of academic dishonesty

Outcomes “a-e” above may be implemented by the professor without consultation or concurrence with the Program Director (or Associate Dean) or the Dean. Outcome “f” above may only be implemented by the professor with consultation and concurrence with the Program Director (or Associate Dean). Outcome “g” above may be implemented by the Program Director with reporting faculty member, the student’s faculty advisor, and the academic department Associate Dean.

#### ***Appeal of outcome***

If the student believes that the decision made about an outcome in response to the incident of dishonesty is not just or fair, she/he may submit a letter of appeal of the decision within 5 working days. If the student appeals a dismissal decision, he/she may be permitted to remain in school until the appeal has been heard and a decision rendered.

- In the case of an outcome determined by the professor alone (outcomes “a-e” above), the appropriate and final appeal is to the academic department Associate Dean.
- In all other cases (outcomes f and g), the outcomes appeal process of Student Review Committee is in force.



A copy of the full Wheaton College Academic Honesty Policy including a complete presentation of procedures is available in the [Wheaton College Student Handbook](#).

## PROGRAM EVALUATION

To ensure the continued strength of the psychology doctoral program several types of ongoing evaluation procedures are maintained.

### **Evaluation of Program Objectives**

Department evaluations of students should be carried out not simply for the purpose of determining if students are prepared to continue, but also to monitor the effectiveness of the program in meeting training objectives. As student portfolios are reviewed, faculty look for consistent areas of both strength and areas for improvement among the students. Patterns may suggest areas for improvement within the program curriculum or clinical training. The Student Evaluation Report completed by faculty, the Practicum/Clerkship Supervisor Evaluation of Students completed by supervisors, Mid-Year Advisor Feedback Form (Appendix K), and Annual Evaluation Report and Recommendation Form (Appendix M), are utilized for this evaluation.

Additionally, quantitative and qualitative data of program milestone outcomes are also reviewed to identify strengths and areas for improvement to curriculum and clinical training for meeting program goals and objectives. Milestone outcome data for several years are summarized and reviewed each year by the Doctoral Coordinating Committee (Section Three).

### **Student Evaluation of Program**

Student feedback of milestones is elicited after each milestone in cohort meetings. This feedback is brought anonymously to the full clinical psychology doctoral faculty to consider with other quantitative and qualitative data.

Additionally, in their final semester students complete an evaluation of the program and its effectiveness in meeting its objectives. On a periodic basis after graduation, students are asked again to complete an evaluation of the program. The students' program evaluations are anonymously summarized and distributed to the Program Director and the faculty for their review at the annual Doctoral Coordinating Committee meeting.

### **Student Evaluations of Course/Instructor**

Students are asked to complete an evaluation of each course and instructor, at the end of the semester, using one of the established forms for that purpose (see School of Psychology, Counseling & Family Therapy Senior Office Coordinator for access to the form). Faculty are provided with these course evaluations and are expected to utilize them in order to make necessary course changes. The Dean of the School of Psychology, Counseling, and Family Therapy and the Program Director review these evaluations and work with faculty to improve any areas of growth in their teaching or in the course material and structure. Course evaluations are part of the promotion and tenure process, and post-tenure process for faculty at Wheaton College. Further, these data provide qualitative information for needed changes in program curriculum.

## GRIEVANCE PROCEDURE

In an evaluation-rich environment where workload is heavy, disagreements and misunderstandings occasionally may occur.

### **Student-Faculty**

The procedure outlined in this section shall be used to address student appeals related to a decision made by an individual faculty or staff member. Appeals covered by these procedures shall include issues relating to classroom procedures, grade determination, interpersonal conflict, or a department decision. These procedures do not apply to allegations of academic dishonesty, faculty complaints concerning students, academic petitions regarding college-wide academic policies/procedures found in the College Catalog, discrimination, harassment, or sexual misconduct.

Requests to use the Student Appeal Procedure must be made at least three weeks prior to the end of the term. Those requests that are made later than three weeks prior to the end of the term may not be considered until the start of the subsequent academic term. A student who has a concern with a faculty or staff member will be encouraged to identify the concern directly with the faculty or staff member in a face-to-face meeting, in the spirit of the guidance found in

Matthew 18:15-20, to seek to understand the position of the faculty or staff member and identify the desired outcome. The faculty or staff member is encouraged to ask follow-up questions to seek to understand the student's position. Following the meeting, the faculty or staff member should communicate a written outcome to the student. If after receiving the faculty or staff member's written response, the student does not experience resolution, the student may move to Step 1.

### **Step 1**

A student who believes s/he has been wrongfully denied reasonable resolution may meet with the Dean of Student Wellness ([student.wellness@wheaton.edu](mailto:student.wellness@wheaton.edu)) to explore if the Student Appeal Procedure is the most appropriate pathway to address the situation in the spirit of the guidance found in I Corinthians 6:1-8. The Dean of Student Wellness Office can also inform the student of the appeal process. At this time, the student may request support from a faculty or staff Ombudsperson and student Ombudsperson for subsequent meetings. The Dean of Student Wellness Office can help connect the student to faculty or staff Ombudsperson and student Ombudspersons about the student's desire to address a concern with the support of Ombudsperson(s). Faculty/staff and student ombudspersons serve as neutral parties to help the student clearly communicate the appeal in writing for use in the Appeal Procedure. Ombudspersons also are a resource to help participants communicate with each other. Ombudspersons are designated on an annual basis by the Provost and the Vice President for Student Development. The Ombudspersons will only discuss the appeal with those parties immediately involved in the matter. Students must compose a written account of her/his concerns and present it to the Ombudsperson(s) in preparation for subsequent meetings related to the appeal.

### **Step 2**

Should a student choose to address a conflict with a faculty or staff member through the steps outlined in the Student Appeal Procedures, the Dean of Student Wellness Office will provide a copy of the Appeal Procedure and the student's written account of her/his concerns to the relevant faculty or staff member, the faculty or staff member's direct supervisor (e.g. faculty department chair, director of a department or area), and the Ombudsperson(s) (if requested by the student). The Dean of Student Wellness Office will provide administrative support to schedule the meeting. The supervisor shall review the student's written account and meet with the student and ombudsperson(s) (if requested by the student). The supervisor is encouraged to ask follow-up questions to seek to understand the student's position. The supervisor will then consult with the faculty or staff person in question prior to communicating an outcome.

Note: If the faculty or staff member in question is also the chair, director or head of the department, then the student should instead proceed to Step 3. If the faculty member in question is also the Academic Dean, then the student should instead proceed to Step 4. In the event that a faculty or staff member has multiple direct reports, the Dean of Student Wellness will confer with the Provost's Office to determine the appropriate appeal pathway.

### **Step 3**

If the conflict remains unresolved, the student's written account of her/his concerns may then be presented to the supervising Academic Dean (in the case of an appeal against a faculty member or an academic staff member) or Vice President (in the case of an appeal against a non-academic staff member). The Dean of Student Wellness Office will provide administrative support to schedule the meeting. The Academic Dean or Vice President shall review the student's written account and meet with the student and ombudsperson(s) (if requested by the student). The Academic Dean or Vice President is encouraged to ask follow-up questions to seek to understand the student's position. The Academic Dean or Vice President will then consult with the faculty or staff member in question and his/her department chair/director before communicating an outcome. The decision of an Academic Dean (in the case of a grievance against a faculty member) may be appealed to the Provost. The decision of a Vice President (in the case of a grievance against a non-academic staff person) is final.

#### Step 4

If the conflict remains unresolved, the student's written account of her/his concerns may be presented to the Provost. The Provost shall review the student's written account and meet with the student and ombudsperson(s), if requested by the student. The Provost will then consult with the Chair and the Academic Dean of the faculty member in question before communicating an outcome. The decision of the Provost will be final.

The aforementioned Student Appeal Procedure outlines the distinct and shared responsibilities that Academic Affairs and Student Development staff have in managing the appeal process. In the event that future modifications are made to these procedures, they should be developed collaboratively and with the assistance of the Academic Policies Committee.

#### Student-Practicum/Clerkship Site

When conflicts arise between students and their practicum/clerkship site supervisor or personnel, the following procedure should be followed:

1. The student should first attempt to resolve the situation directly with the person or persons involved.
2. If a suitable agreement is not reached, the student should document the concern in writing and discuss it with the student's Practicum Seminar Leader. The student also informs the Director of Clinical Training (DCT) by providing a copy of the written documentation. The Practicum Seminar Leader may also refer the matter directly to the DCT for resolution.
3. The Practicum Seminar Leader, the student, and the Director of Clinical Training agree on a plan to work with the student and training site to resolve the situation. A student may be continued in or discontinued from a placement regardless of the outcome of the grievance procedure.

Students who have general concerns about their practicum experiences should feel free to discuss these with their Practicum Seminar Leader or directly with the Director of Clinical Training. **Students may not terminate a placement without *first consulting with the DCT.*** For more information, refer to the Clinical Training Handbook.

#### Student-Student

When conflicts arise between students, the following steps are recommended. First, the one student should approach the other and state the concern. Informal negotiation and reconciliation may be possible under many circumstances. If a suitable agreement is not reached, the student may choose to repeat the concern in writing, giving the written version to the student involved. If a satisfactory solution is not found, students may proceed to the next step.

Second, one or more of the parties may choose to take the concern to the doctoral students who serve as officers of the Psychology Graduate Student Association. The officers will meet with the students involved and propose a solution or a process for reconciliation.

If the solution proposed by student officers is not satisfactory to any person involved in the conflict, the conflict may be discussed with the Dean of the School of Psychology, Counseling & Family Therapy. Although the decision of the Dean will generally be considered final, under unusual circumstances grievances will be referred to an appropriate college committee or the Director of Human Resources.

## LISTING OF FORMS CITED

The forms included in the Handbook itself are **samples** and should not be used. At the time of publication, most of these forms have been converted to a digital format. All forms – paper or digital - can be downloaded at from [the Psych Doctoral Student Resources Group on Teams](#) or obtained from Graduate Student Services on 2nd floor BGC or the Registrar's Office, 2nd floor SSB.

### SECTION 3: General Information

- [Academic Petition \(Wheaton College Form\)](#)
- [Travel Scholarship Application](#)
- [Annual Professional Practice Update](#)
- [Application for Assistantship](#)
- [Application for Independent Study](#)
- Application for Degree (Upon request from the Registrar's Office)

### SECTION 4: Clinical Training

- Please reference the Clinical Training Handbook for forms.

### SECTION 5: Master of Arts Degree

- Application for Degree (Upon request from the Registrar's Office)
- [Candidacy Form – Master of Arts in Clinical Psychology for PhD](#)

### SECTION 6: PHD Requirements

- AARC Provisional Work Scoring Rubric (Appendix A sample only)
- [AARC Petition](#)
- PQE Portfolio Checklist (Appendix C)
- Professional affiliation worksheet (Appendix D)
- [Client Consent Form-PQE](#)
- Professional Qualifying Exam Rating Form (Appendix E sample only)

**SECTION 7: Clinical Dissertation:** *Please reference the Clinical Dissertation Manual for forms.*

**SECTION 8: Pre-Doctoral Internship:** *Please reference the Clinical Training Handbook for forms.*

### SECTION 9: Evaluation

- PhD Course and Instructor Evaluation (see School of PCFT Office Coordinator)
- Student Evaluation Report - Readiness for Practicum Rating Form (Appendix H sample only)
- Student Evaluation Report - Readiness for Internship Rating Form (Appendix I sample only)
- Mid-year Advisor Feedback Form (Appendix L sample only)
- Annual Evaluation Report and Recommendation (Appendix M sample only)
- [Referral to Student Review Committee](#) (Appendix J sample only)
- [Mid-Semester Statement of Concern](#) (Appendix K sample only)

## TABLE OF APPENDICES

Appendix A: AARC Provisional Work Scoring Rubric

Appendix B: Client Consent Agreement For Doctoral Clinical Training

Appendix C: PQE Clinical Portfolio Checklist for Students

Appendix D: PQE Professional Affiliation Worksheet

Appendix E: PQE Rating Form

Appendix F: PQE Guide To Scoring Categories

Appendix G: PQE Re-examination Plan

Appendix H: Competency Benchmarks in Professional Psychology-Readiness for Practicum Level Rating Form

Appendix I: Competency Benchmarks in Professional Psychology-Readiness for Internship Level Rating Form

Appendix J: Referral to the Student Review Committee (SRC)

Appendix K: Mid-Semester Statement of Concern

Appendix L: Mid-year program feedback

Appendix M: Annual Evaluation Report And Recommendation

# Appendix A



**Ph.D. Program Comprehensive Exam  
AARC Provisional Work Scoring Rubric**

**REVIEWER:** \_\_\_\_\_

**Student name:** \_\_\_\_\_

**Date received:** \_\_\_\_\_

**Date reviewed:** \_\_\_\_\_

<b>Reviewer Recommendation:</b>	PASS	FAIL
---------------------------------	------	------

*(circle one)*

**Exam subject area:** \_\_\_\_\_

Criteria	Does not meet criteria	Meets or exceeds criteria	Reviewer Comments
<p><b>Correct response:</b> the provisional work includes the correct answer. An aggregate correct response percentage of 80% or greater must be achieved to meet criteria (correct original questions + correct provisional questions/ total questions for subject area).</p>			
<p><b>Rationale:</b> sufficient rationale for the response has been given. Response may support answer given and/or eliminate other answers. Response should be written in a way that is clear &amp; thorough which demonstrates understanding of concepts and materials.</p>			
<p><b>Reference:</b> resource of answer must be specified. Suitable resources may include textbooks, scholarly journal articles, and websites.</p>			

# Appendix B





## Doctoral Program in Clinical Psychology (PsyD or PhD)

### Client Consent Agreement For Doctoral Clinical Training

I, \_\_\_\_\_, agree to participate in a psychological evaluation / intervention which may include interview, psychological testing, or therapy.

I am aware that the process may be audiotaped or videotaped and observed by doctoral trainees and supervising psychologists who will be evaluating the interviewer/therapist.

I understand that the interviewer/therapist will be a graduate student in the Doctor of Clinical Psychology Program at Wheaton College.

I further understand that the observers will keep all information revealed in the course of the evaluation confidential.

A copy of this consent form will be kept in the School of Psychology, Counseling & Family Therapy at Wheaton College in a sealed envelope, to be opened only in cases of legal challenge.

I recognize that participation in the examination procedure is not a requirement to receive treatment at

\_\_\_\_\_.

My participation is completely voluntary.

I may withdraw this consent at any time.

This will automatically expire three years from the date it is signed.

Signature of Interviewee/Client:

Date:

\_\_\_\_\_

\_\_\_\_\_

Name of Interviewee/Client:

\_\_\_\_\_

Signature of Parent/Guardian (if applicable):

Date:

\_\_\_\_\_

\_\_\_\_\_

Signature of Witness:

(Interviewer/Therapist)

Date:

\_\_\_\_\_

\_\_\_\_\_

# Appendix C

## Doctoral Program in Clinical Psychology (PsyD or PhD)

### PQE Clinical Portfolio Checklist for Students

#### 1. Therapy Session

- Audible copies of the video/audio recording of the therapy session
- a complete transcription of the audio/video
- a 500-1000 word description and analysis of the session which *includes*:
  - a) background information;
  - b) information from collateral contacts, when appropriate;
  - c) conceptualization/diagnosis;
  - d) course of treatment prior to session;
  - e) a critique of the session and course of treatment from your theoretical position

#### 2. Assessment Report

- Psychological Assessment Report including test data summary table
- 500-1000 word critique of psychological assessment report submitted

#### 3. Five Essays (*Please see the table below for additional details*)

- #1 Theoretical Orientation (*500 words or less*)
- #2 Integration of Theoretical Orientation & Christian World View (*500 words or less*)
- #3 Diversity (*500 words or less*)
- #4 Ethical Dilemma (*500 words or less*)
- #5 Autobiographical Statement (*500 words or less*)

Essay #	Word Limit	Requirements
1 <b>Theoretical Orientation</b>	500 or less	Clearly explains implicit and explicit assumptions of theoretical orientation and uses appropriate language related to the theory, demonstrating an in-depth understanding of basic theories and their empirical support.
2 <b>Integration of Theoretical Orientation and Christian World View</b>	500 or less	Discusses one or two basic assumptions of the orientation that reflects a Christian worldview, demonstrating an ability to think theologically about the implications of Christian faith for psychology; demonstrates capacity to recognize, evaluate, and resolve tensions between religious and psychological understandings.
3 <b>Diversity</b>	500 or less	Evidences awareness of self as cultural being and how clinical work might be impacted by cultural differences, demonstrates sensitivity and skills in working with diverse groups, evidences a respectful attitude toward all persons.



## Doctoral Program in Clinical Psychology (PsyD or PhD)

<b>4</b> <b>Ethical Dilemma</b>	500 or less	Identifies a specific ethical dilemma (e.g., when two or more APA ethical standards or codes seem in conflict with each other) and specifically links it to APA ethics code, demonstrating necessary skills of ethical analysis and professional decision-making to act ethically.
<b>5</b> <b>Autobiographical Statement</b>	500 or less	Essay is suitable as a well-developed representation of student's professional development and identity.

### 4. **Professional Identification Worksheet** (Item #3 on PQE Rating Scale: Identifies with and Describes Personal Affiliation with Broader Psychological Community)

Articulate the value (or lack of value) of affiliation with professional organizations such as the American Psychological Association and awareness of broader issues in the field (250-500 word range):		
I have a membership in a professional organization:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which one(s):	<input type="checkbox"/> APA I am a member of Division(s) _____ (Membership #) _____ <input type="checkbox"/> CAPS (Membership #) _____ <input type="checkbox"/> AACN (Membership #) _____ <input type="checkbox"/> Other(s) (list w/ Membership #'s and attach separate sheet if needed): _____ _____	
If applicable, describe any leadership role(s) you may have with the professional organization:		

### 5. **Informed consent form(s) (Chair Portfolio Only)**

# Appendix D

Clinical Psychology Doctoral Program  
Professional Qualifying Exam  
Item #3 on PQE Rating Scale

**Identifies with and Describes Personal Affiliation with Broader Psychological Community**

<p>Articulate the value (or lack of value) of affiliation with professional organizations such as the American Psychological Association and awareness of broader issues in the field (250-500 word range):</p>		
<p>I have a membership in a professional organization:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, which one(s):</p>	<p><input type="checkbox"/> APA I am a member of Division(s) _____ (Membership #) _____</p> <p><input type="checkbox"/> CAPS (Membership #) _____</p> <p><input type="checkbox"/> AACN (Membership #) _____</p> <p><input type="checkbox"/> Other(s) (list w/ Membership #'s and attach separate sheet if needed): _____ _____</p>	
<p>If applicable, describe any leadership role(s) you may have with the professional organization:</p>		

# Appendix E



## Doctoral Program in Clinical Psychology (PsyD or PhD)

# PQE RATING FORM

Candidate's name: \_\_\_\_\_ Examination Date: \_\_\_\_\_

Examiner's name: \_\_\_\_\_

Please rate the candidate on all areas. Each rating should reflect your observation about whether various behaviors occurred, and if so, how well the candidate performed those behaviors. In order for the candidate to meet minimum requirements, they must receive a "1" on each item on the rating form. Please refer to the attached Guide to Scoring Categories for broader descriptions of each area.

**Are all required materials included in student packet?**

**Y      N**

*(Faculty proceeds to review written materials if Yes or returns packet to student to complete requirements within 1 week)*

### SECTION 1: EVALUATION OF EXAM MATERIALS

Program Goal/Objective		FIRST REVIEW		SECOND REVIEW	
1D	1. <b>Professionalism of written and recorded materials:</b> The student has submitted a well-written professional statement and work sample.	0	1	0	1
1E	2. <b>Justification for intervention or assessment procedures:</b> Using a conceptual frame of reference, the student has written a well-developed rationale for how the specific assessment/intervention was chosen and implemented.	0	1	0	1
1F	3. <b>Overall Quality of Essays:</b> Each essay should be professionally well-written to address each of the areas required as if it were being submitted with a pre-doctoral internship application.  <b>ESSAY 1:</b> Clearly explains implicit and explicit assumptions of theoretical orientation and uses appropriate language related to the theory, demonstrating an in-depth understanding of basic theories and their empirical support.	0	1	0	1
4A 4B 4C	<b>ESSAY 2:</b> Discusses one or two basic assumptions of the orientation that reflects a Christian worldview, demonstrating an ability to think theologically about the implications of Christian faith for psychology; demonstrates capacity to recognize, evaluate, and resolve tensions between religious and psychological understandings.	0	1	0	1
3A	<b>ESSAY 3:</b> Evidences awareness of self as cultural being and how clinical work might be impacted by cultural differences, demonstrates sensitivity and skills in working with diverse groups, evidences a respectful attitude toward all persons.	0	1	0	1
1C	<b>ESSAY 4:</b> Identifies a specific ethical dilemma and specifically links it to APA ethics code, demonstrating necessary skills of ethical analysis and professional decision-making to act ethically.	0	1	0	1
	<b>ESSAY 5:</b> Essay is suitable as a well-developed representation of student's professional development and identity.	0	1	0	1

**TOTAL OF RATINGS – INITIAL REVIEW:** \_\_\_\_\_ (score must be 1 for each individual item for student to proceed to the oral exam or chair provides feedback using Section 1 and student is given one week opportunity to submit revised materials)

**TOTAL OF RATINGS – FINAL REVIEW:** \_\_\_\_\_ (score must be 1 for each individual item for student to proceed to the oral exam) *(Completed only if necessary)*



## Doctoral Program in Clinical Psychology (PsyD or PhD)

### SECTION 2a: EVALUATION OF ORAL EXAMINATION

1A, 1B, 1G	1.	<b>Seeks consultation and supervision, and is open to input:</b> The student realizes that learning, education, and refinement of clinical practice are ongoing and continually seeks out training.	0	1
1C	2.	<b>Demonstrates knowledge of and ability to apply ethical principles to clinical practice.</b>	0	1
1D	3.	<b>Identifies with and describes personal affiliation with broader psychological community:</b> The student should be able to describe contacts, memberships, and participation with and in relevant psychological associations and groups.	0	1
1A	4.	<b>Awareness of one's own personal competencies and limitations with specific clinical interventions:</b> The student can recognize his/her own limits through consistent evaluation of the effectiveness of assessment procedures and therapeutic interventions and can utilize this process of evaluation and feedback to modify the assessment/treatment program.	0	1
1B, 1E	5.	<b>Effectively summarizes and communicates relevant clinical information:</b> The student demonstrates an awareness of relevant clinical information and can integrate this information for the purpose of case conceptualization and diagnosis, and can present it in a clear and understandable fashion, both in writing and orally.	0	1
1B	6.	<b>The ability to relate to the client and evidence sensitivity to and empathy for human suffering:</b> The student, through submitted work samples and the oral exam, demonstrates the ability to establish a relationship with the client(s) that enables the identification of interpersonal dynamics, and behavioral characteristics in a non-threatening manner that fosters the client's welfare and dignity.	0	1
1A	7.	<b>Self-awareness of and reflection upon interpersonal impact as a psychologist:</b> This dimension assesses whether the student is aware of their interpersonal impact in assessment and treatment.	0	1
1F	8.	<b>Student reflect an in-depth understanding of basic theories:</b> The student is able to clearly describe the theoretical or conceptual frame of reference from which they approach their clinical therapeutic work both in broad and general terms, and in the specific instances described or observed.	0	1
1E, 1F, 3A	9.	<b>With an appropriate consideration for culture and the many forms of diversity the student articulates a conceptual frame of reference for intervention/assessment:</b> Utilizing conceptual frame of reference, the student can present a clear and well-developed rationale for how the specific intervention/assessment was chosen and implemented with awareness of cultural issues and other aspects of diversity.	0	1
1E, 3A	10.	<b>Appropriate understanding and selection of evidence-based interventions:</b> demonstrates knowledge and awareness of evidence-based approaches for intervention and treatment recommendations made from a formal assessment. This includes an awareness/sensitivity of cultural issues and other aspects of diversity.	0	1
1E, 3A	11.	<b>Demonstrates knowledge of testing instruments and psychometric foundations:</b> The student demonstrates an appropriate knowledge/awareness of factors related to test selection including awareness of psychometric foundations as well as cultural issues and other aspects of diversity.	0	1
1E, 1F	12.	<b>Links assessment and intervention to psychodiagnosis and psychopathology:</b> Throughout the examination the student can demonstrate linkage between conceptual and empirical understandings of psychopathology to relevant assessment procedures and therapeutic interventions.	0	1
1E, 1F	13.	<b>Can critically evaluate research and discuss implications:</b> The student demonstrates an understanding of evidence-based practice in psychology and translates it to specific work in assessment and intervention.	0	1
3C	14.	<b>Interacts effectively with professionals in multiple disciplines.</b>	0	1
3B	15.	<b>Identifies pertinent issues facing psychology (in light of social, political, economic or cultural factors) and links them to client welfare and advocacy activities.</b>	0	1

### SECTION 2b: INTEGRATION

#### *Faith-based Competencies*

4A, 4B, 4C	1.	<b>Integration of Faith and Psychology (demonstrates biblical and theological understanding and the implications of such or psychology, articulates a coherent approach to a personal faith integration process, and applies this faith integration process to clinical practice).</b>	0	1
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#### OVERALL OUTCOME

Pass/Fail Decision (circle one): PASS FAIL  
 Examiner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix F

## Doctoral Program in Clinical Psychology (PsyD or PhD)

### Guide To Scoring Categories: Professional Qualifying Exam

#### GUIDE TO SCORING:

“1” is the minimal level of competency demonstrated in the entirety of the exam including exam materials and oral examination.

“0” are examples that do not meet minimal levels of competency.

#### *Evaluation of Exam Materials:*

<b>1. Professionalism of written and recorded materials:</b> The student has submitted a well-written professional statement and work sample.	
<i>Score</i>	
1	The writing is well-edited, clearly organized, using appropriate psychological language that is consistent with expectations of an advanced student in psychology.
0	The written work submitted contains numerous typographical and spelling errors and/or logical inconsistencies, or the video is inaudible, or personally-identifying information has not been entirely removed from testing data.
<b>Objectives met: 1D</b>	1D: (Integrity and Professional Comportment)

<b>2. Justification for intervention or assessment procedures:</b> Using a conceptual frame of reference, the student has written a well-developed rationale for how the specific assessment/intervention was chosen and implemented. (NOTE: This item is based on review of the work sample only.)	
<i>Score</i>	
1	Student can clearly justify or critique instrument selection, accurately summaries data, and can appropriately draw rational diagnostic conclusions.
0	The student describes a rationale that is harmful, unethical, or non-professional <u>or</u> the student’s rationale is poorly described, overly simplistic, or in conflict with the conceptual framework presented.
<b>Objectives met: 1E</b>	1E: (Assessment and diagnosis)

## Doctoral Program in Clinical Psychology (PsyD or PhD)

**3. Overall Quality of Essays:** Each essay should be professionally well-written to address each of the areas required as if it were being submitted with a pre-doctoral internship application. Five essays total – (theoretical orientation, Christian worldview and integration, cultural awareness and individual differences, ethical dilemma and professional bio). Score each essay.

<i>Score</i>	
1	The essay adequately addresses and covers the essay prompt using psychological and/or theological language consistent with that of an advanced level graduate student demonstrating readiness for internship level training.
0	The written essay does not adequately address the essay prompt, contains logical inconsistencies or does not demonstrate adequate depth of understanding of relevant material (e.g., conceptual framework, integration models, awareness of individual and systemic differences, and ethical decision making).
<b>Objectives met: 1C, 1F, 3A, 4A, 4B and 4C</b>	1C: (Ethics) 1F: (Intervention) 3A: (Cultural Awareness and Application) 4A: (Foundational Knowledge) 4B: (Personal Process) 4C: (Application to Clinical Practice)

### *Evaluation of Oral Examination:*

**1. Seeks consultation and supervision, and is open to input:** The student realizes that learning, education, and refinement of clinical practice are ongoing and continually seeks out training.

<i>Score</i>	
1	The student seeks appropriate supervision and training, and shows openness to input, learning and further training in supervision.
0	It does not occur to the student to seek supervision, or the student does not demonstrate, in word or action that supervision and consultation are an essential aspect of training in clinical psychology or appears indifferent to feedback.
<b>Objectives met: 1A, 1B &amp; 1G</b>	1A: (Interpersonal) 1B: (Self-awareness and Self-reflection) 1G: (Supervision)

## Doctoral Program in Clinical Psychology (PsyD or PhD)

<b>2. Demonstrates knowledge of and ability to apply ethical principles to clinical practice.</b>	
<b>Score</b>	
1	The student identifies an ethical dilemma, engages in a decision-making process, and provides a reasonably considered response consistent with that of an advanced level graduate student demonstrating readiness for internship level training applying APA ethical codes of conduct.
0	The student completely ignores obvious ethical and legal issues in clinical situations, or the student identifies an ethical situation but is unsure as to how to respond appropriately to it.
<b>Objective met: 1C</b>	1C (Ethics)

<b>3. Identifies with and describes personal affiliation with broader psychological community:</b> The student should be able to describe contacts, memberships, and participation with and in relevant psychological associations and groups.	
<b>Score</b>	
1	The student identifies with the broader psychological community and is able to thoughtfully articulate the value of affiliation with various professional organizations, describing personal affiliation/membership.
0	The student is <u>unable</u> to thoughtfully articulate the need to identify with the broader psychological community and the value of affiliation (or not) with professional organizations, such as APA.
<b>Objective met: 1D</b>	1D: (Integrity and Professional Comportment)

<b>4. Awareness of one's own personal competencies and limitations with specific clinical interventions:</b> The student can recognize his/her own limits through consistent evaluation of the effectiveness of assessment procedures and therapeutic interventions and can utilize this process of evaluation and feedback to modify the assessment/treatment program.	
<b>Score</b>	
1	The student recognizes when particular assessments or interventions “fit” or do not, and can clearly describe how to modify their assessment procedures or therapeutic interventions.
0	The student has difficulty identifying the deficiencies of this assessment procedure(s) or therapeutic approach and unable to modify to the meet the needs of the clinical situation.
<b>Objective met: 1A</b>	1A: (Self-awareness and Self-reflection)

## Doctoral Program in Clinical Psychology (PsyD or PhD)

<p><b>5. Effectively summarizes and communicates relevant clinical information:</b> The student demonstrates an awareness of relevant clinical information and can integrate this information for the purpose of case conceptualization and diagnosis, and can present it in a clear and understandable fashion, both in writing and orally.</p>	
<i>Score</i>	
1	The student uses information gathered and synthesizes it with a larger conceptual frame of reference to create an appropriate representation with reasonable clarity and conciseness.
0	The student's critique of their clinical work is poorly expressed, represents a poor reflection of data gathered and/or does not adequately synthesize information for case conceptualization and diagnosis.
<b>Objective met: 1B &amp; 1E</b>	1B: (Interpersonal) 1E: (Assessment & Diagnosis)

<p><b>6. The ability to relate to the client and evidence sensitivity to and empathy for human suffering:</b> The student, through submitted work samples and the oral exam, demonstrates the ability to establish a relationship with the client(s) that enables the identification of interpersonal dynamics, and behavioral characteristics in a non-threatening manner that fosters the client's welfare and dignity.</p>	
<i>Score</i>	
1	The student is able to establish and maintain a positive and helpful relationship with empathic understanding for the client's suffering and/or is able to clearly identify shortcomings and suggest reasonable alternative approaches.
0	The student shows difficulty establishing a helpful relationship, is disinterested, is overly anxious, or is insensitive to the client or interpersonal dynamics of the therapeutic relationship.
<b>Objective met: 1B</b>	1B: (Interpersonal)

<p><b>7. Self-awareness of and reflection upon interpersonal impact as a psychologist:</b> This dimension assesses whether the student is aware of their interpersonal impact in assessment and treatment.</p>	
<i>Score</i>	
1	The student shows thoughtful recognition of their own stimulus presentation in response to client behaviors and can reflect upon appropriate responses to the client's needs with an awareness of their personal reaction to the client or clinical situation.
0	The student is unaware of relevant interpersonal dynamics and fails to respond to the demonstrated needs of the client and the clinical situation. This might include a lack of awareness of his/her personal reaction to the client or situation.

## Doctoral Program in Clinical Psychology (PsyD or PhD)

<b>Objective met: 1A</b>	1A: (Self-awareness and Self-reflection)
<p><b>8. Student reflects an in-depth understanding of basic theories:</b> The student is able to clearly describe the theoretical or conceptual frame of reference from which they approach their clinical therapeutic work both in broad and general terms, and in the specific instances described or observed.</p>	
<b>Score</b>	
1	The student presents a clear description of a commonly understood theoretical and conceptual frame of reference and can appropriately link that to clinical situations/examples, applying them flexibly to different clinical situations. This in-depth understanding is consistent with expectations for students preparing to leave for predoctoral internship.
0	The student presents only a basic conceptual framework or demonstrates errors in understanding related to theoretical orientation leading to application to clinical situations/examples which are rigid or limited.\
<b>Objective met: 1F</b>	1F: (Intervention)

<p><b>9. With an appropriate consideration for culture and the many forms of diversity the student articulates a conceptual frame of reference for intervention/assessment:</b> Utilizing conceptual frame of reference, the student can present a clear and well-developed rationale for how the specific intervention/assessment was chosen and implemented with awareness of cultural issues and other aspects of diversity.</p>	
<b>Score</b>	
1	The student can clearly present a basic rationale based upon sound diagnostic considerations and theory-based consideration with a sensitivity to individual and cultural differences. The student is able to identify incongruencies between their conceptual framework and their intervention or assessment and is able to articulate a plan to apply this understanding.
0	The student fails to consider religious or cultural values in case formulation and intervention. The student's rationale is poorly described, overly simplistic, or in conflict with the conceptual framework presented and the student is unable to appreciate the incongruency when it is presented to them. Student fails to apply knowledge, sensitivity and understanding about issues of individual and cultural differences to rationale.
<b>Objective met: 1E, 1F, 3A</b>	1E: (Assessment & Diagnosis) 1F: (Intervention) 3A: (Cultural Awareness & Application)

## Doctoral Program in Clinical Psychology (PsyD or PhD)

**10. Appropriate understanding and selection of evidence-based interventions:** demonstrates knowledge and awareness of evidence-based approaches for intervention and treatment recommendations made from a formal assessment. This includes an awareness/sensitivity of cultural issues and other aspects of diversity.

<i>Score</i>	
1	The student identifies evidence-based recommendations/interventions in a well thought out manner and links their use to specific issues relative to the individual client and socio-cultural context. The student is able to identify potential weaknesses to the approach.
0	The student shows little awareness or appreciation for empirical support and normative concerns in treatment recommendations/interventions. The student discounts the importance of empirical support/considerations related to cultural issues and other aspects of diversity.
<b>Objective met: 1E &amp; 3A</b>	1E: (Assessment and Diagnosis) 3A: (Cultural Awareness & Application)

**11. Demonstrates knowledge of testing instruments and psychometric foundations:** The student demonstrates an appropriate knowledge/awareness of factors related to test selection including awareness of psychometric foundations as well as cultural issues and other aspects of diversity.

<i>Score</i>	
1	The student selects test instruments, interprets test data, and identifies evidence-based recommendations in a well thought out manner and links their use to specific issues relative to the individual client and socio-cultural context. The student is able to identify potential weaknesses to the approach.
0	The student is unable to demonstrate an appreciation for normative concerns and cultural issues when selecting test instruments or interpreting test data or shows little awareness of this in treatment recommendations. The selections/implementations are not supported by current research.
<b>Objective met: 1E &amp; 3A</b>	1E: (Assessment and Diagnosis) 3A: (Cultural Awareness & Application)



## Doctoral Program in Clinical Psychology (PsyD or PhD)

<b>12. Links assessment and intervention to psychodiagnosis and psychopathology:</b> Throughout the examination, the student can demonstrate linkage between conceptual and empirical understandings of psychopathology to relevant assessment procedures and therapeutic interventions.	
<i>Score</i>	
1	The student can clearly describe linkage between conceptual and empirical bases of psychodiagnosis as applied to psychopathology and the demonstration is clear and sound (e.g., can identify patterns of comorbidity).
0	The student's linkage between conceptual and empirical bases of psychodiagnosis, and practice is incorrect, overly simplistic, and/or has little cohesion.
<b>Objectives met:</b>	1E: (Assessment and diagnosis)
<b>1E &amp; 1F</b>	1F: (Intervention)

<b>13. Can critically evaluate research and discuss implications:</b> The student demonstrates an understanding of evidence-based practice in psychology and translates it to specific work in assessment and intervention.	
<i>Score</i>	
1	The student addresses and appropriately understands empirical literature and translates it to specific assessment and intervention situations.
0	The student has only a crude understanding of relevant research and fails to demonstrate the application of research to their clinical work.
<b>Objective met:</b>	1E: (Assessment and diagnosis)
<b>1E &amp; 1F</b>	1F: (Intervention)

<b>14. Interacts effectively with professionals in multiple disciplines.</b>	
<i>Score</i>	
1	The student is aware of and articulates knowledge of interdisciplinary issues and concepts and can consult appropriately with other professionals.
0	The student lacks adequate awareness of issues and concepts in related disciplines, does not see interdisciplinary engagement as affecting his or her current and/or future professional activities, or demonstrates/describes inappropriate interdisciplinary engagement.
<b>Objective met:</b>	3C: (Interdisciplinary Collaboration)
<b>3C</b>	

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<b>15. Identifies pertinent issues facing psychology (in light of social, political, economic or cultural factors) and links them to client welfare and advocacy activities.</b>	
<b>Score</b>	
1	The student is aware and participates knowledgeably in discussions regarding current issues in the field of psychology, and is able to identify linkages with client welfare / advocacy.
0	The student demonstrates limited or no awareness of current issues facing the field of psychology or does not see these current issues as affecting his or her clients or professional activities.
<b>Objective met: 3B</b>	3B: (Advocacy)

### *Evaluation of Integration:*

<b>1. Integration of Faith and Psychology (demonstrates biblical and theological understanding and the implications of such or psychology, articulates a coherent approach to a personal faith integration process, and applies this faith integration process to clinical practice).</b>	
<b>Score</b>	
1	The student clearly expresses biblical and theological understanding and provides a clear explanation of a personal approach to interrelating Christianity with Psychology both in conceptual and in applied contexts.
0	The student does not demonstrate an awareness of biblical and theological understanding with implications for psychology, cannot articulate a personal faith integration process, or struggles to express how this personal integration process might be applied or not applied in a clinical context.
<b>Objectives met:</b>	4A: Foundational Knowledge
<b>4A, 4B &amp; 4C</b>	4B: Personal Process
	4C: Application to Personal Process

# Appendix G



## Doctoral Program in Clinical Psychology (PsyD or PhD)

### PQE Re-examination Plan

*This form is used by students for the development and approval of PQE Re-examination plans. The plan will be completed by the student after meeting with the PQE Chair and either their Advisor or Practicum Seminar Leader.*

Student name	Student ID #
PQE Chair name	
Advisor name	Practicum Seminar Leader Name

***Professional growth & re-examination plan:***

Categorize each professional growth and re-examination plan area according to the rating domains from the PQE Rating Scale:	Date of anticipated completion <i>(if applicable)</i>

My proposed date of re-examination is by:

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***Approval:***

PQE Chair	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Deny		
					Signature	Date
Program Director	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Deny		
					Signature	Date

**Copies to:** PQE Chair, Student File, Student

# Appendix H



## Doctoral Program in Clinical Psychology (PsyD or PhD)

### Competency Benchmarks in Professional Psychology: Readiness for Practicum Level Rating Form

Trainee Name:			
Name of Placement:		Date Evaluation Completed:	
Name of Person Completing Form <i>(include highest degree earned)</i> :		Licensed Psychologist: Yes____ No____	
		License #:	
Was this trainee supervised by individuals also under your supervision? Yes____ No____			
Type of Review <i>(circle one)</i> :			
Initial Review	Mid-placement review	Final Review	Other (please describe):
Dates of Training Experience this Review Covers:			

**Training Level of Person Being Assessed *(please circle one)*:**

Practicum I/II

Practicum III/IV

Practicum V/VI

Clerkship/Advanced Practicum

**Year in Doctoral Program:** \_\_\_\_\_

### COMPETENCY RATING SCALE

Rate each item below by responding to the following question using the scale below:

**How characteristic of the trainee's behavior is this competency description?**

Not at All/Slightly

Somewhat

Moderately

Mostly

Very

0

1

2

3

4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

## Doctoral Program in Clinical Psychology (PsyD or PhD)

### FOUNDATIONAL COMPETENCIES

#### I. PROFESSIONALISM

<b>1. Professional Values and Attitudes:</b> as evidenced in behavior and comporment that reflect the values and attitudes of psychology.						
<b>1A. Integrity</b> - Honesty, personal responsibility and adherence to professional values						
Understands professional values; honest, responsible	0	1	2	3	4	[N/O]
<b>1B. Deportment</b>						
Understands how to conduct oneself in a professional manner	0	1	2	3	4	[N/O]
<b>1C. Accountability</b>						
Accountable and reliable	0	1	2	3	4	[N/O]
<b>1D. Concern for the Welfare of Others</b>						
Demonstrates awareness of the need to uphold and protect the welfare of others	0	1	2	3	4	[N/O]
<b>1E. Professional Identity</b>						
Demonstrates beginning understanding of self as professional; “thinking like a psychologist”	0	1	2	3	4	[N/O]
<b>2. Individual and Cultural Diversity:</b> Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.						
<b>2A. Self as Shaped by Individual and Cultural Diversity</b> (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) <b>and Context</b>						
Demonstrates knowledge, awareness, and understanding of one’s own dimensions of diversity and attitudes towards diverse others	0	1	2	3	4	[N/O]
<b>2B. Others as Shaped by Individual and Cultural Diversity and Context</b>						
Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings	0	1	2	3	4	[N/O]
<b>2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context</b>						
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others	0	1	2	3	4	[N/O]

## Doctoral Program in Clinical Psychology (PsyD or PhD)

<b>2D. Applications based on Individual and Cultural Context</b>						
Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)	0	1	2	3	4	[N/O]
<b>3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.</b>						
<b>3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines</b>						
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting	0	1	2	3	4	[N/O]
<b>3B. Awareness and Application of Ethical Decision Making</b>						
Demonstrates awareness of the importance of applying an ethical decision model to practice	0	1	2	3	4	[N/O]
<b>3C. Ethical Conduct</b>						
Displays ethical attitudes and values	0	1	2	3	4	[N/O]
<b>4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.</b>						
<b>4A. Reflective Practice</b>						
Displays basic mindfulness and self-awareness; displays basic reflectivity regarding professional practice (reflection-on-action)	0	1	2	3	4	[N/O]
<b>4B. Self-Assessment</b>						
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies	0	1	2	3	4	[N/O]
<b>4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)</b>						
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	0	1	2	3	4	[N/O]



## Doctoral Program in Clinical Psychology (PsyD or PhD)

4D. Participation in Supervision Process						
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	0	1	2	3	4	[N/O]

### II. RELATIONAL

<b>5. Relationships:</b> Relate effectively and meaningfully with individuals, groups, and/or communities.						
5A. Interpersonal Relationships						
Displays interpersonal skills	0	1	2	3	4	[N/O]
5B. Affective Skills						
Displays affective skills	0	1	2	3	4	[N/O]
5C. Expressive Skills						
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills	0	1	2	3	4	[N/O]

### III. SCIENCE

<b>6. Scientific Knowledge and Methods:</b> Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.						
6A. Scientific Mindedness						
Displays critical scientific thinking	0	1	2	3	4	[N/O]
6B. Scientific Foundation of Psychology						
Demonstrates understanding of psychology as a science	0	1	2	3	4	[N/O]
6C. Scientific Foundation of Professional Practice						
Understands the scientific foundation of professional practice	0	1	2	3	4	[N/O]
<b>7. Research/Evaluation:</b> Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.						
7A. Scientific Approach to Knowledge Generation						
Participates effectively in scientific endeavors when available	0	1	2	3	4	[N/O]



## Doctoral Program in Clinical Psychology (PsyD or PhD)

### FUNCTIONAL COMPETENCIES

#### IV. APPLICATION

<b>8. Evidence-Based Practice:</b> Integration of research and clinical expertise in the context of patient factors.						
<b>8A. Knowledge and Application of Evidence-Based Practice</b>						
Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	0	1	2	3	4	[N/O]
<b>9. Assessment:</b> Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.						
<b>9A. Knowledge of Measurement and Psychometrics</b>						
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	0	1	2	3	4	[N/O]
<b>9B. Knowledge of Assessment Methods</b>						
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	0	1	2	3	4	[N/O]
<b>9C. Application of Assessment Methods</b>						
Demonstrates knowledge of measurement across domains of functioning and practice settings	0	1	2	3	4	[N/O]
<b>9D. Diagnosis</b>						
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	0	1	2	3	4	[N/O]
<b>9E. Conceptualization and Recommendations</b>						
Demonstrates basic knowledge of formulating diagnosis and case conceptualization	0	1	2	3	4	[N/O]
<b>9F. Communication of Assessment Findings</b>						

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Demonstrates awareness of models of report writing and progress notes	0	1	2	3	4	[N/O]
<b>10. Intervention:</b> Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
<b>10A. Intervention planning</b>						
Displays basic understanding of the relationship between assessment and intervention	0	1	2	3	4	[N/O]
<b>10B. Skills</b>						
Displays basic helping skills	0	1	2	3	4	[N/O]
<b>10C. Intervention Implementation</b>						
Demonstrates basic knowledge of intervention strategies	0	1	2	3	4	[N/O]
<b>10D. Progress Evaluation</b>						
Demonstrates basic knowledge of the assessment of intervention progress and outcome	0	1	2	3	4	[N/O]

### V. EDUCATION

<b>11. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.</b>						
<b>11A. Expectations and Roles</b>						
Demonstrates basic knowledge of expectations for supervision	0	1	2	3	4	[N/O]
<b>11C. Skills Development</b>						
Displays interpersonal skills of communication and openness to feedback	0	1	2	3	4	[N/O]

### V1. SYSTEMS

<b>12. Interdisciplinary Systems:</b> Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.						
<b>12A. Functioning in Multidisciplinary and Interdisciplinary Contexts</b>						
Cooperates with others	0	1	2	3	4	[N/O]



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<b>12B. Respectful and Productive Relationships with Individuals from Other Professions</b>						
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals	0	1	2	3	4	[N/O]
<b>13. Advocacy:</b> Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.						
<b>13A. Empowerment</b>						
Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention	0	1	2	3	4	[N/O]
<b>13B. Systems Change</b>						
Understands the differences between individual and institutional level interventions and system's level change	0	1	2	3	4	[N/O]



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### PROGRAM SPECIFIC COMPETENCIES

#### VII. INTEGRATION OF PSYCHOLOGY & CHRISTIAN FAITH

<b>14. Foundational knowledge:</b> We expect our students will demonstrate foundational knowledge of Christian theology and current models of integration						
<b>14A. Foundational Knowledge</b>						
Demonstrates a good beginning to building a base of foundational knowledge of Christian theology and current models of integration	0	1	2	3	4	[N/O]
<b>15. Personal process:</b> We expect our students will articulate their personal process of integration of Psychology and Christian faith.						
<b>15A. Articulation of Personal Integration Process</b>						
Demonstrates the ability to begin to articulate one's own process of integrating personal Christian faith and clinical practice of Psychology	0	1	2	3	4	[N/O]
<b>16. Application to clinical practice:</b> We expect our students will apply integration of Psychology and Christian faith to clinical practice in order to enhance human welfare as a means of Biblical justice.						
<b>16A. Application to Clinical Practice</b>						
Demonstrates knowledge of faith and practice integration	0	1	2	3	4	[N/O]



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### Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?

Strengths:

Weaknesses:

- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?

Yes                  No  
\_\_\_\_\_                  \_\_\_\_\_

- If applicable, is the trainee ready to move to the next level of training, or independent practice?

Yes                  No                  N/A  
\_\_\_\_\_                  \_\_\_\_\_                  \_\_\_\_\_

# Appendix I



## Doctoral Program in Clinical Psychology (PsyD or PhD)

### Competency Benchmarks in Professional Psychology: Readiness for Internship Level Rating Form

Trainee Name:			
Name of Placement:		Date Evaluation Completed:	
Name of Person Completing Form <i>(include highest degree earned)</i> :		Licensed Psychologist: Yes____ No____	
		License #:	
Was this trainee supervised by individuals also under your supervision? Yes____ No____			
Type of Review <i>(circle one)</i> :			
Initial Review	Mid-placement review	Final Review	Other (please describe):
Dates of Training Experience this Review Covers:			

**Training Level of Person Being Assessed *(please circle one)*:**

Practicum I/II

Practicum III/IV

Practicum V/VI

Clerkship/Advanced Practicum

**Year in Doctoral Program:** \_\_\_\_\_

---

### COMPETENCY RATING SCALE

Rate each item below by responding to the following question using the scale below:

**How characteristic of the trainee's behavior is this competency description?**

Not at All/Slightly

Somewhat

Moderately

Mostly

Very

0

1

2

3

4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.



## Doctoral Program in Clinical Psychology (PsyD or PhD)

### FOUNDATIONAL COMPETENCIES

#### I. PROFESSIONALISM

<b>1. Professionalism:</b> as evidenced in behavior and comportment that reflect the values and attitudes of psychology.						
<b>1A. Integrity</b> - Honesty, personal responsibility and adherence to professional values						
Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values	0	1	2	3	4	[N/O]
<b>1B. Deportment</b>						
Communication and physical conduct (including attire) is professionally appropriate, across different settings	0	1	2	3	4	[N/O]
<b>1C. Accountability</b>						
Accepts responsibility for own actions	0	1	2	3	4	[N/O]
<b>1D. Concern for the welfare of others</b>						
Acts to understand and safeguard the welfare of others	0	1	2	3	4	[N/O]
<b>1E. Professional Identity</b>						
Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	0	1	2	3	4	[N/O]
<b>2. Individual and Cultural Diversity:</b> Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.						
<b>2A. Self as Shaped by Individual and Cultural Diversity</b> (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) <b>and Context</b>						
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
<b>2B. Others as Shaped by Individual and Cultural Diversity and Context</b>						
Applies knowledge of others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
<b>2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context</b>						



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Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	0	1	2	3	4	[N/O]
<b>2D. Applications based on Individual and Cultural Context</b>						
Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
<b>3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.</b>						
<b>3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines</b>						
Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	0	1	2	3	4	[N/O]
<b>3B. Awareness and Application of Ethical Decision Making</b>						
Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	0	1	2	3	4	[N/O]
<b>3C. Ethical Conduct</b>						
Integrates own moral principles/ethical values in professional conduct	0	1	2	3	4	[N/O]
<b>4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.</b>						
<b>4A. Reflective Practice</b>						
Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action	0	1	2	3	4	[N/O]
<b>4B. Self-Assessment</b>						
Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	0	1	2	3	4	[N/O]
<b>4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)</b>						



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Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	0	1	2	3	4	[N/O]
<b>4D. Participation in Supervision Process</b>						
Effectively participates in supervision	0	1	2	3	4	[N/O]

### II. RELATIONAL

<b>5. Relationships:</b> Relate effectively and meaningfully with individuals, groups, and/or communities.						
<b>5A. Interpersonal Relationships</b>						
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	0	1	2	3	4	[N/O]
<b>5B. Affective Skills</b>						
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	0	1	2	3	4	[N/O]
<b>5C. Expressive Skills</b>						
Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	0	1	2	3	4	[N/O]

### III. SCIENCE

<b>6. Scientific Knowledge and Methods:</b> Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.						
<b>6A. Scientific Mindedness</b>						
Values and applies scientific methods to professional practice	0	1	2	3	4	[N/O]
<b>6B. Scientific Foundation of Psychology</b>						
Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	0	1	2	3	4	[N/O]
<b>6C. Scientific Foundation of Professional Practice</b>						

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Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	0	1	2	3	4	[N/O]
<b>7. Research/Evaluation:</b> Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.						
<b>7A. Scientific Approach to Knowledge Generation</b>						
Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	0	1	2	3	4	[N/O]
<b>7B. Application of Scientific Method to Practice</b>						
Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	0	1	2	3	4	[N/O]

## FUNCTIONAL COMPETENCIES

### IV. APPLICATION

<b>8. Evidence-Based Practice:</b> Integration of research and clinical expertise in the context of patient factors.						
<b>8A. Knowledge and Application of Evidence-Based Practice</b>						
Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	0	1	2	3	4	[N/O]
<b>9. Assessment:</b> Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.						
<b>9A. Knowledge of Measurement and Psychometrics</b>						
Selects assessment measures with attention to issues of reliability and validity	0	1	2	3	4	[N/O]
<b>9B. Knowledge of Assessment Methods</b>						
Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	0	1	2	3	4	[N/O]

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<b>9C. Application of Assessment Methods</b>						
Selects appropriate assessment measures to answer diagnostic question	0	1	2	3	4	[N/O]
<b>9D. Diagnosis</b>						
Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	0	1	2	3	4	[N/O]
<b>9E. Conceptualization and Recommendations</b>						
Utilizes systematic approaches of gathering data to inform clinical decision-making	0	1	2	3	4	[N/O]
<b>9F. Communication of Assessment Findings</b>						
Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client	0	1	2	3	4	[N/O]
<b>10. Intervention:</b> Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
<b>10A. Intervention planning</b>						
Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	0	1	2	3	4	[N/O]
<b>10B. Skills</b>						
Displays clinical skills	0	1	2	3	4	[N/O]
<b>10C. Intervention Implementation</b>						
Implements evidence-based interventions	0	1	2	3	4	[N/O]
<b>10D. Progress Evaluation</b>						
Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	0	1	2	3	4	[N/O]
<b>11. Consultation:</b> The ability to provide expert guidance or professional assistance in response to a client's needs or goals.						
<b>11A. Role of Consultant</b>						

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Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	0	1	2	3	4	[N/O]
<b>11B. Addressing Referral Question</b>						
Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions	0	1	2	3	4	[N/O]
<b>11C. Communication of Consultation Findings</b>						
Identifies literature and knowledge about process of informing consultee of assessment findings	0	1	2	3	4	[N/O]
<b>11D. Application of Consultation Methods</b>						
Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings	0	1	2	3	4	[N/O]

### V. EDUCATION

<b>12. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.</b>						
<b>12A. Expectations and Roles</b>						
Demonstrates knowledge of, purpose for, and roles in supervision	0	1	2	3	4	[N/O]
<b>12B. Processes and Procedures</b>						
Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	0	1	2	3	4	[N/O]
<b>12C. Skills Development</b>						
Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	0	1	2	3	4	[N/O]
<b>12D. Supervisory Practices</b>						
Provides helpful supervisory input in peer and group supervision	0	1	2	3	4	[N/O]

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### VI. SYSTEMS

<b>13. Interdisciplinary Systems:</b> Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.						
<b>13A. Knowledge of the Shared and Distinctive Contributions of Other Professions</b>						
Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals	0	1	2	3	4	[N/O]
<b>13B. Functioning in Multidisciplinary and Interdisciplinary Contexts</b>						
Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	0	1	2	3	4	[N/O]
<b>13C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes</b>						
Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals	0	1	2	3	4	[N/O]
<b>13D. Respectful and Productive Relationships with Individuals from Other Professions</b>						
Develops and maintains collaborative relationships and respect for other professionals	0	1	2	3	4	[N/O]
<b>14. Advocacy:</b> Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.						
<b>14A. Empowerment</b>						
Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision	0	1	2	3	4	[N/O]
<b>14B. Systems Change</b>						
Promotes change to enhance the functioning of individuals	0	1	2	3	4	[N/O]



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### PROGRAM SPECIFIC COMPETENCIES

#### VII. INTEGRATION OF PSYCHOLOGY & CHRISTIAN FAITH

<b>15. Foundational knowledge:</b> We expect our students will demonstrate foundational knowledge of Christian theology and current models of integration						
<b>15A. Foundational Knowledge</b>						
Demonstrates a good beginning to building a base of foundational knowledge of Christian theology and current models of integration	0	1	2	3	4	[N/O]
<b>16. Personal process:</b> We expect our students will articulate their personal process of integration of Psychology and Christian faith.						
<b>16A. Articulation of Personal Integration Process</b>						
Demonstrates the ability to begin to articulate one's own process of integrating personal Christian faith and clinical practice of Psychology	0	1	2	3	4	[N/O]
<b>17. Application to clinical practice:</b> We expect our students will apply integration of Psychology and Christian faith to clinical practice in order to enhance human welfare as a means of Biblical justice.						
<b>17A. Application to Clinical Practice</b>						
Demonstrates knowledge of faith and practice integration	0	1	2	3	4	[N/O]





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### **Overall Assessment of Trainee's Current Level of Competence**

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?

Strengths:

Weaknesses:

- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?

Yes                  No  
\_\_\_\_\_                  \_\_\_\_\_

- If applicable, is the trainee ready to move to the next level of training, or independent practice?

Yes                  No                  N/A  
\_\_\_\_\_                  \_\_\_\_\_                  \_\_\_\_\_

# Appendix J



Doctoral Program in Clinical Psychology (PsyD or PhD)  
Referral to the Student Review Committee (SRC)

<b>Date</b>	
<b>TO:</b>	_____ <b>(SRC Chair)</b>
<b>FROM:</b>	
<b>RE:</b>	<b>(Student Name)</b>

I am referring this student to the SRC for the following reasons:

I \_\_\_have/\_\_\_have not discussed this concern directly with the referred student prior to submitting this referral. If “have not” is checked, give reason for not discussing the concern with the referred student.

<b>CC:</b>	Referred Student
_____	Student’s Advisor
_____	Ph.D. Program Administrator
_____	Ph.D. Program Director

# Appendix K



Doctoral Program in Clinical Psychology (PsyD or PhD)

Mid-Semester Statement of Concern

Date:

Student Name:

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Student ID:

---

From:

---

**I am concerned about your performance in my class**

Dept	Course Number	Course Name
PSYC		
BITH		
CFM		

**for the following reason(s):**

As soon as possible, I would encourage you to meet with me and also with your advisor to work on these concerns.

I am keeping a temporary copy of this document which will be referenced in providing feedback during the mid-year or end of year faculty evaluation meeting.

Notes from meeting with the above student: Date \_\_\_\_\_

CC: Program Administrator

# Appendix L



# PsyD/PhD Program Mid-Year Advisor Feedback

**Student Name:**

**Advisor Name:**

**Date:**

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## SECTION 1: FACULTY FEEDBACK

**RECOMMENDATION:** Please check below whether the above student should continue in the PsyD/PhD program with:

No Concern

Some Concern

Serious Concern

---

*Program Director Signature & Date*

---

## SECTION 2: FOR COMPLETION BY STUDENT

Comments:

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*Student Name, Signature & Date*

# Appendix M





School of Psychology, Counseling & Family Therapy – Doctoral Program in Clinical Psychology

ANNUAL EVALUATION REPORT AND RECOMMENDATION

**Student Name:**

**Year in Program:**

**Faculty Advisor:**

**Academic Year:**

**Practicum Site (if applicable):**

**Student is making satisfactory progress as defined by PsyD Student Handbook:**

Y \_\_\_\_\_ N \_\_\_\_\_

**Student achievement of competency-based Program objectives:**

Program objective	Meets or exceeds minimum level of achievement (MLA)	Does <i>not</i> meet or exceed MLA
Self-awareness and Self-reflection (1.A)		
Interpersonal and Expressive Skills (1.B)		
Ethics (1.C)		
Professional Identity (1.D)		
Assessment and Diagnosis (1.E)		
Intervention (1.F)		
Supervision (1.G)		
Scientific Foundations (2.A)		
Scholarship (2.B)		
Cultural Awareness and Application (3.A)		
Advocacy (3.B)		
Interdisciplinary collaboration (3.C)		
Foundational Knowledge of Integration (4.A)		
Personal Process to Integration (4.B)		
Integration Application to Clinical Practice (4.C)		

ANNUAL EVALUATION REPORT AND RECOMMENDATION

Faculty- or practicum-supervisor identified strengths:

Faculty- or practicum-supervisor identified growth areas (including areas in which student does *not* meet MLA):

Other comments related to the student’s progress on dissertation and other program milestones (i.e., Comps, PQE and Dissertation Proposal); placement for internship/clerkship/practicum; and professional achievements:

Overall recommendation:

Recommendation	Check One regarding Overall Level of Concern		
	No Concern	Some Concern	Serious Concern
Continue in Program with			

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Copy to student