



THE INSTITUTE FOR  
Clinical Social Work

# Student Manual 2009 Academic Year

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THE INSTITUTE FOR CLINICAL SOCIAL WORK

# Student Manual

## 2009 Academic Year

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### MISSION

The mission of the Institute for Clinical Social Work, an institution of higher education, is to prepare scholars and practitioners to: advance knowledge in the field of clinical social work; advance the quality of clinical social work practice; and serve a diverse community through professional and academic contributions.

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# INTRODUCTION

**T**his manual is designed to facilitate your progression through The Institute for Clinical Social Work (ICSW) doctoral, Student at Large (SAL), Distance Learning, School Social Work, and the Advanced Clinical Practice (ACP) programs. It covers organizational structures and identifies core faculty, staff, and committees. It describes the system for student advisement and summarizes the various components of the doctoral, SAL, and ACP programs. Important policies and procedures affecting students are described. Appendices are included to expand, clarify, and provide documentation relevant to student participation in the program.

Please review this manual to familiarize yourself with its contents and use it as a reference guide throughout your involvement in the program. You are encouraged to ask for assistance from your advisor if you encounter questions and concerns. The Dean, the Director of Doctoral Studies and the Associate Director of Doctoral Studies are also happy to answer your questions.



# ORGANIZATION

In this chapter the roles and responsibilities of the administration, faculty, staff, and committees are described.

## Administrative

### *Barbara Berger, President*

The President is chosen from the faculty and/or alumni to represent ICSW in professional and community forums, to support the Board of Trustees in fulfilling their responsibilities, and to provide leadership in all non-academic areas of the organization. The President is appointed by the Board of Trustees with the advice of the Dean and the faculty. The President reports to and is evaluated by the Board of Trustees. The President has the following broad sets of responsibilities:

- Support the Board of Trustees in fulfilling some their responsibilities
  - Board Development
  - Fundraising.
- Develop and foster ICSW's reputation and relationships.
  - Within the professional and academic communities
  - Alumni relations
  - Community relations

### *Amy Eldridge, Dean*

The Dean is the chief administrative and academic officer of ICSW. The Dean is appointed by the Board of Trustees with the advice and consent of the Faculty. The Dean reports to and is evaluated by the Board of Trustees. The Dean has the following broad sets of responsibilities:

- Assist the Board of Trustees to ensure the resources needed to fulfill the mission.
- Oversee operations and resource management.
- Oversee all aspects of the academic program.
- Foster an academic environment that is consistent with the mission.
- Develop and oversee ICSW's non academic programs.
- Assist the Board of Trustees to envision and plan for the future.
- Ensure that all professional, regulatory and accreditation standards are met.
- Support the Board of Trustees in fulfilling some of their responsibilities.

### *R. Dennis Shelby, Director of Doctoral Studies*

The Director of the Doctoral Studies is responsible for the management and operation of ICSW's degree and certificate programs. Specifically, he coordinates the schedule of classes, assists and oversees the faculty in developing course syllabi and materials, works with the librarian to assure that necessary resources are available to students and faculty, and oversees the Registrar and the record keeping processes. The Director of Doctoral Studies (Director) is appointed by and reports to the Dean. In addition, he has the following sets of responsibilities:

- Assessment Chair
  - Is responsible for developing and implementing processes for evaluating student academic progress and other aspects of ICSW's performance.
- Research Director
  - Responsible for overseeing the operation of the research practicum. He approves dissertation committee assignments, facilitates independent study arrangements, develops and monitors procedures for proposal and dissertation hearings, and evaluates research practicum needs. He maintains a roster of qualified faculty to serve as dissertation committee members and monitors the status and progress of individual students in respect to their dissertation requirements.
- Student Progression Chair
  - Responsible for monitoring the progression of students through the program.
- AQIP Liaison and Quality Improvement Team Chair
  - Responsible for communications between ICSW and the Higher Learning Commission (30 N. LaSalle St., #2400, Chicago, IL 60602; 800.621.7440; www.ncahlc.org). Leads the team that designs, implements, and monitors strategic action projects that are integral to ICSW's quality improvement efforts and ongoing accreditation.
- Admissions Committee Chair
  - Responsible for overseeing all of the admissions processes and chairs the Admissions Committee, which is composed of faculty who interview and make recommendations regarding applicants to the programs. Final decisions regarding admissions into the program are made by the Chair and the Dean, based on the committee's recommendations. The Chair determines admissions policies and procedures in consultation with the Admissions Committee and with the Dean's approval.
- Distance Learning Chair
  - Responsible for implementing the Distance Learning Program, recruiting and training faculty for the program and monitoring its progress.
  -

*Denise Duval, Associate Director of Doctoral Studies*

The Associate Director of Doctoral Studies (AD) is a full time academic, with various administrative responsibilities, including recruitment and membership on the assessment/accreditation team. She reports directly to the Dean and assists the Director of Doctoral Studies in fulfilling his responsibilities. In addition, the AD is the research sequence chair. In this role, she recruits and oversees research faculty, represents the research sequence on the curriculum committee, and makes recommendations regarding the research sequence.

## **Faculty**

*Marcia Adler, Dean of Students*

The Dean of Students is responsible for all advisory matters related to student progression through the program and serves as ombudsman for all students, acting to facilitate communication between the student body, faculty, and administration. The Dean of Students is appointed by and reports to the Dean and has the following set of responsibilities:

- assigns all advisors to students and approves any changes in advisors that are made
- oversees the advisors administratively
- assists advisors and students with any concern or questions they have regarding the program
- is a member of the student progression committee
- participates in complaint proceedings involving students
- Chairs Student Affairs Committee
- Chairs Substance Abuse Committee

*Peter Shaft, Faculty Advisory Committee Chair*

Leads the committee which is responsible for representing the faculty to the Dean on issues of academic policy and for evaluation of faculty and potential faculty. Acts as representative of the faculty to the Board of Trustees.

*Joe Cronin, Clinical Sequence Chair*

Participates in the Curriculum Committee, is a resource to faculty who teach within the sequence, recommends faculty to teach courses, and chairs the committee of faculty that makes recommendations regarding the clinical curriculum.

R. *Dennis Shelby, Acting Conceptual Foundations Sequence Chair*

Participates in the Curriculum Committee, is a resource to faculty who teach within the sequence, recommends faculty to teach courses, and chairs the committee of faculty that makes recommendations regarding the conceptual foundations.

*Denise Duval, Research Sequence Chair*

Participates in the Curriculum Committee, is a resource to faculty who teach within the sequence, recommends faculty to teach courses, and chairs the committee of faculty that makes recommendations regarding the research curriculum.

*Sherwood A. Faigen*

Responsible for the following:

- Advanced Clinical Practice Program Coordinator
  - Responsible for overseeing the curriculum of this program.
- Clinical Practicum Coordinator
  - Oversees the assignment of consultants for case study evaluations and treatments cases, oversees case presentations, and monitors administrative activities associated with the clinical practicum. Students are encouraged to contact the Clinical Practicum Coordinator with any concerns about the clinical practicum, consultant assignments and selection, or any request for variation from established clinical practicum expectations.

*Daniel Rosenfeld*

Responsible for the following:

- Ethics Committee Chair
  - Heads an ad-hoc committee to develop and recommend policy regarding ethical standards. The areas of ethical concern include clinical practice, student/faculty relations, and research. He and the ethics committee are available to respond to concerns of students and/or faculty regarding ethics in any of these areas. The committee responds to complaints regarding ethics and conduct as assigned by the Dean.

- Institutional Review Board Chair
  - Chairs the committee that reviews all Institute sponsored proposed research activity, including student dissertation proposals and faculty or staff research proposals, and to determine their appropriateness regarding protection of human subjects.

*Erika Schmidt, Child and Adolescent Specialization Coordinator*

Responsible for overseeing the curriculum of this concentration within the doctoral program and recommending faculty to teach courses. Participates in the Curriculum Committee.

## **Staff**

Administrative staff plays an important role in the day to day functioning of ICSW. Each has particular responsibilities supporting the educational program of ICSW.

*Maureen Hewitt, Director of Operations*

Responsible for overall functioning of ICSW and works with the Dean to ensure effective and efficient institutional operations. She is responsible for financial management and assisting students with tuition and other financial obligations. She is also available to answer questions or direct students to appropriate resources within ICSW for help.

*John Dowdy, Manager of Strategic Operations and Financial Aid*

This position provides support for key operations at ICSW, including recruitment, admissions, financial aid administration, development, and board operations. He is also a member of the accreditation team.

*Carla Malabanan, Student Services Coordinator*

Responsible for oversight and management of student records and transcripts and assists the Dean, Director and other faculty regarding student records and transcripts. She should be contacted with any questions about transcripts or records or for scheduling record reviews. She is available during the weekend class time and monitors access to the building. She directs students to other staff and faculty resources for help with other concerns.

*Scot Ausborn, Librarian*

Responsible for the management and development of ICSW's online and on-site library. Assists students and faculty with library resources and research. Responsible for managing the onsite syllabi and course readings.

## **Faculty Committees**

The creation, maintenance, evaluation, and improvement of ICSW's programs occur largely within the context of standing committees working throughout the year.

*Admissions Committee*

Processes all applications to the doctoral, certificate, and Inquiring Minds programs, and makes recommendations about admittance to these programs.

### *Curriculum Committee*

Composed of chairs of each of the established sequences and includes at-large faculty members, the clinical practicum coordinator, the research practicum coordinator, and the coordinator of the ACP program and the Child and Adolescent Specialization. The committee is chaired by the Dean and is responsible for the development, integration, and coordination of ICSW's curricular offerings and objectives. The committee advises the Dean on policy regarding curriculum, initiates recommendations to the sequence committees, and considers proposals from the sequence committees for change in the curriculum. All proposed curriculum changes are approved by the whole faculty.

### *Ethics Committee*

Responsible for development of policies and procedures regarding ethics. This includes relationships between faculty and students, student and faculty conduct, protection of human subjects in research, clinical work, and the curriculum. The committee is available to conduct inquiry proceedings regarding any complaints about conduct or ethics, upon referral from the Dean.

### *Institutional Review Board (IRB)*

Reviews any research proposals by students or faculty for Institute sponsored research for protection of human subjects and compliance with ethical standards in research, utilizing guidelines developed by the American Psychological Association, and adopted by ICSW's faculty.

### *Student Affairs Committee*

Coordinates student activities. Each student class has representation on the committee. Some Advanced students are also members of the committee. The committee provides a communication network for student concerns.

### *Student Progression Committee*

Meets annually to review all student records and to monitor each student's progression through the program. The committee identifies problems with student performance and recommends other status changes related to performance (e.g. probation, leaves, and withdrawal). The committee may recommend or require remedial work or assistance when appropriate. The committee recommends candidacy status and confirms readiness to graduate. The committee is involved in student-initiated leaves and returns to the program.

### *Substance Abuse Committee*

In compliance with federal guidelines, charges with the responsibility of monitoring problems related to substance abuse among administrative personnel, staff, faculty, and students. The committee provides support and assistance to anyone identified as having a problem and in need of referral for treatment.

# ADVISEMENT SYSTEM

Several components of the program are organized to provide advisory resources to students as they progress through the program. The central advisory resources include the assigned advisor, the Dean of Students, the Director, and the Dean.

## **Advisor**

The practicum consultant, assigned to the student at the beginning of the first semester of full or part time attendance, assumes the role of advisor, maintaining contact with the student until the student achieves candidacy and beyond if desired by the student. This advisor is ordinarily the first person to contact with any questions, concerns, and problems related to the program. The advisor is the first contact for faculty with concerns about a student. The advisor formally monitors the student's progression through the program and reports to the Student Progression Committee each semester. Any student may, at the end of the semester, make a written request to the Dean of Students for reassignment to another advisor.

Students-at-Large will be assigned an advisor who will meet with them once each semester. Part-time and Student-at-Large must have their schedules approved by the Director of Doctoral Programs when registering.

## **Dean of Students**

Marcia Adler, Dean of Students, (position described in chapter 2), is available to counsel students regarding any concerns related to program participation, after the student has consulted with his/her advisor.

## **Student Progression Committee**

R. Dennis Shelby, Director, chairs this committee that monitors the progression of the student through the program (committee described in chapter 2). The committee meets annually and will notify the student if their academic performance is problematic: a grade point average below a 3.0, more than three incompletes in classroom courses, and concerns about the student's performance or progression through the practicum courses. (See chapter 5, Standards)

The committee, in cooperation with the Dean of Students and student's advisors, monitors plans to resolve probationary issues and assures adherence to tasks and timelines. The committee may recommend withdrawal from the program or return to regular status, depending on individual evaluation of the student's completion of required work.

The committee also responds informally to concerns about particular educational or clinical deficits observed by faculty in relation to particular students, with the aim of helping the student recognize problems or barriers interfering with optimal learning and getting help needed to deal with an identified problem.

The committee reviews requests for changes of status. The request must be approved by the Dean and must include a plan regarding the status change and follow-up (See chapter 6 - Administrative Policies & Procedures).

### **Joint Alumni and Board Committee on Alumni Relations**

This committee is composed of the Board Chair, Arlene Alpert, and Alumni Chair, Noel Blackburn. The committee is charged with organizing activities that will benefit alumni, including involvement with professional enrichment events. The committee is also responsible for awarding the “Alumni of the Year.”

### **Professional Enrichment**

This committee, co-chaired by Gail DeLyser and Boris Thomas, develops and carries out a wide variety of continuing education events for professionals and others in the broader community and for practitioners of all experience levels. Events include fall and winter/spring courses and workshops, summer workshop series, and specialized programs co-sponsored with other education programming and for the doctoral courses. The committee also works in partnership with community based agencies, provides training and consultation to educational and community institutions and agencies, and maintains a reduced fee consultation and supervision referral list for clinicians.

## PROGRAM COMPONENTS

The doctoral program is organized into three broad components. These are courses, the clinical practicum, and the research practicum. Additional components to the program include Child & Adolescent Specialization and Student-at-Large. ICSW also offers an Advanced Clinical Practice Certificate.

### **Courses**

The academic courses are organized into three sequences: the clinical, research methods, and conceptual foundations. Elective courses are generally offered in the fourth year. (See the Course Catalog for detailed description of the courses.)

The primary goals of the Clinical Sequence are to: Advance the student's capacity to apply psychodynamic theories and relevant techniques to the practice of clinical social work and the diversity it encompasses.

The primary goals of the Research Sequence are to: Advance the student's capacity to rigorously and ethically conceptualize and critically examine problems/issues of clinical social work practices and to conduct evidence-based and scholarly research.

The primary goals of the Conceptual Foundations Sequence are to: Advance the student's knowledge of and capacity for scholarly and critical examination of the theories that inform the psychodynamic tradition of clinical social work practice.

### **Clinical Practicum**

(Students beginning prior to the 2005 academic year should refer to the Clinical Practicum section, chapter 9, page 57).

The objectives of the Clinical Practicum are:

- Enhance student's understanding of psychodynamic clinical social work practice
- Enhance student's abilities to evaluate clients in a psychodynamic framework
- Enhance student's abilities to conduct psychodynamically based clinical practice
- Enhance student's abilities to articulate their psychodynamic clinical understanding orally and in writing

### **Research Practicum and Dissertation**

The objectives of the Research Practicum are:

- Develop a rigorous, comprehensive, ethical, dissertation proposal that will contribute to social work knowledge and practice
- Develop a research question and hypothesis
- Develop a rigorous methodology coherent with the question of hypothesis
- Identify the context of the question and methodology in the corpus of relevant clinical and research literature

- Develop ability to present and defend a scholarly dissertation

Completion of a systematic data based investigation in an area related to clinical practice is a requirement for graduation. The goals are to pursue a research question that has significance to clinical social work, to demonstrate the capacity for scholarship and scientific rigor, and to integrate theory practice.

### **Child and Adolescent Specialization (CAS)**

This specialization lies within the doctoral program and is designed for students who want to develop psychotherapeutic skills and theoretical knowledge with a focus on children, adolescents, and their families. Through an integrated selection of courses and practicum experiences, students will achieve theoretical and practice knowledge of the developmental process, the range of problems encountered, and the types of intervention, throughout infancy, childhood, adolescence, and young adulthood.

### **Inquiring Minds**

The Inquiring Minds Programs is open to individuals who hold a Master's or Doctorate degree in any field. Selected courses are available each semester, and during the summer, for persons who meet basic requirements for application to the full time program but who wish to attend courses on a part time basis. Clinical practicum experience, dissertation work, and clinical case conference courses are not available to Inquiring Minds. Tuition in the Inquiring Minds program is based on the number of courses taken.

A student must complete one course per academic year to remain active in the Inquiring Minds program. If an Inquiring Minds student later wishes to apply to the doctoral program, any course successfully completed during the previous three years may be credited to the doctoral program. If an Inquiring Minds student fails a course, further coursework at ICSW is prohibited.

### **Advanced Clinical Practice Program (ACP)**

This program offers advanced clinical training and education that enhances diagnostic, psychotherapeutic, and consultative skill. The program focuses on contemporary practice issues and literature and the most current theoretical and practice knowledge. The ACP Program is a three-year program of clinical practicum experience and classroom courses resulting in comprehensive, advanced mastery of clinical social work practice and knowledge. ACP students are expected to comply with guidelines for academic performance as in the doctoral program. A certificate is awarded upon successful completion of the program.

# STANDARDS

The standards included in this section most directly affect students.

## **Admissions**

A committee, chaired by the Director of Doctoral Studies, reviews applications and makes admission recommendations. The Dean and the Director jointly make admissions decisions based on these recommendations. Currently, ICSW has rolling admissions, which are completed in the spring for the following academic year. Applicants are immediately notified.

Minimum admission requirements are listed on the website.

We accept, on an individual basis, transfer of credits from any other accredited doctoral program for courses which are equivalent to courses in the curriculum of ICSW's doctoral program. (Courses from comparable clinical doctoral programs may be allowed pending approval by the Dean.) Courses from other programs must be evaluated by the Director. The evaluation will include a judgment of the general similarity in content and hours (e.g., each 16-hour course receives one credit). Clinical practicum and case conference courses may be eligible for transfer of credit consideration.

Applicants to the Inquiring Minds program submit proof of their advanced degree and interview with the Director of Doctoral Studies. Enrollment in any available course is limited by class size and instructor approval. Admission to the doctoral program is not guaranteed by acceptance in the Inquiring Minds program.

Inquiring Minds students wishing to matriculate to full or part-time status should contact the Director of Doctoral Studies in the spring for the following academic year. Application must be made in writing. Letters of recommendation from the instructors of completed Institute courses and at least one interview with an admissions committee member are required to complete the admissions process. Applicants will be notified of a decision as soon as the admissions committee can consider their application.

### *False information*

Any applicant to ICSW's program or a student in the program who fraudulently, or through misrepresentation, makes false statements on his or her application for admission, or falsifies his or her degrees or professional credentials shall be subject to dismissal from the program.

## **Student Evaluation and Grades**

The work of students is evaluated through a variety of instruments. Classroom instructors grade students on their course work and submit written evaluative reports on the caliber of the student's work. Practicum consultants grade students and submit reports each semester evaluating student's work. Independent Study courses are similarly graded by consultants, who submit reports at the completion of each Independent Study.

### Grading Standards

Grades are assigned according to the following standard:

A	superior work	4.0 value	
B	satisfactory work	3.0 value	
C	marginal work	2.0 value	
F	failure	0.0 value	
P	pass	0.0 value	Applies only to practicum, independent, study, case conferences and electives.
AD	advisory		Credit deferred, for practicum only
AU	audit	0.0 value	Auditing a course with approval of instructor
INC	incomplete		

### Grading Decision

- The purpose of grading is to provide a learning tool for the student, i.e., to provide feedback on progress, strengths and weaknesses and issues that need to be addressed.
- Cumulative grade point average is based on full letter grades, not plus or minus grades. Only letter grades are recorded in the student's transcript.
- If an instructor gives a student the option of doing unsatisfactory work over, the student will take an incomplete (*INC*) and will be allowed one repetition of the work for grading purposes.
- A grade of *INC* (incomplete) requires the instructor's written approval. Incomplete grades should be reserved for extenuating circumstances. If an incomplete grade is given, the student must finish any work required to complete the course requirements by the end of the following semester. If the course is not completed by this deadline, the student automatically receives an *F* (Fail) grade for the course. Further extensions may only be obtained, under special circumstances, by permission of the Student Progression Committee. Requests for any extensions beyond the semester following the assignment of an incomplete grade must be approved prior to the next semester.
- Narrative evaluations of classroom and practicum work are submitted at the end of each semester, along with grades.
- *Pass/Fail* grades may only be given for case conferences, independent study, practicum requirements and elective courses.
- Instructors are required to submit full letter grades (not pluses or minuses) within two weeks after the end of each semester. A written evaluation of each student's performance accompanies the grade.
- Consultant and instructor written evaluations of student performance are filed in student records by the Registrar. The student records are available for inspection by the student during the Registrar's regular working hours. Students may obtain copies of these evaluations and of transcripts by completing a transcript request form and paying a nominal fee for duplication.
- All papers submitted for class requirements are to conform to the style guide in the "Institute for Clinical Social Work Style Manual," which is located on the ICSW website in the academic resources section.

## **Standard for Student Records and Transcripts**

ICSW maintains records for all its students and former students and complies with the Family Education Rights and Privacy Act of 1974 (the Buckley Amendment) regarding the release of personally identifiable information concerning individual students. Academic transcripts and other information are sent only upon the signed request of the student.

Student records are available to the student on request for reviewing at ICSW. No materials may be added to, or deleted from, the student records except by the Registrar as authorized by the Dean.

## **Ethics**

Ethical standards are established regarding academic and professional conduct, and regarding protection of human subjects. Students and faculty who are clinical social workers are required to be licensed and are bound by the ethical standards of the National Association of Social Work, the National Federation of Societies for Clinical Social Work, and the American Psychological Association. Students and faculty in other professional practice fields are bound by the ethical standards of those fields.

## **Ethical Standards of Faculty Relationships with Students**

A primary responsibility of the faculty is to promote the education and welfare of the students in a professional, academically responsible manner.

### *Conflicts of interest*

Faculty members should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Faculty members should inform students when an existing or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that protects the best interest of the student to the greatest degree possible.

Faculty members should not take advantage of any professional relationship with students to further their personal, professional, or business interests.

### *Dual or multiple non-sexual relationships*

Faculty members should not condone or engage in any dual or multiple relationships with students for whom they have or are likely to have any direct supervisory or evaluative responsibility or for whom they exercise professional authority. The faculty member is responsible for setting clear and appropriate boundaries.

Where an intentional or unintentional dual or multiple non-sexual relationship exists, the faculty member assumes the full burden of responsibility for demonstrating that the student is not being exploited, coerced, manipulated or harmed by the dual or multiple relationship. The faculty member is responsible for identifying what efforts have been undertaken to prevent harm to the student and to maximize the best interest of the student.

### *Sexual relationships*

- Faculty members should not condone or engage in sexual relationships with students for whom they have or are likely to have any direct supervisory or evaluative responsibility or for whom they exercise professional authority.
- Faculty members are responsible for setting clear and appropriate boundaries.

### *Sexual harassment*

- Faculty members should not engage in sexual harassment of students.
- Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature that is unwelcome or offensive.
- Faculty members should be alert to sexual harassment of students by other students. Faculty members are responsible for making sure that sexual harassment does not occur in the classroom.

## **Ethical Standards for Human Research**

The Institute for Clinical Social Work is aware of and endorses both its professional ethical responsibility and the federal mandates for the safeguard of the rights and welfare of human subjects in all research which fall under the auspices of the Institution. ICSW will implement this mandate to protect the community through its Institutional Review Board for the Protection of Human Subjects.

### *Guidelines*

ICSW will follow guidelines for ethical research adapted from those developed by the American Psychological Association in 1992. These legal, professional and institutional standards guiding all phases of the research endeavor include:

- Planning Research
- Responsibility for Welfare and Dignity of Participants
- Compliance with Law and Standards
- Institutional Approval
- Research Responsibilities of All Parties
- Offering Inducements for Research Participants
- Deception in Research
- Informing Participants of Possible Sharing of Data
- Providing Participants with Information about the Study
- Honoring Commitments
- Reporting of Results
- Plagiarism
- Publication Credit
- Duplicate Publication of Data
- Sharing Data with Other Researchers

## **Student Evaluation of Faculty**

At the end of each semester, students will be requested to fill out an evaluation form for each course taken, including independent study courses, and for practicum consultations.

Students are expected to complete evaluation forms on dissertation committee members after approval of their dissertation. Evaluation forms are returned to the Registrar at the end of the last class each semester.

## **Student Code of Academic and Professional Conduct**

- As social workers, we aspire to live up to the highest standards of personal and professional conduct. Our professional commitment is to serve our clients to the best of our abilities and to further the goals of the profession.
- ICSW is committed to the support of the standards and ideals of our profession.
- In accordance with these goals, each student of ICSW is expected to be bound by the code of ethics of the National Association of Social Workers, the American Board of Examiners in Clinical Social Work, the National Federation of Societies of Clinical Social Work, and the Illinois Society for Clinical Social Work.
- Students are expected to adhere to the principles of honesty and integrity that guide the members of our profession in their transactions with others.
- Students are expected, at all times, to respect the confidentiality of their clients and must, therefore, appropriately disguise client materials in all oral and/or written presentations to consultants, and/or to teachers and fellow students during class discussions.
- Students are expected to adhere to the guidelines set out by the Committee on Protection of Human Subjects in all research conducted in connection with work at ICSW. In addition, each student is bound by the code of academic and professional conduct (refer to page 16). Failure to adhere to any of these articles will result in the specified sanction being applied.

### *Academic dishonesty*

Any student who engages in academic dishonesty, which includes giving or receiving unauthorized aid in any assignment or examination, plagiarism or tampering with grades or irregularities shall be subject to disciplinary action. Such action may include a failing grade in the course, suspension, or dismissal from the program.

### *Plagiarism policy*

When plagiarism is suspected, students may be asked to submit their papers electronically to a third party plagiarism detection service. If a student is asked to submit the paper and refuses to do so, the student must provide proof that all work is correctly cited and/or is original.

Procedures for handling academic dishonesty and/or plagiarism can be found in chapter 6, page 26.

## **Advanced Standing**

Advanced standing indicates permission to replace requirements for a particular required course with alternative expectations. The following procedures must be followed by any student requesting advanced standing.

- The student should discuss the request with the course instructor or, if the request pertains to the clinical or research practicum, with the appropriate Practicum Coordinator.
- If the instructor, Research Practicum Coordinator, or Clinical Practicum Coordinator, approves the request, the student should then submit a statement to the Director of Doctoral Studies outlining the following:
  - The specific work for which the waiver is being requested
  - The agreed upon substitute work for the waived requirement

- A written statement by the instructor or, in the case of the practicum, the Practicum Coordinator, approving the change
- The student may then proceed with the planned activity, when approval is granted by the Dean.
- All correspondence must be submitted to the Registrar to be included in the student's record.

## **Admission to Candidacy**

### *Requirements for candidacy*

- Completion of all coursework with a minimum 3.0 grade point average
- Completion of all clinical practicum requirements including written documentation
- Approval of a dissertation proposal

Once a student has met all the above criteria, he/she may petition the Student Progression Committee to request admission to candidacy for the degree. Upon receipt of such a request, the Director of Doctoral Studies will undertake a full review of the student's status in the program. If the student meets all clinical and course requirements as evidenced by documentation within the student's file, and is in good financial standing with ICSW, the student is notified in writing of his/her acceptance to candidacy by the Dean.

## **Advanced Student Status**

### *Requirement for Advanced Student Status*

- Completion of all coursework with a minimum 3.0 grade point average
- Case presentation passed

The student must pass the Case Presentation within one year of completing classes or may be subject to academic probation.

## **Good Standing**

Advanced Students and Candidates are expected to remain in Good Standing until they complete the program and must demonstrate:

- Continuous progress towards their dissertation proposal hearing
- Continuous progress towards completion of clinical practicum requirements
- Candidates must demonstrate continuous progress towards completion and defense of their dissertation.
- ACP Students who have completed their classes must demonstrate continuous progress towards completion of their clinical practicum requirements.

Students who do not remain in Good Standing may be subject to academic probation.

## Graduation Standards

### *Requirements for graduation*

In order to be certified by the Director of Doctoral Programs as eligible for graduation, a student must have:

- Earned a minimum of 35 hours of classroom credits with a grade point of 3.0
- Completed all required case study evaluations; met the minimum requirements for all five treatment cases
- Earned at least 18 hours of practicum credit
- Successfully presented a case to the case presentation committee
- Completed all dissertation requirements, including an approved dissertation, approval on the dissertation for form, and submission of two bound copies and two unbound copies to the library
- Diagnostic and treatment summaries on all five required treatment cases in the student's record
- No outstanding financial obligations to ICSW. A student must continue to pay tuition until all graduation requirements are met.

### *Program completion*

- Full time students may complete the program in four calendar years and are expected to do so within 9 years of matriculating.
- Part time students must complete the program within five years of finishing the coursework.
- Students who cannot meet this requirement must request, in writing, an extension of the time requirement and submit it to the Director of Doctoral Studies. All requests must be approved by the Dean. Extensions are given for a period of one year and are renewable based on continuous progress on agreed upon goals.
- ACP students are expected to complete the academic program in three years with two additional years to complete the clinical practicum. Students who do not complete the program within these parameters, and who have not obtained an extension, will be considered withdrawn from the program.

### *Timeline for graduation process*

- A student expecting to graduate in June must notify the Director of Doctoral Studies in writing by February 1 of the same academic year.
- Review student record with the Registrar (by appointment).
- Students should plan for and allow sufficient time to complete all dissertation requirements before graduation. The dissertation defense must be completed by March 1. The Director of Doctoral Studies will review the student's record to confirm that all requirements are met for graduation or to identify any missing documentation.
- The student should discuss any discrepancies or concerns about completion of requirements with the Director of Doctoral Studies.
- A student finding it impossible to meet any minor requirements for graduation (e.g., bound copies of the dissertation are still at the bindery), should discuss the matter with the Director of Doctoral Studies and any other faculty involved in the matter. If the Director of Doctoral Studies concurs with the student to recommend a deferral of a minor technical requirement, he will make a recommendation for deferral to the Dean, who will need to approve it. In such situations the student may go through the

graduation ceremony, but will not receive a signed diploma until all requirements have been met (See the "Graduation Checklist," available from the Registrar or online in the academic resources section).

# ADMINISTRATIVE POLICIES AND PROCEDURES

The policies and procedures listed in this section most directly affect students and faculty.

## Financial Aid Policy and Procedures

ICSW has been certified by the Department of Education to participate in the Federal Family Education Loan (FFEL) Program. FFEL is the Department of Education's major form of self-help aid.

To apply for any form of Federal Financial Aid, you must first complete the **Free Application for Federal Student Aid (FAFSA)**, which you can obtain by contacting John Dowdy, Manager of Strategic Operations and Planning at [jdowdy@icsw.edu](mailto:jdowdy@icsw.edu). Or, you can fill it out online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Submitting online is as secure as and much quicker than submitting by mail.

### *Eligibility*

- To be eligible for Federal Aid, a student must be in school at least half-time
- Advanced students are not eligible for Financial Aid.
- Part time ACP students are not eligible for Financial Aid, and Full time ACP students are not eligible after their second year.
- Inquiring Minds students must be taking at least 3 classes per semester to be eligible for Financial Aid.

### *Subsidized and Unsubsidized Stafford Loans*

- A **Subsidized loan** is awarded on the basis of financial need. Expected Family Contribution, or EFC (determined by the federal government based on income, savings, dependents) subtracted from the Cost of Attendance (determined by ICSW) equals financial need ( $EFC - COA = \text{Need}$ ). If the COA is larger than EFC, you have financial need.
- With subsidized loans, the federal government will pay your interest before you begin repayment or during authorized periods of deferment. **The maximum amount you can borrow per academic year is \$8,500.**
- An **Unsubsidized loan** is not awarded on the basis of need. From the time the loan is disbursed until it is paid in full you will be charged interest. If you allow the interest to accumulate, it will be capitalized – that is, the interest will be added to the principal amount of your loan and additional interest will be based upon the higher amount. **The maximum amount you can take for the 2009 academic year is \$12,000.**
- The interest rate is adjusted every year on July 1, guaranteed to never go higher than 8.25%. From July 1, 2007 to June 30, 2008 the interest rate on new Stafford loans will carry a **fixed rate of 6.80%** while you are in school, during any deferment period, and during repayment of your loan.

- You can receive a subsidized and unsubsidized loan for the same enrollment period if you qualify for both loans and have not yet reached your Aggregate Loan Limit of \$138,500.
- If you have any extra expenses that are not taken into account on the FAFSA (for example: travel expenses, dependant care expenses or the need for a personal computer) we encourage you to submit your own budget detailing such expenses, as you may be able adjust your personal COA and receive extra funds, subject to the professional judgment of the Financial Aid Administrator.

### *Grad PLUS Loans*

- Any student enrolled in a degree program at least half time is eligible to receive a PLUS loan.
- ACP students are not eligible for the Grad PLUS loan, as theirs is a certificate, not a degree program.
- This loan is not awarded on the basis of need, but does require a credit check. If you are denied based on your credit history, you may choose to use a cosigner.
- From July 1, 2007 to June 30, 2008 the interest rate on new FFEL Grad PLUS loans will carry a fixed rate of **8.50%**, and like the unsubsidized Stafford loan, this interest will accrue and be capitalized upon while you are in school, during any deferment period, and during repayment of your loan, which begins on or before the date of your last disbursement (for example, if you plan to finish classes in the Spring of 2008, you must begin repaying your loan on or before the first day of the Spring 2008 semester).
- The maximum amount a student may borrow using this loan program is up to the total cost of your education, as determined by the Financial Aid Administrator minus any other expected Financial Aid.

### *Deadlines*

- A sample of a financial aid timeline can be found in the appendices section, page 52, of this manual. This financial aid timeline is a good reference to use when preparing to apply.
- The FAFSA is due by **June 15** of each year.
- Your ICSW Financial Aid Application, Loan Request form, and a copy of your previous years 1040 tax forms are due by **July 15** of each year.
  - Using these documents, the Financial Aid Administrator will package your financial aid award and create an Award Letter
- Your response to the Award Letter is due by **August 15** of each year.
- If these documents are not received by the aforementioned deadlines, there may be a delay in disbursement of your funds. Therefore, you will be responsible for paying your tuition out of pocket by the first day of classes.
- First time borrowers are required to complete Entrance Counseling and sign their Master Promissory Note by the first day of classes. **Federal funds may not be disbursed until both are complete.**

- If you are selected for Verification, federal funds may not be disbursed until you have turned in the necessary documents indicated by the Financial Aid Administrator and verification has been completed.
- Students who have borrowed loans must complete Exit Counseling by **May 15** of each year if they plan to graduate, withdraw or drop below half time. If Exit Counseling is not completed, ICSW will withhold the student's degree, certificate, transcripts and other documents until Exit Counseling is completed.

## Registration

Each student is required to register four weeks before the first day of classes of each semester. Registration involves both completing all registration forms and paying tuition for the semester. If registering for an Independent Study course, students must complete an Independent Study Contract with their consultant.

Inquiring Minds and part-time students should, as much as possible, take courses in sequence. Inquiring Minds cannot register for courses if they have any incompletes on record or if they are on academic probation.

Inquiring Minds who matriculate into the full-time program will be expected, during each class year, to take all the required courses they have not yet taken of that class year's curriculum and to discuss their course selection with the progression chair prior registration. If they wish an exception to this requirement or wish to take any additional courses, they are required to meet with their advisor and the progression chair to review plans for their whole four-year program. A petition to waive or add courses must be signed by the advisor, the instructor of any additional course, and the Director of Doctoral Studies. This requirement is intended to keep students integrated within a class and to assure that all students have similar preparation for advanced courses. Students in these tracks are to contact the Director of Doctoral Studies before they register each semester to discuss their course selection and to help insure a timely progression through the program.

### *Tuition refunds for withdrawal from program*

Refunds of tuition are authorized after a student has officially withdrawn from the program. Withdrawal requires written notification to the Director of Doctoral Studies by the student. Refunds of tuition are determined as follows:

- Withdrawal on the first day of the semester - 100% refund
- Withdrawal after the second class has met - 60% refund
- There is no refund following the third class.

If a student drops a class but intends to continue with the program, these same rules apply; however, instead of a refund, the student will receive credit towards a future class.

In addition, if you have borrowed student loans for the semester in which the withdrawal takes place, a percentage of your loans will be returned to the lender. For more information regarding the return of Title IV loans, please go to the admissions section of our website and view the Financial Aid Policies and Procedures manual.

### *Audit of a class*

ICSW students and alumni are eligible to audit any class that is offered, with the instructor's permission.

Charges for auditing depend on the status of the person making the request.

- There is no charge for full time students.
- Part time students who are enrolled in classes may audit for the reduced charge of \$250 per class.
- Students who are not currently taking any classes may audit for \$500 per class. Advanced students may audit for the reduced charge of \$250 per class.
- Alumni may audit for the reduced charge of \$250 per class.

Students in other doctoral programs may audit any class that is offered with both the Director of Doctoral Studies' consent and with the instructor's permission. The charge for auditing will be \$750 per class.

## **Status Changes**

### *Leaves of absence*

A student may request a leave of absence from the program when circumstances prohibit continued enrollment. Such requests should be made in writing to the Director of Doctoral Studies explaining the reason for the request. The Dean, in consultation with the Director of Doctoral Studies decides whether to approve a leave of absence. The maximum time for approved leave status is one year, unless the student applies for an extension and such request is approved. Leave status does not extend the maximum length of time a student may remain in the program from the time he/she first enrolls.

To return to the program, the student must submit a request in writing to the Director of the Doctoral Studies. The student should not have any outstanding incompletes or unresolved financial obligations to ICSW when requesting a return. The Dean, in consultation with the Director of Doctoral Studies, decides on the student's request to return.

Tuition paid prior to an approved leave of absence, and not yet utilized, will be held and credited to the student's tuition when he/she returns to the program. During a leave of absence, the student may continue to receive clinical, independent study, or dissertation consultation begun and paid for prior to the beginning of the leave. If the student wishes to continue consultation while on leave, an administrative fee will be charged to the student each semester. The student may not initiate any new consultation or independent studies while on leave.

Advanced students are not ordinarily eligible for leave. Under extreme conditions, a leave may be granted by the Dean, in consultation with the Director of Doctoral Studies; however, the student will not be able to continue in any activities related to the program until the student returns to active status.

### *Change from Inquiring Minds student to full-time or part-time status*

Students wishing to change from the Inquiring Minds program to part-time or full-time students need to contact the Director of Doctoral Studies and complete applications procedures.

*Change to/or from full-time to/or from part-time status*

Full-time or part-time students wishing to change status need to contact the Director of Doctoral Studies.

*Change from Doctoral to ACP program*

Students in the full-time or part-time doctoral programs, who are in good academic standing, may request to change to the ACP program. Students should discuss their desire to change educational tracks with their advisor, and/or the Dean of Students, then schedule a meeting with the Director of Doctoral Studies. Permission to change to the ACP program is granted by the Dean following discussion with the Director of Doctoral Studies. There will be no reimbursement of tuition for credits earned in the Doctoral Studies.

*Change from ACP Program to Doctoral Program*

Students wishing to change from the ACP to the Doctoral Program must contact the Director of Doctoral Studies and complete application procedures. In order to apply credits earned in the ACP Program to the Doctoral Program, the difference in credit hour tuition must be paid.

*Returning Students*

Students who have taken a Leave of Absence or who have changed their status to Inactive and who wish to complete the academic program may be considered for Active Status by taking the following steps:

- The student must first contact the Director of Doctoral Studies to discuss their desire to complete the program.
- A file review will be conducted with the student to determine outstanding course or practicum work.
- Any outstanding course or practicum work must be completed before the student's request is taken to the progression committee.
- A progression committee meeting will be scheduled to discuss the student's request.
- The committee may request that the student take additional courses or retake key courses depending on the amount of time lapsed and evidence of capacity as reflected in prior and recent work.
- The student may be readmitted under a Probationary Status and/or be given timelines for task completion.
- All financial obligations to ICSW must be paid in full prior to reactivation of student status.
- The Dean must approve the petition to return.

## **Academic Probation**

Academic probation will be invoked if:

- a. A student's cumulative grade point average falls below 3.0
- b. A student accumulates more than three incompletes on the transcript
- c. A student fails a course or practicum requirement

- d. A student demonstrates unsuitability for the program

Students on academic probation must work out a plan, submitted to the Student Progression Committee, to remedy the problem. If the plan is not carried out, the student may be dismissed from the program or asked to take a leave of absence. The student may petition the Student Progression Committee for an extension or change of plan. Students who fail required courses must retake the courses. Students on academic probation may not defend a dissertation proposal or make their case presentation.

### **Dismissal from the Program**

Any student who accumulates two failing grades will be dismissed from the program without exception. Even if a course is re-taken and a passing grade is later issued, the first failing grade will be counted as criteria for dismissal if a second failing grade occurs. All failing grades will be considered as subject to this policy, no matter when they occur within the student's academic tenure (with the exception of those that occur prior to the policy going into effect Spring, 1998).

Students may be dismissed from the program for violations of ethics or for extreme or unremediated, unsuitable conduct. Students may also be dismissed if they fail to meet the conditions imposed to lift Academic Probation within one year of being placed on probationary status. Prior to dismissal, the concerns will be brought to the Student Progression Committee for discussion and recommendations. The student's advisor will be present to advocate for the student. The Director of Doctoral Studies has the responsibility to notify the student of the potential for dismissal and of the scheduled meeting. This must be done in writing.

The student may respond in writing to the Director of Doctoral Studies and/or may ask to meet with the Student Progression Committee regarding the concerns and/or their recommendations. The student will be notified of the Student Progression Committee's recommendations in writing. A copy of all correspondence will be placed in the student's file and will be forwarded to the Dean. The student may appeal the recommendations to the Dean.

### **Student Complaint Procedures**

Students may make formal complaints regarding any aspect of ICSW program. The complaint process is initiated by a letter from the student to the Dean. The letter should state that this is a formal complaint. The student should identify the nature of the complaint and as much information regarding it as possible and appropriate. The date, nature and resolution of the complaint will be entered into the ICSW complaint log.

The Dean will respond in writing to the student indicating that the complaint has been received and the process by which the complaint will be addressed. All complaints will be forwarded to the chair of the Ethics Committee for review. The respondent(s) will be notified of the complaint, provided a written copy, and asked to respond to the complaint in writing.

The Chair assigns a panel to review the complaint, to call witnesses if necessary, and to determine the facts. The panel is composed of three members of the Ethics Committee and

two additional faculty members; one chosen by and representing the student and the other chosen by and representing the respondent(s).

Based on the panels review, a formal hearing may be held, the committee may recommend dismissal of the complaint, or may act as a mediation body. If a hearing is conducted, both the complainant and the respondent(s) may choose a faculty member to be added to the panel. The Chair of the panel will set the procedure for the hearing.

A majority vote will rule. If the panel's findings of fact support the complaint, the panel will recommend action. The committee is advisory to the Dean. After the complaint is formally reviewed and discussed by the Dean with the student, the student and the other parties involved in the complaint will be notified of the result in writing. The records associated with the complaint will be locked in the Dean's files.

Official complaints regarding the Dean should be sent to the Chair of the Board of Trustees.

Informal complaints may be made either in writing or directly to the Dean. The complaint will only be documented if the student decides to make it official. Otherwise, the Dean and the student will agree on any further course of action. Informal complaints about the Dean should be made to the Chair of the Board of Trustees.

## **Academic and Professional Conduct Violations**

### *Academic Dishonesty*

In classroom work, practicum, independent studies, and/or dissertation, the following will be considered incidents of academic dishonesty:

- Representing any work of another person, including materials from the professional literature, as one's own product and achievement.
- Misrepresenting interactions with clients in written or oral presentations, representing interactions with clients that did not, in fact, happen, or presentation of any untrue statements in such materials, with the exception of disguising confidential information for the purpose of protecting the client's privacy.
- Failing to adhere to the guidelines set forth by the committee on Human Subjects Research in projects conducted in connection with work at ICSW.

### *Procedures for handling incidents of academic dishonesty/plagiarism*

- The faculty member who suspects academic dishonesty must first notify the Director of Doctoral Studies (Director).
- An assessment of the grounds for suspicion will be made by both parties.
- If there are substantial grounds, the student's advisor will be notified.
- The student will be informed of the suspicion in a private, in person discussion between the faculty member and the student as soon as it can be arranged.
- After the discussion, the faculty member, the Director and the advisor determine if further steps need to be taken to evaluate the suspicion (such as submitting the paper to a third party plagiarism detection service) or if the suspicion is unfounded.
- If the suspicion is unfounded, the faculty member will inform the student of the determination by phone or in person.
- The Dean must approve any steps to be taken to evaluate the suspicion.

- The student will be informed of the steps to be taken and the results of the steps by the Director.
- If the suspicion is confirmed, the faculty member, advisor and Director will discuss the possible consequences.
- Possible consequences for academic dishonesty include failing the paper, failing the course, expulsion and suspension.
- The faculty member is responsible for determining the grade for the assignment and the course. The faculty member will inform the student of the grades to be given.
- The student progression committee is responsible for recommending any further consequences to the Dean, who must approve them. The committee will determine who will inform the student of the consequences in person.

All of the steps taken, the results, the committee proceedings, and meetings with the students will be documented by the Director and placed in the student's file. The student will be informed of the steps to be taken, the results and the consequences in writing by the Director.

#### *Violation of ethics codes*

Any student found guilty of a violation of the National or State Association of Social Workers or Illinois Society of Clinical Social Workers Codes of Ethics by the appropriate professional body or of any conduct which violates any commonly recognized or generally accepted professional standard of the profession, shall be subject to dismissal from ICSW's program.

#### *Violations of laws*

Any student charged with fraud or malpractice under local, state, or federal laws for conduct related to social work employment or practice (or charged with a felony or more serious offense) may be given a leave of absence without prejudice until there is an official ruling on the charges.

#### *Violations procedures*

The following procedures will take effect whenever a student is charged with the violation of any of the areas of professional conduct:

- The student will first discuss the matter directly with the person(s) involved and attempt a resolution. The student's advisor, the Dean and Dean of Students must be notified of any charges.
- The matter will be referred to the Student Progression Committee for review and recommendations. The student, the student's advisor, and the Dean must be notified in writing of the recommendations.
- Should the matter still not be resolved, the student may request a review by the Dean. The Dean will meet with all parties involved and will make a recommendation. These meetings shall be recorded for future reference. Copies of these recordings will be forwarded to all parties involved.
- Should the matter not be satisfactorily resolved, the student may file a grievance with the Dean.
- Grievance procedures:
- Upon receipt of a written statement indicating the grounds for a grievance, the Dean will, within 30 days, appoint a three-person panel to hear the complaint. The composition of this panel shall be as follows: One person will be selected by the Dean of Students, one person by the student, and the third, who is to chair the panel, will be named by the other two members of the panel. The members of

the panel will be selected from within the faculty and/or student body of ICSW. The panel will review all relevant documents and minutes of prior meetings on the matter and will then conduct a hearing. The first hearing is to be held no later than 45 days from the time the panel has been fully constituted. Hearings shall be recorded.

- The student shall have the right to appear before the panel and to present his/her case.
- At the conclusion of the hearing(s), the committee will prepare a written statement with its recommendation to be submitted to the Dean within 30 calendar days from the conclusion of the hearings. The recommendations of the panel shall be binding on the parties involved.
- Upon receipt of the recommendation, the Dean will notify the student in a timely fashion of the panel's action.



# CURRICULUM POLICIES AND PROCEDURES

## **Clinical Practicum Procedures**

### *Source of Cases*

Since all students are expected to be in practice while in the program, case studies and treatment cases are taken from the student's own practice setting. When a student is in private practice, that student carries full administrative and clinical responsibility for the case. When a client is seen within an agency setting or a clinic, that institution maintains clinical and administrative responsibility for the case. The purpose of the instruction provided by ICSW faculty is to promote the student's learning; it is not to guide the student's case management. It is the responsibility of the student to obtain permission from his or her agency to use cases in clinical instruction with ICSW's faculty.

### *Clinical Instruction*

All clinical instruction is provided by clinical consultants. Clinical consultants are designated members of ICSW's faculty who meet with students individually, as part of the practicum, to promote clinical learning. The Dean of Students appoints an advisor, who acts as the student's first clinical consultant for each student upon admission to the program. Together, the advisor and student formulate a learning plan based on the mutual assessment of the student's learning need. This typically takes place in the student's first semester and is called a tutorial. After the tutorial is completed, the student and advisor may decide that a different consultant would better serve the student's learning needs. The student should consult his or her advisor each time a component is begun to review the student's progression and to choose the next clinical consultant. If the Student Progression committee recommends a different learning plan to meet the student's clinical practicum requirements, the student's advisor will discuss this plan with the student.

### *Requesting Modification of Practicum Guidelines*

All requests must be discussed between the student and the student's advisor. Modifications are considered when the student's learning needs are not best met by the guidelines or when a student's practice setting makes following the guidelines unfeasible. Modifications will only be approved when the modified plan preserves the intent of the practicum experience and serves to promote mastery of the practicum goals. Upon approval, change should be indicated in writing and added to the student's record by the Clinical Practicum Coordinator.

### *Guidelines for Clinical Practicum*

Flexibility is built into the Clinical Practicum in order to be relevant to the practice settings of our diverse student body. The following guidelines are to be followed as the student builds their clinical portfolio:

- A minimum of four cases are required to complete the practicum.

- Students must meet in clinical instruction with one consultant for a two year period. The type and number of cases to be focused on during the instruction will be determined by the consultant and the student.
- The student must meet for clinical instruction with three other consultants for a minimum of one year each. The type and number of cases to be focused on during the instruction will be determined by the consultant and the student.
- To be considered an acceptable case, the student must be meeting with the client at least weekly and with the clinical consultant every other week for the duration of the case.

Students are encouraged to see at least one client at twice per week frequency and/or for a prolonged period of time, thus, deepening the learning experience. Students must complete 12 case studies; two each with different clinical consultants. Students must complete a case study for each of their treatment cases. These are included in the 12 required. Students have 220 clinical instruction hours to “spend” on developing their portfolio. Students may have more treatment cases, more case studies, or see clients for longer periods as long as the basic guidelines are followed.

The criteria for final reporting of a case is located in the appendix, page 55.

## Requirements and Procedures for Case Study Evaluations

### *The first clinical instruction experience – Tutorial*

The goal of the first clinical instruction experience, called the tutorial, is the development of the student’s initial learning plan. The first clinical consultant’s responsibility is to assess the level of competence of the student, to discuss matters relevant to the case study and treatment process, to help the student establish individual learning goals for the clinical practicum and to develop the initial learning plan for the clinical portfolio. As with all clinical and research practicum activities, the student is to fill out a Practicum Opening form that indicates the name of the consultant and course number and type of activity.

Because there is a wide range of experience represented by students entering ICSW, the student and first clinical consultant should spend the first semester discussing case study evaluations and treatment as an orientation for the student in ways to think about clinical work. A variety of approaches are possible, but the approach should afford the consultant and student an opportunity to evaluate the student’s clinical learning needs and the student’s oral and written expression abilities. A student may bring in case studies, which have been previously completed, for the student and consultant to review together, using them as an opportunity to learn more about how to approach case studies or the consultant and student might review a section of the clinical process. A consultant might suggest that the student work on a case study during the course of the semester. In addition, the clinical consultant may suggest particular readings to the student. The learning experience is adapted to the student’s needs and goals.

Meetings with the first consultant should begin immediately in the semester and should be on an every other week basis. At the end of the semester, the consultant completes an evaluation form including the assignment of a *Pass* or *Fail* grade. (The student is responsible for obtaining the proper form at ICSW’s office, website, or in this manual and giving it to the consultant. The consultant is responsible for completing it and returning it to the Registrar for filing.) At the end of the first semester the student is to turn in their Initial Learning Plan for review by the practicum committee.

### *Case study evaluations*

All case study evaluations must be active cases at the time they are presented to clinical instructors. It must be possible for the student, following meetings and discussions with clinical instructor, to have further interviews with the clients. In each set of two case studies, the student is required to bring at least one new case to the clinical instructor. Cases should include adolescents and adults of both sexes.

### *Procedures of case studies*

Each set of case studies requires completion of two cases with one clinical instructor. It is recommended that students complete at least two sets per year. Students must use a different clinical instructor for each set of case studies. The student is to fill out a Practicum Opening form, indicating which set of case studies they are undertaking and the name of the consultant with whom they will be working.

Consultants are not assigned for the case studies; they are chosen by the student from the roster of clinical faculty. The student may choose to complete the first set of case study evaluations with their advisor or may choose to work with another faculty member. Advisors must approve student's choice of consultants until the student has passed the clinical presentation.

Once the student has chosen a case to be discussed with the consultant, meetings should be immediately scheduled. Whether a student submits written material in advance of a meeting is up to the consultant.

The number of meetings with the consultant per individual case study depends on the learning needs of the student. Since the focus of clinical instruction is on facilitating the development of the student therapist in relation to his or her work on the case study, the actual number of meetings per case should be worked out by agreement between the consultant and student.

Students are not expected to continue treatment with every case utilized for case study evaluation, nor are they expected to have the competence to carry out all treatment plans that might be recommended. If a case is not to continue in treatment with the student, it is expected that the student will make an appropriate plan for the disposition of the case.

The Case Study Outline (see chapter 9, Appendix, page 53) should be used as a guide when writing case study evaluations. Summaries should be approximately five pages in length. The summary is submitted to the consultant for approval and signature. It is then placed in the student's portfolio.

After required case study evaluations are completed, the consultant is expected to discuss with the student impressions of progress, competence, and continuing learning needs formulated during the process. The appropriate case study evaluation form (Chapter 9, Appendix, page 74) is to be completed, signed by the consultant and submitted to the Registrar at ICSW. The evaluation forms are to be completed at the end of each set of case study evaluations, indicating a *Pass* or *Fail* grade. If the set has not been finished by the end of a semester, only the top sheet of the form, with an AD (Advisory) grade should be submitted. Students are responsible for giving their clinical consultants the proper forms to be completed at the end of each semester. Consultants

are responsible for completing the forms and turning them in to the Registrar. A copy should be placed in the student's portfolio.

## **Requirements and Procedures for Treatment Cases**

### *Requirements for treatment cases*

Each student is required to carry a total of four cases in individual treatment. One of these cases may be in a different modality (couple, family, group), if this type of learning experience is consistent with the student's goals. Clinical instruction must be with a different faculty member for each case.

As with case study evaluations, treatment cases are selected from the student's own practice setting.

If a student wishes, he or she may begin a treatment case with his/her advisor or may choose someone else as a consultant. A Clinical & Research Practicum Reporting form must be submitted when the clinical instructor shifts to work on the ongoing treatment. Evaluation Form must be completed and submitted to the Registrar at the end of each semester for placement in the student's file for all treatment cases. Evaluation forms can be downloaded from the website on the resources for students' page.

Treatment cases are to include both adolescents and adults and represent both sexes. Students enrolled in the child track should see children of both sexes as treatment cases. Students should have their four treatment cases represent a broad spectrum, diagnostically, from high functioning to severely disturbed and/or reflect their primary practice setting. All cases should involve at least weekly contact. We strongly suggest that at least one case involve a contact frequency of two or three times weekly.

Students who elect to specialize in psychotherapy must have cases appropriate for learning this modality. Students are expected to have two long term cases (two or more years) and may have two shorter term cases (approximately a year each). Cases must be seen at least weekly and one of the longer term cases must be seen two or more times a week for approximately two years.

### *Procedures for treatment cases*

A maximum of 220 hour sessions are permitted for all clinical instruction to develop the clinical portfolio. These hours are to be distributed between case studies and treatment cases. Students are responsible for keeping track of their clinical instruction hours. Students have considerable flexibility in utilizing the clinical instruction hours to achieve their learning goals. After the maximum is reached, students will be charged \$40.00 per session for additional contracts.

The general guideline for frequency of clinical instruction contracts is every other week. Variations from this frequency should be determined by the consultant in discussion with the student, and be consonant with the learning needs of the student and the case. Variations should be discussed with the student's advisor prior to implementation. (They should also consider the "expenditure" of the student's clinical instruction hours when making a decision to vary the instruction model.) When the student and consultant determine that a case is suitable for treatment, it may proceed.

Written case summaries should follow the Case Study Outline. In most situations, a case used for a treatment case requirement will also be utilized as part of a case study evaluation requirement.

To receive credit on a treatment case, a student must:

- Meet the clinical instructor's expectations for the satisfactory conduct of the case
- Submit a written summary of the treatment (this report must be signed by both student and consultant, and submitted to the Registrar for placement in the student's file).
- Confirm that a copy of the case treatment summary is on file for the case treatment.
- Submit fully completed treatment evaluation forms to the Registrar at the end of each semester.
- Place a copy of the case study, treatment summary and completed evaluation form in the student's portfolio and submit copies for the student file.

## **Clinical Practicum Evaluation Instruments**

### *Consultant's reports*

Evaluations are an essential part of the learning process. It is assumed that student and consultant discuss the progress of the work in detail before the consultant writes and signs an evaluation report. If there is significant disagreement with a consultant's evaluation, the student is expected to discuss the difference and attempt to reach an understanding and agreement about the report. The student may submit a written description of his/her difference of opinion. A student may also appeal to the Clinical Practicum Coordinator regarding the disagreement. The evaluations are placed in the student's portfolio and school file.

Practicum evaluation forms are due within two weeks of each semester's end. These forms need to be submitted to the Registrar in a timely manner. Failure to do so may result in the student receiving an F (Fail) grade in the practicum.

### *Case study evaluation reports*

Consultants are required to complete a report of their experience with each student. The report should follow the outline entitled "Case Study Evaluation," which you can find in chapter 9, Appendix, page 72. This report is submitted to the Registrar for filing in the student's record immediately following completion of a set of case study evaluations. If the work on a set is not completed at the end of any semester, the consultant is required to submit only the top sheet of the form with an advisory (AD) grade recorded. This grade is changed when the work is completed.

### *Treatment case evaluation reports*

Consultants are required to complete a "Clinical Tutorial Evaluation," which you can find in chapter 9, Appendix, page 79 after the first full semester during which a student is receiving instruction on a treatment case. This report is reviewed with the student and then submitted by the clinical instructor to the Registrar. Following this, the form must be completed at the end of each semester. If the work is not completed by the end of any semester, an AD (Advisory) grade is given. The grade is changed once the treatment is completed.

### *Incompletes in the clinical practicum*

Incompletes are issued under the following circumstances:

- If the student is not demonstrating satisfactory progress in developing their clinical portfolio.
- If the student does not have ample case material to hold an effective case presentation by the end of the third year.

Once an incomplete is given, the established policies regarding incompletes apply, refer to chapter 5; page 13.

## **Clinical Presentation**

### *Summary*

The purpose of the clinical presentation is to evaluate the student's learning progress in clinical evaluation and treatment and ability to engage in an open discussion with a panel of faculty members. In the clinical presentation, students discuss how their diagnostic and treatment thinking and practice have changed as they have progressed through their clinical education at ICSW, keeping in mind the Clinical Practicum objectives. The student's written evaluations and treatment reports, contained in the clinical portfolio, will be reviewed by the panel prior to the clinical presentation. A major part of the clinical presentation is the written and oral discussion of a case, including diagnostic and treatment material, as well as a sample of treatment process. The goal of the presentation is to help students and faculty determine how much the student has learned and what remains to be learned to meet ICSW's clinical practice standards. For a full description of the philosophy of the case presentation processes see "Outline for Clinical Presentation," in chapter 9, Appendix, page 54.

### *Policy*

The clinical presentation takes place before the fourth treatment consultation or following the completion of the 120<sup>th</sup> consultation meeting. The case presented must involve a client utilized to meet practicum requirements. The presentation may not take place without a review of the student's file and consent of the Director of Doctoral Studies, indicating that all requirements have been met.

The clinical presentation is made to a panel of faculty, including:

- A chair (either the Practicum Coordinator or a designate)
- Two members of the clinical sequences

The consultant on the case also attends. The role of the consultant in the clinical presentation is to serve as an adviser to the panel. Two of the three panel members must agree on a recommendation. Other students and faculty may be present if the student wishes to invite them.

The chair is responsible for arranging a mutually acceptable time for the presentation and for posting this information for ICSW faculty and student body. The panel reviews the student's current treatment cases and may make suggestions regarding the fourth testament consultation.

### *Procedures for preparing and conducting a clinical presentation*

The following steps are required prior to the clinical presentation:

- The student should utilize the consultant and, if so desired, other faculty members, for help in preparing for the presentation. The student and his/her case consultant concur that a particular case is appropriate to be used for the clinical presentation and that the write up and accompanying process recording (see “Case Presentation Requirement,” in chapter 7) are in final draft form and approved by the consultant. The write up should be approximately 10 pages long, should conform to the clinical presentation outline (in appendix) and should be accompanied by a process recording of a session or two.
- The student formally requests a hearing by forwarding the write-up to the Practicum Coordinator. The student must also request a release from the Director of Doctoral Studies indicating that all records are up to date, requirements are met, and that the student is in good financial standing with ICSW before a hearing can be scheduled.
- The Director of the Doctoral Studies reviews the student’s academic record regarding the practicum and other academic work. A student who has not completed requisite practicum work (including completion or ongoing satisfactory work with two treatment consultations, completion of appropriate written case evaluation and treatment summaries on cases, completion of the appropriate number of case studies – at least 2 sets per year) or who are not in good academic standing, may not hold a clinical presentation. The Practicum Coordinator is notified about the status of the file.
- The Practicum Coordinator assigns a Clinical Presentation Chair. The Chair must concur with the student and consultant that the case to be presented is appropriate for the clinical presentation and that the materials are adequate for use at the clinical presentation. The Chair has the authority and responsibility to indicate deficiencies in the case selection and/or the written materials. The Chair will suggest remedies for identified problems (which may include a recommendation that the case not be presented). The Practicum Coordinator is responsible to resolve any differences regarding these decisions. When the Practicum Coordinator serves as the Chair, the Clinical Sequence Chair will be responsible for resolving any differences between the consultant and the Chair.
- The Clinical Presentation Chair then selects a panel, schedules the clinical presentation, and notifies the student, the members of the panel, and the consultant of the date and time of the presentation. If the hearing is to be held at ICSW, a room must be reserved with the Registrar two weeks in advance of the hearing and must be held during business hours. The student should expect that it will take up to six weeks to schedule the presentation.
- The student is responsible for delivering the appropriate materials to the panel members at least two weeks prior to the presentation date.
- The Chair and panel members review the student’s portfolio.

#### *Panel expectations*

Each student’s Panel is staffed by different faculty members; therefore no two Panels will function in exactly the same way. However there is uniformity outlined here.

Each Clinical Presentation will last for an hour and a half to two hours and should include some formal presentation by the student with ample time left for free discussion.

It is the Panel chair’s responsibility to structure the meeting, to provide evaluation forms to the Panel members (the student’s consultant does not receive one), to notify the

appropriate faculty of the outcome of the presentation, and to place the evaluations into the student's folder.

#### *Process recording*

Students are required to include a process recording of either a single session or two parts of successive sessions in the write up of the case. The write up should be written in consultation with the clinical instructor on the case. The process recording should demonstrate a significant piece of work with the client. This process recording may be used during the case presentation to provide actual session material for the student and the panel to work with directly.

#### *Process presentation*

Students are expected to demonstrate clinical competence through the presentation of clinical process with the selected case and to participate in a discussion of that treatment process, including a discussion of the learning issues mobilized for the student in his/her work with the case.

#### *The clinical presentation*

The clinical presentation is the student's opportunity to report and convey his or her understanding of how his/her clinical learning has progressed in the program and his/her understanding of a case, treatment process, and ability to work with and discuss clinical material. Flexibility is allowed in how these components are conveyed.

However, with respect to case material, the following must be included:

- ✓ identifying data
- ✓ presenting complaint
- ✓ relevant history
- ✓ diagnostic summary
- ✓ psychodynamic formulation
- ✓ overview of the development of the treatment
- ✓ a summary of major clinical issues and manifestations of transference and counter-transference

The student should work closely with the consultant in preparing the documents for the presentation. Thought should be given to the unique characteristics of the case to be presented and how the student can best convey his or her evolving understanding of the client and the treatment process. Following the presentation, the panel discusses the presentation in dialogue with the student.

At the time of the presentation, it is the responsibility of the panel to review the student's treatment cases regarding their representation of a broad diagnostic spectrum, and to recommend specific directions to the student for subsequent cases when indicated. The Practicum Coordinator may be consulted regarding any recommendations.

Following the presentation, the student is excused from the proceedings while the faculty panel, along with the student's clinical instructor, discusses and evaluates the presentation. Panel members submit written comments and their vote on the student's readiness to progress in the practicum. The panel's recommendation must represent a majority of the panel members in attendance. The student's consultant does not vote. The consultant's role is primarily to help the panel in its discussion of the student's

clinical work and clinical thinking. The panel's findings are shared with the student following its discussion.

Recommendations may include:

- Approval of the student's progression in the practicum case without conditions
- Approval of the student's progression with conditions
- Deferral of the student's progression with specific requirements for remedial work, which may incur student expense, to be completed prior to returning to the committee for another clinical presentation. The remedial work may include one or more of the following:
  - A special focus in the next case
  - Assignment of an extra case requirement
  - An independent study in the area needing remediation
  - Consultation with a particular faculty member in a special area of expertise
  - Attention to problems of counter-transference (possibly including a suggestion that the student seek personal treatment)
  - Other appropriate recommendations
- Failure of the student's presentation and referral to the Student Progression Committee

The decision and recommendations are written and shared with the student and placed in the student's record. Copies are submitted also to the student's advisor and to the Clinical Practicum Coordinator.

If the recommendations include specific remediation, the chair of the panel may, in consultation with the student's advisor, appoint an appropriate faculty member to work with the student.

If the student is required to make a second presentation, the same procedures apply as in the first presentation. If the student fails to obtain approval for progression following a second presentation, the matter will be referred to the Student Progression Committee for a review and further action.

#### *Standards for clinical presentation*

- The Panel will examine the development of the student's capacity to function professionally with a client through the effective and creative use of a therapeutically informed and aware self in relationship with the client. This capacity is the educationally expected outcome of the clinical instruction provided to the student within the clinical practicum.
- The Panel will examine the student's academic capacity to conceptualize, write about, and discuss the therapeutic process as well as concepts related to development, psychopathology and technique that informed the treatment process.
- Students are free to present their case from whatever perspectives, ideas and models which are clinically useful to them but conceptualizations presented throughout their training within the curriculum will be of particular interest. The Panel aims to revisit the clinical process to better understand the student's comprehension of the client and the impact of the client on the student's professional self-experience. The Panel also aims to understand the critical thinking used by the student in selecting theory and technique chosen to treat the client. Though it is not expected that students will know the answer to *every* question, it is expected that the student will demonstrate the capacity to enter into reflective consideration and discussion of the points raised.

## Clinical Presentation Evaluation

The following criteria guide the panel in their evaluation of the clinical presentation.

### *Quality of written report*

Does the report convey a picture of the client, his/her relevant history and core dynamics, a picture of the client and therapist at work in therapy, and a brief description (to orient the readers) to the clinical theory or theories selected by the student?

Does the report meet ICSW writing and style standards?

### *Quality of process recording*

Does the process recording clearly depict a piece of clinical work, including dialogue between therapist and client?

### *Clinical diagnostic and treatment skills*

- Does the student have an adequate diagnostic understanding of the case?
- Can the student discuss the major changes in the quality and tone of the treatment process and relationship and account for these changes?
- Is there evidence that treatment difficulties and impasses have been worked through?
- Does the student demonstrate self-awareness and consideration of transference and countertransference and resistance as they emerged in the treatment? Does the student think about and deal directly with resistance as it appears in the therapeutic process?

### *Selection and use of therapeutic model and theory of technique*

- Was the student able to maintain a therapeutic stance and technique in a reliable and consistent way in order to promote the achievement of the therapeutic goals suggested by the selected treatment approach?
- To what extent is the student aware that his/her understanding of the client represents one among several possible ways of thinking about the client's symptoms, problems, and motives?
- Was the student able to consider deviations from the chosen therapeutic stance as both a function of transference/countertransference (which needed to be understood and worked through) and as evidence of the client's need for an open minded therapeutic response to emerging needs and conflicts in the course of the treatment that might require a change in therapeutic approach?

### *Quality of discussion with faculty during the clinical presentation*

- Does the student's verbal presentation, in conjunction with the write up and process recording, become the basis for a meaningful discussion between the student and the Case Presentation Committee?
- Was the student able to select an aspect of the case for discussion that he/she considers to be meaningful, then explore the issues raised more fully with faculty?
- Does the student respond openly and thoughtfully to the faculty's questions?
- Are there problems with the student's clinical work that become evident in the presentation that need to be addressed in future consultations or through other means?

### *Use of clinical instruction*

- Do the write up and presentation give evidence of the student's learning?
- Are there problems in learning in consultation that become evident in the presentation that need to be addressed in future consultations or through other means?

### *Communication and perspective*

The Panel is looking for the student's ability to enter in to a collegial discussion with three experienced clinicians who have not been involved with this particular case. Within this discussion, students will be asked to describe their experiences with the client in the treatment and to discuss the conceptualizations that guided their technique and goals for the treatment.

In the course of the Presentation, the Panel will examine the student's skills in making a differential assessment of the client as described by the Case Study model taught in the practicum. The Panel will also assess the student's skills in thinking and choosing differentially among the clinical and theoretical models taught in the program as they apply to the evolving treatment situation with the client presented. The student will be expected to discuss how he/she thinks about a particular case, but the student's willingness and ability to discuss alternatives will demonstrate his or her clinical knowledge at this point in the practicum.

Although the student's consultant attends the clinical presentation, this process will allow Panel members who do not know the student, to sample his/her ability to work under clinical instruction. The ability to think critically about one's clinical work and the clinical instruction experience is part of what is being evaluated at the Clinical Presentation. The Clinical Presentation process will provide input on the student's therapeutic work and educational development including the student's work and progress in the clinical instruction part of the program. The Panel will provide useful feedback on the clinical instruction process that has transpired between the student and his/her consultant a on the case.

### *The capacity for growth*

In the Clinical Practicum, we believe that meaningful learning occurs as the student moves from what is known to the next set of learning tasks. In this process one becomes aware of gaps in learning as well as areas that offer opportunities for new learning and development. Here, certainty can betray a knowledge that is artificial and, therefore, not meaningful. Each Panel adopts an attitude of understanding and appreciation where students show their struggles with a complex learning situation.

In order to evaluate students fairly, the Panel will consider each student's previous level of clinical experience and familiarity with psychodynamic thinking. The issue for progression in the Case Presentation is not how much does the student know? But rather, how is the student going about learning what he/she needs to learn at this stage of professional development and can he/she reflect on this process openly with the Panel? Since there is no end point in clinical learning, the inexperienced, as well as the experienced student, meets a similar challenge in the Case Presentation.

The challenge for students is to demonstrate current working standards with a case and talk about what and how they are learning about themselves as clinicians. The Panel is looking for the student's capacity to utilize both a conscious and preconscious use of the

self as a therapeutic instrument as it has developed within the clinical instruction experiences provided to the student in the practicum.

#### *Understanding of theory and practice*

Though it is important for the Panel to consider each student's unique development as a clinician, at the time the student wishes to make the Case Presentation, he/she should be prepared to meet educational expectations at the Doctoral level.

The Panel will be examining the student for a solid grasp of the theoretical and technical issues that have been presented in the curriculum during the student's training and demonstrated by the student in both the write-up and discussion with the Panel.

The Panel also expects an adequate capacity to function effectively and therapeutically with the client. This will be demonstrated through the careful reporting of the process by the student.

### **Summary of Program Requirement-Development of Clinical Portfolio**

The practicum begins with a one-semester tutorial at the beginning of the first year. The student and consultant discuss issues related to ICSW's clinical orientation, especially with respect to clinical evaluation; the student's clinical background, experience, and expectations; and the student's learning needs. An initial learning plan is developed that takes into account the student's primary practice setting and learning interests.

#### *Case study evaluations:*

- The required number of Case Study Evaluations is 12 (six sets of two case studies, each set with a different consultant) unless a modified learning plan has been approved.
- At least one case in each set of two should be a new case.
- Students should choose a variety of cases with respect to age, type of disorder, and gender.

#### *Treatment cases:*

- Students must complete at least four treatment cases, each with a different faculty member.
- The cases are expected to be in individual psychotherapeutic treatment modality unless the learning plan includes a rationale for other modes of treatment.
- Three clinical consultations must continue for at least 12 months; a fourth must be carried for two years, unless a modified learning plan has been approved. Cases may continue under clinical instruction as long as the total hours permit.
- We strongly suggest that students see at least one case two times per week.
- Students who elect to specialize in psychotherapy must have appropriate cases. Two cases must be in consultation for a minimum of two years, one of which must be seen twice a week during the two years. Two other cases must be seen for a minimum of one year in consultation.

## **Research Practicum and Dissertation Procedures**

The research practicum includes the following activities, designed to facilitate completion of a dissertation:

- Four semesters of independent study
- A dissertation proposal hearing
- Ongoing consultation with a dissertation committee
- Defense of a final dissertation document

### *Independent study courses*

The series of four required courses are taken in the second and third academic years. These courses must be successfully completed before the student's dissertation proposal hearing. A student is required to register for each of these courses with a selected faculty member who had agreed to work with the student. Each course lasts one semester and is considered identical to classroom courses regarding credits, incompletes, etc. The courses are to be used by the student to work toward completion of a dissertation proposal.

The recommended approach is to use the independent study sequence to achieve:

- Problem and question conceptualization
- Literature review
- Design
- Creation of the completed proposal document

Students are encouraged to use faculty members to assist them in determining appropriate tasks for each course and in selecting appropriate faculty members to serve as clinical instructors. Student advisor, research faculty, and the research Practicum Coordinator may be contracted regarding their advice and recommendations.

A maximum of eight clinical instruction sessions per Independent Study course (one credit) is allowable. The fourth Independent Study is allotted 24 clinical instruction sessions to take into account the preparation of the dissertation proposal document. Each student will have a different task to work on at different points in the process and will progress at different rates. For example, one student may be searching for a dissertation topic.

This student may select a faculty member with a particular theoretical orientation or substantive specialization when registering for an Independent Study. Another student may seek out a faculty member for an Independent Study course focused on formulating a research question, a literature review, or design and methodology.

Each student must determine how to utilize the Independent Study course requirements. At the beginning of each course the student will negotiate with a selected faculty member how to complete appropriate assignments within the scheduled time of the course. Suggested foci include: general literature review of a topic to narrow down area of interest; formulation of a research question; focused literature review related to a defined research question; and development of a research design.

Students who wish to develop specific expertise in research techniques may contract with an agency or established researcher to assist in the conduct of a larger research project, for one or two sets of independent study. The remainder should be devoted to the student's individual project.

At the time of registration for each course the student is provided with an Independent Study Contract form. This form is to be filled out and signed by the student and faculty member indicating educational goals. The form is submitted to the Registrar at the beginning of the semester for filing in the student's record along with a case opening form. These goals should be used as references for the consultant's evaluation at the end of the semester course. The course goals should be consistent with dissertation requirements, as detailed in this manual.

An evaluation form must be submitted to the Registrar by the end of each semester, whether the requirements have been completed or not. This is necessary to enable ICSW to keep track of each student's progress.

If required work is not completed within the semester, the faculty member is expected to submit an Independent Study Evaluation form with an Advisory grade (AD) indicated. As with other courses, the student must complete the required work within the following semester or receive a failing grade. An incomplete will be issued if the student does not initiate an independent study within one semester of the recommended guidelines.

#### *Institutional Review Board (IRB)*

The student must submit a complete application to the Institutional Review Board, which reviews all ICSW sponsored research involving human subjects.

The IRB outline for the proposal and the protocol for submitting it must be followed. The outline and protocol can be found on the website under Academic Resources. This should not be done until the proposal document is complete as the IRB can request to see the entire document. The IRB must approve the proposed research as meeting standards for protection of human subjects prior to proceeding with any dissertation research activity.

#### *IRB Committee approval required*

All Research conducted under the auspices of ICSW must first be submitted to and approved by the IRB committee. This includes student dissertation research, any research conducted as part of class instruction, research by faculty or staff and outside submission.

IRB protocol, procedures and forms are available on the ICSW Website. Additional documents detailing federal mandates, ethical guidelines, and IRB Protocol from other Institutions, can be found in the "Institute for Clinical Social Work Procedures Handbook," found under REF / BF 76.4 / .S35 / 1999, in the library.

#### *Retention of data policy*

Data research should be maintained in a secure location, i.e. locked file cabinet for 5 years after graduation. The statistical data and IRB approval forms should be maintained indefinitely. Five years after graduation raw data i.e. tapes, questionnaires may be destroyed. Once raw data is entered into a data matrix, and the master is coded and well protected, it too may be kept indefinitely.

#### *Proposal and dissertation process*

Every student is encouraged to select and develop a dissertation topic as soon as possible, preferably during the first year. The development of the dissertation plan is a continuing process of focus and refinement until a dissertation proposal is developed to

the satisfaction of the student and dissertation committee. The student is encouraged to confer with any faculty member during every phase of the process. Opportunities to explore topics and strategies through seminars and other educational experiences, in ICSW and at other educational institutions, will be encouraged.

#### *Dissertation committee*

All students are expected to secure a dissertation chair by the end of their third year of classes and request assignment of a dissertation committee. The student's request for assignment of the dissertation committee is made in writing to and following a discussion of the proposed faculty composition with the Research Practicum Coordinator. If approved, the Research Practicum Coordinator notifies the student, the Student Progression Committee, the assigned faculty members, and the Dean.

The student may request that an individual from another equivalent academic institution be approved to serve on the committee because that individual has the expertise necessary for the dissertation work. Such exception requires permissions of the Chair, the Research Coordinator, and the Dean.

The Research Practicum Coordinator, student's advisor, and research faculty may assist the student to identify faculty members who qualify to serve as dissertation committee members and who have expertise in the particular subject matter or research design areas relevant to the student's topic.

#### *Composition of the committee and roles of members*

The dissertation Committee is comprised of the Chair and two members. The chair and one other member of the committee must have a Ph.D. The chair must be designated as a Research Faculty. The committee represents ICSW and the broader community scholars.

The chair has responsibility for:

- Confirming acceptance of the proposed research by the IRB review committee prior to proposal hearing
- General overview of the dissertation research process
- Adherence to research plan as accepted by the committee
- Ethical conduct of the research
- Chairing the proposal and dissertation hearing
- Addressing concerns that arise among the committee members and the student
- Assuring that any concerns/changes recommended by committee members are in the final document
- Helping the student work with committee members as concerns/changes are addressed
- Adherence to ICSW policy as outlined in the *Student Manual* and the *IRB Manual*

Members serve as additional resources to the student representing various areas of expertise relevant to the project. The student is to keep members of the committee apprised of progress of the research, consult as needed, and submit drafts of the evolving document as appropriate.

The student selects two faculty or individuals with unique expertise relevant to the dissertation topic to serve as readers.

The readers:

- The same two people serve as readers for the proposal hearing and dissertation defense hearing.
- The readers serve as an outside resource to offer advice, suggestions and to voice concerns regarding the research.
- Readers should submit questions they have about the documents in writing to the student and chair several weeks in advance of the hearing.
- The readers do not have a binding vote regarding acceptance of the final document; however, they are free to voice their concerns and influence the votes of other members.

#### *Function and hearing of dissertation proposal document*

- The document is a blueprint of the proposed research project that demonstrates a knowledge of the relevant literature, a question for study or hypothesis to be tested, a sound research plan, and theoretical framework for interpretation of the findings.
- The document is also a contract between the student and the committee defining the area of inquiry, method and general work plan for the project.
- The hearing is an oral presentation of the proposed research in addition to the previously circulated document. It is a public format where committee members and readers can ask for clarification, raise methodological or epistemological issues and/or general concerns. Any additions or changes delineated by the committee are to be included in a revised proposal document. Depending on the nature of the changes, the document may have to be resubmitted to the committee or the chair.
- The hearing is an open meeting; however, the student should use discretion when inviting individuals to the hearing.

#### *Process for acceptance of proposal and dissertation documents*

- While a majority vote of the committee is required for acceptance of either document (Proposal and Dissertation) all major concerns of any member must be addressed.
- The chair of the committee has responsibility for assuring that any changes required by the committee are addressed in the revised document and circulated to the committee members before the project is formally accepted.
- The proposal and dissertation documents must be in publishable form at the time of the hearing and adhere to the guidelines in the ICSW style manual; drafts or documents that require extensive editing are not acceptable.
- The proposal may receive a rating of *Pass*, *Conditional Pass*, or *No Pass*. *Pass* indicates the committee approves the document and no major changes are necessary. *Conditional Pass* indicates major changes are necessary. These changes must be included in the document and re-circulated to the committee before the document receives a *Pass*. *No Pass* indicates the document has not been accepted and major revisions are required.
- The dissertation document may receive a *Pass* or *No Pass*. *Pass* indicates the committee has accepted the final document. *No Pass* indicates the committee concludes that major changes and/or revisions are required. If minor changes are required, the document may still pass, pending changes to be approved by the dissertation chair.
- The hearing is an open meeting; however, it is a defense of the work and the student should be prepared to answer any relevant question in a thorough, diplomatic, and collegial manner. The student should exercise discretion in inviting guests to the

- hearing. Members of ICSW may attend, family members are not appropriate guests at the hearing.
- The document must conform to the *Style Manual* of ICSW.
  - Students entering the program after the 2000-2001 academic years are required to circulate prior to the hearing a 20-25 page publication-ready paper for the committee's approval. This paper may be a summary of the findings or some aspect of the findings of the dissertation project. The paper is to be submitted to the committee along with the dissertation document prior to the hearing.

#### *Student responsibilities*

- Documents are to be submitted in a timely manner that allows for a thorough review by the Research Practicum Coordinator, IRB committee, dissertation committee members and readers.
- Follow-through on all recommendations is required by the committee.
- Adhere to guidelines in the *Research Manual*, *Style Manual*, and *IRB Manual*.
- Submit Dissertation Progress Reports each semester.
- Documents are to be legible copies adhering to publication guidelines; drafts or draft quality documents are not acceptable.
- A student is allowed a maximum of 88 hours of contact with members of the Dissertation Committee. After 88 total clinical instruction hours with the committee, the student will be billed for the additional time at the rate of \$40 following approval of the Dean.

#### *Changes in committee composition*

- A student may request changes in the composition of the dissertation committee.
- This should be done in consultation with the committee chair. A request should be made by both parties to the Research Practicum Coordinator. The coordinator will make the final decision in consultation with the Dean and all parties involved. Changes will be approved only after reasonable efforts to resolve problems have been made by all parties.
- Only under extreme circumstances may a student request a change in committee chair. The Research Practicum Coordinator should be consulted about such a request only after the student and chair have exhausted other means to resolve differences. The coordinator will make the final decision in consultation with the Academic Dean and all parties involved.

#### *Proposal hearing*

A student may present a proposal for evaluation at any time within the limits of his/her tenure as a student, after completion of all independent study requirements and must be in good academic standing. When the proposal document is complete and prior to the IRB application being submitted, a copy is to be submitted to the Research Practicum Coordinator for review. The hearing may proceed when the document is approved by the Research Practicum Coordinator and the IRB has approved the project.

The proposal is submitted to the student's assigned Dissertation Committee and two other faculty members (readers) selected by the student and the Chair. These five faculty members hold a hearing with the student and evaluate the proposal. The committee members, taking into account feedback from the readers, vote to approve, conditionally approve, or reject the proposal. If the proposal is not approved, the student is expected to rewrite it, following the recommendations of the committee, and to present it again at

another hearing. If the proposal is conditionally approved, the student is expected to make specific changes recommended and submit them to the committee and readers for approval. If the proposal is approved, the student may proceed with the dissertation. Following approval of a proposal, the Dissertation Committee is responsible for assisting the student in completing the dissertation and for approving or rejecting a completed dissertation.

### *Dissertation hearing*

An acceptable dissertation is one that contributes to understanding of a particular clinical phenomenon or population and to theoretical knowledge, uses sound principles of inquiry, has empirical grounding, and has relevance to clinical social work practice. Scientific and humanistic orientations to knowledge are valued, and a wide range of research approaches is available and acceptable. The student, the Dissertation Committee members and the same faculty who served as readers for the proposal hearing attend the Dissertation Hearing. Along with the dissertation document, the student (who entered the program after the 2000-2001 academic year) also submits a 20-25 page paper that summarizes the dissertation research and findings. This document is to be in a form suitable to submit for publication. The committee members vote to approve or reject the completed dissertation and paper. If the dissertation is not approved, the student is expected to rewrite it, following the recommendations of the committee and to present it again at another hearing. The summary paper must also be approved by the committee for the student to pass the dissertation hearing. All documents must be in a final edited format. If the documents are approved, the student may continue to the next steps in completing the dissertation, i.e., obtaining approval for form and making bound copies for the library.

### *Final steps*

Following approval of the dissertation, the Chair notifies the Research Practicum Coordinator, the Student Progression Coordinator, and the Dean of the decision.

The student must submit the approved dissertation for review for form by ICSW's designated dissertation form reviewer and make any required corrections or revisions. The "Institute for Clinical Social Work Style Manual" is available to guide the student in completion of the final form of the dissertation.

When the dissertation is approved for form, the student submits two hardbound copies, and two unbound copies of the dissertation to the ICSW library.

The student also submits one unbound copy with an abstract approved by the dissertation committee chair and the research practicum coordinator with the completed forms for UMI Dissertation Publishing.

The student is responsible for all expenses involved in preparing these copies.



## OTHER PROGRAM COMPONENTS

### **Library**

ICSW maintains a specialized library for the use of its students. A professional librarian oversees library operations and assists users in learning how to do literature searches and use library resources.

The library collection includes books, periodicals, journals, electronic databases, dissertations, and dissertation proposals in clinical social work, psychotherapy, and related disciplines. There is computer access for student use. Word processing, statistical analysis, and qualitative analysis software is also provided.

The library is open at all times when ICSW is open. All materials taken out of the library must be signed out and returned on the due date. Books are loaned from the regular collection for a one month period. Reference books and periodicals may be used in the library but may not be checked out. Any fines or cost of book replacement must be met prior to graduation.

### **Professional Enrichment Program**

The primary goal of the Professional Enrichment Program is to provide educational programs that further the professional development of clinical social workers and other mental health professionals. Programming is sometimes extended to serve the interests of the community at large. In accomplishing this goal, the Professional Enrichment Program also provides a forum in which faculty, students, and graduates can present their professional work and gain teaching experience.

Anyone affiliated with ICSW is welcome to submit a proposal for a program to the chairs of the Professional Enrichment Committee. The proposal should include a brief description of the content, format and intended audience. These proposals are considered when the Committee is organizing the fall, winter, spring and summer program offerings.

The Professional Enrichment Program also offers referrals for cost-sensitive consultation and supervision to mental health professionals in the greater Chicagoland area. ICSW faculty and alumni may request to be included on the roster of available consultants and supervisors by contacting the chairs of the committee.

### **Continuing Education Credits**

ICSW provides Continuing Education credits that fulfill requirements for social workers licensed in Illinois. Students receive credits based on the actual number of clock hours of programs they attend. Successful completion of classroom courses results in assignment of one credit for each hour attended.

Faculty and students are responsible for keeping track of the credits they have earned in the case of an audit. This is not the responsibility of ICSW.



# APPENDICES

## Financial Aid Timeline

October -May

Search and apply for Scholarships

- *ICSW offers primarily Stafford Loans provided through the FFEL program. Getting your Ph.D. is a significant financial commitment and ICSW strongly suggests offsetting this financial burden by using private scholarships.*

January 1

The 2008-2009 FAFSA becomes available online at <http://www.fafsa.ed.gov/>

- *It is important to fill out the FAFSA as early as possible after your 2007 income taxes are ready.*

June 16

ICSW FAFSA Deadline

July 14

ICSW Financial Aid forms Due

- *By this date you must submit:*
  - *An ICSW Application for Financial Aid*
  - *A Loan Request form*
  - *A copy of your previous year's 1040 income taxes*
  - *A proposed Student Cost of Attendance budget, if necessary*

August 15

Signed Award Letter Due

- *After receiving your financial information from the FAFSA and your other financial aid materials, ICSW will package an award for you and send you a detailed Award Letter regarding the aid you will receive. If you accept this award, you may sign it and return it to ICSW. If you need to explore more options for financing your education, you may contact the Director of Student Services*

September 1 or by 1<sup>st</sup> day of classes

Signed Master Promissory Note Due

- *If you are receiving Stafford or Grad PLUS loans, the lender will require that you sign a Master Promissory Note (MPN), which is a contract between borrower and lender wherein you as the borrower agree to repay your loans in full after you graduate, withdraw or drop below half-time status. This is the final step before disbursement of your loan, unless you are selected for verification.*

## Case Study Outline

Please use the following as a guide for your case study and treatment write-ups. Address each of the categories below and include as many of the suggested topics (listed under each heading) as possible. The write up should be between 5 and 10 pages. Remember to disguise the information so that confidentiality is maintained.

1. *Identifying Information:*

- Include the client's age, marital status, education, living situation, occupation, referral source, fee arrangements and brief description of the client.

2. *Presenting Problem:*

- Reasons for seeking treatment, initial symptoms and difficulties. Brief history of present difficulties, including other Previous therapy experiences

3. *History:*

- Include outline of family background, childhood, academic and relationship history and significant family history. Try to be brief and include only relevant information.

4. *Relationships & Current Functioning:*

- Describe past and current significant relationships, work and/or school performance.

5. *Course of Treatment:*

- How has the therapy progressed thus far? Include transference and countertransference themes, important issues, major preoccupations, as well as events in and out of therapy. If this is a case study, describe the course of the process of the study.

6. *Formulation:*

- For a case study, initial attempt to formulate the major dynamics of the case. Consider: central conflicts and/or deficits and how the can be understood at this point; predominant defenses; object relational patterns, resistances and the contribution of the developmental history. For the case summary, final perspective on the dynamics of the case.

7. *Diagnosis:*

- What is the working diagnosis? This is a short-handed encapsulation of the case formulation.

## Outline for the Clinical Presentation

The following is a suggested outline for the ICSW Clinical Presentation write-up. Students are encouraged to add items or otherwise alter the outline if such changes enhance their written presentation of their thinking. In addition to the write-up, a process recording of a session (or two) is required. The write-up, not including the process recording(s), should be about 15 pages.

1. Reasons for choosing this case for presentation
2. Identifying information: age of client; gender, marital, occupational (or student), and economic status
3. Source of referral and identified problem/reason for referral, from the point of view of the referrer and of the client
4. Background/brief history of referral problem
5. History of previous treatment
6. Relevant personal/family history
7. Psychodynamic formulation: how do you understand why the client has the problem(s) for which he/she needs treatment? Include your thinking about the links between the client's current concerns, and ongoing character issues.
8. Discussion of Treatment Process: include the major issues that have emerged in the treatment; discuss impasses and how they were dealt with; discuss the way the therapeutic relationship has evolved, including transference and countertransference issues; how the client has changed (or not) in emotional, cognitive defensive, and/or behavioral realms. If the case has terminated, discuss that process; if not, what do you see as continuing issues to be dealt with?
9. Reasons for choosing the process recording(s). Discuss what, in your view, the session illustrates.
10. What major ideas have you learned from this treatment and from the consultation process? How has your thinking about treatment changed
11. Additional comments.

## Criteria for Final Reporting

### *Criteria for final report on therapeutically terminated case*

Both for educational and administrative purposes, it is necessary that a final report be written on all therapeutically terminated treatment cases.

A terminated summary by the student should include the original case study and:

- A complete statement of the dynamic formulation of the case
- A brief summary of the treatment process and trends, including some indication of the therapist's activity in the treatment
- The student's dynamic assessment of the reasons for termination with special reference to the following points:
  - Have the symptoms disappeared or abated?
  - Is there evidence of more energy available for subliminal activity?
  - Is the client back on the developmental course?
  - Has the functioning improved or changed in areas such as school, social life, employment, family, etc.?

This summary should be sent to the consultant for his or her approval and signature.

### *Criteria for final report on interrupted treatment case*

Both for educational and administrative purposes, it is necessary that we have a final report in writing on all interrupted treatment cases, including the original case study and:

- A complete statement of the dynamic formulation of the case
- A brief summary of the treatment process and trends, including some indication of the therapist's activity in the treatment
- The student's dynamic assessment of the reasons for termination

This summary should be sent to the consultant for his or her approval and signature.

### *Criteria for final report on continuing treatment case which consultation has ended*

Both for educational and administrative purposes, it is necessary that a final report be written on all treatment cases on which consultation has ended.

A summary by the student should include the original case study and:

- A complete state of the dynamic formulation of the case
- A brief summary (one page) of the treatment process and trends including some indication of the therapist's activity in the treatment
- The student's dynamic assessment of progress in the case with special reference to the following points:
  - Have the symptoms disappeared or abated?
  - Is there evidence of more energy available for sublimanatory activity?
  - Is the client back on the developmental course?
  - Has functioning improved in areas such as school, social life, employment, family, etc.?
  - The student's informed opinion about the probable outcome of the case. This summary should be sent to the consultant for his or her approval and signature. It should then be forwarded to the Chair of the Evaluation Committee.

*Criteria for final report on therapeutically terminated group treatment case*

Both for educational and administrative purposes, it is necessary that a final report be written on all therapeutically terminated treatment groups.

A treatment summary by the student should include:

- A brief diagnostic statement about each group member
- A brief summary of the group process, direction, and trends (one page), including some indication of the therapist's activity in the process
- The reasons for terminating the group with reference to the following points:
  - The individual client issues
  - Effects of a pre-determined termination time
  - Areas requiring further work for each group member

This summary should be sent to the consultant for his or her approval and signature.

*Criteria for final report on an interrupted treatment group*

- A brief diagnostic statement about each group member
- A brief summary of the group process, direction, and trends (one page) including some indication of the therapist's activity in the process
- The student's dynamic assessment of the reasons for termination

## Clinical Practicum Requirements for Students Entering the Program Prior to 2005

**\*\*\* This section is only for students who entered the program prior to 2005 \*\*\***

### Goal and Objectives

#### *Goal*

The goal of the clinical practicum is the acquisition of skills and competencies for functioning as an independent practitioner of clinical social work. It occurs through an extended program of clinical learning that focuses on the student's professional developmental needs, clinical understanding, and clinical skills.

#### *Objectives of the clinical practicum*

- Demonstration of competence in case study evaluation and treatment of clients with a broad range of intrapsychic, interpersonal and social dysfunctions, within different settings (In addition, students have the opportunity to emphasize the assessment and treatment of children, couples, families, or groups).
- Demonstration of competence in at least one modality other than an individual approach (e.g., family, group).
- Demonstration of competence in clinical writing, oral presentation, and discussion of a treatment case at the case presentation.

### Procedures

#### *Source of Cases*

Since all students are expected to be in practice while in the program, case studies and treatment cases are taken from the student's own practice setting. When a student is in private practice, that student carries full administrative and clinical responsibility for the case. When a client is seen within an agency setting or a clinic, that institution maintains administrative responsibility for the case while ICSW provides clinical instruction. It is the responsibility of the student to obtain permission from his or her agency to have such a case in consultation with ICSW's faculty. The Jerrold Wexler Clinic is available to assist students in finding cases to meet practicum requirements.

#### *Consultants*

All consultants are members of ICSW's faculty. The Dean of Students appoints a first case study consultant (also the student's advisor) for each student upon admission to the program. After this first case study assignment, each student is free to choose consultants from the roster of available faculty unless otherwise indicated by the Student Progression Committee. If the Student Progression Committee recommends a different plan to meet the student's clinical practicum requirements, the student's advisor will discuss this plan with the student.

#### *Requesting a change in the practicum requirement*

All requests must be discussed between the student and their advisor. When considering requests for a change in the usual requirements, the advisor will review the student's current standing in the program, their learning needs, and their professional development and experience up to the time of the request. Upon approval of the change, the advisor will contact the Clinical Practicum

Coordinator for formal approval. The approved change should be indicated in writing and added to the student's record by the advisor.

### Requirements and procedures for case study evaluations

#### *The first consultation experience*

The expectations of the first consultation are different from subsequent case study work. The first consultant's responsibility is to assess the level of competence of the student, to discuss matters relevant to the case study and treatment process, and to help the student establish individual learning goals for the clinical practicum. As with all clinical and research practicum activities the student is to fill out a Case Opening Form that indicates the name of the consultant and course number and type of activity, once an agreement to work with a particular faculty member has been reached.

Because there is a wide range of experience represented by students entering ICSW, the student and first consultant should spend the first semester discussing case study evaluations and treatment as an orientation for the student in ways to think about clinical work. A variety of approaches is possible. A student may bring in case studies which have been previously completed for the student and consultant to review together, using them as an opportunity to learn more about how to approach case studies, or the consultant and student might go over a section of clinical process. A consultant might suggest that the student work on a case study during the course of the semester. In addition, the consultant may suggest particular readings to the student. The learning experience is adapted to the student's needs and goals.

Meetings with the first consultant should begin immediately in the first semester, and should be on an every other week basis. At the end of the semester, the consultant completes an evaluation form including the assignment of a *Pass* or *Fail* grade. (The student is responsible for obtaining the proper form at ICSW office or website and giving it to the consultant. The consultant is responsible for completing it and returning it to the Registrar for filing.)

#### *Case study evaluations*

All 15 case study evaluations must be active cases at the time they are presented to consultants. It must be possible for the student, following meetings and discussions with the consultant, to have further interviews with the client. In each set of three case studies, the student is required to bring at least one new case to the consultant. The primary unit of attention may be individual, family, or group. Students are expected to select a wide variety of dysfunctional states and diagnostic categories for evaluation. Cases should include adolescents and adults of both sexes.

The last set of case studies may, with written permission of the Clinical Practicum Coordinator, be waived to enable the student to pursue other clinical interests, e.g., continuing an ongoing case to the point of termination, obtaining consultation on doing consultation, etc. Any waived practicum requirements must be documented in writing and returned to the Registrar for filing in the student record.

#### *Procedures*

Each of the five sets of case study evaluations requires completion of evaluations on three cases with one consultant. It is recommended that students complete at least one set per year. No set of case studies may be completed in less than one full semester. The student is to fill out a Case

Opening Form indicating which set of case studies they are undertaking and the name of the consultant they will be working with.

Consultants are not assigned for the case study evaluations; they are chosen by the student from the current faculty. The student may choose to complete the first set of case study evaluations with their advisor, or may choose to work with another faculty member. If a student is having difficulty finding a consultant, the student should contact his/her advisor for assistance.

Once the student has chosen a case to be discussed with the consultant, meetings should be immediately scheduled. Whether a student submits written material in advance of a meeting is up to the consultant.

The number of consultations per individual case study depends on the learning needs of the student. Since the focus of consultation is on facilitating the development of the student therapist in relation to his or her work on the case study, the actual number of meetings per case should be worked out by agreement between consultant and student. Students are allowed 12 meetings per set of case studies; a minimum of nine meetings is required.

Students are not expected to continue treatment with every case utilized for case study evaluation, nor are they expected to have the competence to carry out all treatment plans that might be recommended. If a case is not to continue in treatment with the student, it is expected that the student will make an appropriate plan for the disposition of the case.

The Outline for Case Study Evaluation (see section 7.5.8.4 of the Appendix) should be used as a guide when writing case study evaluations. Summaries should be approximately five pages in length. The summary is submitted to the consultant. Only those case studies that evolve into treatment cases are included in a student's record and should be turned in along with the treatment summary.

After the required case study evaluations are completed, the consultant is expected to discuss with the student impressions of progress, competence, and continuing learning needs formulated during the process. The appropriate evaluation form (DX-2A or CS-2A) is to be completed, signed by the consultant and submitted to the Registrar at ICSW. The evaluation forms are to be completed at the end of each set of case study evaluations, indicating a *Pass* or *Fail* grade. If the set has not been finished by the end of a semester, only the top sheet of the form, with an AD (Advisory) grade should be submitted. Students are responsible for giving their consultants the proper forms to be completed at the end of each semester. Consultants are responsible for completing the forms and turning them in to the Registrar.

#### Requirements and procedures for treatment cases

##### *Requirements*

Each student is required to carry a total of four cases in individual treatment and a fifth case in a modality other than individual treatment. Consultation must be with a different faculty member for each case.

As with case study evaluations, treatment cases are selected from the student's own practice setting. The Jerrold Wexler Clinic may be available to provide some cases to meet practicum requirements.

At least three of the cases must be ones in which clients are beginning treatment with the student. The other two required cases may be ones in which the clients have been previously involved in treatment with the student, or ones in which ongoing treatment is occurring. However, such cases must be utilized as case study evaluations, and the case study consultant must approve utilization of the case for meeting treatment case requirements. Once approved, the student may use the previous case study consultant or any other faculty as consultant on the treatment case.

If a student wishes, he or she may begin a treatment case with his/her advisor, or may choose someone else as consultant. A Case Opening Form must be submitted when the consultation shifts to work on the ongoing treatment. A Treatment Evaluation Form must be completed and submitted to the Registrar at the end of each semester for placement in the student's file for all treatment cases.

Treatment cases are to include both adolescents and adults, and represent both sexes. Students enrolled in the child track should see children of both sexes as treatment cases. Students should have their five treatment cases represent a broad spectrum diagnostically, from high functioning to severely disturbed. All cases should involve at least weekly contact. At least one case should involve a contact frequency of two or three times weekly.

Two of the cases must continue for two years under consultation. It is prudent to consider the likelihood that the first two treatment cases in consultation will continue for a minimum of two years. Length of treatment under consultation in the other three cases must add up to at least three years. Treatment in each case is intended to be without major breaks throughout its duration. Where there is a substantial interruption, whether credit will be given for the case will be determined by the consultant in discussion with the Practicum Coordinator.

If a student's two year case terminates before it has been completed and has been under consultation for at least six months, the case can be counted as one of the last three that, together, must equal three years. If the case has been under consultation less than six months, credit may only be given with permission of the consultant and the Practicum Coordinator.

No case of a client seen in psychoanalysis may be used to meet either practicum or case conference requirements. Exceptions to this policy may be obtained with the written consent of the Practicum Coordinator and the Dean.

### *Procedures*

A maximum of 222 consultation sessions are permitted for all clinical instruction requirements. This allows for up to eight sessions for the initial clinical tutorial, 12 sessions for each case study (four contacts per case), 44 sessions for each two-year treatment case, and 22 sessions for each of the three remaining treatment cases. Students have some flexibility in utilizing the maximum consultation sessions. After the maximum is reached, students will be charged \$40 per session for additional contacts.

A student may choose consultants from the roster of available faculty. A different faculty member must consult on each case.

The general guideline for frequency of consultation contacts is every other week. Variations from this frequency should be determined by the consultant in discussion with the student, and be consonant with the learning needs of the student and the case. Variations should be discussed with the Clinical Practicum Coordinator, prior to implementation. When the student and consultant determine that a case is suitable for treatment, it may proceed.

Written case summaries should follow the Case Study Outline, in section 7.5.2 of the Appendix. In most situations, a case used for a treatment case requirement will also be utilized as part of a case study evaluation requirement.

To receive credit on a treatment case, a student must:

- Meet the consultant's expectations for the satisfactory conduct of the case
- Submit a written summary of the treatment (This report must be signed by both student and consultant, and submitted to the Registrar for placement in the student's file)
- Confirm that a copy of the case treatment summary is on file for the case treatment
- Submit fully completed treatment evaluation forms (RX-3N) to the Registrar at the end of each semester.

If termination with a client occurs before meeting requirements for length of treatment, the student should follow the outline entitled "Criteria for Final Report on an Interrupted Treatment Case, in section 7.5.4 of the Appendix. If termination occurs at the same time as completing requirements for length of treatment, the student should follow the outline entitled, "Criteria for Final Report" on a Therapeutically Terminated Treatment Case, in section 7.5.3 of the Appendix.

If treatment continues beyond completion of requirements for consultation, the student should follow the Criteria for Final Report on continuing treatment case on which consultation has ended in section 7.5.5 in the Appendix.

#### Consultant reports

Evaluations are an essential part of the consultative learning process. It is assumed that student and consultant discuss the progress of the work in detail before the consultant writes and signs an evaluation report. If there is significant disagreement with a consultant's evaluation, the student is expected to discuss the difference and attempt to reach an understanding and agreement about the report. The student may submit a written description of his/her difference of opinion. A student may also appeal to the Clinical Practicum Coordinator regarding the disagreement.

Practicum evaluation forms are due within two weeks of each semester's end. These forms need to be submitted to the Registrar in a timely manner. Failure to do so may result in the student receiving an F (Fail) grade in the practicum. Upon beginning a new consultation, students are to submit a case opening form to the registrar.

#### *Case study evaluation reports*

Consultants are required to write a report of their experience with each student. The report should follow the outline entitled "Consultation Report on Case Study Evaluations" (Form CS- 2A). This

report is submitted to the Registrar for filing in the student's record immediately following completion of a set of case study evaluations. If the work on a set is not completed at the end of any semester, the consultant is required to submit only the top sheet of the form with an advisory (*AD*) grade recorded. This grade is changed when the work is completed.

#### *Treatment case evaluation reports*

Consultants are required to complete evaluation form RX-3N after the first full semester during which a student is receiving consultation on a treatment case. This report is reviewed with the student, and then submitted by the consultant to the Registrar. Following this, the form must be completed at the end of each semester. If the work is not completed by the end of any semester, and AD (Advisory) grade is given. The grade is changed once the treatment is complete.

#### Policy regarding incompletes

Incompletes are issued under the following circumstances:

- If the student does not begin cases or case studies within one semester of the recommended guidelines.
- If the student does not complete a set of case studies within two semesters.
- If the student does not submit an acceptable treatment summary by the end of the semester that the case consultation concluded.
- If the student has not yet passed the case presentation by the end of the fourth year, the student will begin to accumulate incompletes on the 4<sup>th</sup> and 5<sup>th</sup> cases.
  
- Once an incomplete is given, the established policies regarding incompletes apply.

#### Case presentation

##### *Purpose*

The purpose of the case presentation is to evaluate a student's competence in clinical valuation and treatment, and ability to engage in an open discussion with a panel of faculty members. This is demonstrated by written and oral presentation of the essential features of a case, underlying theoretical and clinical principles, and the technical interventions employed. The goal of the presentation is to help students and faculties determine how much the student has learned, and what remains to be learned to meet ICSW's clinical practice standards. For a full description of the philosophy of the case presentation process see "Case Presentation Requirement," in section 7.5.8 of the Appendix.

##### *Policy*

Every student is required to present a case to a Presentation Committee before beginning a fourth treatment case. The case presented must involve a client utilized to meet practicum requirements. If possible, it should be a long-term case, and one that has terminated. If this is not possible, the case should be one that is well into the middle phase of treatment. Exceptions to the expectations must be approved by the Practicum Coordinator.

The case is presented to members of the faculty, assembled with:

- A chair (either the Practicum Coordinator or a designate)
- Two members of the clinical sequence

- The student's consultant on the case

Two of the three attending, voting, faculty members must agree on a recommendation. Other students and faculty may be present if the student wishes to invite them.

The chair is responsible for arranging a mutually acceptable time for the presentation, and for posting this information for ICSW faculty and student body. The chair also reviews the student's current treatment cases, and may make suggestions regarding the fourth and fifth treatment cases.

#### *Procedures for preparing a case presentation*

The following steps are required prior to the event of a case presentation:

- The student should utilize the case consultant for help in preparing for the presentation. The student and his/her case consultant concur that the case is appropriate to be used for the case presentation, and that the write up and accompanying process recording (see "Case Presentation Requirement," in section 7.5.8) are in final draft form and approved by the case consultant. The write up should be approximately 10 pages long and should be accompanied by a process recording of a session or two
- The student Practicum Coordinator arranges a mutually agreeable date and time for the case presentation. At least six weeks must be allowed to schedule a case presentation.
- The Practicum Coordinator assigns a Case Presentation Chair. The Chair reviews the student's case material (see item *a*, above). The Chair must concur with the student and consultant that the case is appropriate for the case presentation and that the materials are adequate for use at the case presentation. The Chair has the authority and responsibility to indicate deficiencies in the case selection and/or the written materials. The Chair will suggest remedies for identified problems (which may include a recommendation that the case not be presented). The Practicum Coordinator is responsible to resolve any differences regarding these decisions. When the Practicum Coordinator serves as the Chair, the Clinical Sequence Chair will be responsible for resolving any differences between the consultant and the Chair.
- The Chair reviews the student's academic record regarding the practicum and other academic work. A student who has not completed requisite practicum work (including completion or ongoing satisfactory work with three treatment cases, completion of appropriate written case evaluation and treatment summaries on those cases, completion of the appropriate number of case studies -- at least 1 1/3 sets per year) or who are not in good academic standing, may not hold a case presentation.
- The Practicum Coordinator then selects a committee, schedules a case presentation, and notifies the student, the members of the committee, and the consultant of the date and time of the presentation.
- The student is responsible for delivering the appropriate materials to the committee members at least two weeks prior to the presentation date.

#### *The presentation*

The case presentation is the student's opportunity to report and convey his or her understanding of the case, the treatment process, and his or her ability work with clinical material. Flexibility is allowed in how the material is conveyed. However, the following must be included: identifying data, presenting complaints, client's history, diagnostic summary, psychodynamic formulation,

overview of the development of the treatment, summary of major clinical issues and manifestations of transference and counter-transference.

The student should work closely with the consultant in preparing the documents for the presentation. Thought should be given to the unique characteristics of the case and how the student can best convey his or her evolving understanding of the client and the treatment process. An oral presentation and discussion is to be made by the student. Following the presentation, the committee discusses the presentation in dialogue with the student.

At the time of the presentation, it is the responsibility of the committee to review the student's treatment cases regarding their representation of a broad diagnostic spectrum, and to recommend specific directions to the student to meet these expectations. The Practicum Coordinator may be consulted regarding any recommendations.

Following the presentation, the student is excused from the proceedings while the faculty committee discusses and evaluates the presentation. Committee members submit written comments, and their vote on the student's readiness to progress to the fourth case. The committee's recommendation must represent a majority of the committee members in attendance. The student's consultant does not vote. The consultant's role is primarily to help the committee in its discussion of the student's clinical work and clinical thinking. The committee's findings are shared with the student following its discussion.

Recommendations may include:

- Approval of the student's progression to the fourth case without conditions
- Approval of the student's progression to the fourth case with conditions
- Deferral of the student's progression to the fourth case with specific requirements for remedial work to be completed prior to returning to the committee for another case presentation. The remedial work may include one or more of the following
  - A special focus in the next case
  - Assignment of an extra case requirement
  - An independent study in the area needing remediation
  - Consultation with a particular faculty member in a special area of expertise
  - Attention to problems of countertransference (possibly including a suggestion that the student seek personal treatment)
  - Other appropriate recommendations
- Failure of the student's presentation, and referral to the Student Progression Committee

The decision and recommendations are written and shared with the student, and placed in the student's record. Copies are submitted also to the student's advisor and to the Clinical Practicum Coordinator.

If the recommendations include specific remediation, the Chair of the committee may, in consultation with the student's advisor, appoint an appropriate faculty member to work with the student.

If the student is required to make a second presentation, the same procedures apply as in the first presentation. If the student fails to obtain approval for progression to the fourth case following a

second presentation, the matter will be referred to the Student Progression Committee for a review and further action.

### Summary of program requirements

#### *Tutorial*

The practicum begins with a one-semester tutorial at the beginning of the first year. The student and consultant discuss issues related to ICSW's clinical orientation, especially with respect to clinical evaluation; the student's clinical background, experience, and expectations; and the student's learning needs.

#### *Case Study Evaluations*

- Students complete five sets of three cases each with five different consultants chosen from the faculty.
- At least one case in each set of three should be a new case.
- Students should choose a variety of cases with respect to age, type of disorder, and gender.
- It is recommended that students complete at least one set of evaluations per year.

#### *Treatment Cases*

- Students complete five treatment cases under consultation, each with a different faculty member.
- Four of the cases are expected to be in individual psychotherapeutic treatment.
- Two cases should continue for two years under consultation.
- The three remaining cases should add up to three years under consultation, in total.
- At least one case should be seen two times per week or more.
- The minimum frequency of contact for any case is once per week.
- Three cases must be beginning treatment. Two may be clients who have been seen before by the student, or who are continuing in treatment begun earlier.
- One case must be treated in a modality other than individual treatment-group, family or couples.

#### *Case Presentation*

Students complete an oral and written presentation to a faculty committee between their third and fourth treatment cases.

## Research Practicum

### Outline for the dissertation proposal

The proposal for the dissertation must contain a well-developed plan for the project and include each of the following components outlined:

- I. Title
- II. Formulation of the problem
  - a. General statement of purpose
  - b. Significance of the study for clinical social work
  - c. Statement of the problem to be studied and specific objectives to be achieved
  - d. Statement of relevant knowledge or theory and review of significant literature
  - e. Theoretical and conceptual framework of the proposed study
  - f. Hypotheses to be tested or questions to be explored
  - g. Theoretical and operational definitions of major concepts
  - h. Statement of assumptions
- III. Research strategy
  - a. Type of study and design
  - b. Scope of study, setting, population and sampling, sources and nature of data
  - c. Data collection methods and instruments
  - d. Plan for data analysis
- IV. Statement on protecting the rights of human subjects (See the *IRB Manual* in the library; Ref. 76.4.S35)
- V. Limitations of the research plan
- VI. Footnotes and selected bibliography

### Criteria for evaluation of the dissertation proposal

An acceptable project is one that utilizes and contributes to theoretical knowledge that uses scientific and logical principles of inquiry, that has empirical grounding, and that has relevance to clinical social work practice. Scientific and humanistic orientations to knowledge are equally valued.

- The dissertation proposal must promise to make a contribution to knowledge. The contribution may include development of theoretical knowledge, improvement of practice, development of research methodology, or synthesis or clarification of current theoretical knowledge.
- The question under study must fall within the area of clinical social work, broadly conceived. It must have some general significance for the field, and it must not have been satisfactorily resolved by existing knowledge.
- The dissertation proposal must include an acceptable plan and methodology for inquiry. No single research model is prescribed or prohibited. Acceptable types of studies include experiments utilizing comparison and/or control groups and statistical analysis, single subject experiments, field experiments, quasi-experimental field studies, survey studies, exploratory studies, qualitative field studies, historical and other theory building studies. The study must be related to specific hypothesis, questions and/or propositions. The methodology utilized in the study must follow the principles of a published, readily available methodology within the broad psychological academic realm and must contain logical guidelines for data collection and analysis.

- There must be a realistic expectation that the proposed study can be satisfactorily completed within a reasonable time.
- In situations where agency cooperation for the collection of data is involved, the plan must include evidence of reasonable and clear contractual arrangements between the agency and the student.
- The project plan must be approved by the Institutional Review Board for the
- Protection of Human Subjects according to procedures previously outlined and address in detail in the IRB Manual.

#### Guidelines for the dissertation

- The dissertation is intended as a demonstration of the student's capacity to contribute to knowledge in the area of clinical social work.
- The topic chosen is expected to have a relationship to the student's area of specialization in clinical practice. The topic chosen should have significance for social work practice and should be one that has not been satisfactorily explored, answered or resolved through existing knowledge. The research design should demonstrate scholarship, scientific rigor, and feasibility. Successful completion of the dissertation should establish the candidate's capacity to pursue scholarly inquiry in an independent manner and should represent a modest increment of knowledge in the area addressed.
- Suggested general dissertation outline:
  - Introduction
  - Review of relevant literature
  - Methodology
  - Findings
  - Implications

#### Criteria for evaluation of the dissertation

- The dissertation must be conceived and developed upon a sound theoretical base. An opening statement of the problem addressed by the study should be presented in general terms to establish a frame of reference. The specific objectives of the study should be articulated.
- The dissertation must be meaningful for the profession and must represent an original contribution to knowledge, i.e., must represent a modest increment to existing knowledge. The significance of the problem chosen for study, its theoretical and practical value should be discussed. The topic chosen must reflect a reasonable expectation of demonstrable relevance for the candidate's professional development.
- The theoretical context in which the problem occurs should be described. The literature that bears upon the problem should be reviewed.
- Hypotheses to be tested, or major questions to be answered, should be articulated.
- The major concepts should be clearly and appropriately defined, with reference to theoretical and operational indicators utilized.
- Theoretical assumptions upon which the study is based should be explicated. These should be consistent and tenable.
- The design should be logical and appropriate to the purpose to be achieved. Gaps and shortcomings of the design should be recognized. The sources of data should be indicated, and the data collection procedures should be described, explained, and evaluated. Any

problems with the validity and reliability of the data collection procedures and instruments should be noted.

- The analysis of data should demonstrate appropriate utilization of theory, documentation of the knowledge base and should be logical and meaningful.
- The interpretations should be theoretically relevant, the generalizations appropriate to the design and the conclusions justified by the data.
- The significance of the study for theory, practice and further inquiry should be stated.
- The ordinary presentation of the study is in the form of a dissertation report. Other forms of expression may be included if indicated.
- The level of excellence should be constant with the goals of ICSW.
- The document must conform to the style manual. Drafts of the document or sections of the document are not appropriate for the hearing.
- The student is to also present to the committee a twenty to twenty-five page submission ready summary of the research question, pertinent literature, method and findings (this applies to students entering the program 2000-2001 academic year).



## **Core Concepts in Clinical Sequence**

The goal of our clinical training is the acquisition of knowledge and skill in clinical social work practice. Classroom instruction and supervised clinical work are the methods of carrying out this goal. Our educational strategy is intended to promote each student's mastery of psychodynamic theory and technique and their integration with clinical practice. Our primary educational method in the clinical curriculum is to examine psychotherapeutic process, clinical technique, and clinical theory. An important aspect of our mission is to help students apply newly acquired knowledge and skill to the various clinical, supervisory, and administrative settings in which they work.

Classroom teaching emphasizes conceptual understanding of the processes of clinical evaluation and psychotherapy through examining various psychodynamic clinical theories. In addition, we focus on learning clinical technique through readings, class discussions, clinical writing, and student case presentations. Class work fosters an examination of the impact of clinical theories on our functioning as clinical social workers.

In the Practicum, the ideas taught in the clinical courses come to life. Through a series of individualized tutorial experiences, learning occurs through examining actual clinical encounters. Teaching focuses on our students' self experience in the therapeutic process, including their emotional, cognitive, and interpersonal functioning with clients. Teaching is directed toward helping students integrate what they learn about themselves and their clients in the Practicum, with what they learn in clinical courses.

We encourage students to participate in a course of personal psychotherapy, since we believe that psychotherapy promotes the awareness of, and skills to cope with, unresolved psychological difficulties that interfere with professional functioning. We believe that, with the kind of depth exploration that psychotherapy encourages, students are better able to function effectively with a wide range of clients.

The list of core concepts and assumptions that follows informs our clinical teaching and learning. A formal evaluation of student's progress in understanding and integrating these concepts occurs at the case presentation, where students are provided an opportunity to demonstrate competence in conducting, conceptualizing, writing about, and discussing their clinical work in depth.

### *Concepts related to psychological functioning*

- Behavior is motivated:
  - By the wish/need to achieve pleasure/gratification
  - By the wish/need to avoid pain/anxiety
  - By the wish/need to create and maintain object ties
  - Early object ties and the longings and anxieties related to them tend to be enacted throughout life
  - The tensions between maintaining early ties and creating new forms of self/other relations are important throughout life
  - By the wish/need to create and maintain self coherence, a sense of agency, and self esteem
  - By the wish/need for mastery
  - Via the achievement of competence
  - Via the various forms of turning passive into active
  - By the wish/need for repetition; the maintenance of existing forms of object relations, self-organization, and mastery is a primary motive; the past is alive in the present
  - By several aims at once

- Behavior has adaptive, defensive, and developmental functions and meanings
- Unconscious processes are active in mental life
  - Non-awareness of feelings/thoughts/fantasies/behavioral tendencies may be brought about by defensive processes
  - Non-awareness may be the result of a mental process never having achieved symbolic elaboration
  - Unconscious feelings/thoughts/fantasies behavioral tendencies affect and can organize functioning in everyday life; expressions of unconscious activity include dreams, transference, neurotic symptoms, character traits, etc.
- Character is the organization and integration of the various elements of psychic and interpersonal life, and reflects persistent psychic structure
- Trauma as historical event and subjective experience may organize psychic life
- Memory is organized in declarative and procedural forms

### *Clinical evaluation*

- Reasons to do an evaluation
  - Evaluation leads to a recommendation
  - Sources of clinical data: direction of the therapist's perception
    - Observing non-verbal behavior in the interview: what the client does
    - Listening to the client's words: what the client says about his current life, fantasies, and history, with special attention to transference readiness and transference fantasy
    - Monitoring one's own affective/fantasy reactions: what kind of emotional/interpersonal milieu does the client evoke?
- The therapist's subjective experience
- Initial countertransference reactions
  - Empathy/vicarious introspection
- Kinds of Data Included in an Evaluation
  - Current living situation cultural background
  - Personal history, especially of trauma
  - Personal strengths
  - Relational patterns, capacities, and difficulties
  - Defensive patterns
  - Important identifications
  - Persistent disturbing fantasies and beliefs
  - Range of affect
  - Sources of self esteem
  - Symptoms
  - Mood
  - Physical/neurological problems
- Formulation: fitting the different kinds of data together
  - Formulating why the client is coming in now
  - Formulating the nature of the client's ongoing emotional difficulties, relational patterns, and character
  - Formulating the link between a and b
- The relationship between diagnostic evaluation and treatment planning
- Evaluation is a continuous process

### *Treatment planning*

- Who is the client who will be treated? If the client is a child, how will the therapist work with the child's caretakers?
- What does the client want?
- What does the client need?
- Fee setting
- Frequency of sessions
- Intensity of the process
- Medication and other ancillary services
- Prognosis
- Making recommendations

### *The therapist's expectations of the client*

- Openly communicating
- Paying the fee
- Coming to sessions on time
- The way in which clients play the role of client may vary according to culture, referral context, and mode of treatment.

### *The therapeutic attitude and personal requirements*

- Curiosity
- Authenticity
- Self-awareness/emotional honesty
  - Regarding personal bias
- Cultural attitudes
- Racial attitudes
  - Regarding theoretical bias
  - Regarding sources of personal anxiety
- Objectivity
- Freedom of thought
- Open-mindedness
- The capacity for enduring a wide range of feelings
- The capacity for relatedness with vitality
- Confidence in the therapeutic process

### *Psychotherapy*

- What is psychotherapy and psychotherapeutic process?
- How is psychotherapy different from other interpersonal activities?
- The therapeutic alliance
- Methods
  - Listening stances
    - Empathic listening: being in the client's shoes
    - Listening from the point of view of external observer
    - Listening from within oneself: the enlistment of subjective reactions
  - Types of intervention
    - Empathic statements: therapist as caretaker/mother/provider/selfobject
    - Interpretation and confrontation: the therapist as authority and teacher
    - Authentic engagement: the therapist as other subject

- The therapist's resistances/anxiety
- Symptom relief vs. character change
- Resistance and defense
  - Motives
    - Fear of mobilizing anxiety
    - Classical danger situations
    - Re-traumatization
    - Loss of self-cohesion
  - Methods/Mechanisms
    - Following the therapeutic interaction: what are the priority issues in the interaction; what is the evidence for a good therapeutic process?
- Manifest vs. latent content
  - Content which is consciously withheld
  - Content which is repressed
  - Content which is dissociated
  - Content/process which exists in procedural rather than declarative form
- Transference
  - As an intrapsychic process
  - As a distorted view of the therapist
  - As selective attention and perception
  - As a repetition and dramatization of core object relations themes
  - As a pre-reflective set of organizing principles
  - Identifying and understanding transference related material
  - Working within the transference
  - Clarifying and interpreting transference fantasy and defenses against transference recognition
- Countertransference
  - As the therapist's transference: the subjective countertransference
  - As the therapist's reactions to the transference: the objective countertransference
  - Using countertransference reactions as data
  - Using countertransference-derived data for interpretation
- Acting out, action, and enactment
  - By the client
  - By the therapist
  - Verbalization and clarification of mutual enactment
  - Acting out and enactment occur in the absence of conscious thought/verbalization
- Therapeutic impasses
- The view of the client as helpless: deficit and the absence of psychological structure
- The view of the client as active agent: intrapsychic and relational conflict and the presence of pathological psychological structure
- The process of termination



## Case Study Evaluation

Name of Student: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Date of this report: \_\_\_\_\_

First set (CS 122)       Second set (CS 231)       Third set (CS 242)

Fourth set (CS 351)  Fifth set (CS 362)       Sixth set (CS 372)

(for students who matriculated 2006 or after)

<b>C S</b>	<b>CLIENT INITIALS</b>	<b>AGE</b>	<b>SEX</b>	<b>DIAGNOSIS</b>	<b># OF CONSULT.</b>
1					
2					
3*					

### Grade for the period of this report:

Case Study is NOT COMPLETE yet but there is satisfactory progress:  AD

Case Study is COMPLETE:       PASS       FAIL

Signature of Student: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_

(Please fill out the rest of this form only when the Case Study is complete).

\*For students who matriculated prior to 2006

**The purpose of the case study sequence is to enhance the student's diagnostic and assessment skills through clinical work with a variety of cases. As you evaluate the student's work with you during this set of case studies, please consider the level of clinical experience prior to entering the program and the number of case studies the student has completed prior to working with you. Because students may not bring cases they have been working with for a period of time in addition to new cases, please consider the student's ability to utilize feedback on ongoing cases as well as cases they are less familiar with.**

1. Describe the student's approach to clinical assessment and the level of his/her skills as you observed them over the course of your work together. \_\_\_\_\_

\_\_\_\_\_

2. THE ABILITY TO USE INSTRUCTION: Discuss the student's ability to engage in a professional tutorial encounter with the instructor.

A) Is the student well prepared? B) Are appointments kept? C) Is the student able to use the tutorial to discuss, organize and formulate an understanding of his/her experience of the client?

\_\_\_\_\_

\_\_\_\_\_

D) Is the student able to integrate feedback from the instructor into her/his understanding of the case?

\_\_\_\_\_

\_\_\_\_\_

E) Is the student able to reflect on the impact a particular patient has on her/him and to utilize that self-awareness to better understand the client's dynamics and the developing relational dynamics?

\_\_\_\_\_

\_\_\_\_\_

F) Is the student aware of learning issues that get mobilized in the tutorial in working with a particular client? Can the student deal productively with these learning issues?

\_\_\_\_\_

\_\_\_\_\_

3. ASSESSMENT SKILLS: Discuss the student's ability to establish a therapeutic relationship and to:

A) Use that relationship to assess client's therapeutic needs, interests, and capacities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B) Distinguish latent from manifest content in the story told by the client.

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C) Understand the client's story (manifest and latent) from a development point of view.

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4. THEORETICAL AND ORGANIZATIONAL SKILLS:

A) Discuss the student's developing ability to organize and understand case material from a reasoned clinical theory that organizes the therapeutic approach.

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B) Describe the student's awareness and understanding of the influence of socio-cultural contexts and issues of difference on both participants.

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5. ETHICAL COMMITMENT: Does the student demonstrates an understanding of professional ethics and an ability to discuss relevant ethical issues as they emerge in the tutorial?

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6. FUTURE LEARNING GOALS FOR THE STUDENT: Please list and describe recommendations to the student for future clinical learning.

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Signature of Instructor: \_\_\_\_\_

10/07





## Case Study Tutorial Evaluation (First Year, First Semester)

Name of Student:

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Name of Advisor:

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Date of this report:

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PASS

FAIL

The case study tutorial course in the Practicum differs from those that follow in that there are no requirements other than those developed by the advisor during the semester. The course is a bridge between the student's existing clinical diagnostic assessment knowledge and the expectations of ICSW. Comments made below should take into consideration the student's capacity to make use of this opportunity.

I. Describe the nature of the learning alliance. Include the following factors:

- A). Is the student well prepared for meetings?
- B). Are appointments made and kept?
- C). Does the student take initiative and responsibility for learning?
- D). Is the student open and responsive to the advisor's suggestions and observations?

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2. Describe what the student knows and how the student conceptualizes the process of clinical diagnosis, assessment and treatment that is in use as the student enters ICSW.

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3. Discuss the student's ability to identify, together with the consultant, clinical learning goals for the program.

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List the goals identified:

- 1. 

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- 2. 

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- 3. 

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- 4. 

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SIGNATURE OF ADVISOR: \_\_\_\_\_

10/07



## Clinical Tutorial Evaluation

To be completed every semester

Name of Student: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Date of this report: \_\_\_\_\_

### Clinical Case:

Case I (RX I) \_\_\_\_\_

Case 2 (RX II) \_\_\_\_\_

Case 3 (RX III) \_\_\_\_\_

Case 4 (RX IV) \_\_\_\_\_

Case 5 (RX V) \_\_\_\_\_ (for students who matriculated prior to 2006)

Initials of client: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment modality: Individual: \_\_\_\_\_ Couple: \_\_\_\_\_ Family: \_\_\_\_\_ Group: \_\_\_\_\_

This case began on (give entire date): \_\_\_\_\_

Tutorial began on (give entire date): \_\_\_\_\_

The client is seen at the frequency of: \_\_\_\_\_

List all dates of tutorial since your last report:

\_\_\_\_\_  
\_\_\_\_\_

Grade for the period of this report: \_\_\_\_\_

The case is NOT COMPLETE yet but there is adequate progress: **AD** \_\_\_\_\_

The case is COMPLETE: **PASS** \_\_\_\_\_ or **FAIL** \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

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





### Evaluation of Student's Clinical Learning Case Consultation

Student: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Please rate each item with a 1, 2, 3, 4 or 5. For an item that does not apply at the time the evaluation is completed, select "NA."

- 1--Poor level of performance for a student at ICSW
- 2--Below average level for a student at ICSW
- 3--Average level of performance for a student at ICSW
- 4--Above average level of performance for a student at ICSW
- 5--Outstanding level of performance for a student at ICSW

Consultant and/or student may add narrative comments at the end of each section.

#### Use of Consultation

The student:

1. Keeps appointments as scheduled	1	2	3	4	5	NA
2. Turns in paperwork on time	1	2	3	4	5	NA
3. Identifies his/her learning goals	1	2	3	4	5	NA
4. Takes the initiative in raising clinical questions	1	2	3	4	5	NA
5. Demonstrates an attitude of inquiry in meetings	1	2	3	4	5	NA
6. Is discussing his/her uncertainty and anxiety accompanying clinical learning	1	2	3	4	5	NA
7. Presents clinical material openly and non-defensively	1	2	3	4	5	NA
8. Openly addresses any difficulties working with the instructor	1	2	3	4	5	NA

**Instructor's Comments:**

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**Student's Comments:**

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**Quality of Thinking**

The student:

1. Identifies diagnostic issues that are relevant to the case(s)	1	2	3	4	5	NA
2. Applies psychodynamic understanding to the case(s)	1	2	3	4	5	NA
3. Tolerates ambiguity	1	2	3	4	5	NA
4. Keeps an open mind	1	2	3	4	5	NA

5. Does not overlook salient aspects of the client's behavior/affect/anxieties, etc., in order to fit his/her understanding of the client(s) into a favored theoretical perspective	1	2	3	4	5	NA
6. Verbally demonstrates an understanding of core psychodynamic concepts as related to the clinical process with the client(s)	1	2	3	4	5	NA
7. Conceptualizes his/her clinical work clearly and thoughtfully in writing	1	2	3	4	5	NA
8. Thinks about treatment issues on an intrapsychic as well as an interpersonal level	1	2	3	4	5	NA
9. Understands the importance of unconscious mental life	1	2	3	4	5	NA

**Instructor's Comments:**

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**Student's Comments:**

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**Quality of Writing**

The clinical summary:

1. Is logically and clearly organized	1	2	3	4	5	NA
2. Demonstrates skill with respect to grammar, word usage and sentence structure	1	2	3	4	5	NA
3. Integrates psychodynamic ideas with clinical data	1	2	3	4	5	NA
4. Conveys a lively view of clinical process	1	2	3	4	5	NA
5. Illustrates how the student thinks about the client, the treatment process and the student's participation in the process	1	2	3	4	5	NA

**Instructor's Comments:**

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**Student's Comments:**

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### Quality of Understanding of Clinical Interventions and the Treatment Process

The student:

1. Clearly understands issues regarding fees, scheduling, and cancellation policy, etc.	1	2	3	4	5	NA
2. Understands the importance of appropriate professional boundaries	1	2	3	4	5	NA
3. Understands treatment process issues relevant to the case(s)	1	2	3	4	5	NA
4. Understands the principle of allowing the treatment process to unfold in response to the client's capacities, needs and anxieties, rather than in response to the student's agendas	1	2	3	4	5	NA
5. Demonstrates an understanding that clinical interventions should be responsive to the client's verbalizations, behavior, and affect	1	2	3	4	5	NA
6. Demonstrates an understanding of the value of transference as it appears in the treatment process	1	2	3	4	5	NA
7. Understands how to identify transference issues	1	2	3	4	5	NA
8. Understands how to respond to transference issues to further the therapeutic process	1	2	3	4	5	NA
9. Is aware of his/her biases, feelings, etc. as they are mobilized in the treatment	1	2	3	4	5	NA
10. Demonstrates an understanding of how to identify countertransference issues	1	2	3	4	5	NA
11. Makes use of countertransference and other reactions to further his/her understanding of the client(s) and the clinical process	1	2	3	4	5	NA
12. Understands how to use his/her countertransference and other reactions to the client to formulate clinical interventions	1	2	3	4	5	NA

13. Understands the importance of maintaining his/her therapeutic attitude in the face of intense affect, tension, or interpersonal conflict in the treatment	1	2	3	4	5	NA
14. Understands how to recognize clinical impasses	1	2	3	4	5	NA
15. Understands the impact of his/her interventions	1	2	3	4	5	NA
16. Understands the importance of the client's positive as well as negative feelings and how they may be discussed with the client	1	2	3	4	5	NA
17. Understands the significance of the client's erotic and affectionate feelings and fantasies as they enter the therapeutic process and how they may be discussed with the client(s)	1	2	3	4	5	NA
18. Understands the importance of addressing the client's resistances and anxieties related to the treatment process	1	2	3	4	5	NA
19. Demonstrates an understanding of the latent as well as manifest meanings of all communications	1	2	3	4	5	NA

**Instructor's Comments:**

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**Student's Comments:**

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## Independent Study Contract

*To be completed on the first consultation date at the beginning of the semester*

Name of Student: \_\_\_\_\_

Name of Advisor: \_\_\_\_\_

Date of this report: \_\_\_\_\_

Topic being studied: \_\_\_\_\_

\_\_\_\_\_

SECOND YEAR: 1st semester (IS I) \_\_\_\_\_ 2nd semester (IS II) \_\_\_\_\_

THIRD YEAR: 1st semester (IS III) \_\_\_\_\_ 2nd semester (IS IV) \_\_\_\_\_

Contracted goals for this course of independent study should be related to development of dissertation proposal (i.e. formulation of problem, specific readings, literature review, methodology, etc.):

1).

2).

3).

Evaluation Criteria (i.e. paper, outline, literature review, section of proposal, etc.):

1).

2).

3).

Additional Comments:

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Classroom & Practice Credit Hour Tracking Sheets

### Requirements

The following documents are a breakdown of the minimum requirements required to complete the Doctoral Program, the Doctoral Program with Child and Adolescent Specialization, and the Advanced Clinical Practice Program. Each program is divided into sequences for Research, Conceptual Foundations, Clinical, Electives, Clinical Practicum and Research Practicum for your convenience. You may also use this as a worksheet to track your progress through the program.

You will also notice that, due to curriculum changes over the years, there are different requirements for some students who entered the programs previous to the academic year when those changes were made. Please take note of these if they pertain to you.

### *Doctoral Program*

Basic Numerical Credit Hour Requirement:

- 38 classroom credit hours are required for graduation if you began the program prior to 1999 ( Preceptorial would have been a credit class)
- 35 classroom hours are required if you began the program prior to 2003 when the Preceptorial was not a requirement
- 35 classroom hours, 18 clinical practicum and 19 research practicum hours are required beginning the with the fall of 2003



Research Sequence\*

- RM 512 - Research Process
- RM 541 - Research Design
- RM 632 - Qualitative Methods
- RM 621 - Quantitative Methods
- RM 741 - Dissertation Seminar I

- RM 742 - Dissertation Seminar II
- ESRM Advanced Qualitative Analysis Seminar
- ESRM Advanced Quantitative

Research Sequence Total = \_\_\_\_\_

*Conceptual Foundation Sequence*

Psychodynamic Theory

- CF 501 Psychodynamic Psychology I : Freud's Ideas and Contemporary Perspectives
- CF 502 Psychodynamic Psychology II: Freud's Ideas and Contemporary Perspectives
- CF 601 Psychodynamic Psychology III: Object Relations

- CF 602 Psychodynamic Psychology IV: Self Psychology
- CF 701 Psychodynamic Psychology V: Contemporary Object Relations
- CF 702 Psychodynamic Psychology VI: Relational Theory

Psychodynamic Theory Total = \_\_\_\_\_

Development Sequence

- CF 550 Development I: Infancy and Toddlerhood \*\*
- CF 560 Development II: Early Childhood and Latency \*\*
- CF 653 Development III: Adolescence \*\*
- CF 654 Development IV: Adulthood and Aging \*\*
- CF 551 Development I: Parenthood and Infancy \*\*\*

- CF 522 Development II: Toddler and Pre-School Years \*\*\*
- CF 653 Development III: School-Aged Years and Preadolescence \*\*\*
- CF 654 Development IV: Adolescence \*\*\*
- CF 665 Development V: Early and Middle Adulthood \*\*\*
- CF 660 Development VI: Middle Adulthood and Aging \*\*\*

Development Sequence Total = \_\_\_\_\_

Epistemology

- CF 604 Epistemology I: Foundations for Clinical Theories
- CF 605 Epistemology II: Postmodern and Post Structuralist Approaches

Epistemology Total = \_\_\_\_\_

*Clinical Sequence*

Case Conference

- CL 511 Case Conference I
- CL 512 Case Conference II
- CL 613 Case Conference III

- CL 614 Case Conference IV
- CL 715 Case Conference V
- CL 716 Case Conference VI

Case Conference Total = \_\_\_\_\_

**Credit Total of page 1 = \_\_\_\_\_**

\* Research Electives beginning with the 2003-04 academic year, students must take one research elective that relates to the methodology employed in their dissertation such as Advanced Qualitative and advanced quantitative.

\*\* Four courses are required as of the 2005 academic year.

\*\*\* Four of the six courses are required as of the 2005 academic year

Clinical Process and Technique

- CL 521 Clinical Process and Technique I: The Therapeutic Attitude
- CL 522 Clinical Process and Technique II: The Therapeutic Response

- CL 623 Clinical Process and Technique III: Understanding and Deepening the Treatment Process

Clinical Process and Technique Total = \_\_\_\_\_

Psychopathology

- CL 731 Disorders of Adulthood I: Neurotic, Personality and Psychotic Disorders
- CL 732 Disorders of Adulthood II: Contemporary Perspectives

Psychopathology Total = \_\_\_\_\_

Diversity

- CL 661 Diversity: Race, Gender, and Sexual Orientation

Diversity Total = \_\_\_\_\_

Ethics (Prior to 2003 entry)

Ethics Total (Prior to 2003 entry) = \_\_\_\_\_

*Elective Courses*

Four Are Required Prior to 2003 Entry.

2004 Entry requires Two Conceptual Foundations, Two Clinical and One Research.

\*\*These are previous courses that have been offered, students as a group indicate their preferred areas for additional study

- ES 461 Current Psychoanalytic Theories
- ES 452 Psychoanalysis and Literature
- ES 495 Seminar on Consultation and Supervision
- ES 423 Philosophy of Science
- ES 543 Sexuality, Sexualization and Orientation in Clinical Practice
- ES 541 Basic Readings in Freud
- ES 426 Writing for Publication
- ES 427 Introduction to Linguistics
- ES 430 Seminar on Women's Issues
- ES 412 Continuous Case Conferences

- ES 463 Psychoanalytic and Cognitive Theories of Representation and Semiotics
- ES 703 Advanced Statistical Analysis
- ES 429 Advanced Object Relations Theory
- ES 433 Object Relations and Family Theory
- ES 424 Ethics and Clinical Practice
- ES 313-95 Narrative at the Crossroads: Clinical Research

Other Electives as requested

Elective Course Total = \_\_\_\_\_

**Credit Total of this page 2 = \_\_\_\_\_**

**Credit Total of page 1 = \_\_\_\_\_**

**Classroom Credit Total of page 1 & 2 = \_\_\_\_\_**

*The total amount should equal 35 Credit Hours*

*Practicum Requirements*

1. Clinical Practicum Prior to Fall, 2005
  - a. Case Studies (Each set must be completed with a different consultant)
    - Tutorial
    - Five Sets of Three Studies
  - b. Case Treatments (Each treatment case must be completed with a different consultant):
    - Five Treatment Cases
    - Clinical Presentation
  
2. Clinical Practicum for those who entered the program on or after Fall 2006
  - a. Maximum 220 Consultation hours
  - b. Case Studies (Each set must be completed with a different consultant)
    - Tutorial
    - Six Sets of Two Studies
  - c. Case Treatments (Each treatment case must be completed with a different consultant):
    - Four Treatment Cases
    - Clinical Presentation

Clinical Practicum Total: \_\_\_\_\_  
*The total amount should equal 18 Credit Hours*

- Research Practicum
  - Dissertation: Three one hour Independent Studies
  - One three hour Independent Study
  - Dissertation Research (6.5 Credit Hours)
  - Dissertation Defense (6.5 Credit Hours)

Research Practicum Total: \_\_\_\_\_  
*The total amount should equal 19 Credit Hours*

**Credit Total of the clinical Practicum & Research Practicum = \_\_\_\_\_**

**Classroom credit hour of page 1 & 2 = \_\_\_\_\_**

**Total Credits for Graduation = \_\_\_\_\_**

*The total amount should equal 72 Credit Hours*

**Child and Adolescent Specialization**

Research Sequence\*

- RM 512 - Research Process
- RM 541 - Research Design
- RM 632 - Qualitative Methods
- RM 621 - Quantitative Methods
- RM 741 - Dissertation Seminar I

- RM 742 - Dissertation Seminar II
- ESRM Advanced Qualitative Analysis Seminar
- ESRM Advanced Quantitative

Research Sequence Total = \_\_\_\_\_

*Conceptual Foundation Sequence*

Psychodynamic Theory

- CF 501 Psychodynamic Psychology I : Freud's Ideas and Contemporary Perspectives
- CF 502 Psychodynamic Psychology II: Freud's Ideas and Contemporary Perspectives
- CF 601 Psychodynamic Psychology III: Object Relations

- CF 602 Psychodynamic Psychology IV: Self Psychology
- CF 701 Psychodynamic Psychology V: Contemporary Object Relations
- CF 702 Psychodynamic Psychology VI: Relational Theory

Psychodynamic Theory Total = \_\_\_\_\_

Development Sequence

- CF 550 Development I: Infancy and Toddlerhood
- CF 560 Development II: Early Childhood and Latency
- CF 653 Development III: Adolescence
- CF 654 Development IV: Adulthood and Aging
- CF 551 Development I: Parenthood and Infancy

- CF 522 Development II: Toddler and Pre-School Years
- CF 653 Development III: School-Aged Years and Preadolescence
- CF 654 Development IV: Adolescence
- CF 665 Development V: Early and Middle Adulthood
- CF 660 Development VI: Middle Adulthood and Aging

Development Sequence Total = \_\_\_\_\_

Epistemology

- CF 604 Epistemology I: Foundations for Clinical Theories
- CF 605 Epistemology II: Postmodern and Post Structuralist Approaches

Epistemology Total = \_\_\_\_\_

*Clinical Sequence*

Case Conference

- CL 511 Case Conference I
- CL 512 Case Conference II
- CACL 513 Case Conference I
- CACL 514 Case Conference II

- CL 613 Case Conference III
- CL 614 Case Conference IV
- CL 715 Case Conference V
- CL 716 Case Conference VI

*CACL 513 and 514 replaces Adult Case Conference Sequence*

Case Conference Total = \_\_\_\_\_

**Credit Total of page 1 = \_\_\_\_\_**

Clinical Process and Technique

- CL 521 Clinical Process and Technique I: The Therapeutic Attitude
- CL 522 Clinical Process and Technique II: The Therapeutic Response

- CL 623 Clinical Process and Technique III: Understanding and Deepening the Treatment Process

Clinical Process and Technique Total = \_\_\_\_\_

Psychopathology

- CACF 541: Problems of Childhood and Adolescence I
- CACF 542: Problems of Childhood and Adolescence II

*Replaces Disorders of Adulthood I and II*

Psychopathology Total = \_\_\_\_\_

Diversity

- CL 661 Diversity: Race, Gender, and Sexual Orientation

Diversity Total = \_\_\_\_\_

Ethics (Prior to 2003 entry)

Ethics Total (Prior to 2003 entry) = \_\_\_\_\_

*Elective Courses*

Four Are Required Prior to 2003 Entry.

2004 Entry requires Two Conceptual Foundations, Two Clinical and One Research.

Students in the Child and Adolescent Specialization take one CF Child Elective and One CL Child

- CACF E 552: Problems of Childhood and Adolescence III Learning Disabilities
- CACL E 602: Special Topics in Treating Children and Adolescents

\*\*These are previous courses that have been offered, students as a group indicate their preferred areas for additional study

- ES 461 Current Psychoanalytic Theories
- ES 452 Psychoanalysis and Literature
- ES 495 Seminar on Consultation and Supervision
- ES 423 Philosophy of Science
- ES 543 Sexuality, Sexualization and Orientation in Clinical Practice
- ES 541 Basic Readings in Freud
- ES 426 Writing for Publication
- ES 427 Introduction to Linguistics
- ES 430 Seminar on Women's Issues
- ES 412 Continuous Case Conferences

- ES 463 Psychoanalytic and Cognitive Theories of Representation and Semiotics
- ES 703 Advanced Statistical Analysis
- ES 429 Advanced Object Relations Theory
- ES 433 Object Relations and Family Theory
- ES 424 Ethics and Clinical Practice
- ES 313-95 Narrative at the Crossroads: Clinical Research

Other Electives as requested

Elective Course Total = \_\_\_\_\_

**Credit Total of this page = \_\_\_\_\_**

**Credit Total of page 1 = \_\_\_\_\_**

**Classroom Credit Total of page 1 & 2 = \_\_\_\_\_**

*The total should equal 35 Credit Hours*

*Child and Adolescent Clinical Practicum, Fall 2006*

- 220 Consultation hours
  - Case Studies:
    - Tutorial
    - Six Sets of Two Studies
  - Case Treatments:
    - Four Treatment Cases
    - Clinical Presentation

*Child and Adolescent Clinical Practicum Prior to Fall, 2006*

- Case Studies:
  - Tutorial
  - Infant Observation Seminar
  - Four Sets of Three Studies
- Case Treatments:
  - Five Treatment Cases
  - Clinical Presentation

Clinical Practicum Total: \_\_\_\_\_  
*The total amount should equal 18 Credit Hours*

*Research Practicum*

- Three one hour Independent Studies
- One three hour Independent Study
- Dissertation Research (6.5 Credit Hours)
- Dissertation Defense (6.5 Credit Hours)

Research Practicum Total: \_\_\_\_\_  
*The total amount should equal 19 Credit Hours*

**Credit Total of the clinical Practicum & Research Practicum = \_\_\_\_\_**

**Classroom credit hour of page 1 & 2 = \_\_\_\_\_**

**Total Credits for Graduation = \_\_\_\_\_**

*The total amount should equal 72 Credit Hours*

## Advanced Clinical Practice Certificate

Basic numerical credit hour requirement:

18 classroom hours

14 clinical practicum hours

### *Conceptual Foundations Sequence*

- |  |  |
|--|--|
| <input type="checkbox"/> CF 501 Psychodynamic Psychology I :<br>Freud's Ideas and Contemporary<br>Perspectives | <input type="checkbox"/> CF 602 Psychodynamic Psychology IV:<br>Self Psychology              |
| <input type="checkbox"/> CF 502 Psychodynamic Psychology II:<br>Freud's Ideas and Contemporary<br>Perspectives | <input type="checkbox"/> CF 701 Psychodynamic Psychology V:<br>Contemporary Object Relations |
| <input type="checkbox"/> CF 601 Psychodynamic Psychology III:<br>Object Relations                              | <input type="checkbox"/> CF 702 Psychodynamic Psychology VI:<br>Relational Theory            |
|  | <input type="checkbox"/> CF 661 Diversity: Race, Gender, and<br>Sexual Orientation           |

Conceptual Foundations Sequence Total: \_\_\_\_\_

### *Clinical Sequence*

#### Case Conference

- |  |   |
|--|---|
| <input type="checkbox"/> CL 511 Case Conference I<br><input type="checkbox"/> CL 512 Case Conference II<br><input type="checkbox"/> CL 613 Case Conference III | <input type="checkbox"/> CL 614 Case Conference IV<br><input type="checkbox"/> CL 715 Case Conference V<br><input type="checkbox"/> CL 716 Case Conference VI |
|--|---|

#### Clinical Process and Technique

- 
- CL 521 Clinical Process and Technique I: The Therapeutic Attitude
- 
- 
- CL 522 Clinical Process and Technique II: The Therapeutic Response
- 
- 
- CL 623 Clinical Process and Technique III: Understanding and Deepening the Treatment Process

#### Psychopathology

- 
- CL 731 Disorders of Adulthood I: Neurotic, Personality and Psychotic Disorders
- 
- 
- CL 732 Disorders of Adulthood II: Contemporary Perspectives

Clinical Sequence Total = \_\_\_\_\_

**Classroom Credit Total = \_\_\_\_\_**

*This should equal 18 Credit Hours*

### *ACP Clinical Practicum prior to 2005*

#### Case Studies

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Tutorial | <input type="checkbox"/> Three Sets of Two Studies |
|-----------------------------------|--|

#### Case Treatments

- |   |  |
|---|--|
| <input type="checkbox"/> Four Treatment Cases | <input type="checkbox"/> Clinical Presentation |
|---|--|

Clinical Practicum Total = \_\_\_\_\_

*This should equal to 14 credit hours*

**Classroom Credit total + Clinical Practicum total = \_\_\_\_\_**

*The total amount should equal 32 Credit Hours*

