Clinical Psychology Doctoral Program Handbook

Department of Psychology

Handbook Updated 2022-2023

Clinical Psychology Doctoral Program

Department of Psychology
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Introduction

The Clinical Psychology Doctoral Program (CPDP) is a professional program awarding the Doctor of Psychology (Psy.D.) degree. The program is housed in the Department of Psychology and is a part of the College of Health and Human Services. The Department is composed of 18 full-time faculty members. In Fall 1983, the Program admitted its first class of 21 students. The IUP CPDP applied for accreditation in 1987 and has been continuously accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) since November 1987. The CoA can be reached at: American Psychological Association, 750 First Street, NE Washington, DC 20002-4242, (202) 336-5979.

The CPDP program follows a local clinical scientist model of training[1] with a strong emphasis on grounding professional psychological work in the scientific knowledge base of psychology. In addition to a practitioner orientation, we are committed to generalist training that provides broad-based exposure to skills that will permit graduates to adapt to the changing roles and responsibilities of professional psychology. At the same time, the program has "areas of emphasis," described below, that allow students to develop more focused competencies within subdomains in clinical psychology. Life-long learning is modeled and stressed throughout the program.

IUP's Civility Statement

As a university of different peoples and perspectives, IUP aspires to promote the growth of all people in their academic, professional, social, and personal lives. Students, faculty, and staff join together to create a community where people exchange ideas, listen to one another with consideration and respect, and are committed to fostering civility through university structures, policies, and procedures. We, as members of the university, strive to achieve the following individual commitments:

To strengthen the university for academic success, I will act honestly, take responsibility for my behavior and continuous learning, and respect the freedom of others to express their views.

To foster an environment for personal growth, I will honor and take care of my body, mind, and character. I will be helpful to others and respect their rights. I will discourage intolerance, hatred, and injustice, and promote constructive resolution of conflict.

To contribute to the future, I will strive for the betterment of the community, myself, my university, the nation, and the world.

Affirmative Action

Indiana University of Pennsylvania is committed to provide leadership in taking affirmative action to assure equal education and employment rights for all persons without regard to race, color, sex, religion, national origin, sexual orientation, age, disability, or veterans' status. We believe that respect

[1] Stricker, G., & Trierweiler, S. J. (1995). The local clinical scientist: A bridge between science and practice. *American Psychologist*, *50*(12), 995.

for the individual in the academic community must not be abused. Harassment or disregard of a person based on any of these characteristics is particularly intolerable on the university campus.

As an equal opportunity/affirmative action institution, the IUP Affirmative Action Plan is applicable to employees/enrollees of Indiana University of Pennsylvania under provisions of federal and state laws including Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Civil Rights Act of 1991, as well as all federal and state executive orders. This policy extends to disabled veterans and veterans of the Vietnam era.

Students with suggestions, problems, or complaints should contact the Office of the Vice President for Student Affairs, 215 Sutton Hall, by calling (724) 357-4040. Students with inquiries regarding accommodations should contact the 504 coordinator/ADA Student Concerns, 106 Pratt Hall, or by calling (724) 357-4067.

For more information regarding Affirmative Action, view the Graduate Catalog:

https://www.iup.edu/registrar/catalog/index.html

Title IX Reporting Requirement

Indiana University of Pennsylvania and its faculty are committed to assuring a safe and productive educational environment for all students. In order to meet this commitment and to comply with Title IX of the Education Amendments of 1972 and guidance from the Office for Civil Rights, the university requires faculty members to report incidents of sexual violence shared by students to the University's Title IX Coordinator. The only exceptions to the faculty member's reporting obligation are when incidents of sexual violence are communicated by a student during a classroom discussion, in a writing assignment for a class, or as part of a university-approved research project.

Faculty members are obligated to report sexual violence or any other abuse of a student who was, or is, a child (a person under 18 years of age) when the abuse allegedly occurred to the Department of Human Services, at 1-800-932-0313, and University Police, at 724-357-2141.

Information regarding the reporting of sexual violence and the resources that are available to victims of sexual violence is set forth at: www.iup.edu/socialequity/policies/title-ix

For more information regarding Title IX Reporting Requirement policy, view the Graduate Catalog: https://www.iup.edu/socialequity/report-an-incident-of-concern/index.html or visit https://www.iup.edu/registrar/catalog/index.html

Student Conduct and Student Rights

Policies from the Office of Student Support and Community Standards Office are available here: https://www.iup.edu/studentsupportandstandards/policies/index.html

For more information regarding Student Conduct and Student Rights, view the Graduate Catalog: https://catalog.iup.edu/index.php

Clinical Psychology Doctoral Program

Mission Statement and Program Objectives

Our mission is to train students to serve as professional level practitioners who advance the discipline of psychology, develop the scientific base of psychology, promote public understanding of psychological science and its applications, and advance the profession as a means of promoting human welfare.

The CPDP has four program aims and accompanying program objectives. They are listed below:

Aim 1: *Students will have a basic knowledge of the broad field of psychology with particular emphasis placed on the scientific basis for professional practice as is appropriate for a local clinical scientist along with the recognition that they will need to be a student for life as the field continues to grow and change.*

Objective A. Students will acquire knowledge of the biological, social and cognitive/affective bases of behavior that provide a foundation for clinical practice.

Objective B. Students will acquire knowledge of human diversity and individual differences that provide a foundation for clinical practice.

Objective C. Students will acquire the ability to integrate knowledge gained from the field of psychology across domains and apply it to case conceptualization at the local level.

Aim 2: *Students will acquire the skills and knowledge in clinical psychology that characterize an entry-level generalist in professional psychology, as well as additional competencies in assessment, adult-focused, or child- and family-focused interventions should they choose, as well as a recognition that they will need to be a student for life as the field continues to grow and change.*

Objective A. Students will acquire knowledge about intervention strategies and case conceptualization through a graded sequence of didactic and experiential clinical activities.

Objective B. Students will acquire knowledge about the principles and methods of valid assessment and how to recognize if a new assessment instrument or procedure is valid and reliable through a graded sequence of didactic and experiential clinical activities.

Objective C. Students will acquire knowledge of the principles and methods of ethical clinical supervision and consultation and gain experience in consulting and providing supervision to others.

Aim 3: *In all professional and training activities, students will act in a way that maintains the highest level of ethical behavior along with a recognition that they will need to be a student for life as the field continues to grow and change.*

Objective A. Students will acquire knowledge of professional ethics and related legal issues in the practice of professional psychology and integrate it into their professional activities.

Objective B. Students will acquire a recognition that knowledge of individual and cultural diversity is critical to ethical professional practice.

Aim 4: *Students will develop an appreciation for and understanding of the methods of inquiry and knowledge generation in psychology with emphasis on traditional approaches to clinical issues along with the recognition that they will need to be a student for life as the field continues to grow and change.*

Objective A. Students will acquire knowledge of research design and statistical techniques to make them effective consumers of research.

Objective B. Students will develop the ability to integrate and apply knowledge of design and analysis as appropriate to the local clinical scientist model.

Aim 5: *Students will be trained in a sequential manner, beginning with basic training in therapeutic interventions, psychological assessment, cultural competence, and research design/analysis. As students progress through the program, more advanced training in each of these domains is provided and the expectations for minimum levels of competency increase until students reach the point of being entry-level providers of health service psychology*

Faculty and Staff

Faculty

Dr. Lisa Newell, Professor, Department Chair, 724-357-7849, newell@iup.edu
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Dr. Laura Knight, Associate Professor, Director of Clinical Training; Director, Center for Applied Psychology, 724-357-4526, laknight@iup.edu
Dr. Lynanne Black, Professor, Director, Educational Psychology M.Ed. program; Director, Educational Specialist Ed.S. program, 724-357-4757, lblack@iup.edu
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Administrative Professionals

Mrs. Crystal Deemer
Ms. Kelly Montanti

Within the Department, the Chair is the only faculty member with officially recognized administrative duties (e.g., faculty evaluations, course assignments). The Chair appoints with faculty approval a Director of Doctoral Studies (i.e., a Director of Clinical Training or DCT) who has overall program responsibility for the CPDP. The DCT chairs the Clinical Training Committee (CTC) and the CTC oversees all aspects of doctoral training and makes recommendations to the Department regarding staffing and budgetary issues. Below, program management is detailed.

The CPDP is embedded within the Psychology Department at IUP and faculty who teach in the program also teach undergraduate courses in the department. Many of the policies and procedures described in this handbook were created and are implemented by the Clinical Training Committee (CTC) in the Psychology Department. The CTC consists of the Director of Clinical Training (DCT), additional faculty members appointed by the Department Chair, one member from the Counseling Center, and four doctoral students (one elected from each class). The CTC is the primary governing body of the doctoral program. Major policy decisions and changes in program requirements are subject to approval by the entire Psychology Department, and, in some instances, by the Graduate School, the University Senate, and other governing entities of the University. Except as otherwise noted here, doctoral students should consult with the Director of Clinical Training as a starting point for discussion on any policies, procedures, or requirements. Appeal procedures from decisions of the CTC are described later in this Handbook. Although students have a representative from each cohort who may present concerns on their behalf, each student is also free to bring to the CTC any problems, concerns, or issues at any time. This should be done through the DCT, who will bring to the CTC the issue involved. Any matters pertaining to individual students are only discussed by faculty members of the CTC and all student CTC members are recused during such deliberations.

Graduate students participate in the development and implementation of policies, procedures, and requirements through membership on several committees within the Psychology Department (including the CTC), through the Graduate Student Assembly (GSA), and through the Psychology Graduate Student Organization (PGSO). Two graduate students are elected each year to serve on the Graduate Student Assembly (GSA). GSA provides voting representation on the Graduate Council and in the University Senate. The GSA also reviews Graduate Council policies, makes recommendations about graduate student affairs to the Council and to the Graduate Dean, and participates in judicial proceedings established for graduate students.

Doctoral students also elect student members to the following Psychology Department committees: Clinical Training Committee (CTC; 4), Psychology Department (1), Department Colloquium Committee (1), Department Research Committee (1), and Steering Committee of the Center for Applied Psychology (CAP) (1). These mechanisms provide doctoral students with many opportunities for input into the management of their education. Students may present their concerns and ideas to their elected representatives or directly in departmental and committee meetings.

Doctoral students formed the Psychology Graduate Student Organization (PGSO) to foster their professional, academic, and personal development. The president and vice-president of this organization are non-voting members of the CTC. The organization has developed a handbook that details its structure and function. It is suggested that students review the PGSO handbook to become informed of the PGSO's mission.

Admission

The CPDP is a highly selective program that seeks students with great promise to become excellent clinicians and leaders who will advance the field of clinical psychology. To this end, the minimum requirement for applying to the program is an undergraduate GPA of 3.0. However, because we are a selective program, students typically have GPAs that are well above the minimal levels. Applicants must also have demonstrated prior research experience, such as an honor's project, research practicum, or serving as a research assistant. In addition, we require that applicants have some clinical exposure to the field through such experiences as an undergraduate internship, volunteer work (e.g., hotline), or in some cases, a paying position. A minimum of 18 credits in psychology must be completed by those whose undergraduate degree is in another field and must include courses in abnormal psychology, personality, and research/statistics.

Our program believes that having a diverse student body enriches the educational experience for all concerned. As such, the CPDP seeks diversity among those we invite for interviews and those to whom we offer admission. Therefore, individuals coming from minority groups, including but not limited to racial, ethnic, religious, SES, and sexual orientation, are strongly encouraged to apply. The CPDP also adheres to IUP's policy regarding non-discrimination, which can be found at: https://www.iup.edu/socialequity/policies/statement-of-nondiscrimination--english/.

Pennsylvania law requires that all students in the CPDP pass required background checks that are intended to protect children from contact with individuals who have abused children or have been convicted of certain felonies, including drug felonies. These requirements are detailed at: https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Pages/default.aspx

The CPDP is a proud member of the Council of University Directors of Clinical Psychology Programs (CUDCP). Our program adheres to the admission guidelines approved by CUDCP, which are listed below.

Summary of CUDCP Policy

The Council of University Directors of Clinical Training (www.cudcp.us) has adopted the following guidelines for offers into doctoral clinical psychology programs. If you are applying to a CUDCP program, you should expect the following policies will apply:

1. In most CUDCP programs, a subset of applicants will be invited for an interview. Within a few weeks of the final interview dates, applicants will be notified regarding the status of their application. You may be offered admission, declined admission, placed on a wait list, or in some cases, a decision has not yet been reached regarding your application.
2. Training programs will notify students no longer being considered for admission as soon as possible. In some cases, this information is communicated by the university graduate school and can take several weeks to be processed. In some cases, you may be able to get updated information on the status of the application process (e.g., whether all interview invites have been extended; whether all offers have been extended), on a clinical program's website, or by contacting a program administrator. Beware of information posted on student-focused online forums that may be inaccurate or incomplete.
3. Offers of admission can be extended during a large time period. Most initial offers of admission are extended by April 1. Offers may be communicated by phone or email, but should be followed up by a written confirmation within 48 hours.

4. You should not be pressured, nor feel compelled to accept an offer of admission before April 15! This applies to offers of admission and to funding offers that accompany admission. It is impermissible for programs to request a decision prior to April 15 or to indicate that funding will be available only if students make decisions earlier than this date. Violations of this policy should be reported to CUDCP immediately (CAAPS Secretary/Treasurer: Erin.E.Reilly@hofstra.edu) and your identity will be protected. Of course, it is permissible for you to accept an offer as soon as you are certain of your decision (i.e., even before April 15). But the decision to do so should be based on you, and not due to pressure placed upon you by a training program.
5. Do not hold more than two offers for more than one week unless there is specific information (e.g., a visit is scheduled, funding decisions) you are waiting to receive from the program. Difficulty making up one's mind is not considered an adequate excuse to limit the options available to other applicants.
6. Once you have accepted an offer of admission to a training program, you should inform all programs in which you are still being considered. Be sure to inform programs either that you are declining outstanding offers of admission or you no longer wish to be considered for admission.

For more information about IUP Graduate Admissions: www.iup.edu/admissions/graduate/

The IUP Office of Admissions oversees the admission process for graduate students, but there are additional requirements for international graduate applicants that can be found here: https://www.iup.edu/admissions/international/graduate-student-requirements/index.html

For more information regarding Admission Classification and Provisional Admission for International Graduate Application, view the Graduate Catalog: https://www.iup.edu/registrar/catalog/index.html

Financial Assistance

Graduate Assistantships

As in many states, allocation of funds to Pennsylvania's state-run universities such as IUP have been severely curtailed over the past decade. Each year, the amount of funding for assistantships available to the program varies, but the CPDP has provided financial support to 100% of our students in the first three years of the program for the past five years. Although there are no guarantees for future funding, the program reasonably expects to provide support through graduate assistantships for three out of the four years of program enrollment. Most assistantships available in the Psychology Department provide stipends and tuition remission in exchange for 8 hours per week of work, typically for a faculty member or program. The current policy is that all money allocated for CPDP assistantships are divided equally between all students receiving an assistantship.

Assistantships are provided to the program and are also available in other departments and centers around campus. Some of these assistantships are for 10 or 20 hours of work each week. CPDP students has been successful in obtaining many of these assistantships.

Students who receive an assistantship to serve as clinic assistant (or the PSYC 830/832 assistant) are limited to three semesters of such an assistantship during their tenure in the program. Students are not permitted to receive more than one such assistantship.

More information about graduate assistantships can be found here:
https://www.iup.edu/admissions/graduate/financialaid/graduate-assistantships-at-iup.html

There are limited number of teaching opportunities for students. Because our university's faculty are unionized, the Collective Bargaining Agreement spells out how many instructors a department may have that are not fulltime faculty.

Additional Financial Aid information can be obtained through the Office of Financial Aid:
www.iup.edu/financialaid/

Additional information about costs of graduate education can be found here:
https://www.iup.edu/admissions/graduate/financialaid/index.html

Background Clearances and Vaccinations

IUP and the CPDP require that all students have background clearances. This includes a fingerprint FBI background check, Pennsylvania State Police background check (ACT 34), and child abuse clearance (ACT 151). These are all provided free of charge by IUP and all students must have these completed before they can begin their assistantship duties or start seeing clients in the Center for Applied Psychology. Students are sent information on this by IUP and are informed when cleared to begin work. In addition, all hospital settings require that anyone coming in contact with patients, including practicum students, have appropriate vaccinations. Students will be required to provide documentation of rubella titer, varicella documentation or titer, hepatitis B immunizations, TB test, and flu vaccination. The hepatitis B immunizations are administered over the course of months, so you should plan accordingly. Other clinical settings may have additional requirements for clearances or vaccinations.

Academic Advisement

The program views the advisor/advisee relationship as a crucial element in successful doctoral program work. You are encouraged to maintain frequent contact with your advisor.

The Director of Clinical Training serves as the Major Advisor to all doctoral students. The Major Advisor is the student's contact person for all curriculum decisions, policy matters, and form filing. You should meet with your advisor prior to or immediately upon enrolling in the first semester of work. At that time, a tentative individualized Plan of Study is completed that outlines your proposed sequence of course work, practica, etc. Your Plan of Study will be updated each year, and you should discuss any deviations from it with your Major Advisor. You will meet with your Major Advisor at least once per semester, or more often as needed/appropriate. Transfer of credit decisions are usually completed no later than during the first semester of enrollment because such transfer of credit modifies the Plan of Study. Transfer of credit procedures are described in a later section of this Handbook.

All students are also assigned to a faculty mentor who is available to discuss professional development and other issues not directly related to academic advisement. Mentors are assigned by the Director of Clinical Training with input from the faculty and students. By the beginning of the third year of study, the student will select a mentor for the Doctoral Project (aka: dissertation; see later sections). This mentor becomes the doctoral project committee chair, assisting the student in all phases of work on their dissertation.

Campus Resources & Student Support

The School of Graduate Studies and Research: www.iup.edu/graduatestudies/
Graduate Catalog: https://www.iup.edu/registrar/catalog/index.html
Office of Student Billing: https://www.iup.edu/student-billing/
Office of the Registrar: www.iup.edu/registrar/
Disability Support Services: www.iup.edu/disabilitysupport/
Office of Social Equity: www.iup.edu/socialequity/
IUP Campus Library: www.iup.edu/library/
MyIUP: www.iup.edu/myiup/
IT Support Center: www.iup.edu/itsupportcenter/
Veterans and Service Members: www.iup.edu/veterans/resource-center/
IUP Writing Center: www.iup.edu/writingcenter/
IUP Career and Professional Development Center: www.iup.edu/career/
IUP Parking Services and Visitor Center: www.iup.edu/parking/
University Policy: www.iup.edu/police/ |724-357-2141
Crisis Intervention 24/7 Hotline: 1-877-333-2470
Student Registration: https://www.iup.edu/registrar/students/index.html
Applied Research Lab: www.iup.edu/arl/

IUP Email

IUP offers an email account to all active students. **Your IUP email address is the primary means by which the university will contact you with official information and you should use for all IUP official communications. It is your responsibility to check your IUP email regularly.** Visit https://www.iup.edu/itsupportcenter/get-support/e-mail-and-calendar/general/ to learn more about setting up this account. For more information regarding University Policy on email communications, view the Graduate Catalog: https://www.iup.edu/registrar/catalog/index.html

Graduate Student Assembly

The Graduate Student Assembly (GSA) represents the graduate student body's interests at IUP and within the Indiana community. The GSA makes recommendations related University-wide and graduate-specific policies and in areas of concern in the cultural, intellectual, and social life of the part- and full-time graduate student. Visit www.iup.edu/graduatestudies/gsa for more information.

Programs and Degrees

Doctoral Program

The Doctoral Core consists of sets of courses in general and clinical psychology that are designed to provide students with the necessary knowledge and skills to assess, understand, and alter human behavior. The Doctoral Core consists of a General Psychology Core and a Clinical Core.

General Psychology Core

The General Psychology Core represents sets of courses in general psychology. This Core consists of courses in research methodology, individual differences, and biological, social, and cognitive bases of

behavior. The purpose of the General Psychology Core is to provide a firm background in basic psychological sciences.

Clinical Core

The Clinical Core consists of four courses in psychological intervention (Introduction to Therapeutic Techniques, Advanced Therapeutic Techniques, Therapeutic Techniques Lab, and Couple/Family Therapy) and two courses in psychological assessment (Intellectual Assessment and Personality/Psychopathology Assessment). The purpose of the clinical core is to develop generalist skills in psychological intervention and psychological assessment.

Elective Course Work

In addition to the Core Requirements and Practicum, each student must complete the elective coursework requirement of 9 credits. At the start of a student's tenure in the CPDP, they will be given a list of most electives to be taught during the four years they will be taking coursework. This will allow students who have an area of interest (e.g., forensic psychology) to plan their course schedule accordingly to take electives of interest. The program's ability to provide these electives depends on having adequate faculty compliment with expertise to teach these courses; consequently, although every effort will be made to adhere to the schedule, it cannot be guaranteed, and courses may be added or removed from the schedule as needed.

Areas of Interest

Like most doctoral programs in clinical psychology, the CPDP provides broad and general training in the practice of clinical psychology. However, many programs, ours included, provide opportunities for students to pursue areas of interest. These are not specializations per se, but are areas outside the Doctoral Core in which students receive beginning specialized training in the application of general clinical skills to specific populations and/or problems. This is accomplished by an elective course in that area, selected practicum experiences, and research in that area typically in the form of the dissertation (doctoral project). The program will offer an elective in each of these areas during the four years the student will be on campus. The areas of interest will change somewhat, depending on current faculty and their expertise. Current areas of interest include:

- Child Clinical
- Pediatric Neuropsychology
- College Counseling
- Behavioral Medicine

Over the past 10 years, students pursuing these areas of interest have been successful in matching to internship sites with specialty tracks or rotations in that area. The final element to specialization is then the postdoctoral fellowship in that specific area, which our students have also been very successful at obtaining.

Program Sequence

The program is designed to be sequential and developmental in nature such that basic knowledge and skills are built upon over time. Thus, in the first year of the program, students are exposed to various clinical topics (Adult Psychopathology, Personality Theory/Systems of Psychotherapy), research methods (Univariate and Multivariate Research Methods), methods of intervention (Introduction to Therapeutic

Techniques, Advanced Therapeutic Techniques, Therapeutic Techniques Lab), and assessment (Intellectual & Personality/Psychopathology Assessment). Exposure to clients begins in the first year, with students providing psychotherapy services to undergraduates volunteering to discuss personal difficulties with therapist trainees.

In the second year, a third research course is completed (Applied Research Methods) and non-clinical core courses begin (Psychopharmacology, Advanced Social Psychology). Training in intervention continues with Couple & Family Therapy and students begin "internal practicum" in our in-house training clinics housed in the Center for Applied Psychology (CAP). Students continue their training in diversity issues during this year (Human Diversity). Students take the Comprehensive Clinical Examination at the end of the second year, as described below.

In the third year, students demonstrating sufficient clinical proficiency in internal practica are approved to begin external practica in various agencies, hospitals, and clinics throughout the area. Coursework continues, including electives and non-clinical core courses. At the end of the third year, students who have successfully passed all parts of the Comprehensive Examination will take the Clinical Proficiency Examination, described below. Students will take a series of classes on Professional Issues/Ethics during each of their first three summers in the program.

Students will generally defend their dissertation proposal during the end of the third or beginning of the fourth year, although it is possible to defend prior to this. In fact, students are required to defend their proposal before being permitted to apply for internship (October 15 deadline). Students spend the fall semester preparing applications for internship. During this semester, they continue to take courses and practica, while conducting dissertation research. The fifth year is typically the internship year, which is a fulltime, paid clinical training experience at a hospital/clinic or other clinical facility.

The exact sequence of courses varies depending on student's interests and faculty schedules. However, the core clinical courses must be taken in order. A model course sequence is presented following the course descriptions.

Course Descriptions

PSYC 801 Univariate Research Methods in Psychology 3 cr.

This course covers basic principles of design and analysis in psychological research focusing primarily on univariate analyses and methodological issues in clinical research. Prerequisite: Permission.

PSYC 802 Multivariate Research Methods 3 cr.

This course covers advanced principles of design and analysis that are particularly appropriate to clinical research and being competent consumers and designers of clinical research. Topics to be covered might include: MANOVA, Logistic Regression, exploratory factor analysis, structural equation modeling, and general latent variable modeling. Prerequisite: PSYC 801 and PSYC 841.

PSYC 803 Applied Research Methods 3 cr.

This course will help students integrate information from their statistical and clinical courses so that they are able to take on the mindset of a local clinical scientist. The course will have both a conceptual and practical focus. Topics that may be covered include: an introduction to quasi-experimental designs and methods for use in valid program evaluation. Prerequisite: Permission, PSYC 801 or equivalent.

PSYC 810 Historical Trends in Psychology 3 cr.

This course will discuss important themes through the field of psychology that serve as the foundation for psychology as a science and practice. Prerequisite: Permission.

PSYC 811 Teaching of Psychology 1 cr.

This course provides an introduction to the basic dimensions of the teaching process, including course planning and structure, developing and presenting lectures, using alternative pedagogical techniques, evaluating student performance, addressing issues of diversity in the classroom, etc. Skill-practice in these areas is emphasized. Prerequisite: Instructor permission.

PSYC 830 Introduction to Therapeutic Techniques 3 cr.

This course provides skill building in the development of effective treatment relationships as informed by the research literature on what makes psychotherapy and psychotherapists effective. Important professional and ethical issues in providing treatment to clients are raised. Didactic training is provided in carrying out an effective intake with clients that takes into account issues of individual differences and diversity of both client and therapist. Prerequisite: Permission.

PSYC 831 Advanced Therapeutic Techniques 3 cr.

This course provides didactic training in developing in-depth case conceptualizations and treatment plans using a variety of psychological perspectives. How these clinical tools can be used to provide a coherent, and hope enhancing context for treatment are emphasized along with other factors that research has found enhance client outcomes. There is an emphasis on applying knowledge of client strengths as well as weaknesses to this process as well as an understanding of the client's unique identity/diversity. Prerequisites: PSYC 830 or Permission.

PSYC 832 Therapeutic Techniques Lab 3 cr.

This course provides didactic and experiential training in the tactics of achieving person, symptom, and system relevant change. Students will have the opportunity to provide treatment to a client through the therapy process. Prerequisite: PSYC 830 or equivalent and permission.

PSYC 833 Clinical Group Techniques 3 cr.

This course is an introduction to the theory and practice of therapeutic group work. Students will be provided both instruction and experience with a variety of group techniques. Prerequisite: Permission.

PSYC 834 Couples and Family Therapy 3 cr.

This course provides an overview of theoretical models covering the treatment of couples and families. Current research findings that form an empirical base for couple and family therapy are highlighted. Students are introduced to the basic clinical skills required for work with families and couples. Prerequisite: Permission.

PSYC 835 Adult Psychopathology 3 cr.

The course emphasizes current diagnostic systems in use for understanding psychological disorders. Descriptions and causes of disorder covered in-depth and implications for treatment are drawn. Students will gain facility with the accurate use of formal diagnostic systems. Prerequisite: Permission.

PSYC 836 Personality and Psychotherapy 3 cr.

This course reviews personality systems, including classic and integrative approaches, in a comparative manner. The underlying theoretical bases for major therapeutic approaches are covered. Prerequisite: Permission.

PSYC 841 Psychometrics and Intellectual Assessment 3 cr.

This course provides an introduction to theoretical and practical issues in assessment of psychological functioning including conceptualizations of intelligence and ethical issues in its assessment. Principles of test construction and basic psychometrics will also be covered. Emphasis is on intellectual assessment of adults and children including administration, scoring, interpretation and report writing of standard cognitive measures. Exposure to a variety of cognitive assessment tools will occur as well as development of clinical skills (interviewing, history taking) within the context of intellectual assessment. Prerequisite: Permission.

PSYC 842 Assessment of Personality and Psychopathology 3 cr.

This course provides an introduction to theoretical and practical issues in assessment of psychological functioning in the areas of objective and projective tests, behavioral observations, and self-report measures and other assessment techniques. Emphasis is on personality assessment of adults and children including administration, scoring, interpretation and report writing. Exposure to a variety of personality assessment tools will occur as well as development of clinical skills (interviewing, history taking) within the context of the assessment of personality and psychopathology. Prerequisites: PSYC 841, permission.

PSYC 852 Behavioral, Cognitive, and Affective Basis of Behavior 3 cr.

This course reviews major theories, principles, laws, and concepts in the psychology of behavior, cognition, and affect. Topics may include classical, operant, cognitive, evolutionary, social, and connectionist models of learning. Applications of learning theory principles in changing maladaptive behavior both for individuals and groups will be emphasized. Prerequisite: Permission.

PSYC 853 Issues in Developmental Psychology 3 cr.

This course is designed to provide an overview of some of the primary issues discussed by developmental psychologists and the interface of these issues within clinical psychology. In particular, the course will explore theories of development and developmental changes in human cognition, social interaction and personality with age and as they inform clinical psychology across the lifespan. Topics might include: historical and current theories of cognitive and personality change, attachment, and issues in aging. Prerequisite: Permission.

PSYC 854 Seminar in Autism Spectrum Disorders 2 cr.

Examination of theoretical, empirical, and clinical considerations in Autism Spectrum Disorders (ASD), including symptoms and diagnostic characteristics; etiology; developmental course; assessment of social, communication, behavioral and intellectual functioning; and treatment considerations.

PSYC 855 Human Diversity 3 cr.

The course examines the way(s) in which differences among people impact human interactions. The differences addressed include: ethnicity, race, social class, gender, sexual orientation and ability status. Theory, research and practice issues are examined in relation to themes of diversity including: identity,

assimilation, culture, family, worldviews, systems of oppression, privilege, and intergroup conflict. Prerequisite: Permission

PSYC 856 Psychopharmacology 3 cr.

This course provides an introduction to various aspects of drugs and behavior. Topics include exploration of factors influencing drug effects, problems in drug research, therapeutic use of drugs, legal use and abuse of drugs, and social aspects of drug experiences. Prerequisite: Permission.

PSYC 857 Clinical Neuropsychology 3 cr.

This course is designed for the study of brain-behavior relationships as they relate to clinical phenomena. Coverage will include conditions such as traumatic brain injuries, neoplasms, epilepsy, cerebrovascular dysfunction, amnestic disorders, and neurocognitive disorders (dementia, delirium). Neuropsychological assessment techniques will be included in the discussion of the clinical conditions. Prerequisite: Permission.

PSYC 858 Advanced Social Psychology 3 cr.

This course provides an advanced survey of the relationship between the social environment and human behavior. Topics might include situational and environmental influences on behavior, social perception, human relationships, human behavior in social groups, inter-group conflict, and attitudes and attitude change. Contributions of social psychological research to clinical psychology will be examined. Prerequisite: Permission.

PSYC 860 Clinical Child Psychology 3 cr.

An introduction to how the processes of development influences what is considered normal and abnormal as they relate to children, adolescents and families. The research literature relevant to, and the clinical characteristics of, the major disorders of childhood are covered. Topics that may also be covered include assessment, diagnosis, and primary prevention. Prerequisite: Permission.

PSYC 861 Psychology and Medicine 3 cr.

This course provides an introduction to health psychology and its role in behavioral medicine and primary care. Topics covered may include: psychophysiology, pain management, lifestyle behavior change, and interfacing with the medical professions. Prerequisite: Permission.

PSYC 881 Special Topics 1-6 cr.

Designed to examine a Special Topics in depth. Students prepare presentations representing selected research areas. Prerequisite: Permission.

PSYC 920 Professional Issues and Ethics I 1 cr.

This course is designed to foster an understanding of the major legal and ethical issues important to professional competency in the science and practice of psychology. Emphasis is placed on the regulation of the practice of psychology, APA and state governance, theories of ethical conduct and fundamentals of ethical decision making. Prerequisite: Permission.

PSYC 921 Professional Issues and Ethics II 1 cr.

This course reviews risk management regarding compliance with the legal and ethical standards set forth by APA, local and regional governing bodies. Particular emphasis is placed on professional practices for which psychologist are more likely to be sanctioned by national and regional regulatory

bodies and best practices within ethical and legal boundaries for the profession. Prerequisite: PSYC 920, Permission.

PSYC 922 Professional Issues and Ethics III 1 cr.

This course is designed to be a capstone course for this sequence. Emphasis will be on APA practice guidelines and state rules governing the profession. Additionally, legal aspect of clinical practice will be examined including responding to subpoenas, legal decisions impacting the profession, the role of state boards, etc. Ethical and practice issues related to the interface with insurance companies and panels will also be covered including credentialing, billing and reporting issues. Ethical issues will be integrated with student's clinical experiences. Prerequisite: PSYC 920 and 921, Permission.

PSYC 962 Clinical Hypnosis 2 cr.

This course involves an-depth study of theory, research, and the clinical practice of hypnosis. Prerequisites: PSYC 830, PSYC 835, or their equivalent, and Permission.

PSYC 971 Therapy Clinic I 3-9 cr.

This course is a practicum experience within the Center for Applied Psychology. All therapeutic services are carried out under the supervision of a licensed clinical psychologist. A team training model will be used, wherein students will observe the work of their peers and participate in pre-session and post-session conferences. Prerequisites: permission.

PSYC 972 Therapy Clinic II 3-9 cr.

This course is a practicum experience within the Center for Applied Psychology. All therapeutic services are carried out under the supervision of a licensed clinical psychologist. A team training model will be used, wherein students will observe the work of their peers and participate in pre-session and post-session conferences. Prerequisites: permission.

PSYC 973 Assessment Clinic 3-9 cr.

This is a practicum experience within the Assessment Clinic of the Center for Applied Psychology. A team training model (open group supervision) combined with close individual supervision is utilized. Emphasis is on skill development in interviewing, administration and scoring of psychological and neuropsychological assessment instruments, report writing, and consultation with community agencies and health care professionals. This course can be repeated. Prerequisites: permission.

PSYC 974 Special Projects/Intake Clinic 1-6 cr.

Students participate in specialized clinical activities. Specific methods of assessment, intervention, and consultation vary according to the special clinical project. Available for variable credit and repeated enrollment. Prerequisites: PSYC 831, PSYC 842, PSYC 832, or their equivalents and instructor permission.

PSYC 976 Introduction to Supervision & Consultation 3 cr.

This course surveys professional issues, theories, existing research and implementation methods in supervision and consultation. Using lectures, discussions, and simulations, students will learn how to promote the development of individuals and organizations that are involved in the resolution of human problems in adaptation and facilitation of human development.

PSYC 981 Special Topics 1-6 cr.

Examines Special Topics in depth. Students prepare presentations representing selected research areas. Prerequisite: Permission.

PSYC 982 Independent Study in Psychology 1-3 cr.

Individual students develop and conduct research studies or engage in clinical activities in consultation with a faculty member. Prerequisite: Permission.

PSYC 988 Proseminar in Clinical Psychology 1-3 cr.

This rotating seminar course will cover various topics of interest within clinical psychology. Prerequisite: Permission.

PSYC 993 Advanced Psychological Practicum 1-21 cr.

Provides supervised experience in applied settings. Variable credit, depending on setting. Prerequisite: Permission.

PSYC 994 Internship 3 cr.

This one-year clinical experience is an in-depth supervised experience designed to assure a professional level of competence in several skill areas and to assist in developing an identity as a health care professional. This may involve clinical assessment, therapy or both. Gaining and internship is a competitive experience involving considerable preparation prior to application. This application process, and how matching between student and internship site occurs, follows the procedures of the American Psychological Association. This is a full-time experience for twelve months. Prerequisites: Successful completion of the Clinical Proficiency Examination and proposal meeting for Doctoral Project.

PSYC 995 Doctoral Project (Dissertation) 3-9 cr.

A culminating scholarly activity requiring the mastery of an area of professional interest. It requires a review of relevant literature and the collection and analysis of data. An oral presentation of the proposal prior to carrying it out and an oral defense of the finished project are required.

Example Curriculum Plan for incoming students.

CURRICULUM PLAN

FALL 1st Year		SPRING 1st Year		SUMMER 1st Year	
801 Univariate Research Methods	3	802 Multivariate Research Methods	3	810 Historical Trends	3
830 Intro to Therapeutic Techniques	3	831 Advanced Therapeutic Techniques	3	836 Personality and Psychotherapy	3
835 Adult Psychopathology	3	842 Assessment of Personality	3	920 Professional Issues and Ethics I	1
841 Psychometrics and IQ Assessment	3	832 Therapeutic Techniques Lab	3	Elective	1-3

FALL Years 2-4		SPRING Years 2-4		SUMMER Years 2-4	
803 Applied Research Methods	3	834 Couples and Family Therapy	3	921 Professional Issues and Ethics II	1
• Year 2 (MW class)		• Year 2 (MW class)		922 Professional Issues and Ethics III	1
971/972/973 Practicum (Internal)	6	855 Human Diversity	3	971/972/973 Practicum (Internal)	3
• Years 2 and 3		• Year 2 (MW class)		• Year 2	
857 Clinical Neuropsychology	3	971/972/973 Practicum (Internal)	3	993 Practicum (External)	3
852 Beh., Cogn., Affective Behavior	3	• Year 2		• Year 3	
853 Issues in Development	3	856 Psychopharmacology	3	Electives	1-3
993 Practicum (External)	3	858 Advanced Social Psychology	3	995 Doctoral Project	3
Elective	3	976 Supervision and Consultation	3	Elective	1-3
995 Doctoral Project	3	• Year 3 or 4		995 Doctoral Project	3
994 Internship	1	993 Practicum (External)	3	994 Internship	1
		Elective	3		
		995 Doctoral Project	3		
		994 Internship	1		

TOTAL for Graduation 99

Note: Only required courses are listed

Graduate Clinical Practicum Program

In keeping with the practitioner emphasis of a program in professional psychology, the basic goals of the practicum program are to help the student develop and refine clinical skills in the areas of clinical assessment, psychotherapy, couples and family therapy, crisis intervention, consultation, professional issues, and evaluation. Students are introduced to various clinical skills through academic course work that includes Psychometrics & Intellectual Assessment, Assessment of Personality & Psychopathology, Introduction to Therapeutic Techniques, Advanced Therapeutic Techniques, Therapeutic Techniques Lab, Couple & Family Therapy, and other courses. Beginning in the second year (and earlier for students with advanced standing), doctoral students are required to register for practicum during each semester in which they are enrolled in the program to continue to accrue program-verified clinical experience.

The first primary sites for this component of training are the three clinics housed in the Center for Applied Psychology. It is our belief that the supervision model employed in these clinics, which involves modeling and video-recorded and live supervision, is the best training vehicle for the development of clinical skills. To ensure an appropriate breadth of experience for graduates to function effectively as independent practitioners, after successfully completing internal practica, students are also required to

complete practica in two additional classes of external settings. Students may select from a variety of hospital/institutional sites and community mental health/counseling sites according to their interests and specialty area.

Objectives of Practica

Practicum experiences are included in this program for several reasons. First, they provide an opportunity for the student to learn first-hand how to apply the theoretical knowledge introduced in the academic setting. Second, they afford the chance to develop and test interests, sharpen pre-existing skills, and learn by doing. Third, they help to develop confidence and to identify areas to be strengthened. Finally, placements in a variety of settings ensure exposure to multiple professional and supervisory models and breadth of preparation for employment in the field.

More specifically, the supervised practicum experiences are of several types. These include:

1. Psychological assessment of clients, using a broad spectrum of techniques.
2. Individual, child and family, and group methods of behavior change.
3. Client-oriented contacts with other health-care professionals and agencies in the human services field.
4. Evaluation of individual and community mental health programs. Most settings provide experiences in several of these areas simultaneously, although students typically will concentrate in one or two of these.

Prerequisites for Practica

Students without prior experience (i.e., Master's degree in Clinical or Counseling Psychology) spend their first year on campus completing basic coursework and electives. The subsequent years include practica and relevant coursework. Course prerequisites to most practica are the Therapeutic Techniques sequence (PSYC 830, 831, 832) and the Assessment and Evaluation sequence (PSYC 841, 842). Exceptions may be considered on an individual basis. In addition, an overall grade point average of 3.0 in our 4.0 system is necessary before application for practicum may be considered. Students must also be in good standing in the program.

General Practicum Policies

1. Each student is required to complete a minimum of 21 credits of practicum. A maximum of 12 credits may be waived or transferred for students having extensive supervised work experience that is deemed equivalent to practicum training. Waivers do not lower the number of credits required for graduation, and the requirements for internal practica must still be met.
2. The Therapeutic Techniques Lab does not count as practicum credit; rather, these experiences are prerequisites to internal and external practicum requirements. Advanced standing students may meet this prerequisite through past experience.
3. Each student in the program will be assigned to one of the CAP clinics for each semester (Fall, Spring, Summer) of their second year. Students are required to remain in one clinic for two consecutive semesters. Students register for the clinics each semester.

4. Students will rotate through at least two of the three CAP clinics, earning at least 12 credits in these settings.

5. An additional nine credits of practicum will be earned in two different external settings. Each setting should provide a different range of clinical experience.

6. While students are providing services within the CAP, they are covered by malpractice insurance that is paid for by the CAP at no cost to the student. However, coverage applies exclusively to clinical activities done in the CAP and does not extend to external practica or other clinical activities outside the CAP. Students are required to obtain and maintain professional liability insurance covering all periods in which they will be involved in clinical activities outside the CAP (e.g., external practica and internship). Students must provide verification of their coverage to the DCT. This insurance is available through the APA's endorsed carrier for a yearly fee, and information and application forms may be obtained from the Doctoral Studies office or https://www.apa.org/.

7. Some practicum sites provide tiered supervision, where practicum students are being supervised by a non-licensed professional (e.g., an intern or post-doctoral fellow) who is being supervised by a licensed psychologist. The CTC permits tiered supervision so long as the practicum students are receiving at least one hour per month of primary supervision (i.e., direct supervision from the licensed professional). Any exception to this requires CTC approval.

Student Selection

Prior to the beginning of each academic year, the CAP clinic supervisors meet to review eligible students and make assignments to CAP clinics on the basis of student training needs and a completed CAP Practicum Application Form. Students must rank order their preferences for placement on this form, and indicate their rationale for their first choice. Assignments are based on student preferences to the extent possible, taking into account students' interests, plan for successive clinics, and faculty judgment of student training needs. Occasionally, students will not be placed in their first choice due to other factors that must be considered (i.e., clinic enrollment).

Students planning for external practica should discuss their interests with the Practicum Coordinator, who will assist the student in identifying appropriate sites to which to apply. Upon approval for external practica, each student arranges an interview with their sites of interest. As part of the interview, the setting may request copies of previous psychological evaluations, case conceptualizations, or other qualifying data. At its discretion, the site indicates its acceptance or rejection of the student. Students are required to keep the Practicum Coordinator apprised of their interview process and acceptance.

Student Responsibilities

In CAP placements, the supervising faculty member will negotiate requirements with the student. Such requirements may include supervision of other students, directed readings, presentations to other clinic colleagues, or reviews of clinical techniques or interventions with a specified population. A syllabus of expectations and grading policies will be provided at the beginning of the semester.

In external placements, students will arrange with the agency supervisor the days and times they will be on site. Students are expected to complete a minimum of one full day of work for 15 weeks for each 3 hours of credit. The student is expected to participate in the activities assigned by the agency supervisor,

and is directly responsible to this supervisor. The academic requirements for these placements will be negotiated by the student and the Practicum Coordinator. Grades will be assigned by the Practicum Coordinator in consultation with the placement supervisor.

A list of available sites and contact information for each site is available from the Practicum Coordinator.

Evaluation of Students

As beginning professionals, students are expected to become familiar with and follow the policies and procedures of this doctoral program and IUP, the ethical principles published by the American Psychological Association (http://www.apa.org/ethics/code/), and the policies and procedures of the Center for Applied Psychology and out-of-department training sites.

Evaluation of each student's performance is conducted on an ongoing basis and may include student self-evaluations, graduate assistantship evaluations, faculty evaluations, practicum supervisor evaluations, and Graduate School evaluations. Students may receive individual feedback from personal discussions with faculty members, comments on exams, written feedback on papers, supervision in clinics, etc. (The evaluation forms used by the CTC can be found in Appendices A and B).

Course Grades

The most frequent and obvious form of evaluation occurs in individual courses. Each professor will detail their grading procedures for each course in a course syllabus. In some courses, grades are based primarily on exam scores. In other courses, the professor may incorporate class participation, clinical skill development, seminar presentations, and/or other requirements into the final grade. Students are encouraged to ask questions for clarification of grading procedures early in the semester.

In graduate courses, a grade of "A" indicates excellent performance, a grade of "B" indicates good performance, a grade of "C" indicates poor performance, and a grade of "F" indicates failure. All students must achieve a grade of "B" or higher to demonstrate graduate-level mastery of the course material. Any course for which a student receives a grade of "C" or lower must be repeated until the student masters the material as indicated by a grade of "B" or higher. A grade of "I" is used to record work which, as far as it has progressed, is of passing grade, but is incomplete because of illness, accident, pregnancy, or extreme personal disturbance. Consult the current Graduate School Catalog (https://www.iup.edu/registrar/catalog/index.html) for descriptions of other infrequently used grades and for policies regarding course auditing. A grade of "R" is used for doctoral projects that have not yet been completed, and a grade of "L" is used for practica in which clinical work is ongoing. Students must maintain a 3.0 average; policies regarding this are found in the Graduate Catalog.

For information regarding School of Graduate Studies and Research policies on grading, view the Graduate Catalog: https://www.iup.edu/registrar/catalog/index.html

Clinic/Practicum Evaluations

Clinic and practicum supervisors and the department practicum coordinator evaluate each clinic/ practicum student each semester. For the internal clinics, the clinic supervisor will complete a form assessing the student's clinical skills and professional development. For external practica, the practicum

supervisor will complete a form assessing the student's clinical skills and professional development. The practicum supervisor will sign off on the clinical hours the student accrued that semester. The student will also provide a breakdown of their hours to the department practicum coordinator. Each student will have an opportunity to complete a form assessing the practicum site and the quality of supervision received. The department practicum coordinator will also contact each practicum agency during the semester to monitor student progress. At the end of the semester, the department practicum coordinator, using information provided by the student and the agency supervisor, will determine the course grade. (The evaluation form used by practicum supervisors can be found in Appendix A.)

Annual Academic and Professional Evaluations

At the end of each academic year, the Clinical Training Committee (CTC) completes an evaluation of academic, clinical, and professional development. The purpose of this evaluation mechanism is to provide to the student an overall review of their progress in the program, assist the faculty in reviewing each students' progress in the program, and assist the faculty in reviewing the effectiveness of the curriculum.

Following each semester, the CTC organizes a meeting specifically focused on discussing each student's development over that semester. A written summary evaluation for each student is then developed following this meeting. At the end of each semester, all faculty members who have taught or supervised the student will be invited to assist in the evaluation. The CTC provides advanced notice of the meeting to all faculty and makes multiple requests for faculty with any feedback over the prior semester to offer feedback at the meeting or, if not attending, communicate this feedback (written or orally) to the CTC prior to the meeting. Nonetheless, the amount of feedback provided to the CTC can be variable. A summary of the evaluation is shared with the student and placed in the student's departmental file. Only information the CTC determines can be considered reasonably representative of the student's development over the prior semester will be integrated in the written evaluation summary. The student has the right to offer written commentary to the CTC clarifying their perspective about the evaluation summary.

Our faculty members share a strong commitment to providing training that will produce excellent beginning-level professional psychologists. We accept into our program only those students whom we believe will make a contribution to the profession. However, we also recognize that student selection procedures and our training program are not perfect and that on rare occasions, a student will not function at an adequate level. It may then be necessary to recommend remedial work or to recommend to the Graduate School to dismiss the student from the program.

Such action might follow from inadequate course grades, failure of the comprehensive or clinical proficiency exam, failure to complete the required dissertation, serious professional misconduct, or serious inadequacies in clinical skills. For some of these areas, criteria are available to establish minimally adequate levels of performance (e.g., grades). In other instances, the professional judgment of faculty members will also be a factor. In all cases of deficiency, every attempt will be made to provide early feedback to the student, and wherever possible, remedial activities will be encouraged.

The following criteria and procedures will be followed by the CTC whenever it concludes that serious deficiencies exist:

1. One course grade of "F" will result in the committee considering dismissal from the program. Two or more course grades of "F" will result in a recommendation to the Graduate School for automatic dismissal.

2. In instances of serious professional misconduct or inadequate clinical skills, the following steps will be followed:

    a. The student will be notified in writing as to the nature of the deficiencies or misconduct and be given the evidence for those deficiencies.

    b. The student will be invited to provide verbal or written input to the CTC to aid in the continuing evaluation process.

    c. After consideration of the students' response, if any, the CTC may take a variety of steps if it concludes that the deficiency or misconduct is serious. These steps may include, but not be limited to, recommending remedial activities, a recommendation to the Graduate School for delaying candidacy, or dismissal from the program. Completion of remedial activities will not guarantee future positive evaluations.

3. Students always have the right to appeal decisions of the CTC to the full department and then through proper university channels.

Comprehensive/Candidacy Examinations

This examination is given to determine the student's progress in the degree field and fields related to it and the student's likelihood of success in their research-dissertation phase. The examination may be written, oral, or both and is not necessarily limited to areas in which the candidate has taken course work. In addition to having written procedures for taking the comprehensive exam, departments must also have written procedures regarding providing feedback for comprehensive exams.

In the Clinical Psychology Doctoral Program, satisfactory academic and professional evaluations are necessary for the student to earn candidacy for the M.A. and Psy.D. degrees. Students also must pass the Clinical Comprehensive Examination, Research Comprehensive Examination, and the Clinical Proficiency Examination to earn candidacy for the Psy.D. degree. The Clinical and Research Comprehensive Examinations are conducted concurrently, with the Research Examination embedded as part of the Clinical Comprehensive Examination. Successful completion of all parts of these exams is a program requirement.

It is important to recognize that the Comprehensive Exam is a separate educational task from other aspects of the program. The Comprehensive Exam is not a demonstration of clinical skills, it is not another version of the Clinical Proficiency Exam, and it is not an exam of what students have previously learned in their courses. Comprehensive Exam is a demonstration that students have independently obtained and can recall the critical knowledge areas related to Intervention, Assessment, Psychopathology and Research. Having an independent mastery of the empirical literature, a complete understanding of important principles, and the ability to integrate those to address questions posed is the educational task of the Comprehensive Exam. Given the independent nature of this learning experience, it must be done by the students themselves.

While coursework may reflect a portion of this task, course grades also often comprise evaluation of other training goals (i.e., group work, clinical skill development, professional communication, etc.). Receiving an A in a class does not necessarily mean that a student has independently obtained and can recall all of the critical knowledge areas or is able to draw on bodies of knowledge in an integrative manner. This is what meant by stating that the Comprehensive Exam is a separate educational task. This is also why the Comprehensive Exam grades are identified as a separate Minimum Level of Achievement on several of the Profession-Wide Competencies (from the APA Standards on Accreditation).

In addition, there is not time in a semester to cover all important information that the program desires students in a course to know. The Comprehensive Exam is the opportunity for students to spend the necessary time engaging in all the important empirical literature. The program would like to provide a clear statement on this expectation – faculty expect students to study more than what was covered in individual classes and such information may be required to obtain a good grade on the Comprehensive Exam. While material from courses may be a good starting point of study, we want to clarify that this does not represent the entirety of what may be assessed on the Comprehensive Exam.

A reading list or study guide will not be provided for the exam. Rather, a list of important topics for each domain will be given to students. If a reading list were provided to students, this would lead to limiting the scope of what the Comprehensive Exam is evaluating, and the Comprehensive Exam would no longer be comprehensive. If the educational task of the Comprehensive Exam is to engage with and know all the empirical literature, narrowing the studying field defeats the purpose of the task. For each domain, faculty have provided a set of topics students should be prepared to know. The field is ever evolving, and new empirical findings are published each year. It is a useful skill for students to know how to independently search for and study new knowledge in our field.

When a student needs to retake a sub-domain of the Comprehensive Exam, faculty are available to help students comprehend specific topics. For example, if a student is having a hard time distinguishing between the various forms of internal validity, faculty can work with students to understand those topics better. Students should understand that it is difficult for faculty to help students prepare for an educational task that is, by design, meant to assess students' independent studying. That being said, faculty certainly remain open to helping students understand difficult concepts.

Needing to retake a portion of the Comprehensive Exam sometimes happens to good students who have performed well to date and are in good academic standing. The Comprehensive Exam and coursework are two separate educational tasks and performance on one does not necessarily dictate performance on the other. If they were the same task, that would be a reasonable assumption. Needing to retake a domain or engage in an oral defense meeting should not lead students to feel that they are not capable clinicians or that they are poor students. Not passing a domain of Comprehensive Exam should be interpreted by students as faculty judging that "the student would benefit from spending more time engaging with the research literature." Nothing more, nothing less.

Clinical Comprehensive Examination

The Clinical Comprehensive Examination will typically occur either at the end of May or the end of the Summer Session II term each year. Each cohort must decide in November and inform the CTC of their decision, which will be a majority vote of those planning on taking the exam that year. This will allow the

individual committees adequate time to plan accordingly. In the absence of a consensus from the cohort taking the examination, the CTC will make a decision when the examination will take place.

The Clinical Comprehensive Examination will cover three clinical domains (assessment/diagnosis, intervention, and psychopathology). In addition, there will be a comprehensive research examination. Students must pass each of these domains. There will be three questions within each clinical domain and students will be required to answer two of the questions. A three-person committee will collaboratively write three integrative questions. The questions are to be integrated within one specific domain only (i.e., the assessment question would be integrative in terms of including multiple factors related to assessment). There will be no pre-determined set of material that students should study; however, students are provided with a list of content areas that may be represented by exam questions. The questions will address topics relevant to intervention, assessment, and psychopathology. Certainly, portions of answers will come from material learned in classes. Good answers will also be expected to contain information gained from recent research in the field. Memorizing names of references to include in answers has limited educational value in and of itself, but it is the necessary cost for assuring that students are engaging in the recent research literature. To this end students will be permitted to bring to the examination a one-page list of names and dates (e.g., Beck, Smith, Jones, 2012). This page will be in 11-point or greater Times New Roman font, single or double spaced. Any deviation from this will result in forfeiture of the page at time of exam. To provide guidance in students' study of recent research, each committee will provide a list of 8-10 important research *areas* with which students should be familiar. For example, the intervention team may provide a list such as: empirically supported treatments, therapeutic alliance, psychotherapy outcome research, systems of psychotherapy, cultural competence in treatment, orientation-specific treatment research, ethics regarding therapy, etc. For all questions in each domain, it is expected that elements of ethics and diversity, which are covered throughout the program, would be included in answers. On Day 1 students will receive questions from the intervention domain and the psychopathology domain. Day 2 will be the assessment/diagnosis domain and the research comprehensive exam described below.

Clinical Comprehensive Examination Grading

Each question is graded by two readers (see Appendix B for grading sheet). For each domain, there are a total of four grades (two per answer) and the pass/fail decision is based upon the average of the four grades. The examination is passed if the student achieves a B (3.0) average or higher on each domain. Disagreements between raters on a single question that results in at least one full grade difference are resolved by discussion between the readers. If no resolution can be reached, a third reader, assigned by the DCT, is used to resolve the disagreement.

If after this process, a student obtains an average score below 2.7, the student has failed that domain of the examination and must retake the written exam. If a student obtains a score between 2.7 and 2.99 on a domain, the student has the option of taking an Oral Demonstration of Mastery examination for that domain. If the student does not pass this oral examination, the student will need to complete a second written examination. If the student receives a score falling between 2.7 and 2.99 on the second written examination, the student is eligible for a second oral examination. This can occur for each domain. The Oral Demonstration of Mastery will be scheduled soon after notification of the examination result.

Oral Demonstration of Mastery

The Oral Demonstration of Mastery option was created to help students whose answer did not pass, but for one reason or another, the faculty felt that the answer was close to the point of being minimally acceptable. Being given the option for an Oral Demonstration of Mastery meeting suggests that the student may have mastery, but either failed to elaborate on a point they should have, was unclear in their explanation on one or more points, or ran out of time to fully articulate their answer. If given the opportunity to respond to specific questions, the student might be able to demonstrate their mastery. Conversely, students' answers may reveal a lack of sufficient depth of knowledge. The oral follow-up examination is conducted under the following guidelines:

1. The Oral Demonstration of Mastery meeting committee will consist of three faculty members, including two of the readers of the original answer and a third member appointed by the Director of Clinical Training.

2. The Examination Committee will either write a new question in that domain, or alter the initial question answered by the student and submit it to the student. The student will be granted up to 30 minutes for consideration of the question, and then the Committee will examine the student on the question and related topics.

3. The Oral Defense committee will determine on their own whether to ask follow-up questions to the student's original answer or ask new questions as part of the Oral Demonstration of Mastery meeting. All students can expect that the Oral Demonstration of Mastery meeting will *begin* with a defense of their written answer. For some students, the meeting may end at that point. Alternatively, the committee may determine, based upon the original written answer and upon the student's oral defense of that answer, that they will ask additional questions to determine if the student has demonstrated sufficient mastery of the material to be judged having passed that domain. The reason why some students are required to spend more time on their original answer and some have new questions is because each student does not fail for the same reasons. In some cases, students missed one piece of critical information and with the rest of the answer already sufficient, all they need to do is demonstrate that they have obtained and can recall that information. Other students do not pass because they lacked sufficient depth, even though they covered (albeit lightly) each necessary point. While they were close to passing, demonstrating that they have sufficient depth may require new questions.

4. After the Oral Demonstration of Mastery meeting, a pass/fail decision will be made by the Examination Committee.

5. The examination will be video-taped or audio-recorded to provide protection for the student in the event of an appeal through University-approved appeal procedures. In keeping with university policy, appeals need to be made within two weeks of receiving the grade results. (See official policy at: https://www.iup.edu/academicaffairs/for-faculty/academic-integrity/student-grade-appeal/graduate-student-grade-appeal-policy.html .)

Feedback

When a student fails a written domain of Comps (no oral meeting), the faculty who graded the two answers will write a summary of why the student failed. This will be written by all three faculty and will represent the entirety of the feedback offered to students. Individual faculty will not provide any additional feedback than what is in this grade summary because all of the feedback they will want to

give will be in the summary. This summary will be available to read only in the DCT's office upon request.

A summary will only be provided for those students who do not pass the first attempt in its entirety (for each domain). In other words, students will not yet have this summary prior to the Oral Demonstration of Mastery meeting. Until that meeting has finished, the student has not yet failed the Domain in its entirety and the student must yet demonstrate that they have independently obtained and can recall the critical knowledge. Students may wonder how they can prepare for the oral meeting if they do not know why they failed the written exam. There is not an expectation that students will be able to "cram" for a specific aspect of the domain. The committee's task is to determine if the student can demonstrate an overall mastery of the domain and students will therefore be expected to know all necessary information for that domain. The key is that students need to be able to demonstrate mastery of the domain and will need to be as generally prepared for the oral meeting as they were the written exam.

If students do not pass the Oral Demonstration of Mastery meeting, they can then review the grade summary from the written exam in the DCT's office. Similarly, the faculty on the oral committee will summarize the feedback they offered following the meeting and this can be reviewed in the same manner.

Research Proficiency Examination

The purpose of the Research Proficiency Examination is to ensure that students understand basic psychometric theory and research methodology designs and problems, especially those frequently used in clinical psychology. The examination covers the research methodology content from PSYC 801 (Univariate Research Methods), PSYC 802 (Multivariate Research Methods), and PSYC 803 (Applied Research Methods).

This examination will involve one clinically-related published research study that will be provided to students during the examination. Students may be asked to address the appropriateness of the study's methodology, statistical techniques, and the conclusions reached. Students may be asked how they might have approached the problem from a research perspective. In other words, address how a student would design a study, from scratch, to address the issue. Sections of the article may be redacted (e.g., study limitations discussion). The same option for an Oral Demonstration of Mastery meeting exists for the research exam as well and will follow the procedures detailed above. However, a new research article or articles may be provided 45 minutes before the examination for the student to read and prepare.

Preparation for the Examinations

It is common for students to feel anxious about taking such examinations. These exams may be one of the few times a student is required to fully integrate knowledge. There is very little published literature on how to prepare for such exams. Finding review articles for each of the domains and research areas should not be a problem. The *Annual Review of Psychology* series will be an excellent source. Students have traditionally studied in groups, which divides the labor of seeking and reviewing the relevant articles. There is a vast research literature that addresses how individuals learn and retain information. One major finding from that literature is that adequate sleep is necessary for memory consolidation to occur.

Comprehensive Exam Policies

1. Students may sit for the comprehensive exam at any regularly scheduled exam; however, students typically will take the exam immediately after completing relevant course work, typically at the end of the second year.
2. Students must notify the Director of Clinical Training of their intention to take the exam at least two weeks prior to the exam date. Because most students take the research exam concurrently within the Clinical Comprehensive Examination, notification is assumed when the students' Clinical Comprehensive Exam is scheduled (unless the student explicitly notifies the DCT otherwise).
3. Students must pass each of the domains (Intervention, Assessment, Psychopathology, Research). Students who fail any domain of the exam must retake that domain portion of the exam within one year.
4. Failure of two Comprehensive Examinations will result in the CTC recommending to the Graduate School dismissal from the program.
5. Students must pass the examination prior to beginning internship.
6. Students may not register for Dissertation credits without having passed the examination.

Clinical Proficiency Examination

This evaluation is typically scheduled during the third or fourth year. Students must have passed all parts of the comprehensive examination prior to taking the clinical proficiency examination.

The purpose of the Clinical Proficiency Examination (CPE) is to allow the student to demonstrate proficiency at the pre-internship level of general psychological practice consistent with the standards of the CPDP and the expectations of internship sites. It is the CPDP's way of determining if the student is adequately prepared for clinical internship. The examination also provides an opportunity for the student to engage in lively discussion with faculty members about clinical problems.

The CPE will take the form of an oral examination that will be evaluated by faculty committees of three members each. Each committee will meet in a 1.75-hour block of time to evaluate an individual student. The CPE will be scheduled to occur at the end of the spring semester or beginning of the summer session, depending on faculty availability. Specific dates and times will be determined on a year-by-year basis and will depend in part on the number of students expecting to complete the CPE that year and the number of clinical faculty available to serve on committees.

Students will submit a CV and a statement of training goals and experiences to faculty on their committee by 3pm on the day before their scheduled CPE. The documents will help familiarize faculty with students' training experiences and may be used to formulate exam questions.

Faculty will provide students with a list of assessment instruments with which they should be familiar and about which they may be asked administration or interpretation questions during the CPE. The types of assessment materials that students should be expected to include in their batteries should be those with which students should have a reasonable familiarity from their clinical and classroom experiences.

Approximately 45 minutes prior to the CPE appointment, students will be given a case vignette and test data and will have 45 minutes to prepare their assessment and treatment plans. Cases will be developed by faculty and will be similar to those that the student has seen in internal clinics and on external practica. During their 45-minute preparation time, students may NOT refer to notes, books, the internet, or other materials. It is expected that students will spend that time collecting their thoughts and outlining their conceptualizations, assessment and treatment plans, etc. They may make notes that they can use during the CPE.

Students scheduled for the morning appointments will be given one case; students scheduled for the afternoon will be given a different case. This will prevent any overlap of students who have finished and those who have yet to go and will remove any temptation to discuss the case material.

Students will demonstrate their clinical proficiency in assessment and treatment from the same case presented. Students will be expected to discuss potential diagnoses and determine an appropriate assessment battery. Students will be expected to interpret and integrate test data to arrive at diagnostic conclusions and treatment recommendations. Assessment tools with which student should be familiar and from which test data will be provided include current editions of the Wechsler Adult Intelligence Scale and the Minnesota Multiphasic Personality Inventory. Students should also be familiar with self-report symptom-focused inventories, diagnostic interviews, achievement testing, and measures of adaptive functioning. Assessment-related questions may also be based on specific experiences that the student has included in his/her CV or described in the self-statement.

Students will also be expected to discuss treatment decisions and goals for treatment, as well as building a therapeutic alliance, choosing a theoretical orientation to guide treatment, their rationale for treatment decisions, and ethical issues. Students may be called upon to demonstrate how they would initiate discussion of a sensitive topic, explain a treatment model, demonstrate empathy, etc.

Grading

Students are graded in four domains that correspond to the objectives described below. The committee will rate student performance in each domain on a three-point scale:

- Remediation required (0)
- Acceptable (1)
- Exceptional (2)

The committee will then assign an overall impression rating based on the ratings in each domain:

- Pass (i.e., student is approved to apply for internship)
- Did Not Pass (i.e., student requires remediation, such as a retake of one or more parts, and, therefore, is not approved to apply for internship until specified remediation has been addressed and corrected)

Students who do not pass are identified as needing remediation and will be given specific recommendations by the committee. The student will receive the remediation plan following a discussion and approval of the plan by the CTC, which will occur by the end of the CTC meeting immediately after the proficiency exam. Any retakes of one or more sections will be conducted with a different 3-person committee to minimize the potential for bias (provided three qualified faculty have not been on a prior proficiency committee for the student). Students have two attempts to pass the exam. If a student does not pass the exam on their second attempt, they may appeal to the CTC for a third attempt. In the appeal, the student needs to adequately demonstrate why a third (and absolutely final) attempt is warranted and why the outcome of a third attempt would be different from the

previous two. The CTC will review all appeals and decide on a case-by-case basis whether to grant the appeal. Competencies on which students will be evaluated are defined and elaborated upon in the next section and come from APA benchmark ratings found below.

Foundational Competencies

Objective 1: Competence in professional conduct, ethics, and legal matters

1A. Professional conduct: Behavior and comportment that reflects the values and attitudes of psychology and is reflected in the following:

- **Integrity**: Adherence to professional values infuses work as psychologist-in-training; student recognizes situations that challenge adherence to professional values.
- **Deportment**: Communication and physical conduct (including attire) is professionally appropriate.
- **Expressive skills**: Communicates clearly using verbal and nonverbal skills; demonstrates clear understanding and use of professional language.

Student shows evidence of competence by:

- Identifying situations that challenge professional values, and recognizing when to seek faculty/supervisor guidance.
- Utilizing appropriate language (including professional terms and concepts) and demeanor.
- Dressing appropriately for a clinical encounter with a client.
- Communicating clearly and professionally.

1B. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations, as reflected in the following:

- **Knowledge and application of ethical, legal and professional standards and guidelines:** Demonstrates intermediate level knowledge, understanding, and application of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, and laws.
- **Ethical Conduct:** Integrates own moral principles/ethical values in professional conduct.

Student shows evidence of competence by:

- Effectively identifying ethical dilemmas in assigned cases and demonstrating understanding of the ethical elements present in ethical dilemmas.
- Demonstrating intermediate knowledge of typical legal issues, including child or elder abuse reporting, confidentiality, and informed consent.
- Recognizing and discussing the limits of own ethical and legal knowledge.
- Addressing ethical and legal aspects that may be present within the case.
- Articulating knowledge of own moral principles and ethical values in discussions about ethical issues.

1C. Reflective Practice/Self-Assessment: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies.

- **Reflective practice:** Displays broadened self-awareness; engages in reflection regarding professional practice.
- **Self-assessment:** Demonstrates broad, accurate self-assessment of competence; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills.

Student shows evidence of competence by:

- Writing a personal statement of professional goals, identifying learning objectives for internship training, including areas requiring further professional growth
- ***NOTE:*** *This objective is met through the student's completion of a self-statement that is due to each of the three CPE committee members by 3pm on the day prior to your CPE exam.*

Objective 2: Competence in individual and cultural diversity

Individual and Cultural Diversity: Awareness, sensitivity, and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

- **Others shaped by individual and cultural diversity and context:** Demonstrates knowledge of others as cultural beings in assessment, treatment, and consultation.
- **Interaction of self and others as shaped by individual and cultural diversity and context:** Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others.

Student shows evidence of competence by:

- Demonstrating understanding that others may have multiple cultural identities.
- Discussing the role that diversity may play in interactions with others.
- Demonstrates knowledge of APA policies, including guidelines for practice with diverse individuals, groups and communities.
- Discussing the limits to competence with diverse clients.
- Acknowledging own culturally-based assumptions.
- Self-identifying multiple individual and cultural identities.

Objective 3: Competence in theories and methods of psychological diagnosis and assessment

Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

- **Knowledge of measurement and psychometrics:** Selects assessment measures with attention to issues of reliability and validity.
- **Knowledge and application of assessment methods:** Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances; applies knowledge of evidence-based practice, including empirical bases of assessment, in selecting appropriate assessment methods to answer diagnostic questions.
- **Diagnosis:** Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity.
- **Conceptualization and recommendations:** Utilizes systematic approaches of gathering data to inform clinical decision-making.

Student shows evidence of competence by:

- Demonstrating basic diagnostic nomenclature and ability to diagnose many psychiatric problems.
- Demonstrating through consideration of relevant patient data.
- Demonstrating the ability to select appropriate assessment tools for different problems and populations.
- Demonstrating intermediate level ability to accurately interpret assessment tools, reaching appropriate conclusions based on test data.
- Identifying relevant data to collect from structured and semi-structured interviews and mini-mental status exams.
- Articulating relevant developmental features and clinical symptoms as applied to presenting question.
- Demonstrating ability to identify problem areas and to use concepts of differential diagnosis.
- Making clinical decisions based on connections between diagnoses, hypotheses, and recommendations.
- ***NOTE:*** *Assessment tools with which the students should be familiar include current editions of the Wechsler Adult Intelligence Scale, the Wechsler Individual Achievement Test, and the Minnesota Multiphasic Personality Inventory. Students should also be familiar with self-report symptom-focused inventories, diagnostic interviews, and measures of adaptive functioning. Assessment-related questions may also be based on specific experiences that the student has included in his/her CV or described in the self-statement.*

Objective 4: Competence in theories and methods of effective psychotherapeutic intervention

Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

- **Intervention planning:** Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation.
- **Skills:** Demonstrates knowledge of appropriate clinical skills and evidence-based interventions.
- **Progress evaluation:** Awareness of methods to evaluate treatment progress and modifies treatment planning as indicated, utilizing established outcome measures.

Evidence-Based Practice (EBP): Integration of research and clinical expertise in the context of patient factors.

- **Knowledge and application of evidence-based practice:** Applies knowledge of evidence-based practice, including empirical bases of intervention and other psychological applications, clinical expertise, and client preferences

Student shows evidence of competence by:

- Articulating a theory of change and identifying interventions to implement change.
- Demonstrating knowledge of interventions and explanations for their use based on the literature.
- Formulating a case conceptualization that draws on theoretical and research knowledge.
- Applying EBP concepts in case conceptualization, treatment planning, and interventions.
- Articulating own theoretical perspective regarding intervention strategies.
- Comparing and contrasting EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization.
- Describing a treatment plan that reflects integration of empirical findings and clinical judgment.
- Demonstrating appropriate judgment about when to consult supervisor.
- Generating hypotheses regarding own contribution to therapeutic process and outcome.
- Recognizing safety issues and means of evaluating, managing, and documenting patient risk (i.e., homicidality, suicidality).
- Demonstrating ability to evaluate treatment progress in context of evidence-based interventions.
- Identifying barriers to client improvement.

Sample Case

The following case is presented as an example of the level of detail that you can expect in your proficiency case vignette. You will be given a case of similar difficulty approximately 45 minutes prior to your scheduled proficiency time. You are to develop a plan for the assessment and treatment of this individual. You may make notes during your preparation time that you may use during your proficiency exam.

John Doe is a 20-year-old male who was referred to the Center for Applied Psychology by his mother, who reported concerns about her son's social functioning and negative mood, which she believes are affecting Mr. Doe's motivation and ability to "function in society." Mr. Doe is currently unemployed and lives with his father in Indiana, PA. Mr. Doe's mother is in contact with Mr. Doe a few times a week. As a child, Mr. Doe was reported to be "out of control" and sometimes destructive. At times, he was so "anxious" or "annoyed" that he would "explode." Mr. Doe has always struggled with friendships. He had only a "couple" of friends in grade school, and did not spend time with them on a regular basis outside of school. He did not like being in large groups and was not involved in any extra-curricular activities. Mr. Doe was on a little league baseball team for a short period of time, but was "kicked off" for behavioral reasons. In high school, he wanted more friends, but was not close to any of his peers.

Reportedly, Mr. Doe moved into his father's house at age 15 years after a serious fight with his mother. Mr. Doe reported feeling "mad" because he does not have a good relationship with his immediate or extended family members. He often fights with his father (verbally and physically). Currently, Mr. Doe spends almost all of his time alone in his room, has no means of providing for himself, and has very few friendships. Mr. Doe explained that he is "unhappy" with his life at the moment, has trouble sleeping, has trouble making friends, can only remember "glimpses" of his week, and feels "empty" or "hollow" most of the day, every day. He also often worries that others are judging or persecuting him for his past behaviors and harbors resentment toward his mother and father for "controlling" him.

Notes

- You will notice that there are numerous non-specific problem areas in this case that will require further investigation. You will be expected to identify possible diagnoses and the means by which you could reasonably expect to reach a diagnostic conclusion.
- There is no racial/ethnic/cultural information provided for this case. You can expect that during your exam, this information will be provided to you and you will be expected to discuss how that information will influence your conceptualization and/or clinical considerations.
- You will be provided with data from one or more assessment instruments that would be relevant to the case. You will be expected to interpret the data provided and discuss the impact of that information on your conceptualization and/or clinical considerations.

Program Level Examination Appeals

Appeals for Program Level Exams such as candidacy, comprehensive, or qualifying examinations, are made to the dean of the School of Graduate Studies and Research (SGSR) based on policy and/or procedural violations. The appeal can be based only on policy and/or procedural violations, and not simply on the outcome of the examination. Procedural violations would be cases in which the program/department failed to follow program/department and/or University policies and/or procedures relating to the administration and/or evaluation of the exam.

The appeal must be made in writing to the dean of the School of Graduate Studies and Research. Documentation of the policy(ies)/procedures in question must be provided, along with a detailed description of the alleged violation(s). All evidence supporting the alleged violation should also be provided. The student must submit the written appeal to the dean of the SGSR within 30 days of receipt of the outcome of the examination. Upon receipt of the written appeal to the dean of the SGSR, the dean will conduct an investigation of the allegation, review the documentation and render a final decision which completes the appeal process. The final decision rendered by the dean of the SGSR may not be appealed.

If it is found that policy/and/or procedure has been violated, the dean of the SGSR will instruct the program/department to allow the student to retake the exam, fully adhering to policy and procedures. In the event of a finding in support of the student allegation, the reexamination may not be counted as one of the attempts permitted under the University or Department's Reexamination Policy.

Reexamination Policy

No student is permitted a "third" examination without a recommendation to that effect from the degree program's sponsoring department per their adopted written procedures and the approval of the School of Graduate Studies and Research dean (or designee). Exceptions to this policy for programs can be made only with the approval of the School of Graduate Studies and Research. In the event a student does not successfully complete the comprehensive re-examination according to program requirements and the failure results in program dismissal, the program must notify the School of Graduate Studies and Research (SGSR) of the dismissal in writing. The SGSR will send an official notification of the dismissal to the student.

Student Records

All records concerning a student will be maintained in the CPDP office. These include the student's original application to the program, academic transcripts, annual evaluations, practicum evaluations, awards, and any official correspondence to the student from the CTC or others. This will include notifications from the Graduate School regarding IRB matters, assistantship awards, and granting of degrees. In addition, security clearances, vaccination records and other records necessary for a student to be placed in certain practicum settings (e.g., hospitals) will also be kept in this file. The program has moved to electronic records which will be maintained permanently. This permanent record will be available in the future should the student seek licensure and documentation is required of the student's attendance and performance in the CPDP. While a student is in residence, hard copies of relevant documents will be maintained in a locked filing cabinet. Each of these paper documents is scanned for inclusion in the student's permanent electronic file. The hard copies will then be destroyed in a secure manner. Students may make an appointment to review their files with the doctoral program secretary.

Degree Completion

Master's Degree Candidacy

Students will obtain the Master's degree in Psychology en route to the doctorate. Requirements for candidacy to the M.A. degree are the successful completion of 24 semester hours, with an average of at least 3.00 GPA, and the recommendation of the Clinical Training Committee based on satisfactory academic and professional evaluations. The M.A. in clinical psychology will be awarded after the successful completion of 54 semester hours and satisfactory annual academic and professional evaluations. The 54 credits must include 9 hours of internal practica and 45 hours of approved credits from the general coursework of the Psy.D. degree.

Doctoral Candidacy

The candidacy for the Psy.D. will be awarded following the completion of all M.A. requirements plus an additional 9 credits, successful performance on the Clinical Comprehensive Examination and Research Proficiency Examination, and satisfactory annual academic and professional evaluations. An average GPA of 3.00 or higher is necessary for candidacy. The PsyD is awarded after the successful completion of

99 semester hours, successful performance on the Clinical Proficiency Examination, successful completion of both a dissertation and pre-doctoral internship, and satisfactory annual academic and professional evaluations.

Evaluation for Graduation

In the semester preceding graduation, the student must file an Application for Graduation with the Graduate School (https://www.iup.edu/commencement/graduate/how-to-apply-for-graduation.html). Deadlines for application are published annually by the Graduate School.

At the time of application, the DCT completes a final review of the student's record and either recommends graduation or notifies the student and the Graduate School of deficiencies.

For more information, view the Graduate Catalog: https://www.iup.edu/registrar/catalog/index.html

Dissertation Completion

The doctoral dissertation is a culminating activity that requires the student to demonstrate mastery of an area of professional interest and to make a meaningful contribution to the solution of a problem or question. The project requires a review of the literature and the collection and analysis of data. An oral presentation of the proposal and an oral defense of the finished dissertation are required. Depending on the statistical and methodological preparation of the student, a dissertation might consist of an experimental research project; the implementation and evaluation of a workshop, clinical intervention, or training program; a needs assessment; development of an assessment procedure; or implementation and evaluation of an intervention technique with a unique clientele through a series of single case designs.

The dissertation in the CPDP has a different emphasis and purpose than a traditional dissertation does in a Ph.D. curriculum. In a traditional Ph.D. program, the dissertation is a demonstration that the student is capable of independently conducting a rigorous study. The student becomes the expert in the literature under question and in the research methodology and statistics. Extensive individualized study and preliminary research projects are typically necessary. The dissertation launches the Ph.D. student into a research career. In the Psy.D. dissertation, the student will master the literature in the area of the chosen topic and design and carry out a research project. The student's committee will provide guidance in designing the study and in the use of appropriate statistical techniques. The final product must demonstrate that the student can critically examine a problem, integrate information, operationalize concepts, implement a research project, and communicate the essential aspects of the study. The dissertation aids the Psy.D. student in developing the critical thinking skills and the writing skills essential for professional practice in a manner consistent with the traditions of psychology.

Program Policies

The following general policies have been adopted by the Clinical Training Committee to assist students and faculty in completing doctoral dissertations.

1. There is a limit to how many students a faculty member may supervise at one time. The ceiling is usually 3 dissertations, although this may vary depending on the phase of the dissertations and

faculty complement. Students should talk with faculty members as early as possible in the process of generating ideas.

2. Students enroll for Dissertation in blocks of 3 or 6 credits and complete a minimum of 9 credits. Students cannot enroll in any Dissertation credits until they have passed the Comprehensive Examination.

3. Students must select a committee chair by the time of enrollment for the first 3 credits. Chairing dissertations affects the formal workload of faculty members.

4. Doctoral students must register for their first 3 credits of Dissertation no later than the fall semester proceeding the year of internship. Students do not need to be registered for Dissertation credits during the semester they propose, as long as they are registered for other credits at that time.

5. Students may not register for the last 3 credits of Dissertation until they have successfully completed the proposal.

6. Students should be cognizant of the seven-year limit on completing all doctoral work, which included the dissertation.

7. Students must be enrolled in at least one IUP course credit (of any kind, does not need to be a Dissertation credit) during the term when the final defense meeting occurs. This is also true for the term in which they submit the dissertation to the Graduate School.

8. Students must disseminate scholarly work on two separate occasions prior to graduation to meet one aspect of the Research Profession-Wide Competency. One of these can be fulfilled with the Dissertation Defense meeting. To do so, the meeting must be a public meeting and information regarding place, time and topic must be announced to Psychology Department faculty and graduate students (at a minimum).

The Process

A Dissertation manual is available from the Director of Doctoral Studies and the Graduate School (https://www.iup.edu/graduatestudies/resources-for-current-students/research/thesis-dissertation-information/thesis-dissertation-manual.html) and outlines all Graduate School requirements, including issues of format and style, proper forms, deadlines, etc. These guidelines will help the student through the process of the dissertation.

Forms

Two electronic forms document the student's progress on the doctoral dissertation.

The first form, Human Subjects Review Protocol, (instructions at https://www.iup.edu/irb/irbmanager/) outlines the steps the student must follow to protect the rights of subjects. The form requests a summary of the project, with specific attention given to subjects' rights. Review this protocol with your project advisor. Once the student submits a protocol, it is electronically submitted to the project advisor for approval. This form is then processed and submitted to the departmental Research Review

Committee. When the Research Review Committee has approved the project, the protocol is submitted to the Graduate School for review by the Institutional Review Board (IRB). The IRB committee meets monthly to review such proposals (materials must be submitted at least one week prior to their meeting time), and the schedule of meetings is available on line (http://www.iup.edu/irb/irb-meeting-dates-and-protocol-submission-deadlines-for-projects-requiring-full-board-review/). The student and/or the advisor is strongly encouraged to attend the IRB meeting to respond to questions. Federal law requires that approval from the IRB be obtained before data may be collected.

The second form, Research Topic Approval Form (instructions at https://www.iup.edu/graduatestudies/resources-for-current-students/research/thesis-dissertation-information/all-forms.html), asks for project title and names of committee members (the Dean checks them for eligibility to serve on dissertation committees) and a summary of the proposed project (to simplify matters, you may use the summary that was prepared for the prior form). Note that a timeline must be provided. For example: "Data will be collected during the fall semester. Data analysis with occur from January until March. Writing of the results will occur from April until May and final defense is expected in June". The dates do not have to be exact. The form is submitted online by the student, after which it is electronically sent for approval by the committee members, chair, graduate coordinator, dean, and the School of Graduate Studies and Research (in that order). To expedite this process, students should submit this form prior to their dissertation proposal defense (so that committee members can approve the project immediately after the proposal has been approved).

The Dissertation Committee

The Committee will be composed of a minimum of three members. The student initially selects the chair, who must be a member of the Psychology Department. The student and chair of the committee consult and select at least two other committee members, one of whom may be outside the department, but must be an IUP faculty member. Only those faculty members inside or outside the department who have been approved to teach at the doctoral level are eligible to serve as chair of the committee. To be a member (non-chair) of a committee, the faculty member must be eligible to teach at the Masters level. A list of approved faculty can be found on the Graduate School's website: (https://www.iup.edu/graduatestudies/resources-for-faculty-and-staff/eligibility-to-teach-graduate-courses/index.html).

Professionals in the community can also serve on dissertation committees as a supplemental fourth member. They must be approved by the faculty union (APSCUF), which requires submitting their CV to the DCT, who will initiate the process. The full committee must be approved by the Dean of the Graduate School. The committee chairperson is the primary resource person for the student and assists the student in designing the project and revising written work. The committee chairperson is also responsible for securing room reservations for meetings and the proper forms and signatures. The Committee is the final decision-making body regarding the details of the project. The committee chairperson, in consultation with the committee, assigns the grade for the project. The Dean of the Graduate School gives final approval to the written project.

Committee Meetings

The student and the committee meet as necessary to complete the project. Two formal meetings are required: a proposal meeting and an oral defense meeting.

Prior to the proposal meeting, the student provides a final written draft of the proposal to each committee member. The proposal will usually include a literature review, a statement of the problem under study and hypotheses, and a detailed method section. **Students should provide the proposal document to committee members no less than two weeks before their scheduled defense.** This allows committee members sufficient time to determine if the proposal is defensible (i.e., of sufficient merit, not flawed or poorly written, etc.). At the proposal meeting, the student makes an oral summary of the background literature, the problem that has been chosen for study, and an outline of the proposed research methodology. The committee will then examine the student to determine the depth of their understanding of the topic, statistical techniques, and appropriate research methodology. The approval of the committee (simple majority) is necessary before the proposal may be implemented. All faculty and graduate students are invited to attend this meeting, although only the dissertation committee determines whether the student has passed. The student and committee members complete the electronic Research Topic Approval Form. Students may not collect data for the project until the Graduate School has approved the project. (The Graduate School is concerned primarily with protection of subjects' rights).

The second meeting, the oral defense, is held after the student has completed all data collection and the writing of the project to the satisfaction of the chair. All faculty and graduate students are invited to attend this defense, although only the dissertation committee determines whether the student has passed. The student should provide the CPDP secretary with the date, time and place of the defense, and an abstract. The program secretary will then send out notification of the defense to all students and faculty in the department. At this meeting, the student presents background information on the problem area, the research methodology, and a summary of the results. The oral summary should not exceed 30 minutes. In these meetings, committee members and others will ask questions and/or interject comments along the way. It should be viewed as a discussion among peers, with the student expected to be as knowledgeable if not more knowledgeable on the topic.

Evaluation Outcome for Dissertation

At the conclusion of the dissertation defense, the committee will meet in closed session to determine whether the student: 1. Passed, 2. Passed with minor revisions needed, 3. Provisionally passed pending major revisions that will require approval by the dissertation chair alone or the full committee before a final Pass is given, or 4. Failed. Again, a majority of the committee must vote to approve the final product.

For students admitted <u>after</u> Fall 2017 – Dissertation and thesis credits will be assigned Pass or Fail as the final evaluation outcome for the taken credits and carry no quality points weighted towards a student's CGPA.

For students admitted <u>prior</u> to Fall 2017 – Dissertation and thesis credits will be assigned a letter grade as the final evaluation outcome for the credits taken and carry quality points weighted towards a student's CGPA for the number of dissertation credits required for the program. "Extended" dissertation credits are not calculated into a student's CGPA.

For more information, view the Graduate Catalog: https://www.iup.edu/registrar/catalog/index.html

Internship

In addition to practicum, each student must complete an internship in a facility approved by the Clinical Training Committee. In contrast to practicum, the internship provides more in-depth and long-term involvement, and it is designed to assure a professional level of competence in several skill areas. Internship also provides an opportunity to develop more fully an identity as a health care professional. The internship usually will occur in the last year of study.

Criteria for Approved Internship

Our criteria have been adopted from those used by the National Register for Health Service Providers in Psychology and by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

1. All APA-approved sites are automatically deemed to be of acceptable quality. In keeping with APA standards regarding non-APA-accredited internship sites, a procedure has been established for approval of all non-APA-accredited sites. Students ranking an unaccredited site in the match must inform the CTC and provide information to the CTC prior to the match regarding the student's expected experiences at that site. Sites are asked to complete the Non-accredited Internship Evaluation Form. The CTC will review all Non-accredited Internship Evaluation Forms and vote to determine whether the site is appropriate for student placement. **This vote will occur prior to the APPIC Match ranking deadline and after this review is conducted, students will be informed of the CTC decision regarding permission to rank these sites.** Any student matched at a non-accredited site will be asked to provide additional information to the Internship/Practicum supervisor on the CTC verifying that the training experiences that the student is receiving match those claimed by the internship site. Please see further details about this in the Procedures section below.

2. The setting must have an organized training program, in contrast to supervised experience or on-the-job training, to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.

3. The internship agency clearly designates a staff psychologist who is responsible for the integrity and quality of the training program and who is licensed to practice psychology.

4. The internship agency must have two or more psychologists on the staff as supervisors, at least one of whom is licensed as a psychologist.

5. Internship supervision must be provided by a staff member of the internship agency or by an affiliate of that agency who carries clinical responsibility for the cases being supervised. At least half of the internship supervision must be provided by one or more psychologists.

6. The internship must provide training in an appropriate range of assessment and/or treatment activities conducted directly with clients seeking health services.

7. At least 25% of the trainee's time must be spent in direct client contact (minimum 375 hours).

8. The internship must include a minimum of two hours per week (regardless of whether the internship was completed in one year or two) of regularly scheduled, formal, face-to-face individual supervision by a licensed psychologist with the specific intent of addressing health

services in psychology rendered directly by the intern. There must also be at least two additional hours per week in learning activities such as case conferences involving a case in which the intern was actively involved; seminars dealing with clinical issues; co-therapy with a staff person including discussion; group supervision; additional individual supervision.

9. Training will be at the post-clerkship, post-practicum and post-externship level.

10. The internship agency must have a minimum of two interns at the internship level of training during the applicant's training period.

11. The trainee will use a title such as "intern," "resident," "fellow," or other designation of trainee status.

12. The internship agency must provide a written statement or brochure that describes the goals and content of the internship and states clear expectations for quantity and quality of the trainee's work.

13. The internship experiences (minimum 1500 hours) must be completed within 24 months.

14. The internship will provide the CTC with a mid-year and end-of-year evaluation of the student.

Any deviations from the above requirements will require the prior approval of the CTC.

Procedures

Students progressing through the program in the traditional manner apply for internship during the fall semester of their fourth year. To apply for internship, the student must meet the following criteria by October 15 of the application year:

1. Completed (or currently registered and scheduled to complete) all course and practicum requirements.
2. Passed the Clinical Proficiency Examination, Research Proficiency Examination, and Clinical Proficiency Examination.
3. Received committee approval of the dissertation proposal
4. Have satisfactory academic and professional evaluations and no active remediation plan.

The DCT will hold a meeting for all students who plan to apply for internship early in the fall semester (usually mid-September) to discuss the specific procedures for that application year (as some APPIC requirements and procedures change over time). Students will be informed of the materials they are to submit for review by the DCT prior to submitting internship applications. Although these materials may change from year to year, they have typically included a(n) (a) list of intended application sites, (b) vita, (c) APPIC readiness forms to be completed and signed by the DCT, and (d) completed copy of the accrued hours section of the APPIC application.

A second meeting with clinical faculty members will be held (late-September) to address student questions about internship and cover additional issues students should be aware of when preparing applications for internship. A third meeting will focus primarily on internship *interviews,* though site ranking considerations will also be covered. This meeting (November) will include mock interviews to

help students prepare for interviews. Students will also be provided an extensive list of questions our students have been asked on interviews over the years.

Students should meet with their mentor to develop a list of sites to which they are considering applying. Although mentors will generally be familiar with internship sites particularly well-suited to a student's interests and abilities, the mentor and student are encouraged consult with other faculty, alumni, and resources about newer or other relevant sites as necessary. The DCT will provide a list of sites where students have applied, interviewed, and/or matched in recent years. Students are particularly advised to note sites where our students have matched. Many internship sites value the reputation and training of individual doctoral programs, and having students match at particular sites often suggests those sites are particularly welcoming to our students and value the training our students receive.

All students must have a clinical or Counseling Center faculty member review their application materials for internships, including a discussion of sites. The DCT will not send the preparedness letter until a faculty member communicates to the DCT that they have reviewed the student's materials.

Procedures for Students who Apply to Non-Accredited Internship Sites

In the event that a student desires to apply to a non-accredited site, a full review of that site by the CTC must be completed and approved prior to the student ranking that site. The review is extensive and requires a significant amount of time, so students should initiate the process early. They should consult with the Internship/Practicum Coordinator to better understand the process of review that must occur for a student to attend a non-accredited internship. The process also requires multiple reviews of the training at the site and the CTC will need to approve each of these for the internship to count towards graduation.

Assuming that the review provides satisfactory results and the internship training continues to proceed in a satisfactory manner, the Internship/Practicum Coordinator will directly contact the internship training director for the student's mid-year evaluations once this has been completed. At this time, the CTC will again use our new form to determine whether the internship is continuing to provide adequate training and supervision of our student. Students will also be asked at this time to verify that the provision of supervision and other aspects of the internship training program is in accordance with our standards. This process will be repeated by the Internship/Practicum Coordinator following the end-of-the-year evaluation of the student. Each review will follow the same procedures and timelines for the CTC response. Student evaluation forms will be stored in the students' individual files, in both paper and electronic files. The information about the internship itself will be stored in the doctoral program's secure files. The Internship/Practicum Coordinator will discuss the mid-year and end-of-year evaluation with the internship training director.

At each level of evaluation, the program will review the MLAs used by the internship program to determine whether the internship is consistent with the doctoral program aims for entry to practice. If the internship does not ultimately meet appropriate training standards, the CTC will not accept the internship portion of training to be successfully completed, thereby preventing the student from graduating until they complete another accepted internship.

University Policies and Procedures

University policy is the baseline policy. Programs may have policy that is more stringent than the University baseline policy; however, not less stringent than the University baseline policy. For questions regarding this statement, please contact [Program Coordinator] or the School of Graduate Studies and Research.

Academic Calendar
View the IUP Academic Calendar: www.iup.edu/news-events/calendar/academic/

The Following University and SGSR policies can be found at
https://www.iup.edu/registrar/catalog/index.html
Academic Good Standing
Academic Integrity
Bereavement-Related Class Absences
Continuous Graduate Registration for Dissertation and Thesis
Grade Appeal Policy
Graduate Fresh Start Policy
Graduate Residency Requirement
Leave of Absence Policy
Time Limitations
Time-to-Degree Masters/Doctoral Dismissal Appeal Policy
Time-to-Degree Extensions for Master's Thesis and Doctoral Dissertation
Transfer of Credits Policy

Program Policies Regarding Transfer Credits

Transfer of credit into the CPDP is done on a course-by-course basis. All transfer of credit requests must be initiated by the student and submitted to the DCT. Transfer of credit may be granted for courses that are judged by the CTC to be equivalent to courses in the program. A portion, but not all, of the practica requirement may be transferred for equivalent supervised experience. Only practica that were supervised by a licensed doctoral level psychologist will be considered. Course waiver may also be granted for supervised practicum, master-level internship, or professional experience. Each student must complete the remaining course work, practicum requirements, the Doctoral Project, and the Internship through IUP. Under unusual circumstances, exceptions to these policies may be recommended to the Graduate Dean. All students must pass the Clinical Comprehensive, Research Proficiency Examination, and Clinical Proficiency Examinations regardless of transfer of credit.

The following procedures are used for evaluation of requests for transfer of credits in the CPDP:

1. The student supplies documentation on each course such as a course syllabus or outline, list of readings or texts, and catalog course description. Courses from departments other than psychology usually require more extensive documentation for evaluation.

2. The Major Advisor collects materials from students and submits them to faculty members who teach similar courses in the department. Faculty will evaluate the course in terms of breadth,

depth and overlap with the course taught in our program and will make recommendations about approval of transfer credits for the IUP course(s) they teach. Students may be asked to supply more information to further aid transfer decisions. If a transfer course is not considered to be an adequate substitute for a specific course in the program, it will be evaluated to determine whether it can count towards elective credits. All decisions on elective credits will be voted on by the CTC on a case-by-case basis.

3. The decision is reported to the student. If modifications are necessary, the student, the Major Advisor and faculty who teach similar courses will meet to resolve any credit transfer issues.

4. Final recommendations for transfer of credit are forwarded to the Graduate Dean for approval. The Graduate Dean notifies the student and the Major Advisor of the approved transfer credits.

Other Important Program Policies and Procedures

Academic Integrity

As mentioned in the University Policy, "academic integrity means honesty and responsibility in scholarly endeavors and behaviors; it means that all academic work should be the result of an individual's own effort." Violations of academic integrity include plagiarism, fabrication, cheating, technological misconduct, academic dishonesty, facilitating academic integrity violations, and classroom misconduct.

The CTC takes academic integrity seriously. This includes the transmission of Comprehensive Examination questions and any materials provided during the Clinical Proficiency Examination. The CTC considers both of these activities to be a matter of academic misconduct and an ethical violation.

To ensure that students have a solid understanding of what constitutes plagiarism, all students are required to complete an online course on plagiarism within the first month of beginning the program. The course will be provided by the DCT.

Legal Issues

If a student is arrested at any point during their tenure in the program, the CTC must be informed within one day of the arrest or immediately upon release from custody. Failure to do so could result in a recommendation to the Graduate School of dismissal from the program.

Student Problems

Students in training as well as professional psychologists are subject to the same impairments as the clients we treat. These range from personal issues (e.g., marital problems) to psychological problems such as depression or substance abuse. Included in this area are boundary issues, poor judgment, deficiencies in character and integrity, lack of sensitivity, dishonest and/or unprofessional behaviors, behavioral immaturity, and problematic interpersonal relationships. Evidence for these will come from faculty observations of students in class, clinic, and with other faculty and students, and reports from supervisors. We all share an ethical responsibility to protect the public from colleagues who are impaired. Very frequently, that very impairment will involve an inability to recognize how impaired the person is. The CTC is sensitive to these issues and strives to both protect the public and help the student succeed. If there are indications that the degree of a student's impairment is problematic, the CTC may

require the student seek treatment, take a leave of absence until the problem is remedied, or recommend dismissal from the program.

It is the policy of the CTC to not intervene in matters between individual students. However, to the extent that those matters are related to important domains where students are evaluated by faculty, they can become an issue to the CTC. It is important for students to keep in mind that for the entirety of their time in the program, they are being observed and evaluated by faculty.

The CPDP takes very seriously issues of sexual harassment and sexual violence and students are expected to be fully aware of IUP's official policy, which can be found at: https://www.iup.edu/socialequity/

Professionalism

From the first day you set foot into the program until the last day you leave, students are expected to comport themselves as professionals. This can be a rather abrupt change. The APA's ethics code, which will be given to you and can be found here (https://www.apa.org/ethics/code) can be a good guide. We do not expect or want you to abandon your unique personality or sense of humor. But we do want you to become aware that you will be viewed as a professional by others, and that you will have responsibilities as a result of your professional position.

The Council of University Directors of Clinical Psychology has been actively discussing the implications of students' presence on electronic media, such as websites, email signatures, and various social media (e.g., Facebook). Increasingly, as information becomes more widely available through the internet, lines between public and private information are blurring. Many students have websites, blogs, email signature lines, and voicemail/answering machine messages that are entertaining and reflect their personal preferences and personalities. However, students should consider the potential impact of this information on their professional image. As technology changes, one part of professional training is to become aware of the implications such information might have, including the following:

1. Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.
2. Clients are conducting web-based searches on trainees' names and finding information about therapists (and declining to come to clinics based on what they find).
3. Employers are conducting on-line searches of potential employees prior to interviews and job offers.
4. Legal authorities are looking at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.
5. Postings to a variety of listservs might reflect poorly on oneself and the program.
6. Although signature lines are ways of indicating your uniqueness and philosophy, one is not in control of where the emails end up and might affect how others view you as a professional. Quotations on personal philosophy, religious beliefs, and political attitudes might cause unanticipated adverse reactions from others.

7. Greetings on answering machines and voicemail messages that might be entertaining to your peers, express your individuality, and be indications of your sense of humor may also not portray you in a positive professional manner. If you ever use your cell phone or home telephone for professional purposes (research, teaching, or clinical activities), be sure your greeting is appropriate and professional in demeanor and content.

There are now a number of episodes in training programs and at universities where graduate students have been negatively affected by material on websites, emails, and answering machine messages. (Indeed, there are examples of emails from faculty and students getting published in newspapers that caused people harm.) Information that seems to be fun, informative, and candid might put the program and the student in a bad light. What might be seen as "private" self-disclosure indicating your perceptions of yourself among friends is actually very public. This includes blogs, personal pages on social media sites such as Facebook and Twitter, and the like.

Students should also note that if they identify themselves as a graduate student in the program or reveal information relevant to the graduate program in their email signatures, voicemail files, or website/blog information, then this information becomes part of their program-related behavior and may be used in student evaluations. For example, if a student reports doing something unethical or illegal on a web blog, or uses the website to engage in unethical or unprofessional behavior (e.g., disclosing confidential client or research information), then the program may use this information in student evaluation, including decisions regarding probation or termination.

Thus, students are encouraged to consider the use of personal web pages and blogs, email, and other electronic media carefully. They should attend to what content to reveal about themselves in these forums, and whether there is any personal information that they would not want program faculty, employers, or clients to read or view. Anything on the World Wide Web is potentially available to all who seek it. Students who use these media should also consider how to protect the security of private information.

Professional Relationships in the Program

We strive to make the CPDP a place where students are supportive, non-competitive and collegial. Mutually respectful relationships between students and between students and faculty are goals of our program and our department. This is achieved by faculty, students, and staff working together and maintaining high levels of professional and personal integrity. All faculty hold regularly scheduled office hours and are open to discussing issues that arise for students. The DCT is available to all students in the program and is commonly the first stop when issues arise. As noted above, the DCT has no supervisory relationship with his or her colleagues. As such, matters involving other faculty that the DCT is unable to resolve informally or are sufficiently problematic require involvement of the department chair, who does have a supervisory role.

Email

E-mail is the primary and official means of communication within the program. Announcements and important information are communicated via email. All students receive an e-mail account upon acceptance at IUP. You should check your e-mail at daily, as some announcements are of a timely nature

(e.g., assistantship opportunities). Be aware that your IUP email account is owned by the university and subject to surveillance.

Attendance at Colloquia and Presentations

As noted previously, one of the goals of the program is to develop an attitude of life-long learning. Learning via formal coursework and practica are the primary mechanisms where this attitude is instilled. Additional opportunities are also available via scheduled colloquia, brown-bag events, and other presentations. These presentations are intended to expand and enrich your training experience. It is the expectation of the CTC that students attend these activities as their academic and clinical schedules allow. For students with no documented scheduling conflicts, your presence or absence at these events will be noted and considered in your overall evaluation, which later can factor into letters of recommendation that you will need from the program.

Classroom Discussions

In addition to the scientific foundations of Clinical Psychology, the human participation of the clinician is well-established as critical to positive clinical outcomes. As a result, the issue of class participation is important to the CTC. Students are expected to be active participants in classroom discussions. Examinations and papers are two means by which we gauge the depth of a student's scientific knowledge and how well they are learning and integrating information. Verbal comments during class are a third way of assessing these issues. Student verbalizations exercise self-expression in a professional context and allow the program to assess your perspective and knowledge. These two benefits of active participation permit corrections in real time in a manner that goes beyond the more carefully prepared expressions observed on examinations. In the absence of hearing your thoughts in class, we have an incomplete picture of your knowledge and abilities. In addition, active self-expression is considered to exercise professional capabilities that are necessary for broad professional success, and participating in professional interviews and related activities. The student is expected to strike a balance in not talking too much, which demonstrates a lack of self-awareness and how one presents to others, and not talking enough. As a clinician, you will be striking that same balance in clinical situations and in working with peers and others from different disciplines. As with many things, we are sampling your behavior throughout your tenure here and using those data to predict your future performance on practicum, internship and beyond. Additionally, the ability to communicate ideas verbally is one of the competency benchmarks in clinical psychology (http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx). Therefore, we encourage you to be more active in classroom discussions. If anxiety associated with speaking in front of others is an/the issue, please see your mentor, the DCT, or other faculty you are comfortable with to discuss it.

Research

For more information on procedures and support for student research, please visit: www.iup.edu/research/ or view the Graduate Catalog: https://www.iup.edu/registrar/catalog/index.html

Department/Program Awards

Richard Magee Scholarship

Named in honor of the founder of the Center for Applied Psychology, the Richard Magee Scholarship honors a member of the third year PsyD class who demonstrates outstanding clinical skills, leadership among their colleagues, and service to the community and colleagues. Nominations are made by PsyD students in the spring semester and the Psychology Department faculty vote on which student they feel best fits the spirit of the award.

Appendices

Appendix A –Practicum Evaluation Form (for internal and external clinics)

Appendix B – Comprehensive Exam Grading Sheet

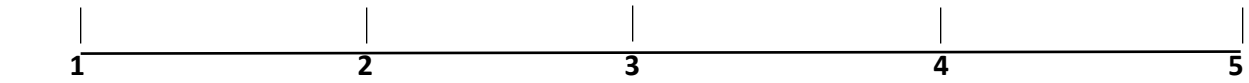
Appendix C – Referral List for Therapists for PsyD Students

Appendix A –Practicum Evaluation Form (for internal and external clinics)

Clinical Competencies

Description of skills that are developed during clinical placements.

Competence levels observed now should be rated on the following scale[2]:



Unacceptable Performance — Fair Performance — Superior Performance

Please rate the level of performance in the following areas, comparing the student to other trainees at an equivalent level of training, whom you have supervised. In each case, indicate your rating according to the following:

1 = Unacceptable performance: Performance is below expectations for a student at any level of training. A formal remediation plan is needed for the student, including increased supervision and/or relevant readings, coursework or other additional training tasks.

2 = Fair Performance: Student performance meets minimal level of competency for the mid-year evaluation. Student will require continued supervision or other focused training to address the noted deficiencies and to achieve a higher level of performance. If this is an end-year evaluation, this student does not meet minimum level of expected competency for the successful completion of this training experience.

3 = Good Performance: Student meets minimum level of competency for both mid-year and end-year evaluations. The student's performance is acceptable for an entry-level clinician.

4 = Very Good Performance: Student performance exceeds standards for both mid-year and end-year evaluations. Student is capable of adapting to a variety of work settings and independently developing skills.

5 = Superior Performance: Student performance is outstanding. The student could function at the level of an independent practitioner and serve as a mentor to other students.

1. Intervention Skills

a) Ability to take a respectful, professional approach to clients/families. ___
b) Ability to be empathic with clients. ___
c) Ability to establish and maintain effective relationships with the recipients of psychological services. ___
d) Ability to reflect content, meaning and emotion. ___
e) Ability to ask questions leading to enhanced client insight. ___
f) Ability to be flexible in session when required. ___
g) Ability to form a working alliance. ___

[2] NA should be used when rating is not applicable or student was not observed in this capacity.

h) Ability to apply the relevant research literature to clinical decision-making. ___
i) Ability to deal with conflict, negotiate differences. ___
j) Ability to understand and maintain appropriate professional boundaries. ___
k) Ability to link concepts of therapeutic process and change to intervention strategies and tactics. ___
l) Ability to develop evidence-based intervention plans specific to the service delivery goals. ___
m) Ability to implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. ___
n) Ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. ___
o) Ability to evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation. ___

Strengths:

Areas of growth:

2. Assessment Skills

a) Ability to identify diagnostic/referral issues in cases. ___
b) Ability to administer standard measures listed below (in comments section). ___
c) Ability to administer specialized tests (e.g., neuropsychological, forensic, malingering). ___
d) Ability to score tests accurately. ___
e) Ability to integrate background information, test results and observations into a written report. ___
f) Appreciation for cultural differences as they impact assessment issues. ___
g) Ability to seek out and apply findings from the scientific literature in case___
h) Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. ___
i) Ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. ___
j) Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural). ___
k) Ability to select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. ___
l) Ability to collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. ___
m) Ability to interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases. ___
~~n)~~ Ability to integrate behavioral observations when interpreting test results. ___
o) Ability to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. ___
p) Ability to work with clients with a variety of emotional and behavioral problems in order to obtain accurate assessment data. ___
q) Ability to identify ethical issues in assessment cases. ___
r) Ability to identify forensic issues in assessment cases. ___

s) Ability to administer assessment instruments in a standardized manner. ___
t) Ability to gather assessment data when standardized administration is not possible due to the nature of the client's condition. ___

Comments:

Strengths:

Areas of growth:

3. Diversity - Individual and Cultural Differences

a) Ability to understand how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. ___
b) Knowledgeable of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. ___
c) Ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. ___
d) Demonstrates the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work. ___

Strengths:

Areas of growth:

4. Ethics

a) Ability to recognize and understand the ethical dimensions/features of his/her own attitudes and practice in the clinical setting. ___
b) Ability to seek appropriate information and consultation when faced with ethical issues. ___

c) Ability to be knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct. ___
d) Ability to be knowledgeable of and act in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. ___
e) Ability to be knowledgeable of and act in accordance with relevant professional standards and guidelines. ___

f) Ability to recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. ___
g) Ability to conduct self in an ethical manner in all professional activities. ___

Strengths:

Areas of Growth:

5. Professional Development

a) Practical skills to maintain effective clinical practice.
   i. Ability to complete professional tasks in allotted/appropriate time (e.g., evaluations, notes, reports); arriving promptly at meetings and appointments. ___
   ii. Ability to develop an organized, disciplined approach to writing and maintaining notes and records. ___
   iii. Ability to organizing/presenting case material; preparing professional reports___
   iv. Ability to understand and observe clinic/agency procedures. ___
   v. Ability to self-identify personal distress, particularly as it relates to clinical work. ___
   vi. Ability to seek and use resources that support healthy functioning when experiencing personal distress.___
   vii. Demonstrates personal organization, personal hygiene, appropriate dress. ___

b) Professional Values and Attitudes.
   i. Demonstrates responsibility and accountability relative to one's level of training and seeking consultation when needed. ___
   ii. Demonstrates awareness of one's own beliefs and values as they relate to and impact professional practice and activity.___
   iii. Ability to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. ___
   iv. Ability to engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. ___
   v. Ability to actively seek and demonstrate openness and responsiveness to feedback and supervision.
   vi. Ability to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. ___

c) Communication and Interpersonal Skills

   i. Ability to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. ___
   ii. Ability to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. ___

iii. Demonstrates effective interpersonal skills and the ability to manage difficult communication.___
iv. Demonstrates knowledge and respect for the roles and perspectives of other professions. ___

d) With supervisors, the ability to make effective use of supervision:

i. Ability to work collaboratively with the supervisor. ___
ii. Ability to prepare for supervision. ___
iii. Ability/willingness to accept supervisory input, including direction; ability to follow through on recommendations; ability to negotiate needs for autonomy from and dependency on supervisors. ___
iv. Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is necessary. ___

Strengths:

Areas of growth:

Did live observation occur during this evaluation period? Yes or No

Who provided the live observation (i.e., primary supervisor)?

What type of observation occurred during this evaluation period?

Student Acknowledgment: My signature does not reflect agreement nor disagreement with the above feedback but acknowledges my receipt of the feedback from my supervisor.

_____ _____
Student Signature Date

Faculty Acknowledgment: I acknowledge that I discussed the feedback contained in this form. My signature also documents that this student has received live supervision throughout the semester consistent with program and CAP policy.

_____ _____
Faculty Signature Date

Appendix B – Comprehensive Exam Grading Sheet

Student ID:_____ Reader:_____Question No:_____

Rating Categories

A - EXCELLENT: Demonstrates grasp of issues, writing in scholarly fashion, points supported by research, distinguishes fact and reality from hypothesis and theory.

B - COMPETENT: Meets expectations, provides adequate support for answer and understands complexity of the issue.

C - BELOW AVERAGE: Knowledge is below expectations for a doctoral student, only demonstrates superficial knowledge.

D - NOT SATISFACTORY: Fails to deal with issues, does not demonstrate appropriate knowledge for a doctoral student.

RATING

A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
(4.3)	(4.0)	(3.7)	(3.3)	(3.0)	(2.7)	(2.3)	(2.0)	(1.7)	(1.3)	(1.0)	(0.7)

Comments to support rating (especially if C or D)

Appendix C – Referral List for Therapists for PsyD Students

PLEASE NOTE: THE CLINICAL PSYCHOLOGY DOCTORAL PROGRAM DOES NOT ENDORSE ANY OF THESE THERAPISTS OR AGENCIES, NOR IS THIS LIST COMPREHENSIVE. THIS IS A LISTING OF THERAPISTS/AGENCIES THAT WE KNOW OF IN THE AREA.

Referral List for Therapists in Indiana, PA

Icon Bank:

Out of Network

Sliding Scale

Religious Centered

LGBQTIA+ Friendly

Veterans

Name	Phone	Location	Specialty	Insurance	Other
Jessica Borowitz	878-205-0605	705 Gompers Ave., Suite 202	Wide range of issues through CBT or DBT approaches	Aetna, BlueCross, BlueShield, Cigna, Highmark, Optum, and UPMC	
Vanessa Britton	724-674-4055	1163 Water St.	Anxiety, ADHD, and depression	Aetna, Blue Care Network, BlueCross, BlueShield, CHIP, Highmark, Keystone, Optum Primera Blue, TRICARE, United Healthcare, University Health Alliance, and UPMC	
Maria Brown	724-717-2347	647 Philadelphia St., Suite 410	Trauma, PTSD, anxiety, and depression	Cigna and Highmark	
Rita Drapkin	724-359-2749	1176 Grant St.	Relationship issues, self-esteem, and life transitions	BlueCross, BlueShield, Highmark, UPMC, and some out of network providers	

George Dymiotis	765-663-4496	647 Philadelphia St. Suite 7	Depression, anxiety, and dual diagnoses through a variety of treatment approaches	Aetna, BlueCross, BlueShield, Highmark, Optum, UnitedHealthcare, and some out of network provider	
Barbara Elkin	724-471-8171	647 Philadelphia St.	LGBQT+ community, anxiety, depression, and stress.	Aetna, BlueCross, BlueShield, Highmark, Optum, SEAP, EAP, UnitedHealthcare, UPMC, and some out of network providers	
Leslie Krummert	412-693-6901	647 Philadelphia St., Suite 401	Stress, addiction, trauma, and PTSD.	Aetna, BlueCross, BlueShield, Cigna, Highmark, Magellan, Optum, UnitedHealthcare, UPMC, and some out of network providers	
Melissa Lake	724-227-4435	647 Philadelphia St., Suite 403	Anxiety, grief, depression and online/phone counseling	Aetna, Beacon, Behavioral Health Systems, BlueCross, BlueShield, ComPsyc, Highmark, Magellan, Optum, United Healthcare, and UPMC	
Menta Psychological	724-862-4058	529 Philadelphia St., Suite 10	Anxiety, depression, and chronic pain	BlueCross and Highmark	
Kathy Moore	412-600-0863	665 Philadelphia St.	Mental health issues, substance abuse issues and she provides marriage/family work	Kathy can accept public assistance. Call her number for questions about additional forms of insurance.	
Amanda Orvosh	724-471-5561	1163 Water St.	Stress, trauma, PTSD, and life transitions	Aetna, BlueCross, BlueShield, Highmark, TRICARE, and UPMC	
Eric Rosenberger	Email through Psychology Today	1052 Oakland Ave.	Anxiety disorders, mood disorders, relational issues, and gender and identity concerns	BlueCross*, BlueShield, Highmark, and UPMC*	

Brittany Sager-Heinrichs	724-717-2505	1163 Water St.	Trauma, depression, anxiety, other mood disorders	BlueCross, BlueShield, Cigna, Highmark, Optum, TRICARE, UnitedHealthcare, and UPMC	
Megan Snyder	814-619-0687	705 Gompers Ave., Suite 206	Anxiety, depression substance use	Aetna, Anthem, Blue Cross, Blue Shield, BlueCross and BlueShield, Capital Blue, Cross Cigna, ComPsych, Geisinger, Highmark, University of Pittsburgh Medical Center Out of Network	
Joseph Van Hannak	724-717-2150	1052 Oakland Ave., Second Floor	Mood disorders, personality disorders, and emotional disturbance	Aetna, CHIP, Cigna, Highmark, Humana, Optum, UMR, UnitedHealthcare, and UPMC.	
Jennifer Van Wieren	724-655-4199	1163 Water St.	Depression, anxiety, trauma, and PTSD.	Aetna, BlueCross, BlueShield, Cigna, Highmark, Optum, and UPMC	

Signature Page

I acknowledge that I have received **and read** the Clinical Psychology Doctoral Program's handbook. I further acknowledge that I am responsible for reading and understanding the information provided and referenced in this handbook and understand that I will be held to the requirements contained therein. If there are changes in the program, I understand that I will be informed of such changes.

I acknowledge receipt of the American Psychological Association's ethics code and that I have carefully read and will adhere to it. I understand that I will be held to those ethical principles during my entire tenure here as a student.

_____ [please initial] I understand my program coordinator may share this document with the School of Graduate Studies and Research.

_____
Print Name

_____
Signature

_____
Date

Submit to the Clinical Psychology Doctoral Program Office by 9/23/2022.

The Clinical Psychology Doctoral Program Office will keep this signed document on file.