



# Department of Psychology

## Doctoral Program in Clinical Psychology

Student Manual  
Entering Class – Fall 2018





Fall 2018/Spring 2019

Dear Incoming Student:

On behalf of the Clinical Psychology Program faculty and the Department of Psychology, I am happy to welcome you to Central Michigan University. This student manual is a guide for working your way through the Doctoral Program in Clinical Psychology. It is arranged in the approximate order of your progress through the program.

The Clinical Psychology faculty welcomes any questions you have about the Clinical Program, as well as suggestions you might have for improving this manual.

Best wishes,

A handwritten signature in black ink, appearing to read "Reid Skeel".

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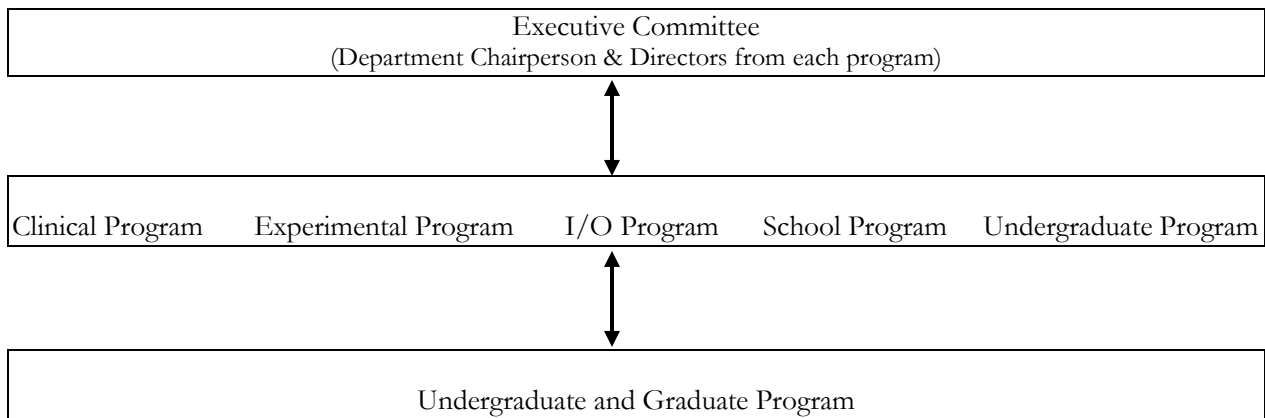
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## INTRODUCTION

The earliest references to the Department of Psychology, documented through a search of the archives in the Clarke Historical Library, dates to the 1899-1900 catalogue for *Central State Normal School*. At that time, it was called the *Department of Psychology and Pedagogy*. The earliest recorded psychology faculty members were Charles T. Grawn and George Loomis. During the 1920s, the number of psychology and education faculty remained small, and the emphasis was on education. In 1937, a major and a minor in psychology were offered. One of the most significant events in the history of psychology at Central Michigan University was the establishment of an independent Department of Psychology in 1964. Shortly thereafter masters and specialist programs were approved. The first graduate degree in psychology was awarded to Jean Holland in 1967. A PsyD program in applied psychology was developed in the 1970s, and the first doctoral students at CMU were admitted to this program in the fall of 1977. In 1980, the first student graduated with a doctoral degree in psychology, and this marked the first time a doctoral degree was awarded at Central Michigan University. Roger Van Horn served as the first director of the doctoral program until 1983 when the program changed into separate PsyD programs in Clinical Psychology, Industrial/Organizational Psychology, and School Psychology. Except for a one-year hiatus, Ira Rosenbaum served as the Director of Clinical Training from 1983 until 1993. Don Beere served as the Director of Clinical Training from 1994 thru 1998. As the Department of Psychology matured, the focus shifted toward a more integrated emphasis on teaching and research. The PsyD programs in Clinical Psychology, Industrial/Organizational Psychology, and School Psychology changed to PhD programs, and the PhD program in Applied Experimental Psychology was developed. George Ronan served as Director of Clinical Training from 1999 until 2005 and oversaw the transition from a PsyD to a PhD program. Reid Skeel, PhD, now serves as director. The current administrative structure of the Psychology Department is presented below.

### I. Administrative Structure of the Psychology Department



## II. Clinical Psychology Program Faculty

**Sarah Domoff, Ph.D.**, Professor of Psychology and Family Health Lab Director, Bowling Green State University, 2013. Promote the health and well-being of diverse, under-served children and families, with a specific focus on childhood obesity prevention and healthy media use.

**Amanda Lopez, Ph.D.**, PTCC Director, and Licensed Psychologist, University of Detroit, 2011. Early interventions for young children with autism spectrum disorder as well as the impact of support groups for children and families experiencing grief after the loss of a loved one.

**Elizabeth Meadows, Ph.D.**, Professor of Psychology, State University of New York at Albany, 1994. Anxiety Disorders, especially post-traumatic stress disorder and panic disorder.

**Larissa Niec, Ph.D.**, Professor of Psychology, Case Western Reserve University, 1998. Clinical Child Psychology; Interpersonal Functioning in Childhood.

**George Ronan, Ph.D., ABPP**, Professor of Psychology, Farleigh Dickinson University, 1985. Assessment of Social Problem-solving Skills; Effectiveness of Social Problem-solving Treatments within a Forensic Context.

**Reid Skeel, Ph.D.**, Professor of Psychology and Director of Clinical Psychology, University of Florida, 1998. Neuropsychology; Rehabilitation.

**Nathan Weed, Ph.D.**, Professor of Psychology and Clinical Admissions Coordinator, University of Minnesota, 1992. Psychological Assessment; Validation of Clinical Inferences from Psychological Tests; the MMPI-2 and MMPI-A.

## PHILOSOPHY OF TRAINING

The philosophy of training that guides the Doctoral Program in Clinical Psychology has evolved over the past 30 years. The program is different from traditional doctoral programs that solely prepare students for research and academic positions. The academic, clinical, and research experiences at CMU maintain a balance between training in science and practice. Throughout their academic, clinical, and research experiences students are provided with feedback, modeling, and mentoring that fosters the integration current theory, research, and practice. Upon graduation students are prepared to pursue clinical or research careers.

## THE TRAINING MODEL

The program endorses the criteria for training set forth by the Commission on Accreditation of the American Psychological Association<sup>1</sup> and is listed as an accredited program. The program follows a scientist-practitioner training model. The Clinical Psychology Program faculty believes that clinical training is a complex process that cannot be readily condensed or easily simplified. The optimal practice of Clinical Psychology rests on the integration of theory, research, and practice. Clinical

<sup>1</sup>Commission on Accreditation, American Psychological Association, 750 First St. NE, Washington, D.C. 20002-4242. Telephone: (202) 336-5979. TDD: (202) 336-6123.

learning involves instruction, feedback, self-monitoring, and modeling the behavior of experts. The integration of theory, research, and practice is expected to evolve out of numerous exposures to this process. This integration not only deepens scholarly learning, but also develops effective clinical skills.

The Clinical Psychology Program faculty further believes that training should expose students to a variety of testable formulations, as opposed to a single theoretical model. Integration of theory, research, and practice is essential. The program seeks to attain this goal by modeling a scientific approach in both didactic and experiential coursework.

The Clinical Psychology Program considers the following areas essential for Clinical Psychologists:

- Breadth in the theoretical and empirical underpinnings of psychology
- Breadth and depth in psychological research
- Breadth and depth in assessment and intervention
- Knowledge of the guidelines outlined in the APA Code of Ethics for Psychologists and the standards for Providers
- Knowledge that allows for practice in an increasingly diverse society in a socially responsible manner
- A commitment to lifelong learning

The Clinical Psychology Program has developed coursework and milestone events that ensure the development of the above-mentioned goals. In addition, all students work closely with a Clinical Psychology Program faculty mentor who monitors their progress and serves as a role model for implementing these goals.

## **CURRICULUM**

Students are admitted to the Clinical Program for full-time study and are expected to maintain a full-time status. The Clinical Program requires 104 credit hours that translate into four years of training plus a one-year internship. Students admitted with an advanced degree may transfer in and/or waive up to 30 credit hours. Students admitted with an advanced degree cannot waive a required course in ethics, six required semesters of clinical practice, predoctoral internship, or dissertation credits. Therefore, at a minimum, students are required to complete:

- 1) a minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;
- 2) at least 2 of the 3 academic training years (or the equivalent thereof) must be within our program;
- 3) at least 1 year in full-time residence (or the equivalent thereof) at our Program.

### **I. Foundation Courses**

Basic coursework is completed in the areas listed below. These courses provide a broad-based foundation for integrating psychology theory and research.

1. Biological Bases  
PSY 687 (3) Physiological Foundations

2. Cognitive-Affective Bases of Behavior  
PSY 589 (3) Cognitive Psychology OR PSY 680 (3) Learning
3. Social Bases of Behavior  
PSY 630 (3) Advanced Social Psychology
4. Individual Differences  
PSY 624 (3) Advanced Developmental Psychology  
PSY 751 (3) Psychopathology
5. History and Systems  
PSY 609 (3) History and Systems of Psychology
6. Research Design  
PSY 642 Clinical Research Methods  
PSY 612 (3) Applied Multiple Regression and Correlation  
PSY 613 (3) Multivariate and Correlation Methods
7. Applied Components  
PSY 798 (6) Thesis  
PSY 898 (6) Doctoral Dissertation Design  
PSY 899 (6) Doctoral Dissertation Implementation

## II. Assessment & Intervention

Coursework in this area provides a foundation for integrating theory, research, and practice related to the assessment and intervention.

1. Measurement  
PSY 510 (3) Principles of Psychological Measurement
2. Assessment Methods  
PSY 641 (3) Objective Personality Assessment  
PSY 657 (3) Assessment I: Adult  
PSY 658 (3) Assessment II: Child and Adolescent  
PSY 661 (3) Neuropsychological Assessment
3. Intervention  
PSY 653 (3) Intervention I: Adult  
PSY 660 (3) Intervention II: Child and Adolescent  
PSY 785 (3) Seminar: Cognitive – Behavior Theory  
PSY 850 (3) Ethnic and Minority Issues in Therapy
4. Applied Components  
PSY 790 & 791 (6) Practicum IA and IB  
PSY 890 & 891 (6) Practicum IIA and IIB  
PSY 892 & 893 (6) Practicum IIIA and IIIB  
PSY 990 (3) Internship A  
PSY 991 (3) Internship B

## III. Supervision & Consultation



Coursework in this area provides a foundation for integrating theory, research, and practice related to supervision and consultation.

1. Supervision  
PTCC Clinic Meetings  
PSY 790 & 791 (6) Practicum IA and IB  
PSY 890 & 891 (6) Practicum IIA and IIB  
PSY 892 & 893 (6) Practicum IIIA and IIIB
2. Consultation  
PSY 657 (3) Assessment I: Adult  
PSY 658 (3) Assessment II: Child and Adolescent  
PSY 661 (3) Neuropsychological Assessment

#### IV. Professional Development

Behaviors relevant to the professional development of Clinical Psychologists are consistently modeled by clinical faculty and discussed throughout the program. Formal training in ethical and professional issues are also provided. For instance, second-year students are required to attend a weekly clinical conference sponsored by the (PTCC) Psychological Training and Consultation Center, which exposes students to a wide variety of issues relevant to the professional and ethical practice of Clinical Psychology. Participation in monthly colloquia is required of all students and the content typically addresses professional and ethical issues confronting the science and practice of Clinical Psychology. Finally, all students are required to complete a formal academic course in ethics and professional issues: PSY 765 (3) Seminar: Ethics and Professional Issues.

#### V. Electives

Students are to complete at least nine elective credits. Students select elective courses in consultation with their Clinical Psychology Program faculty mentor. Three credits of electives can be based on non-specified course content (e.g., PSY 696 Directed Research, PSY 697 Independent Study and PSY 792 Supplemental Supervision).

Although a variety of electives is available throughout the university, popular electives are in the areas of behavior therapy (PSY 780); consultation skills (PSY 766); behavioral medicine (PSY 579); clinical supervision (PSY 600); program evaluation (PSY 818); and 600 or 700 level specialty courses offered by psychology department faculty.

## SEQUENCE OF COURSES

The following is a guide for sequencing the required courses. Students are expected to complete program requirements in the order indicated. Requests to deviate from this schedule must be discussed with your mentor, submitted to the Director of Clinical Training, and approved by the Clinical Program faculty.

Year 1 Fall Semester	Year 1 Spring Semester
PSY 657: Assessment I: Adult	PSY 658: Assessment II: Child & Adolescent
PSY 653: Intervention I: Adult	PSY 660: Intervention II: Child & Adolescent
PSY 642: Clinical Research Methods	PSY 751: Psychopathology
PSY 609: History & Systems of Psychology	<sup>E</sup> PSY 510: Principles of Psychological Measurement
	<sup>O</sup> PSY 641: Objective Personality Assessment
Year 2 Fall Semester	Year 2 Spring Semester
PSY 612: Applied Multiple Regression & Correlation	PSY 613: Multivariate and Correlational Methods
PSY 785: Seminar: Cognitive-Behavior Therapy	PSY 765: Seminar: Ethics & Professional Issues
<sup>E</sup> PSY 661: Neuropsychological Assessment	<sup>O</sup> PSY 510: Principles of Psychological Measurement
<sup>O</sup> Elective	<sup>E</sup> PSY 641: Objective Personality Assessment
PSY 798: Thesis	PSY 798: Thesis
PSY 790: Practicum IA	PSY 791: Practicum IB
Year 3 Fall Semester	Year 3 Spring Semester
PSY 687: Physiological Foundations	PSY 589: Cognitive Psychology or PSY 680: Learning
PSY 624: Advanced Developmental Psychology	PSY 630: Advanced Social Psychology
<sup>O</sup> PSY 661: Neuropsychological Assessment	<sup>O</sup> PSY 850: Ethnic & Minority Issues
<sup>E</sup> Elective	<sup>E</sup> Elective
PSY 890 Practicum IIA	PSY 891: Practicum IIB
Year 4 Fall Semester	Year 4 Spring Semester
Elective	<sup>E</sup> PSY 850: Ethnic & Minority Issues
PSY 898: Dissertation Design	<sup>O</sup> Elective
PSY 892: Practicum IIIA	PSY 899: Dissertation Implementation
	PSY 893: Practicum IIIB
Year 5 Fall Semester	Year 5 Spring Semester
PSY 990: Internship A	PSY 991: Internship B

<sup>E</sup> denotes courses for students entering in even-numbered years;

<sup>O</sup> denotes courses for students entering in odd-numbered years.

Example: students entering the program in 2018 will take PSY 510 in Spring of their first year, and PSY 641 in Spring of their second year.

## CLINICAL EXPERIENCES

### I. Overview

One mission of the Clinical Psychology Program is to train clinical psychologists who can function in applied settings. Thus, the Clinical Psychology Program faculty has clear expectations regarding the development of clinical skills and we require students to graduate with a variety of experiences in the assessment and treatment of clinical problems. Three years of practica are required wherein students are expected to maintain a caseload of approximately five clients per week.

National guidelines for developing clinical competence are currently being developed and the Clinical Program is supportive of this undertaking. As examples of these recent developments, the report from the 2001 APA Education Leadership Conference (ELC), with its Workgroup on Practicum Competencies, can be found at <http://www.apa.org/ed/governance/elc/index.aspx> and the report from the APPIC Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology, held in November 2002 in Scottsdale, Arizona, can be found at <http://www.appic.org/About-APPIC/News/APPIC-Archive/Competencies-Conference-2002>

In general, the Clinical Program employs a Dreyfus model (Dreyfus & Dreyfus, 1984) which suggests that skill development proceeds as a result of training and experience. The faculty expects that research, theory, and practice can be integrated with increasing sophistication as clinical skills evolve. Four of the proposed levels of skill development are detailed below (adapted from Benner, 1984).

#### ***Novice***

Novices have little experience with clinical tasks they are expected to perform. Therefore, tasks are often decomposed into context-free rules that the novice can recognize and performance is often evaluated by determining how well the rules were followed.

#### ***Advanced Beginner***

Advanced beginners attend to situational aspects that are relevant for case conceptualization. They formulate guidelines that dictate actions in terms of attributes and aspects, but these guidelines tend to ignore the differential importance of attributes and aspects. Nuances are experienced as unintelligible aspects of the situation that haphazardly mean one thing at one time and another thing at another time. Advanced beginners often need support in setting priorities and perceiving meaningful patterns in their clinical contacts.

#### ***Competence***

The development of competence requires considerable experience integrating theory, research, and practice. Actions are determined by a conscious plan. The plan is based on considerable contemplation of the problem. The plan dictates attributes and aspects of the current and future situation that are most important, and determines the contextual interpretation of the clinical situation. Because focusing on features and aspects of a case can become overwhelming, instruction focuses on the development of clinical problem solving skills. Development of a theoretically sound and empirically supported treatment plan helps to organize this complexity and results in an improved therapeutic intervention. An increased level of proficiency is demonstrated.

### ***Proficiency***

Considerable experience at the level of competency can lead to the development of proficiency. Proficient clinicians understand the features and aspects of a given clinical situation and modify their treatment plan based on this understanding. Proficient clinicians recognize which aspects of the clinical situation are most salient; performance is guided by maxims. There is a notable, qualitative improvement in how problems are approached. A more holistic understanding improves decision-making, makes clinical work less laborious, and results in a sense of what is needed in a clinical situation. Usually there is a focus on fewer options that are keyed to relevant aspects of the problem situation. Because of an increased understanding of the relevant clinical factors, the proficient clinician uses maxims to guide assessments and/or interventions. Context-free principles or rules, comfortable to the advanced beginner, evoke contradictory evidence and frustration for the proficient clinician. Teaching addresses the more complex aspects of clinical situations.

## **PRACTICUM**

### **II. Procedures**

#### **1. Practicum Instructor**

During the first half of Spring Semester, the Clinic Director and Director of Clinical Training provide students with a description faculty members' approach to treatment and supervision for faculty who will be teaching practicum. Students meet with their program mentor to discuss practicum instructor selection and subsequently complete a *Practicum Instructor Preference Sheet* that is used to rank preferences. The *Practicum Instructor Preference Sheet* must be turned in to the Director of Clinical Training within one week after the presentation. A copy of the *Practicum Instructor Preference Sheet* is contained in **(Appendix A)** and can be photocopied as needed. The Clinical Psychology Program faculty review these rankings and is ultimately responsible for assigning students to instructors.

#### **2. Practicum Site Selection**

Practicum I students are placed in the psychology department affiliated training clinic, the Psychological Training and Consultation Center (PTCC). They are generally expected to see clients assigned to the general clinic. The Psychological Training and Consultation Center is a controlled environment that is used to closely monitor student skill development. Additional information about the Psychological Training and Consultation Center, including a *Brochure* and a *Student Manual*, can be obtained from the Psychological Training and Consultation Center Director, Dr. Amanda Lopez, Health Professions Building 2105, (989) 774-2284, [lopez3al@cmich.edu](mailto:lopez3al@cmich.edu)

Each March, the Clinical Psychology Program faculty either host a luncheon for representatives from the various sites where Practicum II and Practicum III students are placed, or offer the opportunity for students currently placed in those sites to present an overview of their experiences there. After this meeting, students discuss their practicum site preferences with their Clinical Psychology Program mentor and the following year's practicum instructor. By March 15<sup>th</sup>, students rank their preferred practicum sites by using the *Practicum Site Preference Sheet* and submit their ranking to the Director of Clinical Training. **(Appendix B)** contains a copy of the *Practicum Site Preference Sheet* and additional copies can be made as needed. The Clinical Psychology Program faculty then clears students to apply for particular sites on or before March 15<sup>th</sup>. Students are not allowed to

apply to practicum sites prior to receiving formal approval from the Clinical Psychology Program faculty.

### 3. Review of the Student Practicum Site Preferences

The *Practicum Site Preference Sheets* are reviewed to ensure that the requested placements meet general Clinical Program training requirements. The clinical program requires that students are exposed to training experiences that ensure both breadth and depth of professional practice. For practicum training, this often translates into (a) familiarity with at least two approaches toward treatment, (b) competence with a variety of assessment techniques and formats, (c) experience with underserved and minority groups, (d) exposure to a variety of diagnostic groups, and (e) experience in treatment settings that ensure exposure to a variety of professions. In the event a student requests placement within the same setting, the student will need to demonstrate how the 2<sup>nd</sup> year's training experience will be substantively different from the prior year. Every semester student performance in practicum is evaluated using the *Practicum Student End of Year Evaluation (Appendix C)* and students are required to complete their *Clinical Training Record (Appendix E)* yearly. The *Clinical Training Record* provides an ongoing record of each student's training experience. Training goals unique to the student are based on input from the student's faculty mentor, *CMU Student Evaluation of Practicum Site and Supervisors (Appendix D)* provided by past and present supervisors, and information gleaned from the *Clinical Training Record*. Also, it is very important for students to read *Policy on Blood-borne Pathogens (Appendix G)*.

### 4. General Practicum Site Requirements

All approved placements espouse a scientist-practitioner training philosophy that is consistent with the program goals of integrating theory, research, and practice. Placement sites must provide students with office space, support services, and doctoral level supervisors that are licensed within their specialty areas (psychology or counseling). Practicum students follow placement site policies and procedures. Students cannot assume that the placement site follows the academic calendar and time off for vacations or other personal needs must be negotiated with the placement site.

Practicum sites must have procedures available for students to receive some on-campus supervision. This often involves the practicum instructors reading intakes, progress notes, treatment plans, test reports, and discharge summaries. In addition, review of audiotapes and/or videotapes is required. All patients must be informed that the student is in training and will be supervised, as part of that training, at Central Michigan University.

As students develop clinical skills and obtain a limited license, they can provide reimbursable clinical services. The Clinical Psychology Program faculty typically encourage *Practicum III* students to seek paid practicum placements, but not at the expense of training requirements.

### 5. Summary

The following is an outline of the administrative components associated with practicum coordination, assignment, and training.

► **Director of the PTCC (CMU/Department Liaison)**

1. Coordinates formal agreement between CMU and the site
2. Develops new sites in consultation with Clinical Program faculty
3. Visits sites annually
4. Maintains supervisor-program faculty listserv

► **Director of Clinical Training**

1. Organizes Clinical Program colloquia wherein practicum instructors describe the format of their practica
2. Organizes requests for assignment to practicum instructors for the following year
3. Accompany Director of PTCC with annual site visits as appropriate
4. Coordinates and reviews student requests for specific practicum sites

► **Students**

1. Update *Clinical Training Record*
2. Submit *Practicum Instructor Preference Forms*
3. Attend the annual meeting with supervisors to learn of possible placement sites
4. Meet with program mentors to discuss possible placement sites
5. Meet with next year's supervisors to discuss placement possibilities
6. Submit rankings of placement sites
7. Receive feedback on rankings of placement sites
8. Apply for practicum placement
9. Coordinate final placement with next year's practicum instructor

► **Practicum Instructors**

1. Lead clinical colloquia and provide students with information regarding the format of practicum
2. Attend the annual meeting with supervisors to discuss training issues
3. Meet with next year's practicum students to discuss possible placement sites
4. Formalize individual arrangement with placement sites in conjunction with the PTCC Director and Director of Clinical Training
5. Contact on-site supervisors at least once each semester and ensure that students are evaluated each semester using the *Practicum Student Evaluation Form*

## RESEARCH EXPERIENCES

Students are admitted to the doctoral program under the tutelage of a Clinical Psychology Program faculty member. All clinical faculty maintain vertical research teams that meet on a regular basis. Throughout their clinical training, students are required to maintain active involvement on their faculty mentor's vertical research team. Active involvement on a research team usually entails a combination of the following:

- Bringing in references that may interest other members of the team.
- Presenting and discussing important articles in the research literature, as in a journal club.
- Acting as a research assistant in a project being carried out by the clinical faculty member or another team member.
- Receiving assistance from other team members in carrying out your own research (e.g., rating, scoring, entering data, assistance with analysis).

- Offering constructive criticism of documents written by other members of the team (e.g., articles to be submitted to journals, thesis proposals, grant proposals, conference presentations, and posters).
- Rehearsing talks for conferences, dissertation defenses, etc., and obtaining feedback.
- Carrying out a joint research project in which all team members contribute.
- Discussing and demonstrating specific research techniques (e.g., statistical methods, psychometric methods).
- Providing and receiving social support to help get through the tribulations of completing research.

Frequently, students participate in more than one research team. If a student's faculty member's research team is inactive (faculty member is on leave, etc.), then the student should participate in a different research team.

Active involvement on a research team also provides concrete benefits beyond socializing students into the process of conducting clinically sensitive research. First, participation in a research team helps students to develop their own research. Students are required to complete at least two independent research projects (thesis and dissertation) and these projects typically grow out of work conducted in their mentor's lab. Second, active participation in a faculty member's lab frequently coalesce into a specific clinical focus within the field of Clinical Psychology. As an example, students involved in the Anxiety and Trauma Research Team, <https://www.cmich.edu/colleges/chsbs/Psychology/Centers/psychologyclinic/TADC/Pages/default.aspx>, often go on to develop clinical and research specializations in the area of anxiety disorders. Finally, there is a clear expectation that students will demonstrate a commitment to the discipline by coauthoring poster presentations, paper presentations, and publications during their course of study at CMU. Participating on a research team often provides the basis for completing these tasks. Presenting and publishing papers also provides students with work samples that can help them obtain high quality postdoctoral positions.

## MILESTONE EVENTS

### I. Thesis

Students should discuss the topic of this research project and other related requirements with their clinical psychology program faculty mentor. Ideally, students should begin work on their thesis proposal shortly after arriving on campus and defend the proposal during the summer after the first year of study. In order to be considered as making timely progress through the program, students must submit their thesis proposal to their thesis committee members prior to 5:00 p.m. Thanksgiving recess of the second year in the program. The complete project must be submitted to the thesis committee members prior to 5:00 p.m. Thanksgiving recess of the third year and the project must be successfully defended before the end of the fall semester of the third year of study. Students who fail to meet the defense deadline are not allowed to sit for Clinical Qualifying Examination during the spring semester of their third year.

Past theses are on file and available for review. Detailed information is available in the [Thesis and Dissertation Manual \(PDF\)](#). Students should work closely with their Clinical Program faculty mentor when developing their thesis research and their mentor can provide additional guidance. Students must complete at least six credit hours of thesis research (PSY

798): a minimum of three credit hours while developing the proposal and three credit hours after the proposal defense. Students who have completed the first two years of coursework are allowed to petition for a master's degree upon successful defense of their thesis.

Occasionally, students entering the program with a graduate degree have previously completed a thesis. Students who have previously completed a graduate thesis can petition to waive the Clinical Program thesis requirement if their thesis research has been published in a peer-reviewed journal of good quality. Students must petition the Director of Clinical Training who will present the petition to the clinical faculty. The clinical faculty will then review the manuscript for quality. The final decision stems from a vote by the clinical faculty.

## II. Clinical Qualifying Examination

The Clinical Qualifying Examination requires the submission of a therapy and assessment case for review by a committee of three Clinical Psychology Program faculty. The exam must be submitted by 5:00 pm on the Friday before Spring Break of the spring semester of the third year of study. The overall expectation is that the Qualifying Exam serves as an Advanced Integrative Experience in which students demonstrate an integration of at least two discipline-specific content areas from the following areas: affective, biological, cognitive, social, or developmental aspects of behavior within the context of an assessment case and a therapy case. The examination requires the written presentation and oral defense of an assessment and a therapy case. Passing this exam admits students to doctoral candidacy, allows student to sign up for the final required practicum sequence (PSY 892 & 893), and allows students to sign up for PSY 898 Doctoral Dissertation Design. Past Clinical Qualifying Examinations are on file and available for review. Due to the Educational Privacy Act, faculty comments and decisions are only available from individual students. Detailed information is available in the [Clinical Student Qualifying Examination Manual](#). Students should seek additional clarification from their Clinical Psychology Program faculty mentor. Students are required to turn in a copy of the entire case study in a 3-ring binder to the Clinical Program secretary.

## III. Doctoral Dissertation

Students must complete an empirical doctoral dissertation. As a general concept, the dissertation is a scholarly work related to a student's interest area. The dissertation is formally initiated after the student is admitted to doctoral candidacy. The goal of the dissertation is to further integrate the candidate's graduate education by investigating a professional problem in a scholarly and scientific manner. A doctoral dissertation proposal must be defended before the Director of Clinical Training can clear students to apply for their predoctoral internship. Past dissertations are on file and available for review. Detailed information is available in the [Thesis and Dissertation Manual \(PDF\)](#). Students must complete at least 12 credit hours of dissertation research: a minimum of six credit hours while developing the proposal (PSY 898) and six credit hours after the proposal is defended (PSY 899). Students should work closely with their clinical program faculty mentor when developing their dissertation research and their mentor can provide additional guidance.

## IV. Internship

The internship is a full-time position in which students function as clinical psychologists while obtaining intensive professional training and clinical experience under the supervision of senior clinical psychologists. This affords students a chance to expand their clinical skills



and/or begin to develop a specialization with a specific population or setting. It takes place in the fifth year of the program and is required by the American Psychological Association. The internship year is generally considered the culmination of graduate clinical training. The Director of Clinical Training cannot clear students for internship training until they have defended their dissertation proposal.

Students typically apply to internship sites throughout the country. Applying for internship training requires a great deal of preparation and is comparable to applying to graduate school. An orientation session is held in the spring semester of the third year of graduate training. Supporting materials for internship should be prepared during the summer preceding the fourth academic year. Students generally arrange for visits and interviews between December and February of the fourth academic year.

The most current version of the APPIC directory is available on the APPIC website [www.appic.org](http://www.appic.org) in a PDF format.

The Clinical Psychology Program faculty mentor is responsible for monitoring students' internship rankings that are ultimately submitted to the matching facility. All students must review their preferred choices with their faculty mentor before the first of February. The goal of this review is to determine (a) the adequacy of all ranked sites and (b) whether the sites are APA<sup>1</sup> accredited. The Director of Clinical Training must review all proposed sites that are not APA<sup>1</sup> accredited before rankings are submitted to the match facility. Students must complete at least six credit hours of internship: a minimum of three credit hours during the fall semester of their internship year (PSY 990) and three credit hours during the spring semester of their internship year (PSY 991).

## SEQUENCE OF MILESTONE EVENTS

Students are expected to graduate from the program in five years. The Clinical Program policy requires that all students graduate within eight years. That is, before students can graduate they are required to retake all coursework that was completed more than eight years prior to the date of graduation. A written request for a one-year non-renewable extension may be submitted to the Director of Clinical Training; the Clinical Psychology Program faculty must approve the request. The following information is meant to serve as a guide for completing program requirements in a timely manner, specific deadlines are provided later in the Manual under “Satisfactory Progress.”.

<b>First Year</b>	Complete coursework, discuss thesis topic with mentor
Dec/May	Receive formal feedback on progress
<b>Second Year</b>	Complete coursework
Thanksgiving Recess	Final deadline for submitting complete thesis proposal to the thesis committee
Dec/May	Receive formal feedback on progress
<b>Third Year</b>	Complete coursework
Fall Semester	Attend clinical qualifying examination information meeting
Thanksgiving Recess	Final deadline for submitting completed thesis to committee
January	Check on clinical qualifying examination committee assignments
March	Submit clinical qualifying examination Schedule clinical qualifying examination oral defense
April	Discuss internship process with mentor
Dec/May	Receive formal feedback on progress
Summer	Obtain information on internship sites
	Write dissertation proposal
<b>Fourth Year</b>	Complete coursework
Fall Semester	Implement dissertation
October	Must complete dissertation proposal before submitting internship applications Complete internship applications
February	Review internship site rankings with mentor
	Submit internship site rankings
	Inform mentor & DCT about internship placement
Dec/May	Receive formal feedback on progress
<b>Fifth Year</b>	Complete internship
Fall Semester	Defend dissertation
Dec/May	Receive formal feedback on progress
Summer	Petition for December graduation

<sup>1</sup>Commission on Accreditation, American Psychological Association, 750 First St. NE, Washington, D.C. 20002-4242. Telephone: (202) 336-5979. TDD: (202) 336-6123.

## INTEGRATION OF TRAINING GOALS AND PROGRAM REQUIREMENTS

The goal of the Clinical Program is to train clinical psychologists who can effectively function in applied clinical or research settings. This goal has been further developed into a list of competencies and the training activities that meet the competencies.

Competency	Related Training Activities
Research	PSY 612, PSY 642, Thesis, Dissertation
Ethical and legal standards	PSY 765, Practicum, Internship, CITI Training
Individual and cultural diversity	PSY 850, Practicum, Clinical Qualifying Exam
Professional values, attitudes, and behaviors	Practicum, Completing Program Milestones
Communications and interpersonal skills	PSY 653, PSY 660, Practicum
Assessment	PSY 657, PSY 658, Practicum, Clinical Qualifying Exam, Internship
Intervention	PSY 653, PSY 660, Practicum, Clinical Qualifying Exam, Internship
Supervision	Practicum
Consultation and interprofessional/interdisciplinary skills	PSY 657, PSY 658, PSY 661, Practicum

## STUDENT CONTRIBUTIONS TO PROGRAM FUNCTIONING

### I. Overview

Student input is highly valued. Clinical Psychology Program faculty wants feedback from students. This feedback can help to shape the policies and procedures established by the Clinical Psychology Program faculty. Major program changes are always evaluated in light of student feedback, and the following student organizations were designed to provide a vehicle for obtaining student input.

### II. Clinical Student Association (CSA)

All clinical students are members of the [Clinical Student Association](#) (CSA). Students contribute to the program and can address their concern through active participation in the Clinical Student Association. Suggestions for implementing change in the program, requests for special colloquia and speakers, and concerns related to student morale are often addressed by the Clinical Student Association. In addition, the Clinical Student Association helps with the implementation of several specific program tasks. For instance, members of the Clinical Student Association are actively involved in the admissions process and often host social events that encourage the interaction among clinical students in different years of training. Finally, the President of the Clinical Student Association serves as a member of the Program Committee.

### III. Program Committee

Current goals for the [Program Committee](#) are (1) provide a vehicle through which students can voice their concerns, (2) give feedback regarding curricular/program issues, (3) work with the Clinical Psychology Program faculty to develop and implement curricular and program changes, and (4) maintain and monitor communication among faculty and students. The Program Committee is composed of a representative from each of the four cohorts and the President of the Clinical Student Association. The chairperson for the program Committee is the 4<sup>th</sup> year representative. The Director of Clinical Training serves as the faculty liaison to the program committee.

### IV. Administrative Structure of the Clinical Program



## V. General Comments

To reiterate, students can influence the Clinical Program policies and procedures in the following manner:

1. Talk with elected representatives of the Clinical Student Association
2. Talk with their Clinical Psychology Program faculty mentor
3. Talk with their elected Program Committee representative
4. Talk with the Director of Clinical Training

## STRESS IN THE PROGRAM

Clinical training can be stressful. The desire for clear directions is consistent with prior educational experiences, but clinical work is often ambiguous. Issues and problems can be defined slowly, and in an unfolding fashion. Another contributor to stress is the perception that students are under scrutiny. We want you to know we expect and want every student to graduate. We fully expect you to complete the program. Feedback is provided throughout the year and is not sprung on a student as a surprise. Sometimes it can be useful to get help dealing with stress. The [Central Michigan University Counseling Center](#), located in Foust Hall offers a limited number of free counseling sessions to all CMU students.

## FACULTY MENTORS

Students are admitted to the program with the intent that they work with a specific clinical psychology program faculty mentor. Clinical Psychology Program faculty mentors (1) help with the adjustment to CMU's academic environment, (2) serve as the academic advisor, and (3) actively function as research mentors. Students can change their faculty mentor by submitting a written request to the Director of Clinical Training. The DCT will then meet individually with the student, and former mentor, and then meet together to clarify expectations and responsibilities (ongoing, research projects, letter of recommendation, etc...) following the transition.

Clinical Psychology Program faculty are bound by statements of confidentiality contained in the *Graduate Bulletin*. Every effort is made to relate to students in a respectful way, but neither the faculty nor the program faculty mentor has a therapist/client relationship with students. It is essential that program faculty exchange information about student functioning. The faculty use discretion in sharing information, but student-faculty communication is not confidential in relation to other members of the program faculty. A student can ask a faculty member whether specific information will or will not be kept confidential and can expect an honest answer.

## ETHICAL AND PROFESSIONAL BEHAVIOR

Graduate students follow the ethical standards published by the [American Psychological Association](#)<sup>1</sup> (*American Psychologist*, 47, 1597-1611). In addition, students should familiarize themselves and comply with the Standards for Providers of Psychological Services published by the American Psychological Association<sup>1</sup> (*American Psychologist*, 42, 712-723). Students should also be knowledgeable of two other sets of guidelines published by the American Psychological Association:<sup>1</sup> Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (*American Psychologist*, 48, 45-48) and Record Keeping Guidelines (*American Psychologist*, 48, 984-986). The *Psychological Training and Consultation Center Student Manual* also provides information and resources relevant to professional conduct and ethical behavior. Beginning the

second year of the program all students must be familiar with the material presented in the *PTCC Student Manual*.

All students will be involved in conducting research with human subjects. The Central Michigan University Institutional Review Board reviews all such research. The most recent version of the *Policies and Procedures for Using Human Subjects in Research* can be obtained by contacting the Office of Research and Graduate Studies and/or [College of Graduate Studies](#).

<sup>1</sup>Commission on Accreditation, American Psychological Association, 750 First St. NE, Washington, D.C. 20002-4242. Telephone: (202) 336-5979. TDD: (202) 336-6123.

## ACADEMIC RESOURCES

### I. Mainframe Access

Central Michigan University provides support for student use of the mainframe for email and general Internet accesses. Students must contact Office of Technology at Central Michigan University to obtain an identification code and password. The Office of Technology regularly provides training in the use of these services. Students with modems can connect to the mainframe from home. Important program related information can be conveyed electronically; therefore, students are required to routinely check their CMU provided email accounts. Students will get their email address on their billing statements. They may need to get their password from the Help Desk at (989)774-3662.

### II. Computer Access

Central Michigan University and the Department of Psychology have labs that can be used for word processing, data analyses, email, and Internet access. These labs are located in the basement of Sloan and in the Health Professions Building.

### III. Library: CENTRA, Article Databases, and Interlibrary Loan

The [Charles V. Park Library](#) has over 300 public computers, wireless Internet access, 33 miles of compact shelving for print materials, and seating for 2600 patrons. Its online catalog, CENTRA, provides access to thousands of e-books and e-journals, as well as records for the Libraries' print and media collections. The Library subscribes to dozens of article databases, including PsycINFO and other well-known online resources, all of which can be searched from any computer on campus or off-campus (via the Libraries' proxy server). In addition, CMU students, staff, and faculty can *borrow for free* items from other libraries in Michigan via the Michigan e-Library Catalog (MeLCat) or obtain materials (including articles) from libraries around the world via Interlibrary Loan.

### IV. The [Psychological Training and Consultation Center](#) (PTCC)

Dr. Gerald B. Fuller founded the Psychological Training and Consultation Center in Sloan Hall in 1970. The mission was to train students enrolled in the applied graduate program within the Department of Psychology at Central Michigan University. Over the years, the mission of the Center has changed to: (1) training students in the application of psychological science for resolving human problems, (2) providing "cutting-edge" psychological services to the residents of Central and North-Central Michigan, (3) conducting research on both the problems experienced by community residents and quality of services provided at the Center, and (4) disseminating information about advances in psychologically based interventions.

The PTCC is part of an interdisciplinary training clinic (i.e., the [Carls Center](#)) and is located in the Health Professions Building. The PTCC serves as the primary training site for students enrolled in applied graduate programs in the Department of Psychology and offers assessment and treatment services to infants, children, adolescents, adults, and the elderly.

Depending on the specific area of concern, services can often be provided in individual, couple, family, or group formats. Various faculty members in the Department of Psychology have applied research programs that are housed in the PTCC. Students should obtain a copy of the *Psychological Training and Consultation Center Brochure*, as well as a copy of the *Psychological Training and Consultation Center Student Manual* from PTCC Director, Dr. Amanda Lopez, Health Professions Building 2105, (989) 774-2284, [lopez3al@cmich.edu](mailto:lopez3al@cmich.edu).

### III. Useful Websites

Central Michigan University (CMU), (989) 774-4000: [www.cmich.edu](http://www.cmich.edu).

This can give you email addresses of faculty and students, access to the library and various other information about the University.

Department of Psychology:

<https://www.cmich.edu/colleges/chsbs/Psychology/Pages/default.aspx>

Clinical Psychology Program:

<https://www.cmich.edu/colleges/chsbs/Psychology/Graduate/ClinicalPsychology/Pages/default.aspx>

American Psychological Association (APA): [www.apa.org](http://www.apa.org).

This can provide you access to many services and resources offered by APA.

Association of Predoctoral and Postdoctoral and Internship Centers (APPIC):

[www.appic.org](http://www.appic.org). This is the organization that follows up on internships and keeps data on the applicants who secure internship placement the prior year and disseminates relevant information.

Association of State and Provincial Psychology Boards (ASPPB): [www.asppb.org](http://www.asppb.org).

This organization keeps data on the results of the National Licensing Exam, the phone numbers of Psychology Boards of most states, and the requirements for licensure in each state.

**Career Services** is located in Ronan 240, Telephone (989) 774-3068 or email at:

[careers@cmich.edu](mailto:careers@cmich.edu). Or visit their website at:

[http://www.cmich.edu/ess/academic\\_advising\\_assistance/career\\_services/Pages/default.aspx](http://www.cmich.edu/ess/academic_advising_assistance/career_services/Pages/default.aspx)

**Multicultural Academic Student Services** is located in Bovee University Center 108,

Telephone (989) 774-3945 or email at: [insdiv@cmich.edu](mailto:insdiv@cmich.edu). Or visit their website at:

[http://www.cmich.edu/office\\_provost/oid/ode/Pages/default.aspx](http://www.cmich.edu/office_provost/oid/ode/Pages/default.aspx)

**Student Disability Services** is located in Park Library 120, Telephone (989) 774-3018 or email at [sds@cmich.edu](mailto:sds@cmich.edu). Or visit their website at:

<https://www.cmich.edu/ess/studentaffairs/SDS/Pages/default.aspx>

**University Health Services** is located in Foust Hall 200, Telephone (989) 774-6599 or visit their website at

<https://www.cmich.edu/colleges/cmed/CMUHealth/CMUHealthMP/UHS/Pages/default.aspx>

**Counseling Center** is located in Foust Hall 102 Telephone (989) 774-3381 or visit their website at:

<https://www.cmich.edu/ess/StudentAffairs/CounselingCenter/Pages/default.aspx>

## FINANCIAL SUPPORT

### I. Overview

The *Graduate Bulletin* describes various forms of financial support available through the University. The College of Graduate Studies, <https://www.cmich.edu/colleges/cgs/Pages/default.aspx> has ranked increasing graduate student financial support as a priority. Students frequently obtain grants from the College of Graduate Studies for research support, presenting papers at conferences, and/or dissertation expenses. The Department of Psychology also views increasing graduate student financial support as a priority and each year supports as many graduate students as possible.

#### A. Types of Support

1. *Full-time Graduate Assistantships* carry a cash stipend and a tuition waiver of 20 credits. The Board of Trustees sets the stipend amount yearly.
2. *Half-time Graduate Assistantships* carry a cash stipend and a tuition waiver of 20 credits. The Board of Trustees sets the stipend amount yearly.
3. *Grant and/or Contract-related* positions are also available. These positions result from grants or contracts obtained by Clinical Psychology Program faculty. Individual faculty members select students to work on these externally funded projects.
4. *Additional Graduate Assistantships* are often available through other departments on campus (e.g., College of Graduate Studies, Office of Diversity, and Office of Student Life).
5. Through support from the Michigan Department of Labor & Economic Growth's *King/Chavez/Parks Initiative*, the College of Graduate Studies invites applications for the [KCP Future Faculty Program](#). Contact the MSS Office, Tara Novak (989) 774-3945.

### II. Procedures

#### A. Graduate Assistantships

The psychology department is charged with determining the number of Doctoral Research Graduate Assistantships awarded to programs. On a yearly basis, the Psychology Department Executive Committee reviews the policies and procedures. Once the number of funded positions has been identified, the Clinical Psychology Program faculty select students for funding.

#### B. Other Funded Positions

The guidelines for the remaining types of funded positions vary according to the funding source. Clinical Psychology Program faculty mentors can provide additional information.

#### C. General Comments

Because there are typically more students to support than available funding, the selection process is competitive. Rejection of a position offered is considered rejection of financial support. Financial support is not guaranteed for any student, and fourth-year students are typically not considered eligible for Research Graduate Assistantship positions.



## **POLICY ON OUTSIDE EMPLOYMENT**

Because clinical training at CMU is full-time and program demands are extensive, the Clinical Psychology Program faculty discourage outside employment. Outside employment for students awarded a Research Fellowship, a Graduate Assistantship, or a Teaching Assistantship is contrary to the intent of the funding. Funded students are not expected to seek or accept additional employment during the academic year. Academic requirements each semester plus a 10 to 20 hour per week assistantship/externship are a full life! It is wiser to acquire a loan, if necessary, than to assume any additional burdens. Although the Clinical Psychology Program faculty cannot dictate to students what they can do beyond the structure of the doctoral program, the Clinical Program does require that students who choose professional employment outside the program inform the Director of Clinical Training.

Students must adhere to all ethical and legal requirements regarding public representation of their credentials. See the APA ethical standards on avoidance of false or deceptive statements, and the Michigan Code regarding the legal use of the title “psychologist”. Generally, students in a supervised setting that is a component of their program of study (e.g., the PTCC or contracted externships) refer to themselves as “Psychology Trainees”. In contrast, students engaged in professional activities that are not a component of their program of study must use the job title designated by the employer (e.g., “Mental Health Counselor”). Further, in professional activities not sanctioned by the program students must be very careful not to represent themselves as CMU graduate students engaged in activities related to their program of study. Students engaged in professional activities that are not components of the doctoral training program are not insured against claims of malpractice. Neither Central Michigan University nor the American Psychological Association<sup>1</sup> student insurance plans cover a student for activities not sanctioned by the training program. The clinical faculty assumes that students will use sound judgment in deciding to participate outside employment and not misrepresent their credentials or the involvement of the program in any such activities.

## **PART-TIME STUDY**

Part-time study is ordinarily not permitted. An important part of the training involves being physically present for interactions and feedback among students and faculty. Part-time study tends to attenuate this interaction significantly, to the disadvantage of both the student and the program. Requests for part-time study must be submitted in writing to the Director of Clinical Training. The Clinical Psychology Program faculty must approve the request.

## **LEAVE OF ABSENCE**

Requests for a leave of absence from the program must be submitted in writing to the Director of Clinical Training. The rationale for the leave and the length of time being requested should be specified. Permission for a leave of absence requires approval from the Clinical Psychology Program faculty. Students should be aware that the eight-year limit for completing program requirements typically remains in effect even when a leave of absence is approved.

## **STUDENT MESSAGES, MAILROOM, AND EMAIL**

Doctoral students have mailboxes in the Psychology Department mailroom, Sloan 101C. Mail addressed to students, department memos and announcements will be delivered to students at this location. Clinical announcements such as job postings and upcoming meetings will be emailed to you from the clinical program secretary.

### **STANDARD MEETING TIME**

Courses are not scheduled between 11:00 a.m. and 12:30 p.m. on Mondays. Colloquia, case presentation, program committee, and other required Clinical Program meetings are scheduled during this time. **Students are required to attend these meetings.**

### **PRE-REGISTRATION FOR COURSES**

Due to the small size of many graduate classes, decisions about whether a class is taught are based on pre-registration enrollment. If students do not pre-register, classes they want or need to take might not be offered.

### **TRANSFER OF PRIOR COURSEWORK**

Students can transfer up to a maximum of 30 credits with equivalent courses. The following courses cannot be transferred: PSY 765 Ethics and Professional Issues; PSY 790 & PSY 791 Practicum IA, Practicum B; PSY 890 & 891 Practicum IIA, Practicum IIB; PSY 892-893 Practicum IIIA, Practicum IIIB; PSY 898 & PSY 899 Doctoral Dissertation; and PSY 990 & PSY 991 Internship A and B. The requirements for waiving or transferring a course follow. Students first discuss the likelihood of waiving the required course with their Clinical Psychology Program faculty mentor.

1. A transfer request, available from the Clinical Program secretary, and supporting materials (e.g., course outline, texts used, bulletin descriptions) are then submitted to the appropriate instructor.
2. The instructor must approve the prior course as equivalent to the required course. "Equivalent" means that the student received a "B" or better grade in a course or courses whose content appears to cover at least 85% of the required course.
3. Students submit their course waiver or transfer requests to the Director of Clinical Training.
4. The Director of Clinical Training presents the request to the Clinical Psychology Program faculty.
5. The Clinical Psychology Program faculty must vote to approve a course waiver or transfer.
6. Copies of transfer or waiver decisions are placed in the student's file. Transfers must be approved by the Dean of the College of Graduate Studies.

### **SATISFACTORY PROGRESS**

All students are required to show satisfactory progress through the program. Satisfactory progress is defined as achieving all program requirements in a timely manner including:

- ▶ Achieving a grade of B- or better in all courses – obtaining two or more grades below B- will result in dismissal from the program
- ▶ Submit proposal of a thesis to thesis committee members prior to 5:00 p.m. Thanksgiving recess of the 2<sup>nd</sup> year in the program.
- ▶ Successful defense of a thesis by the end of Fall Semester 3<sup>rd</sup> year
- ▶ Failure to defend successfully a thesis by the end of Fall semester in the 4<sup>th</sup> year will result in dismissal from the program
- ▶ Passing the Clinical Qualifying Exam by the end of Spring Semester of 3<sup>rd</sup> year
- ▶ Having an approved doctoral proposal prior to applying for internship
- ▶ Satisfactory completion of an internship
- ▶ Successful defense of a dissertation

Failure to meet the above requirements will affect students' standing within the program as described below in the Student Review Policy.

### **DISMISSAL**

Failure to maintain satisfactory progress, ethical violations (e.g., mistreatment of patients, mistreatment of research participants), and other inappropriate behaviors (e.g., plagiarism, destructive interpersonal relationships) will lead to action by the Clinical Psychology Program faculty. Depending on the nature of the offense, actions might range from letters of warning to dismissal. Dismissing a student from the Clinical Program is an extraordinary action and only happens after the student has been given clear feedback about the difficulties and an opportunity to remedy the problem. Students always have the right to be heard and to appeal disciplinary actions.

### **STUDENT REVIEW POLICY**

The *Graduate Bulletin* presents the University's Policies and Procedures relative to Academic Integrity and the Academic and Retention Standards for graduate students. This policy authorizes specific departmental requirements and recognizes the special responsibilities of Clinical Programs. Because of the nature of clinical work, the evaluation process associated with clinical training relies not only on academic proficiency as a gauge of competence, but ethical behavior, good judgment, and other interpersonal factors associated with clinical work. The following provides information about the expectations and review procedures for students in the Doctoral Program in Clinical Psychology.

#### I. Procedures

##### A. Scheduling

A formal review of students by the Clinical Psychology Program faculty is scheduled at least once each year and involves the entire Clinical Psychology Program faculty. An unscheduled review may occur whenever a faculty member has reason to be concerned about a student's coursework, clinical skills, ethical behavior, or suitability (e.g., factors interfering with clinical work). This formal student review results in written feedback.

##### B. Criteria

In each scheduled review, students are evaluated using the *Student Review Form* (see *Appendix F*). The general criteria are described below.

1. The review of research productivity is based on student performance within one's assigned research team. Research presentations and publications are considered relevant to performance within this domain.
2. The review of clinical work is based on the mastery of skills needed to function adequately as an applied clinical psychologist. These include a demonstrated ability to (a) act appropriately and maintain good judgment; (b) maintain non-destructive relations with research subjects, patients, and peers; (c) the productive use of supervision, and behavior consistent with the guidelines specified in the *Graduate Bulletin* and the American Psychological Association's *Ethical Principles for Psychologists*.
3. The review of academic work is based on performance in coursework and progress in meeting milestone events. Students are expected to complete program requirements in five years. Failure to complete the program in eight years is grounds for dismissal. Students are evaluated at least annually until they either complete all program requirements or are dismissed from the program.
4. The review of professionalism is based on student performance at meeting professional expectations. This includes consistently attending required events and appointments (e.g., colloquia, client appointments, classes, etc.), as well as presenting oneself in a professional manner (e.g., dress, grooming, hygiene, etc.). Management of scheduling conflicts is an inherent part of professionalism, and students are expected to work with mentors, faculty, and supervisors to resolve such situations. In addition, timely completion of relevant clinical paperwork is also an important part of professionalism and is expected behavior within the program.

#### C. Classifications of Student Standing

Based on the above information, students will be recognized as being in one of the following categories:

- 1) *Good Standing* – Student is currently meeting all deadlines and requirements; has received passing grades in all clinical and practicum coursework over the past year; has maintained an active role on a research team; has demonstrated satisfactory performance in clinical activities, and has demonstrated appropriate professional behavior over the course of the year. Students within this category will be notified via letter and no further follow-up is necessary.
- 2) *Failing to Make Satisfactory Progress* – Student is failing to fulfill expectations in one or more areas. The clinical faculty may recommend limitations on funding or practica opportunities. The student is considered “on notice” that failing to remedy the situation may result in probationary status. The student will be expected to work with a faculty member to outline a specific plan for improvement that is reviewed by the clinical faculty and approved by the student's mentor. Students in this category will receive written notification of their standing following the first relevant review meeting. Students will receive written approval when the proposed remediation plan has been approved.

During semi-annual student review meetings, progress on the remediation plan is reviewed by the faculty, and the student receives written feedback concerning status on the remediation plan. If faculty concur that the student has met guidelines outlined by the plan, the student receives written feedback stating that they have successfully remediated the issue at hand and are classified as being in Good Standing.

- 3) *Clinical Program Probation* – Student has failed to make adequate improvements and continues to fail to fulfill expectations in one or more areas outlined in the initial remediation plan. The student must meet with the DCT to present a plan for improvement, and the plan will be approved by the faculty. The student will receive written notification when the plan is approved. The plan will be reviewed during the mid-year evaluation period. The student will receive written notification concerning progress on the remediation plan. If the student has been meeting remediation guidelines, or has met all remediation steps, the student will receive written notification reflecting this. However, the student will be dismissed from the program if adequate progress is not achieved by the next review, and will receive written notification of this.

Please note that Clinical Program Probation is not the same as Academic Probation, a term used by the Graduate College related to inadequate performance in coursework. Academic Probation is described in the *Graduate Bulletin* and may result in a student's dismissal from the University.

#### D. Clinical Program Faculty Action

The Clinical Psychology Program faculty recognizes that students in training often experience situations that create problems in adjustment. Minor difficulties may not require a formal notice; the Clinical Psychology Program faculty mentor may be asked to discuss such concerns with the student. When a majority of the faculty agrees that serious difficulties are present requiring classification as either Failing to Make Satisfactory Progress or Clinical Program Probation, the Director of Clinical Training will contact the student to discuss the intended action. This allows an opportunity for the student to provide information to the Clinical Psychology Program faculty at the time of the decision. The Director of Clinical Training might delay action pending a further meeting in which this new information is shared. Should the Director of Clinical Training consider the new information not pertinent to the decision or should the Clinical Psychology Program faculty, upon hearing the new information, maintain its prior decision, then the student will have the option to appeal the decision in person by presenting his or her position at a faculty meeting. The student may present any relevant materials and may also be accompanied by a student, a faculty member, or one other person who has information directly relevant to the appeal.

At any appeal meeting, the student will be informed of the Clinical Psychology Program faculty's concerns. The student will then be provided an opportunity to respond to these concerns. After hearing whatever relevant information is available, the Clinical Psychology Program faculty will come to a decision based on the reasons and evidence presented at the meeting. If there is a decision to dismiss or suspend the student, a letter will be forwarded to the Chairperson of the Department of Psychology. Students are informed of any faculty decision in a timely fashion.

E. Final Appeal Procedure

Students can appeal the final clinical program decision by asking the Chairperson of the Department of Psychology to review the Clinical Psychology Program faculty decision. The Department of Psychology Chairperson ensures that the student has correct information regarding the Department of Psychology and the University complaint procedures.

F. General Comment

Letters of probation are inherently stressful. Students who receive such letters are urged to discuss their situation with their Clinical Psychology Program faculty mentor and/or the Director of Clinical Training. The essential operative mechanisms (additional requirements, deadlines, and consequences) are indicated in each letter (if appropriate).

## **STUDENT GRIEVANCES**

Complaints and grievances should first be directed to the appropriate faculty member. If a satisfactory solution is not achieved, students should consult their Clinical Psychology Program faculty mentor. If the concern remains unresolved, the student should meet with the Director of Clinical Training. The Director of Clinical Training may decide to refer the matter to the Chairperson of the Department of Psychology.

All inquiries, complaints, and investigations will be treated confidentially. The Psychology Department Office Manager will keep a copy of the grievance report in the Clinical Psychology Program Grievance Committee files in the Psychology Department. As required by APA's accrediting body, the Psychology Department Office Manager will also keep a copy of information and records on all formal complaints and grievances, of which it is aware, filed against the program and/or against individuals associated with the program since Clinical program's the last accreditation visit. If the investigation does not result in support of the grievance, these files will be destroyed after the accreditation review. No record of the complaint will be kept in the complainant's or the respondent's file. The Clinical Psychology Program Grievance Committee may refer to previous (precedent setting) case files when investigating a current case to aid in grievance resolution. However, all cases are unique and are treated as distinct.

## **CONTINUOUS REGISTRATION**

Any on-campus student who has completed all academic coursework except the final project (Plan B project or internship, thesis, dissertation, doctoral project) must be enrolled in at least one CMU graduate credit hour each fall and spring semester until graduation (summer sessions as well if summer coursework is normally required in the program). The Continuing Registration for Final Research Project within the student's home department can fulfill this one credit hour requirement. If, after all academic coursework except the final project is completed, a student does not enroll each semester (and summer, where appropriate) until graduation, the student must enroll retroactively for each missed semester (and summer, where appropriate) once s/he returns to complete the project. A student can request a leave of absence by submitting a Leave of Absence Request form to the College of Graduate Studies; if approved; continuous registration will be waived during the approved leave period. Regardless of whether the student has a leave of absence, the student must

still complete the degree within the time-to-degree limitations set forth under the degree requirements presented under **Duration of Admission Status** in the *Graduate Bulletin*.

### **AUTHORIZATION OF DOCTORAL DEGREE PROGRAM**

Prior to graduation students must complete an [\*Authorization of Doctoral Degree Program\*](#) form. This form is used by the College of Graduate Studies to ensure that the students have met the degree requirements. This form is also required for your Master's degree.

# APPENDICES

## Appendix A

### Practicum Instructor Preference Sheet

Name \_\_\_\_\_ Date \_\_\_\_\_

Prior to submitting this form, you should discuss your practicum instructor preferences with your Clinical Psychology Program faculty mentor.

Practicum Instructor Preference	Rationale



## Appendix B

### Practicum Site Preference Sheet

Name \_\_\_\_\_ Date \_\_\_\_\_

Prior to submitting this form you should discuss your practicum site preferences with your Clinical Psychology Program faculty mentor.

Practicum Site and Ranking	Rationale

Appendix C

Central Michigan University Clinical Psychology Program

101 Sloan Hall, Mt. Pleasant, MI 48859

Office: 989-774-3001 Fax: 989-774-2553

Supervisor Evaluation of Practicum Student

Student Name \_\_\_\_\_ Person Completing Form (Include highest degree and licensure status) \_\_\_\_\_

Evaluation Period (check one): \_\_\_\_\_ Mid-year \_\_\_\_\_ End-of-year \_\_\_\_\_ Other (specify) \_\_\_\_\_ Date Evaluation Completed \_\_\_\_\_

PLEASE EVALUATE THIS STUDENT IN YOUR PRACTICUM USING THE SCALE BELOW. PLEASE CHOOSE THE LEVEL THAT BEST DESCRIBES THEIR COMPETENCE, CONSIDERING THEIR LEVEL OF TRAINING (i.e., 2nd, 3rd, or 4th year):

- N/A – Not Applicable. The competency or skill is not applicable to the student; the practicum does not provide the opportunity to evaluate the skill and/or the skill was not observed;
• Below Expectations – Competence is BELOW expectations. The student needs further training and/or remediation to improve to an acceptable level for her/his year in the program. This is clearly an area in need of further development;
• MEETS Expectations – Competence MEETS expectations. The student has shown some basic mastery of the competency or skill and is at a level expected for someone at her/his level of training;
NOTE: We anticipate that a majority of students will receive an evaluation of MEETS on most items.
• Exceeds Expectations - Competence EXCEEDS expectations for someone at her/his level of training. This is clearly a strength relative to other graduate students that you have observed (at a comparable level of training).

<b>I. PROFESSIONAL VALUES AND ATTITUDES</b>	Below	Meets	Exceeds	N/A
1. Behaves 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.				
2. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.				
3. Actively seeks and demonstrate openness and responsiveness to feedback and supervision.				

<b>II. COMMUNICATION AND INTERPERSONAL SKILLS</b>	Below	Meets	Exceeds	N/A
1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.				
2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.				
3. Demonstrates a thorough grasp of professional language and concepts.				
4. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.				

<b>III. ASSESSMENT</b>	Below	Meets	Exceeds	N/A
1. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors.				
2. Demonstrates consideration of client strengths and psychopathology.				
3. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).				
4. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.				
5. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.				
6. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment.				
7. Collects relevant data with regard to diversity characteristics of the service recipient.				
8. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations.				
9. Guards against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective				
10. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.				
11. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in assessment.				

<b>IV. INTERVENTION</b>	Below	Meets	Exceeds	N/A
1. Establishes and maintains effective relationships with the recipients of psychological services.				
2. Develops evidence-based intervention plans specific to the service delivery goals.				

3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables				
4. Demonstrates the ability to apply the relevant research literature to clinical decision making.				
5. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.				
6. Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.				
7. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in intervention.				

<b>V. INDIVIDUAL AND CULTURAL DIVERSITY</b>	Below	Meets	Exceeds	N/A
1. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.				
2. Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their training.				
3. Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.				
4. 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.				

<b>VI. CONSULTATION AND SUPERVISION</b>	Below	Meets	Exceeds	N/A
1. Demonstrate knowledge and respect for the roles and perspectives of other professions.				
2. Demonstrates knowledge of consultation models and practices.				
3. Demonstrate knowledge of supervision models and practices.				

<b>VII. ETHICAL AND LEGAL STANDARDS</b>	Below	Meets	Exceeds	N/A
1. Be knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.				
2. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.				
3. Conduct self in an ethical manner in all professional activities				

Please comment below on the student’s particular **STRENGTHS** (for example, areas indicated as exceeds).

Please Comment below on **AREAS OF GROWTH** (note: please comment on any “below” ratings).

By checking this box, I certify that I provided direct observation which includes at least one of the following: in-person observation (e.g., in room or one-way mirror observation of client contact an intake or test feedback session,), live synchronous audio-video streaming, or audio or video recording.

I have reviewed this evaluation with the student.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate agreement with it and that I am encouraged to respond in writing to address any concerns I have about my evaluation.

\_\_\_\_\_  
Student (upon review and discussion of this form)      Date

Once completed, please return to Betty Schulte ([schul4bl@cmich.edu](mailto:schul4bl@cmich.edu)), Department of Psychology, Sloan Hall 139, Mt. Pleasant, MI 48859

If you have any questions or comments, please contact the CMU Practicum Coordinator:  
Amanda Lopez, Ph.D., L.P. Telephone: (989)774-2284

## Appendix D

### CMU Student Evaluation of Practicum Site and Supervisors

Site \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Year practicum completed \_\_\_\_\_

Please respond to each question below.	Strongly Disagree	Disagree	Agree	Strongly Agree	Doesn't Apply
<b>I. Regarding the Supervisor</b>					
Effectively manages time in meetings, meets promptly, when scheduled.					
Provides adequate amounts of constructive feedback.					
Facilitates and fosters a safe environment for exchange of ideas in supervision and other meetings.					
Assists in expanding skills in assessment and case conceptualization or diagnosis.					
Assists in expanding skills in developing intervention goals and strategies.					
Assists in expanding skills in report writing and documentation.					
Assists in expanding skills in assessment of client outcomes.					
Assists in expanding skills in other special areas (such as termination, referrals, or consultations with other providers).					
Stimulates consideration of alternative clinical perspectives.					
Recommends appropriate readings or other resources.					
Is accessible and responds in a timely and interested manner to requests for his/her time, reviews, revisions, signatures, and input.					
<b>II. Regarding the Site (<i>Complete only for Site Supervisor's Evaluation</i>)</b>					
There is adequate formal and informal guidance and information as needed regarding site-related issues, including the site's procedures and policies.					
The site provides exposure to culturally or ethnically diverse clients.					
The site provides a good variety of other client demographics, diagnoses, and problem severity.					
Caseload is reasonable with appropriate consideration of number of cases, case intensity, and capabilities of the student.					
The work conditions (e.g., office space, equipment) are good.					
The financial compensation is adequate.					
The site provides exposure to working with non-psychologist providers.					
The site poses no added concerns about my personal safety.					
<b>III. Other Comments</b>					

*\*Note that anonymity may be difficult to guarantee – e.g., in small sites with few students.*

**\*Return to the Director, Psychological Training and Consultation Center, CMU**

## Appendix E

### Clinical Training Record 2017-2018

#### SECTION 1. BACKGROUND AND EDUCATIONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other Names Used (Transcript): \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

On APPIC Match Day, most Internship Training Directors will call the applicant with whom they have been matched. Please specify the phone number where you may be reached between 11:00 am and 1:00 pm EST on that day.  
Phone \_\_\_\_\_ or Cell \_\_\_\_\_

What is your country of citizenship?  U.S.  Canada  Other (Specify: \_\_\_\_\_ )

Non-citizen visa status: \_\_\_\_\_

Is this visa current and valid?  Yes  No

Does this visa permit you to work?  Yes  No

*(If you are applying to a country other than one for which you hold citizenship, you may need to begin the process of researching these issues now.)*

Are you a veteran?  Yes  No

Undergraduate Institution: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ GPA: \_\_\_\_\_

*If you attended more than one Undergraduate Institution, please attach on a separate piece of paper.*

Program Start Date: \_\_\_\_\_ Expected/Completed Program Date: \_\_\_\_\_

Thesis title or topic \_\_\_\_\_

Status of thesis

Proposal approved \_\_\_\_\_

Data collected \_\_\_\_\_

Data analyzed \_\_\_\_\_

Defended \_\_\_\_\_

Name of thesis advisor \_\_\_\_\_

Status of clinical qualifying examination  Yes  No If yes, date of completion \_\_\_\_\_

Dissertation title or topic \_\_\_\_\_

What type of dissertation/research is involved in?

- Critical literature review/theoretical
- Original data collection
- Use of existing database
- Other (Specify: \_\_\_\_\_ )

Status of dissertation	(mm/year)
Proposal approved	_____
Data collected	_____
Data analyzed	_____
Defended	_____

Name of dissertation advisor \_\_\_\_\_

Professional Organization Memberships \_\_\_\_\_

**Applicant Code Number (APPIC Match):**

Please note: If you do not have your applicant code number at this time, you may provide it to internship sites at a later date, once you receive it from National Matching Services.)

Presentations at Professional Conferences	Date
_____	_____
_____	_____
_____	_____

Publications	Date
_____	_____
_____	_____

Licensure/Certification	Jurisdiction	State/Province
_____	_____	_____
_____	_____	_____

**Please list names, addresses, phone numbers, and email addresses of individuals who will be forwarding letters of recommendation:**

#1 \_\_\_\_\_  
\_\_\_\_\_

#2 \_\_\_\_\_  
\_\_\_\_\_

#3 \_\_\_\_\_  
\_\_\_\_\_



### III. DOCTORAL PRACTICUM DOCUMENTATION

#### 1. INTERVENTION AND ASSESSMENT EXPERIENCE – How much experience do you have with different types of Psychological interventions and assessment?

\* Remember that hours accrued while earning a master’s degree as part of a doctoral program should be counted as doctoral practicum hours.

a. <b>Individual Therapy:</b>	Total hours face-to-face	# of different INDIVIDUALS
1) Older Adults (65+)	_____	_____
2) Adults (18-64)	_____	_____
3) Adolescents (13-17)	_____	_____
4) School-Age (6-12)	_____	_____
5) Pre-School Age (3-5)	_____	_____
6) Infants/Toddlers (0-2)	_____	_____
<b>Career Counseling:</b>		
b. 1) Adults	_____	_____
2) Adolescents	_____	_____
c. <b>Group Counseling:</b>	Total hours face-to-face	# of different GROUPS
1) Adults	_____	_____
2) Adolescents (13-17)	_____	_____
3) Children (12 and under)	_____	_____
d. <b>Family Therapy:</b>	Total hours face-to-face	# of different FAMILIES
	_____	_____
e. <b>Couples Therapy:</b>	Total hours face-to-face	# of different COUPLES
	_____	_____
f. <b>School Counseling Interventions:</b>	Total hours face-to-face	# of different INDIVIDUALS
1) Consultation	_____	_____
2) Direct Intervention	_____	_____
3) Other:	_____	_____
g. <b>Other Psychological Interventions:</b>	Total hours face-to-face	# of different INDIVIDUALS
1) Sport Psychology/Performance Enhancement	_____	_____
2) Medical / Health - Related Interventions	_____	_____
3) Intake Interview/ Structured Interview	_____	_____
4) Substance Abuse Interventions	_____	_____
5) Consultation	_____	_____
6) Other interventions (e.g, milieu therapy, treatment planning with the patient present).	_____	_____

Please describe the nature of the experience in g-6:

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**h. Psychological Assessment Experience:**

Total hours  
face-to-face

1) Psychodiagnostic test administration (include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients.

\_\_\_\_\_

2) Neuropsychological Assessment (include intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving evaluation of multiple cognitive, sensory and motor functions).

\_\_\_\_\_

3) Other (Specify: \_\_\_\_\_ )

\_\_\_\_\_

**i. Other Psychological Experience with Students and/or Organizations:**

Total hours  
face-to-face

1) Supervision of other student's performing intervention and assessment activities

\_\_\_\_\_

2) Program Development/Outreach Programming

\_\_\_\_\_

3) Outcome Assessment of programs or projects

\_\_\_\_\_

4) Systems Intervention/Organizational Consultation/Performance Improvement

\_\_\_\_\_

5) Other (Specify: \_\_\_\_\_ )

\_\_\_\_\_

Add the number of hours included in 1a through 1i above

Total hours  
face-to-face

**Total Intervention & Assessment Hours:**

\_\_\_\_\_

**2. SUPERVISION RECEIVED –**

Supervision Provided by Licensed Psychologists/ Allied Mental Health Professionals	Supervision Provided by Advanced Grad Students Supervised by Licensed Psychologists
--	---

a. Individual Supervision Received

\_\_\_\_\_

b. Group Supervision Received

\_\_\_\_\_

**3. SUMMARY OF PRACTICUM HOURS –**

- a. Total Intervention and Assessment Hours (item 1) \_\_\_\_\_
- b. Total Supervision Hours (item 2) \_\_\_\_\_

\*Hours accrued while earning a master’s degree as part of a doctoral program should be counted as doctoral practicum **hours**.

**4. INFORMATION ABOUT YOUR PRACTICUM EXPERIENCES**

- a. **TREATMENT SETTINGS** - How many practicum hours have you spent in each of the following treatment settings?

- Child Guidance Clinic \_\_\_\_\_
- Community Mental Health Center \_\_\_\_\_
- Department Clinic (psychology clinic run by a department or school) \_\_\_\_\_
- Forensic/Justice setting (e.g., jail, prison) \_\_\_\_\_
- Medical Clinic/Hospital \_\_\_\_\_
- Inpatient Psychiatric Hospital \_\_\_\_\_
- Outpatient Psychiatric Clinic/Hospital \_\_\_\_\_
- University Counseling Center/Student Mental Health Center \_\_\_\_\_
- Schools \_\_\_\_\_
- Other (Specify: \_\_\_\_\_ ) \_\_\_\_\_

- b. What types of groups have you led or co-led? Please describe, include the type of group, approximate duration and average number of clients at each group session.

- c. Do you have experience with Managed Care Systems in a professional therapy/counseling/assessment capacity?  
 Yes  No

- d. Have you audio taped, videotaped or made digital recordings of clients/patients and reviewed these in your clinical supervisor?

- Audio tape review:  Yes  No
- Videotape/digital recording review:  Yes  No
- Live/direct observation by supervisor:  Yes  No

- e. In which languages other than English (including American Sign Language) are you FLUENT enough to conduct therapy?

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

- f. What is your practicum or program sanctioned work experience with diverse populations in a professional therapy/counseling or an assessment capacity? Please indicate the number of clients/patients seen for each of the following diverse populations. You may provide additional information or comments in the space provided. Include under the assessment column clients/patients for whom you performed assessments and/or intake interviews. For this section, you may include a single client/patient in more than one category and/or than one column, as appropriate. For families, couples and/or groups please count each individual as a separate client patient.

**Race/Ethnicity**

# of Different  
Clients/Patients Seen

Intervention Assessment

African-American/Black/African Origin	_____	_____
Asian-American/Asian Origin/Pacific Islander	_____	_____
Latino/Hispanic	_____	_____
American Indian/Alaska Native/Aboriginal Canadian	_____	_____
European Origin/White	_____	_____
Bi-racial/Multi-racial	_____	_____
Other (Specify: _____ )	_____	_____

**Sexual Orientation**

Heterosexual	_____	_____
Gay	_____	_____
Lesbian	_____	_____
Bisexual	_____	_____
Other (Specify: _____ )	_____	_____

**Disabilities**

Physical/Orthopedic Disability	_____	_____
Blind/Visually Impaired	_____	_____
Deaf/Hard of Hearing	_____	_____
Learning/Cognitive Disability	_____	_____
Developmental Disability (Including Mental Retardation and Autism)	_____	_____
Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders that significantly interfere with adaptive functioning)	_____	_____
Other (specify: _____ )	_____	_____

# of Different  
Clients/Patients Seen

Intervention Assessment

**Gender**

Male	_____	_____
Female	_____	_____
Transgendered	_____	_____

Comments:

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**5. SUPPORT ACTIVITIES – This item involves describing the activities in which you engaged that supported your intervention and assessment experience.**

You can indicate the primary activities in which you participated that comprise your support hour activities here:

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If you feel that your support hours include any activities that are unusual or unique to your program that you would like to highlight, please describe those activities here (200 words or less).

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6. **PRACTICUM EXPERIENCE ANTICIPATED (NOV 1<sup>ST</sup> TO START OF INTERNSHIP) –**  
This section summarizes and describes anticipated practicum experience. Please include type of experience anticipated, approximate hours per week, supervision hours anticipated on a weekly basis, duration of the training, as well as a description of the duties.

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7. **CLINICAL WORK EXPERIENCES – What other clinical experiences have you had?**

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8. **TEACHING EXPERIENCES- What is your teaching experience?** Please summarize any teaching experience that you have. Include both undergraduate and graduate courses taught.

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**SECTION 4: PROFESSIONAL CONDUCT**

**Please answer ALL of the following questions with “YES” or “NO”: (If you answer yes to any questions, please elaborate in the space provided.)**

1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing/certification board?

Yes  No

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2. Are there any complaints currently pending against you before any of the above bodies?

Yes  No

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3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?

Yes  No

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4. Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer?

Yes  No

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5. Have you ever renegeed on an APPIC internship match agreement (i.e., refused to attend or left an internship program that you obtained through the APPIC Match or Clearinghouse) without prior approval from APPIC and the internship site?

Yes  No

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6. Have you ever been convicted of an offense against the law other than a minor traffic violation?

Yes  No

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7. Have you ever been convicted of a felony?

Yes  No

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**If you answered “Yes” to any of the above questions, please attach an explanation on a separate sheet of paper.**

Appendix F

Central Michigan University Clinical Psychology Program

101 Sloan Hall, Mt. Pleasant, MI 48859

Office: 989-774-3001 Fax: 989-774-2553

Competency-Based Program Evaluation of Student

Student Name \_\_\_\_\_

Person Completing Form \_\_\_\_\_

Student Year in Program \_\_\_\_\_

Evaluation Period (check one): \_\_\_\_\_ Mid-year

\_\_\_\_\_ End-of-year

\_\_\_\_\_ Other (specify)

\_\_\_\_\_ Date Evaluation Completed

PLEASE EVALUATE THIS STUDENT AS A MENTOR USING THE SCALE BELOW. PLEASE CHOOSE THE LEVEL THAT BEST DESCRIBES THEIR COMPETENCE, CONSIDERING THEIR LEVEL OF TRAINING (i.e., 2nd, 3rd, or 4th year):

- N/A – Not Applicable. The competency or skill is not applicable to the student; the practicum does not provide the opportunity to evaluate the skill and/or the skill was not observed;
- Below Expectations – Competence is BELOW expectations. The student needs further training and/or remediation to improve to an acceptable level for her/his year in the program. This is clearly an area in need of further development;
- MEETS Expectations – Competence MEETS expectations. The student has shown some basic mastery of the competency or skill and is at a level expected for someone at her/his level of training;  
**NOTE: We anticipate that a majority of students will receive an evaluation of MEETS on most items.**
- Exceeds Expectations - Competence EXCEEDS expectations for someone at her/his level of training. This is clearly a strength relative to other graduate students that you have observed (at a comparable level of training).



- 0 = Below expectations for a student at this level of training**
- 1 = Meets expectations for a student at this level of training**
- 2 = Exceeds expectations for a student at this level of training**
- NA = Not enough information, or not expected at this level of training**

<b>COMPETENCY: RESEARCH</b>	<b>RATINGS:</b>
Ability to formulate research ideas and develop appropriate study designs	
Ability to conduct research or other scholarly activities, including data collection	
Critically evaluate and disseminate research via publication or presentation	
<i>COMMENTS:</i>	
<b>COMPETENCY: ASSESSMENT</b>	<b>RATINGS:</b>
Knowledge of diagnosis, psychopathology, including client strengths	
Understands human behavior in context (e.g., family, social, societal and cultural) and can apply this knowledge to assessment/diagnosis	
Conducts effective clinical interviews for assessment and/or diagnosis	
Appropriately selects, administers, and scores psychological measures	
Interprets results to inform case conceptualization, classification, and recommendations	
Effectively communicates orally and in writing the findings and implications of assessment	
<i>COMMENTS:</i>	
<b>COMPETENCY: INTERVENTION</b>	<b>RATINGS:</b>
Establishes and maintains effective relationships with the clients	
Develops evidence-based intervention plans as appropriate for the case	
Implements evidence-based interventions considering assessment, client diversity, and context	
Applies research literature to clinical decision-making	
Modifies and adapts evidence-based approaches when indicated	
Evaluates intervention effectiveness and adapts intervention as needed	
<i>COMMENTS:</i>	
<b>COMPETENCY: ETHICAL AND LEGAL STANDARDS</b>	<b>RATINGS:</b>
Knows and acts according to the APA Ethical Principles, laws, and professional standards	
Recognizes ethical dilemmas and applies ethical decision-making	
Conducts self in an ethical manner in all professional activities	
<i>COMMENTS:</i>	
<b>COMPETENCY: INDIVIDUAL AND CULTURAL DIVERSITY</b>	<b>RATINGS:</b>
Understands how own personal history, attitudes, and biases affect interactions with others	
Knows theory and research on diversity in research, training, consultation, and service	
Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles, and works effectively with people whose group membership, demographic characteristics or worldviews create conflict with their own	
Can articulate an approach to working with diverse others and applies this approach effectively	
<i>COMMENTS:</i>	

<b>COMPETENCY: PROFESSIONAL VALUES AND ATTITUDES</b>	<b>RATINGS:</b>
Behavior reflects integrity, deportment, accountability, and concern for others	
Engages in self-reflection to maintain and improve performance and professional effectiveness	
Actively seeks and demonstrates openness and responsiveness to feedback and supervision	
Responds professionally in increasingly complex situations with increasing independence	
<i>COMMENTS:</i>	
<b>COMPETENCY: COMMUNICATION AND INTERPERSONAL SKILLS</b>	<b>RATINGS:</b>
Develops/maintains effective relationships with a wide range of individuals	
Produces and comprehends oral, nonverbal, and written communications	
Demonstrates effective interpersonal skills and the ability to manage difficult communication	
<i>COMMENTS:</i>	
<b>COMPETENCY: CONSULTATION AND INTERPROFESSIONAL / INTERDISCIPLINARY SKILLS</b>	<b>RATINGS:</b>
Demonstrates knowledge of and respect for the roles and perspectives of other professions	
Demonstrates knowledge of consultation models and practices	
Engages effectively in consultation with clients, families, other professionals, or systems	
<i>COMMENTS:</i>	
<b>COMPETENCY: SUPERVISION (Learning how to conduct supervision)</b>	<b>RATINGS:</b>
Demonstrates knowledge of supervision models and practices.	
Applies knowledge of supervision models in practice	
<i>COMMENTS:</i>	
<b>ACADEMIC PERFORMANCE (COURSES, GRADES)</b>	
<b>RATING:</b>	
<i>COMMENTS:</i>	
<b>TEACHING PERFORMANCE</b>	
<b>RATING:</b>	
<i>COMMENTS:</i>	
<b>DEPARTMENTAL / PROGRAM PROGRESS MILESTONES:</b>	<b>RATING:</b>
<ul style="list-style-type: none"> <li>• Complete Master's thesis proposal distributed by Thanksgiving recess of second year</li> <li>• Completed Master's thesis proposal distributed by Thanksgiving recess of third year</li> <li>• Submit complete qualifying exam to committee by Friday of last week prior to spring break of third year</li> <li>• Dissertation proposed prior to applying for internship</li> <li>• Complete dissertation prior to conclusion of internship</li> </ul>	
<i>COMMENTS ABOUT PROGRESS TOWARD MILESTONES:</i>	
<b>CURRENT STANDING IN PROGRAM (circle one):</b>	
<ul style="list-style-type: none"> <li>• Good Standing</li> <li>• Failing to Make Satisfactory Progress</li> <li>• Clinical Program Probation</li> </ul>	

<i>COMMENTS ABOUT CURRENT STANDING:</i>	
<b>REMEDATION REQUIRED:</b>  Yes  No  *If remediation of an area is required, the relevant individuals will work together to develop a plan and document the plan using the Competency-Based Remediation Template	

If you have concerns about the content of this review, your first step should be to discuss it with your advisor. If you prefer not to meet with your advisor or if that meeting does not resolve your concerns, you are welcome to set up a time to meet with me as Director of Clinical Training. If after meeting with your advisor and/or the DCT, you still have concerns, you have the right to meet with the Chair of the Psychology Department.

***My signature below means I have read this review.***

\_\_\_\_\_  
Student's signature                      (date)

## Appendix G

### Policy on Blood-borne Pathogens

The University takes potential contact with blood-borne pathogens very seriously. The following is taken from a letter about this issue from the President of Central Michigan University. The concerns expressed apply to all students in training.

Blood-borne pathogens are disease-causing microorganisms that may be present in human blood. They may be transmitted with any exposure to blood or other potentially infectious material. Central Michigan University makes every effort to assure that all employees have a safe work environment. The risk of exposure to blood-borne pathogens in the workplace is a current concern for the University faculty, staff, student employees and student interns who have reasonably anticipated contact with blood or other potentially infected material as a result of performing their job duties.

Two significant blood-borne pathogens are Hepatitis B Virus and Human Immunodeficiency Virus. One in twenty Americans has the Hepatitis B Virus. Fourteen people die each day from Hepatitis B related illnesses, including cirrhosis and cancer of the liver. It is estimated that one in every two hundred and fifty persons in the United States is infected with Human Immunodeficiency Virus. The epidemic is spreading most rapidly among heterosexuals. The risk of exposure to blood-borne pathogens in the workplace should not be underestimated.

Central Michigan University is committed to the implementation of a campus-wide Exposure Control Plan and full compliance with the Federal Occupational Safety and Health Administration Blood-borne Pathogens Standard. The Exposure Control Plan is designed to protect employees from the health hazards associated with exposure to blood-borne pathogens. It also provides for appropriate treatment and counseling should an exposure to blood-borne pathogens occur in the workplace.

Because you will be having contact with the public either as a practicum student providing clinical services, as a human subject researcher, or as an instructor in a course, the University requires that you be aware of the risks of blood-borne pathogens. If someone is bleeding, **do not make contact with the blood** and call appropriate backup such as public safety on Campus or supervisory personnel off campus.

A medical emergency no longer means just providing medical assistance to the ill or injured. The providers must have received and developed the skills and knowledge to prevent the scion of blood-borne diseases such as Hepatitis B Virus, Hepatitis C Virus, and Human Immunodeficiency Virus. The Hepatitis B Virus causes hepatitis, a potentially fatal liver disease and Human Immunodeficiency Virus causes Acquired Immunodeficiency Syndrome. Both of these diseases can enter the body through the mucous membranes or through large or small breaks in the skin, such as a hangnail.

At the University, the most common exposure to blood-borne pathogens will be when a person with an open sore or injury comes into contact with infectious material or fails to wear the proper personal protective equipment. If in the course of your job you have or suspect you have had an exposure incident **CONTACT YOUR SUPERVISOR AND THE UNIVERSITY HEALTH SERVICES (after hours contact McLaren Hospital, (989)772-6700) IMMEDIATELY**, so treatment may begin at once. Remember it takes only one exposure to contact a blood-borne pathogen; however, it is possible to protect yourself by knowing the facts and taking proper precautions.

#### **For All Medical Emergencies:**

- Call 911
- The Central Michigan University Police number is (989)774-3081.