UNIVERSITY OF SOUTH ALABAMA COMBINED-INTEGRATED CLINICAL & COUNSELING PSYCHOLOGY Ph.D. PROGRAM STUDENT HANDBOOK





February, 2020

This Graduate Student Manual provides general information and highlights the rights and responsibilities of students in the Clinical and Counseling Psychology Doctoral Training Program (including students in the initial M.S. portion of the program) housed in the Graduate School of the University of South Alabama and administered by the Department of Psychology in the College of Arts & Sciences and the Department of Counseling & Instructional Sciences in the College of Education & Professional Studies. Students are expected to read and become familiar with the contents of this Manual. It is designed to supplement information in the <u>Graduate Bulletin</u> and USA Student Handbook – <u>the Lowdown</u>. None of the Department policies described in this Manual are intended to supersede Departments, Colleges, or University policies already in effect.

IMPORTANT NOTICE

It is the responsibility of each Clinical and Counseling Psychology graduate student to keep copies of all information concerning their courses, which includes (1) syllabi, (2) course requirements, (3) waivers, (4) petitions, (5) grades, (6) notices, and (7) any other documents or forms related to the student's education and training. Do not depend on USA or the CCP Program to keep any student records that might be needed for future documentation to become licensed.

TABLE OF CONTENTS

Table of Contents

IN	TRODUCTION	8
	History of the University of South Alabama (USA)	8
	The Gulf Coast Region	8
	Mission Statement	8
	Vision Statement	9
	Core Values	9
	Essential Activities	9
	Institutional Priorities	9
	USA Statement on Institutional Effectiveness	. 10
	USA Organization	. 10
	University Regional Accreditation	. 11
	Policy of Non-Discrimination	. 11
	Compliance with the 1973 Rehabilitation Act (Section 504) and the Americans with Disabilities Act 1990	
	History of the Clinical and Counseling Psychology (CCP) Program	. 11
	Accreditation of the CCP Program	. 13
CC	CP TRAINING PHILOSOPHY	. 14
	Program Philosophy and Training Model	. 15
	Combined-integrated training model	. 15
	Substantive area(s) of psychology for which the program prepares students at the entry practice level.	. 15
	An understanding of professional issues, including ethical, legal, and quality assurance principles	. 15
	CCP Program Emphasis Areas	. 16
	Health Service Psychology	. 16
	Community Psychology	. 16
	Clinical Supervision	. 16
CL	INICAL TRAINING EXPERIENCES	. 17
	USA Psychological Clinic	. 17
	General Psychological Clinic Practicum	. 17
	Specialty Practica	
	Clinical Hours Expectations	
	Supervision	10

Table: Summary of Hours & Supervision	20
Evidence-Based Practice	21
Internship	21
CCP PROGRAM FACULTY	22
Core Faculty	22
Affiliate Faculty from the Department of Psychology	23
ACADEMIC POLICIES AND PROCEDURES	25
CCP M.S. Program Degree Requirements	27
M.S. Comprehensive Exam	27
M.S. Transfer Hours	28
M.S. Thesis	28
Thesis Proposal	29
Thesis Defense	30
Table: Sample Thesis Timeline	33
CCP Ph.D. DEGREE REQUIREMENTS	34
Prerequisites for Students Entering with a Previously Earned Master	's Degree 34
Pre-requisites vs. Core Courses.	34
Policy for Satisfying Ph.D. Pre-requisite Course Requirements	34
CCP Ph.D. Pre-Requisite Course Domains	35
Ph.D. Course Hours Requirement	35
Table: CCP Full Program of Study	36
Responsibilities of Students and Faculty.	37
Demonstration of Research Readiness	
Ph.D. Comprehensive Exam	39
Mentorship	44
Dissertation	44
Internship	49
Applying for Graduation	51
Licensure	51
EVALUATION OF STUDENTS	52
Rationale for Comprehensive and Periodic Evaluation of CCP Studen	ts 52
Ethical Principles	52
Mid-Year & Annual Competency Evaluation	53
Evaluation Ruhric	54

	Foundational Competencies	55
	Functional Competencies	56
	Advanced Functional Competencies	56
	Student Activity Report (SAR)	57
	Professionalism & Etiquette Guidelines	58
	Dress in Professional Environments	58
	Responsibility for Websites, Blogs, Email, Email Signature and Answering Machine/Voice Mail Messages	58
	Cell Phones	59
	Email	59
	Dismissal from the CCP Program	60
ΡI	ROCEDURES FOR COMPLAINTS	61
ΡI	ROGRAM LEADERSHIP AND COMMITTEES	62
	Administrative Structure	62
	CCP Student Representatives	63
FI	NANCIAL AID	64
	Graduate Assistantships .	64
	Guidelines for Part-Time Employment and Practicum Experience.	64
	Suggested Standards for Agencies	65
Α	PPENDICES	66
	APPENDIX A-1: CLINICAL AND COUNSELING PSYCHOLOGY DOCTORAL TRAINING PROGRAM: ETH AGREEMENT	
	APPENDIX A-2: Ethical Principles of Psychologists and Code of Conduct - 2002	67
	APPENDIX B: ADMISSIONS AGREEMENT	88
	APPENDIX C: Application for General Ph.D. Exam	89
	APPENDIX D: Ph.D. COMPREHENSIVE EXAM FACULTY SCORE SHEET	90
	APPENDIX E: Ph.D. GENERAL EXAM RESULTS	92
	APPENDIX F: Program By Laws	93
	APPENDIX G: Course Waiver Form	98
	APPENDIX H: CRITERIA FOR PROJECTS SATISFYING THE RESEARCH READINESS REQUIREMENT	99
	APPENDIX J: DEMONSTRATION OF RESEARCH READINESS FACULTY COMMITTEE REVIEW FORM	. 102
	APPENDIX K: CCP Program Annual Student Activity Report (May 1 – April 30)	. 103
	Appendix L: CCP THESIS/FIRST YEAR PROJECT/DISSERTATION EVALUATION	. 107
	Annendix M: CCP Doctoral Training Program – Statement of Receipt of Training Manual	109

INTENTIONALLY LEFT BLANK

INTENTIONALLY LEFT BLANK

INTRODUCTION

This manual has been compiled to set forth official program policies as well as answer graduate students' questions concerning the doctoral training program in Clinical and Counseling Psychology (CCP). The basic format of the program and requirements that need to be met to complete a doctoral degree are detailed. It is hoped that this manual will help to eliminate confusion and will prove to be an invaluable tool for students when planning their course of studies.

The manual is subject to change as the CCP Program and USA Graduate School policies change and should not be considered a binding contract, but rather a helpful guide. Any changes or additions to this manual or to the policies discussed in it will be made with the best interests of the students and the program in mind. Changes will be communicated as soon as possible.

History of the University of South Alabama (USA)

USA is the only major public institution of higher learning on the upper Gulf Coast. It was created by an act of the Alabama State Legislature in May, 1963. USA had previously been an extension campus of the University of Alabama. Upon its founding, USA was the first desegregated university in the state of Alabama. With Alabama's two older universities more than 200 miles distant, the University is strategically located in the greater Mobile area, which has a population of more than a million within a 100-mile radius. USA has been the fastest growing university in the state for the past two decades. Its enrollment now exceeds 15,000 students. For a more detailed history of USA please see:

- http://www.encyclopediaofalabama.org/face/Article.jsp?id=h-1646
- https://www.southalabama.edu/aboutusa/historyofusa.html

The Gulf Coast Region

Exploration in the Mobile River area began in 1519 when the Spanish Admiral Alonzo Alvarez de Pineda entered and charted the area now known as Mobile Bay. The old fort that guards Mobile Bay, now known as Fort Morgan, was first fortified by the Spanish in 1559. Settled in 1711 by the French, the bay area has had a tradition rich in culture and vital in the affairs of the nation from its formative years to the present. Six different flags have flown over Mobile, and this is reflected in the local culture and history. Historical events as varied as the first Mardis Gras celebration in the U.S. in 1703 (or at least Mobile claims this as the case) and the last slave ship to land in the U.S. occurred in Mobile. Trade and shipping are central to the economy of the area. Millions of tons of shipping are handled annually through the Port of Mobile, which is rated among the top ports in the country. More than 15 million tons of shipping is carried yearly on the Tombigbee-Black Warrior waterway system with its modern locks and dams. The intra-coastal waterway, crossing the southern end of the state, is connected at Mobile Bay with both inland and ocean shipping. Railroads and airlines serve the Bay area. Diversified farming, woodland crops, and seafood and fisheries are major factors in the area's economy.

Mission Statement

The University of South Alabama, with a global reach and special focus on the Gulf Coast, strives to make a difference in the lives of those it serves through promoting discovery, health, and learning.

Vision Statement

The University of South Alabama will be a leading comprehensive public university internationally recognized for educational, research, and health care excellence as well as for its positive intellectual, cultural, and economic impact on those it serves.

Core Values

The University of South Alabama affirms the following core values as essential to the accomplishment of its mission:

- Diversity and a Global Perspective
- Excellence
- Freedom in the Pursuit of Knowledge
- Integrity
- Transparency and Participation in Decision-Making

Essential Activities

Success in any area of the University's strategic plan is dependent also upon effectively engaging in the following activities:

- Engaging and developing faculty and staff and supporting their efforts in advancing the mission and priorities
- Being fiscally responsible
- Meeting our development and fund-raising targets
- Implementing our marketing and communications strategies
- Engaging our alumni

Institutional Priorities

The University of South Alabama Strategic Plan is organized around five institutional priorities:

- Student Success and Access
- Enhancement of Research and Graduate Education
- Global Engagement
- Excellence in Health Care
- University-Community Engagement

More detailed descriptions of these priorities are available in the <u>USA Strategic Plan document</u>. Through its curriculum, faculty activities, and variety of student clinical practica and assistantship activities the CCP program makes contributions in each of these five priorities. CCP faculty and students are key players in efforts at USA to address academic and mental health obstacles to students accessing the university and achieving success while here. These activities include conducting research on university student mental health and academic success, as well as providing services within the university Counseling & Testing Center. The CCP program is one of a small number of terminal degree programs at USA, and among an even smaller number of terminal degree programs that are Ph.D.'s

and require an original research product by a student for completion. CCP faculty and students take part in international research collaborations, sometimes are able to attend and present at international conferences. The CCP program not only trains future psychologists, but its faculty are key consultants, change agents, systems engineers and advocates for mental health care in the region and nationally. Lastly, the CCP program's activities are deeply embedded in community collaborations in multiple domains.

USA Statement on Institutional Effectiveness

To ensure continued excellence as an educational institution, the University of South Alabama is committed to evaluating its effectiveness. The institution has carefully developed goals and objectives, which are used as the basis for planning and evaluation. A variety of assessment methods are employed to determine the extent to which each goal has been met, and the results of such assessments are used to improve both educational and support activities.

USA Organization

The University of South Alabama, operating as a state institution of higher learning and financed in large part by public funds, is governed by a Board of Trustees composed of seventeen members; twelve members are appointed from south Alabama, three members are appointed from the State at large; the Governor of Alabama serves as President, ex officio, of the Board, and the State Superintendent of Education serves as a member, ex officio. Of the twelve members appointed from south Alabama, three of the members are appointed from Mobile County and one member is appointed from each of the nine southern senatorial districts as those districts were designated at the time the University was organized. All except ex officio members are appointed by the Governor with the advice and consent of the Senate. The administrative organization of the University has been designed to provide the greatest possible efficiency in operation for a multiplex, yet young, institution. The framework is sufficiently flexible, involving three primary areas of operation-academic, administrative, and student personnel, in order to provide for revision as the institution becomes more complex. The three primary areas of institutional operation are supplemented and supported by programs in development and university relations. The organization below the Board of Trustees is composed of the President, appointed by the Board of Trustees, and other chief administrative officers who report directly to him: Senior Vice President for Academic Affairs, Vice President for Health Sciences, Vice President for Health Services, Vice President for Research, Vice President for University Services and Planning, Vice President for Student Affairs; and Vice President for Finance. Under the present organization, the University comprises the College of Allied Health Professions, College of Arts and Sciences, Mitchell College of Business, College of Education, College of Engineering, College of Medicine, College of Nursing, School of Computer and Information Sciences, School of Continuing Education and Special Programs, and the Graduate School, each headed by an academic officer. The Dean of University Libraries operates in cooperation with the faculty and reports directly to the Senior Vice President for Academic Affairs and Vice President for Medical Affairs. Departments within colleges operate under the direction of departmental chairs who report directly to the deans of the colleges.

University Regional Accreditation

The University of South Alabama is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS; 1866 Southern Lane, Decatur, GA, 30333-4097: Telephone: (404-679-4501) to award baccalaureate, masters, doctor of philosophy, doctor of audiology, doctor of education, doctor of physical therapy, doctor of nursing practice, doctor of medicine degrees, and doctor of science.

Policy of Non-Discrimination

USA and its colleges and subdivisions follow a policy of nondiscrimination based on sex, race, and disability in admission policies and practices, educational programs, activities, and employment practices according to Title IX of the Education Amendments of 1972. USA does not discriminate in its student and employment practices in violation of any applicable laws. USA is an Equal Opportunity/Equal Access educational institution. USA does not discriminate based on disability. In 2007, USA developed a Strategic Plan for Racial and Ethnic Diversity and this plan was updated in 2017. The purpose of this Strategic Diversity and Inclusion Plan is to define and clearly identify, within a legally sustainable structure, goals and measurable outcomes for diversity and inclusion at the University of South Alabama. The University recognizes and values the contributions made by African-American and other underrepresented populations and desires to make the University an even more attractive and inclusive place for people of all races, ethnicities, faiths and cultures to study and work in a supportive, diverse community. Copies of this plan and measurable outcomes are available on USA's website.

https://www.southalabama.edu/departments/strategicdiversityplan/resources/strategicplanfordiversityandinclusion.pdf

Compliance with the 1973 Rehabilitation Act (Section 504) and the Americans with Disabilities Act of 1990

The University of South Alabama complies with Section 504 of the Rehabilitation ACT of 1973 and the ADA of 1990 as amended. Any questions relating to the accessibility should be directed to the Manager, Special Student Services, Student Center, Room 270, (251) 460-7212.

History of the Clinical and Counseling Psychology (CCP) Program

A review of local, state, SREB and national data on projected job openings for Psychologists was conducted in 2006 by USA faculty seeking to make an argument for a new doctoral program in clinical/counseling psychology. The Bureau of Labor Statistics, U.S. Department of Labor, reports national and state occupational employment projections for 2004-2014, (U.S. Department of Labor, Bureau of Labor Statistics; www.bls.gov) were consulted. Other sources of information were gathered from data on the Southern Regional Education Board website (www.sreg.org), by the Alabama Board of Psychological Examiners, the U.S. Census Bureau, the Center for Mental Health Services (SAMSA) and state and local marketing data from the phone book. Reliable state, SREB and national occupational projection trends were found through the Bureau of Labor Statistics, U.S. Department of Labor. Noteworthy at the time was that Alabama was ranked 46th in the number of licensed psychologists per 100,000 people. There was no direct data available on local occupational trends

specifically for Mobile and Baldwin Counties.

Given the lack of data on local occupational trends, the local occupational employment projections were based on the assessment of the top six largest population areas in Alabama and examining the number of practicing psychologists in those areas. It was clear from the data that although the Mobile and Baldwin Counties area were the second largest population areas in the state the region had a significantly lower number of psychologists compared to the other areas. An important finding was the population areas that had universities that grant doctorates in psychology (Jefferson & Shelby Counties - University of Alabama-Birmingham, Tuscaloosa County – University of Alabama, and Lee County – Auburn University) had almost three times as many psychologists per 100,000 people than did the Mobile and Baldwin Counties area. In addition, with the exception of Lee County, these numbers were still below the national average of 31.1 per 100,000. This information also provided some evidence that more psychologists tended to stay in the area in which they graduate from. It also suggested that there was (and still is) an urgent need for psychologists in the Mobile and Baldwin Counties region. With these analyses in hand USA made a case for its own doctoral program in clinical/counseling psychology and this was approved in 2007.

The program built upon the combined efforts and resources of the Psychology Department within the College of Arts & Sciences and the efforts and resources of the Counselor Education Program housed in the Department of Counseling & Instructional Sciences (at the time termed the Department of Professional Studies) in the College of Education & Professional Studies. The Department of Psychology had offered a terminal master's degree program in applied and experimental psychology for over 30 years. The Department of Counseling and Instructional Sciences had offered a graduate training program in Clinical Mental Health Counseling for 30 years. These two existing faculty and departments chose to combine resources and efforts in the fall of 2007. A proposal was submitted to the Alabama Commission on Higher Education (ACHE) for the creation of a new doctoral training program in Combined-Integrated (C-I) Clinical and Counseling Psychology (CCP) to be administered by both departments/colleges. The proposal was approved in the spring of 2008 and students were first admitted and began in the CCP Program in the Fall of 2009. The first cohort of six students graduated in August of 2012. Since that time several of the program's graduates have become licensed, practicing health service psychologists in the Mobile Bay area, fulfilling one of the goals of the program's establishment – to increase the number of psychologists providing care in our region.

The mission of the University of South Alabama (USA) Combined-Integrated Clinical and Counseling Psychology (CCP) Program is to train graduates to integrate the traditional specialties of Clinical Psychology and Counseling Psychology. The program does not provide or endorse an approach in which students specialize in one specialty area of the other, but rather ALL students integrate philosophies, skills and values from each of these specialties. To achieve this goal, the program emphasizes a professional identity as a health service psychologist with an integrated set of philosophies, values and clinical skills that reflect the common factors between clinical and counseling psychology, as well as reflecting some of the unique areas of emphasis found in each tradition.

Additionally, students are trained using the scientist-practitioner (i.e., Boulder model) with the expectation that, in pursuing this model they will then be prepared for the practice of professional psychology. The scientist-practitioner model also conveys that the program seeks to instill a capacity for systematic and scientific inquiry on the part of its graduates, whether they ultimately work in a

primary research capacity or not. The reciprocal roles of research and practicing informing one another is a key value of the CCP program.

Accreditation of the CCP Program

In addition to the general accreditation provided to the University by state and regional educational agencies, two other external bodies provide criteria for training programs in clinical and counseling psychology. Psychology programs that train individuals to provide direct services to the public must comply with requirements sufficiently to ensure that graduating students meet the educational standards for licensure. However, the Clinical and Counseling Psychology (CCP) Program at USA cannot meet the unique requirements of all 50 of the United States. Students should familiarize themselves with specific state licensure requirements for those locations in which they expect to reside following the completion of their degree. Moreover, to enhance student's flexibility in the job market, voluntary accreditation by the American Psychological Association is often deemed necessary. The CCP program is currently accredited by the American Psychological Association. The program is scheduled for reaccreditation procedures in 2020.

CCP TRAINING PHILOSOPHY

The CCP Program follows the scientist-practitioner philosophy of training (i.e., the Boulder model). This model emphasizes that students are both clinical researchers and practitioners. In addition, the CCP Program has adopted a Combined-Integrated (CI) training model. The CI model is relatively new in psychology. It is the fourth alternative to training programs that emphasizes a combination of any two or three of the following domains: (a) clinical psychology, (b) counseling psychology, and/or (c) school psychology. The program's philosophy and training model are presented in all public documents or advertisements, including our webpage, graduate student handbook, and program flier. Furthermore, we accurately describe our program as adhering to the scientist-practitioner training model delivered through a combined-integrated perspective to all interested parties.

Consistent with the scientist-practitioner model, students in the CCP Program must complete a variety of scientific endeavors prior to approval for internship application. For example, students start the program taking foundational courses in psychology, as well as research design and statistics. During this time, they are simultaneously taking courses that introduce them to the therapy process and help them develop skills in interviewing, rapport building, and assessment. This leads eventually to the development and completion of an empirical thesis and more advanced courses in evidence-based practice, practicum, and development of a dissertation. The entire curriculum emphasizes – from entry to graduation - how science influences practice and how practice, similarly, influences science. To remain competent as a professional psychologist, one must engage in lifelong learning and stay abreast of the most recent scientific findings.

CCP Program training activities are sequential, cumulative, and graded in complexity. The curriculum proceeds from foundational and core courses focused on broad and general aspects of psychology. The curriculum then moves toward more specialized courses and experiences related to the understanding of research and practice in clinical and counseling psychology in subsequent years. In developing professional competencies, exposure to professional practice begins in the first year when students enroll in core skill-based and pre-practicum course work while working under the close supervision of CCP Core Faculty. Introductory courses in psychological assessment and psychopathology are also taken. During the second year (for students entering post-bachelor's), students enroll in an integrated practicum at the USA Psychological Clinic where they treat clients across the spectrum of psychological disorders and problems of living and conduct psychoeducational and personality assessments. Students ultimately complete six semesters working as a provider in the USA Psychological Clinic as part of the CCP program curriculum. Students are closely supervised by Core Faculty in individual and group settings. During their third year and beyond students are placed in field-based settings where more specialized work occurs, usually work deriving from their major professor's research and clinical interests, and continue to receive intensive supervision by Core Faculty, particularly from their major professor/mentor. In their advanced years, students work in settings that require more in-depth service delivery with clients presenting with more complex mental health and/or psychoeducational needs, and in ways that are increasingly specialized.

Program Philosophy and Training Model

The CCP Program adheres to the Scientist-Practitioner model of training that emphasizes students are both scientific researchers as well as clinical practitioners. To be competent, it is necessary to develop skills in both scientific investigation as well as clinical practice. Furthermore, students are taught that these domains as integrally intertwined and to a large degree inseparable.

Combined-integrated training model. The CCP Program has adopted a combined-integrated (CI) model of training. CI programs emphasize a combination of two or three of the following domains: (a) clinical psychology, (b) counseling psychology, and/or (c) school psychology. The CI approach was outlined in the Consensus Conference of Combined and Integrated Doctoral Training in Psychology in 2003 and disseminated through a special series in the *Journal of Clinical Psychology* (2004, Volume 60, Issues 9 & 10). The CCP Program at USA does not include separate training tracks. Rather, our program combines and integrates aspects of research and practice that are associated with both clinical and counseling psychology.

Substantive area(s) of psychology for which the program prepares students at the entry practice level. The CCP Program's training model incorporates aspects of psychological research and practice that have been traditionally associated with both clinical and counseling psychology. For example, students are trained in scientific methods and must produce multiple empirical research products throughout their residence in the program. This type of training and skill development has more often been associated with clinical psychology. However, students are also expected to develop knowledge and skills in multicultural competence, clinical consultation and supervision skills, group and systems theory and intervention skills, and advocacy; these are domains that have more traditionally been associated with counseling psychology. Regardless of which substantive area of practice students are trained, they are expected to develop their skills through an evidence-based practice (EBP) approach, as articulated by the APA Task Force and adopted as APA policy in 2006.

An understanding of professional issues, including ethical, legal, and quality assurance principles. To put this model into practice, the CCP Program is guided by five overarching goals. Each goal is related to specific training objectives and associated competencies as listed below. In line with the CI and scientist-practitioner model, the program's goals focus on a broad and general training in psychology. This training includes competence in:

- 1. Science & Inquiry Methods
- 2. Psychological Assessment & Prevention/Intervention Practice
- 3. Culturally Competent Service Delivery
- 4. Commitment to Lifelong Learning
- 5. Ethical Reasoning & Practice

CCP Program Emphasis Areas

Health Service Psychology. USA hosts one of Alabama's two medical schools, and Mobile is the health care hub for the central gulf coast region. Consequently, the CCP program is able to offer clinical training and research opportunities that intersect with the broad field of health and wellness psychology. The CCP Program takes advantage of the University's health-education and health-care programs and facilities with courses, clinical experiences, and research focused on health, wellness, and illness. The structure of the CCP Program fosters collaboration between students, CCP Program faculty, and the Colleges of Medicine, Nursing, and Allied Health. Students and faculty have opportunities to participate in research and clinical experiences uniquely aimed at mental health issues related to the prevention and treatment of physical illness.

Specifically, students have opportunities to learn clinical skills and conduct research in the following areas:

- Mindfulness Interventions
- Pediatric Psychology
- Neuropsychology
- Aging & Geropsychology

Community Psychology. The program offers opportunities for research and clinical experience in the broad area of community psychology. Specifically, students can conduct community-based research on such issues as:

- Intimate Partner Violence & Family Violence
- Youth Violence
- School-Based At-Risk Youth Interventions
- Family Interventions
- Community Consultation, Needs Assessment, Program Development and Program Evaluation

Additionally, opportunities to provide direct clinical services in the above areas are woven throughout the program, particularly in the areas of juvenile delinquency, at-risk school children, intimate partner violence and family therapy. These opportunities occur primarily through the Youth Violence Prevention Program and the Mobile Juvenile Court Collaborative, both research/community service projects administered by CCP faculty.

Clinical Supervision. All students are required to take a doctoral course in clinical supervision. Students will learn theoretical and evidence-based principles of supervising the assessment and therapy practices of supervisees. After completing the supervision course, students can perform supervision duties (under their own supervision in conjunction with a licensed faculty member) in their third year practicum or assistantship placements. Psychologists increasingly are called upon to provide administrative and clinical supervision in the field, and supervision practice is a core identity area of Counseling Psychology

CLINICAL TRAINING EXPERIENCES

USA Psychological Clinic

The clinic serves as a training setting for all CCP students. The clinic has eight individual therapy and testing rooms, one room child playroom with toys, two large rooms for group therapy, a large student workroom equipped with Wi-Fi internet access, a small computer lab in the clinic, and a HIPAA-compliant encrypted hard drive that stores video feeds from each service room to allow for direct observation of students' clinical work. Each student is provided their own individual workspace in the student workroom as well.

General Psychological Clinic Practicum

The CCP program's clinical training occurs in three contexts which are developmentally sequenced. Students enter the program either post-bachelor's degree or post-master's. Some students who hold a master's degree in a clinical mental health field may begin practicum work at some point in their first year. However, most students will not begin formal clinical practica work until their 2nd year. Thus, the typical developmental progression in clinical training occurs as follows. Students must complete 6 semesters of general clinical practica through the USA Psychological Clinic, usually beginning in their third semester (summer) of their first year and proceeding through the end of spring semester of their second year. During this time students are required to see a wide range of clients in the clinic. Some clients may be in their area of desired specialization, but the program deems it important during these six semesters that the students' clinical exposure is reasonably broad. The initial six semesters of clinical training is meant to reflect the program's philosophy that a broad foundational clinical skill set is important. While students ultimately may move into increasingly areas of specialization later in their doctoral program, internship and postdoctoral experiences, the importance of a broad clinical foundation is highly valued by the program.

Specialty Practica

During the initial six semesters of foundational clinical training, students may also begin to accrue experiences outside their general clinic practicum that are in their areas of specific interest. Such specialty experiences may occur within the clinic, but more often occur outside the clinic at sponsored agencies and are either supervised by a program faculty member or an appropriate credentialed and vetted supervisor at the sponsoring agency. Students are encouraged to slowly increase their specialty practica over the course of their initial six semesters of clinical work and particularly focus on this aspect of their training during the 3rd and 4th year of the program, as their general practicum in the clinic is winding down. Students are encouraged continue to see clients through the clinic throughout their time in the program. During their initial six semesters of practicum their clinic work will be supervised by the faculty member assigned to teach the general practicum. Student work in the clinic after these initial six semesters are over is supervised by a faculty member, often the student's mentor or a faculty member supervising specialty services within the clinic. The purpose of clinic-based and external specialty experiences after the initial six semesters of practicum is to provide clinical experiences in students' specific area of interest as long as an appropriate supervisor is assigned to

their work. Students should work with the DCT and their primary mentor to plan and execute such specialty experiences appropriately.

A specialty practicum will focus on a specific clinical population applying evidence-based models of assessment and intervention. These teams may deliver services within the clinic or in the community and are usually supervised by a CCP core faculty member or a licensed psychologist in a community setting. Typically, but not always, a student participates on a specialty practicum coordinated by their doctoral major professor and is able to integrate their clinical work and their research efforts to some degree. Practicum experiences that are external to the clinic must be approved by the DCT and must have suitable supervision provided by an appropriately credentialed supervisor and must involve at least one point of direct observation of the student's clinical work each semester of the experience by a licensed psychologist. Such external practica are approved at the discretion of the DCT. Examples of such specialty practicum both established and forming are:

- Clinical Neuropsychology
 - Alabama Head Injury Foundation: TBI Support Group
 - Comprehensive MedPsych Systems neuropsychological assessment
 - USA Athletics Department Sports Concussion Assessment
- Veterans' Mental Health
 - Gulf Coast VA Health Care System
 - Veterans Recovery Resources
- Child & Family Mental Health
 - Alabama Department of Human Resources (child welfare)
 - Little Tree Preschool special education school for developmentally disabled children
 - Mobile County Public School System: Just 4 Development Lab School
 - Strickland Youth Center & Mobile County Juvenile Court Assessment and intervention with juvenile offenders
 - USA Psychological Clinic
 - Parent Child Interaction Therapy
 - Trauma-Focused Cognitive Behavioral Therapy
- Integrated Health Care
 - Franklin Primary Care Clinic (federally-qualified health clinic)
 - Mitchell Cancer Institute
 - USA Ambulatory Health Services Stanton Road Clinic
 - USA Health Systems Pediatrics
 - USA Family Specialty Services
 - USA Mobile Diagnostic Center University Commons
- College Student Mental Health: USA Counseling & Testing Center
- Inpatient Psychiatry: EastPointe Inpatient Psychiatric Unit
- Clinical Supervision of junior students in psychology and counseling

Clinical Hours Expectations

Students are required to complete 60 hours of direct clinical services in each of their general clinical practicum courses (20 and 40 hours during first and second summer semesters, respectively), which translates to, at a minimum, 320 direct clinical service hours at the end of their general practicum. These requirements combined with hours accrued through concurrent external/specialty practica should result in an average rate of 80-100 hours per semester and a minimum of 645 direct service hours by the end of their six semesters of general clinical practicum courses.

Following the general clinic practicum course sequence, during what is usually their 4th year in the program, students are encouraged to more fully take part in external/specialty practica. During these external/specialty practica students accrue hours of direct clinical services (assessment and intervention) prior to their application for internship. On average most students accrue a total of 300-500 hours from their specialty practicum during the course of their training.

Students apply for internship in the fall of, what is for most, their 4th year of study. At this point students will have a minimum of 500 hours of clinical service, and more likely between 800-900 hours. Such averages are in-line with the median hours observed among applicants for APPIC internships.

Supervision

Students enrolled in general clinical practicum courses are assigned a faculty supervisor for their work in the clinic. This supervisor will provide 1-hour of individual or triadic (faculty member and two supervisees) supervision each week and 1.5 hours of group supervision each week. Though specific approaches to supervision may vary between supervisors, all supervisors will document at least one instance of direct observation of clinical work, usually by video tape, during each semester of clinical practice in the clinic. It is expected that clinical supervisors will directly observe students' service delivery more frequently in early portions of the student's clinic experience. Supervisors assigned to the general clinical practica courses rotate each semester throughout the program ensuring students get exposure to a wide variety of supervisor backgrounds, theoretical orientations, and perspectives. Over the course of the general clinical practicum sequence students will receive approximately 200 hours of individual/triadic and group supervision from faculty.

Table: Summary of Hours & Supervision

The table below summarizes a *typical* accrual of hours and progression through the clinical practica experiences in the CCP program.

Year	Fall			Spring		Summer			Totals		
	Practica	Estimate	ed Hours	Practica	Estimate	ed Hours	Practica	Estimate	ed Hours		timated urs
		Min	Typical		Min	Typical		Min	Typical	Min	Typical
Year 1							GCP	20	20	20	20
Year 2	GCP	60	80	GCP	60	80	GCP	40	60	180	220
rear Z	ESP		40	ESP		40	ESP		25		105
Voor 2	GCP	60	80	GCP	60	80	GCP			120	160
Year 3	ESP		40	ESP		40	ESP		60		140
Voor 4	GCP			GCP			GCP				
Year 4	ESP		80	ESP		80	ESP		60		220
									Totals	320	885

Note. GCP = General Clinic Practicum; ESP = External/Specialty Practicum

Evidence-Based Practice

While working in the clinic students will be exposed to a variety of Evidence Based Practice models in both psychotherapy and assessment practice. These include:

- Cognitive-Behavioral Therapy
- Culturally Competent Therapy Approaches
- Emotion-Focused Therapy
- Interpersonal Therapy
- Mindfulness-Based Therapy
- Parent Management Training
- Parent Child Interaction Therapy
- Trauma-Focused Cognitive-Behavioral Therapy
- Symptom-Validity Tests

Internship

Students complete their pre-doctoral psychology internship during what is typically their 5th year in the program. Internships are obtained via the match operated through the <u>APPIC</u> application process. These internships will typically be geographically distal from USA and Mobile. Students must register for 1 hour of internship class during each semester in which they are completing their internship. Because students cannot be on an assistantship during their internship year, they must be prepared to pay for a total of 3 credit hours of internship class over the course of the year.

CCP PROGRAM FACULTY

Core Faculty

- Benjamin Hill, Ph.D., Associate Professor in the Psychology Department, College of Arts & Sciences. Dr. Hill obtained his doctoral degree from Louisiana State University in 2008 and has been a licensed clinical psychologist since 2010. He has research interests in neuropsychology, particularly as it relates to working memory, aging, mild cognitive impairment (MCI), and malingering. He also has interests in functional neuroimaging, particularly diffusion tensor imaging (DTI).
- Joseph Currier, Ph.D., Assistant Professor in the Psychology Department, College of Arts & Sciences. Dr. Currier completed his doctoral studies at the University of Memphis in 2008, Currier went on to clinical internship and a postdoctoral fellowship at the Memphis Veterans Administration Medical Center. Prior to moving to Memphis, he had earned an MA in clinical psychology from Wheaton College in 2001 and worked for several years as a psychotherapist on the south side of Chicago. In terms of research, Currier is broadly interested in the psychological/spiritual issues faced by persons who experience bereavement, military combat, and other types of potentially traumatic events. To this point, his work has focused largely on evaluating the effectiveness of psychotherapies for bereaved persons and advancing understandings of risk and protective factors associated with adjustment following a range of highly stressful life events, e.g., loss of loved one by violent death, death of a child, cancer, military combat. The author of over 20 peer-reviewed articles, Currier's research is heavily influenced by positive psychology and emphasizes the role of constructing meaning and making sense of extraordinarily challenging life events. In keeping with his research interests, Currier's clinical specialty involves adult psychotherapy for difficulties related to trauma, bereavement, and other types of loss.
- Ryon C. McDermott, Ph.D., Assistant Professor in the Department of Counseling & Instructional Sciences, College of Education & Professional Studies; Associate Director of Clinical Training. Dr. McDermott obtained his doctorate in Counseling Psychology from the University of Houston in 2011. He completed a post-doctoral fellowship at the University of Michigan Counseling Center. Dr. McDermott's research work is in the area of gender roles and men's issues.
- Krista Mehari, Ph.D., Assistant Professor in the Department of Psychology, College of Arts & Sciences. Dr. Mehari's clinical and research interests are focused on promoting positive youth development. Her research focuses on violence prevention and addressing the effects that contextual risk factors have on children's and adolescents' development and functioning. Specifically, I am interested in the dynamic interaction between a child and his or her environment, and how that relates to the development of problem behaviors. I prioritize using community-based participatory research that integrates the goals and perspectives of the community so that interventions are culturally appropriate, effective, and sustainable. Currently, Dr. Mehari is engaged in multiple research projects in the public schools of Mobile and in programs administered by the Mobile Police Department targeting juvenile victims of

bullying and violent crime.

- Phillip N. Smith, Ph.D., Assistant Professor in the Department of Psychology, College of Arts & Sciences. Dr. Smith completed his Ph.D. in Clinical Psychology at Texas Tech University and his internship at the Southwest Consortium Pre-Doctoral Psychology Internship in Albuquerque, NM. Dr. Smith completed a two-year postdoctoral fellowship at the Center for the Study and Prevention of Suicide in the Department of Psychiatry at the University of Rochester Medical Center. His research and clinical expertise is in the area of suicidal behavior.
- James (Tres) R. Stefurak, Ph.D., Associate Professor and Chair, Department of Counseling & Instructional Sciences, College of Education & Professional Studies. Dr. Stefurak obtained his doctorate from The University of Georgia in 2004 and has been a licensed counseling psychologist since 2005. He has research interests in juvenile delinquency, psychology of religion, burnout in human service professionals, and clinical supervision. Most recently, Dr. Stefurak's research has focused on the use of mental health screening instruments in the juvenile justice system and how psychological assessment data is actually utilized within the juvenile justice system. Dr. Stefurak also holds and Adjunct Assistant Professor appointment in the Department of Psychiatry.
- Kimberly Zlomke-Rodriguez, Ph.D., Associate Professor in the Psychology Department, College of Arts & Sciences. Dr. Zlomke-Rodriguez obtained her doctoral degree from Louisiana State University in 2008 and has been a licensed clinical psychologist since 2010. She has research interests in developmental psychology, particularly as it relates to "worry" or mild anxiety. She is also trained in Applied Behavioral Analysis (ABA) and is interested in behavioral treatments for Autism Spectrum Disorders (ASD). Most recently Dr. Zlomke's research has focused on the application of Parent-Child Interaction Therapy to children with ASD's.

Affiliate Faculty from the Department of Psychology

- **Joshua D. Foster, Ph.D.**, Associate Professor, University of Georgia, 2005, is interested in issues related to the measurement of narcissism, what kinds of people are more or less narcissistic, how narcissists think and behave in different contexts; other interests include self-esteem, romantic relationships, decision-making, aggression, and evolutionary psychology.
- John F. Shelley-Tremblay, Ph.D., Professor & Chair, Psychology Department, City University of New York, 2003, is interested in three areas employing psychophysiological, neuropsychological, and educational methodologies, including: (1) visual training for persons with reading disability, (2) infra-red based eye tracking equipment to provide a quantitative record of eye movements with reading fluency, and (3) correlating eye movements with comprehension and vocabulary levels.
- **Lisa A. Turner, Professor, Ph.D.**, Professor, Coordinator of the Applied Behavioral Analysis Program, University of Alabama, 1984, is interested in children's cognitive development and altered development in children with mental retardation.

• Mark Yates, Ph.D., Associate Professor, University of Kansas, 2004, is interested in cognitive psychology, particularly as it relates to the written and spoken language and how the sound of a word influences how it is read and the spelling of a word's influence how it is heard.

ACADEMIC POLICIES AND PROCEDURES

Time Commitment. The CCP Program is designed for the full-time day student. It will not be possible for students to complete the Ph.D. requirements by attending the program at night, since CCP graduate courses are not typically offered in the evening. In addition, since most courses are offered only once a year, if a student fails to take a course when it is scheduled, or if a student must retake a course, that student may have to wait a year or more before that course is scheduled again. As a full-time graduate student, all program students should be able to complete the requirements for the doctoral degree at the end of five full years, which includes taking classes, dissertation hours, and successful completion of a one-year off-site clinical internship.

Normal Progress. The doctoral program enrolls only full-time students; courses are taught during the day and students are expected to carry an average semester credit load of 9-12 hours. It is anticipated that the minimal time in which a student can complete the degree is five years of full-time study for both post-bachelor's and post-master's students. A minimum, at least three years of a student's graduate studies must be spent in full-time residence at USA and one year of which must be spent in a full-time internship.

Good Standing. In order to remain in good academic standing, graduate students in CCP are expected to average 9-12 credit hours per semester. No one is allowed to enroll in more than 15 credit hours per semester without written permission from the CCP Program Core Faculty. Good standing also requires meeting developmental milestones on-time within the program. The first of these milestones for students enter the program post-bachelor's is the M.S. comprehensive exam and completion of the thesis. Students are expected to complete the M.S. portion of the program within 6 semesters, which includes completing the exam and the thesis within that time frame. Students who take longer than six semesters may be deemed not in good standing and will not be allowed to continue in the program uninterrupted without approval of the DCT and the program core faculty. Similarly, students are expected to complete milestones during the Ph.D. program consisting of comprehensive exams and dissertation proposal prior to applying for internship (this is described in more detail later in the handbook). Finally, students must be deemed to be meeting minimum competencies for their developmental level on the competency evaluations completed by faculty at mid-year and at the end of the academic year. This will be explained in detail in later sections.

Time to Completion. According to university policy, all of the degree requirements of the M.S. degree must be completed within 7 years. Upon beginning the Ph.D. portion of the training the student has 10 years to complete the doctorate. If the student has not completed the respective degree requirements by the end of their respective time limit, that student will have to reapply for admission both to the Graduate School and to the CCP Program. If the student is re-accepted, he or she will have to re-start their CCP program upon re-admission (i.e., the student will have to re-take all previously completed classes). In addition, once a student is admitted to candidacy for the doctoral degree, regardless of where they are within the 10-year time limit, they will have just three years to complete their degree requirements or they will have to reapply for admission to the graduate school and the CCP program. A student enters doctoral candidacy when they have a) successfully passed their doctoral competency examination, b) they have successfully proposed a dissertation topic, and c) they have completed all required coursework except the capstone internship.

Grade Standards for All CCP Program Students. The CCP grade standards differ from the general Graduate School standards. A CCP student must complete the courses specified in the core curriculum. If a student receives a "C" or lower in a core course, he or she will have to repeat the course and receive an "A" or "B" upon re-take to satisfy the curriculum requirement. A student will not receive credit toward his or her degree for a core course in which a grade of "C" or lower is received. However, even after re-take, the grade of "C" will remain on a student's record and will be included in all calculations of total hours attempted and grade point average (GPA).

Academic Dismissal from the Program. The USA Academic Dismissal policy is posted on the Bulletin here: https://www.southalabama.edu/bulletin/current/colleges-schools/graduate-school/ The CCP program has two program-specific policies for academic dismissal not covered by the Graduate School policies:

- 1. Any combination of nine semester hours or equivalent with grades of "C" or less in work attempted for graduate credit will result in the student's immediate dismissal from the CCP Program and the Graduate School.
- 2. If a student earns six semester hours or equivalent of "F," the student will be immediately dismissed from the CCP Program.

Academic Misconduct. Policies defining the nature of academic misconduct and procedures for determining consequences of such misconduct and appeal of those consequences is available at the following web page:

https://www.southalabama.edu/departments/academicaffairs/resources/policies/studentacademicconductpolicy8.15.18.pdf

Grievance Policies. Policies for General Complaints, Sexual Harassment or Final Grade Grievances are posted at the following web page:

https://www.southalabama.edu/departments/studentaffairs/grievances.html

English Language Proficiency. The policy regarding English language proficiency is posted in the graduate bulletin at this web page: https://www.southalabama.edu/bulletin/current/colleges-schools/graduate-school/

Leave of Absence. CCP Students may request a leave of absence for personal and/or health reasons for a period of one semester. The request for leave must be presented in writing to the DCT. The DCT will present the request for leave of absence to the CCP Core Faculty for a vote of approval. A plurality of CCP core faculty must approve this request. Consideration for continued participation in the program beyond the one semester leave of absence requires the submission of a new application, application fee, and required documentation.

CCP M.S. Program Degree Requirements

M.S. Course Hours Requirements

There are 53 hours of required courses to complete the CCP M.S. degree. This requirement includes a minimum of 6 hours of thesis credits (PSY 599) and a minimum of 9 hours of practica credits (PSY 556). There are no elective requirements for the M.S. degree. The M.S. curriculum is summarized in the table below.

	Fall	Spring	Summer
Year	PSY 500 Professional Seminar in	PSY 500 Professional Seminar in	PSY 556 -
1	Psychology (1 hour)	Psychology (1 hour)	Practicum:
	PSY 501 – Research Design & Statistics I (3 hr) PSY 530 – Diagnostic Interviewing (3 hr) PSY 532 - Psychopathology PSY 524 – Lifespan Developmental Psychology (3 hr)	PSY 502 – Research Design & Statistics II (3 hr) PSY 542 – Cognitive Assessment (3 hr) PSY 550 Evidence-Based Clinical & Counseling Psychology Practice (3 hr) PSY 586 – Cognitive Neuroscience (3 hr)	Ethics (3 hr) PSY 599 – Thesis (3 hr)
Year 2	PSY 556 – Practicum (3 hr)	PSY 556 – Practicum (3 hr)	
	PSY 544 – Personality Assessment (3 hr)	PSY 540 – Psychometrics (3 hr)	
	PSY 599 Thesis (2 hr)	PSY 522 – Personality & Social Psychology (3 hr)	
	1 31 333 1116313 (2 111)	PSY 599 – Thesis (1 hr)	

M.S. Comprehensive Exam

The Graduate School policy is that all students must successfully complete a comprehensive examination prior to graduation. M.S. students take an exam at the end of their second spring semester. This exam may consist of multiple choice and essay components. Students who fail the exam are required to retake it at the end of your second summer term. The Graduate Committee will meet regarding individuals who have failed the comprehensive examination to determine if remediation is required before a second attempt is approved. Failure on the second attempt will result in automatic dismissal, in accordance with University of South Alabama Graduate School policy.

M.S. Transfer Hours

A maximum of 9 semester hours or the equivalent of graduate credit obtained at another institution may be transferred to count in the M.S. program of study with the approval of the DCT, both chairs overseeing the program, and the Graduate Dean. Only courses in which a grade of A or B was received will be considered for transfer credit. The following courses are ineligible for transfer approval:

- PSY530: Introduction to Applied Psychology & Diagnostic Interviewing
- PSY 532: Psychopathology
- PSY 550: Evidence-Based Clinical & Counseling Psychology Practice

M.S. Thesis

All CCP students are also expected to complete a thesis by the conclusion of their second year in the program. CCP students who have not successfully completed their thesis at the end of two calendar years may not be allowed to proceed to take any CCP prefix courses, unless a plurality of the CCP core faculty vote to allow this. Even if faculty vote to allow the student to continue into taking CCP courses, the DCT may limit which specific courses can be taken to ensure appropriate time is preserved to complete their delayed thesis. Any CCP student who has not completed their thesis at the end of three calendar years will not be allowed to take any other coursework until the thesis is completed and they have matriculated their master's degree, and then moved formally into the Ph.D. program of study. CCP M.S. students cannot complete a research project in lieu of a thesis. A thesis is required to matriculate the M.S. degree.

Most theses require a minimum of two semesters (and typically longer) for completion. Therefore, all students should begin thinking about possible research topics as soon as you enter the program. During the CCP Pro-Seminar course students will have the opportunity to refine their thesis ideas during their second semester in the program. Other opportunities to refine their thesis ideas will occur in other courses and through meetings with their mentor and research lab.

Selection of Research Mentor & Thesis Committee. Students are assigned a primary mentor in the CCP program upon admission at the post-bachelor's level. Ideally, the mentor is someone who is familiar with the research topic the student wished to examine, who is willing to work with the student, and with whom the student feels they can work successfully. Students must work very closely with their research mentor in all stages of the research, from planning through the final oral defense. Students' research mentors will help them to select a thesis committee consisting of at least three faculty members, at least two of whom must be CCP core faculty and at least one of whom must be someone who is not CCP core faculty. This committee must then be submitted to the department chair and the graduate dean for approval using the form linked here. The thesis committee must be approved before students register for thesis hours. The purpose of this committee is to advise students about their research. Forms to be used when requesting a thesis committee are available in the Psychology Department office.

Changing a Thesis Chair. Students may request a change in their committee members, including their thesis chair. To do so, the following procedures must occur. First, we strongly encourage you to talk directly with your current thesis chair or committee member prior to initiating this action. Second, you must then request this change in writing from the DCT. A copy of this request must be sent to the existing thesis chair or committee member simultaneously. The request should include the name of the proposed replacement. The request for a change should also be sent in writing to the replacement person. Third, the DCT will bring this request to the CCP program core faculty for discussion and approval by vote. Next, the student will be notified in writing of the outcome of this meeting. Finally, depending on the length of time that the student worked with the original mentor, that faculty member may also be given a say in determining a portion of the student's final grade for the thesis or project.

Thesis Proposal

Written Document: The first step in completing a thesis, once a topic has been selected, is to write a thesis proposal that describes the project in sufficient detail such that the committee can judge its merit prior to its commencement (or in instances of archival data, data extraction and analysis). A proposal consists of an introduction, literature review, a statement of research questions and hypotheses as well as how hypotheses will be analyzed and how constructs will be measured. You may not register for PSY 599, Thesis Research, until you have submitted to the DCT the approved form indicating your thesis chair, committee members, and title of your thesis. An outline to be used in preparing the prospectus is present on the Graduate School web page at this address: https://www.southalabama.edu/colleges/graduateschool/resources/thesisdissertationguide.pdf
This manual will aid you in the preparation of both your thesis prospectus and the final copy of your thesis. When that manual does not specify format, the most recent version of the https://www.southalabama.edu/colleges/graduateschool/resources/thesisdissertationguide.pdf
This manual will aid you in the preparation of both your thesis prospectus and the final copy of your thesis. When that manual does not specify format, the most recent version of the https://www.southalabama.edu/colleges/graduateschool/resources/thesisdissertationguide.pdf
This manual will aid you in the preparation of both your thesis prospectus and the final copy of your thesis. When that manual does not specify format, the most recent version of the https://www.southalabama.ed

Oral Proposal. An oral presentation of your written thesis proposal is required to initiate your thesis. When your prospectus is complete, which is determined by you AND your thesis chair, you should schedule a meeting of your committee to consider and approve it. This meeting is open to all interested Psychology Department and Department of Counseling & Instructional Sciences faculty members. Notice of the time and place of the meeting must be made to the faculty and a copy of your prospectus must be made available in the CCP program office and submitted to all committee members at least two weeks in advance of the meeting. In addition, each member of your committee must be given a HARD copy of your prospectus at least two weeks prior to the meeting, unless the committee member has specifically declined to receive a hard copy in a written communication to the student. Before you can undertake your thesis research activities, approval of your prospectus by the IRB or the Animal Use and Care Committee is also required. This is usually completed after the proposal is approved by your committee.

While the Psychology Department or the Department of Counseling & Instructional Sciences may be able to furnish equipment and space necessary for thesis research, this must be approved by the respective department chair prior to final approval of your prospectus. Normally, any expenses incurred, including photocopying expenses and test materials, are the responsibility of the student.

Once your prospectus is approved by your committee and the IRB, you can proceed with your research

as outlined in your prospectus. All members of your committee must approve any major changes from your prospectus. You should periodically inform your committee of the progress of your research, either individually, via email, or by having additional meetings of the entire committee.

Thesis Grades. At the end of each semester in which a student is enrolled for the PSY 599 thesis course an academic grade, e.g. A-F, is required to be entered reflecting the progress made and the quality of the progress made by the student up to that point. In assigning a grade, CCP faculty may take into consideration prior work deadlines and progress benchmarks that were established in writing between them and the students at the outset of that semester. Students cannot be given a grade of "P" (in progress) and should only be given a grade of "I" (incomplete) if some unforeseen circumstances impeded their completing the expected progress at the expected quality on their thesis project up to that point.

Completion of a thesis, as evidenced by entering of a grade of "B" or higher on the final thesis course credit, is determined by the approval of your major professor, a majority of your committee, the Psychology Department chair, and the Dean of the Graduate School. Typically, a student will be enrolled in PSY 599 continuously from the inception of the research to its completion. However, a student MUST complete at least six credit hours of PSY 599 course credits in order to graduate and must be enrolled in at least one credit hour of thesis or project in the semester in which he or she intends to graduate, unless an override to this policy is granted by the Dean of the Graduate School.

Thesis Defense

<u>Written Document:</u> The final written thesis describes the completed project with appropriate analyses and interpretation in sufficient detail such that the committee can judge the quality of the completed project. These documents must conform to the formatting and standards of the American Psychological Association's Publication Manual and the requirements of the Graduate School (see the Manual for the Preparation of Graduate Theses and Dissertations, the Graduate School, University of South Alabama).

<u>Oral Defense</u>: An oral defense of your final written thesis is required and includes an examination of your research, including, but not limited to, such things as the justification for the research, the methodology, the analysis, and interpretation of the results, and the significance of the research. The oral defense is open to all interested faculty members and graduate students. Notice of the time and place of the exam must be made to the CCP secretary, who will forward the notice to all CCP core faculty and the Graduate School.

<u>Turnitin Review</u>: The thesis chair must submit the final thesis draft to Turnitin.com prior to their final acceptance. The results of this submission must be shared with the thesis committee. Any evidence of plagiarism may result in a referral for an academic misconduct charge.

<u>Thesis Approval by the Committee</u>: After the oral defense the student is asked to leave the room while the committee deliberates and determines whether the student has passed or failed the thesis in terms of the written document and the oral defense. Committee members each complete the CCP Thesis/Dissertation Evaluation form, see Appendix N. Using this form, if any committee member provides a rating on any domain of evaluating the written document or oral defense that is below a

rating of "3" will result in a fail. Students may receive a "preliminary pass" if the committee agrees the student has met their minimum threshold, but specific changes are required, and committee member(s) request that they be given a revised copy of the document before providing their final signatures of approval.

If a student is deemed to have failed, as described above, the chair will aggregate required improvements and feedback from the committee and is responsible for communicating this to the student and working with the student to improve the document and/or oral defense to a degree that a second attempt is warranted. Assuming the committee deems the student to have passed each member signs both the thesis signature page and the dissertation submission form.

<u>Department of Psychology Chair Approval</u>: Once final thesis document is prepared and all committee members have signed the signature page and the final dissertation form, the student submits the thesis to the chair of the Department of Psychology.

<u>Arts & Sciences Director of Graduate Studies Approval</u>: Once the department chair has provided and received any edits from the student and signed the signature page and final dissertation form, the student submits the thesis to the Director of Graduate Studies for the College of Arts & Sciences (usually one of the Associate Deans). The Arts & Sciences Director of Graduate Studies provides and receives completed edits and signs the signature page and final dissertation form.

<u>Graduate School Approval</u>: The student submits the dissertation to the Graduate School, specifically to the <u>Graduate School Services Specialist</u>. This must be done by the initial deadline for thesis and dissertation approval set forth by the graduate school each year. These dates are posted on the <u>academic calendar</u>. This date is usually in late June for students submitting at the end of their 6th semester in the program. The student receives and makes edits from the Graduate School and receives a final approval memo. At this point the thesis is completed.

<u>Importance of Timely Responding by Student</u>: The student must respond in a timely manner to all reviewing parties at each of these stages. A failure to respond and make edits in a timely manner may result in the thesis not being completed on track within the expected timeline for CCP students previously set forth in this handbook. The expectation is that the student will submit the finished thesis during the summer deadline of their sixth semester in the program, and, having completed all M.S. coursework and the thesis by the end of that summer semester, will graduate at that time.

<u>Correct Notation of Graduation Date</u>: When submitting the final thesis document to the graduate school students must be precise in listing the month in which they intend to graduate with their M.S. on the signature page of the thesis document. Normally, students will be submitting their final thesis in the spring or summer of their second year. Regardless, the student will normally be graduating from the M.S. at the end of their second summer semester. This should be noted as graduating in July on the thesis signature page. Students have become confused in the past because there is not graduation ceremony held by USA at the end of summer, and the next graduation ceremony is in the following December. This has led students to believe that they were not graduating from the M.S. until December, which was in error as they completed their degree at the end of the summer semester. Note, students can request to take part in the spring graduation ceremony to commemorate completion of their M.S. degree, even if they have not completed all coursework or the thesis by the

end of spring semester. Student wishing to take part in the spring graduation ceremony should speak with the CCP secretary, DCT or A-DCT for guidance on how to obtain approval to do so.

Table: Sample Thesis Timeline

	Fall	Spring	Summer
Year 1	Selection of thesis topic by the end of the first fall semester.	Selection and approval by Dean of the Graduate School of a thesis committee by the end of the first spring semester. Library research and writing of thesis proposal.	Copy of thesis proposal provided to committee two weeks prior to proposal meeting. Thesis proposed to committee by Summer or early Fall. Thesis committee form submitted linked here
Year 2	Data collection, analysis, and writing of thesis	Oral defense of thesis scheduled and communicated in writing to CCP secretary at least two weeks prior to actual defense Copy of thesis to committee members and available in office at least two weeks prior to oral defense. Thesis approved by thesis advisor and a majority of thesis committee at oral defense. All committee members sign signature page and dissertation submission form. Thesis approved by department chair. Thesis approved by Graduate Studies Director of College of Arts & Sciences (deadlines for approval are set each year)	Thesis must be submitted by initial deadline for Graduate School Services Specialist for review (deadlines are set each year, this date is usually in later June) Graduate School provides edits. Student completes edits and receives final approval memo from Graduate School.

CCP Ph.D. DEGREE REQUIREMENTS

Prerequisites for Students Entering with a Previously Earned Master's Degree

Doctoral training in the CCP Program at USA has been carefully designed to maximize the progressive building of knowledge and skills; therefore, the sequence of courses is structured. Students need to follow the course sequencing and will receive an annual updated program of study from the DCT each August.

Pre-requisites vs. Core Courses. The Ph.D. program of study is set forth in subsequent sections but assumes a set of pre-requisite courses. For students entering the program post-bachelor's they complete the CCP M.S. program of study first, which meets all of these prerequisite requirements. For students who enter post-master's and are granted direct admission to the Ph.D. program of study, they must satisfy all the pre-requisite areas. The next section describes how such students can transfer in graduate coursework from their master's program at another institution to satisfy these pre-requisite requirements. Students who have taken graduate coursework elsewhere but did not earn a master's degree cannot be admitted directly into the Ph.D. program of study and cannot transfer in their graduate coursework to satisfy Ph.D. pre-requisite requirements.

Policy for Satisfying Ph.D. Pre-requisite Course Requirements. A maximum of 60 semester hours or the equivalent of graduate credit obtained at another institution may be used with the approval of the DCT to waive pre-requisite course requirements for the Ph.D. program of study. Only courses in which a grade of "A" or "B" had been received will be considered for transfer credit. Students who completed the USA CCP M.S. program of study are automatically considered to have satisfied these Ph.D. pre-requisite courses. Only courses listed as pre-requisite courses can be considered for waivers. None of the required core courses in the Ph.D. program can be considered for course waivers, nor can coursework from other graduate programs be transferred to satisfy the Ph.D. core course requirements.

Students who are admitted to the CCP Program may be given credit for certain equivalent graduate courses completed at another institution. If a student is admitted, there is no guarantee that classes taken at another institution will waive the required pre-requisite courses at USA. The DCT and the two department chairs overseeing the CCP program assign CCP faculty or affiliate faculty to review syllabi submitted by new students to request a waiver of specific pre-requisite courses. Usually the faculty member reviewing a given syllabus also teaches the course in the CCP M.S. curriculum that corresponds to the content of the submitted syllabus. The designated faculty member submits an approval or disapproval notice to the DCT for the course they are reviewing for waiver. If accepted to the program, students should discuss any course substitutions with the DCT and be sure that documentation for waiver is completed and on file.

CCP Ph.D. Pre-Requisite Course Domains. The following courses are the pre-requisite courses for the Ph.D. program. Students must satisfy these pre-requisites either through obtaining a course waiver or by taking the corresponding course at USA during their time in the Ph.D. program:

- Research Methods
- Inferential Statistics
- Developmental Psychology
- Cognitive Psychology
- Physiological Psychology/Neuroscience
- Social & Personality Psychology
- Diagnostic Interviewing & Psychotherapy Skills
- Evidence-Based Psychotherapy Practice
- Cognitive Assessment
- Personality Assessment
- Psychometrics
- Psychopathology

Ph.D. Course Hours Requirement. Students are required to complete a minimum of 54 semester hours of coursework after finishing the M.S. portion of the program to complete the Ph.D. This includes 18 hours of core courses, 9 hours of approved electives, 24 hours of practica (CCP 756) (depending on whether they enter the Ph.D. program of study post-bachelor's or post-master's, 9 hours of dissertation (CCP 799) and 3 credit hours of internship (CCP 797).

Table: CCP Full Program of Study

Below the full program of study combining the M.S. curriculum and the Ph.D. curriculum is presented. M.S. courses are in red, Ph.D. courses are in light blue.

Fall	Spring	Summer		
First Year				
PSY 500 - Proseminar in Psychology (1 credit)	PSY 500 - Proseminar in Psychology (1 credit)	PSY 556: Practicum – Ethics		
PSY 532 – Psychopathology	PSY 550 - Evidence Based Clinical Counseling Psychology	CCP 795 – Multicultural Issues in Psychology		
PSY 530 - Diagnostic Interviewing	PSY 542 - Cognitive Assessment			
PSY 524 – Lifespan Developmental Psychology	PSY 586 - Cognitive Neuroscience			
PSY 501 - Research Design and Statistics I	PSY 502 - Research Design and Statistics II			
Second Year				
PSY 544 - Personality & Affective Assessment	PSY 540 - Psychometrics	CCP 756 – Practicum: Group & Systems		
PSY 556 – Practicum	PSY 556 – Practicum			
PSY 599 - Thesis Research	PSY 599 - Thesis Research			
PSY 524 – Lifespan Developmental Psychology	Elective			
Third Year				
IDE 630 – Quantitative Methods III	CCP 780 – Applied Health Psychology	CCP 799 – Dissertation Research (3 hrs)		
CCP 758 – Psychology of Resilience and Response to Trauma	CCP 766 – Supervision of Clinical Interventions	CCP 782 – Advanced Practicum (3 hrs)		
CCP 756 – Practicum	CCP 756 – Practicum			
Elective (3 total)	PSY 412 - History & Systems of Psychology			
Fourth Year				
CCP 799 – Dissertation Research (3 hrs)	CCP 799 – Dissertation Research (3 hrs)			
CCP 782 - Advanced Practicum (2 hrs)	CCP 782 - Advanced Practicum (1 hr)			
Elective (3 total)	Elective (3 total)			
Fifth Year				
Internship	Internship	Internship		

Electives Outside of Required Courses. Graduate courses in other departments or colleges may be used as elective credits toward a degree in the CCP Program with the <u>prior approval of DCT in consultation with the CCP Program Core Faculty.</u> Such courses must be related to the student's plan of study and must be approved before the student registers. Submit any such requests to the DCT for evaluation by the core faculty. Examples of elective courses are listed below. Note, this is not an exhaustive list, merely the courses most frequently offered and approved as electives.

- CCP 742 Advanced Psychological Assessment
- CCP 752 Clinical Neuropsychology
- CCP 772 Child & Family Psychopathology & Intervention
- Crisis & Suicide Prevention/Intervention
- Religion & Spirituality in Psychological Practice
- CED 562 Addictions Counseling

Responsibilities of Students and Faculty. The success of the CCP Program at University of South Alabama is dependent upon the faculty and students within the program. In order to ensure continued success, the CCP Core Faculty members maintain high expectations for themselves and expect students in the program to aspire to the highest standards as well. To that end, the following guidelines governing student and faculty responsibilities are provided here.

Students are expected to:

- Be dedicated to learning and be willing to put forth the effort necessary to excel. Students are expected
 to take advantage of as many professional learning experiences as possible. Furthermore, faculty expect
 that students will become active members of professional associations, attend conferences, present at
 conferences and other professional growth forums, and volunteer for special projects and research
 activities.
- 2. Provide support to members of their respective cohorts as well as to members of other cohorts. Additionally, all students are encouraged to attend the weekly meetings held by the Graduate Student organization (GSO). Be self-motivated and seek assistance when it is needed.
- 3. Attend all classes and be prompt. Being on time for class is a sign of respect for the instructor and other members of the class, and it facilitates the continuity of instruction.
- 4. Read all assigned material prior to the designated class and come to class prepared with questions and topics for discussion.
- 5. Submit written assignments and projects by the specified deadline.
- 6. Be cooperative and support others in their efforts to learn. Excessive competition among students is counterproductive to the tenets of the cohort model and therefore, is discouraged.
- 7. Ascribe to a philosophy of lifelong learning, which is evidenced by going beyond minimum expectations and requirements.
- 8. Adhere to the highest standards of academic integrity and professional ethics. The principles outlined in the University of South Alabama's Code of Conduct and the ethical guidelines delineated by the American Psychological Association apply to all students in the CCP Program.
- 9. Exercise professionalism at all times.
- 10. Exhibit loyalty to the program and individuals associated with it. If a student has a problem or criticism of the program, other students, or faculty, the issue should be dealt with through the grievance process outlined in the student handbook.

Students can expect the CCP Program Faculty to:

- 1. Maintain the highest standards of professional integrity and ethics as outlined by the American Psychological Association and the University of South Alabama.
- 2. Be reasonably available to students for guidance and consultation. Faculty mentors are required to meet with a mentee at least once per month during their time as an active student in the program. Faculty are required to keep and post weekly office hours they will be available for all students as well.
- 3. Be prepared for class.
- 4. Set high standards for academic performance, professional behavior, and personal development, and to provide support when requested.
- 5. Demonstrate respect for students.
- 6. To be involved in professional organizations at the local, state, regional, and/or national level, thereby giving the program and students in the program visibility and recognition.
- 7. Conduct research and publish findings.
- 8. Support students in their quest for internships and professional positions after completing the program and throughout their careers.
- 9. Provide students with feedback on academic and professional progress. Guiding principles for which both CCP Program faculty and students share responsibility.
- 10. Ensure that the relationship between faculty and students and among students is constructive, encourages freedom of inquiry, and fosters mutual respect.
- 11. Work respectfully with diverse faculty, students, and peers regardless of race, gender, religion, sexual orientation, or national origin. Act with professionalism, ethical conduct, and personal accountability during all academic endeavors and interactions among students and faculty
- 12. Put forth sufficient effort to ensure the graduate student completes the degree and assistantship responsibilities in a timely manner.
- 13. Avoid conflicts of interest of any nature between faculty and graduate students

Note: Guiding principles are for instructive purposes and do not constitute statements of institutional policy or requirements.

Demonstration of Research Readiness

In order to demonstrate competence in research skills and provide evidence of research readiness to complete the dissertation project, students must submit an artifact demonstrating that they have conducted research that has been reviewed and accepted by members of the profession. Students who enter the program post-bachelor's and matriculate through the CCP M.S. program of study complete a master's thesis, which will satisfy this requirement. Students who completed a master's degree at another institution that included a mater's thesis can submit their thesis to satisfy this requirement. Students who completed a master's degree at another institution that did not include a master's thesis must complete a First Year Project. See Appendix H for details regarding the requirements of the master's thesis, master's theses completed at other institutions, and First Year Project including criteria for evaluation, procedures and timelines for submission. See Appendix L for a copy of the Demonstration of Research Readiness Form.

Ph.D. Comprehensive Exam

Definition. The Ph.D. Comprehensive Exam is an assessment of the student's knowledge, practice and applied skills in Combined-Integrated Clinical and Counseling Psychology. The written portion of the exam consists of a clinical case report and a review of relevant literature. Examinees should be prepared to present the case orally and be able to answer case relevant questions, as well as questions about other general areas of psychology (e.g. biological, social, cognitive, research methodology) as they apply to the case and relevant literature. As part of the oral portion of the exam, students are required to present video/audiotaped samples of their assessment and therapy skills with the client. Students should also be prepared to answer a broad range of questions related to child and/or adult psychopathology, assessment and treatment of child and adult disorders, research methodology, experimental design and ethics as well as multicultural issues and the supervision process. Please see Appendix C for forms related to the Comprehensive Exam.

Purpose of Ph.D. Comprehensive Examination. To assess a student's ability to present, discuss and defend, both written and orally, his/her understanding and integration of the fields of Clinical and Counseling Psychology.

Time Frame for Ph.D. Comprehensive Examination

- 1. Students must attempt the General Examination between April 1st and May 1st of the academic year prior to applying to internship; this would typically be a student's third year of the CCP program.
- 2. Students must schedule the General Exam during the Fall or Spring semester while classes are in session.

Ph.D. Comprehensive Examination Committee

- 1. The examining committee consists of three core faculty from the CCP
- 2. The committee will consist of 1) the primary clinical supervisor for the case presented, 2) the student's primary program mentor (i.e., dissertation chair), and 3) a third member of the CCP Program Core Faculty who will be selected by the DCT.
 - a. The DCT will select the third member based on the type of clinical case being presented and the experience of the faculty available for inclusion. The DCT will also select the third member of the committee attempting to evenly distribute the workload amongst the core CCP faculty.
 - b. The DCT will select two committee members in the case that a) the program mentor and case supervisor are the same faculty member or b) the case supervisor is a not a member of the CCP core faculty.
- 3. The primary program mentor will serve as the chair of the committee and is responsible for determining the suitability of the case before it is submitted to the examining committee and the appropriateness of the examination procedure after the oral examination has been completed. That is, when a student identifies a potential case, he/she must first inform his/her primary mentor about the referral question/source. If approved, the mentor will sign a form indicating that the case has been approved and that a committee may be assigned by the DCT.
- 4. In the process of selecting a case for the general exam, efforts should be made to select cases for which the student acted as a relatively independent practitioner (i.e. primarily responsible for selection of assessment measures, treatment planning, and treatment implementation). Therefore, cases seen in initial stages of clinical training/practicum will most likely not be appropriate for presentation during

the comprehensive exam. If the mentor was not the supervisor for the case, consultation should be required to assure that the student's level of independence during the clinical work is representative of their independent practice. Cases selected for presentation in the General Exam must come from work conducted within the USA Psychology Clinic either through formal program practicum (CCP 756) or through specialty practicum experiences under the supervision of a core CCP faculty member within the USA Psychology Clinic.

Requirements for the Written Portion of the Ph.D. Comprehensive Examination

1. The written portion of the exam will include two parts: 1) a case report including an assessment report, case conceptualization, and treatment plan, and 2) a review of relevant literature.

a. Case Report Requirements

- i. A detailed description of the patient's developmental history and his/her deficits and strengths prior to treatment (e.g., a problem list).
- ii. A presentation and integration of assessment findings (All identifying information MUST be removed)
- iii. A case formulation that integrates the history and assessment data and presenting problem(s).
- iv. A detailed treatment plan that specifies treatment relevant to the presenting problem and the case conceptualization. The treatment procedures should address the client's deficits and excesses and should follow logically from the case formulation. Treatments should adhere to evidence-based practice guidelines.
- v. A detailed description of the procedures the student would use to evaluate the effectiveness of the treatment over time as well as an explication of the supervision process.
- vi. Assessment protocols and results (e.g., observational data, test data) should be included as appendices to the report and are not included in the total page count. Care should be taken to de-identify all assessment protocols.
- vii. The literature review will consist of a review of the relevant psychopathology, assessment and treatment literature focusing on the patient's primary psychological disorder(s).
- viii. Particular emphasis should be placed on advanced synthesis of relevant literature, and not on basic epidemiology.
- ix. Appropriate content may include comorbidity, social/cultural issues, mediators/moderators of treatment effectiveness, or possible assessment issues

b. Literature Review Requirements

- i. The literature review will consist of a review of the relevant psychopathology, assessment or treatment literature focusing on the patient's primary psychological disorder(s), circumstance, or culture. Specifically, a strong literature review should summarize the state of knowledge on a well-defined topic in psychology that has a direct link to the patient's disorders or characteristics.
 - 1. Appropriate content may include comorbidity, social/cultural issues, mediators/moderators of treatment effectiveness, or possible assessment issues.
 - a. For example, a student working with a male substance abusing client may decide to review the literature on masculinity and substance abuse
- ii. Regardless of the students' topic, particular emphasis should be placed on <u>advanced</u> <u>synthesis</u> of relevant literature, and not on basic epidemiology.
 - 1. Advanced synthesis means the following:
 - a. Focus on an important, relevant, and operationally defined topic in psychology that is relevant to your clinical case, and make a strong case for why a literature review of this topic is important for the field of psychology in general.
 - b. Include a critical review of previous theory and research related to the relevant topic that demonstrates an ability to determine the relative quality of the information available to you as a practitioner.
 - i. "Critical" means that the literature review reveals problems, contradictions, controversies, and strengths
 - ii. Critical also means that the literature review analyzes the distinction between authors' interpretation of their data and the actual empirical evidence presented. Specifically, a good review examines how accurately previous authors have reported their findings and whether they have refrained from asserting conclusions not supported by data or methodology.
 - 2. Note: this review does not need to be exhaustive, but it should cover key studies and relevant theory

<u>External Resources for Writing a Literature Review</u>. Below are some helpful references to consider in terms of how to write a literature review.

- Bem, D. J. (1995). Writing a review article for Psychological Bulletin. Psychological Bulletin, 118, 172–177.
- Baumeister, R. F., & Leary, M. R. (1997). Writing narrative literature reviews. *Review of General Psychology*, 1, 311–320.

Written Document Length

- The entire comps document (Case Report and Literature Review combined) should be no more than 25 pages in length excluding references, figures, or assessment data.
- The Case Report should be no longer than 10 pages double spaced 12 point Times New Roman font (excluding any assessment data or other non-text materials).
- The Literature Review should be no more than 15 pages in length double space 12 point Times New Roman font (excluding references, tables, or figures).

Oral Presentation. The examinee will give an oral case presentation, approximately 30-45 minutes, which should include at least two video or audiotaped session samples (2-3 minutes each). Committee members may ask questions during and after the case presentation. Questions from the committee will focus on the eight identified domains below. The exam will be restricted to a total period of 2 hours.

Steps to Completing the Ph.D. Comprehensive Examination Process

- Select an appropriate therapy case. The case should be of sufficient representativeness to provide an
 opportunity for relevant questioning. The case should represent the examinee's independent work.
 The student should inform the mentor of his/her intent to take the examination and arrange for the
 mentor to review the case for suitability.
- If the case is approved, the student will submit a request to the DCT/ADCT for committee selection.
- The student should complete all the work for the case report including history, assessment, evaluation (formulation) and treatment plan with minimal supervision to demonstrate their independent professional skills.
- The student should submit a copy of his/her written presentation (literature review and case report) to each member two weeks prior to the specialty examination date.
- On the scheduled date, the student will report for the oral exam.

Evaluation of the Ph.D. Comprehensive Examination

- 1) The student's exam will be evaluated on eight dimensions:
 - a. Case presentation (written and oral)
 - b. Psychopathology and Diagnosis
 - c. Assessment and Psychometrics
 - d. Research design and methodology
 - e. Intervention (case conceptualization, consultation and supervision, and evaluation of treatment efficacy)
 - f. Ethics and Professional Practice
 - g. Social & Multi-Cultural Issues
 - h. General Systems, Issues, & History
- 2) Performance in each of these areas will be rated on a 6-point Likert scale where:
 - 1 = low fail (totally inadequate knowledge)
 - 2 = fail (numerous errors indicating inadequate knowledge)
 - 3 = marginal fail (consistent pattern of errors indicating lack of mastery)
 - 4 = marginal pass (occasional errors but demonstrating satisfactory knowledge)
 - 5 = pass (clear demonstration of mastery; few if any errors)
 - 6 = superior pass (no errors and obvious command of the clinical literature)
- 3) The student will pass the exam if <u>all three</u> of the committee members give the student at least a "marginal pass" on all domains, and are not rated as "marginal fail", "fail" or "low fail" in any domain by any member of the committee.
- 4) Students will be given oral feedback about their performance immediately following the exam.

Failing and Retaking the Ph.D. Comprehensive Examination

- 1. A student fails the comprehensive examination if they receive a score of 1, 2, or 3 on any evaluation domain by any committee member.
- 2. A student who fails the examination is allowed one re-examination,
- 3. An individualized remediation plan based on student strengths and weaknesses during the examination process will be crafted.
- 4. The student must wait at least one semester and no longer than twelve months before re-examination. This means students who fail on an initial trial must wait until the following fall semester to retake the examination. This means that student is automatically ineligible to apply for internship that fall, and must wait until the following fall to apply for internship. This policy also means that students must retake the exam by the end of spring semester of the next year from when they initially took the exam.
- 5. A second re-examination failure results in termination from the Clinical-Counseling Psychology Program.

Description of Each Rating Dimension

- 1) Case presentation: Evaluation of performance will focus on the quality, comprehensiveness, and professionalism of both the written and oral case presentation.
- 2) *Psychopathology and Diagnosis:* Evaluation of performance is based on the student's knowledge of psychopathology literature (e.g., DSM IV-TR criteria, associated features, prevalence, differential diagnosis, empirical literature) relevant to the case. In addition, the student should be prepared to answer questions about general adult and child psychopathology.
- 3) Assessment and Psychometrics: Evaluation of performance will focus on the student's knowledge of assessment literature relevant to the case. The student also should be prepared for questions concerning clinical assessment techniques in general and issues associated with psychological assessment.
- 4) Research design and methodology: Evaluation of performance will focus on the student's proposed treatment evaluation procedure for the case as well as the treatment efficacy literature relevant to the case. The student also should have general knowledge about both group and single-case design and instrument development and should be present this knowledge and understanding in their analysis and synthesis of the literature review.
- 5) Intervention: Evaluation of performance will focus on the student's proposed actions for modifying the patient's problems. The student's awareness of the ecological context of the problem, the development of an intervention plan with respect to behavior change and consumer satisfaction will be of primary interest. The student should be familiar with common treatment techniques used in clinical practice. The student should also explicate their supervision and consultation experience.
- 6) Ethics and Professional Practice: Evaluation of performance will focus on the student's knowledge of laws and professional ethics pertinent to the case, as well as the student's reported behavior during the delivery of services to the referred client. The student also should be prepared to answer questions about common ethical dilemmas, legal issues and professional standards associated with psychologists. The student should also be prepared to answer questions regarding the application and use of a combined-integrative model to their own practice.
- 7) Social & Multi-Cultural Issues: Issues of gender, age, race, cultural background and other factors of minority status can affect the assessment and treatment process. The student should be prepared to

- discuss how these issues may affect their particular case and how they have broader applicability for clinical psychology
- 8) General Systems, Issues, & History: Will involve the student's understanding of the overall history of psychology and related foundational bases of psychology. Therefore, someone presenting a case of CBT with an adult with depression should be aware of how this procedure was developed and current proponents of the method as well as biological, cognitive, and social bases related to the disorder and implications for treatment.

Mentorship

Each student will be assigned a specific faculty mentor upon admission to the CCP program. The mentor is the person responsible for discussing a student's plan of studies for any given academic semester. The assignment of a research mentor is based on the student's interests expressed during the application process. It is preferred that applicants designate a core faculty member who is familiar with the area of research they wish to pursue following admission. The mentor must also be willing to work with the student. This primary mentor will usually also serve as chair of the student's comprehensive examination committee and their thesis and dissertation committee. This faculty member will advise the student, under the guidance of the program's DCT, for the remainder of the program or unless a student requests to change their mentor. The role of the assigned faculty member is to guide the student in choosing appropriate courses to meet professional objectives, to assign initial research activities, and to aid the student in selection of a dissertation topic. As graduate students meet other core and non-core CCP faculty, as well as other affiliated faculty, they should feel free to discuss with them issues related to program progress as well as potential research topics and collaborations. Once the student has formally designated a dissertation chair, that faculty member will become the student's primary advisor and help with advising and career development. However, it is important that all students also maintain close contact with the DCT and with their clinical supervisors to facilitate education, training, and timely progression through the doctoral program. A student's primary mentor must meet with them at least once per month during each active academic semester during the student's time in residence in the program before they depart for internship.

Dissertation

Dissertation Research Overview. A dissertation proposal must be completed and approved by <u>October 15th</u> of the academic year in which the student applies for his/her pre-doctoral internship. Dissertation research is supervised by a committee consisting of four members. The committee must have a minimum of two CCP Core Faculty members and must have one outside faculty member who is not a Core Faculty member. The committee is usually chaired by the student's primary advisor/mentor.

A dissertation is intended to demonstrate that the student has the capacity for original research, facility in the use of the English language, the ability to review appropriate background material, formulate and address (a) significant question(s), obtain, collate, and analyze appropriate data and draw logical conclusions there from, and integrate in a meaningful way the new knowledge into the greater body of existing knowledge and state its significance. The final dissertation must be acceptable to the major professor, a majority of the dissertation committee, the Director of Clinical Training of the CCP and the Dean of the Graduate School.

Further, the dissertation must be an original research and/or creative project. This document will demonstrate the student's ability to:

- 1. Select a topic and delineate a problem that can be studied in terms of time, equipment needs, and experimental population available to the faculty sponsor.
- 2. Search the literature for relevant studies on the topic of choice.
- 3. Organize and analyze the information that is available, using logical and/or statistical analysis appropriate for the project.
- 4. Present the results orally and in a written form to the satisfaction of the dissertation committee and the Graduate Faculty.
- 5. Present a final document as the Dissertation to the Graduate School Office in an acceptable form and by the procedures outlined in the Guide for Preparing Theses and Dissertations, University of South Alabama.
- 6. All dissertations should meet current standards relative to responsible conduct of research.

Designation of a Dissertation Chair. It is expected that upon admission a student's mentor will become their dissertation chair. However, both the student and the mentor must agree to this sometime during the first year of doctoral study. If either the student or mentor request that the nature of the relationship be changed, the issue will be brought to the attention of the DCT and the CCP core faculty and an alternative chair will be assigned via consensus of the Core Faculty. Once dissertation chair is identified, the chair will assist the student in the formation of a dissertation committee. Mentor and chairs must be graduate faculty members who have their primary assignment in either the Psychology Department or the Department of Professional Studies.

Changing of a Dissertation Chair. A student may request a change in his or her dissertation chair using the following procedure:

- 1. The student is encouraged to talk directly with his or her current chair.
- 2. The student must request a change in writing from the DCT. A copy of the written request must be simultaneously sent to the current chair. The request should include a designated faculty member who is being proposed as a replacement. The request should also be sent in writing to the replacement candidate.
- 3. The DCT will bring the request to the attention of the Core Faculty for discussion and approval.
- 4. The student will be notified, in writing, of the faculty's recommendation.
- 5. Depending on how long a student has worked with their original chair, the original chair may be asked by the DCT to assist the new chair in determining a student's final grade for the dissertation.

Faculty members reserve the right to suggest that a student seek out a "new" mentor or chair at any time after the student's first year in the Program. The student then has the responsibility of finding a "new" mentor. If a student is unable to find a faculty member who agrees to supervise him or her, the core faculty will discuss the issue and attempt to designate a new chair by consensus.

Designation of Dissertation Committee Members. The formation of a committee is normally completed by the end of a student's second year of doctoral studies. The purpose of the committee is to advise the student regarding his or her research plans. Usually the members of the committee are the same as those who conducted the student's comprehensive exam. These individuals should expect to continue to serve on the student's dissertation committee and to examine the student's dissertation prospectus.

The committee consists of at least four graduate faculty members. Two of the members must be core faculty members of the CCP Program. Furthermore, as required by the Graduate School, one committee member must be from outside either department that makes up the CCP Program. Once a request has been made by a student, a list of proposed committee members is submitted to the DCT and the Dean of the Graduate School for approval. The form used to designate who is a member of the committee can be obtained from the DCT.

Changing the Member(s) of a Dissertation Committee. A student may change a member of the committee using the following procedure:

- 1. The student should first discuss the issues with the student's research mentor and DCT.
- 2. The existing committee member and the designated replacement are contacted to discuss the issues that lead the student to request a change. A member who is added or who replaces an existing member must agree to serve on the committee and the existing member must agree to step down.
- 3. A "Change of Committee" form should be filed by the student with the DCT and the Graduate School.

Dissertation Proposal. The first step in completing a dissertation, once a topic has been selected, is to write a dissertation proposal. A proposal consists of an introduction, literature review, a statement of research questions and hypotheses as well as how hypotheses will be analyzed and how constructs will be measured. Students may not register for CCP-799, Dissertation Research, until they have subsequently submitted to the DCT the approved form indicating their dissertation chair, committee members, and the proposed title of their dissertation.

An outline to be used in preparing the prospectus is present on the Graduate School web page at this address: https://www.southalabama.edu/colleges/graduateschool/resources/thesisdissertationguide.pdf
This manual will aid you in the preparation of both your thesis prospectus and the final copy of your thesis. When that manual does not specify format, the most recent version of the https://www.southalabama.edu/colleges/graduateschool/resources/thesisdissertationguide.pdf
This manual will aid you in the preparation of both your thesis prospectus and the final copy of your thesis. When that manual does not specify format, the most recent version of the https://www.southalabama.edu/colleges/graduateschool/resources/thesisdissertationguide.pdf
This manual will aid you in the preparation of both your thesis prospectus and the final copy of your thesis. When that manual does not specify format, the most recent version of the https://www.southalabama.edu/colleges/graduateschool/resources/thesisdissertationguide.pdf

While the Psychology Department or the Department of Counseling & Instructional Sciences may be able to furnish equipment and space necessary for thesis research, this must be approved by the respective department chair prior to final approval of your prospectus. Normally, any expenses incurred, including photocopying expenses and test materials, are the responsibility of the student.

Once your prospectus is approved by your committee and the IRB, you can proceed with your research as outlined in your prospectus. All members of your committee must approve any major changes from your prospectus. You should periodically inform your committee of the progress of your research, either individually, via email, or by having additional meetings of the entire committee.

<u>Oral Dissertation Proposal.</u> An oral proposal of your written dissertation proposal is required to initiate your dissertation. When your prospectus is complete, which is determined by you AND your dissertation chair, you should schedule a meeting of your committee to consider and approve it. This meeting is open to all interested Psychology Department and Department of Counseling & Instructional Sciences faculty members. Notice of the time and place of the meeting must be made to the faculty and a copy of your prospectus must be made available in the CCP program office and submitted to all committee members at **least two weeks** in advance of the meeting. In addition, each member of your committee must be given a **HARD** copy of your prospectus at least two weeks prior to the meeting, unless the committee member has specifically declined to receive a hard copy in a written communication to the student. Before you can undertake your dissertation

research activities, approval of your prospectus by the IRB or the Animal Use and Care Committee is also required. This is usually completed after the proposal is approved by your committee.

While the Psychology Department or the Department of Counseling & Instructional Sciences may be able to furnish equipment and space necessary for thesis research, this must be approved by the respective department chair prior to final approval of your prospectus. Normally, any expenses incurred, including photocopying expenses and test materials, are the responsibility of the student.

Once your prospectus is approved by your committee and the IRB, you can proceed with your research as outlined in your prospectus. All members of your committee must approve any major changes from your prospectus. You should periodically inform your committee of the progress of your research, either individually, via email, or by having additional meetings of the entire committee.

Dissertation Defense.

<u>Oral Defense</u>: An oral defense of your final written dissertation is required. The defense consists of submission of a final dissertation document followed by an oral presentation and examination of your research, including, but not limited to, such things as the justification for the research, the methodology, the analysis, and interpretation of the results, and the significance of the research.

The oral defense is open to all interested faculty members and graduate students. Notice of the time and place of the exam must be made to the CCP secretary, who will forward the notice to all CCP core faculty and the Graduate School.

<u>Turnitin Review</u>: The dissertation chair must submit the final draft to Turnitin.com prior to their final acceptance. The results of this submission must be shared with the thesis committee. Any evidence of plagiarism may result in a referral for an academic misconduct charge.

Dissertation Approval by the Committee: After the oral defense the student is asked to leave the room while the committee deliberates and determines whether the student has passed or failed the thesis in terms of the written document and the oral defense. Committee members each complete the CCP Thesis/Dissertation Evaluation form, see Appendix N. Using this form, if any committee member provides a rating on any domain of evaluating the written document or oral defense that is below a rating of "3" will result in a fail. Students may receive a "preliminary pass" if the committee agrees the student has met their minimum threshold, but specific changes are required, and committee member(s) request that they be given a revised copy of the document before providing their final signatures of approval. If a student is deemed to have failed, the chair will aggregate required improvements and feedback from the committee and is responsible for communicating this to the student and working with the student to improve the document and/or oral defense to a degree that a second attempt is warranted. Assuming the committee deems the student to have passed each member signs both the thesis signature page and the dissertation submission form.

<u>Department of Psychology Chair Approval</u>: Once final thesis document is prepared and all committee members have signed the signature page and the final dissertation form, the student submits the thesis to the chair of the Department of Psychology.

Arts & Sciences Director of Graduate Studies Approval: Once the department chair has provided and received any edits from the student and signed the signature page and final dissertation form, the student submits the thesis to the Director of Graduate Studies for the College of Arts & Sciences (usually one of the Associate Deans). The Arts & Sciences Director of Graduate Studies provides and receives completed edits and signs the signature page and final dissertation form.

<u>Graduate School Approval</u>: The student submits the dissertation to the Graduate School, specifically to the <u>Graduate School Services Specialist</u>. This must be done by the initial deadline for thesis and dissertation approval set forth by the graduate school each year. These dates are posted on the <u>academic calendar</u>. This date is usually in late June for students submitting at the end of their 6th semester in the program. The student receives and makes edits from the Graduate School and receives a final approval memo. At this point the thesis is completed.

Importance of Timely Responding by Student: The student must respond in a timely manner to all reviewing parties at each of these stages. A failure to respond and make edits in a timely manner may result in the thesis not being completed on track within the expected timeline for CCP students previously set forth in this handbook. The expectation is that the student will submit the finished thesis during the summer deadline of their sixth semester in the program, and, having completed all Ph.D. coursework and the thesis by the end of that summer semester, will graduate at that time.

Correct Notation of Graduation Date: When submitting the final dissertation document to the graduate school students must be precise in listing the month in which they intend to graduate with their Ph.D. on the signature page of the thesis document. Normally, students will be submitting their final dissertation in the spring or summer of their second year. Regardless, the student will normally be graduating from the Ph.D. at the end of their second summer semester. This should be noted as graduating in July on the thesis signature page. Students have become confused in the past because there is not graduation ceremony held by USA at the end of summer, and the next graduation ceremony is in the following December. This has led students to believe that they were not graduating from the Ph.D. until December, which was in error as they completed their degree at the end of the summer semester. Note, students can request to take part in the spring graduation ceremony to commemorate completion of their Ph.D. degree, even if they have not completed all coursework or the thesis by the end of spring semester. Student wishing to take part in the spring graduation ceremony should speak with the CCP secretary, DCT or A-DCT for guidance on how to obtain approval to do so.

Dissertation Grades. At the end of each semester in which a student is enrolled for the CCP 799 thesis course an academic grade, e.g. A-F, is required to be entered reflecting the progress made and the quality of the progress made by the student up to that point. In assigning a grade, CCP faculty may take into consideration prior work deadlines and progress benchmarks that were established in writing between them and the students at the outset of that semester. Students cannot be given a grade of "P" (in progress) and should only be given a grade of "I" (incomplete) if some unforeseen circumstances impeded their completing the expected progress at the expected quality on their thesis project up to that point.

Completion of a dissertation, as evidenced by entering of a grade of "B" or higher on the final thesis course credit, is determined by the approval of your major professor, a majority of your committee, the Psychology Department chair, and the Dean of the Graduate School. Typically, a student will be enrolled in CCP 799 continuously from the inception of the research to its completion. However, a student MUST complete at least 9 credit hours of CCP 799 course credits in order to graduate and must be enrolled in at least one credit hour of thesis or project in the semester in which he or she intends to graduate, unless an override to this policy is granted by the Dean of the Graduate School. Students who have completed the dissertation prior to the end of their internship will now automatically receive a waiver to register for dissertation during any remaining semesters they have until completion of their internship.

Internship

All doctoral students are required to complete a full-time APA-Accredited Internship of one calendar year in. Students must have a successful dissertation proposal approved by **October 15**th. Students are **strongly** urged to complete their dissertation research before leaving for internship. Students should be prepared to travel outside the state for their internship experience.

Note: All program requirements and timelines must be adhered to regardless of the internship setting. Note: A non-accredited internship could have implications for licensing.

Students are offered the chance to participate in a voluntary weekly hour internship group that primarily focuses on helping students prepare their CVs and their four essays required for internship application. These meetings begin during the summer preceding the fall in which they apply for internship.

The DCT and A-DCT as well as the student's mentor assist the student in selecting appropriate internship sites and in reviewing their application materials.

The process of applying for internships begins in spring and summer as students select sites and prepare application materials for submission. In October students must submit their records of clinical practica hours for approval by the DCT. The earliest submissions dates are typically in early November. Students receive notice of interviews in November and December, and typically attend interviews in December and January. The process culminates on Match Day in February (the day APPIC National Matching Services, Inc. match interns with participating programs). Students must be registered for at least 1 credit hour of the internship course during all semesters in which they are active on internship. This is usually only three semesters, but, depending on the internship schedule, may end up requiring four semesters of internship coursework. Students must register for a minimum total of 3 credit hours of internship across their internship year. Students cannot be on an assistantship with the university during their internship, and should be prepared to pay the tuition associated with these internship credit hours during that time period.

Internship Application Process

- May 1st
 - Ph.D. Comprehensive Examination must be passed
- May 15th
 - General instruction meeting with the DCT or A-DCT

• June – August

Prospective interns acquire information and applications from internship sites using the AAPIC Directory for

the APPIC Internship Matching Program. Additionally, students may take part in the internship preparation meeting with the DCT or A-DCT which will focus on preparing application materials, particularly the required essays.

October 1st

Final list of mentor-approved sites that includes names, addresses, and deadlines for letters of recommendation is given to the DCT.

Final drafts of mentor-approved essays mentors and DCT

October 15th

Dissertation Proposal must be approved by committee before applying Practica hours must be submitted to DCT for verification

November-January 1st

Application deadlines

November-February

Interviews

December 1st

Deadline date by which applicants must return their agreement forms to National Matching Services, Inc. in order for their name and code number to be included in the Listing of Participating Applicants.

December 31st

Date applicants and training directors will receive their Rank Order List forms, listing of match participants with Code Numbers and instructions for submitting Rank Order Lists.

February 7th

Deadline for receipt of National Matching Services, Inc. of applicant and program

Rank Order Lists

No Rank Order Lists can be accepted after this date.

February 23rd

Students are informed as to whether or not they have been matched to an internship position. However, applicants, will **NOT** be told the specific program to which they have been matched until APPIC Match Day

February 26th

APPIC Match Day

Applying for Graduation

Students must submit an application for the Doctor of Philosophy degree during the semester before the semester of graduation in the Registrar's Office. The dates are specified in the <u>University Calendar</u>. While the USA faculty and staff will endeavor to provide each student with timely and accurate advisement, it is the student's responsibility to know and satisfy the degree requirements of the academic program, to be aware of the University calendar, and to understand and comply with University academic policies and procedures.

Licensure

In addition to needing to comply with the voluntary requirements of accreditation, students who graduate from a professional psychology program must have taken the coursework and achieved the skills to be eligible for licensure in the 50 states in which they might reside. Having graduated from a program that is accredited by the American Psychological Association provides initial assurance to these legal credentialing bodies that the quality and program of training is appropriate to the services that psychologist graduates may offer to the public. Beyond this recognition, however, licensing boards typically review a student's transcripts and the specific program description to assure that the student has received sufficient instruction and training to assume that he or she is competent to practice. For those who pass these two reviews, credentialing bodies provide examinations to test the level of knowledge and expertise of the applicants.

EVALUATION OF STUDENTS

Rationale for Comprehensive and Periodic Evaluation of CCP Students

Students and trainees in professional psychology programs (at the doctoral, internship, or postdoctoral level) should know—prior to program entry, and at the outset of training—that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainee's knowledge or skills may be assessed (including, but not limited to, emotional stability and well-being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible—that the student-trainees who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner.

Because of this commitment, and within the parameters of their administrative authority, professional psychology education and training programs, faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence relating to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements.

Ethical Principles

The CCP Program supports the adherence to ethical principles in the conduct of any professional activity, especially when it comes to the provision of psychological services to the public. As students work toward a doctoral degree, they will be asked to abide by these principles as well. Three booklets are available from the American Psychological Association; each includes statements concerning ethics. These three booklets are Ethical Principles in the Conduct of Research with Human Participants, and Standards for Providers of Psychological Services. See Appendix A-2 for a copy of the APA Ethical Standards.

Prior to enrolling in the CCP Program, students are asked to sign a statement indicating their agreement to conduct themselves in a manner that conforms to these ethical principles (see Appendix A). In addition, they were asked to agree to notify the CCP Core Faculty of any part-time work of a clinical nature in which they are engaged while a student in the CCP Program. The Core Faculty have to verify that appropriate supervision will be provided and that students will not be required to engage in clinical activities for which they are not sufficiently qualified. Violation of either of these agreements is a serious infraction and dismissal from the CCP Program may be recommended. In general, we recommend that no student work outside of the program for the first two years of graduate study, as the demands of the program are quite intense.

Ethical behavior and acceptance of diversity are expected to be reflected in the actions of faculty, students, and staff. That is, in all professional relationships, the CCP Program expects that its constituents will (a) maintain a fundamental respect for human diversity, (b) accept the scientific method and empirical evidence as the primary criteria by which to determine the nature of their professional activities, and (c) rely upon the

APA Ethical Standards of Psychologists and Code of Conduct to define the priorities given to their own and other's needs, and to guide their relationships with others. These principles govern to whom services will be offered by our students, the nature of those services, and the conduct of faculty, students, and staff in providing these professional services. The services that are provided by the CCP Program are not restricted by client age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status. Every reasonable effort is made to ensure that the services provided are both empirically supportable and the objects of scientific inquiry. Both faculty and students are expected to work to expand knowledge, to learn to work with the widest possible range of diversities, and to conduct the most current and valid interventions available. Throughout training, ensuring each client's welfare is of preeminent importance. We strive to ensure that the needs and desires, as well as the diversities of clients and potential clients are respected, within three constraining influences: (1) limits established by ethical and scientifically sound practice, (2) limits allowed by reasoned professional judgments as to the compatibility of the client's goals with the educational and scientific missions of the CCP Program, and (3) limits imposed by the resources available to the CCP Program. It is the responsibility of faculty and students to keep clients fully apprised of these limitations and of the risk and benefits that can be expected to be attendant on service.

CCP Program also adheres to the APA Ethical Code 7.04 Student Disclosure of Personal Information wherein Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others. The only exception that might be applied to this rule is when information is considered necessary to evaluate or obtain assistance for a student whose personal problems could reasonably be judged to be preventing him or her from performing professional activities in a competent manner or when a student is judged to pose a threat to self, clients, other students or faculty.

Mid-Year & Annual Competency Evaluation

Graduate students will be evaluated comprehensively at mid-year at and the end of each academic year through a process that will be described below. Mid-year evaluations are completed during the month of December and provided to students in January. Annual competency evaluations are completed in April and provided back to students in June. Students must provide their signature on the annual evaluation results and indicate that they concur with the feedback or they may concur with provide commentary, or they may disagree with the feedback and request re-review. The reviews will be offered by all CCP Core Faculty involved with each student as warranted by the faculty's role or experiences with the student. These evaluations provide a critical means by which a student can gain a more comprehensive understanding of their current competencies, areas of relative strength, and areas to target for growth and development. Overall feedback will be also given about the student's progress in academic courses, clinical casework, research progression, and fellowship/assistantship activities. Written feedback will generally be tied to the core competencies that are defined below. Faculty advisors will be responsible for taking notes during the program student evaluation meetings and writing the evaluative feedback in the prior to meeting with the student. Quantitative ratings will be generated by the CCP Core Faculty and compiled by the DCT or their designate. A summary of the results will be distributed to the individual student in a meeting with his or her faculty mentor. While this process is the typical one, at any time, either a student or a CCP Core Faculty member, can request that the individual evaluation feedback meeting also be attended by or facilitated by the DCT. Evidence that faculty rate a student's skills as meeting minimum competency benchmarks for their developmental level in both the foundation and functional areas listed below is necessary for professional practice and, therefore, is required

for completion of the CCP doctoral training program.

At the end of each academic semester the CCP Program Faculty evaluate each student's progress toward the completion of their Ph.D. The primary purpose of this bi-annual evaluation is to provide an opportunity to update the entire faculty about students' accomplishments during the half of a year. Additionally, a semiannual evaluation provides an opportunity to remedy any situations that may lead to future difficulties and recommend a course of action that would allow students to earn a degree and obtain the type of job that they want. The evaluation at the end of the fall semester is formative and typically no student in their initial semester of study is dismissed or placed on probation following this assessment. However, we do institute remediation plans that are designed to catch problems early, with the hope that we will be able to help a student avoid more serious problem at the annual evaluation, which occurs at the end of the spring semester. The plan is designed to minimize program attrition and/or dismissal. This competency rating form is completed by; a) the student him or herself, e.g. self-rating, b) anonymously by the student's peers (only in May/June at the annual summative evaluation period), and c) by the CCP core faculty who have had pertinent interactions with the student during the most recent time interval. The DCT, A-DCT, Clinic Director and the student's mentor typically rate every student at each interval given the ongoing frequent interactions such parties have with the student. Other faculty rate the student based on whether they have taught, supervised or provided some secondary mentorship to the student in the time period in question. Each rater is asked to only rate competencies for which they have directly observed the student's performance and to not rate competency domains for which they do not have direct observational data. Lastly, the self-ratings and peer ratings are not used to make decisions about remediation, probation and dismissal. Only the faculty ratings are used as a basis for decisions that may change a student's good standing in the program. Moreover, any qualitative feedback provided by peers is not directly shared with students. Rather, the mentor will summarize the peer qualitative feedback and extract a summary of the most constructive feedback available from these statements. The qualitative faculty feedback is provided unaltered to the student.

Evaluation Rubric. The self-ratings, peer ratings and faculty ratings on each competency domain will be provided using a 10-point rating scale. A rating of 1-3 is stipulated as reflecting that skills in that competency domain are below typical expectations. A rating of 4-6 is meant to indicate typical skills for someone at that student's level of professional development. A score of 7-10 is meant to denote markedly above expectations on that competency domain for students at that level of professional development. An average score across faculty raters of 3.5 or lower on any given competency domain automatically triggers a formal remediation plan.

A summary of the competency domains is provided below.

Foundational Competencies

- 1. <u>Providing Feedback</u> Ability to deliver timely and relevant feedback to others that is fundamentally constructive, based on actual experience and/or data and delivered in a manner that is sensitive to the personal and cultural values of the recipient.
- **2.** <u>Receiving Feedback</u> Ability to receive feedback from others in a non-defensive manner and to apply the feedback to the task of improving professional skills and behavior.
- **3.** <u>Professionalism</u> Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility.
 - A. Integrity Honesty, personal responsibility, and adherence to professional values
 - B. Deportment How to conduct oneself in a professional manner
 - C. Accountability
 - D. Concern for the welfare of others
 - E. Professional identity
- **4.** <u>Reflective Practice/Self-Assessment/Self-Care</u> Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.
 - A. Reflective Practice Basic mindfulness and self-awareness
 - B. Self-Assessment Knowledge of core competencies
 - C. Self-Care
- **5.** <u>Scientific Knowledge and Methods</u> Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.
 - A. Scientific mindedness Critical scientific thinking
 - B. Scientific foundations of psychology
 - C. Scientific foundations of professional practice
- **6.** <u>Relationships</u> Relate effectively and meaningfully with individuals, groups, and/or communities.
 - A. Interpersonal relationships
 - B. Affective skills
 - C. Expressive skills
- 7. <u>Individual and Cultural Diversity</u> Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.
 - A. Self as shaped by individual and cultural diversity and context
 - B. Others as shaped by individual and cultural diversity and context
 - C. Interaction of self and others as shaped by individual and cultural diversity and context
 - D. Applications based on individual and cultural context
- **8.** <u>Ethical Legal Standards and Policy</u> Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.
 - A. Knowledge of ethical, legal, and professional standards and guidelines
 - B. Awareness and application of ethical decision making
 - C. Ethical conduct

- **9.** <u>Interdisciplinary Systems</u> Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.
 - A. Knowledge of the shared and distinctive contributions of other professions
 - B. Functioning in multidisciplinary and interdisciplinary contexts
 - C. Understanding of how participation in interdisciplinary collaboration/consultation enhances outcomes
 - D. Respectful and productive relationships with individuals from other professions

Functional Competencies

- **10.** <u>Assessment</u> Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.
 - A. Measurement and psychometrics
 - B. Evaluation methods
 - C. Application of methods
 - D. Diagnosis
 - E. Conceptualization and recommendations
 - F. Communication of findings
- **11.** <u>Intervention</u> Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.
 - A. Knowledge of interventions
 - B. Intervention planning
 - C. Skills in intervention
 - D. Intervention implementation
 - E. Progress evaluation
- **12.** <u>Research/Evaluation</u> Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.
 - A. Scientific approach to knowledge generation
 - B. Application of scientific method to practice

Advanced Functional Competencies

- **13.** <u>Consultation</u> The ability to provide expert guidance or professional assistance in response to a client's needs or goals.
 - A. Role of consultant
 - B. Addressing referral question
 - C. Communication of findings
 - D. Application of methods
- **14.** <u>Supervision</u> Supervision and training in the professional knowledge base and in evaluation of the effectiveness of various professional activities.
 - A. Expectations and roles
 - B. Processes and procedures
 - C. Skills development
 - D. Awareness of factors affecting quality
 - E. Participation in supervision process
 - F. Ethical and legal issues

- **15.** <u>Teaching</u> Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology
 - A. Knowledge
 - B. Skills
- **16.** <u>Management-Administration</u> Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).
 - A. Management
 - B. Administration
 - C. Leadership
 - D. Evaluation of management and leadership
- **17.** <u>Advocacy</u> Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level.
 - A. Empowerment
 - B. System change

Student Activity Report (SAR)

In addition to the mid-year and annual competency evaluation procedure students are also asked to submit a copy of their curriculum vita (CV) and complete a "Student Activity Report" for the year (see Appendix M). The activity reports are designed to update each student's assigned mentor regarding his or her activities during the past year and will allow all faculty to learn about the progress of students who are not directly under their supervision. This is also a good opportunity for students to reflect on their progress in the program and to develop personal goals for the coming year. The Student Activity Report (SAR) form is comprehensive in that it included opportunities for students to describe their coursework, research, clinical training, teaching, assistantships, and service activities during the past year. It is <u>not</u> expected that students will have participated in all of these activities during the year. In addition to the activity report, students are expected to provide copies of their clinical evaluations and teaching performance ratings from the past year. Students are encouraged to ask their supervisors for a copy of the written evaluation at the end of each semester. Students are required to give the completed activity report (including copies of teaching and clinical evaluations) and their CV to their mentor on or before May 1st of the year.

The CCP Program core faculty members meet to discuss students' progress during the month of May each year. During the annual meeting, faculty mentors will use the SAR, results from the semi-annual and annual competency evaluation ratings, their own observations to present a brief overview of each student's progress in the areas of research, clinical training, teaching, service, and coursework. The entire faculty will then share information about each student's strengths and any suggestions for improvement. Following this meeting, faculty mentors will write a letter detailing the student's accomplishments during the past year and any suggestions from the faculty for the future year. When the letter is completed, faculty advisors will contact each student and schedule a meeting to discuss the letter, review their annual competency evaluation results and to provide an opportunity for students to discuss any of their ideas or concerns. If the mentor does not schedule such a meeting in a timely manner, students are encouraged to either remind faculty members to schedule this meeting or to discuss the problem with the Director of Clinical Training (DCT). At the meeting with the mentor, each student will be given a copy of their feedback letter. Students will be given the chance to write any comments at the bottom of the letter and then will be asked to sign the letter. A copy of the SAR, CV, annual competency evaluation results and feedback letter will be placed in each student's file. See Appendix M for a copy of the SAR form.

Professionalism & Etiquette Guidelines

It is important to remember that clinical students represent the profession of clinical psychology in the classroom, clinical and research settings, and community. This involves demonstrating professionalism in your actions and interactions with peers, faculty, staff, supervisors and other professionals as well as with the students you teach/mentor, clients, research participants, and others with whom your work.

Dress in Professional Environments: When in the main area of the USA Psychological Clinic and on clinical placements, students should dress in a reasonably neat manner that is appropriate to the professional nature of their activities (e.g., no jeans, t-shirts, transparent or low cut blouses, short skirts, tennis shoes, flip-flops, etc.). Clinic/placement dress code may be modified on a case-by-case basis (e.g., when working with a child client, etc.).

Professional dress is also expected for official presentations in the department (thesis/dissertation proposals/defenses; clinical orals) and at professional meetings. Casual dress is permitted in the classroom and in the student room or research labs.

Responsibility for Websites, Blogs, Email, Email Signature and Answering Machine/Voice Mail Messages.

The Council of University Directors of Clinical Psychology (CUDCP) has shared information with member programs concerning the potential implications of information clinical graduate students share in various electronic modalities, such as blogs, personal pages in sites such as Facebook or other social media, on personal web pages, emails, and recorded messages on home answering machines or voicemails. These electronic media are being accessed or used in ways that extend beyond their original intent. That is, what may seem to be fun, informative, and candid might actually put the student and, by extension, the Program, USA, and/or the profession in a bad light. Furthermore, there are now a number of negative episodes in training programs and at universities where graduate students have been negatively affected by material on WebPages, emails, and answering machine messages.

- Examples of how these media have been accessed include, but are not limited to, the following: Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicant in the match.
- Clients are conducting web-based searches on trainees' names and finding information about therapists (and declining to come to clinics based on what they find).
- Potential employers are conducting on-line searches of potential employees prior to interviews and job offers.
- Legal authorities are looking at websites for evidence of illegal activities. Some *prima facie* evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.
- Emails from faculty and students have been shared with/published in newspapers, which, in turn, has caused harm for those involved.
- Answering machine/voicemail messages are designed to be entertaining to your peers, express your
 individuality, and be cute indications of your sense of humor, but are perceived as unprofessional when
 accessed by supervisors, students, clients, or current or potential employers.

Consequently, what might be seen as "private" self-disclosure reflecting a student's perception of him/herself among friends may actually be much more public of a disclosure than one expected. This includes blogs, personal pages in Facebook and other social media that may have been started *before* graduate school. Anything on the World Wide Web is potentially available to all who seek.

Trainees are reminded that, if you identify yourself as a graduate student in the program, then the program has an interest in how you portray yourself and the program. Students are advised to engage in "safe" web practices and be concerned now about professional demeanor and presentations. If you report doing (or are depicted on a website or in an email as doing) something unethical or illegal, and this information is conveyed to program faculty, this information may be used by the program to determine probation or even retention. As a preventive measure, students (and faculty) should approach online blogs and websites that include personal information, carefully. Consider the image you wish to portray of yourself in the content and signature lines of your email. In these cases, is there anything posted that one would not want the program faculty, employers, family, or clients to read or view?

Students are expected to familiar with and adhere to policies regarding appropriate use of information technology and network access.

Cell Phones. Professionalism is expected in appropriate student use of cell phones and texting. Use the vibrate function or turn your cell phone off during all classes, in clinical and research sessions, during supervision and meetings with your mentor or mentees, while teaching, and when presenting at or attending sessions at a professional meeting or conference. It is disrespectful and inappropriate to send or respond to calls or texts during these activities.

Furthermore, if your cell phone or home telephone is ever used for professional purposes (research, teaching, or clinical activities), be sure the voice mail greeting is appropriate and professional in demeanor and content. Greetings on voicemail services and answering machines should be thoughtfully constructed.

Email. With regard to email messages, students should not include content in their message concerning themselves, others, or the program that is inappropriate, unprofessional, or unethical to share with others. One is not in control of who eventually views these emails (e.g., if they are forwarded to others or inadvertently sent out to a complete email list) or how the content of the email will affect the impressions others may form of you, both personally and professionally.

USA provides an account for all students upon entering the University. The account is free of charge and currently remains active as long as the student remains actively enrolled. Email sent by the University and the CCP Program to the student's university email address constitutes an official means of communication.

Important program information and announcements are made primarily through email messages sent to USA email addresses, thus it is critical that students, faculty and staff check their messages regularly. Computers are available in the department and across campus to send and read email messages.

Dismissal from the CCP Program

The first time a student is found to have unsatisfactory reviews in any one of the aforementioned categories (which would be represented by receiving a mean competency category score of less than 1.75 on any domain on the mid-year or annual competency evaluation). In this scenario the program faculty at the direction of the DCT and in consultation with the student's mentor will work with the student to develop a remediation plan for the following semester. This plan will also have to be approved by the CCP Program Core Faculty. Remediation plans may consist of simply highlighting an area of concern and warning the student that this domain will be given close scrutiny, as well as identifying specific learning and skill supports that will be required of and provided to the student during the next semester in order to address the deficiency. If a student continues to receive unsatisfactory reviews, as defined above, for two or more evaluation periods, and after remediation notices and/or plans have been attempted, the CCP Program Core Faculty will conduct a review of that student and recommend an appropriate action, including but not limited to recommendations to the presiding Department Chairs that the student be: a) placed on formal probation in the program as a prelude to dismissal if improvement is not seen, b) additional more intensive remediation measures, or c) dismissal from the graduate program entirely. Every effort is made in this process to ensure sufficient time and effort is given to remediate documented deficits and to ensure students have appropriate due process rights granted include timely and specific feedback about competency concerns.

PROCEDURES FOR COMPLAINTS

If there are any curriculum related problems (i.e., availability of courses, course waivers, or approval of transfer credits) that arise during the course of studies, students should first consult with your research advisor or faculty mentor. If they cannot resolve the problem to their satisfaction at that level, they may then go through the following channels: (1) DCT, (2) department chairpersons, and (3) the dean of the Graduate School. If possible, problems should be dealt with at the program level. In no case should a student go outside of the program with his or her concerns without first trying to resolve the problem within the program.

A graduate student who has an academic appeal (i.e., grade appeal) should consult with the faculty member concerned and the DCT to seek an acceptable solution to the problem. If no agreement can be reached, an administrative appeal procedure is available. Information concerning this procedure is obtained from the Graduate Dean. Be advised that, if a student wishes to appeal a grade, the formal appeal procedure must be initiated within the first four weeks of the semester following that in which the course was taken, except summer.

PROGRAM LEADERSHIP AND COMMITTEES

Administrative Structure

- 1. *CCP Program Faculty Meetings*: The CCP Program meetings will consist of all the core faculty and one CCP student. The faculty meetings addresses issues related to all program functions. CCP faculty meetings occur at the request of the DCT and typically occur on a monthly basis.
- 2. *CCP Leadership Team Meetings:* The CCP Leadership Team consists of the DCT, A-DCT, both department chairpersons, and the USA Psychological Clinic Director. Leadership meetings should occur a least twice a semester, if not monthly.
- 3. *CCP Academic Curriculum Committee*: This committee provides recommendations to the Core Faculty on course sequencing and course offerings in the CCP program. This committee is comprised of 3 Core Faculty members and the GSO Student Representative.
- 4. *Clinical Training & Practica Committee;* This committee is comprised of the DCT and 2 Core Faculty members. This committee reviews clinical training and supervision issues as well as the structure and nature of all CCP practica opportunities both internal and external and provides recommendations back to the Core Faculty for needed changes or modifications.
- 5. *CCP Admissions Committee*: The Admission Committee is composed of the CCP Core Faculty and one student representative. The committee is responsible for the initial review of applications to the CCP Program, communication with applicants, and development of standards for admission to the graduate program.
- 6. **Psychological Clinic Advisory Committee**: The Psychology Clinic Committee is composed of the clinic director, DCT and A-DCT. It addresses issues, such as HIPAA compliance, office policies and procedures, use of resources and new purchases, and recruitment of clients.
- 7. **Orientation & Retreat Committee:** This committee is comprised of 1 Core Faculty member and 3 CCP students. The committee coordinates the provision of orientation to new students and organizes and oversees the conduct of the annual CCP retreat.
- 8. *CCP New Student Orientation Committee*: The Orientation Committee is composed of the DCT, one other CCP Core Faculty member, and one student representative. This committee is responsible for conducting the orientation for new CCP students in the week that precedes the beginning of the fall semester.
- 9. **Assessment & Program Evaluation Committee:** This committee is composed of the DCT and 2 Core Faculty members. The committee oversees and reports back findings related to the mid-year and annual student competency evaluation as well as the annual CCP program evaluation.
- 10. *Diversity Committee*: This committee is composed of 3 Core Faculty members and 2 CCP students. This committee makes recommendations to the Core Faculty regarding the recruitment and retention of diverse students and faculty members. As well the committee makes recommendations as to procedures and activities that would increase the exposure of CCP students to culturally diverse perspectives or will provide a safe and culturally sensitive environment for all CCP students.
- **11.** Faculty-Student Relations Committee: This committee is composed of 2 Core Faculty members and 2 CCP students. This committee makes recommendations to the Core Faculty as to how to enhance and improve communication and positive professional relationships.

CCP Student Representatives

The CCP Graduate Student Organization (GSO) is a comprised of CCP students at both the M.S. and Ph.D. level. The CCP GSO maintains its own bylaws and administrative structure. The President and Vice-President of the GSO serve as the CCP Student Representatives to the faculty. In this capacity they meet with their fellow students and solicit feedback and input, which is delivered through various mechanisms, including regular attendance at CCP faculty meetings, direct input to the DCT, and consultation with the Student-Faculty Relationship Committee Chair. Students are also appointed to standing committees, which share CCP Program responsibilities. The student representative to each committee is responsible for attending committee meetings and for voicing CCP student body concerns. The graduate students are responsible for selecting which student will represent their interests in each of the committees.

FINANCIAL AID

Graduate Assistantships. Information concerning assistantships and fellowships may be obtained from the college or department concerned or online at

https://www.southalabama.edu/colleges/graduateschool/information.html. Tuition granted for a graduate assistantship and fellowship may not be applied to courses outside of the degree program. The program strives to secure internal and external sources of funding to employ CCP students in assistantships during the entirety of their program, though this is not guaranteed and the assignment of assistantships is completed on a year-by-year basis. Assistantships pay a minimum stipend of \$11,000 per calendar year and may pay as much as \$15,000 per year for externally-funded assistantships. By agreement no CCP student will receive an assistantship stipend larger than \$15,000 per calendar year. Internal assistantships pay for 12 credit hours of tuition each semester. External assistantship may or may not cover all of a student's tuition as this will vary depending on the budget of the external funding. Students who, for various reasons, must take an extra year in their doctoral study may be especially vulnerable to not receiving assistantship funding during the additional year, though the program will make every effort to identify funding for such students.

Guidelines for Part-Time Employment and Practicum Experience. The Clinical and Counseling Psychology (CCP) Doctoral Training Program at the University of South Alabama encourages students to acquire clinical skills and experience in a variety of settings. However, it is necessary that clinical work be performed responsibly, with due caution for and protection of both client and clinician, since the outcome may include making major decisions or alterations in the client's life course. In addition, clients may pursue complaints about real or imagined inadequacies of services or take legal action. Therefore, it is important that CCP Program students are neither exploited nor placed in positions where they overextend their level of skills, thereby violating ethical or legal standards. The purpose of this statement is to set forth guidelines concerning academic credit and/or employment in clinical settings with a rationale for some of the issues involved.

Practicum experiences usually involve academic credit, but very rarely pay. At this level, students are learning new skills, beginning to apply previously taught skills (such as assessment or crisis intervention), or working with patients with whom they have had little previous experience (such as individuals suffering from psychosis, intellectual disability, or who have experienced cultural disadvantage). Since much of a student's involvement is for learning purposes, services are secondary and often offset the amount of time provided by the agency in training or supervision.

Problems with over extension of skills or lack of procedural safeguards most often arise when students are paid for part-time clinical work outside of the usual protection of established agencies; i.e., in working in private agencies or for professionals in independent practice.

Students are in most danger from potential legal action by clients when the following situations occur:

- 1. No malpractice insurance in force that covers all employees
- 2. Student is not considered an "employee" but an "independent contractor"
- 3. No written job description
- 4. Going beyond job description
- 5. There is no professional available for routine supervision and emergency assistance
- 6. The employer is not an established agency but a consortium of independent practices

In addition, students run the risk of violating the state licensing law and/or meeting professional disapproval in any context where they assume major responsibility for patient care.

To assist a student in protecting him or herself and clients, and to enable the CCP Program faculty to negotiate with settings that are not providing adequate safeguards, it is required that each student who is engaged in any type of clinical work off-campus not directly under the supervision of a CCP Program Core Faculty member, nor arranged through the Director of Clinical and Counseling Training (DCT) should describe the work in writing at the beginning of each semester. This should include the setting, the supervisor(s), the number of hours of employment expected, and whether the work is paid. This information should be sent to the DCT before any employment begins. If there is doubt as to whether the facility meets the standards listed below, the DCT will discuss the problem with the student and will contact the agency or professional involved.

Suggested Standards for Agencies. In operation for at least five years, headed by an appropriately trained professional for the type of agency; direct supervision by a qualified professional; work done on premises with emergency assistance available; insurance coverage for student; written job description.

Students or persons with narrow-based training or experience may be able to work with a professional under his/her direction and offer appropriate, if limited, services to clients. However, clear limits are necessary to prevent the student from assuming responsibility for major or final patient care decisions that cannot be justified without the above conditions having been met.

It is expected that students enrolled or continuing in CCP Program will be knowledgeable about ethical and legal standards for providing services and will adhere to these standards. Finally, even after a student completes the doctoral degree, he or she should continue to follow accepted ethical and legal standards for provision of psychological services.

The CCP Program core faculty views the following behaviors on the part of a student as serious violations of the above guidelines and grounds for investigation and possible dismissal from the program:

- 1. Misrepresenting (or allowing the misrepresentation of) training, degree-status, program enrollment, or extent of supervision.
- 2. Functioning in any respect as an independent practitioner regardless of setting or title.
- 3. Engaging in behavior that violates ethical standards, as set forth in the most recent <u>Ethical Principles of Psychologists</u> and the <u>Standards for Providers of Psychological Services</u>.
- 4. Going beyond levels of training or experience without adequate supervision.
- 5. Engaging in any clinical work, with or without pay, which has not been given prior approval by the CCP Program core faculty.

APPENDICES

APPENDIX A-1: CLINICAL AND COUNSELING PSYCHOLOGY DOCTORAL TRAINING PROGRAM: ETHICS AGREEMENT

I understand and will abide by the <u>Guidelines for Part-Time Clinical Employment</u>. I also agree to conduct myself in an ethical manner as set forth in <u>Ethical Standards of Psychologists</u> and <u>Standards for Providers of Psychological Services</u>.

I understand and acknowledge that I may be disciplined and possibly dismissed from the Clinical and Counseling Psychology (CCP) Program if I engage in behaviors that are enumerated in the <u>Guidelines for Part-Time Clinical Employment</u> as violations which may call for disciplinary action or dismissal, or if violations of professional ethical principles should contraindicate my ability and effectiveness in the rendering of professional services. It is my understanding that my professional behavior will be reviewed and evaluated in such regard and that due process will be observed.

I concur by my signature to this statement that following admittance to the Clinical and Counseling Psychology Doctoral Training Program at the University of South Alabama, should circumstances prevail that prevent me from graduating; I will at no time give the impression to others that I am a graduate of the CCP Program at the USA.

Signature			
Witness			

Return this page to:

The Director of Clinical and Counseling Training (DCT)
75 S. University Blvd., UCOM 1000, University of South Alabama, Mobile, AL 36688

APPENDIX A-2: Ethical Principles of Psychologists and Code of Conduct - 2002

CONTENTS

INTRODUCTION AND APPLICABILITY

PREAMBLE

GENERAL PRINCIPLES

Principle A: Beneficence and Non-malfeasance

Principle B: Fidelity and Responsibility

<u>Principle C</u>: Integrity Principle D: Justice

Principle E: Respect for People's Rights and Dignity

ETHICAL STANDARDS

1. Resolving Ethical Issues

- 1.01 Misuse of Psychologists' Work
- 1.02 Conflicts between Ethics and Law, Regulations, or Other Governing Legal Authority
- 1.03 Conflicts between Ethics and Organizational Demands
- 1.04 Informal Resolution of Ethical Violations
- 1.05 Reporting Ethical Violations
- 1.06 Cooperating With Ethics Committees
- 1.07 Improper Complaints
- 1.08 Unfair Discrimination against Complainants and Respondents

2. Competence

- 2.01 Boundaries of Competence
- 2.02 Providing Services in Emergencies
- 2.03 Maintaining Competence
- 2.04 Bases for Scientific and Professional Judgments
- 2.05 Delegation of Work to Others
- 2.06 Personal Problems and Conflicts

3. Human Relations

- 3.01 Unfair Discrimination
- 3.02 Sexual Harassment
- 3.03 Other Harassment
- 3.04 Avoiding Harm
- 3.05 Multiple Relationships
- 3.06 Conflict of Interest
- 3.07 Third-Party Requests for Services
- 3.08 Exploitative Relationships
- 3.09 Cooperation with Other Professionals
- 3.10 Informed Consent
- 3.11 Psychological Services Delivered To or Through Organizations
- 3.12 Interruption of Psychological Services

4. Privacy and Confidentiality

- 4.01 Maintaining Confidentiality
- 4.02 Discussing the Limits of Confidentiality
- 4.03 Recording
- 4.04 Minimizing Intrusions on Privacy

- 4.05 Disclosures
- 4.06 Consultations
- 4.07 Use of Confidential Information for Didactic or Other Purposes

5. Advertising and Other Public Statements

- 5.01 Avoidance of False or Deceptive Statements
- 5.02 Statements by Others
- 5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs
- 5.04 Media Presentations
- 5.05 Testimonials
- 5.06 In-Person Solicitation

6. Record Keeping and Fees

- 6.01 Documentation of Professional and Scientific Work and Maintenance of Records
- 6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
- 6.03 Withholding Records for Nonpayment
- 6.04 Fees and Financial Arrangements
- 6.05 Barter with Clients/Patients
- 6.06 Accuracy in Reports to Payers and Funding Sources
- 6.07 Referrals and Fees

7. Education and Training

- 7.01 Design of Education and Training Programs
- 7.02 Descriptions of Education and Training Programs
- 7.03 Accuracy in Teaching
- 7.04 Student Disclosure of Personal Information
- 7.05 Mandatory Individual or Group Therapy
- 7.06 Assessing Student and Supervisee Performance
- 7.07 Sexual Relationships with Students and Supervisees

8. Research and Publication

- 8.01 Institutional Approval
- 8.02 Informed Consent to Research
- 8.03 Informed Consent for Recording Voices and Images in Research
- 8.04 Client/Patient, Student, and Subordinate Research Participants
- 8.05 Dispensing With Informed Consent for Research
- 8.06 Offering Inducements for Research Participation
- 8.07 Deception in Research
- 8.08 Debriefing
- 8.09 Humane Care and Use of Animals in Research
- 8.10 Reporting Research Results
- 8.11 Plagiarism
- 8.12 Publication Credit
- 8.13 Duplicate Publication of Data
- 8.14 Sharing Research Data for Verification
- 8.15 Reviewers

9. Assessment

- 9.01 Bases for Assessments
- 9.02 Use of Assessments
- 9.03 Informed Consent in Assessments

- 9.04 Release of Test Data
- 9.05 Test Construction
- 9.06 Interpreting Assessment Results
- 9.07 Assessment by Unqualified Persons
- 9.08 Obsolete Tests and Outdated Test Results
- 9.09 Test Scoring and Interpretation Services
- 9.10 Explaining Assessment Results
- 9.11. Maintaining Test Security

10. Therapy

- 10.01 Informed Consent to Therapy
- 10.02 Therapy Involving Couples or Families
- 10.03 Group Therapy
- 10.04 Providing Therapy to Those Served by Others
- 10.05 Sexual Intimacies with Current Therapy Clients/Patients
- 10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients
- 10.07 Therapy with Former Sexual Partners
- 10.08 Sexual Intimacies with Former Therapy Clients/Patients
- 10.09 Interruption of Therapy
- 10.10 Terminating Therapy

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payers for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term reasonable means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles

and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional

misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03,

Conflicts between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

- (a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.
- (b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.
- (c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.
- (d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.
- (e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect

clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

- (a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.
- (b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

- (b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.
- (c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intimacies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

- (a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)
- (b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.
- (c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.
- (d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

- (a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services,
- (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.
- (b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of

the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

- (b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.
- (c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

- (a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.
- (b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

- (a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.
- (b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are

affiliated.

- (b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.
- (c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

- (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.
- (b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)
- (c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work (a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of

Records.)

- (b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.
- (c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

- (a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.
- (b) Psychologists' fee practices are consistent with law.
- (c) Psychologists do not misrepresent their fees.
- (d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)
- (e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter with Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a

current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

- (a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)
- (b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

- (a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)
- (b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

- (a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.
- (b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform

participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

- (a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.
- (b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

- (a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.
- (b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value

and that effective nondeceptive alternative procedures are not feasible.

- (b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.
- (c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

- (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.
- (b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.
- (c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

- (a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
- (b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
- (c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)
- (d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
- (e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
- (f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.
- (g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

- (a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)
- (b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

- (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)
- (b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory

statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

- (a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.
- (b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

- (a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)
- (b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)
- (c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

- (a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.
- (b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.
- (c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

- (a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and
- (b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

sufficient opportunity for the client/patient to ask questions and receive answers.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

- (a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)
- (b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, which might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

- (a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.
- (b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)
- (c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security

The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

- (a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)
- (b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)
- (c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

- (a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)
- (b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as

family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

- (a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.
- (b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

- (a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.
- (b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
- (c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, http://www.apa.org/ethics. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). American Psychologist, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

Ethics Code 2002.doc 10/8/02 Ethics Code 2002.doc 10/8/02 © 2002 American Psychological Association

APPENDIX B: ADMISSIONS AGREEMENT UNIVERSITY OF SOUTH ALABAMA DEPARTMENT OF PSYCHOLOGY

TO: CCP Doctoral Program Admission Candidates

FROM: Joseph Currier, Ph.D., Associate Professor and Director of Clinical Training

DATE: April 1, YYYY

RE: Admission acceptance form

Clinical and Counseling Psychology Doctoral Training Program: Admissions Agreement

You have been offered admission to the Combined Clinical-Counseling Doctoral Program at the University of South Alabama (USA). You must meet the degree requirements of the program as outlined in the USA Bulletin.

Name	of Applicant	
	I PLAN TO ENROLL in the Combined Clinical-Counseling Doctoral Program at the University of Sout Alabama in the Fall Semester YYYY under the conditions outlined in the CCP Graduate Student Training Manual. My signature below indicates that I have read and understand this agreement.	
	<u>I do NOT plan to enroll</u> in the Combined Clinical-Counseling Doctoral Program at the University of South Alabama.	of
Signa	ure Date	

APPENDIX C: Application for General Ph.D. Exam

University of South Alabama Clinical and Counseling Psychology Program

Student Name:					Date
I am requesting approval to assist the Director of Clinical					
Modality:	Individual Thera	ару	Family Therap	У	Couples Therapy
Demographic Information:	Male F	emale		Age:	
Primary Clinical Supervisor:					
Date of 1 st session:			Date of last/m	ost rec	ent session:
Current disposition: Curre	ntly in therapy		Terminated:	Client Therap	nent Completed Initiated Termination Dist Initiated Termination Dy Incomplete (No Show)
I have reviewed this case wireceived is appropriate.	th the student an	d belie	ve that the cli	nical ca	se and level of supervision
Primary Mentor			Date		
The student is approved to s assigned committee membe		neral Ex	am in Clinical	and Co	unseling Psychology. The
Primary Mentor:					
Clinical Supervisor (2 nd Mem	ber):				
3 rd Member:					
Director of Clinical Training			Date		

APPENDIX D: Ph.D. COMPREHENSIVE EXAM FACULTY SCORE SHEET

Faculty Rater:

Domain	Score
Case presentation : Quality, comprehensiveness, and professionalism of both the written and oral case presentation. Ability to field questions. Comments:	
Comments.	
Psychopathology and Diagnosis: Student's knowledge of psychopathology literature (e.g., DSM IV-TR criteria, associated features, prevalence, differential diagnosis, empirical literature) relevant to the case. Comments:	
Assessment and Psychometrics: Student's knowledge of assessment literature relevant to the case, clinical assessment techniques in general and issues associated with psychological assessment. Comments:	
Research design and methodology: Student's proposed treatment evaluation procedure for the case as well as the treatment efficacy literature relevant to the case; general knowledge about both group and single-case design and instrument development Comments:	
Intervention: Student's proposed actions for modifying the patient's problems should be based on evidence based practice; awareness of the ecological context of the problem; the development of an intervention plan with respect to behavior change and consumer satisfaction. Students ability to formulate a coherent case conceptualization that links to treatment will be of particular interest. The student should also explicate their supervision and consultation experience. Comments:	
Ethics and Professional Practice: Student's knowledge of laws and professional ethics pertinent to the case, as well as the student's reported behavior during the delivery of services to the referred client; common ethical dilemmas, legal issues and professional standards associated with psychologists; and the application and use of a combined-integrative model to their own practice. Comments:	

Social & Multi-Cultural Issues: Students' understanding of issues of gender, age, race, cultural background and other factors of minority status Comments:	
General Systems, Issues, & History : student's understanding of the overall history of psychology and related foundational bases of psychology, primarily in the context of their case Comments:	
GLOBAL RATING	
Comments:	

Performance in each of these areas will be rated on a 6-point Likert scale where: **1** = **low fail** (totally inadequate knowledge); **2** = **fail** (numerous errors indicating inadequate knowledge); **3** = **marginal fail** (consistent pattern of errors indicating lack of mastery); **4** = **marginal pass** (occasional errors but demonstrating satisfactory knowledge); **5** = **pass** (clear demonstration of mastery; few if any errors); **6** = **superior pass** (no errors and obvious command of the clinical literature)

APPENDIX E: Ph.D. GENERAL EXAM RESULTS

Student Name:		Date of Exam:	
Brief Case Description:			
Committee Member	Printed Name	<u>Signature</u>	Global
Program Mentor			Rating
Clinical Supervisor/ Committee Member 2			
Committee Member 3			
Summary Comments:			
Remediation Plan (if ne	eeded):		

APPENDIX F: Program By Laws

Clinical and Counseling Psychology (CCP) Doctoral Training Program College of Arts and Sciences, College of Education, and the Graduate School University of South Alabama

(Adopted June 30, 2010)

ARTICLE I: Mission Statement

The Clinical and Counseling Psychology (CCP) Doctoral Training Program (herein after referred to as the *Program*) is a collaborative effort between the Department of Psychology in the College of Arts and Sciences and the Department of Professional Studies in the College of Education. This Program prepares professionals to provide the most effective types of psychological care for individuals and communities. The program combines an asset-strength model from Counseling Psychology with a health/wellness model from Clinical Psychology. The core faculty for the Program is a group of mental health researchers, who are also licensed psychologists, dedicated to the creation and dissemination of knowledge and training to the next generation of mental health care practitioners. The Program is committed to furthering our understanding of the mind and behavior through the scientific method, as well as to the development of applications of the science of psychology to better the human condition and that of individual persons. In keeping with the mission of the University of South Alabama, the Program is committed to helping students acquire knowledge of psychological theories, research findings, and the methods used by both basic and applied mental health researchers. The Program sees its mission as serving graduate students by providing them with an understanding of the importance of the scientific approach in addressing issues of human behavior through the model of Evidence-Based Behavioral Practice for assessment and psychotherapy. The Program also sees its mission as training students to be researchers who dedicate themselves to the pursuit of knowledge, even as they use their training as scientist-practitioners to contribute to the solution of pressing human problems. The Program Faculty sees that an important part of our mission is to ensure students internalize the canons of ethics within the profession of psychology. The Program also values and promotes diversity of its students and faculty.

ARTICLE II: Membership

Upon the recommendation of the Program's Faculty, deans of the collaborating colleges may confer membership in one of the following classes of appointments to colleagues who wish to participate in the Program's activities.

- 1. Core Faculty The Core Faculty consists of faculty members who hold tenure-track appointments within USA in either the Department of Psychology or the Department of Professional Studies Core faculty members may hold fractional joint-appointments in a home department, along with their responsibilities to the Program. Core Faculty members must have at least .50 FTE committed to the Program. All Core Faculty have voting privileges regarding programmatic issues. Each member of the Core Faculty must hold a current license as a psychologist in the State of Alabama or be license eligible and actively pursuing professional licensure in Alabama.
- 2. Affiliated Faculty Faculty members who hold tenure-track appointments within USA may hold fractional

joint-appointments in a home department, along with their responsibilities to the Program. Affiliated faculty will have less than .50 FTE committed to the Program and will not have voting privileges on programmatic issues.

3. CCP Program Faculty Searches – A search committee, which is appointed by the chair of the hiring Department, with input from the chair of the collaborative department, will conduct the search for a new Program Faculty member(s). All search committees will conduct searches consistent with Department(s), College(s), and University guidelines. All search committees will have at least one CCP Core Faculty representative(s) from the Department/College other than the one in which the new position will be assigned. The search committee will take a two step process in evaluating candidates. The first step is to make a decision as to the acceptability of the candidates for the position vacancy. Candidates considered unacceptable to the Program faculty will be dropped from consideration. The second step is to rank order the acceptable candidates. The chair of the search committee will present to the hiring home department the committees' recommendation as to the acceptability of the candidates and the recommended rank order of the acceptable candidates. All faculty in the home department will vote on the candidates considered acceptable to the Program faculty. The representative (or these representatives) will participate only in an advisory capacity (i.e., a non-voting member). The final decision as to which applicant will be interviewed, and/or hired, is made by the home Department and/or College and subject to administrative reviews as required by existing USA policies and procedures.

ARTICLE III: Governance

The Program is administratively housed in the USA Graduate School, although faculty appointments of the Core Faculty are within either the College of Arts and Sciences or the College of Education. The Program is administered by the Director of Clinical Training, who is selected from among the Core Faculty to direct the day-to-day operations of the Program. The Core Faculty will generally make all decisions regarding the routine operations of the Program and, when necessary and as appropriate, make recommendations to the Department Chairs regarding the implementation and/or revision of any Program policies and procedures. Although decision-making by consensus among the Core Faculty is preferred, decisions agreed upon by a majority of those constituting a quorum shall be considered final. A quorum consists of 50% or more of the eligible faculty in residence, inclusive of absentee ballots submitted prior to any formal vote. A secret ballot may be taken if requested by any member of the Core Faculty either before or during the meeting. Decisions that remain unresolved at the Program level or that exceed the authority of the Core Faculty, will be resolved in order by the Department Chairs, the Collaborating Deans, the Dean of the Graduate School, and, where necessary, the Senior Vice President for Academic Affairs, consistent with existing lines of authority and University policy.

CCP Program Coordinating Committee

The Dean of the College of Arts and Sciences, the Dean of the College of Education, the Dean of the Graduate School, the Department Chairs of Psychology and Professional Studies, and the Director of Clinical Training comprise the Coordinating Committee. This committee will meet once annually to review program planning and budgeting and evaluate the overall effectiveness of the Program and its Core Faculty in achieving stated goals and objectives. The Committee may meet at such other times as there are institutional concerns (e.g., University-wide budget cuts) that require significant changes be made to the Program.

CCP Program Core Faculty: Roles and Responsibilities

- **A. Duties** The Core Faculty are responsible for program oversight consistent with University Policies and Procedures, the *Graduate School Academic Standards*, the *Faculty Handbook*, and applicable professional standards of regional and national accrediting bodies. Specific responsibilities include but are not limited to:
 - 1. Review and recommendations regarding the assignment of CCP graduate assistantships;
 - 2. Review and recommendations regarding admission and advisement of CCP students;
 - 3. Development, implementation, evaluation, and revision of CCP curriculum;
 - **4.** Review and recommendations regarding faculty status within the Program;
 - 5. Review and evaluation of CCP students' academic progress and professional behavior;
- **B.** Roles Program faculty fill several roles in carrying out the mission of the Program. These roles include but are not limited to:
 - 1. Director of Clinical Training (DCT) Upon the recommendation of the Core Faculty, and subject to the approval of the Department Chairs, the Deans of the Graduate School, the College of Arts and Sciences, and the College of Education, will appoint the DCT in accordance with the USA Human Resource Department Policies and Procedures. The DCT will act as the official liaison between the Program and the Departments, Colleges, and University Administration. The DCT is appointed for a renewable 5-year term. The DCT serves at the pleasure of the collaborating Deans and may be relieved of the responsibilities of the office at their discretion at anytime without cause. The DCT may also ask to step down. In either case, the Core Faculty will discuss and nominate a replacement from the existing faculty or request that an external search for a replacement be conducted.

The DCT is responsible for the day-to-day operations of the Program, the preparation of and oversight for an annual budget, and the timely review and revision of the Program materials, manuals, policies, and procedures. The DCT will call and chair meetings of the Program faculty. The DCT will implement the curriculum recommendations of the faculty and ensure that these recommendations are consistent with University policy. The DCT may create committees as deemed necessary to assist in the administration of the Program. The DCT will be primarily responsible for the supervision of all staff of the Program who assists in the administration of the Program.

- 2. Associate Director of Clinical Training (A-DCT) Following the procedures for the appointment of the DCT, a Co-DCT shall be appointed to serve contemporaneously with the DCT, with the exception that the DCT and Co-DCT shall not be assigned primarily to the same department. In the absence of or at the discretion of the DCT, the Co-DCT shall assume any or all of the duties of the DCT consistent with the role of the DCT outlined above. The primary role of the Co-DCT is to assist the DCT in the overall administration of the Program.
- **3. Program Assistant** The Program Assistant is appointed jointly by the Chairs of the Departments of Psychology and Professional Studies consistent with current College and University policies and assists the DCT in the daily administration of the Program. The Program Assistant's duties will include, but are not limited to: (a) maintenance of fiscal records, (b) maintenance of enrolled student records, (c) taking and posting the approved minutes from meetings of the Core Faculty, (d) preparation of programmatic documents and other duties as determined by the DCT, and (e) preparation and dissemination of

informational materials provided to the public (e.g., CCP Website).

4. Student Representative to the Faculty - One CCP Program student will be selected annually to serve as their representative to the Program Faculty. Enrolled students will select their representative as defined in the CCP Graduate Student Association (GSA) Bylaws. The representative is designated as the GSA "President" and is expected to attend all Program faculty meetings. The GSA President is also expected to identify other enrolled Program students to be representatives on various Ad Hoc Committees. When any Program Committee meeting involves a discussion or documentation of confidential or personal information about any individual student or faculty member, the student representative will be excused and excluded from participation in that portion of the meeting consistent with University policy regulating confidentiality, student participation in University governance, and prevailing professional standards for the profession.

ARTICLE IV: Meetings

- **A.** The DCT will convene the Program Faculty on a regular basis (i.e., at least once a month). Other meetings may be called by the DCT as needed.
- **B.** Ordinarily, the DCT will chair the Program Faculty meetings. The DCT may make proposals and suggestions, participate actively, and lead discussions, and may vote as a member of the Program. Informality is desired in the conducting of the faculty meetings; however, in the case of unresolved disagreements, parliamentary procedure shall apply per *Robert's Rules of Order Newly Revised*.
- C. Minutes of each meeting will be kept by the Program Assistant. Minutes of all meetings will be distributed to the Core Faculty, the Chairs of the Department of Psychology and the Department of Professional Studies, the Dean of the Graduate School, the Dean of the College of Arts and Sciences, and the Dean of the College of Education. Meeting minutes will be kept as a permanent record in files maintained by the Program Assistant. These may be made available to the Core Faculty and/or members of the Coordinating Committee upon request. Actions taken regarding an individual student's academic status, Core or Affiliated Faculty status, and/or other personnel related matters are considered confidential and will not be included in the minutes of any Program meeting.

ARTICLE V: Policies and Procedures

The DCT will coordinate the maintenance of a *Program Graduate Student Training Manual (GSTM)* and will be responsible for updating the Manual annually. The Manual will include the Policy and Procedures related to the Program's Educational Mission and will be posted, along with all updates, on the Program's website. The Manual will incorporate documents adopted by the Core Faculty, or promulgated by the DCT on matters within the DCT's scope of authority.

At a minimum, the Manual will include the following documents:

- 1. Program Bylaws
- 2. Sample Program of Studies
- 3. Student Evaluation Procedures
- 4. Dissertation Research Policies and Procedures
- 5. Student Grievance Procedures
- 6. Graduate Student Assistantship Policies and Procedures

The DCT will be responsible for updating the GSTM annually.

ARTICLE VI: Conflict of Interest

Any member of the Program Core Faculty member who has a financial, personal, or official interest in, or conflict (or appearance of a conflict) with any matter pending before the Core Faculty will offer to excuse him or herself voluntarily from the meeting, and must refrain from discussion and voting on said item.

ARTICLE VII: Budget

The funding of the Program is the joint responsibility of both the College of Arts and Sciences and the College of Education and exists in designated CCP Program account within the University accounting system. Each year, the DCT will submit a recommended budget, generated through consultation with the Core Faculty, to the Chairs of Psychology and Professional Studies. The budget will be reviewed and revised as necessary, and forwarded with their recommendation to the collaborating deans for their approval.

ARTICLE VIII: Amendments

Any Core Faculty member may propose amendments to these Bylaws. The Core Faculty may refer the amendment for review by other program committees, as is deemed necessary. The entire review process must be concluded within 20 class days of the original request for an amendment. Upon the conclusion of the review, the amendment, accompanied by the comments of the committee(s), will be placed on the agenda for discussion and a vote by secret ballot within 10 class days of the conclusion of the review. A majority vote of all Core Faculty is necessary to recommend an amendment be adopted.

Date of Bylaws Amendment: June, 30, 2010 Martin L. Rohling Director of Clinical Training Clinical and Counseling Psychology Program

APPENDIX G: Course Waiver Form University of South Alabama Clinical and Counseling Psychology (CCP) Program Course Waiver Form

Student Name:						Date:	
USA Course Equivalent To Be Waived:							
Semester							
Completed:							
Completed at:							
Graduate Course Equi	valent:						
Domain/Psychologica	l Foundation of Co	ourse Cont	ent:	(C	heck on	e)	
Biological Aspects	of Behavior			Н	listory a	nd Syste	ms of Psychology
Cognitive & Affect	ive Aspects of Beh	avior		D	iagnosis	/Interve	ntion/Assessment
Social Aspects of E	Behavior			P	sychopa	thology	
Developmental Ba	sis of Behavior			٧	ocation	al and Ca	reer Development
Research Methodo	ology and Data An	alysis		E	thics		
Appropriate do	is from the request ocumentation of co nt documentation, foundation/area a	ted course oursework . I have de as checked	and term abo	of in	ficial gra ed the a The stu	nde from bove gra udent ha	the course is provided aduate course fulfills the criteria f s demonstrated sufficient
If waiver request deni	ed, give brief expla	nation:					
Professor's Signature:							
Director of Clinical Tra	ining, CCP Progran	n					

APPENDIX H: CRITERIA FOR PROJECTS SATISFYING THE RESEARCH READINESS REQUIREMENT

CRITERIA FOR PROJECTS SATISFYING THE RESEARCH READINESS REQUIREMENT

The following criteria are intended to guide students and faculty mentors in conducting and reviewing projects that satisfy the research readiness to progress to the dissertation requirement. Such projects include (1) Master's Thesis projects completed with faculty mentors at the University of South Alabama, (2) Master's Thesis projects completed at other institutions in satisfaction of the requirements of a master's degree in psychology or a related field, and (3) First Year Projects completed under the mentorship of a University of South Alabama faculty mentor by CCP students who entered the program with a master's degree that did not include a thesis requirement. Such projects will henceforth be referred to as a *thesis* or *thesis projects*. The CCP Program and its associated departments support the general principle, established by SACS standards and the Council of Graduate Schools, and required by A.C.H.E., that a thesis should use scholarly methods to achieve original results. In applying these standards to the discipline of psychology, the CCP Program at the University of South Alabama has established the following specific criteria.

- 1. **Quality:** The thesis project should represent a sufficiently rigorous and developmentally appropriate independent project meeting the following standards of quality:
 - A. **Originality:** Thesis projects should be original in at least one of the following:
 - 1. Topic selection.
 - 2. Approach/Methodology.
 - 3. Analysis and Interpretation.
 - 4. Subject Population.

Note: Normally, literal replications will not be accepted, however replication of research may be acceptable if clear justification can be offered.

- B. **Methodological Soundness:** Thesis projects should be methodologically sound, using a research design, original data collection methodology or selection of appropriate archival data, and statistical analyses appropriate to the problem.
- C. **Logical Soundness:** Thesis projects should be logically sound. This is especially important in establishing the theoretical and empirical rationale for the research problem, hypothesis(es), and discussions of results, but should be apparent throughout the document.
- D. **Literature Survey:** Thesis projects should include an adequate survey of the relevant literature and a critical examination of that literature.
- E. **Discussion of Results:** Thesis projects should include an adequate discussion of the results of the research to include, where appropriate, possible applications of the results, theoretical inferences that can be drawn from the results, limitations of the study, and further appropriate research.

- 2. Range/Scope of Acceptable Topics. Any topic will be considered appropriate if it relates to the fields of Clinical and Counseling Psychology. Topics must also be related to the subject matter expertise of the CCP faculty mentor and the thesis committee. The subject matter of thesis projects completed elsewhere might not directly relate to the CCP faculty mentor's. During such instances in which a project completed at another institution is submitted for review, the Comprehensive Examinations Committee is tasked with the review and determination of appropriateness of the submitted project. The Comprehensive Examinations Committee may request additional internal (i.e., other CCP Faculty) and/or external review of the submission if necessary.
- 3. **Nature of the Research.** A thesis project must include appropriate research methods (either quantitative or qualitative) and data analysis. Projects that include only a narrative synthesis of the literature are not appropriate to the purpose of the thesis as these projects are intended to demonstrate readiness for independent research and the dissertation project.
- 4. **Ethics:** All thesis research should be conducted according to ethical principles as established by the American Psychological Association.

5. Procedures, Product, & Presentation:

- A. Students who complete the thesis as part of the CCP MS Degree at USA will compose two documents: a *proposal document* and a *defense document*, as well as complete an oral defense of their thesis, as described in the Handbook section on the M.S. degree requirements.
- B. Students who completed a thesis project at another institution may submit their written document including a signature page indicating the names and signatures of all committee members and the date of completion to demonstrate his or her research readiness to progress to the dissertation. This document should be submitted to the DCT and Chair of the Comprehensive Examinations Committee no later than the third week of the students first semester in the CCP program. Master's thesis projects completed elsewhere will be reviewed by the Comprehensive Examinations Committee according to the same standards of the thesis (Appendix N). Further, students who submit for review thesis projects completed elsewhere must also complete an oral defense of their project. This oral defense will involve an examination of the research, including, but not limited to, the justification for the research, the methodology, the analysis, and interpretation of the results, and the significance of the research. Oral defenses of theses completed elsewhere will be open to all interested faculty members and graduate students. However, the oral defense will be evaluated using the same standards as the thesis (Appendix N) by the members of the Comprehensive Examinations Committee. Notice of the time and place of the exam must be made to the CCP secretary, who will forward the notice to all CCP core faculty and students. Oral defense of master's thesis projects completed elsewhere must be completed and approved by the end of the student's first year in the CCP program.

- C. Students who completed a master's degree elsewhere that <u>did not</u> include a thesis requirement will complete a First Year Project. First Year Projects require students to develop and complete a project that results in a written document, often to be submitted for publication, under the mentorship of a CCP faculty mentor that conforms to the standards of a master's thesis. First year projects must also be approved by a committee or second reader who can be internal or external to the university. Further, students who complete a First Year Project must also complete an oral defense of their project. This oral defense will involve an examination of the research, including, but not limited to, the justification for the research, the methodology, the analysis, and interpretation of the results, and the significance of the research. Oral defenses of First Year Projects will be open to all interested faculty members and graduate students. However, the oral defense will be evaluated using the same standards as the thesis (Appendix N) by the faculty mentor and the members of the Comprehensive Examinations Committee. Notice of the time and place of the exam must be made to the CCP secretary, who will forward the notice to all CCP core faculty and students. Oral defense of First Year Projects must be completed and approved by the end of the student's second year in the CCP program.
- D. Due to the nature of the review process and purpose of the review to confirm research readiness, the CCP Faculty and Comprehensive Examinations Committee reserve the right to reject projects that fail to meet the criteria discussed above as well as those that are not sufficiently comprehensive or demonstrative of a student's independent effort.

APPENDIX J: DEMONSTRATION OF RESEARCH READINESS FACULTY COMMITTEE REVIEW FORM

DEMONSTRATION OF RESEARCH READINESS FACULTY COMMITTEE REVIEW FORM

Students who wish to satisfy the "research readiness" aspects of the CCP program must submit a Thesis or Frist Year Project that has been reviewed and accepted by members of the profession. This document will be reviewed by the Comprehensive Examinations Committee and, if appropriate, the student's mentor. Additionally, the student must orally present and defend their project in accordance with the policies on demonstrating research readiness for the dissertation.

Stud	ent Name: Date Submitted://
ССР	Comprehensive Examinations Committee Members:
Che	the box which best describes the category within which the submitted research document falls:
	Master's Thesis
	Title of thesis:
	Institution in which thesis was completed:
	Thesis Chair:
	Committee Members:
	Date Thesis was defended://
	Degree and Date Conferred://
	Date of Oral Defense at USA://
	First Year Project
	Title of project:
	Project Mentor:
	Committee Members/Second Reader(s):
	Date Project Completed://
	Date of Oral Defense at USA: / /

Review of theses completed at other institutions or First Year Projects should be completed using the CCP THESIS/FIRST YEAR PROJECT/DISSERTATION EVALUATION FORM (Appendix L). Both forms must be included in the student's file upon successful review and presentation of the project.

APPENDIX K: CCP Program Annual Student Activity Report (May 1 – April 30)

CCP Program Annual Student Activity Report (May 1 – April 30)

(Attach a copy of your CV)

Student's Full Name:		Academi	Academic Year:			
Area of Intere	st (child, adult, neuro,	etc.):	Primary Program Mentor:			
Year in Progra	m:		Date Degree Expected:			
GENERAL REQ	UIREMENTS					
Courses Completed & Grade Received		Summer	Fall	Spring	Total Courses	Credit Hours
1.						
2.						
3.						
4.						
5.						
Coursework P	lanned for the next 12	Months (othe	r than thesis o	r dissertation)	:	
Courses Plann	ed	Summer	Fall	Spring	Total	Credit
		Junine.		ob8	Courses	Hours
1.						
2.						
3.						
4.						
5.						
Awards Received Months):	ved or Other Accompli	shments (repo	rt only those t	hat have been	received over	the past 12
Date of Event	Description of Accom	plishment (be	brief)			
RESEARCH AC	TIVITIES					
Date of Event	Progress on Thesis or over the past 12 Mon		esearch (repo	rt only those th	nat have been	received

D-1f	
Date of	Publications (indicate if submitted, accepted, or published over the past 12 months)
Event	
Date of	Conference Presentation (indicate if submitted, accepted, or published over the past 12
Event	months)
Event	months)
Date of	
Event	Other Work In Progress (Title, Supervisor, Work Done)
Date of	Research Assistantships in past 12 months (include a copy of supervisor's evaluation)
	Research Assistantiships in past 12 months (include a copy of supervisor s evaluation)
Event	
	IVITIFS
CLINICAL ACT	
CLINICAL ACT	Practicum placements & supervisors in the past 12 months (Attach copy of placement
CLINICAL ACT	
CLINICAL ACT	Practicum placements & supervisors in the past 12 months (Attach copy of placement
CLINICAL ACT	Practicum placements & supervisors in the past 12 months (Attach copy of placement
CLINICAL ACT	Practicum placements & supervisors in the past 12 months (Attach copy of placement
CLINICAL ACT	Practicum placements & supervisors in the past 12 months (Attach copy of placement
CLINICAL ACT	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation):
CLINICAL ACT Date of Event Date of	Practicum placements & supervisors in the past 12 months (Attach copy of placement
CLINICAL ACT Date of Event	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation):
CLINICAL ACT Date of Event Date of	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation):
CLINICAL ACT Date of Event Date of	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation):
CLINICAL ACT Date of Event Date of	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation):
CLINICAL ACT Date of Event Date of	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation):
CLINICAL ACT Date of Event Date of	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation): Clinical Assistantships in past 12 months (include copy of supervisor's evaluation):
CLINICAL ACT Date of Event Date of Event	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation):
CLINICAL ACT Date of Event Date of Event Date of	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation): Clinical Assistantships in past 12 months (include copy of supervisor's evaluation):
CLINICAL ACT Date of Event Date of Event Date of	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation): Clinical Assistantships in past 12 months (include copy of supervisor's evaluation):
CLINICAL ACT Date of Event Date of Event Date of	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation): Clinical Assistantships in past 12 months (include copy of supervisor's evaluation):
CLINICAL ACT Date of Event Date of Event Date of	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation): Clinical Assistantships in past 12 months (include copy of supervisor's evaluation):
CLINICAL ACT Date of Event Date of Event Date of	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation): Clinical Assistantships in past 12 months (include copy of supervisor's evaluation):

Event	
TEACHING AC	TIVITIES:
Courses taugh	nt in the past 12 month
Date of	Student Feedback (Include numerical evaluations if available)
Event	Student recuback (include numerical evaluations in available)
Date of	Teaching Assistantships in past 12 months (include a copy of supervisor's evaluation)
Event	
SERVICE ACTIV	VITIES (For example: committees, GSO offices held, volunteer efforts, etc.)
	HE COMING YEAR (include time table):
Research:	
Clinical:	
Teaching:	
-	

Service:	
INITIAL CAREER OBJECTIVES (e.g., postdoctoral fellowship, priv	rate practice, hospital, academia)
STUDENT COMMENTS REGARDING PROGRESS IN PAST 12 MON	NTHS:
(Provide your own self-evaluation of your performance in rese	
(Provide your own self-evaluation of your performance in reset there any specific areas of concern that you would like to discu	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
there any specific areas of concern that you would like to discu	iss with your mentor during your meeting?)
· · · · · · · · · · · · · · · · · · ·	
there any specific areas of concern that you would like to discu	iss with your mentor during your meeting?)

Appendix L: CCP THESIS/FIRST YEAR PROJECT/DISSERTATION EVALUATION

CCP THESIS/FIRST YEAR PROJECT/DISSERTATION EVALUATION

Student:	Date:/
Committee Chair:	-
Committee Members:	
Please Check:Thesis Proposal	Dissertation Proposal
Thesis Defense	Dissertation Defense
First Year Project	
COMMITTEE RATING INSTRUCTIONS: Rate each compospecific comments about the student's work and how it	nent on a scale from 1-5. Ratings below 3 must include t must be improved.

Manuscript:

	1	2	3	4	5
	poor		competent		excellent
Format and quality of writing					
Introduction and literature review					
Statement of the problem and hypotheses					
Methods					
Results					
Discussion					

Oral Presentation:

	1 poor	2	3 competent	4	5 excellent
Demonstration of scientific knowledge	poor		competent		CACCIICITE
Ability to handle complex questions					
Discussion of findings in the context of literature					
Methods					
Results					
Discussion					

Pass:
Preliminary Pass:
Itemize what needs to be completed and date of completion for a pass:
Fail:
Itemize what needs to be completed and date of completion for re-proposing/defending:
Itemize what needs to be completed and date of completion for re-proposing/defending:

Appendix M: CCP Doctoral Training Program – Statement of Receipt of Training Manual CCP Doctoral Training Program – Statement of Receipt of Training Manual

The following Statement of Receipt must be submitted to the Director of Clinical Training

STATEMENT OF RECEIPT

	raining Manual for the Clinical and Counseling Psychology the information, policies and procedures contained there on for any information I do not understand.
Student Name (Print)	Student Signature
	Date
Director of Clinical Training Name (Print)	DCT Signature

SIGN AND TURN IN UPON RECEIPT