Psy.D. Program in Clinical Psychology

STUDENT HANDBOOK

Revised: 08/2024

Department of Psychology and Counseling
College of Health and Human Services
McGowan Center for Graduate and Professional Studies
Marywood University
Scranton, PA 18509

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Psy.D. Program in Clinical Psychology
Student Handbook

INTRODUCTION

This handbook provides details about the Psy.D. program in clinical psychology that supplements information contained in the Marywood University Graduate Catalog, the Marywood University Student Handbook, and the Psychological Services Center (PSC) Manual (you will receive an electronic copy of the PSC Manual). To make the best use of this handbook, you should be familiar with these other documents. The handbook is intended to present additional information rather than to simply repeat material from these other sources.

The Psy.D. program is responsible to various certifying bodies within the academic and professional community. Therefore, the program reserves the right to make necessary changes in the curricula, standards, and requirements in order to comply with these organizations and to provide the highest standard of academic and professional training.

Several programs of study are offered by the Psychology and Counseling Department, including: (1) undergraduate psychology; (2) graduate psychology at the master's and post-master's certification level; (3) graduate counseling at the master's level; and, (3) doctoral training in clinical psychology (Psy.D.). The present handbook is intended for the use of graduate students in the Psy.D. program. Separate handbooks are published for students in the other departmental programs.

This handbook is available online at the Psy.D. program's website for students currently enrolled in the Psy.D. program. Students are responsible for following the policies and procedures that are detailed in the Graduate Catalog, the University Student Handbook, the PSC Manual, and this handbook. Following these policies and procedures will enhance the likelihood of success in achieving students' training goals. Failure to follow these policies and procedures can lead to significant difficulties in program completion. Please contact the Director of Clinical Training (DCT) if you have questions about any information contained in this handbook. Additionally, please forward any comments or specific suggestions for improvement of this document to the DCT, as well. We hope that this handbook is helpful as you plan for the achievement of your training objectives in the program.

PSY.D. FACULTY AND DEPARTMENTAL STAFF

Psy.D. program faculty may teach required or elective courses, serve as research mentors or dissertation committee members, and/or serve as clinical supervisors. In addition to our full-time faculty, we also have a number of adjunct faculty who teach, supervise, and are involved as dissertation committee members or readers. Core faculty are those involved with the Psy.D. program at least 50% of their time.

Note that all offices are in the McGowan Center for Graduate and Professional Studies. Unless otherwise indicated, phone numbers listed are extension numbers that are reached after calling the main Marywood number (570-348-6211). Faculty and staff email addresses can be accessed from the directory on the Marywood University web page.

Core Faculty

- ☐ C. Estelle Campenni, Ph.D., McGowan 1023, ext. 2320
- ☐ Brooke Cannon, Ph.D., McGowan 1020, ext. 2324
- ☐ Leah Popple, Psy.D., McGowan 1022, ext. 6038 (Associate Director of Clinical Training)
- ☐ Heather Rakestraw, Ph.D., McGowan 1018, ext. 2541
- ☐ Jeff Rutter, Psy.D., McGowan 1021, ext. 2154 (Director of Clinical Training)
- ☐ Matthew Schaffer, Psy.D., McGowan 1016, ext. 2241 (Director of the Psychological Services Center)

Associated Faculty

- ☐ Stuart Badner, Psy.D., ext. 2250 (Department Chairperson)
- ☐ Ed Crawley, Ph.D., McGowan 1033, ext. 2325
- ☐ Lindsay Morton, Ph.D., McGowan 1034, ext. 2248
- ☐ Bradley Janey, Ph.D., McGowan 1025, ext. 2494
- ☐ Steve Craig, Ph.D., Counseling and Student Development Center (Director), (570) 348-6245

Other Contributing Faculty and Adjunct Faculty

- ☐ Samantha Fitz-Gerald, Psy.D.
- ☐ Carrie Johanson, Ph.D.
- ☐ Amanda Katchur, Ph.D.
- ☐ Gene Kelly, Ph.D.
- ☐ Amy Krukovitz, Psy.D.
- ☐ Michael Lavin, M.D.
- ☐ Amanda Luchansky, Ph.D.
- ☐ Fauve Luckey, Psy.D.
- ☐ Jennifer Welgosh, Ed.D.

Administrative Staff

- ☐ Karen Osborne, McGowan 1009, 348-6269 (Psychological Services Center)
- ☐ Karen Rossmell, McGowan 1038, 348-6226 (Graduate Psychology & Counseling)

ELECTRONIC COMMUNICATION

Email is a major source of communication between the program/department and students. All students are assigned a Marywood University email account. Information sent out on the mailing list includes notices of job openings, upcoming colloquia, departmental deadlines, etc. Students are invited to submit suggestions as to what information would be most helpful to have posted on the electronic mailing list. Students should check their Marywood email accounts on a regular basis so as to not miss important notifications about program/department information and university-wide information. After graduation, please keep your contact information updated with the Psy.D. office.

Once students begin work in the PSC, they are to provide the PSC administrative assistant with contact information, including phone number, mailing address, and email address. The PSC will provide students with HIPAA compliant Google Clinics email accounts at this time as well.

COHORT REPRESENTATIVES

At the beginning of each academic year, each individual cohort will elect two cohort representatives. A cohort representative serves as a liaison between the students within the cohort and the Director of Clinical Training (DCT). If cohort members express program concerns, questions, or suggestions, the cohort representative can bring these matters to the DCT at any time or during the cohort representative meeting with program faculty, occurring at least once per semester. In addition, cohort representatives may work with the DCT in areas of program development, such as editing or refining program evaluation forms and processes or organizing various work groups.

PEER MENTORS

Senior Psy.D. students serve as peer mentors to incoming Psy.D. students. The DCT assigns mentors to their mentee the summer prior to the mentee's first semester in the program. Mentors are expected to contact mentees during the summer via email to answer questions and offer support. The mentor-mentee relationship may continue throughout the course of the program as needed.

PSY.D. PROGRAM TRAINING PHILOSOPHY AND OBJECTIVES

Educational Philosophy and Training Model

In accordance with Marywood University's tradition of service, the APA-accredited[1] clinical psychology doctoral program follows the Vail model, training students to be scholar-practitioners. The Psy.D. program includes foundation courses in psychology and both academic and applied training in the substantive area of clinical psychology. The use of empirically-supported assessments and intervention techniques is emphasized, as well as a focus on outcome assessment. Although not designed to produce researchers, the Psy.D. program teaches students to be educated consumers of research. To reach this goal, they have both academic training and

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[1]For further information about the accreditation status of this program, please contact the APA Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242, Phone: 202-336-5979.

personal experience in research and statistics. An empirical thesis or professional contribution as well as an empirically based dissertation is required. In addition, our students complete three courses in research and statistics. This strong scholarship component is consistent with our scholar-practitioner model, as opposed to the more practice-oriented practitioner-scholar or local clinical scientist models.

The program is full-time, with required coursework during the traditional two academic semesters and required first summer PSC practica). We admit 8-10 students annually at the post-bachelor's level. These students are in residence for 4 years prior to internship and are awarded a master's degree (M.A. in Psychology, Clinical Services) upon degree requirement completion, typically after their second year. As the curriculum is very structured and sequential, we accept only up to 15 transfer credits. These credits must be approved by the Director of Clinical Training.

We also typically admit up to 2 students at the post-master's level. Requirements for admission at this entry point are quite stringent, essentially replicating the majority of the courses taken by the post-bachelor's entry students, as well as requiring an empirical master's thesis or professional contribution. These students are also required to pass the Master's Comprehensive Exam upon admission. Once admitted, these students join the third year students for the final two years of full-time coursework, so that they are in residence for two years prior to the internship year.

In keeping with Marywood University tradition, our program is designed to allow for small class sizes. Practicum supervision groups typically contain no more than 6-8 students. Lecture class sizes typically range between 10 and 16 students, with the exception of the core foundation courses which may reach 24 students, as these classes are also taken by students in our terminal master's programs. The vast majority of our courses are taught by full-time faculty. All departmental faculty associated with the Psy.D. program (as noted above) are available to serve as student research mentors or as committee members.

A sense of community among students and faculty is enhanced by the administrative housing of the program within a university department. Moreover, research space, computer labs, classrooms, the Psychological Services Center, Psy.D. student lounge, and faculty offices are also housed in the same building, the McGowan Center. The relatively small size of our program lends itself to effective professional mentoring, social support among students, both within and across cohorts, and open lines of communication.

The curriculum includes significant training in assessment, intervention, and supervision/consultation. The curriculum works to develop students throughout the program by building from foundational courses to more applicational courses over the course of the program. Required courses allow for training as a generalist, with opportunity for further specialized development through electives, research, practica, and internship selection. There are opportunities for both coursework and practice with children, adolescents, and adults. The program emphasizes training in evidence-based practices, including cognitive-behavioral therapy, dialectical behavior therapy, interpersonal psychotherapy, and other therapeutic approaches.

In 2004, the Psy.D. program was granted designation as a doctoral program in psychology by the Association of State and Provincial Psychology Boards (ASPPB), as it meets their "Guidelines for Defining 'Doctoral Degree in Psychology.'" Therefore, graduates of this designated program who decide to apply for licensing as a psychologist will typically meet the educational requirements to sit for the national licensing examination (Examination for Professional Practice of Psychology, EPPP). However, in each jurisdiction there are additional requirements that must be satisfied. For exact information, please contact the state or provincial licensing board in the jurisdiction in which you plan to apply. An additional resource with licensing information specific to each state is available at https://www.apaservices.org/practice/ce/state/state-info and ABPPB also offers resources. The program was

granted initial APA accreditation, effective April 21, 2006. The program earned re- accreditation in April, 2010, in August, 2014, and in March 2024.

Once licensed, a graduate is eligible to apply for credentialing as a Health Service Provider in Psychology. Graduation from a designated program ensures that the program completed meets the educational requirements for credentialing by the National Register. However, there are additional requirements that must be satisfied prior to being credentialed by the National Register of Health Service Psychologists©. For further information, consult the National Register's website.

Program Aims

Following are the training aims for the Psy.D. program:

- To provide students with foundational knowledge of the field of psychology in general and clinical psychology in particular.

- To help students advance from novice to the early stages of competent clinician status in: research; ethics; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and, consultation and interprofessional/interpersonal skills.

- To teach students to view themselves as being life-long learners while also giving them the skills necessary to be critical and sophisticated consumers of research so that they may be able to independently and effectively apply future developments in the field to clinical practice.

CURRICULUM

Credits and Required Courses

From the post-bachelor's admission point, the Psy.D. degree joining requires 117 total credits. Students admitted post- master's are given advanced standing, the 3rd year cohort. See below for more details on post-master's admission.

The academic year consists of Fall and Spring semesters. Classes are scheduled during daytime and evening hours, Monday through Thursday. Course scheduling for upper level students is designed to allow time for community practicum placements. The only required courses regularly scheduled during the summer are Psy 564A and 564B, Summer PSC Practica, taken between the 1st and 2nd years of the program. In addition, students seeing clients in the Psychological Services Center (PSC) during subsequent summers must register for Elective PSC Practicum. It is required that summer practicum students will attend PSC staffing meetings and scheduled supervision, in addition to their client hours. Also, students may elect to fulfill some of their electives during the May term or summer months, as available.

With the exception of electives, the curriculum plan for each student is structured and administered by the Director of Clinical Training at the time of admission. The curriculum is sequential, cumulative, increasing in complexity, and designed to prepare the student for further formal training.

The seven core psychology courses (Research I and II, Advanced Human Development, Social Psychology, Theories of Personality, Biological Bases of Behavior, and Cognitive/Affective Bases of Behavior) are completed during the first 2 years in the program, culminating in completion of the comprehensive examination on these areas.

Research and statistics training progresses from foundation courses (Psy 503, 504), which include development of an individual research proposal, to completion of the professional contribution (or elective master's thesis), to the advanced research and statistics course (Psy 611), to presentation of a dissertation proposal, and finally to completion of the dissertation. Through this emphasis on scholarship, we instill in the student attitudes essential for life-long learning, involving scholarly inquiry and critical examination of the professional literature. Students are motivated to be continually improving their practice and the approaches of the agencies in which they may be employed.

Assessment training progresses from the foundation course in Psychometrics (Psy 561) and Adult (Psy 531) and Child (Psy 532) Psychopathology, to introductory level Personality and Psychopathology Assessment (Psy 580) and training in Cognitive Assessment (Psy 562). Additionally, practicum experience in assessment methods increases in complexity to parallel didactic training, culminating in community practicum and internship.

Intervention training increases in complexity, moving from observation of other therapists, to working with pseudo clients (during role-plays), to pre-screened clients in the clinic, to unscreened clients in the community and internship sites. This training progresses from the introductory level of Individual Psychotherapy (Psy 571) and Child Psychotherapy (Psy 815) to more advanced skill in Cognitive-Behavioral Therapy (Psy 574), Interpersonal Therapy (Psy 805), Couples and Family Therapy (Psy 802), and Advanced Group Psychotherapy (Psy 803). Students begin their clinical training by observation in the first part of their first semester in Pre-Practicum (Psy 559A), then begin to gain direct experience conducting intake assessments in the PSC farther into their first semester. Students expand upon their training in their second semester in the Introduction to Practicum course (Psy 564), where they begin to practice treatment planning and case conceptualization. Individual cases are then assigned at the end of Spring/start of the summer and continue through their second year. Students have the option to continue their work in the PSC in their third and fourth years, as well.

Students also gain experience through placement at community practicum sites in both their third and fourth years and while on internship in their fifth year. Students are encouraged to gain additional training by enrolling in elective practica at community sites in the summer sessions after the second and third years.

Empirically-supported assessment and intervention techniques are explored and identified across the curriculum, beginning in the Introductory Psychotherapy course (Psy 571), and are emphasized within every assessment, intervention, and supervision/consultation course. Additionally, the Psychological Services Center has multiple evidence-based, manualized treatment programs available for use in the clinic.

Supervision and consultation training begins in the third year, when students complete a Seminar in Supervision and Consultation (Psy 706). Part of this seminar entails providing supervision to first year students on the role-plays they perform in Psy 571 Introduction to Individual Psychotherapy. Additionally, in the fourth year, students provide individual consultation to junior students on cases being seen in the Psychological Services Center. As peer supervisors, they meet weekly with their supervisees, watch recorded or live sessions weekly, conduct developmental analyses, and provide structured feedback. Fourth year student peer supervisors receive group supervision weekly with a doctoral level faculty member (Supervision Training Practica I and II) and individual supervision, as needed, with either the course instructor or other faculty members.

Students are prepared for practice of the profession throughout the curriculum. In their first year, they complete a two-part course on Professional Ethics (Psy 700A and Psy 700B). Topic-relevant ethical issues are addressed in several other courses in the program, such as the introductory psychotherapy and assessment courses. Knowledge of the administrative components of clinical work begins in these early courses as well, such as writing progress notes on their role-plays and completing written psychological evaluations in the assessment courses. Experiential training occurs through practicum work in the PSC, in community practica, and on internship.

Appreciation of cultural diversity and individual differences is cultivated through a specific course in Multicultural Issues in Psychology (Psy 704) as well as via integration in other courses. For example, psychotherapy with special populations (e.g., clients of different cultures, races, ages, and sexual orientations) is discussed in Ethics, Psychopathology, Child Psychopathology, Introduction to Individual Psychotherapy, Child Psychotherapy, Interpersonal Psychotherapy, and Couples and Family Therapy. Assessment of special populations is addressed in various courses. For example, the limitations of traditional psychological tests in working with special populations are explored in all assessment courses (Psy 561, Psy 562, Psy 580, and Psy 851), as well as in Professional Ethics (Psy 700A and Psy 700B). The influence of diversity on the supervisory relationship is also addressed in the Supervision and Consultation Seminar (Psy 706) and during the supervision training practica (Psy 870, Psy 871).

See Appendix A for a list of courses.

Electives

Elective options are offered at various times throughout the academic year, with some options available during May term or summer sessions. Students select electives in consultation with the Director of Clinical Training who serves as their academic advisor.

In addition to required program courses, a number of 1.5 credit, rotating special topic seminars are offered to fill elective requirements. In response to student feedback, current topics include: treatment of substance use disorders, forensics, health psychology, disordered eating, advanced cognitive-behavioral therapy, treatment of serious mental illness, trauma and resilience, gender and sexuality, motivational interviewing, and transitioning to professional practice.

Coursework in other graduate departments at the University may be considered, with recommendation and approval by the Director of Clinical Training. For example, students have completed graduate courses in programs such as: Education, Public Administration, and Communication Sciences and Disorders.

Transfer Courses

As the curriculum is very structured and sequential, only up to 15 transfer credits are possible. Transfer courses must be similar in content and demand of equivalent Marywood courses. The necessary Transfer Credit Application form may be obtained from the department administrative assistant. The Director of Clinical Training must approve all transfer credits, following review of the course syllabus by the parallel course instructor at Marywood and the Director of Clinical Training. The following criteria must also be met:

1. The student has attained Full Admission Status in the program.
2. The student has provided a syllabus of the proposed transfer course.

3.   The student has provided an official transcript showing an earned grade of "B" level or above in the course(s) to be transferred from a regionally-accredited institution. Grades lower than "B" are not transferable.

4. The student completed the transfer course within 5 years prior to making this request.

Final written approval is made by the Director of Clinical Training with copies of the final determination placed in the student's file and provided to the student. Students are strongly advised to complete the seven master's-level core courses at Marywood, as these form the basis for the Comprehensive Examination. Should they transfer in a core course, students are still required to pass that section of the Comprehensive Examination.

Post-Master's Admission

Students admitted post-master's must meet all prerequisite course requirements and will have to complete additional coursework in addition to the standard 3rd and 4th year curriculum if they are deficient in any of the prerequisites and to complete courses already taken by their cohort (i.e., Professional Ethics, Child Psychotherapy, Multicultural Issues in Psychology). Individualized curriculum plans are developed with the Director of Clinical Training at the time of admission.

ACADEMIC ADVISEMENT AND REGISTRATION

The Director of Clinical Training (DCT) serves as each student's academic advisor within the program. Issues involving transfer of credit and individual program requirements should be determined as early as possible. Upon admission, all students are provided with an individualized curriculum plan spanning their time in the program. Students are responsible for working with the DCT to ensure that all requirements are met and to review any possible changes in the curriculum sequence.

Students currently enrolled in any given semester are required to register in advance for the following semester (or required summer courses). **Failure to maintain continuous enrollment according to the student's curriculum plan without permission from the DCT or a leave of absence granted by the Dean will be interpreted as withdrawal from the program.**

At any time, students who need consultation regarding their program needs should make an appointment with the DCT. Students should contact the DCT during the registration period. This may be by email, if a curriculum plan is already in place. The dates provided for advance registration are listed in the University's Academic Calendar. The date a form is received or an online registration is completed at the Academic Records Office is the official date of receipt. Although required Psy.D. courses have Psy.D. student-only sections to ensure space availability, some potential elective courses fill to capacity early, and students are thus advised to register as soon as possible during the advisement period in order to obtain admission to these courses.

The DCT must clear the student for online registration. This will be done after the student has made contact during the registration period, or if the planned courses already have been discussed. Students are not permitted to register for classes unless the course or courses have been approved by the DCT. For PSC practicum groups, the DCT, in conjunction with the Associate Director of Clinical Training (ADCT) and the Director of the PSC, will assign students to practicum groups.

In order to register for Professional Contribution (PC) in the second year, students **MUST** meet with one of the faculty associated with the Psy.D. program (noted above) and obtain agreement that they will be working

together. When approaching a potential research mentor, students should have an idea of their desired research topic. Those faculty with similar interests should be contacted first. [See the handout provided in Psy 503/504 for current Psy.D. faculty research interests.] In order to register for that faculty member's research section, students are to provide the DCT and the Psy.D. program administrative assistant the name of the faculty member with whom they will be working via email; **copy the research mentor on this email message**. If students are not continuing to work with the same research mentor for their dissertations, they then must seek out a new mentor and obtain agreement, with subsequent email notification as noted above. This must be done prior to registering for dissertation.

Online Registration

In order to register online for courses, students must visit their MarywoodYou portal (labeled "MarywoodYou" at the bottom left of the Marywood University homepage). Once at the portal, select the "Student" option on the left-hand side of the webpage. Students should navigate to the Self-Service Menu on the left-hand side of the webpage and under the Student drop-down menu, select "Self-Service." Under this menu, select "Student Planning" and then select option 2, "Plan Your Degree & Register for Classes." Students should confirm they are registering for sections under the appropriate term (i.e., Fall 2022, Spring 2023). To add a new term, select the "+" option, select the appropriate term, and select "Add Term." Use the "Search for courses" function to look up and register for courses. Students can search and register for courses based upon their individual curriculum plans. When searching for a course, students should select "Add course to plan" and select the appropriate term. **BE SURE TO REGISTER FOR YOUR DESIGNATED PRACTICUM COURSE NUMBER/SECTION** - PSC practica are multi-level and, therefore, courses are cross-listed (e.g., second year students register for a different course than fourth year students in the same practicum group). To add a course to your planned schedule, a specific section must be selected prior to registration (please note, planned courses will appear on the schedule in yellow and once officially registered will appear green). If more than one section of a course is offered, students should select the section that is "restricted to Psy.D. students only," when applicable. Address and other account information must be confirmed prior to registration (a notification prompts you of this if this still needs to be done). Select "Register Now" once all courses are planned. The "MarywoodYou Portal" also allows students to pay their bills online and contains content regarding Student Account Information, Financial Aid Information, Communication, Academic Planning, and Academic Profile, in addition to registration. If you are receiving a scholarship or stipend, ensure that these are noted on your financial profile. If not, please contact the DCT and the financial aid office at the start of the term for this to be rectified. Note that students are required to register for a minimum of 9 credits per semester in order to be eligible for scholarship/GA/stipend and to maintain a GPA of 3.25.

Also, according to University policy, places in class cannot be reserved for students who submit payment after a prescribed date. That date is usually just prior to the Open Registration period and is announced in written materials distributed by the Registrar's Office.

Registration for independent research (i.e., Thesis Preparation, Professional Contribution, Master's Thesis, and Dissertation) will not occur until the student has secured a Psy.D. faculty member to serve as a research mentor, as noted above. This should be done well in advance of the required registration during the semester preceding the start of these research projects.

Graduation Registration

The program will file a master's candidacy form for each student in the Spring of the first year, after successful

completion of 12 credits.

 It is necessary for students to register for graduation during the term in which they will finish degree requirements (for both MA and PsyD when you complete all requirements of each). You can access graduation registration through this link, or you can also get there from your Marywood student portal. **Do not register for graduation until you have confirmed with the DCT that you have met all graduation requirements.** You can find more information pertaining to applying for graduation here.

To participate in commencement ceremonies, all degree requirements must be completed for the master's degree. For the doctoral degree (Psy.D.), all requirements must have been completed, including successful defense of the dissertation, with the exception of internship; students who will complete their internships by the following August may walk in the May commencement ceremony. The official degree will not be awarded until the internship also has been completed. Students must apply to the college Dean to "walk" in commencement and should contact the program administrative assistant to obtain the most recent form. The date of the diploma (i.e., date that the degree is "conferred") may be May, August, or January, depending on the date all program requirements, including internship, are completed. The Director of Clinical Training can provide you (or request the registrar's office to provide you) a letter of completion; licensing boards, or potential employers might request a letter documenting the date upon which all program requirements were completed which may differ from the degree conferral date.

SCHOLARSHIPS, GRADUATE ASSISTANTSHIPS, AND TRAVEL/RESEARCH FUNDING

Students who receive IHM scholarships do not need to reapply once awarded. However, continuation of any recurring scholarships of this nature requires good academic standing (including minimum 3.25 GPA per semester), course registration by the designated deadlines, and enrollment in at least 9 credits per semester. Psy.D. students who do not receive IHM scholarships from the university are eligible to apply for other University scholarships.

Through the Psy.D. program, four to five half-time graduate assistantships are awarded to students in their second, third, or fourth year. Students are able to rank order their choices with award decisions determined by the DCT, ADCT, and PSC Director. Students may apply to these in their second year or third year if they were granted post-masters admission. The Psy.D. program assistantships follow the same schedule for applications as the university assistantships (described in further detail below).

Two to three half-time GAs are assigned to the Psychological Services Center. One half-time assistantship is assigned to the Director of Clinical Training and one to the Associate Director of Clinical Training. Each student who receives a half-time assistantship serves as a research and administrative assistant to assigned faculty and receives a designated tuition waiver and/or monthly stipend (these students do not simultaneously receive the IHM Scholarship). The specific amounts of these awards will be noted in the applications.

Students are also encouraged to pursue graduate assistantship opportunities which may be available in other areas of campus. Past students have obtained assistantships in the Education Department, the dean's office, the African Sisters Education Collective, Institutional Research, and with department faculty members. Note that if students have a GA anywhere on campus, they do not receive the IHM Scholarship during that period.

Graduate assistantship applications are due for both the Psy.D. positions and other positions in the University typically by the end of March. See the web listing for University positions. You will receive emailed information about the Psy.D. positions, with directions for application.

Students may request reimbursement for professional travel and/or research expenses using the form in Appendix B. Typically, a minimum of $200 is available per year per student. **Requests for professional travel/research expense reimbursement must be submitted to the program administrative assistant no later than May 20th.**

COMPREHENSIVE EXAMINATION

Students in the Psy.D. program must pass a Comprehensive Examination following completion of the seven core courses: Psy 503 Research and Statistics I, Psy 504 Research and Statistics II, Psy 506 Biological Bases of Behavior, Psy 517 Personality Theories, Psy 518 Advanced Human Development, Psy 521 Social Psychology, and Psy 522 Cognitive/Affective Bases of Behavior.

The Comprehensive Examination is taken after completion of the Spring semester of the second year in the program. It typically occurs on the second Saturday in July. Students admitted post-master's also take the Comprehensive Exam at this time, if they have not done so already (i.e., were in master's program at Marywood). Emphasis of the exam is on student mastery of core knowledge in scientific psychology. The exam consists of 25 multiple choice questions from each of the seven core courses of the curriculum plus an additional subtest focusing exclusively on affective bases of behavior, yielding a total of 200 items.

Grades on the Comprehensive Exam are "Pass-Fail". Psy.D. students must obtain a score of 72% (18/25) or higher on each domain of the exam. Students who fail any sections of the Comprehensive Exam must coordinate with the DCT to retake these sections (students are only required to retake the sections where they earned lower than 72%). The Comprehensive Exam must be passed before students sit for the Qualifying Clinical Examination.

Students who fail sections of the Comprehensive Exam a second time after entering the Psy.D. program are required to retake the relevant course(s) and then complete the necessary Comprehensive Exam sections again 2 weeks after completion of the course. Failure after this third attempt will result in dismissal from the Psy.D. program. Note that retaking courses will likely add a year to the degree completion timeline.

To earn the master's degree, students need to have an overall pass percentage of 60%.

CASE CONFERENCES

The case conference series is a regularly scheduled consultation meeting in which a third year therapist prepares a brief written summary of the work with a client, reviews the case, and offers questions for the group to consider. The Associate Director of Clinical Training (ADCT) coordinates the presentation schedule for Fall and Spring semesters and students receive this schedule.

Third year students should follow the de-identification procedures outlined in the Community Practicum section of this handbook when preparing their presentations. They must obtain written consent from the client they choose to present (consent forms available in the PSC).

The presentation will take the form of a PowerPoint case presentation. In addition to fully de-identifying the presentation, students should save their presentation in a manner that is password protected – either in their clinics account or by setting a password on the document. **Client confidentiality must be maintained in the presentation.** The presentation of the case should include the following information. Remember that all identifying information should be removed from the case summary.

I.   Intake Summary
    a.   Identifying information, including client demographics that impact the therapeutic issues (as just one example, how minority stress might impact depression/anxiety)
    b.   Therapeutic goals
    c.   Chief complaints
    d.   Strengths

II. Background Information
    a.   Family background (developmental aspects of behavior)
    b.   Social history (social aspects of behavior)
    c.   Work & education history (cognitive aspects of behavior)
    d.   Medical history (biological aspects of behavior)
    e.   Emotional functioning (affective aspects of behavior, mental health history)
    f.   Medical/medication history (biological aspects of behavior)

III. Mental Status

IV. Psychological Testing (if available)
    a.   Tables of scores
    b.   Brief interpretation of scores
    c.   Diagnostic impressions

V.   Conceptualization of Client's Difficulties (integrate theory and research)
    a.   Integration of biological, cognitive, affective, and social aspects of behavior
    b.   Diversity considerations, including conceptualization of client identities' impacts on issues and/or therapist implicit bias, countertransference - NOTE: The student is NOT to reveal their own personal information (e.g., sexual orientation, family background, religious beliefs, etc.) unless it is visible and/or impacts the therapeutic work/alliance
    c.   Ethical considerations and how those are met by the therapist
    d.   DSM-5-TR diagnosis

VI. Treatment
    a.   Client's progress to date (i.e., number of sessions, mutually agreed upon treatment goals)
    b.   Intervention strategy (integrate theory and relevant evidence-based research)
    c.   Unanswered questions (rank order most salient first)

Attendance at the case conferences is mandatory for all students in years 1-4 of training. Individuals will only be excused for emergencies. Those wishing to apply for such a release should be in touch with the ADCT , preferably in advance. Those unable to attend the conference, whether excused or not, are required to (1) view the videorecording of the conference (contact the ADCT) and (2) provide a 1-page, single-spaced commentary addressing (a) responses to each question asked by the therapist presenting the case and (b) reactions to responses made by other students present at the conference. This written report is to be given to the ADCT within 2 weeks of the case conference, who will provide it to the presenting therapist.

QUALIFYING CLINICAL EXAMINATION

The Qualifying Clinical Examination (QCE) is an opportunity for each advanced Psy.D. student to demonstrate clinical competence. Students become candidates for the doctoral degree after the successful completion of the QCE. This examination affords the student the opportunity to demonstrate that coursework and supervised clinical experiences are being effectively integrated and applied to date, given that students are still developing their clinical skills.

The purpose of the QCE is for the student to demonstrate the ability to integrate coursework and clinical experiences in a coherent and intentional application to their work with one client. The faculty encourage you to demonstrate that you are the expert about your work with your chosen client.

Students must have successfully completed their Master's degree before sitting for the QCE. **Students must pass the QCE prior to their internship application**.

Unless the Associate Director of Clinical Training (ADCT) has approved otherwise, the QCE will be completed on a client seen at the Psychological Services Center (PSC) or the Counseling and Student Development Center (CSDC). Students may use the same client for their case conference and QCE, if possible. The QCE client may not have been used for a previous QCE. The student does not need to be currently providing therapy to the QCE client, although feedback from the process may be helpful if therapy is continuing.

Students are to coordinate with the ADCT regarding the scheduled date for their QCEs. The exams are normally held throughout the Spring semester in the 3rd year. All students are required to submit their QCE materials two weeks before they sit for their examination. Late submissions will be subject to a penalty, to be decided on an individual basis by the QCE committee. Any students who have not completed their Master's degree must submit their materials by April 15 of their third year; however, their QCE will not be scheduled until the Master's degree is completed successfully.

Materials to be Submitted by the Student

Materials should be prepared electronically and shared with the ADCT and the committee members via the students' clinics account. These materials must be shared no later than two weeks prior to the date of their QCE. The student should omit/black out the name, address, family names, and name of the client's workplace. Present only factually correct information. Do not alter the information; QCE documents are only reviewed by the QCE committee, who need to know the true client data. Should your case be selected as a model, the background information should be blacked out (not altered). All materials should be prepared and handled in accordance with the policies and procedures provided in the PSC manual.

In addition, one video recording of a treatment session with the QCE client must be included. QCE materials should include an electronic video file labeled with the therapist's name and "QCE Session". These are to be shared with the assigned committee members and the ADCT and uploaded through the Google clinics email account.

The written documentation must include the following:

1.   A psychosocial evaluation on the client. The psychosocial evaluation should include a synthesis of all materials by the QCE candidate. Historical documents of psychosocial and/or assessment materials conducted by others should not be included; rather, the QCE candidate should synthesize and conceptualize the client's materials, and address any discrepancies between previous assessments/testing and current impressions/assessments. This should include a complete psychological testing report, written by the student. For adolescent and adult clients, the student is required to complete at least one personality assessment (i.e., MMPI-2, MCMI-III, MIPS-R, and/or equivalent). For child clients, personality assessment is not required; however, interpreted assessment from multiple sources (e.g., child, parent, teacher, etc.) is required. Students also are required to submit all rating forms, test answer sheets, scoring worksheets, profile forms, or computerized interpretations for all assessments.

2. An executed treatment plan and, if they exist, treatment plan reviews.

3. If the case has been terminated or transferred, the discharge or termination summary.

4.   The student should also submit copies of key chart records or documents. These include: SOAP or DAP case notes of the session submitted; informed consents; consent for didactic purposes; releases of information with other providers; relevant worksheets or completed documents by the client. All identifying information on these are to be blacked out.

5.   A QCE Paper of no more than 75 pages (which includes references). This should be written by the student, with no external proofreaders, and that contains the following elements:

   a.   Identifying information. In this section, the student provides the client's basic demographic information and reason for referral.

   b.   Case conceptualization - In this section, the student demonstrates integration of the developmental, social, cognitive, affective, and biological aspects of the client's behavior. The student should draw from five foundational courses (Biological Bases of Behavior, Advanced Developmental Psychology, Cognitive/Affective Bases of Behavior, Personality Theories, and Social Psychology) in order to identify and apply *specific* course concepts to the client. [Note that in addition to the Cognitive/Affective Bases of Behavior course, Personality Theories also contains cognitive and affective bases of behavior concepts.] The case conceptualization should create a holistic view of the client as a person, with the client's psychopathology considered in the next section.

   c.   Current diagnostic formulation - In this section, the student reviews the current DSM-5-TR and/or ICD diagnostic impression of the client. (This may be the same or different from the impression articulated in the chart records that have been submitted.) This section should include:

   ● how the client meets current DSM-5-TR or ICD diagnostic criteria for diagnosed conditions and how any other disorders were ruled out;
   ● theorizing about what is causing the DSM-5-TR or ICD conditions;
   ● client history, assessments, and/or literature should be cited;
   ● reflection on the client's strengths and weaknesses.

d.   Justification of the intervention plan. Given the DSM-5-TR diagnosis, the case conceptualization, and relevant evidence-based literature, the student is to provide the justification for the treatment model (with citations) that is being employed with the client. This should include a brief review of the empirical literature that guided the student to use the selected intervention model given the client's presenting concerns. Include how the student created and maintained rapport over the course of therapy.

e.   Ethical considerations. In this section, the student should review how they assured that they practiced within ethical guidelines. They are to discuss any ethical concerns or considerations that have arisen with the case and how they were handled.

f.   Diversity, equity, and inclusion considerations. The student is to demonstrate consideration of DEI in two ways:

- First, consider the intersecting identities of the client. Address how privilege/marginalization of the client's intersecting salient identities impacts the conceptualization of the client and the presenting issues. This should include a consideration- if salient-- of the client's psychosocial, assessment, diagnoses, treatment plans, and interventions.
- Second, address any impact of the power dynamics of privilege and marginalization (of both the student-therapist and the client) on the therapeutic relationship. The student is NOT required to reveal their own personal information that is not 'visible' (e.g., sexual orientation, family background, religious beliefs, etc.). Visible or revealed identities (such as gender, age,race/ethnicity, or other identities shared with the client during self-disclosure) are expected to be discussed in the QCE process. In all cases, it is encouraged that students reflect and consider how the student therapist's identities impact the therapeutic relationship and process, given the salient identities (e.g., those that relate to the issues brought into therapy) of the client.

g.   Description of the recorded session that is being reviewed. This section should include the following elements:

- the session number (the session after the formulation of the treatment plan would be session #1, etc.);
- a copy of the chart progress note on this session, with the identifying header information removed;
- a review of the most salient content that is covered in the video recorded session, specifically identifying evidence of the theoretical orientation being used and including reflection on what the student might have done differently or has done differently in subsequent sessions;
- a review of the student's conceptualization of the session, including the student's goal for the session, the value of the session within the overall treatment, and the student's evaluation of the session and its relative success; and,
- A review of skills/interventions used, including basic skills, with a reflection of the intention for their use, and an assessment of whether or not they were successful.

Procedure for the Examination of Students

Each student will receive an oral examination by a three-person committee composed of doctoral-level clinical or counseling psychologists, ideally at least two of whom will be Psy.D. faculty, either full or part time. For 50 minutes, faculty will ask questions and make comments designed to elicit a demonstration of the student's clinical skills and knowledge of the salient empirical literature and ethical guidelines. At the end of the examination, the student will be asked to leave the room. At this point, each committee member will independently rate the eight content areas below according to the following scale. A complete rubric can be found in Appendix C.

Unsatisfactory =1   Concerning = 2   Satisfactory = 3   Excellent =4   Outstanding =5

1) Demonstrated assessment skills

2) Demonstrated working alliance with the client and, if relevant, the client's family members

3) Clinical conceptualization of the case, including integration of foundational knowledge

4) Demonstrated intervention skills

5) Demonstrated documentation skills

6) Demonstrated ability to integrate research with practice

7) Demonstrated understanding of ethical guidelines

8) Demonstrated understanding of the impact of identities related to potential privilege/marginalization on the client, as well as the interaction of the salient identities between student therapist and client.

The committee members will then discuss the student's performance. A consensus score for each area will be determined. The final average across all eight areas must be 3.0 or higher in order to pass. A score of 2.0 or lower on any section will trigger remediation requirements (e.g., written response, revision of QCE document components, literature review, ethics review, additional session review, etc.). Students with final average scores greater than 4.0 and no section lower than 3.0 will earn a "pass with distinction."

Following faculty deliberation, the student will be invited back into the room and given feedback. Please allow up to 30 minutes for faculty discussion. Following the QCE, students will be provided a written summary of their performance. They may arrange a meeting with either the Director of Clinical Training or Associate Director of Clinical Training to receive more detailed feedback regarding scores, strengths, and weaknesses on the QCE.

Procedure for Students Who Fail the Qualifying Clinical Examination

A student who fails may be afforded the opportunity by the committee to submit remedial work, as noted above, if the consensus is that areas of weakness can be successfully addressed in this way. The committee will independently review the remedial work and rescore the relevant sections of the QCE. The committee then will meet to come to consensus scores. These scores will then replace the original scores and a new QCE final score will be calculated.

Students who fail the Qualifying Clinical Examination in a substantive way, as determined by the committee, will be allowed to sit for another examination. The student may use the same case, but not the same session. The student may also use a different case. The same set of materials is required to be submitted (as above). Once submitted, an examination will be scheduled for the start of the Fall semester. As noted earlier, students are not permitted to apply for internship until they have successfully passed the QCE.

Additional Policies Related to the QCE

A student is allowed to sit for the Qualifying Clinical Examination three times. After the student has failed the QCE twice, a Corrective Action Plan (CAP) will be constructed for the student, which may include repeating coursework, adjustments to community practicum placement, minimum scores on practicum supervisor evaluations, or other relevant options. The student will not be allowed to sit for an additional Qualifying Clinical Examination until the conditions of the CAP have been satisfied. Only one more attempt is then allowed for the QCE. Note that failure of the QCE twice typically adds a year to the degree completion timeline.

Students are not allowed to apply for an internship prior to having passed the QCE.

Students who fail the QCE have the option of filing an appeal with the Dean of the College of Health and Human Services. In this case, the following additional policies apply:

1. The appealing student may not apply for an internship during the appeal process.
2. A student who wins the appeal will be considered to have passed the QCE and will be allowed to progress within the program without prejudice.

STUDENT RESEARCH - TRAINING/REVIEW REQUIREMENTS

Mandatory Training in Human Subjects Protection

All student researchers must complete the online Collaborative Institutional Training Initiative (CITI) training in human subject protection prior to beginning thesis or dissertation data collection. Note that this is a time-consuming process (several hours), so plan accordingly.

Departmental/Institutional Review Boards

Following a successful proposal meeting, master's theses and dissertations need to be submitted for review by either the Exempt Review Committee (ERC) or the Institutional Review Board (IRB). All requests must be submitted through the IRBnet. This portal, as well as directions on how to submit materials, can be accessed through the University's IRB website.

PROFESSIONAL CONTRIBUTION/MASTER'S THESIS

It is expected that students will begin thinking about their professional contribution or master's thesis within the first semester of the first year. As part of Psy 503 Research and Statistics I, students will be exposed to the research interests of Psy.D. faculty. Students should then contact a faculty member with whom they would like to work for either a professional contribution or thesis. However, there is not a guarantee that the first faculty

member selected will be available for thesis mentorship - particularly if he/she/they is already committed to supervision of other students. The student is to continue contacting faculty until a mentor is obtained. If there are any significant difficulties with this process, please alert the Director of Clinical Training.

Primary supervision of master's thesis/professional contribution work will be undertaken by full-time Psy.D. faculty. In exceptional cases, where no full-time Psy.D. faculty member has the needed expertise or availability, students can request to have a part-time faculty member at Marywood supervise their research. Permission to have a part-time faculty member supervise a particular project must be obtained from the Director of Clinical Training before registering for Thesis Preparation, Professional Contribution, or Dissertation.

In consultation with the research mentor, students also invite two other faculty to serve on committees for cases in which a student chooses to complete a master's thesis.. All full-time and part-time faculty associated with the Psy.D. program may serve on committees. Committee members may also be invited from outside the Department of Psychology and Counseling as well as from the community, if they hold doctoral degrees from regionally-accredited institutions. If the proposed committee member does not hold faculty status at Marywood University or another regionally-accredited institution, the curriculum vitae of the proposed committee member must first be submitted to the Director of Clinical Training for approval. Professional contributions require only a primary research mentor and do not require additional committee members during the professional contribution process (though will later require committee members at the dissertation stage).

Completion of the master's thesis or professional contribution, along with all other master's level coursework, is required for awarding of the master's degree in Psychology, Clinical Services. Please note that successful completion of the master's degree is required to be eligible for teaching and to be able to take the Qualifying Clinical Examination; therefore, it is critical that due attention be paid to timely work on this project. A Corrective Action Plan may be initiated for any student who does not successfully defend their thesis or complete their professional contribution by the start of the 3rd year of training.

Deadlines for defending the master's thesis and submission of the final copies of both theses and professional contributions are established with the research mentor, but submission of the final copies can be no later than the due date established for that term's grade submission. Students must defend their master's theses in time for the faculty mentor to review and approve the final draft in order to meet degree completion deadlines for that term (e.g., to be able to participate in May commencement ceremonies). Students must work closely with their faculty mentor to meet these deadlines if they wish to receive the master's degree in a particular semester.

The master's thesis or professional contribution represents a student's original contribution to the science and practice of psychology through the proposal or implementation of a unique, empirical study. Appropriate research designs may include experimental, correlational, meta-analysis, or small-*N* designs. Case studies, purely qualitative research, or theory-based papers are not appropriate for these projects. The written documents are to follow APA format. Refer to the *APA Publication Manual,* the APA Style, and/or the excellent APA formatting and style guide offered by the Purdue Online Writing Lab.

During the Fall semester of the second year, students are to enroll in either PSY 555 Professional Contribution or Psy 554B Thesis Preparation (0 credits) under their faculty mentor and arrange meeting schedules, deadlines, etc., with them. **A research mentor should be confirmed by the end of the Spring semester of the 1st year.** Students are advised to begin work on these projects in the Summer preceding the 2nd year. Note that not all faculty mentors may be available during the Summer; therefore, it is advised that students meet with mentors

prior to the end of the first academic year, in order to have direction for their Summer work.

Professional Contribution Requirements

The specific nature of the work in PSY 555 Professional Contribution is to create a comprehensive examination of a specific issue or problem in clinical psychology and the proposal for a quantitative or mixed methods study. Students have 1 calendar year from first registration to complete the professional contribution. The document must conform to APA format and include the following:

- Extensive Literature Review
- Proposed Study/Hypotheses
- Proposed Methodology
- Description of Appropriate Research Design and Statistics

See Appendix D for Professional Contribution title page format. Once students have completed their professional contribution and made any final edits required by their mentor, they may form their dissertation committee.

An original copy of the signed title page of the professional contribution is required to be submitted to the program office, along with an electronic copy of the professional contribution (with the signed title page scanned and added to the document). Bound copies of the professional contribution may be ordered (see program administrative assistant for details).

Master's Thesis Requirements

A professional contribution is a program requirement. Students wishing to have additional research experience, however, may choose to conduct a quantitative or mixed methods study as a master's thesis in lieu of the professional contribution (counting as 3 elective credits). It is advised that only those students who are already familiar with conducting research and scholarly writing take this option, as this added activity may delay subsequent development and defense of the dissertation proposal, expected to occur prior to internship application (as is required by some sites).

The purpose of Psy 554B thesis preparation is for the student to complete an in-depth exploration of the area of proposed thesis research. The specific nature of the work in thesis preparation will be negotiated between the student and faculty mentor. Ordinarily this course will involve: (a) completion of a thorough review of the literature in the proposed area of study; (b) identification of measures to be utilized in the proposed thesis; (c) development of the research design for the thesis project; (d) formulation of specific statistical hypotheses for the study; (e) pilot testing of measures and research procedures; and (f) identification of potential subjects for the study and initiation of any required approvals (e.g., from a hospital, school district, etc.). All students are expected to have their thesis defended by the end of the fall semester of the second year. Students completing a thesis register for PSY 556 Thesis during the semester in which they will defend their master's thesis. Students may not register for Thesis until the thesis proposal has been successfully defended. Until that point, they must continue to register for Thesis Preparation.

Those forming a thesis committee should complete the form in Appendix E. A formal proposal meeting with the master's thesis committee should occur when the thesis mentor has determined that the proposal is ready for defense. Approval of the proposal allows the student to proceed to the data collection and analysis stage.

This thesis proposal document defines a contract between the student and the committee as to the nature and scope of the thesis project. **See Appendix F for the Thesis Title Page format.**

Once the thesis mentor has determined that the complete thesis draft is ready to be defended, a defense date is set with the thesis committee. Successful defense of the master's thesis is required before a grade is assigned. A majority vote of the committee members is required to pass the defense. It is not unusual for students to be passed with the provision that the research mentor supervises the corrections or additions to the final draft of the thesis. Students who have not yet defended their master's theses are encouraged to attend the defense of other students (thesis or dissertation) in order to familiarize themselves with the process.

An original copy of the signed title page of the thesis is required to be submitted to the program office, along with an electronic copy of the thesis (with the signed title page scanned and added to the document). Bound copies of the thesis may be ordered (see program administrative assistant for details).

DISSERTATION

Students should not register for dissertation credits until the master's degree has been completed and a member of the Marywood University Psy.D. faculty has agreed to chair the dissertation. As with the professional contribution and master's thesis, students are to arrange with a department faculty member for dissertation supervision. Often students continue to work with the same mentor as for their masters' thesis or professional contribution, but this is not required. Students are required to complete 6 credits of dissertation research. The typical registration is for 1 credit in the Fall and Spring of the 3rd year and 2 credits in each semester of the 4th year. **Students are cautioned against registering for credits without then completing the requisite level of work on the project to warrant a "Satisfactory" grade. If an "Unsatisfactory" grade is entered, those credits are not counted toward the required 6 credits.** Initial consultation with the dissertation mentor should include clarification of the expectations of progress on the project necessary to obtain a satisfactory grade. If the dissertation has not yet been defended after satisfactory completion of 6 dissertation credits, continuous registration of 1 doctoral credit per academic semester is required until successful defense.

The following are allowable forms of the dissertation, unless otherwise supported by the research mentor and approved by the Director of Clinical Training:

1. Traditional quantitative or mixed methods dissertation
2. Statistical analysis of archival data (e.g., meta-analysis)
3. Collection of a minimum of 10 detailed case studies, with integration and appropriate research review.

Dissertation Committee

A dissertation committee will be composed of your dissertation mentor and two other committee members. As with the master's thesis, committee members are to be invited based on consultation with the research mentor. Committee members can include faculty from the Department of Psychology and Counseling, faculty invited from outside the Department of Psychology and Counseling, and/or individuals with doctoral degrees from the community. If a committee member does not hold faculty status at Marywood University or another regionally-accredited institution, the curriculum vitae of the proposed committee member must first be submitted to the Director of Clinical Training for approval.

If the dissertation mentor is not a clinical Psy.D. faculty member, a clinical Psy.D. faculty member must serve as

either a committee member and/or a dissertation reader (see below).

At the time of the dissertation committee proposal meeting, the Dissertation Committee Appointment form (Appendix G) must be completed and submitted.

Dissertation Reader

In addition to the dissertation mentor and two committee members, students are also required to have a reader for the dissertation. The reader for the dissertation is selected by the research mentor and recommended to the Director of Clinical Training for approval. All readers must hold a doctoral degree or other terminal degree in their field from a regionally-accredited institution. The research mentor must submit the curriculum vitae for any recommended reader who is not a faculty member of Marywood University or another regionally- accredited university or college to the Director of Clinical Training for approval.

Guidelines for Dissertation Proposal

The proposal must be written in current APA format and include the following: title page; review of the literature; the specific hypotheses the project will address; the applicable methodology to be employed (including research design, hypotheses, participants, sampling procedures, instruments, and procedures), and proposed statistical analyses. **See Appendix H for dissertation title page format. Students may not propose until they have successfully completed Psy 611 Advanced Statistical Analysis. Students should propose before November 1 of their fourth year**, unless otherwise approved by the research mentor and DCT.

Dissertation Defense

The final dissertation document must be written in current APA format. Once the research mentor has approved the final draft of the dissertation, a defense date is set with the committee and reader. **The student is responsible for scheduling a room for the defense with the Psy.D. administrative assistant or discussing the possibility of an online defense with their mentor. The student is also responsible for completing and submitting to her the public notice of defense form (Appendix I) at least 2 weeks in advance.**

Prior to the defense, at least 48 hours in advance, the reader will submit written questions to the research mentor which the student is to address during the defense.

In coordination with the dissertation mentor, the student is to prepare a 30-minute PowerPoint presentation of their dissertation. The presentation will be followed by questions from the dissertation committee, reader, and audience. Once questions are exhausted, all but the dissertation committee and reader will be asked to leave the room.

The dissertation committee and reader will complete the Dissertation Defense Evaluation Form (see Appendix J). A majority vote of the committee members is required to pass the defense. It is not unusual for students to be passed with the provision that the research mentor supervise the corrections or additions to the final draft of the dissertation.

In order to participate in May commencement ceremonies before degree completion, students must have completed all coursework and have defended their dissertation by April 20th, unless otherwise approved by the

research mentor and DCT. Students also follow the information in the Graduation Registration section.

Final Dissertation Submission

Students must observe the deadlines and requirements for submitting their final dissertation copies to the program administrative assistant. Students are to contact the program administrative assistant well in advance of graduation to determine the specific requirements; they are also available to answer questions about final dissertation submission.

One original signed title page is required to be submitted to the program administrative assistant. This title page also should be scanned and added to the electronic copy of the dissertation which is submitted to both the program administrative assistant and to ProQuest. One copy of the abstract is required (see Appendix K for abstract submission format). For Proquest, you will register and then follow the process to submit a dissertation here. Proquest submission is required of all students. Bound copies can be ordered at the end of the ProQuest submission process. The dissertation mentor may want a bound copy.

Please see Appendix L for further information on ProQuest.

FACULTY ROLES AND RESPONSIBILITIES IN STUDENT RESEARCH

Responsibility for the selection, development, implementation, and analysis of professional contribution, thesis, and dissertation research belongs to the student. It is the responsibility of the faculty mentor to guide the student as needed in the research endeavor, in consultation with the research committee members during the proposal meeting and thereafter.

Role of Research Mentor

In addition to the responsibilities listed under Role of Committee member, the mentor's primary responsibility is to guide the student through the research process. Specific responsibilities include the following:

1. Clarify with the student at the outset their expectations for satisfactory completion of the research project proposal and final product.
2. Have an appropriate level of availability to meet with the student.
3. Provide feedback to the student in a timely manner.
4. Help the student with the selection of other committee members.
5. Determine when the student's professional contribution is completed/research proposal is ready to be defended. Facilitate submission of the student's document to Turnitin.com prior to dissemination of the research proposal to the committee or submission of the professional contribution to the program office.
6. Direct the defense of the research proposal.
7. Determine when the student's completed thesis or dissertation is ready to be defended.
8. For dissertations, select a reader (see eligibility requirements below) to be recommended to the Director of Clinical Training.
9. Direct the defense of the thesis/dissertation.
10. Evaluate the candidate's thesis/dissertation defense.
11. Direct any required document revisions.

Role of Committee Member

The committee member's primary responsibility is to ensure that a scholarly product is the final result of the research process. Other responsibilities include, but are not limited to, the following:

1. Provide written and/or oral feedback on various drafts of the candidate's thesis/dissertation, as requested by the research mentor.
2. Attend all meetings of the research committee.
3. Evaluate the student's proposal.
4. Make suggestions for improving the student's proposal.
5. Evaluate the student's thesis/dissertation document.
6. Attend/evaluate the defense.

Role of Reader (Dissertation)

1. Evaluate and provide to the research mentor written questions on the candidate's dissertation document 48 hours prior to the defense.
2. Attend the student's defense.
3. Evaluate the student's dissertation defense.

PRESENTATION AND PUBLICATION OF STUDENT RESEARCH

Students are expected to present their scholarship to the public. This may be to the general public as part of a community program or to a professional audience. Several students in the program have presented the findings of their research at local (Graduate Research Forum), regional (e.g., Eastern Psychological Association, Pennsylvania Psychological Association), national (e.g., American Psychological Association), and international (e.g., International Neuropsychological Society) conferences. Research mentors are also willing (eager!) to assist in the development of your thesis/dissertation into a manuscript for publication. **Note that it is typical that the research mentor will be a co-author on their students' presented/published research; students are always first authors on these works.**

PRACTICUM TRAINING

Please see Appendix M for community practicum site descriptions and Appendix N for all required practicum forms including practicum contracts, log of educational experiences, community practicum evaluation form, and practicum feedback form. In addition, students must track their hours via Time to Track. **Please see Appendix O for Time2Track subscription information and Time2Track categories.** Students will be provided with login information after admission and will be guided in Time2Track logging during Prepracticum. **Note that the program administrative assistant will provide a new login code each year.**

During practicum experiences, student therapists may encounter client situations in which they must report child abuse as mandated reporters. The first step is to contact your clinical supervisor. **Please see Appendix P for child abuse reporting guidelines.**

Required Clearances

Students must obtain the appropriate clearances at the start of their first year, either as part of Prepracticum for post-bachelor's students, or during the summer prior to starting courses for post-master's students, if not already completed. The required clearances are the Pennsylvania State Police (criminal record clearance), Federal Crimes (FBI), and the Pennsylvania Department of Welfare (child abuse and neglect clearance). The program also reserves the right to require other local, state, or national clearance. Presence of a criminal record or founded instances of child abuse may prevent the student from completing practicum and internship courses and, therefore, would result in dismissal from the program. See the Psy.D. program administrative assistant for further information.

First Year

Practicum training begins with Psy 564 Prepracticum and Psy 571 Introduction to Individual Psychotherapy during the first semester. In Psy 564, students are introduced to PSC policies and procedures and microskills. They begin to observe PSC therapy sessions and participate in diagnostic intake assessments. In Psy 571, students complete roleplays that are recorded. Individualized feedback is provided by an assigned third year Psy.D. student supervisor who watches recordings, meets with the student individually for consultation, and completes rating scales.

In the second semester of the first year, students take Psy 564 Introductory Practicum with the PSC Director. Individual cases are assigned at the end of the semester, to begin clinical work in the summer (dependent upon student readiness). As students begin their clinical work in the PSC, they receive group supervision and individual supervision as needed with a licensed, doctoral-level faculty member. Students also receive individual consultation with a fourth year Psy.D. student supervisor. Students are advised to consult the Psychological Services Center (PSC) Manual for policies related to clinical work in the PSC.

First Summer

Students are required to work with their PSC clients over the first summer (Psy 564 A and Psy 564B Summer PSC Practicum). They will meet for group supervision and have individual supervision available as needed.

Second Year

In the second year, students continue their work in the PSC and receive group supervision and individual supervision with a licensed, doctoral-level faculty member. Students also receive weekly individual peer supervision with a fourth year Psy.D. student supervisor.

Third Year

In the third year, students begin the sequence of Community Practica, which will span the third and fourth years (Community Practicum I and Community Practicum II, respectively). Students are encouraged to complete their 2 years of community practica at different types of sites (e.g., university counseling center and hospital). The Associate Director of Clinical Training provides guidance in the application and selection of elective and community practica sites. It is the student's responsibility, however, to pursue application to these sites and to compile all necessary application materials in a timely manner. Students should review the site options and apply to sites of interest in a timely fashion to ensure competitiveness in securing a position. Specifically in the third year,

students complete their required Community Practicum I in the Counseling and Student Development Center, the PSC, and/or another community site. Students are allowed to complete practicum at two sites total during their third year. Please note that one site is acceptable and preferred. Third-year students are able to provide availability to a community site on Wednesdays and Fridays only. Tuesdays and Thursdays are not to be scheduled with community practicum sites. Students receive 1 hour of individual supervision at each site from an on-site psychologist as well as weekly group supervision from a doctoral-level faculty member.

Community Practicum I

Students are expected to complete 240 hours on site and 60 direct clinical contact hours each semester for one year during the third year. These hours will be completed at either the Counseling and Student Development Center at Marywood University and/or the Psychological Services Center or another community practicum site. These hours may be split between two sites (e.g., 120 hours at each site and 30 direct hours at each site, per semester). Students are expected to see clients until the end of the semester or until the client is well, whichever comes first. Moreover, students are expected to engage in clinical work for the entire length of the semester/as delineated in their practicum contract, regardless of whether the 60-hour requirement has been met.

Peer Supervision

Supervision training begins in the third year. During the first semester of their third year, students supervise first year students' recorded role plays as part of Psy 706 Supervision and Consultation Seminar.

Fourth Year

For Community Practicum II, fourth year students may participate in up to three practicum sites, but note that one or two sites is preferred. Fourth year students are able to provide availability on-site Mondays, Wednesdays, and Fridays only. Tuesdays and Thursdays are not to be scheduled with community practicum sites. Fourth year students will also serve as peer supervisors (please see below).

Community Practicum II

Students are expected to complete 240 hours on site and 60 direct clinical contact hours each semester for one year during the fourth year. These hours will be completed at an external site with whom a contract has been executed. These hours may be split between two sites (e.g., 120 hours at each site and 30 direct hours at each site, per semester). Students are expected to see clients until the end of the semester or until the client is well, whichever comes first. Moreover, students are expected to engage in clinical work for the entire length of the semester, regardless of whether the 60-hour requirement has been met.

Supervision Practica

Fourth year students provide individual consultation to junior students on cases being seen in the Psychological Services Center. These fourth year student peer supervisors receive group supervision weekly with a doctoral level faculty member (Supervision Training Practica I and II) and individual supervision, as needed, with either the course instructor or other faculty members. At all times, the therapist's licensed psychologist practicum supervisor is responsible for the case. Delineation of these procedures will be included in the supervision

training practicum syllabi.

Elective Practica

Beginning the summer after the second year, students are strongly encouraged to enroll in elective practica at the PSC, allowing for continuity of client care. Through the PSC elective practicum, students are able to continue their clinical experiences in the PSC and to receive group supervision from the PSC Director or another licensed, doctoral-level psychologist.

Students can also opt to participate in elective community practica experiences starting in the summer after the second year. Elective practica provide students with a greater diversity of clinical experiences, and sites should be chosen to suit the student's level of training and professional interests. Supervision is provided by the community practicum site. All students enrolled in elective community practica in the summer receive consultation from the ADCT to process their practicum experiences. Feedback forms and contracts must be completed prior to beginning work at a site.

Practicum Student Responsibilities

Students are expected to demonstrate a baseline of professional functioning at their practica sites. This includes, but is not limited to, dressing professionally when seeing clients; following policy requirements of the site; not discussing clients outside of supervision; not discussing clients with anyone other than a student in practicum, a supervisor, the Associate Director of Clinical Training, or the Director of Clinical Training; not making disparaging or unprofessional remarks about clients or supervisors; not making disparaging or unprofessional remarks about clients or supervisors on social media; keeping the supervisor(s) informed regarding all significant developments; and being extremely careful to handle confidential material in an ethical manner.

Practicum Timeline

To summarize, below is a practicum sequence timeline, detailing the practicum and clinical training process.

Requirement	Deadline
PrePracticum (PSC)	Fall First Year
Introductory Practicum (PSC)	Spring First Year
PSC Summer Practica	Summer First Year
Practicum I (PSC)	Fall Second Year
Practicum II (PSC)	Spring Second Year

Send CV and Cover Letter to Potential Elective Summer and 3rd year Practicum and CSDC for Fall Community Practicum	Feb 15 Second Year
Elective PSC and/or Community Practicum	Summer Second Year
Community Practicum I (CSDC/PSC/other community site (1-2 sites)	Fall-Spring Third Year
Case Conference	Fall-Spring Third Year
Send CV and Cover Letter to Potential Elective Summer and 4th year Practicum and Community Practicum Sites (discuss timeline with ADCT)	Feb 15 Third Year
Qualifying Clinical Exam (QCE) Documentation Due	April 15 Third Year
Elective PSC and/or Elective Community Practicum	Summer Third Year
Must have passed QCE to begin Community Practicum II	First Day of Fall Fourth Year
Elective PSC Practicum	Fall-Spring Fourth Year
Community Practicum II (2-3 sites)	Fall-Spring Fourth Year
Internship	Fall-Spring-Summer Fifth Year

CLINICAL SUPERVISOR RESPONSIBILITIES

PSC Supervisors

All clinical supervision in the PSC is conducted by PA-licensed psychologists. The primary supervisor for students' work at the PSC will be the individual faculty supervisor. First and second year students will receive weekly group supervision from their supervisor. First year students will receive biweekly supervision from a fourth year Psy.D. student, and second year students will receive weekly supervision from a Fourth year Psy.D. student. All supervisors will work in collaboration, discussing client interventions and supervisee training needs. Efforts will be made to include most supervision tasks within the scheduled meeting times. However, in order to ensure appropriate services to clients, there may be a need to schedule additional supervision. If either the student or the instructor believes that additional individual supervision is warranted, it will be scheduled.

Community Practicum Site Supervisors

The practicum site supervisor is the primary supervisor for all clinical work conducted on site. The practicum site supervisor is required to provide 1 hour of weekly individual supervision in the third year, and 1 hour of weekly individual supervision in the fourth year. Students must engage in at least 1 hour of supervision per week per site. If this requirement is not being met, it is important to address concerns directly with the site supervisor and then with the Associate Director of Clinical Training if the issue is not resolved. Further, the site supervisor or another licensed mental health professional is required to be on site whenever the student is on site and available for consultation or intervention as needed. The site supervisor is expected to provide the student with a variety of clinical experiences appropriate for the student's level of training and professional interests.

Community Practica I and II

The primary supervisor for students' work will be the site supervisor; the faculty instructor is the secondary supervisor available for consultation. If there is disagreement between the site supervisor and the faculty supervisor, the faculty supervisor defers to the primary (site) supervisor. Efforts will be made to include most supervision tasks within the course meeting time. However, each student has the opportunity to schedule individual supervision time with the faculty supervisor if needed. If either the student or the instructor believes that an individual supervision session is warranted, it will be scheduled.

Associate Director of Clinical Training (ADCT) Role

The Associate Director of Clinical Training (ADCT) provides guidance in selecting and applying to elective and community practica sites. It is the student's responsibility, however, to pursue application to these sites and to compile all necessary application materials in a timely manner. Meetings to prepare for internship applications are provided by the ADCT during the third and fourth years of the program and continuing through internship placement.

INTERNSHIP

Meetings to prepare for internship application are provided by the Associate Director of Clinical Training beginning in the second year of the program and continuing through internship placement. Completion of the Qualifying Clinical Examination is required before applying for Internship. Many internship sites also require students to propose their dissertation prior to application. Students are expected to apply to APA-accredited internship sites, with APPIC (Association of Psychology Postdoctoral and Internship Centers) sites secondary, offered through the APPIC Match.

In preparing for internship application, students are to browse the APPIC directory. This online directory allows students to search for internship placements based on a variety of search criteria. Students can narrow their search based on APA accreditation, geographic location, training opportunities, keywords, stipend amount, and various additional specifications. Search results will allow students to select internship sites about which they would like to gain additional information. Selecting an internship will direct students to a detailed Program Information page. Information on these pages will typically include program address and contact information, program description, accreditation, stipend amount, application and interview requirements, minimum number of AAPI intervention hours and minimum number of AAPI assessment hours, training opportunities, and outcome employment data. Please note that each internship has unique intervention and assessment hour requirements among other application requirements and preferences. As such, it is recommended that students become familiar with requirements and preferences associated with their sites of interest as early as possible.

This will allow students to structure their resumes and clinical experiences in accordance with these sites of interest. Students in this program will be required to select an APPIC or APA approved internship. In the event a student is unable to apply for an APPIC/APA approved site (illness, childcare etc.), special permission of both the DCT and ADCT is required to complete the internship.

Please see Appendix Q for the following information relevant to internship: Site Selection Tips, Former Interns' Sites, AAPI Essay Tips, De-Identifying Reports for the AAPI, Interviewing Tips, Interview Questions, Ranking and Match Information, Internship Ranking Form, Internship Data Form, Sample CVs, Sample Cover Letter, Sample Autobiographical Essay, Sample Diversity Essay, Sample Research Experience Essay, and Sample Theoretical Orientation Essay.

Internship Application Timeline

Trainees can obtain exact deadline dates from the APPIC website at www.appic.org and from the CAPIC (Canada) website at www.capic.net. The following is a general timeline highlighting the tasks to be completed and the ideal time sequence in which to complete them.

Requirement	Deadline
Review and Select Internship Sites	Summer Third Year
Consult the List of Former Interns' Sites and Consult Alumni from Selected Sites	Summer Third Year
Join listserv for Match News	Summer Third Year
Access the AAPI	Summer Third Year
Prepare CV, Cover Letters, and Essays for AAPI	Summer Third Year
Obtain Letters of Recommendation for AAPI (Send CV and List of Sites to References)	Summer Third Year
Order Transcripts	Summer Third Year
Prepare Assessment Reports for AAPI and Submit to Site Supervisor or ADCT for Approval	September 1 Fourth Year
Send Revised Essays and Cover Letters to ADCT for Final Review	September 1 Fourth Year
Complete AAPI and Submit to DCT for Verification	October 15 Fourth Year

| Register for the Match | Early Fall Fourth Year |

Submit AAPI to Selected Internship Sites (Complete 1 week ahead of sites' deadlines)	October – December Fourth Year
Participate in Mock Interviews	December Fourth Year
Interview at Internship Sites Email "Thank You" to Interviewed Sites	December – January Fourth Year
Submit Rank Order List to National Matching Service (NMS)	Early February Fourth Year

If you match:
    ● Inform ADCT
    ● Submit Internship Data Form
    ● **Celebrate!**
If you do not match:
    ● Immediately Consult with ADCT (phone or in-person)
    ● Review Match II Procedures
	APPIC Match Day
	February
	Fourth Year

Submit Application for Match II	March Fourth Year
Meet with ADCT for Interview Feedback	March Fourth Year
Interview Send "Thank You" Emails Submit Rank Order List to NMS	March Fourth Year

If you match:
    ● Inform ADCT
    ● Submit Internship Data Form
    ● **Celebrate!**
If you do not match:
    ● Immediately Consult with ADCT (phone or in-person)
    ● Review APPIC post-match vacancy service information
    ● Apply to APPIC post-match vacancy service
    ● Finalize an internship placement
    ● Submit Internship Data Form
	APPIC Match II Day
	March
	Fourth Year

PROGRAM EVALUATION

Each semester, students complete the University's course evaluations. Students are encouraged to be candid and to provide constructive feedback to the course instructor. In addition, both current students and alumni will be asked periodically for program feedback. All alumni will be contacted to complete online program evaluation/outcome assessment surveys 2 and 5 years after graduation. Feedback to the Director of Clinical Training is welcome at any time either directly or through your cohort representatives.

STUDENT EVALUATION, CONDUCT, AND RETENTION

Evaluation of Student Performance

Students are to submit to the DCT their updated CVs annually each June. The student CV should contain: education history, professional memberships, awards, clinical experience, scholarship (e.g., presentations and publications), teaching experience (if appropriate), participation in additional professional trainings (e.g., continuing education workshops), and detailed participation in community outreach activities (e.g., screening days, community presentations).

Student progress in the program is tracked via the individualized electronic Student Progress and Outcome Tracking (SPOT) spreadsheet (in each student's shared Google Drive folder). Specific **performance expectations are delineated in the SPOT and in Appendix R**. **Descriptions of the nine profession-wide competency areas are in Appendix S.** Annual reviews of these data occur each summer by the DCT, with written feedback provided annually to each student on the SPOT. Students have the opportunity to respond to the feedback provided and to provide additional data for the SPOT.

Faculty and practicum supervisors complete evaluations annually using the form in Appendix T. The average of these ratings are reflected in the annual SPOT update, as well as course grades, professional contribution progress, dissertation progress, and any other formal evaluations, including Comprehensive Examination and Qualifying Clinical Examination results. The student's CV will also be part of their shared Google Drive folder.

Ethics, Conduct, and Preparation to Serve a Diverse Public

The Psy.D. program requires students to conduct themselves as professionals-in-training. They are required to adhere to the American Psychological Association Code of Ethics, all requirements set forth by the Marywood University Graduate Catalog, the Marywood University Student Handbook, the PSC Manual, policies of practica and internship sites, and this handbook.

Students are expected to act in a manner that displays the highest regard for human dignity. Students are also expected to demonstrate personal qualities that are required for psychologists (e.g., ability to listen empathetically and accurately, ability to engage effectively with a wide diversity of clients in testing and therapy settings, ability to work in an effective manner with other research, medical, legal, educational, and mental health professionals). This professional behavior is expected within the classroom, in the PSC and other campus areas, and within other relevant professional settings (e.g., when conducting research, during practica or internship). Evaluation of professional conduct includes formal written evaluations by practicum and internship supervisors. **Any student found lacking in professional conduct may be placed on a Corrective Action Plan for remediation (see below for a description), placed on academic probation, or dismissed from the program depending on the nature and severity of the unprofessional conduct.**

Additionally, the Psy.D. program requires that graduate students develop the knowledge, skills, and attitudes to work with members of the public representing diverse intersecting demographics, values, and beliefs. Professional competencies and ethics aim to protect the public; accordingly, students may not avoid working with any specific client populations because of conflicts with their own values or beliefs.

Students are encouraged to engage in self-care, self-reflection, and to regularly monitor their own physical,

mental, and emotional wellbeing.

Colloquia and Case Conference Attendance

The Psy.D. program and the Department co-sponsor an invited speaker series, typically occurring 1-2 times per semester. **Attendance at colloquia is required.** If a student is unable to attend, the student should notify the Director of Clinical Training. As noted above, case conference attendance is mandatory.

Peer Supervision

As discussed above, the program requires experience and training in peer supervision. Requirements for peer supervisors are addressed within course syllabi (Psy 706 Supervision and Consultation Seminar; Psy 870/871 Supervision Training Practica I and II). It is a program requirement that junior students fully participate in peer supervision as supervisees during their first and second years in the program.

Public Conduct and Social Media

Psy.D. students are considered professionals in training. As such, they are expected to act in accordance with ethical and professional standards. Some of these standards extend beyond one's professional roles, including conduct in public settings and forums. Students are reminded to conduct themselves as representatives of Marywood University while in public. The Scranton area is a small community. Those around you may be practicum clients or their family members, employees at community practica, future employers, etc. Students are expected to treat each other ethically and respectfully.

Given the pervasive use of social media, it is important to be sensitive to these standards when engaged in online behavior and electronic communication. Posting on a social networking site (e.g., Facebook), a professional networking site (e.g., LinkedIn), a publicly viewed narrative (e.g., blogging), or even sending an email or text message should be done with awareness of the limited privacy associated with these media. It is recommended that students assume that nothing is private when using social media and electronic communication and remember that once posted or transmitted, comments, pictures, opinions, and other communication can easily become public and, in some cases, become permanently accessible. Care should be taken when posting, as clients, other students, faculty, and potential employers can be exposed to such content through searching, forwarding, "tagging," copying, or simply by word-of-mouth. This is true even when accounts are set to "private."

Some forms of inappropriate use of social media and electronic communications would include posting inappropriate pictures, making insensitive or disrespectful comments about specific others (e.g., clients, other students, faculty, supervisors, etc.) and/or groups of others (e.g., those from a different culture, religion, etc.), or the program. In the event that a student engages in unprofessional conduct online, most cases will be addressed in an informal way by the Director of Clinical Training. More persistent or serious violations will trigger a Corrective Action Plan (described below).

Plagiarism and Academic Honesty Policies

The following is the University's statement on plagiarism:

Plagiarism is defined as the offering as one's own work the words, ideas, existing imagery, or arguments of another person. Using the work of others requires appropriate attribution by quotation, reference, or footnote. Use of information without attribution from any source, including The Internet, is considered plagiarism.

Additionally, the Marywood University Policy Statement on Academic Honesty specifically states, "No claim of ignorance about the nature of plagiarism will excuse a violation." Further, plagiarism constitutes both an academic violation and code of conduct violation. Please review the Academic Honesty policy for additional information about academic honesty.

Psy.D. students who complete work through plagiarism may be dismissed from the program.

Students are expected to have a thorough understanding of what constitutes plagiarism, whether it be verbatim copying of information or improper paraphrasing. Several links to Internet sites that describe plagiarism issues can be found through the Marywood University Library website. These sites offer strategies to avoid plagiarism, as well as examples of proper and improper paraphrasing. Assistance through the Writing Excellence Center at the University is also recommended. Although there may be instances where plagiarism occurs innocently, ignorance is no excuse. The penalties discussed above are applied regardless of student intent; it is the professional responsibility of the student to be aware of issues related to plagiarism and to ensure that she/he/they does not engage in plagiarism.

As part of Psy 700A Professional Ethics, all students are required to pass the Indiana University Plagiarism Test for **doctoral students**. Completion certificates are to be turned in to the DCT.

In order to assist students in ensuring that they have not engaged in plagiarism, all Psy.D. students are required to submit their Professional Contribution final document and Thesis and Dissertation proposal drafts to Turnitin.com. Research mentors will alert students of the process to complete this task. Students are advised to use this, or a similar, service for all written assignments, if there is any possibility of improper paraphrasing/citation.

Corrective Action Plans

A written, individualized Corrective Action Plan (CAP) will be developed for a student in response to performance deficits. CAPs are instituted after informal attempts at resolution have been ineffective, or after the occurrence of more severe infractions, such as ethical violations which do not rise to the level of program dismissal. CAPs are individualized remediation plans. Students are given a specific time frame to successfully complete behavioral requirements (e.g., written papers, additional coursework, cessation of unprofessional conduct, etc.). At the conclusion of the CAP period, if Psy.D. faculty believe that all the CAP requirements have been met, the student will be considered to have successfully completed the CAP. If the situation is not rectified, the student may either have the remediation period extended if sufficient progress is being made to rectify the problems identified in the Corrective Action Plan, in which case a revised Corrective Action Plan will be developed; or, if the requirements of the CAP have not been met and there has not been sufficient progress, then the student will be recommended to the dean for dismissal from the program. Note that a CAP may have multiple behavioral requirements and associated review points.

When a CAP is developed, the student meets with the DCT and receives a written copy of the Corrective Action Plan. The DCT discusses the rationale for the CAP and requirements for successful completion with the student.

The student is encouraged to ask questions or to point out any inaccuracies. Once the CAP is implemented, the DCT monitors the designated review point(s) and provides written feedback to the student regarding achievement of requirements by the review date(s) indicated on the CAP. If a CAP revision is required, this same procedure is followed with the student. The student may submit written responses to the CAP and the CAP review; these comments will be filed with the CAP in the student's program file.

Students may appeal any program decisions affecting their academic standing, including provision of a CAP, following the grievance procedures of the College of Health and Human Services, available from the Dean's Office and referenced within this manual (see Grievance Policy later in this document; **see Appendix U**).

Student Retention Policy

The Psy.D. faculty take a serious view of the supervision of student professional development. Completion of the Psy.D. program equips students to become mental health care professionals, and the faculty have particular concern about the ability of students to function at a satisfactory professional level. Evaluation of students in the program will include: academic abilities as demonstrated in course work, comprehensive exams, and research; development of a high level of awareness of ethical issues and a consistent demonstration that student behavior is guided by a concern for these issues; and, personal qualities that are necessary in order to function as a clinical psychologist (e.g., interviewing skills, openness to feedback, ability to critically evaluate one's strengths and limits as a professional, ability to relate effectively with clients and colleagues in a professional manner, awareness and respect for diversity issues in work with clients). These personal qualities are most directly observed in practicum and internship courses, but also may be involved in other courses (e.g., in role-play exercises in psychotherapy or testing courses) or public conduct. Students deemed deficient in any of the aforementioned areas may have a Corrective Action Plan developed or, in the case of serious breaches in conduct, be dismissed from the program.

Program review of students occurs on a continual basis for any issues which arise, and formally once per academic year. Practicum evaluations also are completed, both for on and off-campus practica. Students requiring a Corrective Action Plan (CAP) are identified, if the need for a CAP did not already arise during the semester.

Students must maintain a 3.0 GPA in order to remain in the program. Should their GPA fall below 3.0, a CAP will be initiated. **Students must earn at least a B- in all required courses.** Courses may be repeated one time to achieve the minimum grade. Failure to earn at least a B- on the second attempt will result in initiation of a CAP.

As noted above, students must pass the Comprehensive Examination and the Qualifying Clinical Examination in order to continue in the program.

Students are allowed 7 years from the time of admission to complete their degree, excluding any leaves of absence awarded. Failure to complete the degree within 7 years automatically triggers a CAP. Continuous enrollment following the prescribed curricular sequence is required.

STUDENT PROGRAM FILES

Student program files are maintained in the Psy.D. office within a locked cabinet. Only the program administrative assistant, the DCT, and the ADCT have access to the files. Files are maintained for 10 years or until licensure, whichever is later.

Student program files include: contact information, transfer credit documentation (if applicable), scholarship award letters, plagiarism certificate, CAPs and CAP reviews, a hard copy of the SPOT spreadsheet upon graduation, thesis committee appointment form (if applicable), Comprehensive Examination feedback letter, Qualifying Clinical Examination feedback letter, dissertation committee appointment form, dissertation evaluation form, internship acceptance letter, and internship completion letter/certificate.

GRIEVANCE POLICY

Before deciding to initiate a formal academic grievance, you should have:

- Approached the instructor or supervisor directly involved with the alleged problem
- Approached the Director of Clinical Training or Department Chairperson to determine if you can resolve the matter informally
- Read the following procedures to be sure you understand the formal academic grievance procedure
- Sought advice from appropriate parties to ensure that your grievance is not more properly addressed by the University's Civil Rights Policy or Grade Appeal Policy.

If you decide to file a formal academic grievance, procedures are to be followed as listed below. However, you may ask that the appeal be discontinued at any step in the process.

Phase One – Initial Filing

1. Your formal academic grievance must be filed on **Form A Student Information in Appendix U** within 30 working days from the date when the alleged incident occurred or problem began. Failure to act within this time period will rule out any future consideration of the matter. A copy of the form must be filed with the supervisor of the person you are grieving (the Department Chairperson in most cases; the Dean of the College of Health and Human Services if the grievance is against the Department Chairperson).
2. The supervisor will immediately acknowledge receipt of the grievance in writing and provide you with a copy of this acknowledgement. After consultation with appropriate parties, you will receive, within 20 working days of the receipt of the grievance, written decision from the supervisor. This decision will attempt to resolve the issue to your satisfaction.

Phase Two – The University Academic Grievance Committee

If you feel that the grievance has not been resolved to your satisfaction, you may request a formal review by the Academic Grievance Committee. Before doing so you should carefully read the following steps:

1. You must submit, within 10 working days after receiving the written decision of the supervisor, **a copy of both Form A and Form B in Appendix U**, which is your request to appear before the Student Grievance Committee. You must use **Form B** to once again state the nature of the grievance and the reason(s) why the supervisor's response was unsatisfactory. You must attach a copy of the supervisor's response to **Form B.**
2. The Dean or appropriate Institutional Officer will now convene a Student Academic Grievance

Committee. It will include:
- A student representative from each College, appointed by the Dean of the College
- A faculty member from each college, appointed by the Dean of the College
- The Academic Dean convening the Committee will appoint one professional staff representative who deals with student affairs issues.

The Dean or appropriate Institutional Officer will serve in an ex officio capacity without a vote and has the responsibility for seeing that the grievance process proceeds as outlined in this guide. The Dean is to provide assistance to the University, to you, the student grievant, the employee, the supervisor or the student grieved against, and to the Student Grievance Committee. The Dean or a designee will be present at all hearings held by the Academic Grievance Committee.

Committee Procedures

1. The chairperson of the Committee shall be elected by the members of the Academic Grievance Committee.
2. A quorum shall consist of two student members, two College representatives, plus the professional staff representative.
3. The Academic Dean convening the Academic Grievance Committee will determine which, if any, faculty and students have a vested interest in a particular hearing and declare them ineligible.
4. The Chair of the Committee, elected by members of the committee, will secure from you all pertinent information (**Form A, Form B, attachment letter from supervisor, and other materials you think support your case**). Likewise, expect the Chair of the Committee to secure, also from the employee against whom the grievance was filed, a response to the grievance and additional pertinent information.
5. The Dean or appropriate Institutional Officer shall convene the committee to provide (as appropriate) a hearing for you. The hearing and related processes should be completed within 60 days of the filing of the formal request for a hearing. The Committee will schedule separate inquiries with you, the employee, and the supervisor. Everyone must provide the pertinent facts which the Committee needs to determine the merits of the complaint. The committee may conduct any additional hearings it considers necessary to render a fair decision. You may request and be granted an opportunity to appear before the Committee in the presence of the other party.
6. The committee shall decide by majority vote the solution of the grievance. Upon deliberation of the information presented, the committee will either:
   - uphold the original action;
   - dismiss/censure the action;
   - grant your request for solution;
   - determine a mutually acceptable compromise between you and the person you are grieving.
7. You will receive from the Dean or appropriate Institutional Officer a copy of the committee's final recommendation. This final recommendation will also be sent to the Vice President for Academic Affairs or appropriate Institutional Officer.
8. The final decision on the matter rests with the Vice President for Academic Affairs or President, as appropriate to the grievance.

Rights of the Parties Involved in a Grievance

When a grievance hearing is scheduled, the parties involved are entitled to:

1. A written notice of the complaint.
2. A written notice of the time and place of the hearing.
3. Review of all submitted evidence, documents or exhibits that each party may present at the hearing.
4. Access to the names of the witnesses who may testify.
5. Appear in person and present information on his/her/their behalf, call witnesses and ask questions of any person present at the hearing.
    - If either you or the party involved fails to appear before a scheduled committee hearing, you have three (3) working days to submit acceptable evidence. If not submitted, a decision will be made on the available evidence.
    - Appeals on alleged violations of the process described herein may be made to the next supervisory level.

All formal Psy.D. student complaints are logged by the Director of Clinical Training, per the APA Commission on Accreditation Implementing Regulation C-12; all parties involved are anonymous. This log and all other records related to grievances must be made available to APA site visitors upon review for re-accreditation. They are bound by confidentiality.

STUDENT MEMBERSHIPS

Membership in Professional Psychology Organizations

Students are expected to join relevant organizations of psychologists. **Student affiliate membership in the American Psychological Association is required** and membership is encouraged in other professional organizations as well (such as the Pennsylvania Psychological Association - which does not have dues for student members, the Eastern Psychological Association, or specialty associations consistent with the student's research/clinical interests).

Membership in such organizations provides numerous benefits, including: access to professional journals that help keep students up-to-date with current issues in the field; involvement in professional conferences, both as an attendee and as a potential presenter; opportunities for participation in the organization's committee work; access to insurance policies that cover professional liability (e.g., while on internship); and, newsletters and on-line discussion groups that keep students informed of current issues in the field. Fourth year student, Kate Vala, serves as our program's liaison to the PPA Graduate Student organization (PPAGS).

Psi Chi

Students are encouraged to apply for membership in Psi Chi, the National Honor Society in Psychology, if they were not already inducted as undergraduates. Psi Chi was founded in 1929 for the purpose of encouraging, stimulating, and maintaining excellence in scholarship and advancing the science of psychology. The aims of Psi Chi are summarized in two Greek words: Psyche (Psy-key), suggesting "mind" or scholarship, symbolizes enrichment of the mind; "Cheires: (Ky-race), meaning "hands," symbolizes fellowship and research.

Membership is open to graduate and undergraduate students who are making the study of psychology one of their major interests and who meet the minimum qualifications. Psi Chi is an affiliate of the American Psychological Association (APA) and a member of the Association of College Honor Societies. Also, Psi Chi works closely with its sister honor society Psi Beta, the national honor society in Psychology for community and junior

colleges.

Psi Chi serves two major goals; one is immediate and visibly rewarding to the individual member and the other slower and more difficult to accomplish, but offering greater rewards in the long run. The first goal is to recognize academic excellence through induction as a member of Psi Chi. The second goal is to nurture the spark of the accomplishment by providing opportunities for professional growth and creative development through chapter, regional, and national activities. The national organization provides programs to help achieve the goals of Psi Chi. Among these are national and regional conventions held annually in conjunction with the psychological associations; research award competitions; certificate recognition programs; a quarterly Psi Chi Newsletter which helps to unite the members as well as to inform and recognize their contribution and accomplishments; and a national office where the membership records of all members are preserved and available for references.

Graduate students can apply for membership if they have: at least a 3.75 average in Psychology courses; have completed at least 18 graduate credits in Psychology courses; and, demonstrate a commitment and interest in the field of psychology. The Marywood chapter of Psi Chi holds an annual initiation ceremony during the spring semester. Dr. Lindsay Morton is the Psi Chi advisor. Application materials for membership are available from the department administrative support person.

Graduate Student Council

As graduate students, students enrolled in the Psy.D. program are encouraged to participate in the Graduate Student Council. Students may also run for officer positions. Over the years, several Psy.D. students have served as president. The Graduate Student Council seeks to enrich the Marywood University graduate student experience by serving as advocates for graduate student concerns, addressing policy concerns, offering networking and professional development opportunities, promoting academic excellence, and working to improve graduate students' quality of life. As members of the Graduate Student Council, students may request organization or conference travel funding, and membership may therefore afford students with certain financial benefits. For more information, please visit the Graduate Student Council website. If you would like to get involved with the Graduate Student Council, please send an email to gsc@m.marywood.edu.

Association of Neuropsychology Students in Training (ANST)

Students interested in the field of neuropsychology are encouraged to become involved with the Association of Neuropsychology Students in Training. Open to undergraduates through doctoral students, this student-led organization engages in academic enrichment activities, group research studies, and community outreach. Contact Dr. Cannon, who serves as the faculty moderator for ANST, if you desire further information.

UPSIDE (Underrepresented Psychology Student Inclusion, Development, and Empowerment)

UPSIDE is a student-faculty organization developed to facilitate success for psychology students from underrepresented groups. Student members of UPSIDE drive the group's activities, which include: community outreach, presentations for high school and undergraduate students, related research, presentation at conferences, participation in graduate student recruitment, identification of information to include on the UPSIDE website (http://www.focusontheUPSIDE.org), development of department activities promoting diversity and inclusion, such as book groups, movies, and guest speakers. In addition, members of UPSIDE, as well as

volunteer professionals from around the country, serve as mentors to psychology students outside Marywood. For more information and to join UPSIDE, contact Dr. Cannon.

FACILITIES

Recreational/Cultural Opportunities on Campus

The Center for Athletics and Wellness includes a 5,000 square-foot fitness center, a rock-climbing wall, the 1,500-seat Arena with an elevated running track, an Athletic Training room, and Athletic Training Lab, as well as eight locker rooms. The Health and Physical Education Center includes a 25 meter swimming pool, racquetball courts, aerobic room, gymnasium, and saunas. Additional outdoor facilities include tennis courts, a running course, a sand volleyball court, basketball courts, horseshoe pit, and soccer field.

There are two on-campus art galleries, various concerts throughout the year, and theatrical and dance productions. Additionally, Marywood's 115-acre campus qualifies as a national arboretum, a great place to walk, study, or just relax.

Housing

See the Office of Student Housing and Residence Life website for information related to off-campus housing in the community. Marywood is located in a residential area, with many opportunities for apartment rental. Contact your peer mentor or cohort representatives for additional assistance.

Library and Learning Commons

Marywood's Library and Learning Commons (LLC) houses library services, instructional technology services, and computer training and user support services. The 72,000 square feet of new learning space consists of private study areas, social gathering spaces, and collaborative learning environments. The library collection includes more than 200,000 volumes, over 25,000 current print and electronic journal subscriptions, and almost 45,000 media items. The facility provides World Wide Web, CD-ROM, and full-text databases. It also participates in a large interlibrary loan network and has an interlibrary loan agreement with the University of Scranton, with requested articles obtained in 24 hours. The research collection includes many index and abstract services. Students may download or print abstracts and many full-text articles from any networked computer on campus. Access is also available from remote sites, through the LLC's web page.

McGowan Center for Graduate and Professional Studies

The Department of Psychology and Counseling is housed within the McGowan Center. All faculty, department administrative, and student offices, the PSC, and the majority of our classes are in this building.

Psy.D. Student Lounge

Psy.D. students have a dedicated lounge in McGowan 1060, which is accessed through room 1056. This area includes seating for both working and relaxing, lockers for storing books and other personal items, a refrigerator, and a microwave oven. Students should see the Psy.D. administrative assistant for a key to the lounge.

Dining

In addition to the main dining hall in the Nazareth Center and other food/beverage cafes on campus; dining services also are provided through the Market at Marywood located in the lobby of the McGowan Center. See Dine on Campus for more information and regular updates.

Psychological Services Center

The Psychological Services Center is a dedicated training facility, constructed in 1998 and expanded in 2008. The physical plant consists of eight therapy rooms and a conference/group therapy room. Most therapy rooms have an adjacent observation area, which affords the option of allowing several students and faculty to observe live clinical activity. Live observation can also occur through the treating student-therapist sharing a secure Google.clinics link. Each session is recorded and sent to the supervising psychologist. There is also a "hub" where student therapists can write notes and reports and review clinical materials.

Also available in the clinic are: scoring and interpretation information for commonly used psychological testing instruments (e.g., MMPI-A, MMPI-2, MCMI-III, etc.); a collection of developmentally appropriate toys for play assessments and therapy; a portable television/DVD; computers; tablets for recording sessions in therapy rooms); and, a full range of office support machines and supplies.

The PSC functions as an outpatient mental health clinic, providing evaluation, intervention, and educational services for children, adolescents, and adults. Evaluation services include interviewing procedures as well as formal psychological and educational testing. Intervention services include individual therapy, couples therapy, family therapy, and brief consultations to individuals, families, and organizations. Outreach services include various screening days available for Marywood students and community members. Examples include Depression Screening, Anxiety Screening, Disordered Eating Screening, and Memory Screening. Psy.D. students are encouraged to take part in all community outreach activities.

Doctoral level, licensed psychologists closely supervise all clinical activity conducted by graduate students through the use of recorded sessions using a HIPAA compliant Google.clinics account and live observation in both individual and group supervision formats. Clinical work is practiced in accord with the ethical and legal requirements of the American Psychological Association, the American Counseling Association, and the Pennsylvania Board of Professional Psychology, as well as the mission statements of Marywood University and the College of Health and Human Services.

Multimedia Classrooms

Each classroom in McGowan Hall contains a computer (most with a Windows operating system), loaded with PowerPoint and internet access. All rooms allow for playing of DVDs (via computer or separate DVD player). Installed ceiling projectors allow for PowerPoint presentations, internet sites, videos, and CD-ROM training materials to be displayed on a full-size screen, with accompanying audio.

Clinical and Research Support Facilities

The Psychology Department maintains a broad range of clinical and research equipment in support of its graduate training mission. Students in the Psy.D. program have full access to these resources, including:

Progressive Learning Space
McGowan 1061
Large, non-traditional, multi-purpose room provides an interactive learning space for classes, research, club meetings, and student study. Students can reserve this room for group or individual study sessions and utilize the full-wall chalk boards as they complete reviews or plan projects; break-out rooms offer additional privacy and quiet Clubs and student organizations frequently interact in the main space for meetings. The space is also used for some classes and psychological research conducted by faculty and students

Psychology Research Laboratories

Cognitive and Perceptual Sciences Laboratory
McGowan 1068 - Dr. Edward J. Crawley
Basic research on the processes underlying human memory and attention

Mindfulness Lab
McGowan 1061D - Dr. C. Estelle Campenni
Research exploring the effects of mandala coloring on mindfulness, mood, and state anxiety; Research focused on understanding if intolerance for uncertainty mediates the relationship between mindfulness and psychological distress; Qualitative investigations of naturally occurring experiences of mindfulness

Social Psychology Lab
McGowan 1071 - Dr. Lindsay C. Morton
Basic research using correlational and experimental methods to explore social psychological phenomena

Psychology Assessment Libraries

Please see the prior section on the PSC housing a variety of assessments. In addition to those assessments, the following libraries are available to students**.**

Psychology Assessment Library (Department administrative offices) – Books, DVDs, and specimen sets of more than 100 psychological assessment tools are available to be signed out through the Psy.D. administrative assistant.

McGowan 1062 and 1063 house the following:
A private testing room with observation capabilities through a one-way mirror.

The Neuropsychology Assessment Lab - This laboratory provides access to several neuropsychology assessment devices (e.g., the Halstead-Reitan Battery). Tools in this lab are to be signed out through Dr. Brooke Cannon.

Psychological Assessment and Learning Lab - This lab houses cognitive, academic (e.g., WIAT, KTEA, WRAT, Dyslexia screens, phonological assessments, etc.), developmental, early learning,and behavioral assessments. Tools in this lab are to be signed out through Dr. Stuart Badner or his designated Graduate Assistant.

IMPORTANT REMINDERS

Please see Appendix V for important reminders regarding the timeline and deadlines for academic, research, and clinical experiences throughout the program.

APPENDIX A – LIST OF COURSES

(Special Topics Seminars and other unlisted elective options occur at variable times.)

Course #	Course Title	Required/ Elective	Semester Offered
Psy 503	Research Methods and Statistics I	Required	Fall
Psy 504	Research Methods and Statistics II	Required	Spring
Psy 507	Neuropsychology	Elective	Spring (Odd Years)
Psy 508	Biological Bases of Behavior	Required	Fall
Psy 518	Advanced Human Development	Required	Spring (Odd Years)
Psy 517	Theories of Personality	Required	Spring
Psy 521	Social Psychology	Required	Fall
Psy 522	Cognitive-Affective Bases of Behavior	Required	Spring
Psy 524	History and Systems of Psychology	Required	Spring (Even Years)
Psy 531	Psychopathology	Required	Fall
Psy 532	Child Psychopathology	Required	Fall
Psy 554B	Master's Thesis Preparation	Elective	Fall/Spring
Psy 555	Professional Contribution (if thesis not elected)	Required	Fall/Spring
Psy 556	Master's Thesis	Elective	Fall/Spring
Psy 559A	Pre-Practicum	Required	Fall
Psy 561	Introduction to Psychological Testing	Required	Fall
Psy 562	Cognitive Assessment	Required	Spring
Psy 564	Introductory Practicum	Required	Spring
Psy 564A	Summer PSC Practicum	Required	Summer I
Psy 564B	Summer PSC Practicum	Required	Summer II
Psy 571	Introduction to Individual Psychotherapy	Required	Fall
Psy 574	Cognitive-Behavioral Therapy	Required	Fall
Psy 577	Practicum	Required	Fall
Psy 587	Practicum II	Required	Spring

Psy 580	Assessment of Adult Personality and Psychopathology	Required	Spring
Psy 611	Advanced Statistical Analysis I	Required	Fall
Psy 660x	Special Topics Seminars	Elective	Fall/Spring/May term
Psy 660N	Dialectical Behavior Therapy	Required	Fall
Psy 700A	Professional Ethics – Part 1	Required	Fall
Psy 700B	Professional Ethics – Part 2	Required	Spring
Psy 704	Multicultural Issues in Psychology	Required	Fall
Psy 706	Supervision and Consultation Seminar	Required	Fall
Psy 801	Advanced Psychopharmacology	Required	Spring
Psy 802	Couples and Family Therapy	Required	Spring (Odd Years)
Psy 803	Advanced Group Psychotherapy	Required	Spring (Even Years)
Psy 815	Child Psychotherapy	Required	Spring
Psy 840	Elective Community Practicum	Elective	Summer
Psy 841	Elective PSC Practicum	Elective	Fall/Spring/Summer
Psy 851	Geriatric Assessment Practicum	Elective	Fall/Spring
Psy 870	Supervision Training Practicum I	Required	Fall
Psy 871	Supervision Training Practicum II	Required	Spring
Psy 880A	Community Practicum I	Required	Fall
Psy 880B	Community Practicum I	Required	Spring
Psy 881A	Community Practicum II	Required	Fall
Psy 881B	Community Practicum II	Required	Spring
Psy 895	Dissertation (6 credits)	Required	Fall/Spring
Psy 897A	Internship	Required	Fall
Psy 897B	Internship	Required	Spring

APPENDIX B – REIMBURSEMENT REQUEST FORM
(Available as a Word document in the shared Google Drive Folder: <u>Psy.D. Forms, Resources, and Handbook</u>)

REQUEST FOR PROFESSIONAL TRAVEL/RESEARCH FUNDING FOR PSY.D. STUDENTS

NOTE! All travel requests must be submitted PRIOR to travel. Original receipts and <u>travel reimbursement form</u> (see program administrative assistant) must be completed within 2 weeks of completion of travel or research expense. ALL REQUESTS MUST BE MADE NO LATER THAN MAY 20th.

Name:

Date:

Amount Requested:

Amount already received this fiscal year (July-June):

Activity (describe seminar/conference with location and dates of attendance or research activity, and how it contributes to your professional development):

Detail, as much as possible, the expected expenses for this activity:

Registration:

Travel:

Lodging:

Meals:

Other: (please describe)

TOTAL:

I attest that the information provided above is factual and that I will attend/participate in the activity for which this funding is requested.

Signature of Student: _____

.

Approved by Director of Clinical Training: _____

Date: _____

APPENDIX C - QUALIFYING CLINICAL EXAM RUBRIC

Candidate name: _____

Date: _____

Each faculty member will independently rate the eight content areas below according to the following scale:

Unsatisfactory	Concerning	Satisfactory	Excellent	Outstanding
0	1	2	3	4

If the candidate's materials do not provide the opportunity to rate the item in question, please indicate this by circling "No Opportunity to Observe" [N/O].

1) Demonstrated assessment skills: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

a. Selects assessment measures with attention to issues of reliability and validity

      0   1   2   3   4   [N/O]

b. Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances

      0   1   2   3   4   [N/O]

c. Selects appropriate assessment measures to answer diagnostic question

      0   1   2   3   4   [N/O]

d. Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity

      0   1   2   3   4   [N/O]

e. Utilizes systematic approaches of gathering data to inform clinical decision- making

0   1   2   3   4   [N/O]

f. Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client

0   1   2   3   4   [N/O]

2) Demonstrated working alliance with the client and, if relevant, the client's family members.

a. Demonstrated collaborative agreement on goals

0   1   2   3   4   [N/O]

b. Demonstrated collaborative agreement on tasks/interventions necessary for progress

0   1   2   3   4   [N/O]

c. Demonstrated emotional bond involving trust and respect between the client and student-therapist.

0   1   2   3   4   [N/O]

3)Clinical conceptualization of the case, including integration of foundational knowledge.

a.   Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation

0   1   2   3   4   [N/O]

b.   Demonstrates understanding of theoretical orientation through description and application to treatment goals and interventions used.

0   1   2   3   4   [N/O]

c.   Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures

0 1 2 3 4   [N/O]

d. Integrates foundational knowledge into case conceptualization. All five areas are included (Biological, Affective, Cognitive, Social, and Developmental).

0 1 2 3   4 [N/O]

4)Demonstrated intervention skills: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

a. Displays clinical skills (basic psychotherapy skills used with intentionality)

0 1 2 3 4   [N/O]

b. Implements evidence-based interventions tied to treatment goals

0 1 2 3 4   [N/O]

c. Communicates clearly using verbal and nonverbal skills

0 1 2 3 4   [N/O]

5) Demonstrated documentation skills.

a. Communicates clearly using written skills using APA guidelines

0 1 2 3   4 [N/O]

b. Demonstrates clear understanding and use of professional language

0 1 2 3 4   [N/O]

c. Demonstrates skill at praxis (conceptualization and practice)

0 1 2 3 4   [N/O]

6) Demonstrated ability to integrate research with practice: Integration of research and clinical expertise in the context of patient factors.

a.   Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs

        0   1   2   3   4   [N/O]

b. Demonstrates knowledge of scientific bases of behavior

        0   1   2   3   4   [N/O]

c.   Demonstrates knowledge, understanding, and application of the concept of evidence-based practice

        0   1   2   3   4   [N/O]

d.   Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences

        0   1   2   3   4   [N/O]

7) Demonstrated understanding of ethical guidelines: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

a.   Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statues, rules, and regulations

        0   1   2   3   4   [N/O]

b.   Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma

        0   1   2   3   4   [N/O]

c. Integrates own moral principles/ethical values in professional conduct

        0   1   2   3   4   [N/O]

d.   Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values

        0   1   2   3   4   [N/O]

e.   Demonstrates ability to self-reflect on skills used effectively, as well as mistakes and how to learn from them

0   1   2   3   4   [N/O]

f. Acts to understand and safeguard the welfare of others

0   1   2   3   4   [N/O]

g.   Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development

0   1   2   3   4   [N/O]

8) Demonstrated understanding of the impact of diversity: Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

d. Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation

0   1   2   3   4   [N/O]

b. Applies knowledge of others as cultural beings in assessment, treatment, and consultation

0   1   2   3   4   [N/O]

c. Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others

0   1   2   3   4   [N/O]

d. Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation

0   1   2   3   4   [N/O]

e. Uses awareness of the social, political, economic, or cultural factors that may impact human development in the context of service provision

0   1   2   3   4   [N/O]

Strengths:

Weaknesses:

Has the trainee reached the level of competence expected by the program at this point in training?

**MARYWOOD UNIVERSITY COLLEGE
OF HEALTH AND HUMAN SERVICES**

(TITLE OF PROFESSIONAL CONTRIBUTION)

by

(Name of Student)
A Professional Contribution in Psychology

Submitted in Partial Fulfillment

of the Requirements for the Degree of
M.A. in Psychology

(Month, Year)

Approved:

Date of Approval   Professional Contribution Mentor

Date of Approval   Department Chair

APPENDIX E – MASTER'S THESIS COMMITTEE APPOINTMENT FORM
(Available as a Word document in the shared Google Drive Folder: <u>Psy.D. Forms, Resources, and Handbook</u>)

MARYWOOD UNIVERSITY
Psy.D. in Clinical Psychology

MASTER'S THESIS COMMITTEE

Date:

Name of Psy.D. Student:

The following faculty have agreed to serve on the master's thesis committee for the above student:

Name of Committee Chair:

Name of Committee Member:

Name of Committee Member:

Thesis Committee Chair Signature

Submit form to Psy.D. program administrative assistant

APPENDIX F – MASTER'S THESIS TITLE PAGE FORMAT
(Available as a Word document in the shared Google Drive Folder: <u>Psy.D. Forms, Resources, and Handbook</u>)

**MARYWOOD UNIVERSITY COLLEGE
OF HEALTH AND HUMAN SERVICES**

(TITLE OF MASTER'S THESIS)

by

(Name of Student)
A Master's Thesis in Psychology
Submitted in Partial Fulfillment
of the Requirements for the Degree of
M.A. in Psychology

(Month, Year)

Approved:

Date of Approval   Committee Chair

Committee Member

Committee Member

Date of Approval   Department Chair

APPENDIX G – DISSERTATION COMMITTEE APPOINTMENT FORM
(Available as a Word document in the shared Google Drive Folder: <u>Psy.D. Forms, Resources, and Handbook</u>)

MARYWOOD UNIVERSITY
Psy.D. in Clinical Psychology

DISSERTATION COMMITTEE

Date:

Name of Psy.D. Student:
The following faculty have agreed to serve on the dissertation committee for the above student.
Name of Committee Chair:

Name of Committee Member:

Name of Committee Member:

Dissertation Committee Chair Signature

Submit form to Psy.D. program administrative assistant

APPENDIX H – DISSERTATION TITLE PAGE FORMAT
(Available as a Word document in the shared Google Drive Folder: <u>Psy.D. Forms, Resources, and Handbook</u>)

**MARYWOOD UNIVERSITY COLLEGE
OF HEALTH AND HUMAN SERVICES**

(TITLE OF DISSERTATION)

by

(Name of Student)
A Dissertation in Clinical Psychology
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Psy.D. in Clinical Psychology

(Month, Year)

Approved:

Date of Approval   Committee Chair

Committee Member

Committee Member

Reader

Date of Approval   Director of Clinical Training

APPENDIX I – ANNOUNCEMENT OF DISSERTATION DEFENSE FORM
(Available as a Word document in the shared Google Drive Folder: <u>Psy.D. Forms, Resources, and Handbook</u>)

MARYWOOD UNIVERSITY
Psy.D. in Clinical Psychology

ANNOUNCEMENT

A Public Defense of a Dissertation, Entitled:

(title)

by: (student name)

Will be Held:

Date:

Time:

Location:

Dissertation Committee:

Chair:

Committee Member:

Committee Member:

Reader:

All are welcome to attend.

Distribution: Dean, College of Health and Human Services
                Director of Clinical Training
                Department electronic announcement
                Psy.D. Bulletin Board

University electronic weekly announcements

APPENDIX J - DISSERTATION DEFENSE EVALUATION FORM
(Available as a Word document in the shared Google Drive Folder: <u>Psy.D. Forms, Resources, and Handbook</u>)

Dissertation Defense Evaluation Form

Psy.D. Program

Student Name:

Date of Defense:

Mentor:

Committee Members:

Reader:

The areas below were rated by the committee members and reader on the following scale:

1	2	3	4	5
Unsatisfactory	Concerning	Satisfactory	Excellent	Outstanding

Consensus scores are as follows:

1. The student demonstrated substantially independent ability to formulate research. = _____

2.   The research is of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base. = _____

3. The student conducted research independently in an ethical and professional manner. = _____

4.   The student demonstrated the independent ability to critically evaluate the literature reviewed, as well as the student's own study. = _

5.   The student demonstrated the independent ability to disseminate research in a public forum in a manner accessible by all members of the audience. = _

Mean score:

Outcome:

APPENDIX K – DISSERTATION ABSTRACT SUBMISSION FORMAT

(Available as a Word document in the shared Google Drive Folder: <u>Psy.D. Forms, Resources, and Handbook</u>)

**MARYWOOD UNIVERSITY COLLEGE
OF HEALTH AND HUMAN SERVICES**

(TITLE OF DISSERTATION)

by

(Name of Student)

An Abstract of a Dissertation
In Clinical Psychology

Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Psychology

Month, Year

APPENDIX L – SUBMISSION OF DISSERTATION TO PROQUEST

Submitting Your Dissertation to ProQuest

Information on ProQuest and Dissertations can be found here.

You will register and then follow the process to submit a dissertation here. Bound copies can be ordered at the end of the process.

Information directly from Proquest follows:

Author Agreement

Authors enter into a non-exclusive publishing agreement with ProQuest, where the author keeps the copyright in their graduate work. Authors are paid a 10% royalty for sales in all formats. See the full traditional publishing agreement for the details.

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Including material produced by other authors in your dissertation or thesis can serve a legitimate research purpose, but you want to avoid copyright infringement in the process. Republishing someone else's work, even in abbreviated form, requires permission from the author or copyright owner. You must receive permission from the author(s) and include it with your submission before we can publish it in your dissertation or thesis.

For more detailed guidance on avoiding copyright infringement, please see our Copyright Guide. In addition, Dr. Kenneth D. Crews, a Professor at Indiana University's School of Law, has kindly given us permission to provide a PDF copy of his booklet Copyright and Your Dissertation or Thesis: Ownership, Fair Use, and Your Rights and Responsibilities. It provides a detailed overview of copyright law that no new dissertation author should miss.

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If you live in the United States, registering for U.S. copyright can be a significant benefit for the protection of your work because of the availability of content on the open web via repositories and other avenues. For only $55, you can protect your dissertation or master's theses and become immediately eligible for statutory damages and attorney fees. Registering for copyright allows for the claimant to receive statutory damages set out in Title 17, Section 504 of the U.S. Code, which range from $750 – $150,000 plus attorney fees per copyright infraction. This contrasts with those who do not register for copyright – authors without copyright registration can claim only actual damages and no attorney fees.

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Registering with the U.S. Office of Copyright establishes your claim to the copyright for your dissertation (which you already own) and provides certain protections if your copyright is violated. If you wish, ProQuest Dissertation Publishing will act on your behalf as your agent with the United States Copyright Office and apply for copyright registration as part of the publishing process. We will prepare an application in your name, submit your application fee, deposit the required copy or copies of the manuscript, and mail you the completed certificate of registration from the Library of Congress.

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ProQuest Dissertation and Theses Dissemination program offers a number of mechanisms that can help address concerns about prior publication and its potential to impact future publishing opportunities. The following underline explains in detail how we assist author's with prior publication concerns.

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ProQuest welcomes graduate (post-graduate) works from all countries. As long as your work is a Master's Theses or PhD Dissertation / Thesis, ProQuest is able to accept the work. In the United States, ProQuest's policy is to accept master's theses and dissertations from all institutions which have been accredited by one of the six regional accrediting bodies (Middle States Association, New England Association, North Central Association, Northwest Association, Southern Association and Western Association) for inclusion in the ProQuest Dissertations & Theses database. Regional accreditation means that the accredited institutions are eligible for membership in the Council of Graduate Schools, which is the standard by which the United States higher education community judges itself. Master's theses and dissertations from independent medical and law schools accredited by the AMA and ABA are also accepted. Learn more.

Subject Guides

ProQuest Subject Categories

ProQuest Support

The proquest support center is here.

APPENDIX M – COMMUNITY PRACTICUM SITE DESCRIPTIONS

Practicum Site Info Spreadsheet fall 2022

This link provides a spreadsheet of available practicum training sites by setting type. It is kept as up-to-date as possible. Please download it if you want to sort and organize it to explore the various options. Annual aggregated feedback from students will be compiled and added each year by the ADCT.

Students can identify other sites for practicum training that are not on this list. If a student discovers a site that is willing to serve as a practicum training site, the ADCT will need to contact the site to confirm eligibility and establish an affiliation agreement with the site before training can begin.

APPENDIX N - COMMUNITY PRACTICUM FORMS

GUIDELINES FOR SITES

MARYWOOD PSY.D. STUDENT COMMUNITY PRACTICUM

We value your collaboration for the training of our students. We rely on your site to offer a learning experience to our students as psychologists-in-training. Students attend community practicum sites to foster growth and development as professionals as well as to practice skills. Community practicum experiences give our students the opportunity to apply their skills in a clinical setting with support from their supervisors. Students are encouraged to apply no later than February 1 for a placement that starts the following summer/fall.

Requirements of the Site

Students are required to be supervised by a licensed psychologist in the state where the practicum site is located. In addition to clinical and/or assessment tasks, a minimum of one hour per week on site (typically based on a 16-hour placement per week) is expected to be geared towards didactics or other educational materials, along with a one hour per week for supervision. Students should also be allocated sufficient time for case note paperwork completion on site each week; allocation of time on-site for report writing can be negotiated with each student as part of the interview process. Typically, you will provide a training experience for 16 hours/week. If you are able to provide an 8 hour/week experience, please let us know as part of the Letter of Agreement/MOU process.

Site Supervisors Expectations

The practicum site supervisor is the primary supervisor for all clinical work conducted on site. The practicum site supervisor is required to provide 1 hour of weekly individual supervision for students in both their third or fourth year. Students must engage in at least 1 hour of supervision per week per site. Further, the site supervisor or another licensed mental health professional is required to be on site whenever the student is on site and available for consultation or intervention as needed. The site supervisor is expected to provide the student with a variety of clinical experiences appropriate for the student's level of training and professional interests.

If supervisors have concerns about the student that are not resolved through supervision, we encourage you to contact the ADCT prior to the end of the semester/year so that we can collaborate to support the student's development and learning. If any requirements are not being met, we encourage you and the student to address concerns directly with each other; of course, you are expected to contact the ADCT if the issue is not resolved.

Student Availability

Typically, students are allotted two days per practicum position in their 3rd year and up to three days in their 4th. Our third-year students are able to work with you on Wednesdays and Fridays. Fourth year students are able to work on-site Mondays, Wednesdays, and Fridays. Fourth year students have the option to be at one or two sites. That being said, they can be at either one site for one day and the other site for two *or* at one site for all three days.

Students Expectations

Students are expected to complete 240 hours on site and 60 direct clinical contact hours each semester during their third year. Typically, students work at one site for 16 hours/week; however, these hours may be split between two sites (e.g., 120 hours at each site and 30 direct hours at each site, per semester). Students are expected to see clients congruent with the timeline schedule of the placement. For example, if the site is not closed between semesters, the student should see clients during that time. However, they may take time off similar to the processes provided for employees. Moreover, students are expected to engage in clinical work for the entire length of the semester/as delineated in their practicum contract, even if the 60-hour requirement already has been met. You and the student should clarify if the student is expected to work during the weeks between semesters; these arrangements should include both client and student welfare.

Students are responsible to obtain all required clearances. They are expected to demonstrate a baseline of professional functioning at their practica sites. This includes, but is not limited to, dressing professionally when seeing clients; following policy requirements of the site; not discussing clients outside of supervision; not discussing clients with anyone other than a student in practicum, a supervisor, the Associate Director of Clinical Training, or the Director of Clinical Training; not making disparaging or unprofessional remarks about clients or supervisors; not making disparaging or unprofessional remarks about clients or supervisors on social media; keeping the supervisor(s) informed regarding all significant developments; and, being extremely careful to handle confidential material in an ethical manner.

Paperwork

When first partnering with Marywood, practicum sites must sign a memorandum of agreement for initial affiliation. Since it is reviewed by legal staff, please provide a few months prior to starting the partnership. Thereafter annually, each student will have their individual contract signed by their supervising psychologist at your site and the ADCT at Marywood (see Community Practicum Form 1). This contract details the expectations for the year. It is the student's job to obtain a signed contract and send the ADCT a copy. The PsyD program office maintains these records.

Supervisors are required to provide the student with a formative, written evaluation mid-way through their practicum experience as well as a summative evaluation, in writing, at the end of the placement (see Community Practicum Form 2). The student should provide this form and share it when completed with the ADCT. At the end of each semester, students are to print their Time2Track hours from that specific site for their supervisor to confirm and sign off on. All paperwork is to be submitted by the student to the ADCT.

At the end of their community practicum experience, students are required to evaluate the site (see Community Practicum Form 3). Students are to maintain accurate records of their hours through Time2Track software, signed by site supervisor and submitted to ADCT no later than the end of the practicum experience.

Associate Director of Clinical Training (ADCT) Role

The Associate Director of Clinical Training (ADCT) at Marywood is the director of community practicum. The individual in this role is responsible for communicating with the placement sites; they are your point of contract from preliminary paperwork through the evaluation of students-therapists. The ADCT provides students guidance in selecting and applying to elective community practica sites. Nonetheless, it is the student's responsibility to pursue application to these sites and to compile all necessary application materials in a timely manner.

Community Practicum Form 1

Community Practicum Contract

Psy.D. Program
Department of Psychology and Counseling
College of Health and Human Services
Marywood University
Scranton, PA 18509-1598

(570) 348-6270

I, (INSERT NAME), am a doctoral-level Psychologist licensed in (INSERT STATE), the state in which this practicum site is located. I have agreed to provide a community practicum experience for Psy.D. student (INSERT NAME) at:

Agency Name: _____

Address: _____

The start date for the practicum is (INSERT DATE). The anticipated end date is (INSERT DATE).

I understand the practicum requires the following:

1.   The practicum runs for two, 15-week semesters (i.e., end of August through mid-December; mid- January through early May).

2.   The student completes a minimum of 60 direct clinical contact hours per semester (i.e., 120 total per year).

3.   The student completes 240 hours on site per semester (i.e., 480 total per year, averaging 16 hours per week).

4.   For every 16 student hours, the student receives at least 1 hour of individual clinical supervision by an on-site, doctoral-level Psychologist.

5.   The student has consistent access to the supervising Psychologist.

6.   For every 16 student hours, the student receives at least 1 hour of didactic training (e.g., case conference, in-service).

7.   The student receives a written supervisor evaluation at the end of the fall and spring semesters (form provided).

Supervising Psychologist Date

Practicum Student Date

Associate Director of Clinical Training Date

Community Practicum Form 2
PSY.D. PROGRAM STUDENT EVALUATION

STUDENT NAME: FACULTY/SUPERVISOR NAME:

SEMESTER/TERM OR ACADEMIC YEAR:

Please circle your role(s) with the student during this term:

Clinical Supervisor	Course Instructor	Research Mentor	Research Committee Member	Other (specify)

Rate this student's performance according to developmental expectations in each of the following competency areas by circling the appropriate number. Examples of behaviors within each domain are provided. Please provide specific behavioral examples (exam/paper grades, psychological report writing, service activities, interpersonal interactions, etc.) to support your ratings.

1) RESEARCH

a. able to critically review literature

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

b. making expected progress on professional contribution/dissertation

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

c. mastered content of research/stat courses

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

Comments:

2) ETHICAL AND LEGAL STANDARDS

a. has knowledge of APA Ethics Code and relevant laws/regulations/guidelines

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

b.   is able to recognize ethical dilemmas and apply ethical decision-making processes to resolve them

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

:

3) PROFESSIONAL VALUES AND ATTITUDES – demonstrates behavior that reflects values and attitudes of psychology and Marywood University

a. Integrity (pursues truth, goodness, beauty, justice, and the common good)

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

b. Deportment (public behavior)

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

c. Professional identity

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

d. Accountability

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

e. Lifelong learning

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

f. Concern for the welfare of others

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

g. Empowerment

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exception al	

h. Respect

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exception al	

i.   Striving for excellence (works to maintain and improve performance, well-being, and professional effectiveness)

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exception al	

j. Self-reflection

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

k. Openness and responsiveness to feedback and supervision

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

Comments:

4) INDIVIDUAL AND CULTURAL DIVERSITY

a.   understands how history, attitudes, and biases may affect their understanding and interactions with people different than themselves

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

b. has theoretical and empirical knowledge regarding diversity

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

c.   integrates awareness and knowledge in professional roles; able to work effectively with others different than themselves

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

Comments:

5) COMMUNICATION AND INTERPERSONAL SKILLS

a.   develops and maintains relationships with a wide range of individuals, including peers, supervisors, supervisees, organizations, and clients

1	2	3	4	5	N/A

Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exception al

b. produces oral and written communications that are informative, and well-integrated

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

c. demonstrates a thorough grasp of professional language concepts

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

d.   demonstrates effective interpersonal skills and the ability to manage difficult communication and interactions well

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

Comments:

6) ASSESSMENT

a.   demonstrates knowledge of diagnostic classification systems, functional and dysfunctional behaviors, considers client strengths and psychopathology

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

b.   demonstrates understanding of human behavior within its context (e.g., family, social, societal, cultural)

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

c.   applies knowledge of dysfunctional behaviors to assessment and diagnosis, while considering context

1	2	3	4	5	N/A

Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exception al

d. selects and applies best assessment methods which are empirically-sound

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exception al	

e.   uses multiple sources and methods appropriate to the assessment question and the client's diversity characteristics

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exception al	

f.   interprets results following current research and guidelines to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exception al	

g.   distinguishes subjective from objective aspects of assessment; results are communicated both orally and in writing in an accurate and effective manner

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

:

7) INTERVENTION

a. able to establish and maintain effective working relationships with clients

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

b.   develops evidence-based treatment plans; interventions are informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

c.　　monitors intervention effectiveness, with goals and methods adjusted according to ongoing evaluation

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

Comments:

8) **SUPERVISION**

a. **has knowledge of supervision models and practices**

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

b. **demonstrates the ability to apply this knowledge as an effective peer supervisor**

1	2	3	4	5	N/A

Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exception al

c. effectively and efficiently utilizes clinical supervision

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exception al	

:

9) CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

a. demonstrates knowledge and respect for the roles and perspectives of other professions

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exception al	

b. understands consultation models and practices

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

c. is timely in consultation with other professionals and collateral contacts

1	2	3	4	5	N/A
Seriously Deficient	Below Average	Meets Developmental Expectations	Above Average	Exceptional	

Comments:

Evaluator's Signature   **Date**

Community Practicum Form 3

Community Practicum - Student Evaluation of Site Form

Marywood University – Psy.D. Program

Date Completed⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

Agency Name⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

Supervisor Name⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

Agency Phone⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

Address⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

⎯⎯⎯⎯ Student Completing

Evaluation⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

Directions: On a Likert scale of "1" being "Very Poor" to "5" being "Superior," please rate and comment on the above named site.

1. Orientation to site

a. Adequacy of orientation 5 4 3 2 1
b. Immediacy of involvement 5 4 3 2 1
c. Continuation of orientation as needed 5 4 3 2 1

2. Professional Treatment

a. Appropriate professional expectations 5 4 3 2 1
b. I was included in activities. 5 4 3 2 1
c. I was treated with respect, as a peer. 5 4 3 2 1
d. They consulted me about ideas. 5 4 3 2 1
e. They made me feel welcome. 5 4 3 2 1

3. Quality of Supervision

a. Supervision was regularly scheduled. 5 4 3 2 1
b. Supervision was helpful. 5 4 3 2 1
c. Supervision was appropriate to my level of professional development.

5   4   3   2   1

d. Supervision was supportive. 5 4 3 2 1

4. Experiences

a. Appropriate clients were plentiful. 5 4 3 2 1
b. I learned about the overall site operations. 5 4 3 2 1
c. I had appropriately challenging duties. 5 4 3 2 1
d. I felt that I made a contribution. 5 4 3 2 1
e. I rarely felt bored, lost, or left out. 5 4 3 2 1

5. Global evaluation

a. I learned a lot at this site. 5 4 3 2 1
b. I felt well prepared for assignments at this site. 5 4 3 2 1
c. I would recommend this site to other Psy.D. students. 5 4 3 2 1

6. List major activities in which you were engaged:

7. Name the supervisor(s) you would recommend at this site:

8.   What types of clients are available at this site? (e.g., age, gender, race/ethnicity, nature of concerns, degree of severity of issues, etc.)

9. Please list other comments/recommendations/cautions:

APPENDIX O – TIME2TRACK

Time2Track is an application that stores and organizes your training hours. Carefully and accurately tracking hours is essential to maintaining training records, and you will need to carefully and accurately report hours on documents such as internship applications. It is the responsibility of each student to carefully verify that they are entering correct data from Time2Track on applications**.** The program administrative assistant will send you a new code to resubscribe each year.

Instructions for Time2Track Subscription:

*Instructions for Paid or Free Trial Time2Track Members***:**

- Go to app.time2track.com
- Sign in using current login & password
- Once logged in, click the gear icon in the top right corner, then click "Subscription" in the dropdown menu.
- Enter Authorization Key: **(Obtain from Psy.D. Administrative Assistant)**
- Click Submit.

Instructions for New Time2Track Members:

- Go to time2track.com/signup
- Complete the form with your information
- Enter Authorization Key: **(Obtain from Psy.D. Administrative Assistant)**
- Click "Finish"

You'll receive a welcome email from Time2Track with instructions on getting started. **Important note**! You may use your Time2Track account for free until you graduate. If you wish to use the account to track post-doc hours beyond that date, you must pay for the licenses at its next renewal date. This is to ensure that there are enough licenses for new and current Psy.D. students.

Time2Track Categories Information

This clarifies what information should be entered in each specific category on the T2T form. Keep in mind that there is considerable overlap in categories and some hours may appear to fit more than one category; however, you may only count hours in one category. That is, once hours have been entered into a specific category, they may not be concurrently entered into any other category. Also, keep in mind that it is rare that students will have entries in every subcategory in the T2T system (i.e., some subcategories may be blank).

Students are encouraged to carefully track their time and store demographic information.

Early in student training, they will view more advanced students' work. This can be captured by the category Video-Audio-Digital Recording Review.

Intervention: This includes actual, physical face-to-face (direct) hours spent working with clients or patients, and the following subcategories are represented under this category:

- **Career Counseling**: Includes providing direction or guidance on career opportunities. May involve discussing the results of assessment (e.g., Strong Interest Inventory) as they relate to various career issues/decisions. Also acceptable is discussion of career plans and means to achieve career-related goals (e.g., schooling, financial concerns related to developing a career or switching careers).
- **Client Consultation**: Interview to assess the client, their needs, and goals for treatment.
- **Co-Therapy:** Psychotherapy conducted with more than one therapist present.
- **College Prep/Guidance:** Assisting students with college preparation activities**.**
- **Couples Therapy**: Represents time spent in therapy with couples (typically unmarried dyads) dealing with issues relevant to the couple's relationship.
- **Crisis Intervention**: Providing individuals with emergency Psychological care during a crisis situation.
- **Family Therapy**: This is distinguished by the presence of at least two individuals who are married or a parent (or legal guardian) and child dealing with family relationship issues. This subcategory may also include unmarried couples who have offspring or adopted/foster children.
- **Group Counseling**: The time spent delivering group therapy acting as a group therapist or co-therapist. Most groups run about 90 minutes; therefore, count a 90' group session as 1.5 hours of face-to-face group therapy.
- **Individual Therapy**: Face-to-face time with clients or patients engaged in Psychosocial treatment. This may include relationship issues (where significant players are not present), treatment of disorders (e.g., mood disorders such as depression, substance use disorders such as alcohol abuse, anxiety disorders such as agoraphobia, V-codes, etc.). The key to this category is that it reflects time spent with an individual in the delivery of some form of psychosocial treatment. A 45 to 50 minute individual therapy session counts as one hour of face-to-face individual therapy.
- **Intake/Structured Interview**: Includes time spent in clinical interviews (open, semi-structured, or structured) where diagnostic impressions and the presenting problem or chief complaint are identified. Family, work, substance use, health, social and developmental history are part of this interview. Also, demographic information (e.g., marital status, number of children, ethnicity, etc.), past/current treatment history and outcomes, medication use, level of functioning, social support, life stressors, etc. are all important areas to include in most interviews. The preparation/writing of the intake report should be included in the Clinical Writing/Progress Notes subcategory.
- **Medical/Health Related**: A subcategory devoted to health-Psychology. May include biofeedback, treatment compliance issues, lifestyle issues, genetic counseling, stress-management/relaxation exercises, etc.
- **Milieu Therapy**: Typically refers to inpatient settings where patients are receiving a form of therapy through the active participation of unit staff and active participation of patients in unit activities.
- **Outcome Assessment of Programs or Projects:** Typically, a research-oriented activity involving some type of pre-post assessment (or time-series design) and an analysis of change or effectiveness within the context of an existing psychosocial program.
- **Program Development/Outreach Programming:** In general, this includes any time spent in the development and/or delivery of community- or agency-based treatment programs (e.g., developing a caregiver supportive treatment, sexual abstinence programs, parenting programs, programs directed toward the reduction of domestic violence, and community outreach including any type of community Psychoeducation).

- **School (direct intervention**): This category is reserved for trainees who have delivered Psychosocial/behavioral interventions within a school context or even in the student's home if they are directly related to the management of school-related problems.
- **School (other):** Other activities in a school setting not better described by other interventions
- **School Consultation**: This may involve an interview to assess the client, their needs, and goals for treatment in a school setting. It may also include working with schools on a variety of issues that may represent the results of formal child assessment (including behavioral observations, IQ testing, achievement testing, ADHD assessment, etc.) and subsequent treatment recommendations or indicated changes in teaching strategy. Often, parents or guardian(s) are present when recommendations and diagnoses are presented along with the special education teacher, school Principal, and classroom teacher (e.g., an IEP meeting). Hours spent while in a consulting role on school issues with school personnel or parents belong here.
- **Sport Psychology/Performance Enhancement**: Reserved for interventions related to Psychological functioning within a specific sport or performance domain. The goal of interventions is to increase performance.
- **Substance Abuse Intervention**: The hours spent delivering psychosocial interventions relating to substance abuse treatment. This can include a number of intervention areas such as: health concerns/detox concerns, problem solving, situation projection and role-play, identification of triggers, reduction of craving, developing a healthy social support network, referral to legal experts, adjustment to a substance-free lifestyle/relationship, etc.
- **Supervision of Other Students**: A subcategory reserved for students who are enrolled in or have completed instruction in supervision and are being supervised by a doctoral-level supervisor. These individuals may provide supervision to M.A. or Psy.D. practicum students and count their time spent in this activity here. This category will typically be utilized by third and fourth year Psy.D. students.
- **System Intervention/Organizational Consultation/Performance Improvement:** This involves time spent in clinical activities relevant to professional organizations (where the organization is the client). This includes consulting with an organization to increase performance of employees. For example, if an organization contracts to have a trainee assess potential job applicants or employees being considered for advancement or reorganization. This also includes eliminating system limitations by prioritizing needs, specify outcomes, and designing an intervention program.
- **Treatment Planning with Client**: May include time spent in developing a formal contract for therapy, discussion of treatment options, progress assessment, etc. This activity typically occurs in the initial stage of treatment (sometimes the first session but usually in session two or three), and it may be revisited as progress is assessed and course of treatment is evaluated. Be sure to separate treatment planning and individual therapy when recording hours (e.g., 0.5 hours treatment planning and 0.5 hours individual therapy). Do not count hours twice!
- **Other Psychological Experience with Students/Organizations:** This includes time spent with students or organizations in a school or business setting that is not better described by other categories.
- **Other Psychological Interventions:** A subcategory created to allow for clinical experience related to Assessment and Intervention that does not have a subcategory already identified in this domain.

Assessment

- **Neuropsychological Assessment:** Any time spent administering neuropsychological assessments related to brain functioning (e.g., WMS, TPT, Trails, WCST, NCSE, Finger-Tapping, various tests of aphasia or

apraxia, personality testing, MicroCog, NEPSY, Bailey, Grip Strength, Fingertip Writing, Visual Field confrontation, observational assessment, assessment of pre- morbid functioning, etc.). Intelligence tests are only included in this category if it was administered within a neuropsychological battery.

- **Providing Feedback to Clients/Patients:** This includes providing face-to-face feedback to clients after Psychological testing. Do not also count this time as individual therapy.
- **Psychodiagnostic Test Administration**: Any time spent administering a psychodiagnostic instrument (e.g., MMPI, MCMI, CPI, PAI, SCL-90-R, HRSD, BDI-II, STAI, Rorschach, etc.). Technically, the SCL-90-R, BDI- II, STAI, and HRSD are symptom inventories, not diagnostic instruments; however, they are traditionally included as part of a diagnostic interview, and it can be argued that the time spent delivering these instruments may be included here.
- **Other Psychological Assessment Experience:** Face-to-face time spent with clients regarding assessment that is not better described by another category.

Assessment and Reports Child/Adolescent or Adult:

Once you choose an assessment type or assessment report writing, you will be able to add the assessments administered/reported upon. Below, you may click the plus sign to add your assessments. Be aware that there is a separate section for adults and children/adolescents. The T2T form does not define when an individual moves from Child to Adult, so there is some latitude here. As a rule-of-thumb, those 18 or older are probably best categorized as adults. The menu is extremely comprehensive, so any assessment you use will probably be in the menu - just enter the letter that comes first in the assessment's name (e.g., click on "w" for any Wechsler you are counting in this assessment field). You may add an assessment if it is not listed. Appropriately indicate the number (and type) of tests administered to children/adolescents and those devoted to adults.

Integrated Report Writing is a part of this data field developed to record the number of supervised integrated Psychological reports you have written. An integrated report, according to APPIC, consists of a "...history, an interview, and at least two tests from one or more of the following categories: personality assessment (objective, self-report, and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient/client" (pp. 22). Do not include hours spent scoring, interpreting, integrating, or writing up results—they will be included in separate subcategories and in a different data field.

Also note that assessments administered related to research (e.g., thesis or dissertation) may be added under the assessment category if administration was done face-to-face.

Support

- **Administration:** Time spent at a practicum site performing administrative tasks or tasks not better described by categories below.
- **Assessment Report Writing**: Includes all the time a trainee spends on writing assessment results. This includes writing for all the categories in an assessment report (e.g., patient history, diagnostic impressions, treatment recommendations, prognosis, etc.). This subcategory is similar to "Psychological Assessment Scoring/Interpretation" however, this subcategory involves the physical activity of writing a Psychological assessment report.

- **Case Conferences**: A subcategory for the time that students spend on presenting or participating in case conferences. These usually occur in a supervisory setting, but students may also include time spent in formal (didactic) case presentations. (If formal didactic training time is included here, it may not also be included in "Seminars/Didactic training" below.) Time spent preparing for (e.g., reading articles, researching) a case presentation should also be included here.
- **Case Management**: This involves time spent in appointment scheduling or rescheduling, room sign-up and preparation, record keeping/filing, and other preparatory or organizational activities related to specific cases. Some individuals include case note writing here—if so, you may not include that activity in another subcategory.
- **Chart Review**: Any time spent reviewing the materials in a patient's or client's chart.
- **Clinical Writing/Progress Notes**: Any time spent on preparation of progress notes or patient charting. This typically involves materials that are placed in the patient's or client's chart or file.
- **Coordinate Community Resources:** Assisting a client in locating and/or securing community resources.
- **Grand Rounds**: This is distinguished by the context in which the training/presentation occurs as it is similar to "Seminars/Didactic Training". That is, Grand Rounds are typically medical school or hospital activities—some organizations have borrowed this terminology and students may include time spent in non-medical Grand Rounds here (if included here, these hours may not also be included elsewhere).
- **Intervention Planning:** Time spent preparing interventions for clients.
- **Observation:** Observing other trained individuals perform therapeutic activities.
- **Phone Session: Psy**chotherapy conducted over the phone.
- **Phone Consultation:** Time spent consulting clinical issues over the phone with colleagues or other qualified individuals (supervisors, DCTs, professors, or other mental health/medical personnel qualified to provide informed feedback).
- **Professional Development:** Engaging in activities related to training.
- **Psychoeducational Group/Workshop:** Group that focuses on educating clients about their disorders and ways of coping.
- **Psychological Assessment Scoring/Interpretation:** This category involves time spent reading assessment manuals, scoring of responses, and interpretation and integration of the clinical interview data and formal test results. You may add the type of assessment as indicated above.
- **Reading/Research/Preparation:** Time spent engaging in such activities. This can be related to a client's treatment (if so, do not include this time in the intervention planning category).
- **Seminars/Didactic Training**: This subcategory is for any time that a student spends in seminar-type training that occurs outside the formal Psy.D. training program (e.g., colloquium).
- **Staff Meeting:** Time spent in staff meetings at practicum sites.
- **Video-Audio-Digital Recording Review**: This subcategory is for the time that students spend reviewing any recorded psychosocial treatment sessions. This subcategory may also include time spent in the review of intakes or assessments if they were appropriately recorded.

Supervision

- **Individual Supervision**: Record hours spent in individual supervision. When a student is getting individual supervision, the session should be at least one hour per week. Students may get more supervision than an hour per week. Be sure to specify whom you received supervision from (licensed Psychologist, licensed allied mental health professional, other – peer-to-peer). Typically doctoral students will not have licensed allied mental health professional supervisors as such students must be supervised by a doctoral level clinician.

- **Group supervision**: Consists of at least 1.5 hours per week. Some students get both individual and group supervision on a weekly basis. Be sure to specify whom you received supervision from (licensed Psychologist, licensed allied mental health professional, other – peer-to-peer). Again, typically doctoral students will not have licensed allied mental health professional supervisors as such students must be supervised by a doctoral level clinician.
- **Other (e.g., peer to peer)**: This subcategory is for logging hours spent in peer supervision and peer consultation (i.e., receiving supervision or consultation from those in your cohort or other students in the program—students do not need to be specifically trained in supervision or be in a supervisory relationship with anyone to provide or receive peer supervision). First and second year Psy.D. students will use this category to record time spent receiving supervision from third and fourth year students.
- **Supervision of Other Students Performing Intervention and Assessment Activities** is what third and fourth year students use to record time spent providing supervision to first and second year students.

APPENDIX P – CHILD ABUSE REPORTING GUIDELINES

CHILD ABUSE REPORTING REQUIREMENTS

G.   § 41.71. Suspected child abuse—mandated reporting requirements.

(a)   *General rule*. Under 23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse), Psychologists who, in the course of their employment, occupation or practice of their profession, come into contact with children shall report or cause a report to be made to the Department of Public Welfare when they have reasonable cause to suspect on the basis of their professional or other training or experience, that a child coming before them in their professional or official capacity is a victim of child abuse.

(b)   *Staff members of public or private agencies, institutions and facilities*. Psychologists who are staff members of a medical or other public or private institution, school, facility or agency, and who, in the course of their employment, occupation or practice of their profession, come into contact with children shall immediately notify the person in charge of the institution, school, facility or agency or the designated agent of the person in charge when they have reasonable cause to suspect on the basis of their professional or other training or experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Upon notification by the Psychologist, the person in charge or the designated agent shall assume the responsibility and have the legal obligation to report or cause a report to be made in accordance with subsections (a), (c) and (d).

(c)   *Reporting procedure*. Reports of suspected child abuse shall be made by telephone and by written report.

> (1)   *Oral reports*. Oral reports of suspected child abuse shall be made immediately by telephone to ChildLine (800) 932-0313.

> (2)   *Written reports*. Written reports shall be made within 48 hours after the oral report is made by telephone. Written reports shall be made on forms available from a county children and youth social service agency.

(d)   *Written reports*. Written reports shall be made in the manner and on forms prescribed by the Department of Public Welfare. The following information shall be included in the written reports, if available:

> (1)   The names and addresses of the child and the parents or other person responsible for the care of the child, if known.

> (2) Where the suspected abuse occurred.

> (3) The age and sex of the subjects of the report.

(4)   The nature and extent of the suspected child abuse including any evidence of prior abuse to the child or siblings of the child.

(5)   The name and relationship of the persons responsible for causing the suspected abuse, if known, and any evidence of prior abuse by those persons.

(6) Family composition.

(7) The source of the report.

(8) The person making the report and where that person can be reached.

(9)   The actions taken by the reporting source, including the taking of photographs and X-rays, removal or keeping of the child or notifying the medical examiner or coroner.

(10) Other information which the Department of Public Welfare may require by regulation.

Authority

The provisions of this § 41.71 issued under the Child Protective Services Law, 23 Pa.C.S. § 6383(b)(2); and section 3.2(2) of the Professional Psychologists Practice Act (63 P. S. § 1203.2(2)).

Source

The provisions of this § 41.71 adopted November 8, 1996, effective November 9, 1996, 26 Pa.B. 5420.

APPENDIX Q – INTERNSHIP INFORMATION

Site Selection Tips

- Review the APPIC Directory for internships.

- When considering internship sites to which to apply, it is recommended that you diversify in terms of geography, competitiveness (number of applicants versus number of spots), and APA versus APPIC status. Students who restrict themselves geographically tend to have fewer interviews, and fewer sites to rank. To enhance your chance of matching, diversify your sites.

- Review the list of former interns' sites below. It is encouraged that you consider the sites listed. Marywood interns have a strong record of being successful at their internship placements; sites might view an application from a Marywood student favorably given their positive history with our students.

- Contact former Marywood interns from sites in which you are interested. (Request contact info from the DCT.) Finding out more about the site from a former intern may be helpful in your selection process. Further, former interns can provide information about the site that might help you tailor your application to demonstrate a strong fit with the site. Lastly, the former intern might be willing to contact their internship site, alerting them to your application. This might help you stand out among the many applications sites receive.

- Fit is the primary consideration when selecting sites to which you should apply. Ask yourself how well the training opportunities at the site fit with your professional goals and previous clinical experience. Likewise, consider how closely the training model fits with your desired professional development and supervision.

- When writing your cover letters, emphasizing fit is critical. Review the training opportunities of the sites, and discuss each of the most important areas. Discuss your previous experience as well as goals for additional training. It is recommended that you write stock paragraphs for different areas (e.g., group therapy, assessment, supervision), and put them into the cover letters as they fit for each site to which you apply.

- Match data suggest that students maximize their chances of matching by applying to 12-15 sites. Because Psy.D. students are at a slight disadvantage compared to Ph.D. students, and Marywood is still building a reputation, it is generally recommended that students apply to 15-20 sites.

- Match data suggests that students with 3 presentations at conferences increase their match rate by approximately 10%. Consider submitting your Professional Contribution, Dissertation, other research, or other literature reviews to conferences. APA, APS, PPA, ACA, PCA as well as other conferences are good options for students to consider. Keep up to date with conferences within your professional organizations. Also, talk with your research mentor about other conferences that might fit your research interests.

Internship Sites

(Alumni contact information available from the DCT)

Alabama
- Auburn University Counseling Center (2019, 2021)

California
- Federal Correctional Institute - Terminal Island (2010)
- Naval Medical Center (2013)
- Northern California Department of Corrections and Rehabilitation Consortium (2020)

Connecticut
- Middlesex Hospital (2014)

Delaware
- Wilmington VA Medical Center (2016)

Florida
- Federal Bureau Prisons – Tallahassee (2014)
- Florida International University (2020)
- Office of Health Services for Florida Department of Corrections (2009)

Georgia
- Dwight D. Eisenhower Army Medical Center (2014)

Illinois
- Eating Recovery Center – Insight Behavioral Health Centers (2019)
- Southern Illinois University (2019, 2021)

Indiana
- Four County Counseling Center (2015)
- Indiana University Ball Memorial Hospital (2017)
- National Psychology Training Consortium – Great Lakes Region (2019)
- Park Center, Inc. (2012)

Kentucky
- Western Kentucky University Counseling Center (2012, 2013)

Louisiana
- Alexandria VA Health Care System (2019)
- Pinecrest Development Center (2008)

Maryland
- Walter Reed National Military Medical Center (2014)

Massachusetts
- Edith Nourse Rogers Memorial VA Medical Center (2019)
- Federal Medical Center-Devens (2012, 2017)

- South Shore Mental Health Inc. (2018)

Michigan
- Battle Creek VA Medical Center (2019)
- Michigan State University (2020)
- Pinecrest Christian Mental Health Services (2011)

Minnesota
- Federal Medical Center-Rochester (2018)
- Minneapolis Internship Consortium (2011)
- Minnesota Department of Corrections (2021)

Missouri
- Heart of America Psychology Training Consortium APPIC (2012)
- National Psychology Training Consortium (2021)
- US Medical Center for Federal Prisoners APA (2019)

Nebraska
- Nebraska Internship Consortium in Professional Psychology (2009)
- Nebraska Mental Health Center (2018)

New Hampshire
- Keene State College Counseling Center (2016)

New Jersey
- Ancora Psychiatric Hospital (2009)
- Princeton House Behavioral Health (2008, 2014, 2017, 2020)
- Rutgers Biomedical and Health Sciences (2021)
- Rutgers Health Services – Counseling and Psychiatric Services (2014, 2016)
- UMDNJ-UNIV Behavioral HC/Robert Wood (2011)
- Youth Consultation Services (2010, 2013)

New York
- Andrus Children's Center (2006)
- Bath VA Medical Center (2016)
- Brooklyn College, City University of NY, Personal Counseling Program (2012)
- Coler-Goldwater Specialty Hospital and Nursing Facility (2007)
- Department of Veterans Affairs, Hudson Valley Health Care System (2009)
- Fordham University Counseling Center (2012)
- Hutchings Psychiatric Center (2019)
- Hudson River Psychiatric Center (2007)
- Mental Health Association of Westchester (2010)
- Mount Sinai Hospital - Department of Rehabilitation Medicine (2015)
- Pilgrim Psychiatric Center (2010)
- SUNY College at Albany (2006, 2012)
- SUNY College at Oneonta (2006, 2007, 2008, 2010)
- SUNY Buffalo Counseling Services (2009, 2010, 2014)
- Ulster Mental Health (2008)
- University of Rochester Counseling Center (2015)

- VA Hudson Valley Health Care System (2015)

North Carolina
- Broughton Hospital (2017)
- Central Regional Hospital (2021)
- Hefner VA Medical Center (2016)
- VA Greenville Health Care Center (2017)
- Western Carolina University CAPS (2021)

North Dakota
- Southeast Human Services Center (2005)

Ohio
- Cleveland Clinic (2016)
- Cleveland State University Counseling Center (2019)
- OhioGuidestone (2016)
- Ohio Psychology Internship (2006)

Oregon
- Chehalem Youth & Family Services (2012)

Pennsylvania
- Allentown State Hospital (2005, 2007)
- Carnegie Mellon University Counseling Center (2015)
- Caron Treatment Centers (2007)
- Drexel University Counseling Center (2015, 2017)
- Edison Court, Inc. (2016, 2017)
- Erie VA Medical Center (2020)
- Foundations Behavioral Health (2007)
- Geisinger Medical Center (2021)
- Holcomb Behavioral Health (2015)
- Immaculata University Psychology Internship Consortium (2013, 2017)
- Lancaster General Health (2011)
- Lebanon VA Medical Center (2018)
- Lehigh University (2012, 2015, 2016)
- Pennsylvania Counseling Services – Lebanon (2018, 2020)
- Philhaven (2005)
- St. Anthony's Point (2007)

Tennessee
- Frontier Health (2014)
- University of Tennessee at Knoxville (2008)

Texas
- El Paso Psychology Internship Consortium (2018)
- Federal Medical Center-Carswell (2013)
- VA Central Texas Health Care System (2018)

Utah
- The Children's Center (2017)

Virginia
- Federal Correctional Complex (2012)
- VA Medical Center (Hampton) (2017)

Washington D.C.
- VA Medical Center (2009)

West Virginia
- West Virginia University (2020)

AAPI Essay Tips

- To assist you in your essay writing process, several faculty and current interns typically volunteer to review your essays and provide feedback. (Please talk amongst yourselves to make sure you are not all using the same few people; it would be best to spread the work around the volunteers). Faculty are not under contract during the summer, and interns are typically moving or starting new positions. Therefore, sending essays to them early and being patient in awaiting their responses is recommended.
- It is recommended that you take your time in writing your essays, getting them in the best condition. Write the essays, take some time and space away from them, and then review them and make revisions. Next, send them to faculty and/or interns for review. After making the changes suggested by the first round of reviewers, it is recommended that you send them for a second round of reviews (to different people), considering their input as you finalize the essays. For your second round of feedback, it is encouraged that you select faculty members or interns who are detail-oriented and attend well to content, grammar, and punctuation, giving you feedback to perfect your essays.
- Your dissertation mentor is a good candidate for reviewing your research essay. At times, community practicum site supervisors have agreed to review essays, which can be especially helpful if their site is similar to the sites to which you are applying.
- Finally, here are the general essay requirements. (The exact essay wording when the AAPI becomes available July 15.) You are restricted to 500 words per essay. When appropriate, it is encouraged to use de-identified client examples in your essays - they bring the essays to life.
  - o Please provide an autobiographical statement. (There is no "correct" format for this question. Answer this question as if someone had asked you "tell me something about yourself." It is an opportunity for you to provide the internship site with some information about yourself. It is entirely up to you to decide what information you wish to provide along with the format in which to present it.)
  - o Please describe your theoretical orientation and how this influences your approach to case conceptualization and intervention. You may use de-identified case material to illustrate your points if you choose
  - o Please describe your experience and training in work with diverse populations. Your discussion should display explicitly the manner in which multicultural / diversity issues influence your clinical practice and case conceptualization.
  - o Please describe your research experience and interests.

De-identifying Reports for the AAPI

Below please find the link that specifies how APPIC and HIPAA require reports to be de-identified for submission as a part of your internship application. You must follow these guidelines in de-identifying your reports. https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html

In addition, the Psychological Services Center has the following requirements for reports submitted as part of your internship application (consult your supervisor or the PSC Director for guidance regarding cases used for Case Conference and QCE:

- Please remove the following from your reports:
    - clinic letterhead
    - dates of contact
- Please change historical information that is not clinically important to your conceptualizations and interventions. Some examples:
    - Change the number of years parents have been married.
    - Change vocations, keeping it in a similar category (e.g., from electrician to carpenter, from librarian to teacher, etc.)
    - Change extracurricular involvements (e.g., from monthly poker group to monthly fishing club, from being on the soccer team to being on the field hockey team, etc.)
    - Change how much money the family makes, just keep it within the same strata.
- Keep in mind the worst-case scenario (no matter how unlikely): these materials have fallen into the wrong hands and are published on the internet. If your clients read the document(s), could they have a legitimate concern that they could be identified by someone in their community?
- If you have the assessment reports in electronic form, these changes will be easy to make. If you do not, you might black out irrelevant potential identifiers (i.e., demographic variables) and scan the document.

Internship Interviewing Tips

- Meet with the ADCT prior to your first interview. The ADCT keeps record of your interviews for the Psy.D. program, and feedback regarding the first impression you gave can be discussed along with other suggestions for your interviews.
- Participate in individual and group mock interviews with the ADCT and other volunteer faculty. Practicing interviewing will strengthen your interviewing skills and confidence.
- If possible, schedule your less desired interviews earlier and your more desired sites later. You'll get to practice on the less desired sites, and you'll be more polished for the more desirable ones.
- According to research, we remember things we see first and last best. So, try to schedule your interviews either earlier in the time period offered or later in the time period offered.
- Think about how you can discuss various client stories in your answers to interview questions. Talk about clients with whom you've had success or from whom you've learned a lot. Also, try to discuss diverse clients whenever possible. It is helpful to reflect on your growth related to identity development from early in the program to now.
- Match or fit with the site is of prime importance. Emphasize those areas of interest that fit with what the site offers. They want to feel like you'll be a good fit for them and vice versa.
- When interviewing candidates, sites are considering whether they want to work with you for an entire year. Balancing professionalism and friendliness is important to your presentation during your interview.
- Write up a list of questions to ask your interviewers. Also, you might meet with people in several different teams, so make sure you have enough questions to ask different groups different questions.
- The black suit appears to be the standard uniform of internship interviews. You will want to dress professionally, but something different from the standard black suit is recommended.
- Your interview begins as you are driving to the site, and it does not end until you have driven away. Treat all staff of the site with respect, professionalism, and warmth. Nothing is off the record, including lunch with interns or brief conversations with administrative staff.

Interview Questions

Questions to Ask

- What is the predominant theoretical orientation of the psychologists here? (Although, you should probably know this ahead of time).
- What topics does your outreach program address and what does outreach entail?
- What are some issues commonly presented by clients requesting services?
- What are the approaches to supervision utilized here with interns?
- How much experience is given to individual vs. group psychotherapy? What group topics do you have?
- How much experience is given to psychotherapy vs. psychological testing?
- How much emphasis is placed on training and supervision?

Questions to Prepare to Be Asked

- What did your supervisor like/dislike about your work?
- What are your career plans after you complete your doctorate?
- What was positive/negative about your previous practicum experience?
- What type of clients/issues do you hope to work with here?
- What do you anticipate to be common issues among the clientele we work with here?
- Describe a case you've worked with in terms of presenting concerns, results of assessment, helpful techniques, unhelpful techniques, anticipated problems.
- What is your role as a practicum student at this site? What does it mean to practice in an ethical manner as a student?
- Describe and discuss the research you've done. What were some interesting results?
- What is your theoretical orientation?
- Describe your experience with a more severe population.
- Why do you want to do practicum here?
- What are your goals for practicum?
- Describe your experience with assessment.
- What are your outside interests/hobbies?

Questions Asked on Specific Interviews

University of Buffalo:
Phone interview, 40 minutes with 2 staff Psychologists

- Do I have any questions for them (first question they asked me)?
- What is my supervision style as a supervisor and what is my experience?
- How do I deal with conflict?
- Describe a case and answer questions about it.
- What is my theoretical orientation?
- Why do I want to work at a counseling center?
- Why do I want to come to their site?
- What is my experience with consultation and outreach and what are my interests?
- Describe experience with groups and how I am as a co-leader.
- Describe experience with limits on the number of sessions provided.
- What need do I want met on internship that would leave me feeling disappointed if it was not met?
- What two needs do I want met on internship that I would be disappointed if those were not met?
- Do I have any questions for them?
- Discuss a case, exploring my conceptualization and work with the person. (We spent about 15 minutes talking about my case and questions they had.)
- What is my approach to crisis intervention?
- How did I become interested in outreach and what are my interests for outreach activities?
- What are my top 3 "selling points," as well as one thing about me that might be perceived as "annoying?"
- How would I handle work with individuals who are different from me demographically?

West Virginia University:
Phone interview, 50-55 minutes with TD, staff Psychologist, and intern

- Present a case (prepared in advance) – answer relevant questions.
- My experience as a supervisor and how it would be to supervise doctoral students instead of masters students.
- Describe experience with outreach presentations.
- My experience with running groups (i.e., difficulty in getting them started)
- Describe experience with LD assessment and interest.
- Describe experience with clients presenting with trauma, depression, anxiety.
- Any questions for them?

Virginia Commonwealth University:
Phone interview, 1 hour with TD

- What do I have to contribute to their program?
- Describe a case, including course of treatment, theoretical orientation, and conceptualization.
- Describe an ethical dilemma.
- What was my best supervision experience?
- What was my worst/least favorite supervision experience?

- What are my therapeutic strengths and weaknesses?
- What is my theoretical orientation for group therapy/My approach to group therapy?
- What is my experience as a supervisor?
- In what ways do I need to grow professionally?
- If I were to work in a counseling center after graduation, what would be my ideal situation?
- Through my training and counseling experience, what is something I learned about myself that I did not know before?
- Is there anything I would like her to know that she did not ask me?

University of Akron:
Phone interview, 1.5 hours – ½ hour with TD, ½ hour with 3 Psychologists, ½ hour with 2 interns

- Why did I apply to their site/What attracted me to their site?
- What are my goals for internship?
- What are my career goals?
- What is my theoretical orientation and how did I apply it to a case?
- What does multiculturalism mean to me and how do I incorporate it into my work?
- What is a difficult client type and how do I deal with it?
- What can I offer to the site?
- What are my areas of professional weakness/Where would I like to gain more experience?
- What are my experiences with outreach?
- What types of assessment am I familiar with and where do I need to improve?
- How can I contribute to the collegiality of their site?

University of Pittsburgh:
In person, 1 hour with Director and Psychologist, 1 hour with 2 Psychologists, 1 hour with TD

- What are my long-term goals?
- Describe a case and discuss how the differences between the client and me emerged.
- Describe an ethical dilemma and how it was dealt with.
- Describe a successful case.
- How do I deal with conflict?
- What outreach topics would be important to address with this population?
- What outreaches have I prepared/put together from beginning to end?
- What are my professional strengths and weaknesses?
- What can I contribute to this site?
- What are my goals for internship?

Pittsburgh VA:
In person, 2 Psychologists and 1 intern for 1 hour each. Interview was largely unstructured, with more of an opportunity for me to ask them questions to assess fit with the site.

- What did I indicate having interest in a specific rotation at their site?
- Describe my preferred style of supervision.

- Why did I apply to their site?
- What is my experience with groups?
- What other rotations am I interested in?

Coatesville VA:
In person, 1 Psychologist for 1 hour

- Describe my therapy experience.
- Describe my group therapy experience.
- Describe my testing experience.
- Have I had coursework/experience in the following areas:
  - Career counseling
  - Substance use
  - Geriatrics
  - Biofeedback
  - Hypnosis
  - Neuropsychology
  - PTSD
- What is my interest, on a scale of 1-5, in each of the above areas?
- What are my personal strengths and weaknesses?
- What are my professional strengths and weaknesses?
- Anything I want to add that was not asked of me?

University of Rochester Counseling Center:
In person, 1 hour each with a post-doc fellow and Psychologist, plus group meeting with TD and other applicants. Interviews were largely unstructured with more of an opportunity for me to ask questions.

- What do you want to talk about?
- Have I had any experience participating in a process-oriented group?
- How will I feel sharing my personal issues, discussing how my personal stuff relates to my work, and participating in their process-oriented group for trainees?
- If at the end of internship I look back and realize that I had a really great experience and changed and grew a lot, in what ways would I have grown clinically?

In person, 5 hour interview with: a one-on-one meeting with TD, a one-on-one meeting with staff Psychologist, a group meeting with TD, a group meeting with current interns, and a group meeting with all senior staff members. Group meetings were informational and provided interviewees with an opportunity to ask questions. One-on-one meetings were non-structured.
- Why are you interested in this site
- What are you hoping to work on over the internship year
- Describe a difficult patient

University of Delaware:

Full day consisting of breakfast with Director, attending a staff meeting, 1 hour interview with 3 staff Psychologists, 1 hour with 2 staff Psychologists, lunch with interns, 1 hour with Psychiatrist and 2 post-docs, and 1 hour with TD

- Describe group experience and interests.
- What is my theoretical orientation and use a case to illustrate?
- How would I like to see myself change over the course of internship?
- Why did I apply to their site?
- What do I like to do in my spare time?
- Questions about my research
- How did I become interested in current area of research?
- Where else did I apply for internship in terms of location (not asked to mention specific sites)?

* Note: Every interview consisted of same questions

University of Albany
Really casual and laid back—no real structure. Interviewed with the training director, another Psychologist, and a student from the Middle Earth program.

- 1st question—what attracted me to their site?
- Discussion about the Middle Earth Peer Assistance Program.
- How would I handle interactions with students to avoid boundary issues?
- Discussion about client transference experiences related to the college setting.
- Discussion about diversity on campus and in the center.
- Sitting back, how am I viewing the center after our conversation?
- What have I learned in the process of my work in a counseling center?
- I had multiple opportunities to ask questions, and there really did not seem to be an agenda--the conversation went where it went.

Cleveland State University Counseling Center (Skype interview):
- Describe your dissertation and where you are along the process.
- Why did you choose this counseling center and how does it fit with your future goals and past experiences?
- Describe an ethical dilemma and how you handled it.
- Present a case and talk about the approach you took and the outcomes.
- What does multiculturalism mean to you and how do you include it in your work?
- Describe your best and worst experiences in supervision?
- Describe your goals in terms of group therapy, couples therapy, and outreach.
- Describe your experiences working with diverse populations.
- What areas of diversity would you be most interested in working with?
- What would it be like having a supervisor with a different theoretical orientation from your own?
- What makes a client ready for progress and discuss your theoretical orientation.
- Why would you be excited to come to Cleveland and live here?

Youth Consultation Services (YCS) East Orange, NJ

Child Site with three tracks (five positions): tracks focuses on work with 1) young children and their mothers (PCIT and Dyadic therapies), 2) adolescents and their families (PCIT and Dyadic therapies), and 3) running a therapeutic nursery with young children (and work with their families).

Outline of interview day:
- 9am-1pm (breakfast and lunch was provided)
- Breakfast/Presentation about all three tracks
- 2 Individual Interviews (45 mins each)
- Meeting with the current interns about their experience (1hr)
- Lunch
- Question and answer period with the directors, etc.
- Tour

Individual interview
- Given a Vignette with minimal information. Asked to give preliminary diagnosis and elaborate on what else would be needed to know about the case to give a proper diagnosis, and conceptualization about the case. Given more information about that Vignette, and asked to give names of tests that would be helpful for the patient, and what treatment modalities would be offered.
- Describe my experience with children, play therapy, how open I am about doing Psychodynamic/Psychoanalytic therapy (since this is a main focus there), my testing experience (they were looking for Exner Rorschach training and projective testing experience), my experience with schools and DYFS (called something diff. in NJ)
- Asked to describe: an ethical situation, a situation with transference, my strengths/weaknesses, testing experience, my support network since I would have to move to the state w/o family

Atmosphere was friendly and relaxed. They were open about many aspects of the site. The interns were very open about feeling pressured to have to get a certain amount of billable hours, and having difficulty getting supervision with the supervisor who does the dyadic therapy.

Approx. 40-50 hours of work per week. Sometimes interns have to take testing home on the weekends. There was more testing at this site than I expected. They specialize in testing of very small children, and work with Infant-Parent (Dyadic) therapy. There were a lot of training experiences available here.

Once you get an interview, you can rank all three tracks for the Match!

Princeton House Behavioral Health
Round table discussion between interviewees that the interviewers observed

- Please discuss your opinion on annualized treatments within an inpatient facility.
- Please discuss the personal or professional difficulties that may arise when a Psychologist becomes a supervisor.
- Please explain your orientation (she wanted me to back up integrationist style)
- Why do you want to work with patients with eating disorders?
- Describe an ethical dilemma and how you dealt with it?
- Describe a case that you wish you could have done differently.

- What are the main difficulties that you foresee in working with this population?

Alexian Brothers Behavioral Health
- Please respond to the following situation:
    - You have to submit insurance paperwork for a patient due by 12:00. You are scheduled to run a group at 12:00. You supervisor has just asked you to check in on a patient, and you were just informed that one of your patients is suicidal. What order do you attend to these things in? (answer was insurance first*)
- How do you plan to contribute to your supervision?
- Tell us an interesting fact about yourself.
- What kind of supervision would be most beneficial to you?
- Best supervisor and worst supervisor experience?
- Describe your experience working in a team environment.
- Describe your experience working with individuals with eating disorders/self injury.
- What makes you stand out from the rest of the candidates for our program?
- If you had not decided to become a Psychologist what would you have done instead?

Ohio State University Counseling Center
Phone interview
- How will you contribute to an LGBT-friendly environment?
- How do you conceptualize college students in a developmental context?
- What are your main strengths and weaknesses?
- Why do you want to work with college students?
- Two case studies- asked to conceptualize.

James Madison University
- Best supervision experience?
- Worst supervision experience?
- Something interesting about yourself?
- Describe your style as a supervisor?
- How do you deal with conflict?
- Biggest pet peeve?
- What makes you a good candidate for our program?
- If you could leave us with one thing to remember about you, what would that be?
- (Gave case study)
    - Please conceptualize the case.
    - How would it change if this were a male client?
    - How would this change if this were a Korean client?
    - How would this change if this were an LGBT client?

The Emily Program
- Describe testing experience.
- Main strengths/weaknesses?
- Why do you want to work with people with eating disorders?
- What type of countertransference will this population elicit from you?
- How will you deal with this?
- What type of self-care do you intend to practice?

- Describe experience working with individuals with eating disorders
- Describe orientation and how you came to subscribe to this orientation.

California State University of Fullerton
Phone interview
Two 5-minute role plays- I played the therapist, interviewer played a suicidal client and a resistant client.

- Experience with ethnically diverse clients?
- Experience that stands out to you in terms of your multicultural development?
- What would you say are some important beliefs that you hold that contribute to your character?
- Why do you want to work with college students?
- Experience with short –term therapy?
- What do you do for fun?

Questions from Unspecified Sites
- How do people change? What inspires change?
- Tell me about yourself.
- What are your clinical interests and skills?
- What are your future goals?
- How did you decide on a career in psychology?
- Why did you choose to apply here?
- Why is this site a good fit for you?
- How has your past experience prepared you for this internship?
- What are your strengths and weaknesses?
- What do you hope to get out of this training?
- What is your theoretical orientation?
- Tell me about a problematic case, the issues it brought up for you, and how you handled it.
- Status and nature of dissertation
- How would you handle this case?
- Rotations of interest.
- Have you worked with client populations similar to those seen here?
- Types of clients worked with in therapy.
- Types of clients that I've found the easiest to work with.
- Types of clients that I've found the most difficult to work with.
- Specialized skills.
- What skills/attributes do you bring to the internship?
- What qualities are characteristic of a good clinical psychologist?
- Describe your experience with psychodynamic psychotherapy.
- What group therapy experience have you had?
- What do you like/dislike about leading groups?
- What inpatient experience have you had?
- What psychological tests are you familiar with?
- What do you look for in a supervisor?
- Describe a conflict you've had in supervision and how it was worked out.
- How would you describe your therapeutic style?
- Describe an ethical dilemma.
- Name 2 professional psychologists that have influenced your work or your interest in psychology.

Ranking and Match Information

- When ranking sites, rank your most preferred site first. Do not consider what you believe to be the probability of being ranked by a site; your preferences should be the only consideration when deciding rank order.

- Factors to consider when ranking sites may include: fit with site, APA versus APPIC status, training approach, geographic location, etc.

- The ADCT will hold a meeting prior to the ranking deadline to help you determine how to approach the ranking process. Individual meetings may be scheduled if needed.

- Check your rank order list to ensure you have the correct codes for your sites well ahead of the ranking deadline.

- Prior to Match Friday, it is recommended that you go to the website below and read about Match II procedures. This page includes a "Getting Started" guide for applicants who are participating in Match II, detailed "Frequently Asked Questions" for applicants and internship Training Directors, and information about the web-based "late-breaking news" service that will be available for Match II.

- http://www.appic.org/Match/APPIC-Match-Phase-II

- The ADCT will be notified about the outcome of the Match via email, though applicants typically receive results first. Please call or email to the ADCT your results as soon as you receive them.

- The ADCT will be available to offer support to anyone who needs to use Match II, including:
  - Reviewing cover letters, CVs, and essays as needed.
  - Contacting sites at which you did not match to solicit feedback.
  - Forwarding the names of sites to which you are applying to the other faculty and ask them to make contact with training directors whom they know.
  - Mock interviewing.

Internship Ranking Form
(Available as a Word document in the shared Google Drive Folder: <u>Psy.D. Forms, Resources, and Handbook</u>)

Please provide the complete list of internship sites that you ranked with NMS, including each site's name and location, how you ranked it, and its APA accredited or APPIC status. Please submit to the ADCT by the ranking deadline.

Name and Location of Site	Ranking	APA or APPIC Status

Internship Data Form
(Available as a Word document in the shared Google Drive Folder: <u>Psy.D. Forms, Resources, and Handbook</u>)

Name:
Date:
Current Cohort Year (e.g., 4th or 5th year):

1. Breakdown of Hours from
   AAPI: Total AAPI Hours:
   Intervention Hours:
   Assessment Hours:
   Supervision Hours:
   Support Hours:
   PSC Practicum Hours (1st & 2nd years):

   Community Practicum Hours (3rd & 4th year):

   Elective (0 credit) Practicum Hours (e.g., summer, 5th year):
2. List of External Practica Sites:
   2nd Year (including summer):
   3rd Year (including summer):
   4th Year (including summer):
   5th Year (including summer):
3. Match I:
   Number of sites to which you applied:
   APA accredited sites:
   APPIC sites:
   Number of sites at which you interviewed:
   Number of sites you ranked:
   Were you offered an internship on Match I?   (If yes, skip to 5.)
4. Match II:
   Number of sites to which you applied:
   APA accredited sites:
   APPIC sites:
   Number of sites at which you interviewed:
   Number of sites you ranked:
   Were you offered an internship on Match Day II?
5. Internship with which you were matched:
   The ranking of the site with which you were matched:
   Is the site APA accredited?
   Is the site APPIC?
   Name:
   Address:
   Website:
   Training Director's Name:
   Director's phone:
   Director's email:

Start and End dates:

SAMPLE CV 1

Marywood Student, M.A.
P: 570-111-1234   1023 Psychology Dr.
E: mstudent@m.marywood.edu   Scranton, PA 18509

EDUCATION
2017   Psy.D. (Pending) Marywood University, APA-accredited
                Major: Clinical Psychology, GPA: 3.97

2014   M.A.   Marywood University
                Major: Clinical Psychology, GPA: 3.97
2000   B.S.   University of Scranton
                Major: Biology, GPA: 3.20

PROFESSIONAL EXPERIENCE

8/14-Pres   **Adjunct Instructor**, *Marywood University*, Scranton, PA
                Provide course instruction (in-class and online) and evaluative assessment for graduate level
                Psychopathology course (Fall 2014, Spring 2015, Fall 2015).
                Supervisor: Bradley Janey, Ph.D.

5/15-Pres   **Doctoral Practicum Student,** *Broome Developmental Center,* Binghamton, NY
                Provide Psychological support services to a diverse population of individuals diagnosed with
                developmental disabilities who reside in residential treatment environments. Conduct
                clinical interviews and functional behavior assessments, develop behavior support plans,
                collect and analyze behavioral data, and provide individual therapy and crisis intervention
                for assigned individuals. Administer and score Psychological tests (cognitive, adaptive
                behavior, and capacity to give consent) and complete related Psychological reports for
                assigned individuals. Participate in treatment team meetings (which represent professionals
                from the following disciplines: Psychiatry, medicine, nursing, Psychology, social work,
                occupational therapy, recreation therapy and nutrition), didactic training, individual
                supervision, and group supervision.
                Supervisor: Edward Sorel, Ph.D.
                Assessment Tools Utilized: ABAS-II, Motivation Assessment Scale, Sexual Consent
                Assessment Tool, WAIS-IV

6/14-8/15   **Doctoral Practicum Student,** *Greater Binghamton Health Center (Child/Adult Outpatient
                and Inpatient Services)*, Binghamton, NY
                Provided individual and group Psychotherapy to diverse population of children, adolescents,
                and adults. Conducted clinical interviews (screening, intakes), administered and scored
                Psychological tests (diagnostic, cognitive, adaptive behavior and personality) and completed
                related Psychological reports for assigned patients. Provided suicide risk assessments
                (clinical interview and relevant Psychological tests) and related reports for assigned patients.
                Participated in didactic training and individual clinical supervision.
                Supervisor: Oliver Fassler, Ph.D., Michael Juriga, Ph.D., Laura Serbonich, Psy.D.

Assessment Tools Utilized: Autism Diagnostic Interview–Revised, BASC-2, Beck Depression Inventory II, Cognistat, Columbia Suicide Severity Scale, MCMI-III, Millon Adolescent Personality Inventory, MMPI-2, MMPI-A, MMPI-RF, Static-2002R, Suicide Probability Scale, TOMM, WAIS-IV, WIAT-III, WISC-IV

8/14-5/15   **Doctoral Practicum Student**, *Marywood University, Counseling and Student Development Center*, Scranton, PA
Provided individual and group Psychotherapy to diverse college-aged population. Conducted clinical interviews (scheduled intakes, triage walk-in students), administered and scored Psychological tests (Psycho-diagnostic, cognitive, and personality), and completed related Psychological reports for assigned students/clients. Provided Psycho-educational presentations to assigned student groups (stress management, time management)**.** Participated in mental health awareness outreach event. Participated in didactic training and clinical supervision (group and individual).
Supervisor: Kevin Creegan, Ph.D.
Assessment Tools Utilized: Beck Anxiety Inventory, Beck Depression Inventory II, Beck Hopelessness Scale, Beck Scale for Suicide Ideation, MCMI-III, MMPI-2, SCL-90R, Strong Interest Inventory, WAIS-IV, WIAT-III

6/14-5/15   **Doctoral Practicum Student**, *Broome County Mental Health Department*, *Court Liaison (Forensic) Unit*, Binghamton, NY
Conducted mental health/substance use evaluations for individuals involved with family court proceedings and probation, which included treatment recommendations. Participated in Criminal Procedure Law (CPL 730) competency to stand trial examinations. Participated in didactic training and clinical supervision.
Supervisor: Robert Russell, Ed.D.
Assessment Tools Utilized: MacArthur Competence Assessment Tool, Evaluation of Competency to Stand Trial – Revised, MMPI-2, SCL-90R, TOMM, WAIS-IV

8/14-1/15   **Doctoral Practicum Student,** *Our Lady of Peace Residence (Geriatric Assessment Services),* Scranton, PA
Conducted clinical interviews, administered and scored neuropsychological tests, and completed related Psychological reports for geriatric patients. Conducted memory screenings at National Memory Screening Day and participated in group clinical supervision.
Supervisor: Brooke Cannon, Ph.D.
Assessment Tools Utilized: Mini-Mental Status Exam, Clock Drawing Test, Dementia Rating Scale-2, Geriatric Depression Scale

8/13-8/14   **Master's Practicum Student**, *Psychological Services Center at Marywood University,* Scranton, PA
Provided individual Psychotherapy to a diverse population of individuals. Conducted clinical interviews (screening, diagnostic, intake), administered and scored Psychological tests (cognitive, diagnostic, and personality) and completed related Psychological reports for clients. Developed Psycho-educational materials used for mental health outreach events. Participated in didactic training and individual clinical supervision.

Supervisor: Tracie Pasold, Ph.D.
Assessment Tools Utilized: Beck Anxiety Inventory, Beck Depression Inventory II, Beck Hopelessness Scale, Beck Scale for Suicide Ideation, Eating Habits Checklist, MCMI-III, MMPI-2, PAI, SCL-90R, Strong Interest Inventory, WAIS-IV, WIAT-III, WISC-IV

8/08-5/14   **Individualized Care Coordinator**, *Catholic Charities of Broome County*, Binghamton, NY
Provided clinical case management to a culturally diverse caseload of young people and adults with complex and significant mental health needs to decrease the need for placement in Psychiatric inpatient levels of care. Coordinated and developed service plans, treatment plans, and safety plans. Completed referrals and offer advocacy to ensure that clients and families are linked to appropriate educational, physical health, mental health, and social service providers. Assisted clients and families with development of desired cognitive and behavioral changes to prevent crises and to support the development of positive emotional well-being. Coordinated monthly Psycho-educational events (Parents' Night Out, Mental Health Awareness, Children's Fun Night)

1/08-8/08   **Respite Supervisor**, *Catholic Charities of Broome County*, Binghamton, NY
Supervised 15 employees' delivery of social skill and recreational programming to young people with complex mental health needs. Managed staff training and supervision, program documentation, program budget, program development, completion of funding source reports, and program evaluation.

8/04-12/07   **Intensive Case Manager,** *Catholic Charities of Broome County*, Binghamton, NY
Provided case management to a culturally diverse caseload of young people and adults with complex and significant mental health needs to decrease the need for placement in Psychiatric inpatient levels of care. Applied continuous assessment, service planning, crisis intervention, and advocacy to ensure needed Psychiatric and community services were in place for clients.

8/05-8/11   **Youth Adventure Leadership Program Supervisor**, *Catholic Charities of Broome County*, Binghamton, NY
Provided administrative leadership for the Youth Adventure Leadership Program Indoor Challenge Course by maintaining work and training schedules, managing documentation, implementing marketing plans, producing program curriculum, monitoring financial information, evaluating outcomes of program, and supervising 3 employees. Developed challenge/adventure course programming that taught socialization, anger management, coping skills.

RESEARCH EXPERIENCE
Pending   **Dissertation,** *Marywood University*, Scranton, PA
Advisor: John Doe, Ph.D.
Empirically investigating the effect of a variety of therapist responses to client-offered gifts on observer perception of therapy relationship and the working alliance.

2/14   **Master's Thesis,** *Marywood University*, Scranton, PA

Advisor: John Doe, Ph.D.
Empirically investigated the effect of a variety of therapist responses to client-offered gifts on observer perception of a therapist and the working alliance.

PRESENTATIONS

8/6/15   Responding to Gifts from Clients and the Working Alliance, 2015 American Psychological Association Conference (Division 29)

5/14/09   Engaging Young People with Adventure Education, 2009 Broome County Public Schools Staff Development Day

1/21/09   Engaging Young People with Adventure Education, 2009 New York State Office of Mental Health – Waiver & SPOA Training

5/13/08   Engaging Young People with Adventure Education, 2008 Broome County Public Schools Staff Development Day

4/11/03   Lesson Planning and Data in the Classroom, 2003 Staff Development Day – St. Theodore's School

COMMITTEES

2012-2013   Ethics Committee, Catholic Charities of Broome County

2001-2002   Curriculum Committee, Catholic Schools of Broome County

GRANTS

2005   United Way Venture Grant ($6,700)

2002-2004   General Electric Grant ($2,500)

VOLUNTEER EXPERIENCE/COMMUNITY OUTREACH

03/15   Practicum Student, Alcohol Screening Day, Marywood University

11/14   Practicum Student, National Memory Screening Day, Marywood University

10/14   Practicum Student, National Depression Screening Day, Marywood University

2/14   Practicum Student, National Anxiety Screening Day, Marywood University

10/13   Practicum Student, National Depression Screening Day, Marywood University

2/13   Practicum Student, National Anxiety Screening Day, Marywood University

10/12   Practicum Student, National Depression Screening Day, Marywood University

2/12   Practicum Student, National Anxiety Screening Day, Marywood University

2009-2011   Board Member, Southern Tier Alternative Therapy

2006-2009   Assistant Varsity Basketball Coach, Maine Endwell High School

2006-2012   Board Member, Catholic Youth Organization

2004   Head Middle School Basketball Coach, Saint Theodore Catholic School

2002-2004   Americorps Volunteer

2001   Head Varsity Basketball Coach, Saint John the Evangelist School

2000   Junior Varsity Basketball Coach, Saint John the Evangelist School

1999   Youth Baseball Coach, Binghamton Parks & Recreation

AWARDS

Spring 2015   Passed Doctoral Qualifying Clinical Exam with Distinction

2014 – Pres   IHM Doctoral Scholarship, Marywood University

Spring 2000   Dean's List, University of Scranton

Fall 1998   Dean's List, University of Scranton

1998-2000   Loyal Scholarship, University of Scranton

Spring 1998   President's List, SUNY Broome

Fall 1997   President's List, SUNY Broome

Spring 1997 President's List, SUNY Broome

Fall 1996   President's List, SUNY Broome

1996-1998   Phi Theta Kappa – National Honor Society Scholarship, SUNY Broome

CERTIFICATIONS

8/11/14   Integrated Mental Health/Addictions Treatment Training (IMHATT)
               Certification from Center for Practice Innovation at Columbia University

CONTINUING EDUCATION

8/17/15   ICD-10 Training, BDC

6/15-6/17/15 Strategies for Crisis Intervention and Prevention – Revised, BDC

6/10/15   Recreation Training, BDC

6/8/15   CPR/First Aid/AED Training/Certification, BDC

6/5/15   Dysphagia Training, BDC

6/4/15   Sign Language, BDC

6/1/15   Incident Reporting/Abuse Prevention, BDC

5/29/15   Pica Training, BDC

5/28/15   Infection Control, Broome Developmental Center (BDC)

02/19/15   Recognizing and Reporting Child Abuse, MU

10/24/14   Sex Therapy, MU

10/17/14   Working with LGBTQ Clients, MU

MEMBERSHIPS

2014-Pres   Student Member, American Psychological Association
2014-Pres   Student Member, Pennsylvania Psychological Association

SAMPLE CV 2

Psychology Student

134 Adams Ave.
Scranton, Pennsylvania 18509
pstudent@m.marywood.edu
570-123-4567

EDUCATION

Marywood University   Expected May 2017
Scranton, Pennsylvania
Doctorate in Clinical Psychology
APA Accredited
Passed Qualifying Clinical Examination (May 2015)
GPA: 3.8/4

Marywood University   Conferred December 2013
Scranton, Pennsylvania
Master of Arts in Psychology – Clinical Services
GPA: 3.48/4

Penn State University   Conferred May 2010
State College, Pennsylvania
Bachelor of Arts in Applied Psychology (Honors)
GPA: 3.42/4

SUPERVISED CLINICAL EXPERIENCE

Scranton Counseling Center   May 2015-Present
Scranton, Pennsylvania
Psychology Intern
Supervisor: Jeffrey Leitzel, Ph.D, PA Licensed Psychologist

- Providing services to community members from underserved socioeconomic and diverse cultural backgrounds to address varying degrees of mental health issues in the adult intake/emergency services department.
- Duties include: conducting intakes, court-ordered assessments, Psycho-diagnostic and cognitive testing (including MMPI-2, SCL-90-R, Vineland, WISC-IV, WAIS-IV).
- Interdisciplinary case presentations, consultation with Psychiatry staff, and receiving supervision.
- Working cohesively with local school based treatment teams, school staff, and families.

NHS Human Services   June 2014-Present
Carbondale, Pennsylvania
Psychology Intern/ Student-Therapist - Behavioral Health Rehabilitation Services Supervisors:
Michael Lynch, M.A., PA Licensed Psychologist, Candice Suarez, M.Ed., NCC, LBS

- Performed behavioral interventions (e.g., behavioral modification and applied behavioral analysis), along with cognitive and humanistic interventions.
- Monitored, categorized, and documented children's behavior using a tracking sheet that assessed frequency, duration, severity, antecedent, and consequences to inform treatment.
- Independently researched rapport and activity-based strategies based on needs and developmental level to inform treatment.
- Collaborate with other treatment team members to design and direct the implementation of a behavior modification intervention plan which is individualized to each child or adolescent and to the family needs.
- Develop treatment plan, services, and outcome-based short term goals for identified child/adolescent.
- Attend and participate in Inter-Agency Service Planning Team (ISPT) meetings.
- Collaborate with other involved professions and agencies in order to provide unified services and continuity of care to child and family.
- Work with families to determine an assessment of family need and appropriate treatment modalities.

Psychological Services Center   January 2013-August 2013
Marywood University, Scranton, Pennsylvania   May 2014-August 2015
Student-Therapist
Supervisors: Renae Courtney, Psy.D., Michelle Herrigel, Psy.D., Kevin P. Creegan, Ph.D.

- Provided one-on-one Psychotherapy to individuals in an outpatient setting and attended weekly group and peer supervision.
- Conducted diagnostic clinical interviews to ensure appropriate level of care (e.g., short vs. long-term Psychotherapy).
- Administered, scored, and interpreted Psychological screening assessments.
- Administered, scored, and interpreted educational screening assessments.
- Researched, created and implemented evidence-informed treatment plans.
- Disseminated flyers in the community and conducted depression, anxiety, and eating disorder screening interviews for students and individuals from the surrounding area.
- Professional consultation, and receiving group and individual supervision.

Geriatric Assessment Practicum   January 2015-May 2015
Our Lady of Peace Residence- Marywood University
Practicum Trainee
Supervisor: Brooke Cannon, Ph.D.

- Administered, interpreted, and reported on assessments (including DRS-2, MMSE, Clock Drawing Test, and Geriatric Depression Scales) specific to an older adult population under the supervision of a licensed neuropsychologist.
- Provided feedback and recommendations to patients' treatment teams; training regarding dementia diagnoses.

Educational Assessment Practicum   August 2014-December 2015
Marywood University, Scranton, Pennsylvania
Practicum Trainee
Supervisor: Tracie Pasold, Ph.D.

- Administered, interpreted, and integrated findings on cognitive abilities and achievement testing (including WAIS-IV, WIAT-III, WJ-III-Cog, WJ-III-Ach, TOVA) as well as Psychological functioning (including MCMI-III and MMPI-2) to make appropriate recommendations, referrals, and diagnoses related to university students' learning styles and abilities under the supervision of a licensed Psychologist.

National Institute of Mental Health and Neuro-Sciences (NIMHANS)
Baltimore, Maryland   Dec 2009-Feb 2010
Psychology Intern, Inpatient and Outpatient Services
Supervisor: Vishal Chhabra, MD, Consultant Psychiatrist. Rotating clinical placement.

- Intensive structured clinical observation training on-site for inpatient and outpatient services at this multi-specialty institute, offering a multitude of medical and Psychiatric services to the metropolitan's diverse population.
- Introduction to various assessments and therapeutic measures.
- Conducting Mental Status Examinations on adult and adolescent clients under supervision.
- Daily rounds in the 21 bedded Intensive Care Unit and other in-patient facilities on-site.
- Observing Psychiatrist-Client interactions, followed with an extensive case-discussion and treatment plan conceptualization.

SUPERVISION EXPERIENCE

Supervision Practicum   January 2015 – Present
Marywood University, Scranton, Pennsylvania
Student Supervisor

- Providing individual supervision to student-therapists in the Psy.D program.
- Receiving group supervision of my supervision experiences.
- Providing tape review as well as written and oral feedback to supervisees on their clinical work and professional development.

RESEARCH_EXPERIENCE

Dissertation   January 2015 – Present

Psychology and Counseling Department, Marywood University
- Analysis of self-reported multicultural self-efficacy to better explain multicultural counseling competency amongst graduate Psychology students.

Graduate Assistant
Psychology and Counseling Department, Marywood University   2014-15
- Statistical analysis of a correlation between the MBTI data collected since 1998 and various student variables (e.g., GRE scores, cultural background, etc.)

Secondary research projects as part of the undergraduate curriculum requirement. An in-depth collection, cultivation, and interpretation of already existing research available.

Stress Among Adolescents Living in Hostels	2010
Anti-Social Personality Disorder	2010
Social Influence and Effect of Videogames on Adolescents	2009

PROFESSIONAL CONTRIBUTION

Marywood University, Scranton, Pennsylvania   2013
Mentor: Shamshad Ahmed, Ph.D

"Strengthening Multicultural Competence: A Clinical Training Model"

- The manuscript is a two-pronged approach to strengthening multicultural competency by building on the APA guidelines and the Multicultural Competency (MCC) model (Sue, 1992) by implementing them in the curriculum and clinical training.
- It assists mental health service providers to implement these guidelines in their training program to help students/interns be more effective when working with culturally diverse clients.

PRESENTATIONS

Student, D. & Ahmed, S. (2014, August). *Strengthening Multicultural Competence: A Clinical Training Model*. Poster presented at the Asian American Psychological Association, Washington, D.C.

Student, D. & Ahmed, S. (2015, August). *Strengthening Multicultural Competence: A Clinical Training Model*. Poster accepted at the 123rd American Psychological Association Annual Convention, Toronto, Canada.

PROFESSIONAL DEVELOPMENT

Practical Functional Behavioral Assessment Training   2015
    NHS Human Services, Carbondale, Pennsylvania

Basic Supervisory Skills Training   2015
    NHS Human Services, Carbondale, Pennsylvania

Ethics Trainings (ET)   2015
  Bureau of Autism Services - Pennsylvania

Autism-Specific Trainings (AU)   2015
  Bureau of Autism Services - Pennsylvania

Crisis Intervention Trainings (CR)   2015
  Bureau of Autism Services - Pennsylvania

Mandated Child Abuse Reporter Training Under Act 31   2015
  Bureau of Autism Services - Pennsylvania

Positive Social and Multi-Cultural Competence   2015
  Marywood University, Scranton, Pennsylvania

Autism and Behavioral Modification Training   2014
  NHS Human Services, Carbondale, Pennsylvania

Effective Strategies to Help with ADD/ADHD   2013
  Marywood University, Scranton, Pennsylvania

DSM 5: Substance Related and Addictive Disorders   2013
  Marywood University, Scranton, Pennsylvania

AWARDS

Awarded a Marywood Graduate Assistantship   2014-2015

Awarded a Marywood Graduate Scholarship   2012-Present

OUTREACH EXPERIENCE

Anxiety Screening Day   April 2015; February 2013
Psychological Services Center – Marywood University
  - Screened individuals for anxiety symptoms. Duties included: advertising the event around the community and university; administering, scoring, and interpreting depression screening measures; providing feedback to community members and university students; referring appropriately.

Eating Disorder Screening Day   February 2015; April 2013
Psychological Services Center – Marywood University
  - Screened individuals for eating disorders and unhealthy eating behaviors. Duties included: advertising the event around the community and university; administering, scoring, and

interpreting depression screening measures; providing feedback to community members and university students; referring appropriately.

Depression Screening Day   October 2014
Psychological Services Center – Marywood University
- Screened individuals for anxiety symptoms. Duties included: advertising the event around the community and university; administering, scoring, and interpreting depression screening measures; providing feedback to community members and university students; referring appropriately.

NONPROFIT AFFILIATIONS

American Red Cross   2015-Present
Disaster Mental Health Worker
- Completed Red Cross training courses.
- Interventions focused on assisting disaster survivors and response workers in meeting their most basic needs when needed.
- Support local Red Cross chapter activities.

PROFESSIONAL AFFILATIONS

American Psychological Association   2013 – Present
Student Affiliate

American Psychological Association of Graduate Students   2015 – Present

Society for the Psychological Study of Culture, Ethnicity and Race (Division 45)

Student Affiliate   2014 – Present

Society for the Psychology of Women (Division 35)   2014 – Present
Student Affiliate

Educational Psychology (Division 15)   2014 – Present
Student Affiliate

LEADERSHIP POSITIONS

Healthy Lifestyle Club at Marywood University   2013-2014
Founder President

- Led monthly meetings with the student population to discuss relevant information, activities, opportunities, and concerns Oversaw the appointment of vice-president, secretary and coordinator and delegated tasks appropriately.

Interfaith Task Force at Marywood University   2013- Present

Core-Committee Member

- To follow various faith teachings, commitments, and convictions to promote justice and peace with the people.
- To build bridges of solidarity, especially between communities with different faith on campus.

REFERENCES

Renae Courtney, Psy.D.
Director of the Psychological Services Center, Associate Director of Clinical Training (ADCT)
Licensed Psychologist
Marywood University
2300 Adams Avenue
Scranton, Pennsylvania 18509
(570) 348-6211 ext. 2241
rcourtney@maryu.marywood.edu

Kevin P. Creegan, Ph.D.
Behavioral Health & Social Service Providers Psychologist
1111 East End Blvd Department of Veterans Affairs Medical Center
Wilkes Barre, PA 18701
(570) 824-3521
creegan@maryu.marywood.edu

SAMPLE COVER LETTER

Marywood Student, M.A.
Address
October 26, 2016
Kate Doe, Psy.D.
Center for Pediatric Behavioral Health
9500 Kid Avenue
Scranton, PA 18509

Dear Dr. Doe,

I am pleased to submit an application to the Sloan Children's Pediatric Behavioral Health and Psychology Fellowship. My professional aspirations within the field of Psychology entail specializing in pediatric Psychology. The training model, goals, and objectives of your program are an excellent match with my professional goals and will provide me with the exceptional training experience that I am seeking to achieve my goals. Additionally, I will bring a solid foundation of knowledge and experiences in pediatric and child clinical Psychology as well as specialized experience in pain management and Psycho-oncology, making me an ideal candidate for your program.

During my undergraduate studies at the Pennsylvania State University, I became involved in the Penn State Dance Marathon (THON) and devoted my time to providing emotional and financial support to children and their families facing pediatric cancer. It was this experience that initially piqued my interest in working in the field of pediatric Psychology and propelled me to seek further exposure. Following this experience, I have pursued and undertaken several opportunities that have enhanced my competency within the field. My placement as a pre-doctoral intern at Scranton's Children Clinic has confirmed my passion and dedication to the field of pediatric Psychology. Through this experience, I have found that working with children and adolescents in the medical setting has brought to light the best of my skills, ability, and passion. Thus, I believe that continuing my work and training at Sloan Children's Clinic will be an excellent trajectory for me to meet my professional goals.

After researching your program and having the pleasure of observing some of the exceptional work that the pediatric Psychologists provide, there are a number of reasons I respect and admire your fellowship program. First, the training that Sloan Children's Clinic provides is the ideal multidisciplinary experience within a medical setting that I am seeking. I believe that providers working together toward achieving common goals creates a cohesive experience that allows patients to receive the best quality of care, while also providing an excellent educational opportunity for the providers and trainees. Sloan Children's Clinic is also unique in that it provides services to a broad range of populations from several cultures with a range of clinical concerns, which results in a rich learning experience as well as the opportunity for growth in the areas of conceptualization and treatment. Additionally, I find the opportunities for professional development and didactic trainings to be highly appealing in further developing my knowledge and skills. I am also enthusiastic that the program aligns with additional interests I have, including providing consultation services in the inpatient setting and parent education to foster healthy development in children and adolescents coping with medical diagnoses.

My training has afforded me the opportunity to learn several evidence-based interventions that will be beneficial in your training program. Such interventions include long-term, short-term, and brief treatments, which I have executed in several contexts and with diverse populations. Specifically, I have utilized CBT, DBT, ACT, IPT, and biofeedback in treating patients in medical and clinical settings.

Further experiences I have had include facilitation of group therapy, individual therapy, parent training, addictions counseling, and conducting a broad range of Psychological assessment measures. This wide range of treatment and evaluation modalities with diverse groups of people has assisted me in effectively formulating case conceptualizations and treatment plans while working collaboratively with patients in achieving their goals. Additionally, throughout my training, I have adopted a strong educational approach to treating such patients while also incorporating parents and other family members in order to meet patient needs. My most recent and certainly most rewarding experience has been in providing Psychological services to children and adolescents with chronic pain in an interdisciplinary setting. With this interdisciplinary approach, I believe I have grown tremendously through exposure in collaborating and learning from numerous healthcare professionals in treating Complex Regional Pain Syndrome, pediatric headache, gastroenterological disorders, juvenile fibromyalgia, and other forms of chronic pain. As I continue to develop professionally and acquire more knowledge and skills, I foresee myself working long-term in a pediatric academic medical center with a primary focus on multidisciplinary clinics complemented by further experience in clinical supervision, teaching, and research.

In summary, I am confident that Sloan Children's Pediatric Behavioral Health and Psychology Fellowship will provide me with the ideal training setting within which to culminate my experiences and provide me the opportunity to continue building upon my professional aspirations as a pediatric Psychologist. Given the knowledge and skills in pediatric Psychology and Psycho-oncology that I will bring to the training environment, I believe I am an ideal candidate for your program. I possess relevant experiences, a passion for the field, and drive to continue learning. Further, I ensure that I possess the personal and professional qualities required to integrate smoothly into your setting and to work ethically and effectively to make a significant contribution to your team. I appreciate your consideration of my application. If at any time you require further information, please feel free to contact me at (570) 133-0123 or cstudent@m.marywood.edu

Sincerely,

Sample Autobiographical Essay

One of my practicum supervisors once stated that he was envious of my enthusiasm for clinical practice. At first, I was surprised at the observation, although upon reflection, I recognized that my enthusiasm for clinical work is readily apparent. At 33 years of age, I returned to school to pursue graduate education in clinical Psychology, which has proven to be one of the best decisions of my life.

Prior to studying clinical Psychology, I enthusiastically worked for over 10 years as a clinical case manager with a diverse population of individuals with complex mental health needs. The successes and failures embedded in these experiences ignited my commitment to embrace the attitudes and skills necessary to be an excellent clinician. I openly appreciate my education and training because it appeals to my analytic, inquisitive, and compassionate personality. Additionally, I have always felt deeply, which has led to my empathetic perspective with clients. To this end, my pursuit of a professional identity as a clinical Psychologist has been unwavering and is profoundly related to who I am.

The training I have received has led to my valuing empirically-based knowledge and to approach clinical practice with the attitude of a scientist, continuously applying the scientific method. Throughout my multiple practica, I especially valued my experiences in the outpatient and inpatient units at Greater Binghamton Health Center and the court liaison unit within a county department of mental health. These experiences afforded me involvement with individuals from different cultural backgrounds with a variety of clinical presentations. I quickly noticed a passion for offering assessment and intervention to moderately and severely mentally ill adults. Specifically, I was drawn to experiences such as assessing suicidal behavior, completion of court referred assessments, offering cognitive-behavioral therapy to a woman from Syria who was experiencing depression, and engaging geriatric patients in a behavioral activation group. Upon reflection, this breadth of experience has been invaluable in informing my professional growth, which includes approaching clinical endeavors with the goal of integrating the best available research with individuals' values, characteristics, and needs.

As I progressed through my graduate training, my thesis and dissertation have examined the manner in which specific clinician responses to clients affect the therapeutic relationship. Beyond the potential this research has to influence the scientific and clinical community, I realized that I enjoy scholarly pursuits, and that my primary goal is to be a clinician. Additionally, these experiences solidified my belief that optimal clinical work is a blend of the art and science of clinical Psychology.

I view my internship year as an opportunity to build upon my training and enhance my clinical skills. Therefore, I am interested in continued work with a diverse adult population presenting with a wide range of Psychopathology in varied treatment environments. I look forward to training that encourages me to discuss and question assumptions and the theoretical basis of various approaches to clinical problems. Ultimately, this will expand my knowledge, attitudes, and skills related to assessment, case conceptualization, consultation, and treatment.

Word Count: 499

Sample Diversity Essay

Incorporating a multicultural outlook is an essential component of my process of case conceptualization and treatment planning. My therapeutic approach embraces the perspective that each individual develops within a unique cultural context. Therefore, perceiving clients through a lens sensitive to cultural influences enhances my ability to assess more precisely vulnerabilities and protective factors that impact a client's clinical presentation. More generally, the milieu of a person's culture is instrumental in forming values, preferences, and biases, which will likely inform the therapeutic process. To this end, my education and experiences have shown me that an understanding, not only of cultures and values of others, but examining these beliefs and biases in me, is extremely important to creating genuine and empathetic relationships.

As a member of several categories of the majority culture who has profited from a life of relative privilege, there certainly was a time when I was naïve about these explicit and implicit processes. A number of life experiences, clinical encounters, and educational endeavors have been influential in my journey to adopt attitudes consistent with practicing Psychology in a multiculturally competent manner. Upon reflection, my experience learning about the influence of multicultural factors did not become sincerely meaningful until I uncomfortably confronted the privilege I inherited because of my background. Ultimately, this acknowledgement of personal privilege has helped me to better understand my own personal biases through articulating my own worldview, including its sources and validity.

From this personal examination, my current approach to applying a multicultural framework to the clinical enterprise emerged. My approach is not a categorical approach that reinforces stereotypes and prejudice, but an empowering and explorative attitude that focuses on understanding the influence of unique factors associated with an individual's presentation. This is not to say that research related to specific populations is not important, but these data need to serve as broad guides tempered by individuals' unique narrative and context. I view multicultural research as a source of therapeutic questions that facilitate my ability to enhance my respect for clients' cultural identities, rather than a way to define them. For example, in my work with a low-income adult Latino man who was experiencing depressive symptoms, I attempted to individualize treatment based on research literature and his personal values. Recognizing the value of personal relationships to him, during rapport-building we examined cultural differences and role responsibilities. Additionally, I was sensitive to his belief, "I need to put my family before myself" during activity scheduling and behavioral activation, by facilitating exploration of family-based activities, rather than having him prioritize his individual needs. Moreover, recognizing his strong belief, "I must respect authorities," we collaborated to determine that he is more likely to be assertive with people of authority if he prefaces asserting his needs with a statement such as "with due respect."

As I continue to develop as a multiculturally competent clinician, I am seeking internship training that will continue to challenge me to understand and tailor treatment for individuals with diverse backgrounds and identities.

Word Count: 498

Sample Research Experience Essay

My research is framed within the factors that influence the formation and maintenance of evidence-based therapeutic relationships. More specifically, I have investigated the effect that clinicians' reactions to client-offered gifts can have on the therapeutic relationship (e.g., accepting or declining gift; exploring or not exploring meaning of gift; referencing or not referencing a policy that precludes gift acceptance). Indeed, my research has been guided by my curiosity and passion to better understand the therapeutic enterprise.

Given the lack of empirical research on this topic and potential implications for clinical practice, my research attempts to offer empirically-based guidance to clinicians and expand the professional literature on this topic. For example, my master's thesis research, which I presented at the 2015 American Psychological Association Conference, offered preliminary support that clinicians' reactions to client-offered gifts can rupture the working alliance and that these ruptures can be repaired by assisting the client to verbalize the intent and meaning of the gift. Accordingly, my dissertation aims to expand on these findings through a research design that more sensitively measures this therapeutic interaction through more precise measurement tools and a broader conceptualization of the therapeutic relationship. I am currently analyzing these data and am confident this project will be completed before I begin my internship. In addition, I am devoted to publishing the results of this research because I believe it has the potential to meaningfully influence the scientific and clinical community.

My research agenda emerged from my goal to bridge my identities as a researcher and clinician. To this end, I have developed a strong background in statistical analysis and research design, along with a solid understanding of the theoretical and practical factors that influence the therapeutic relationships. Additionally, I have gained significant experience engineering and executing experiments that use observers' perceptions of video vignettes to investigate the influence specific clinical techniques have on the therapeutic enterprise.

As someone who enjoys scholarly pursuits with a primary goal to be a clinician, my research identity has fueled my commitment to bring the attitudes and knowledge of a scientist to the situations I encounter as a clinician. I initially approached my research as something I would produce. Beyond this goal, however, it has been an integral learning experience that has instilled in me a genuine appreciation for the synergy between nomothetic and idiographic approaches. As I further my research, I am continually struck by how relevant the broad construct of therapeutic relationships (e.g., repairing working alliance ruptures, empathy and genuineness of therapist, collaboration and goal consensus in treatment) is for many of the clients with whom I work. Furthermore, I am continually inspired to investigate more deeply the relationship between the therapeutic relationship and clinical approaches to inform my evidence-based practice and goals for future research.

As I continue on my journey as a developing clinician, I aspire to further research the clinical enterprise and look forward to increasing my ability to inform my clinical work with the attitudes and knowledge base of a scientist.
Word Count: 499

Sample Theoretical Orientation Essay

My approach to case conceptualization and treatment is a process profoundly influenced by my desire to practice evidence-based Psychology. I approach clinical endeavors with the goal of integrating the best available research with clients' values, characteristics, and needs. My integrative approach is heavily influenced by (a) the multidimensional model of Psychopathology that has deepened my understanding of the interplay of biological, behavioral, cognitive, emotional, social, and cultural influences in the presentation of Psychological disorders; (b) the cognitive-behavioral and interpersonal frameworks which have been the primary focus of my training; (c) a thoughtful focus on the relationship factors that influence the formation and maintenance of an evidence-based therapeutic relationship in treatment; and, (d) my commitment to understand more deeply my clients through learning and embracing alternative perspectives to problems.

When a client presents for treatment, I initiate a comprehensive, reliable, and valid assessment of the potential development and maintenance of the individual's problems, disorders, and symptoms. This collaborative process of assessment is multimodal, multidimensional, and ongoing throughout treatment. Specifically, my approach uses cognitive-behavioral and interpersonal frameworks to hypothesize about the interplay between intrapersonal, interpersonal, and systemic forces influencing the individual's presenting problems and diagnostic impression. To develop these mechanism hypotheses, I contemplate questions such as (a) What life events or experiences may be related to the problems? (b) What stressors contribute to the problems? (c) What dysfunctional cognitions and interpersonal patterns maintain the problems? (d) How does this person cope with dysfunctional cognitions and interpersonal patterns? (e) What personal strengths may mitigate the impact of the problems?

The initial case conceptualization and diagnostic impression serves as a conduit for collaboratively constructing a treatment plan with the client by generating therapeutic dialogue about the hypothesized mechanisms. The main guide for the initial treatment plan is empirically supported treatments that have demonstrated effectiveness with the client's background and needs. To this end, I am inclined to use a cognitive-behavioral framework as a foundation to treatment because of the strong evidence-base for a wide range of Psychopathology. Additionally, this approach's clear principles, empowering properties, and accessible techniques for enacting collaborative empiricism, fit the manner in which I desire to practice Psychotherapy Given that research has consistently shown a significant association between the strength of the therapeutic relationship and treatment outcomes, a priority in my approach is also to facilitate the development and maintenance of a safe holding environment. Furthermore, I augment my focus on the cognitive-behavioral interventions and the therapy relationship through the use of interpersonal process interventions to therapeutically negotiate working alliance ruptures and to assist clients with gaining insight into relational aspects of problems.

I view Psychotherapy as a continuously evolving process requiring me to complete ongoing assessment and elicit client feedback for the purpose of adjusting treatment. I expect that through this process my beliefs about case conceptualization and treatment will mature as I am exposed to varied theoretical orientations and empirically supported treatments during internship. The prospect of fully engaging this maturation process during internship is extremely exciting for me.

Word Count: 500

APPENDIX R – PERFORMANCE EXPECTATIONS

ALL YEARS					
	Outstanding	**Excellent**	**Satisfactory**	**Concerning**	**Unsatisfactory**
Grades	A	A-	B+/B	B-	<B-

FIRST YEAR					
	Outstanding	**Excellent**	**Satisfactory**	**Concerning**	**Unsatisfactory**
PSC Intakes	6 or more intakes	3-5 intakes	2 intakes (1 per semester)	1 intake or 0 in a semester	0 intakes
Case Conference and Colloquium Attendance	Attends and participates regularly	Attends regularly and periodically participates	Attends regularly	One unexcused absence	More than one unexcused absence
Professional Organization Membership/ Activity	Belongs to APA, PPA, and APA divisions/other organizations	Belongs to APA and EITHER PPA OR other divisions/ organizations	Belongs to APA		Does not belong to APA
Elected Positions	Elected as Cohort Representative AND officer for student organization (e.g., ANST, Graduate Student Council)	Elected as Cohort Representative OR officer for student organization (e.g., ANST, Graduate Student Council)	Holds no elected position		

SECOND YEAR					
	Outstanding	**Excellent**	**Satisfactory**	**Concerning**	**Unsatisfactory**
PC/Thesis Progress	Completed Fall semester	Completed Spring semester	Completed Summer II	Draft nearly completed	No draft
Case Conference and Colloquium Attendance	Attends and participates regularly	Attends regularly and periodically participates	Attends regularly	One unexcused absence	More than one unexcused absence
Professional Organization Membership/ Activity	Belongs to APA, PPA, and APA divisions/other organizations	Belongs to APA and EITHER PPA OR other divisions/ organizations	Belongs to APA		Does not belong to APA
Elected Positions	Elected as Cohort Representative AND officer for student organization (e.g., ANST, Graduate Student Council)	Elected as Cohort Representative OR officer for student organization (e.g., ANST, Graduate Student Council)	Holds no elected position		
Additional Training	Participated in four or more trainings or conferences	Participated in three or more trainings or conferences	Participated in two trainings or conferences	Participated in one training or conference	No training or conference participation
Screening Days	Participated in 3 or more screening days	Participated in 2 screening days	Participated in 1 screening day	No screening day participation	
GA/RA Position	Selected as graduate assistant or research assistant on campus				
Comprehensive Exam Scores	23-25	20-22	17-19	15-16	<15

THIRD YEAR					
	Outstanding	**Excellent**	**Satisfactory**	**Concerning**	**Unsatisfactory**
Dissertation Progress	Dissertation proposed Fall semester	Dissertation proposed Spring semester	Proposal scheduled by Fall semester of 4th year	Proposal not yet scheduled	Proposal draft not completed
Case Conference and Colloquium Attendance	Attends and participates regularly	Attends regularly and periodically participates	Attends regularly	One unexcused absence	More than one unexcused absence
Professional Organization Membership/ Activity	Belongs to APA, PPA, and APA divisions/other organizations	Belongs to APA and EITHER PPA OR other divisions/ organizations	Belongs to APA		Does not belong to APA
Elected Positions	Elected as Cohort Representative AND officer for student organization (e.g., ANST, Graduate Student Council)	Elected as Cohort Representative OR officer for student organization (e.g., ANST, Graduate Student Council)	Holds no elected position		
Additional Training	Participated in four or more trainings or conferences	Participated in three or more trainings or conferences	Participated in two trainings or conferences	Participated in one training or conference	No training or conference participation
Screening Days	Participated in 4 or more screening days	Participated in 3 screening days	Participated in 2 screening days	Participated in 1 screening day	No screening day participation
GA/RA Position	Selected as graduate assistant or research assistant on campus				
QCE Scores	5	4/4.5	3/3.5	2.5	<2.5
Case Conference Presentation			Met all requirements for case conference presentation		Did not meet case conference presentation requirements

FOURTH YEAR					
	Outstanding	**Excellent**	**Satisfactory**	**Concerning**	**Unsatisfactory**
Dissertation Progress	Dissertation defended Fall semester	Dissertation defended prior to internship	Dissertation in data collection	Dissertation proposed but not in data collection	Dissertation not proposed
Case Conference and Colloquium Attendance	Attends and participates regularly	Attends regularly and periodically participates	Attends regularly	One unexcused absence	More than one unexcused absence
Professional Organization Membership/ Activity	Belongs to APA, PPA, and APA divisions/other organizations; active in professional organization	Belongs to APA , PPA, and APA divisions/other organizations	Belongs to APA and EITHER PPA OR other divisions/ organizations	Only belongs to APA	Does not belong to APA
Elected Positions	Elected as Cohort Representative AND officer for student organization (e.g., ANST, Graduate Student Council)	Elected as Cohort Representative OR officer for student organization (e.g., ANST, Graduate Student Council)	Holds no elected position		
Additional Training	Participated in four or more trainings or conferences	Participated in three or more trainings or conferences	Participated in two trainings or conferences	Participated in one training or conference	No training or conference participation
Screening Days	Participated in 4 or more screening days or community outreach activities	Participated in 3 screening days or community outreach activities	Participated in 2 screening days or community outreach activities	Participated in 1 screening day or community outreach activity	No screening day participation or community outreach activity
GA/RA Position	Selected as graduate assistant or research assistant on campus				
Internship	Accepted at APA-accredited internship		Accepted at APPIC internship	Completing non-APPIC internship	Not accepted at any internship

FIFTH YEAR					
	Outstanding	**Excellent**	**Satisfactory**	**Concerning**	**Unsatisfactory**
Dissertation Progress	Dissertation defended and presented/ published	Dissertation defended and in preparation for presentation/ presentation	Dissertation defended	Dissertation scheduled for defense	Dissertation defense not yet scheduled
Professional Organization Membership/ Activity	Belongs to APA, PPA, and APA divisions/other organizations; active in professional organization	Belongs to APA , PPA, and APA divisions/other organizations	Belongs to APA and EITHER PPA OR other divisions/organiza tions	Only belongs to APA	Does not belong to APA
Elected Positions	Elected as Chief/Co-Chief Intern				
Additional Training	Participated in four or more trainings or conferences	Participated in three or more trainings or conferences	Participated in two trainings or conferences	Participated in one training or conference	No training or conference participation
Screening Days/Outreach	Participated in 4 or more screening days or community outreach activities	Participated in 3 screening days or community outreach activities	Participated in 2 screening days or community outreach activities	Participated in 1 screening day or community outreach activity	No screening day or community outreach activity
Postdoctoral Plans	Accepted at APA-accredited postdoctoral fellowship	Accepted at postdoctoral fellowship	Obtained full-time position in field	Obtained part-time position in field	No plans

APPENDIX S - PROFESSION-WIDE COMPETENCIES

Research

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Conduct research or other scholarly activities.
- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

Ethical and Legal Standards

- Be knowledgeable of, and act in accordance with, each of the following:
  - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and,
  - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Individual and Cultural Diversity

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

Professional Values and Attitudes

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Communication and Interpersonal Skills

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Assessment

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Intervention

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Supervision

- Demonstrate knowledge of supervision models and practices.

Consultation and interprofessional/Interdisciplinary Skills

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Demonstrates knowledge of consultation models and practices.

APPENDIX T - PSY.D. PROGRAM STUDENT EVALUATION ITEMS

Faculty and supervisors rate each student's performance according to developmental expectations in each of the following competency areas according to the following scale. They also submit comments for each area and are asked to provide specific behavioral examples (exam/paper grades, psychological report writing, service activities, interpersonal interactions, etc.) to support their ratings.

I have observed my trainee via:

Direct Observation   Video   In Vivo

1	2	3	4	5	N/A
Unsatisfactory	Concerning	Meets Developmental Expectations	Excellent	Outstanding	

1) RESEARCH

   a. able to critically review literature/research evidence-based interventions

   b. making expected progress on professional contribution/dissertation

   c. mastered content of research/stat courses

2) ETHICAL AND LEGAL STANDARDS

   a. has knowledge of APA Ethics Code and relevant laws/regulations/guidelines

   b.   is able to recognize ethical dilemmas and apply ethical decision-making processes to resolve them

   c. maintains and understands confidentiality and its limitations

3) INDIVIDUAL AND CULTURAL DIVERSITY

   a.   understands how history, attitudes, and biases may affect their understanding and interactions with people/clients different than themselves

   b. has theoretical and empirical knowledge regarding diversity

   c.   integrates awareness and knowledge of diversity in their professional roles; able to work effectively with others/clients different than themselves

4)   PROFESSIONAL VALUES AND ATTITUDES – demonstrates behavior that reflects values and attitudes of psychology and Marywood University

a. Demonstrates integrity (pursues truth, goodness, beauty, justice, and the common good)

b. Exhibits professional deportment (public behavior)

c. Demonstrates professional identity

d. Has accountability, accepts responsibility for their actions

e. Demonstrates motivation for lifelong learning

f.   Exhibits concern for the welfare of others

g. Facilitates empowerment in others

h. Respectful in interactions with others

i.   Strives for excellence (works to maintain and improve performance, well-being, and professional effectiveness)

j. Engages in self-reflection

k. Openness and responsiveness to feedback and supervision

5) COMMUNICATION AND INTERPERSONAL SKILLS

a.   develops and maintains relationships with a wide range of individuals, including peers, supervisors, supervisees, organizations, and clients

b. produces oral and written communications that are informative, well-integrated, and timely

c. demonstrates a thorough grasp of professional language concepts

d.   demonstrates effective interpersonal skills and the ability to manage difficult communication and interactions well

6) ASSESSMENT

a.   demonstrates knowledge of diagnostic classification systems, functional and dysfunctional behaviors, considers client strengths and psychopathology

b.   demonstrates understanding of human behavior within its context (e.g., family, social, societal, cultural)

c.   selects and applies best assessment methods which are empirically-sound, using multiple sources and methods appropriate to the assessment question and the client's diversity characteristics

d.   interprets results following current research and guidelines to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases

e.   distinguishes subjective from objective aspects of assessment; results are communicated both orally and in writing in an accurate and effective manner

7) INTERVENTION

    a. able to establish and maintain effective working relationships with clients and their families

    b.   interventions are effective and informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables

    c.   develops evidence-based treatment plans; monitors intervention effectiveness, with goals and methods adjusted according to ongoing evaluation

    d.   able to identify stages of change/motivation in clients, monitor effectiveness of intervention and adjust accordingly, and appropriately plan to transfer or terminate

8) SUPERVISION

    a. has knowledge of supervision models and practices

    b. demonstrates the ability to apply this knowledge as an effective peer supervisor

    c. effectively and efficiently utilizes clinical supervision

9) CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

    a.   demonstrates knowledge and respect for the roles and perspectives of other professions, able to identify the need for referrals

    b. understands consultation models and practices

    c. is timely in consultation with other professionals and collateral contacts

APPENDIX U – ACADEMIC GRIEVANCE FORMS

MARYWOOD UNIVERSITY

FORM A

Name _____

Class Standing _____ Major _____

Person You Are Grieving Against _____

Issue of Appeal _____

In the space below, detail your reasons for this academic grievance. Attach pertinent information. Be certain your case for an academic grievance is complete and thorough, and that you support your claims that the person in question acted in an arbitrary or unjust manner. Specify the remedy you seek. If the space below is inadequate you may attach additional sheets.

.
Student Signature & Date

Present this form to the supervisor of the person you are grieving.

STUDENT REQUEST FOR STUDENT GRIEVANCE COMMITTEE HEARING

MARYWOOD UNIVERSITY

FORM B

Date of Supervisor's Response _____

Today's Date _____

TO: Dean or Appropriate Institutional Officer

Nature of Grievance:

Why Supervisor's Response Was Unsatisfactory. (Please Attach a Copy of the Supervisor's Response)

Student Signature & Date

APPENDIX V – IMPORTANT REMINDERS

First Year
- **Fall**
  - Start process to gain criminal/child abuse clearances
  - Become student affiliate member of APA
  - Start entering clinical hours in Time2Track - carefully complete all entries throughout the program as accurately tracked hours provide vital documentation of your training
- **Spring**
  - Find master's thesis/PC mentor; inform program administrative assistant of faculty member name when they have agreed
  - Program submits candidacy form for students (program administrative assistant will do this task)

Second Year
- **Spring**
  - Complete PC/Defend Master's Thesis
  - Complete necessary paperwork for M.A. graduation in Summer II (after obtaining approval)
  - Submit electronic copy of PC/Thesis
- **Summer**
  - Take Comprehensive Examination

Third Year
- **Fall**
  - Find dissertation mentor (if not continuing with PC mentor)
  - Develop dissertation proposal (though you may not propose until you've completed all statistics coursework)
- **Spring**
  - Students are strongly encouraged to aim to propose their dissertation in Spring of their third year (after completion of all statistics coursework) and should begin institutional review and data collection shortly thereafter; if proposal does not occur at this time, it should be defended by no later than November 1 of their fourth year
  - Participate in interviews for community practicum placement
  - Begin internship selection process
  - Take Qualifying Clinical Examination

Fourth Year
- **Summer**
  - Begin preparations for internship applications
  - Request letters of reference for internship
- **Fall**

- o   Complete data collection
- o   Prepare internship application
- o   Provide Director of Clinical Training with necessary internship forms
- **Spring**
  - o   Interview for internships
  - o   Students are strongly encouraged to defend their dissertations by Spring of their fourth year
    - Submit electronic copy of dissertation, complete all dissertation paperwork after defenses and any necessary corrections are approved by the chair

Fifth Year
- **Fall**
  - o   Apply for postdocs
- **Spring**
  - o   Complete "walking papers" for commencement
- **Summer**
  - o   Complete graduation paperwork