DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY
TEACHERS COLLEGE, COLUMBIA UNIVERSITY

STUDENT HANDBOOK
2019-2020
Welcome

We welcome you to a new academic year and hope that it will be a productive, enjoyable, and enriching one for you.

Our program’s designation as a scientist-practitioner model is testimony that we are dedicated to training students to generate empirically-based knowledge in clinical psychology and to perform clinical work that is constantly informed by traditional and emerging scholarship in the field. We expect our students to learn to expertly produce, analyze, and discuss scientific material.

As our mission statement in the TC catalog notes, “The driving goal of our Clinical Psychology Program is to provide rigorous training in both contemporary clinical science and clinical assessment and intervention.” We also expect our students to become proficient at providing clinical services to a diverse population. And most importantly, we expect our students to learn to integrate these two goals.

A good deal of the research training occurs through intensive participation in a research lab directed by a specific faculty mentor. Our faculty members are clinical research scholars whose expertise has been established nationally and internationally. Their respective academic foci cover a wide spectrum of research on determinants and trajectories of resilience, wellbeing, spirituality, psychopathology, and suicide; mechanism-informed psychotherapy development; psychotherapy process; and global mental health research and policy. Our program is based on a mentorship model: through the core faculty labs and under the supervision provided by the core faculty members, students develop their scientific skills and begin to present their work at professional conferences and publish in professional academic journals. At the same time, each student is also part of a cohort of doctoral students with whom they learn, collaborate, and socialize.

The clinical training for our students occurs primarily through the auspices of The Dean-Hope Center for Educational and Psychological Services (DHCEPS), our in-house community clinic that serves a wide diversity of patients, including those without insurance or requiring a sliding fee scale to afford treatment. Patients treated at the DHCEPS apply for services with a broad range of needs across multiple diagnostic categories; recently, the DHCEPS has begun to provide clinical services for veterans (i.e., the VITAL program) and their family members, and regularly collaborates with transition-to-school programs to support military veterans.

There have been many exciting changes in the program over the past few years. New faculty have been hired, new courses have been added, and new forms of clinical interventions (part of newly introduced clinical rotations) have been integrated into our curriculum (such as Interpersonal Psychotherapy, Emotion-Regulation Therapy, Family Therapy, and Cognitive-Behavioral Therapy), taking their place alongside those traditional psychodynamic forms that have served as the primary basis for our program for decades.
We also recognize the difficulties of affording a healthy work-life balance while engaging in clinical research training in the busy world of New York City. To ease some of this burden, and as a result of new policies at the College, a far greater number of our admitted students are now being offered full scholarships (tuition plus stipend): this year we have an incoming cohort of fully-funded trainees. Furthermore, greater and more structured training is provided in conducting research, learning to publish, and applying for external funding via research grants—the latter, an increasingly important skill. We are proud of supporting, through our scholarship programs, domestic and international students each year. Owing to this legacy of diversity and mental health research and policy development globally, we were bestowed with the International Program Award, by APA’s Committee on International Relations in Psychology (CIRP), recognizing us for fostering international and global perspectives. We hope and expect that this degree of excellence will continue to be part of our program’s tradition.

Our doctoral program in Clinical Psychology is fully accredited by the APA with the most recent site visit occurring in the fall of 2015. Based upon this review, in May 2016 we were awarded “full and five-year accreditation,” with our next site visit in Spring 2020. For general information about APA accreditation or specific information about the accreditation status of this program, please contact:

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Becoming familiar with this Handbook and referring to it when you have questions about requirements and procedures will make life easier for you and for the faculty. The Handbook is modified each year in an attempt to be clearer and more helpful, as well as to incorporate any changes necessitated by decisions of the Clinical Psychology Program, the Department of Counseling and Clinical Psychology, Teachers College, Columbia University, New York State, or the American Psychological Association.

Lena Verdesi, Director of Clinical Training (DCT)
George Bonanno (Chair, Department of Counseling and Clinical Psychology)
Christine Cha
Barry A. Farber
Elizabet Midlarisky
Doug Mennin
Lisa Miller
Randall Richardson-Vejlgaard
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An Overview of the College and the Program

We would like to provide you with an overview of the historical and structural context within which our program operates. Teachers College (TC) is Columbia University’s Graduate School of Psychology, Education and Health. Founded in 1887 to provide a new kind of schooling for the teachers of poor, immigrant children in New York City, TC to date has educated over 100,000 students from around the world. TC became affiliated with Columbia in 1898 but remains a financially independent institution with its own president and Board of Trustees. All of Columbia University’s facilities are open to TC students. The College is accredited by the Middle States Commission on Higher Education, our regional accrediting agency. The President of Teachers College (since July 1st, 2018) is Thomas R. Bailey, Ph.D. The Dean of Academic Affairs (and Provost) is Stephanie J. Rowley, Ph.D. (since July 1, 2019). The president of Columbia University is Lee Bollinger, Ph.D.

Today, approximately 5,000 students study at TC; about 44% are students of color and over 77% are women. International students account for about 13% of TC’s enrollment. About one third of students are in teacher preparation programs, with the balance studying for careers in administration, policy, research, and teaching in fields ranging across education, health, and psychology. Psychology constitutes one of the largest disciplines at the College, with programs in school psychology, developmental psychology, social and organizational psychology, counseling psychology, and, of course, clinical psychology. As of 2019, we have 47 full-time Psychology faculty members, and 13 lecturers and instructors, constituting more than a third of TC faculty. We also have a total of 147 affiliated practicing psychologists and clinical researchers. About 27% of degree students in the College are enrolled in psychology programs. For more information on psychology programs at TC, see here: www.tc.columbia.edu/academics/psychology/about/

There are no undergraduates at TC, a fact that affects greatly the nature of faculty responsibilities; that is, faculty here are dedicated exclusively to teaching graduate students. Whereas Masters degrees are awarded by TC, Ph.D. degrees are awarded by Columbia University’s Graduate School of Arts and Sciences (GSAS). Only those Teachers College faculty members who are members of the GSAS faculty are eligible to sponsor Ph.D. dissertations and serve as readers at orals (Ph.D. defenses).

Psychology has a long and prestigious legacy at TC. In 1899 Edward Lee Thorndike joined the faculty here to extend his research and teaching on the psychology and learning behaviors of children. From that point on, applied psychology would “reside” at TC, while basic and experimental psychology would “reside” at Columbia per se. That same year, noted psychologist and philosopher John Dewey was elected president of the American Psychological Association, and in 1904 he joined the faculty of TC.
The Clinical Psychology Program was founded in 1947-1948. It was APA-accredited in the first group of programs that were reviewed for accreditation in 1948 and that status has been uninterrupted. In the founding year, TC had a functioning child guidance clinic (The Guidance Laboratory), focusing mainly on children with school and educational problems, under the directorship of Esther Lloyd-Jones. The appointment to the faculty of Laurance F. Shaffer marked the beginning of the specialty area “Clinical Psychology” within a department called “Psychological Services.” Professor Shaffer was the author of Psychology of Adjustment (1936), a seminal presentation of theory, research, and practice in clinical psychology as it then existed. This book was revised and updated many times by him and Professor E.J. Shoben Jr., who succeeded Professor Shaffer as clinical director. Shaffer later became President of APA. Carl Rogers and Albert Ellis were graduates of the early program in Psychological Services, and Virginia Axline, Chaim Ginott, Perry London, Rollo May, and Donald Spence were among the early graduates of the new Clinical Psychology program, as was Gordon Derner, who became one of its faculty members, later moving on to become Dean of the Gordon E. Derner Institute of Advanced Psychological Studies at Adelphi University. Another illustrious graduate was M. Powell Lawton, one of the originators of the field of geropsychology, who was also a founding editor of the APA journal, Psychology and Aging. In the early 1950s, the research for the NIMH-supported creation of a Code of Ethics was conducted at TC under the directorship of Nicholas Hobbs, a member of our program faculty, and also a later APA president. Sol Garfield (one of the co-editors of the many editions of the Handbook of Psychotherapy and Behavior Change) was Director of Clinical Training (DCT) of the program during much of the 1960s; he was succeeded in the late 1960s by Joel Davitz. Rosalea A. Schonbar was DCT of our program from 1970-1990; she also served a term in 1976-1977 as president of the New York State Psychological Association (NYSPA). Barry A. Farber served as DCT from the fall of 1990 through the summer of 2011. Lisa Miller then served in this role from the fall of 2011 through July 2014, at which time the administrative responsibilities of the clinical program were split between a Director of Clinical Training and a Director of Clinical Outreach for Clinical Programs (with responsibilities for development of program-related school and community clinics, site grants, TC development/fundraising, and program development). As a result of this decision, Professor Farber re-assumed the position of DCT from 2014-2016 and Professor Miller assumed the position of Director of Clinical Psychology Programs (a position no longer a part of our administrative structure). In the fall of 2016, Professor Lena Verdelli was appointed our Director of Clinical Training. Program details can be found on our website: https://www.tc.columbia.edu/counseling-and-clinical-psychology/clinical/phd-program/

Until 1995, Clinical Psychology was one department within a larger structure, the Division of Psychology and Education. When Dr. Arthur Levine was appointed president of the College in 1994, one of his goals was to simplify the structure of the College. Toward this end, he abolished all divisions and significantly reduced the number of departments in the College (from 17 to 9). The psychology programs in the College, all of which were part of the Division of Psychology and Education, were dispersed among several different new departments.
The Clinical Psychology Program and the Counseling Psychology Program are now part of a single organizational unit, the Department of Counseling and Clinical Psychology. Both Clinical and Counseling Programs retain their programmatic status and there are clearly identified faculty within each unit. The Chair of this Department is Professor George A. Bonanno. The Director of Doctoral Training in Counseling Psychology is Professor Melanie Brewster. As noted above, Professor Verdeli is the current DCT of the Clinical Program. Alongside her, Dr. Randall Richardson-Vejlgaard directs our Masters degree programs in Clinical Psychology.

Faculty and Staff

Core Faculty in Clinical Psychology (Doctoral Program):

Professor George Bonanno (Clinical and Counseling Department Chair)
Assistant Professor Christine Cha
Professor Barry A. Farber
Professor Doug Mennin
Professor Elizabeth Midlarsky
Professor Lisa Miller
Dr. Randall Richardson-Vejlgaard (Adjunct Assistant Professor; Director of Psychology in Education Masters program)
Dr. Dinelia Rosa (Adjunct Full Professor; Director, Dean Hope Center)
Associate Professor Lena Verdeli (Director of Clinical Training)

Adjunct Teaching Faculty (Doctoral Program):

Dr. Jeffrey Cole (Advanced Practicum: Introduction to Neuropsychological Assessment)
Dr. Edith Cooper (Dynamic Psychotherapies)
Dr. Jesse Geller (Advanced Practicum: Psychodynamic/Existential Psychotherapy)
Dr. David Greenan (Advanced Practicum: Family Systems)
Dr. Gregory A. Hinrichsen (Advanced Practicum: Interpersonal Psychotherapy)
Dr. Shamir Khan (Ethical and Professional Issues in Clinical Psychology)
Dr. Scott Woodruff (Advanced Practicum: CBT/DBT Psychotherapies)
Dr. Elizabeth (Beth) Watson (Advanced Practicum: CBT/DBT Psychotherapies)
Dr. David Yourman (History and Systems of Psychology)
Dr. Anne Marie Albano (Practicum: CBT for Children and Adolescence)

Support Staff:

Ms. Enrika Davis, Director of Academic Administration
Ms. Chrissandra Taylor, Department Secretary
Ms. Rebecca Shulevitz, Program Secretary, Clinical Psychology
**Program Philosophy and Model**

Since 2005, our program has operated according to the assumptions and requirements of a *scientist-practitioner* model of clinical training. This model emphasizes the synthesis of research and clinical practice, and incorporates aspects of both formal instruction and apprenticeship. Overall, our training is sequential, cumulative, and graded in complexity. It typically involves five-six years of study. Years 1-2 are focused on completing academic coursework, gaining research skills to develop the Masters thesis (also referred to as the Second-year Project) and acquiring clinical acumen via training in psychological assessments as well as psychodynamic and CBT therapies. The third year is dedicated to critical performance benchmarks for both clinical and research work, including taking the certification (“CERT”) examination, presenting the outcomes of the Masters thesis to the program faculty and students, preparing to publish and/or present findings at professional conferences, and building a clinical repertoire via two clinical rotations. Some students opt for an informal clinical externship during this year with the approval of their advisor. The fourth and fifth years are specifically dedicated to two goals: one, writing and presenting a doctoral thesis proposal (including applying for research grants) with the support of faculty and a proposal committee; and two, applying for clinical internships via APPIC. Some students may utilize their fourth year to work extensively on their dissertations, while others may seek clinical externship opportunities. This year serves as a pre-launch to the fifth-sixth year of the student (details about various options are listed starting on page 27 under “program requirements”).

In this regard, too, APA requires of psychology doctoral students “a minimum of 3 full-time academic years of graduate study—at least 2 of which must be at the institution [Teachers College] at which the doctoral degree is granted, and at least a year of which must be in full-time residence or the equivalent thereof.”

This model and the goals of the program (see ensuing pages) are implemented through three parallel pursuits:

**Lab Involvement:**

An intensive four-year engagement in the lab of a core faculty member—typically requiring 15-20 hours a week—is the ground for developing research skills as well as the start of an independent research career for many. The nature of this involvement (i.e., writing grants, leading lab sections, recruiting subjects for studies, piloting measures, coding and analyzing data, working on and publishing journal articles) is determined by each student’s mentor.

**Clinical Training:**

Our program benefits greatly from the presence of an in-house clinic, The DHCEPS, that offers a broad range of clinical training and allied research opportunities. The program currently offers several full-year rotations (specializations): Psychodynamic
therapy; Cognitive/Dialectical Behavior therapies; Child and Adolescent therapy; Family Systems; Neuropsychological Assessment; Emotion Regulation Therapy, and Interpersonal Psychotherapy. Each rotation combines clinical work, individual and group supervision, and didactics (coursework, including reading and attending seminars).

Coursework:
Our curriculum provides a broad overview of the field of clinical psychology. Courses seek to combine research, theory, and practice—typically viewed through multiple lenses, including those of multiculturalism—as a means toward understanding core issues in psychopathology and treatment.
Program Goals and Objectives

The goals of the TC doctoral program in Clinical Psychology are consistent with standards for research and practice in health service psychology (HSP) as defined by the American Psychological Association (APA)’s Commission on Accreditation (CoA; February 2015): “Health service psychology is defined as the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders.” Our training goals encompass four major areas: Research and Scholarship; Clinical Theory and Practice; Professional Identity and Service; and Diversity (i.e., awareness of and sensitivity to individual and cultural differences). Within each of these areas, there are specific goals and objectives.

Goal 1. Research and Scholarship: To prepare clinical scientist-practitioners who demonstrate a broad understanding of psychological science and who can design, conduct, present, and evaluate psychological research.

Objective 1a. Students demonstrate a broad understanding of scientific psychology, including biological aspects of behavior, cognitive and affective aspects of behavior, social aspects of behavior, human development across the lifespan, and history and systems of psychology. This objective is realized through a series of required foundational courses that students take during their first three years in the program (see pp. 52-62).

Objective 1b. Students become proficient at research methods, statistics, and techniques of data collection and analysis. This objective is realized through a series of required measurement, statistics, and research methods courses students take during their first three years in the program.

Objective 1c. Students design, conduct, present, evaluate and publish empirical studies. This objective is realized primarily through participation in faculty-run research teams (labs), and one-on-one mentoring with faculty members on research projects. Each student is also required to complete a second-year research project (Masters thesis) and present their research at one of our in-house colloquia in the third year. Students are required to present their projects and provide constructive feedback on the other students’ and speakers’ work during the three year Clinical Colloquium series. Finally, they are required to complete an empirically-driven dissertation. Our students consistently excel in their dissertation research, as reflected in the extremely high percentage of those who receive the “minor revisions” designation at their dissertation defenses, and in the high numbers of our students who present their research at professional conferences and/or co-author journal articles.
Goal 2. Clinical Theory and Practice: To prepare clinical psychologists who provide psychologically appropriate services to diverse clients in a variety of settings.

Objective 2a. Students attain at least entry-level proficiency in a broad range of clinical theory and practice, including theories and methods of assessment, consultation, supervision, and intervention. Our program emphasizes contemporary psychodynamic theory—a required course in the second year—but also requires training (including supervision) in at least three other modalities during both their second and third years, including CBT/DBT/IPT, Child/Adolescent, Neuropsychological Assessment, Family Therapy, and Emotion Regulation Therapy. Students should achieve entry-level competency within each model they are studying, including a hypothesis-driven case formulation; attaining basic clinical skills (e.g., empathic listening); using core strategies of evidence-based treatments; clinically monitoring clients; taking into consideration developmental issues across the lifespan; and establishing an effective therapeutic relationship. These objectives are attained through experience in the rotations noted above, as well as through coursework, supervision, and case conference.

Objective 2b. Students’ clinical work is informed by established and developing scholarship in the field and they are able to effectively integrate theory, research, and practice. Virtually all our clinical courses include both theoretical and research-focused readings and many require papers that focus on the integration of theory, practice, and current research. Student presentations at case conference and colloquium (each required in the third year) explicitly require the integration of theory, practice, and research.

Goal 3. Professional Identity and Service: To prepare clinical psychologists who are socialized into the profession and committed to professional standards and ethics and lifelong learning

Objective 3a. Students contribute to clinical psychology as a specialty discipline through scholarship and service. Students are required during each semester of their first three years in the program to attend regularly scheduled colloquia, typically research presentations by faculty and students in our program and by outside speakers. Students are strongly encouraged to join APA, Association for Psychological Science (APS) and NYSPA as student affiliates and to join other organizations (e.g., Society for Psychotherapy Research) that are consistent with their individual interests.

Objective 3b. Students demonstrate commitment to professional standards and ethics.
In their first semester, students take a required course in Ethical and Professional Issues in which the ethical principles are discussed extensively. In this course, students are also exposed to the workings of the APA and local
psychology organizations (e.g., NYSPA). In all clinical and research experiences, students are required to demonstrate ethical and professional conduct.

Goal 4. Diversity: To prepare clinical psychologists who can work effectively with diverse populations in a number of clinical settings.

Objective 4a. Students demonstrate understanding of issues of cultural and individual diversity (e.g., race, ethnicity, language, religion, socioeconomic status, gender and sexual orientation etc.). Students are required to take CCPX 5036: Clinical Work with Diverse Populations. Moreover, virtually all courses in the program reflect the needs of psychologists to be aware of and sensitive to individual and cultural (broadly defined) differences. Students need to be able to evaluate clients' social and cultural context--including clients' social values, priorities, and needs. Students also need to be aware of their own diversity as well as how their own cultural values and assumptions interact with those of their clients.

Objective 4b. Students apply their skills as scientist-practitioners with economically, racially, culturally, and otherwise diverse populations. This objective is implemented primarily through students' participation in their first three years in the program in practica work at our in-house clinic, The Dean Hope Center for Educational and Psychological Services. This clinic serves a remarkably diverse population, mostly drawn from the Upper West Side of Manhattan, Morningside Heights and Harlem. The most recent demographic data collected indicate that approximately 60-70% of the clients served by the clinic are Hispanic or African-American.

FYI: The current (2019) APA president is Rosie Phillips Davis, Ph.D., ABPP; the current NYSPA president is Alan Hack, Ph.D. Notably, too, one of the most recent past presidents of NYSPA was (our own!) Dinelia Rosa, Ph.D.
Evaluation of Student Competence

Our program, like all other doctoral programs in professional psychology, has an ethical obligation to determine the extent to which students adequately achieve our stated goals and objectives. We abide by the policy statement (below) developed in 2003 by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC), a consortium that includes representatives from CUDCP (Council of University Directors of Clinical Psychology Programs). This policy was developed to be consistent with a range of professional, ethical, and licensure guidelines and procedures that are relevant to processes of training, practice, and assessment of competence within professional psychology.

*Professional psychologists are expected to demonstrate competence within and across a number of different but interrelated dimensions. Because programs that educate and train professional psychologists also strive to protect the public and profession, faculty, training staff, and supervisors in such programs have a legitimate and vested interest in the comprehensive evaluation of student competence to include multiple aspects of development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical).*

*Not all students understand or appreciate that multiple aspects of their professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) will be evaluated throughout the process of education and training in professional psychology programs (e.g., doctoral, internship, postdoctoral). Such comprehensive evaluation is necessary in order for faculty, training staff, and supervisors to appraise the professional development and competence of their students. This policy language attempts to (a) disclose and make these expectations explicit for students at the outset of education and training, and (b) provide an opportunity for students to determine whether they do or do not wish to participate in such processes and experiences.*

*Students in psychology training programs (at the doctoral, internship, or postdoctoral level) should know—at the outset of training—that their faculty, training staff, and supervisors have a professional, ethical, and potentially legal obligation to: (a) evaluate the interpersonal competence and emotional well being of student trainees who are under their supervision, and who provide services to clients and consumers, and (b) ensure—insofar as possible—that the trainees who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, professional psychology education and training programs, faculty, training staff, and supervisors strive not to "pass along" students with issues or problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.*
Therefore, within a developmental framework and with due regard for the inherent power difference between students and faculty, students and trainees should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g., the ways in which students relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one’s own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and (d) resolution of problems or issues that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by participating in personal therapy in order to resolve problems or issues).

Our program evaluates student competence across multiple domains that are broadly based on our program objectives:

a) Academic performance (including coursework, grades, writing skills, class participation);

b) Research performance (including research-oriented coursework, progress and quality of research projects, participation/leadership in a mentor’s lab, ability to use appropriate data analytic strategies, presentations and publications, and grant proposals);

c) Clinical performance (including case formulation, listening skills, ability to develop and sustain an effective therapeutic alliance, boundary maintenance skills; ability to integrate theory and research with clinical interventions and clinical writing);

d) Professional identity and socialization (including conscientiousness, collegiality, conference attendance and presentations; leadership and/or service to the program, department, or field; membership in professional organizations); and

e) Cultural awareness and sensitivity (including understanding of diversity and its application to practice and research).

More specifically: The faculty conducts yearly feedback and evaluations of students’ progress. There are several stages to this process. First, at a meeting scheduled expressly for this purpose, all core program faculty members review each doctoral student across the multiple domains described above. This group discussion provides the context for the next stage in the process--for each student’s faculty advisor to rate his or her competence on each of these domains (as well as on Overall Rating of performance) on a 1-4 scale wherein 1 = significantly below expectations; 2 = below expectations, 3 = meets expectations; and 4 = exceeds expectations. The third stage in this process is a one-on-one meeting between each student and his or her advisor.
wherein the overall ratings (and faculty comments) are reviewed. Unsatisfactory ratings (“2” or below) on any domain are discussed and the student’s advisor provides possible steps toward remediation. Details about grade requirements are provided on page XX for your reference.

If the Overall Rating is not satisfactory (i.e., a 1 or 2 rating on this 4-point scale), the faculty advisor (typically in collaboration with the DCT) will specify, in writing, clear guidelines for the student to regain good standing in the program (e.g., completing a lab assignments or the Second-Year Project by an established deadline, taking an additional course in a particular area, and/or registering for a truncated course of study for one or more semesters), or, in certain cases, offer assistance to the student in finding a field of study for which he or she is more suited. Written feedback, provided by the advisor and/or the DCT, will be provided to the student regarding the extent to which these corrective actions have satisfied the established conditions and guidelines. A student’s failure to satisfy the conditions required for a return to good standing may lead to probationary status or dismissal from the program. Students who remain on academic probation for an extended period of time who have not responded to the specified plan for improvement may be dismissed from the Program. Unethical behavior, including academic dishonesty, is considered grounds for immediate dismissal from graduate training.
Sources of Regulation

Regulations and requirements that affect clinical students at TC have several sources (in addition to New York State and the American Psychological Association, the former our licensing agency and the latter our accreditation agency):

1. **Columbia University.** Since the Ph.D. is granted by Columbia University, the Dean of the Graduate School of Arts and Sciences exercises control over the personnel of the oral defense: your dissertation sponsor must be on a University-approved list, and at least one professor from Columbia University (outside Teachers College) must be appointed to your defense committee.

2. **Teachers College.** The College exercises control over the general academic requirements for degrees. These requirements are presented in the annual Teachers College Catalog. You should check the Catalog ([http://catalog.tc.columbia.edu/tc/](http://catalog.tc.columbia.edu/tc/)) for information regarding degree requirements, period of candidacy, college fees, and student life and services (including health insurance).

The Office of Doctoral Studies (Office Administrator: Russell Gulizia) publishes two pamphlets, one on College requirements for Ph.D. candidates, and the other a summary of regulations concerning the dissertation. You are responsible for knowing the contents of these and for meeting the requirements and deadlines. (For example, clinical students must file a Program Plan in the first semester of the third year).

3. **The Department of Counseling and Clinical Psychology.** This is our administrative unit, one of ten departments in the College. This department houses masters and doctoral programs in both clinical and counseling psychology. The administrative staff includes a Director of Academic Administration who serves as the overall administrative coordinator (Enrika Davis); a Department Secretary (Chrissandra Taylor); and Program Secretaries for counseling (Elizabeth Tavarez) and clinical psychology (Rebecca Shulevitz).

4. **Dean Hope Center for Educational and Psychological Services (Dean Hope Center; also sometimes referred to as CEPS).** This is our training clinic and the practicum site for students in several programs at Teachers College. Dr. Dinelia Rosa is the Director of the Center. The Center publishes a manual that governs the functioning of the clinic. It is also the administrative unit in charge of Case Conference.

5. **The Program in Clinical Psychology.** The program faculty are responsible for designing, implementing, and overseeing your education (including evaluating your progress). The program faculty meet on a regular basis to discuss programmatic and student issues.

Obviously, the program has the greatest amount of control within its own specialty, and decreasing control as the regulating authority is larger and more general. Although
this Handbook is designed to be explicit and authoritative in regard to requirements, the fact that there are many sources of input—including, of course, APA—inevitably means that there will, at times, be some misunderstanding or confusion. Similarly, while we strive to involve students in some of the decision-making (e.g., curriculum changes; admissions; search committees) and also try to keep students informed of proposed changes, there will almost certainly be instances when the availability or timing of courses, or even programmatic requirements, change with little advance warning.
Facilities and Resources of the Clinical Psychology Program

Dean-Hope Center for Educational and Psychological Services is our training clinic and the training clinic for students in several programs at Teachers College. In addition to multiple office (treatment) spaces, it has two spacious student lounge/workrooms where students may practice tests, write reports, call clients, and relax.

An extensive test collection is housed in the Test Library at the DHCEPS. Here, students have access to a wide variety of testing materials. Most can be signed out for overnight review or use with clients.

Lounge for clinical psychology doctoral students in 328 Horace Mann is a space for students to have working group meetings, informal gatherings and relax. After 1pm on all weekdays (unless reserved on the lounge calendar by other groups or labs in advance), this lounge is available for use by our students.

The Gottesman Libraries (formerly known as the Teachers College library) is one of the nation’s largest and most comprehensive research libraries in education. The scope of the collections reflects the historic commitment to advanced study in education, psychology (particularly applied psychology), and the health professions in their local, national, and international dimensions. Overall, the collections include about 500,000 printed volumes together with substantial non-print collections. Moreover, all Columbia libraries and services are available to students. Of particular interest, the Columbia library’s collection of psychotherapy videotapes: http://clio.columbia.edu/catalog?&datasource=catalog&q=psychotherapy+video&search=true&search_field=all_fields.

The Office of Student Affairs (160 Thorndike) strives to provide opportunities beyond the curriculum for students to become active members of the TC community, to engage in social humanitarian efforts, to cooperate sensitively, and ultimately to intellectually embrace the human condition and the responsibilities and opportunities it affords. The Office consists of 3 main areas: Insurance and Immunization Records, Student Development and Activities, and the Graduate Writing Center.

Academic Computing & Information Services (241 Horace Mann). Offers a wide variety of computer support services.

Career Services Center (44 Horace Mann). Provides students and alumni with career planning resources requisite to the development and refinement of job search skills.

Center for Infants and Parents. Provides childcare for infants of parents who are students, faculty, and full-time staff at the University.

The Office of Access and Services for Individuals with Disabilities (301 Zankel Hall). Provides resources and arranges for accommodations for students with disabilities.
**Office of International Student Services.** Offers a variety of services for students from other countries: student orientation, advising and counseling, immigration and tax information, and a variety of programs for students interested in multicultural issues. Currently there are nearly 1,000 students from more than 65 countries enrolled at the College.

**The general TC Student Lounge** is on the 1st floor of Zankel Hall.

**Residence Halls Office.** Offers housing for full-time married and single graduate students throughout the year. The residence halls are located near the classrooms, library, and cafeteria and are convenient to subway and bus transportation. It is essential to apply for housing as soon as possible.
College Policies

1. Accommodations – The College will make reasonable accommodations for persons with documented disabilities. Students are encouraged to contact the Office of Access and Services for Individuals with Disabilities (OASID) for information about registration. You can reach OASID by email at oasid@tc.columbia.edu, stop by 301 Zankel, or call 212-678-3689. Services are available only to students who have registered and submit appropriate documentation. Course instructors, will discuss specific needs with students as well. Any access related concerns about instructional material should be reported to OASID and your course instructor.

2. Incomplete Grades – For the full text of the Incomplete Grade policy please refer to http://www.tc.columbia.edu/policylibrary/Incomplete Grades

3. Student Responsibility for Monitoring TC email account – Students are expected to monitor their TC email accounts. For the full text of the Student Responsibility for Monitoring TC email account please refer to http://www.tc.columbia.edu/policylibrary/Student Responsibility for Monitoring TC Email Account


5. Teachers College Policy on Protection from Harassment: Teachers College is committed to providing a working and learning environment free from harassment and to fostering a vibrant, nurturing community founded upon the fundamental dignity and worth of all of its members. Continuing its long-standing support of active equality for all, the College prohibits discrimination, including harassment, on the basis of race, color, religion, creed, sex, sexual orientation, national origin, ancestry, age, marital status, citizenship status, veteran status, disability, pregnancy, gender expression, or any other criterion specified by federal, state or local laws. Consistent with this commitment and with applicable federal, state, and local laws, it is the policy of the College (1) not to tolerate harassment in any form, (2) to actively foster prevention of harassment in the TC community, and (3) to provide faculty, students, administrators, and staff with mechanisms for seeking informal or formal resolution of harassment concerns and complaints.

Sexual Harassment and Violence Reporting – Teachers College is committed to maintaining a safe environment for students. Because of this commitment and because of federal and state regulations, we must advise you that if you tell any of your instructors about sexual harassment or gender-based misconduct involving a member of the campus community, your instructor is required to report this information to the Title IX Coordinator, Janice Robinson. She will
treat this information as private, but will need to follow up with you and possibly look into the matter. The Ombuds officer for Gender-Based Misconduct, currently Riddhi Sandil, Ph.D. (sandil@tc.edu) is a confidential resource available for students, staff and faculty. “Gender-based misconduct” includes sexual assault, stalking, sexual harassment, dating violence, domestic violence, sexual exploitation, and gender-based harassment. For more information, see [http://sexualrespect.columbia.edu/gender-based-misconduct-policy-students](http://sexualrespect.columbia.edu/gender-based-misconduct-policy-students).

6. **Statement on Academic Conduct**: A Teachers College student is expected to refrain from any conduct, including cheating, plagiarizing, or purchasing documents submitted for academic evaluation, that calls into question his/her academic and/or professional probity. Decisions regarding academic evaluation in all aspects of students’ work at the college, including course work, certification examinations, clinical or field experiences, and preparation of dissertations, are within the sole jurisdiction of the faculty concerned, including as appropriate, the department or program staff members. Disciplinary actions (e.g., reprimand, suspension, or dismissal) in cases of academic misconduct can be imposed by the Vice Provost or the Committee on Student Conduct.

7. **Resolution of Student Academic Program Concerns**: Any student who has a concern regarding an academic matter may seek assistance. The procedure for resolving academic program concerns (see note of grade correction process below) begins with either the faculty member (if the concern is related to a course) or the student’s advisor. If the student is not satisfied with the response or resolution achieved at this first level, or if speaking with the faculty member presents a conflict of interest for the student, the student should proceed to speak with the Director of Clinical Training. If the student is not satisfied with the response or resolution achieved through the DCT, the student should proceed to speak with the Chair of the academic department in which the academic concern resides. If the student is still not satisfied with the response or resolution achieved through the Department Chair, or if speaking with the Department Chair presents a conflict of interest for the student, the next step is to contact the Office of the Vice Provost. At any stage of the process, students are welcome to seek the advice and guidance of the Ombudsperson, currently Marie Miville, Ph.D. (ombuds@tc.columbia.edu) who is charged with attempting to informally resolve student dissatisfaction of an academic nature on a completely confidential basis.

8. **Grade Correction Procedure**: The instructor for a course has the responsibility for setting the requirements for a course and making an evaluation of students’ work. Once a grade has been given, the instructor is not free to change the grade unless the instructor indicates to the Registrar that an error was made in the original grade transmitted. If a student believes that an error has been made, he/she must take the initiative in bringing about the necessary correction prior to the conclusion of the semester immediately
following the semester in which the course was taken. The normal procedure for effecting a correction would be through direct discussion between the student and the instructor. If redress cannot be attained through such discussions, the student may next appeal to the Chair of the department offering the course. If resolution cannot be attained through appeal, the student may next appeal to the Vice-Provost. In situations where the student feels that such an appeal process might not be in the student’s interest, counsel and assistance can be sought from the Office of the College Ombuds person.

Definitions of Roles

Teaching Assistantships (TA) - Graduate TAs assist professors in instructional activities while receiving a salary and tuition points.
- Students must be registered for at least six (6) credit hours (or the equivalent) during the term(s) that they are employed.
- Fall/Spring TAs typically work 15 to 20 hours per week for 15 weeks each semester.
- Summer hires must work with a faculty member or an instructional staff member on campus during the assistantship appointment. Students can work 25 hours per week for up to 12 weeks during the summer.
- TAs may earn from $2,925 to $5,000 per semester and up to nine (9) tuition points for the year. The salary is taxable and is paid according to the payroll schedule in the TC Bookmarks section.
- TAs cannot receive more than three tuition points per term. These scholarship points will appear on the student’s financial aid package.
- Total hours per week on average for all part-time positions held simultaneously cannot exceed 27.

Research Assistantships (RA) - RAs perform academically relevant research, and will receive a salary and tuition points.
- Must be registered for at least six (6) credit hours (or the equivalent) during the semester(s) of employment.
- Fall & Spring RAs typically work 15 to 20 hours per week for 15 weeks each semester.
- Summer RAs must work with a faculty member or an instructional staff member on campus during the assistantship appointment. They work 25 hours per week for up to 12 weeks.
- RAs earn anywhere from $2,925 to $9,000 ($4,000 to $9,000 if receiving grant pay) per semester. The salary is taxable and is paid according to the payroll schedule in the TC Bookmarks section.
- RAs may receive up to nine (9) tuition points for the academic year, but they cannot receive more than three (3) points per semester. These scholarship points will appear on the student’s financial aid package.
- Total hours per week on average for all part-time positions held simultaneously cannot exceed 27.
Doctoral Research Fellows (DRF) - Doctoral Research Fellowship positions were created to provide modest support for research expenses while allowing students admitted to TC’s PhD and EdD programs time to pursue their studies and begin independent research. Doctoral Research Fellows receive a salary and tuition points.

- Students must be registered for a minimum of twelve (12) credit hours (or the equivalent) during the academic year. Enrollment is not required to maintain DRF through the summer.
- DRFs may work up to 20 hours per week and earn between $20,000 and $30,000 each year. DRFs cannot hold another position except Course Assistant (CA).
- DRFs receive up to 24 points per academic year that will appear as part of their financial aid package after the add/drop period ends for each term.
- Total hours per week on average for all part-time positions held simultaneously cannot exceed 27.

Administrative Fellow (AF) - An Administrative Fellow will perform academically relevant administrative services while receiving a bi-weekly salary and tuition exemption points. Those appointed for an AF will receive an electronic letter and details regarding the policy.

- Students must be registered for a minimum of six (6) credit hours (or the equivalent) during the term(s) that they are employed.
- AFs typically work 15 to 20 hours per week for 15 weeks each semester.
- If summer work takes place, the student can work up to 25 hours for each of 12 weeks.
- AFs earn from $2,925 to $9,000 per semester and up to nine (9) tuition exemption points per year; the salary is taxable.
- The first $5,250 worth of tuition points will be non-taxable, and these points do not appear on the student’s actual financial aid package. Instead, they appear as resources processed through the Office of the Bursar.
- Total hours per week on average for all part-time positions held simultaneously cannot exceed 27.

Note: Students can only hold one RA, TA, AF, or DRF position per term.

Department Chair - The Chair is responsible for leadership in developing the department’s academic programs within the mission of the College. The Chair is responsible for informing the department of the perspectives and actions of the Provost and other administrators that might affect the department. Our current Chair is Professor George A. Bonanno.

Director of Clinical Training (DCT) - The Director of Clinical Training plays an important role in guiding the clinical program and in exploring procedures and options for providing better clinical training. Our current DCT is Professor Lena Verdeli, Ph.D. She works in close cooperation with the Department Chair in attaining these goals. Generally, the DCT is responsible for and plays an active role in the following areas:
• seeking sectional training grants such as NIMH grants, as the section decides, and carrying out the day-to-day activities involved in administering such grants as needed;
• writing the annual APA report and coordinating the periodic self-study report for re-accreditation;
• making contacts with university and non-university agencies (local, state, regional, federal) for research and training experiences and for funding arrangements that may support graduate training; helping foster interagency contacts for practicum experiences;
• providing effective day-to-day management of Clinical activities such as policy decisions and curriculum planning; conducting student evaluations; scheduling and conducting Clinical Section meetings and writing up and distributing summaries of these meetings;
• verifying students’ internship eligibility and readiness and corresponding with internship agencies about internship placement and experience;
• monitoring clinical graduate students’ traineeship placements;
• coordinating with APA and granting agency evaluation teams;
• conferring with the Department Chair about matters relevant to the clinical program such as scheduling flow and sequencing problems;
• conducting committee elections or appointing minor or ad hoc committees; following up on committees, trying to stimulate committee action;
• carrying out faculty duties consistent with the training program’s goals;
• being responsible for annual review and update of the Clinical Graduate Student Manual;
• responding to research questionnaires and communiques regarding various training issues received from APA, APPIC, etc., as well as numerous committee groups and individual researchers nationwide.

Training Clinic Director - The Clinic Director (of DHCEPS) plays an important role in ensuring that students receive appropriate and strong clinical training. Our current Clinic Director is Dr. Dinelia Rosa, Ph.D. She provides clinical consultation as needed, crisis intervention support, consultation with legal and ethical experts as needed, oversight for the day-to-day functioning of the clinic, as well as manages students’ clinical practica and supervisory experiences. She works in close cooperation with the DCT in monitoring the progress and clinical training of the students.

College Ombuds – As noted above, the College Ombuds is a resource available to students, faculty, and staff for resolving problems and conflicts. Members of the College community can use the services of the Office when they need assistance or advice, or after other efforts have not succeeded. The Office provides information and explains options for resolving a wide range of problems and rectifying many situations affecting the academic or work life of members of the College community. The Ombuds responds to all concerns and continually works for a satisfactory outcome for all parties involved in a situation. The work of the Office is confidential, impartial, independent, and informal. Our general College Ombuds is currently Marie Miville, Ph.D. and our Ombuds for Gender-Based Misconduct is Riddhi Sandil, Ph.D.
Helpful Hints for Making Life Easier for Yourself and Others

1. Be familiar with the contents of this Handbook, the manual of the Dean Hope Center, and the relevant sections of the TC Catalog. It is, in fact, obligatory, for you to be knowledgeable about the Ethical Principles of Psychologists and the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (See back pages of this Handbook for copies of both). Be aware, too, of deadlines for assignments, projects (e.g., Second-year Project), and applications (e.g., for the research exam, proposal hearings, and externship), etc.

2. Plan a large span of uninterrupted time each week for your independent (lab-related) research, to ensure that you keep up the momentum of your scholarship. Long stretches of time are typically necessary to develop ideas, write up results of studies, and master use of data sets. Often the greatest mistake students make is building a schedule without regard for the need for extended and uninterrupted scholarly time.

Mandatory Paperwork & Professional Code of Conduct

DHCEPS REQUIREMENTS:
3. Paperwork, while often onerous, is necessary. It is extremely important to keep patient records at the Dean Hope Center current. The rules of The New York State Board of Regents state that, "failing to maintain a record of each patient which accurately reflects the evaluation and treatment of the patient" denotes "unprofessional conduct" (Section 29.2a).

3a. Check your mailboxes at the Dean Hope Center and the Clinical Office; check email frequently. Report any changes in telephone numbers, email addresses, or home address as soon as possible to the administrative staff in the clinical office and the Dean Hope Center.

3b. Remember that confidentiality concerning your clients is an absolute requirement outside of the designated area of the Dean Hope Center and of supervision.

3c. Contact your clinical supervisor(s) as soon as possible—at most within a week—after being informed of your supervisory assignments; failure to do so may jeopardize this assignment as supervisors’ available time tends to fill up quickly. In a related vein (and as noted in the Dean Hope Center Handbook): you may not see clients if you are not being supervised. Any lapses in supervisory meetings must be reported to the Director of the Clinic (Dr. Rosa).

3d. Be aware that it is likely that newly assigned clients will attempt to find out information about you ("google" you); so may potential externship and internship sites. Thus, be extremely prudent about what you post on-line; check your privacy settings on social networking sites such as Facebook.
PROGRAM REQUIREMENTS:
4. It is your responsibility to keep your student folder updated – this is housed within the department with Ms. Rebecca Shulevitz, the program’s secretary. There are multiple forms that need to be filed in your folder (see copies at end of this Handbook) including:
4a. annual student evaluation form (to be completed by your advisor and then reviewed together at the end of each academic year);
4b. CITI training certificate
4c. mandated Reporter Training (completed in your first semester as part of the Ethical and Professional Issues in Clinical Psychology coursework)
4d. academic transcript
4e. clinical practicum training evaluation form (to be completed by each clinical supervisor you’ve had during a given academic year);
4f. case conference evaluation form (completed by faculty following your presentation);
4g. student research presentation evaluation form (completed by faculty following your presentation at colloquium);
4h. letters of externship acceptance and completion;
4i. letters of internship acceptance and completion;
4j. externship evaluation; and
4k. internship evaluation.

In addition, it is your responsibility to give our secretary (currently, Rebecca) hard copies of your completed Second-year Project and Dissertation Proposal, each of which will be filed in binders in our conference room. Finally, if you have presented a paper at a professional conference or published a paper in a professional journal—either as sole author or co-author—provide Rebecca with a copy so that we may post it on one of our bulletin boards as well as log this information in the “awards and grants spreadsheet” maintained by her and the DCT.

NOTE: Your file is available only to you and you have access to only your file. Under no conditions is another student’s file available to you.

IN DUE DILIGENCE:
5. Borrow the Publication Manual of the American Psychological Association (Sixth Edition, 2009) from the TC library, and purchase the upcoming seventh edition due to launch in October 2019. It provides the basis for organization, style, grammar, and referencing of all written work for courses and projects.

6. Papers should be turned in on time; they should be in APA-style (yes, even first drafts), referenced, and proofread (use spell check!). A staple or paper clip is sufficient; folders often make reading more difficult. Remember to put your name and date on everything you hand in. Don’t assume e-mailing papers as an attachment is OK with faculty members—some prefer “hard” copies. When in doubt, ask.
Managing time, deadlines and expectations of self and others

7. When turning in a second or later draft (of a Second-Year Project or Dissertation, for example) be sure to make clear which of the faculty’s previous edits and suggestions (e.g., through “track changes”) have been accepted and which (and why not) some of these suggestions have not been accepted.

8. Your faculty are only human and, at any one time, typically have multiple responsibilities and demands. Therefore, please remember that:
   a. They need time to read material you hand in. A week is a minimum, two weeks better.
   b. They usually prefer not to sign things or discuss issues during chance encounters in hallways; make appointments to meet faculty in their offices.
   c. Despite good intentions, they may not remember the details of what you talked about "last time." Remind them.
   d. When you are making up an Incomplete, handing in a late paper, or trying to get dissertation drafts read to meet a deadline, especially if you have missed the official deadlines, you should not expect the faculty member to put everything else aside for you. (“Failure on your part to plan ahead does not mean an emergency on my part”).

PROFESSIONAL DEVELOPMENT:

9. Volunteer for ongoing research projects in the program and department (and for studies outside of TC as well). Research is an integral part of our training program: students and faculty alike depend on your participation, as well as that of your patients, for their studies.

10. As part of a community, your participation in various committees and projects is often necessary (and much appreciated!). Each year we need students to help with admissions, colloquia scheduling, student orientation, the Alumni Newsletter, and The Graduate Student Journal of Psychology (administered and published by doctoral students in clinical and counseling psychology here at TC).

11. As part of a larger-than-ever and rapidly changing psychological community, your participation in various agenda on behalf of psychologists in our city, state, and country, is increasingly important. Join APA, APS, NYSPA, and other organizations that reflect your interests; most have modest student membership fees. And read the journals and newsletters (e.g., APA’s Monitor on Psychology); they will keep you informed of the latest developments in our field.

PROFESSIONAL ETIQUETTE:

12. Courtesy to your professors and fellow students demands that you do not text message, email, nor search the internet during classes, supervision, or meetings. In a related vein, courtesy to your support staff demands that you respect their personal and professional space, including the need to return things that are borrowed and to ask permission to use items that are on a staff member’s desk or supply cabinets (e.g., computers, books, paper, or supplies).
13. Make good use of your time here; stay aware of the fact that you are being trained in a challenging but rewarding profession. Faculty, supervisors, and your fellow students will be well aware (at least much of the time) of the extent to which you are conscientious about your reading, your assignments, and your desire to learn as much as possible. There is a real difference between just doing the work and being committed to doing it as well as possible.

14. If a faculty member or supervisor has written a recommendation on your behalf, make sure to inform that person of the outcome of your application to that position (e.g., externship, internship, job, etc.).

15. On a job, insist that your title be "Psychological Assistant" (or a close equivalent), not "Psychologist." Similarly, on a job or internship, do not use the title "Doctor." In either case, this would be misleading and therefore unethical. **In addition, as a graduate student in psychology, you are prohibited from engaging in the independent practice of psychology.**

PERSONAL/CARE FOR SELF & COMMUNITY BUILDING:
16. For your sake—and for the sake of your patients, friends, colleagues, faculty, and significant others—get yourself in therapy. Your advisor, the Director of Clinical Training, the Director of the Dean Hope Center, or your supervisor can help with a referral.

17. Maintain a sense of humor! Exercise, take breaks, and travel/rejuvenate as often as possible.

ADDITIONAL NOTES:

A. As early as your second-year here, introduce yourself to Russell Gulizia in the Office of Doctoral Studies. He is an invaluable source of knowledge of all the requirements and paperwork necessary for completing your degree and will guide you to keep an internal audit of your progress in the program.

B. Students who present their research at professional meetings are eligible for up to $250 in travel funds and expenses provided by our program (see Rebecca for relevant paperwork). For other opportunities to fund your conference travel and presentations, visit studentaffairs@tc.edu
Training Requirements, Milestones, and Typical Timeline

**Program Requirements**
- **Clinical Milestones**
- **Research Milestones**

### Year 1
- **Confirm transferrable credits**
  - Tip: While you have up to the end of your second year to confirm these credits, the earlier you do so, the easier it is to create your academic plan that is required by the ODS. Additionally, confirming which courses may transfer will also help you determine which courses can be waived from the requirements.
- **Complete an intake report**
- **Complete 2 testing reports**
- **Start 2nd year project**

### Year 2
- **Start therapy cases at DHCEPS**
  - Tip: While you typically carry up to 4 cases in your first year of therapeutic work, you can request more clients in subsequent years (even during 4th year) to accrue enough hours for internship, especially if you are not doing a 3rd year externship.
- **Seek informal externship on individual basis per discussion with advisor**
- **Take the certification exam**
  - Tip: Go through the PhD resource folder for past year exams and various study resources. Also plan to study for about 2 months before the exam to be prepared (study groups may help too).
- **Complete and file 2nd year project**
*In Year 5, students typically go on their internship and possibly defend during the year.*
FAQ (Frequently Asked Questions)

Everything Advisor

*Can I change advisors?*

Students are typically admitted into the program by a specific advisor on the basis of a mutual set of interests and research goals. Students’ home base within the program is their faculty-led research lab. However, over the course of training sometimes interests change and sometimes the professional connection just doesn’t work. When this occurs, you and your advisor should make every effort to speak about this situation with the goal of repairing the relationship and continuing working together. However, if you still wish to change advisors you will need to speak to your original advisor, discussing with them the reasons for wanting to change. Assuming that your original advisor and the DCT both agree to this change, you will need to develop a scholarly set of goals and agreement for mentorship from a new advisor *within the program*. That is, you would need to find a new advisor interested in taking you on in order to remain in the program. To be clear: the circumstances necessitating such a change should be extraordinary. It can be difficult if not impossible to find another mentor willing to take on an extra student. Thus, every effort should be made to continue a working relationship with your original faculty advisor/mentor.

In some cases too, a lack of productivity or commitment may lead an advisor to terminate a student’s involvement in his or her lab.

Please note that if you are receiving project-related funds (tuition and/or stipend) for your work in a specific lab, you will not receive these project funds if you change to a new advisor. Program training funds are not available to cover changes in advisement that involve loss of project funds. Note too that you must have an advisor from within the Clinical Psychology Program at all times to remain in the Clinical Psychology Program.

Everything Research

*When and how do I start research?*

**YEAR 1:** If you haven’t already begun working with your mentor prior to your admission to the doctoral program, you should start research in the first few weeks or months of doctoral study. Your research development occurs through engagement in lab with your advisor and fellow students in the lab. Each lab has its own standards of scholarship, commitment, and productivity. The majority of labs require 10-20 hours per week depending on the mentor.

**YEAR 2:** Continue working in the lab – on your projects and with your mentor. Begin defining your own line of research and strategize your Masters thesis (Second-year Project).
YEAR 3: Present your Second-year Project and start thinking about your dissertation research.

YEAR 4: Propose your dissertation (in time for internship application), and hopefully hold data hearing (Advanced Seminar) before internship starts. It is encouraged to defend your dissertation before going on internship.

YEAR 5: Defend your dissertation if you have not done so in the previous year.

Everything Clinical

1. When do I start seeing patients?
As part of your first-year, second-semester intake course (CCPX 5539), you will be required to complete two assessments and one intake. Not infrequently, an intake will feel particularly successful: both you and the client will feel like continuing your work together. If this is the case, and both your intake/assessment supervisor and Dr. Rosa concur, you may be assigned this client as a psychotherapy case and may begin this work during the summer of your first year or the fall of your second year in the program. In fact, all students will begin seeing psychotherapy clients in the fall of their second year in the program.

2. How are clinical supervisors assigned?
Dr. Rosa, as head of the Dean Hope Center, is responsible for all psychotherapy supervisory assignments. Dr. Rosa draws from a list of licensed psychologists, all of whom volunteer their time to us, and many of whom have been working as supervisors for the program for many years. As a group, these supervisors represent a range of clinical orientations. Dr. Rosa, in collaboration with Dr. Richardson, is also in charge of the first-year assessment supervisors.

3. What if I don’t like my supervisor?
Only under extreme circumstances do we allow supervisory assignments to be changed during the course of a year. (This rule does not include those occasional circumstances when schedules simply don’t mesh). Our stance is that even those supervisors with very different styles and orientations from your own are likely to offer you opportunities to learn from your clinical experience. Indeed, sometimes we all learn best from unexpected sources, from those who challenge us to think or process material in a different way. However, if you believe that the supervisory relationship is seriously flawed, you should first discuss this with your supervisor—if necessary, on multiple occasions. If, after these discussions, you still feel dissatisfied, you should then consult your practicum instructor. If after discussion with your practicum instructor, both of you agree that there is an intractable problem with supervision, the issue should be brought to Dr. Rosa.

4. How can I continue work in assessment past the first year?
Dr. Rosa can sometimes arrange for students, under supervision, to continue doing assessments in the clinic.
5. Is it possible to gain experience with group therapy at our clinic?
Yes, there are often groups that are part of the service activities of the Dean-Hope Center. In recent years, there have been parenting groups as well as a DBT group, each of which has been run by third and/or fourth year doctoral students (under supervision). Interested students should consult with Dr. Rosa about these possibilities during their second year of training.

6. Can I “minor” in neuropsychology?
Students desiring training in the area of neuropsychology should meet with Dr. Richardson to plan a program of studies. In addition to the required courses in the curriculum (e.g., Brain and Behavior I and II) and the election of the Neuropsychological Assessment rotation, other courses (e.g., HBSK 5031, Human Clinical Neuropsychology; HBSK 5139, Fundamentals of Psychopharmacology) should be considered. Important: Students wishing this additional training in neuropsychology may need to take more than the 95 credits required of our doctoral program.

7. When should I go on externship?
Your advisor will have significant and final input in this decision. Some students, with the advice and consent of their advisor, will choose to do externships during their third and fourth years. Other students—typically (though not necessarily) those with advisors who have provided substantial funding through grants—will need to delay an externship until their fourth and fifth year, devoting their third year to further work on the lab’s research and their own dissertation.

8. When should I go on internship?
It is likely you will go on internship either in your fifth or sixth year. This will depend on several interrelated factors, especially (a) your faculty advisor’s input and consent, and (b) your readiness to apply, in particular, whether you have had sufficient externship experience to be a viable candidate, and whether you have achieved sufficient progress on your dissertation. Please note that applying for a fifth-year internship (in the fall of your fourth year) is absolutely contingent upon having a proposal hearing by then.

Everything Teaching
1. How can I be a TA?
Classes with 40 or more students are eligible for a TA. If you know of a class that’s eligible—check course enrollments on-line—and you feel competent in helping teach this subject, you might approach the course instructor to gauge his or her interest. In addition, either Dr. Richardson (head of the MA program) or your faculty mentor may know of an opening or need.

2. Are there any teaching opportunities?
Occasionally, doctoral students teach for the MA program when a mentor has specifically requested them to cover one of their courses (e.g., when that faculty member is on sabbatical).
Everything Coursework

1. What if I want to transfer more than 12 credits from a previous graduate program? 
Sorry, but as we have noted in all our applications-related material, we only allow 12 graduate credits to be transferred from an outside college or university (although 18 from within TC). Again, this reflects our need (via APA’s mandate) to train our own students as much as possible.

2. Is it OK to take classes at other universities? 
Generally, no. We are responsible for your training.

Everything Finances

What about Financial Aid? 
Financial aid is available through several sources. In the last few years, the college has begun to fully fund (for three years) many of our incoming doctoral students. In addition, full funding is sometimes available via faculty research grants, though of course these monies are available only to students working directly for that specific faculty member. This is the first year when all members of the incoming cohort are fully funded! There are three college-based sources of these funds: A General Fund, a Minority Student Scholarship Fund, and an International Student Scholarship Fund. In addition, the program draws upon several scholarship funds dedicated exclusively to doctoral students in our program, including the Jodi Lane Scholarship Fund (for students focusing on children and adolescents). Finally, since 1993, the program has granted partial scholarships via the James S. Scappaticcio Fellowship for “self-identified gay clinical doctoral students”; this fund also provides small grant-in-aids for research on topics “relevant to homosexuality, including psychological and/or psychosocial aspects of AIDS or HIV treatment.”

NOTE: Full funding (e.g., doctoral fellowship), when available, is awarded at the discretion of the faculty advisor, and the student is expected to devote 20 hours weekly of their time to research at their lab. When fully funded, the student cannot opt into additional part- or full-time work outside the lab. Should financial concerns arise, the student should discuss attenuating circumstances with the faculty advisor and troubleshoot alternatives.

Writing Papers in Clinical Psychology

The first rule is to proofread everything you hand in. The second rule is that all written work (take-home exams, term papers, Second-Year Projects, research proposals, dissertation drafts) must conform to the style regulations of the Publication Manual of the American Psychological Association (6th ed., 2009). It is strongly suggested that you read the Manual several times, reading it again before you prepare the final drafts of papers you are about to hand in. This will save you a great deal of time when you need it most—during the preparation of your dissertation. Another valuable resource for writing in APA style is Szuchman’s (2014), Writing with Style: APA Style Made Easy (6th Ed.). An excellent source for determining how to present your results, including the

Note that the APA standards are designed to promote a uniform style in psychological journals. Many of the specific suggestions, particularly those related to headings and tables, also serve the interest of assuring maximum clarity. Although much of what is in the *Manual* may seem arbitrary and nitpicking, it provides a set of guidelines for professional writing in our field. The following is a list of the principles most frequently violated by students. Keep it handy so that, in addition to your rereading of the *Manual*, you can refer to it while writing, since these seem to present the greatest amount of difficulty to students.

1. **Numbers.** Most numbers under 10 and all numbers that begin sentences are written out in words.

2. **Decimals.** The rule is that a zero is not used before the decimal point in numbers smaller than one. What is particularly irksome is when correlation coefficients are presented with the unnecessary zero, since such coefficients can range only from plus one to minus one. Also, correlation coefficients should be carried only to two places, regardless of what the computer produces (r = .66, not r = 0.65718). Means and standard deviations should not be carried beyond two decimal places.

3. **Tables and Text.** The purpose of a table is to summarize data. The title of the table should communicate exactly and inclusively what its content is. The material in tables may be summarized but should not be repeated in the text.

4. **Quotations.** A direct quotation must be completely accurate, including spelling and punctuation. It must be referenced by author, year, and page number.

5. **References in Text.** The first citation of a reference with multiple authors (up to six) should present all names; after the first time, or if there are six or more authors, use the lead author’s name followed by "et al." In the case of multiple authors, the word "and" must be written out.

6. **References in Parentheses.** The first citation should present all names; after the first time, the senior author’s name should be followed by et al. (note: no period after "et", period following "al."). An ampersand (&) should be used rather than "and."

7. **Multiple References in Parentheses.** When several citations are being presented in parentheses, the proper order of citations is alphabetical, not chronological, and certainly not random.

8. **Latin abbreviations like "e.g.", "i.e.", and the like, are acceptable only in parenthetical material. In the text, say it in English, and spell it out.**
9. Reference List. The list of articles and books at the end of the paper is titled References, not Bibliography.

10. Punctuation and Spelling. Several specific rules are presented in the Manual. Some of these are idiosyncratic to APA; some are more general grammatical reminders. If you know that you are a poor speller, pay particular attention to spell checker so that you can make corrections before the final draft. The rules most frequently violated by students are as follows:

a. In a series of three or more, a comma precedes the final "and" or "or."

b. Words with prefixes like "pre," "anti," "non," "multi," "inter," and the like, are generally not hyphenated.

c. DATA, CRITERIA, and PHENOMENA are plural words and require plural verbs. The respective singular words are DATUM, CRITERION, and PHENOMENON.

d. The chapter of section in which you describe your procedures, participants, and instruments is called Method, not Methodology or Methods. And, the individuals who participated in your study should be referred to as "participants" rather than "subjects."

e. Do not use the editorial "we". The use of the first person singular is allowed in moderation. You can also call yourself "the author," "the investigator," and the like. Do not call yourself "the experimenter" unless your research consists of an experiment.

f. Use simple language. A barrage of four-syllable or technical words does not impress the reader; it gets in the reader's way. At the same time, do not use colloquialisms.

g. Another word or two about hyphens:

i. the word "self" is always followed by a hyphen when it is part of a compound concept like self-esteem, self-concept, self-reference, and the like;

ii. terms like "the middle class," which are not ordinarily hyphenated, require a hyphen when they are used as modifiers, as in "middle-class participants";

iii. as already indicated, words like "socioeconomic," "countertransference," "nonpsychotic," "subgroup," "posttest," and "psychoanalysis" are single, unhyphenated words. When, however, a direct quote includes these words (or any others) in
forms that are different, the author's original spelling is presented.

h. The word "presently" means "shortly." "At present" means "now." "Now" also means "now."

i. A sentence like "Hopefully, the rats will learn the maze" means that the rats are full of hope as they learn. What you mean is that "the researcher hoped that ..." Avoid the word "hopefully." Also, avoid dangling participles, adverbs, phrases, or clauses.

j. Avoid split infinitives. There are instances in which they are necessary, but these are few in number. "To more effectively use" is wrong; "to use more effectively" is correct. And don't use "utilize" when "use" will do.

k. Do not use "s/he" for "she or he" or "he or she." It is not an English word, abbreviation, or acceptable contraction, and it cannot be pronounced. Remember that when using "he or she" in the first clause of a sentence, you cannot use "they" in the second clause. If the use of "he or she" becomes cumbersome, use the plural "they."

11. Headings. There are specific rules for the types of headings that are to be used in an APA-style manuscript. These rules determine which headings should be centered, which italicized, and which words within headings capitalized. Do not guess—check the Manual.

12. Seriation. As above, there are specific rules for enumerating elements in a series. For example, within a paragraph or sentence, elements in a series are identified by lowercase letters encased in parentheses but not underlined, as with (a). See the Manual.

Note: The institution of which you are a member is "Teachers College" (no apostrophe!).
Course and Grade Information

Students are admitted to the program with a specific advisor—virtually always that person with overlapping research and academic interests. In addition to other (e.g., research-related) roles, this advisor helps students with course planning, program requirements, career advisement, and other questions about the program and/or the College.

Registration: Students register on-line for classes. All students should consult with their advisors beforehand as to which courses they will be taking that particular term. Students with Incompletes must meet with their advisor prior to registering for courses.

Points: The minimum number of required points for doctoral students is 95.

Transfer Credits: A maximum of 12 approved points (18 from TC) may be acceptable as transfer credits from another university. To receive transfer credit:

1. The student brings his or her advisor: (a) A transfer Credit Form obtained from the Office of Admissions; and (b) copies of graduate transcripts. The student and his or her advisor meet to determine which courses are transferable. Neither practica, independent study, workshops, fieldwork, nor general-level courses at other universities are transferable. Typically, courses that are transferable are those that are directly equivalent to one of our required or elective classes.
2. The advisor notes approved courses and number of transfer credits by circling those specific courses on the student’s transcript, which is then placed in the student’s folder.
3. The advisor also signs the Transfer Credit Form, which the student then returns to the Office of Admissions.
4. This information (number of credits transferred) will appear on both official and unofficial transcripts. Transfer courses will appear in a clearly marked section on the transcript, and each course will appear with a grade of “T.” (Transfer credits assume particular administrative importance when a student files a program plan during his or her third year of study).

Waiver of a requirement is possible only when the student has evidence of having satisfactorily passed a graduate course covering the same content; students will typically need to present a syllabus for the course he/she has taken and may need to obtain permission from the instructor here who teaches the required course. Waivers of practicum work are not granted.

Workshops: Not more than one Workshop may be taken for credit toward the degree in any semester, nor may more than three Workshops for a maximum total of five points be taken for credit toward the degree. Workshops may not be substituted for required courses. (Workshop numbers generally have "8" as their second digit.)
Practica: Students in practica are to work with a minimum of four patients a year. It is the student’s responsibility to inform the Director of the Dean-Hope Center or her assistant if additional patients are needed. Students registered for practica must have professional liability insurance. We recommend $1,000,000/3,000,000 coverage; the cost for this is relatively low through the APA Insurance Trust (http://www.apait.org/apait/ or 1-800-477-1200).

Colloquium: CCPX 5610 Colloquium in Clinical Psychology (Th 11:00-12:40). Students sign up for this course in each semester of their first three years in the program. The course, coordinated by Professor Cha, consists primarily of invited talks by psychologists from different universities and research presentations by our students. We require that each student, sometime during his or her 3rd year, present his or her research at Colloquium. Occasionally, during this time, there are program meetings, student meetings, and faculty-student liaison meetings. Attendance at colloquia is required. Do not schedule patients, supervision, externship hours, research obligations, or work during this time period.

Case Conference: CCPX 5630 (Wednesday 3:00-4:40), coordinated by Dr. Rosa, offers an opportunity for students to present and discuss their clinical work with colleagues and faculty. Case conference is a full-year, 0 credit course but attendance is required of students beginning in the second semester of their first year through their third year in the program. First year students, during their first semester in the program, are invited but not required to attend. We require that each clinical student, sometime during his or her 3rd year in the doctoral program, present at Case Conference, demonstrating the ability to integrate theory, research, and practice.

Grades: Students are expected to maintain at least a C grade across all courses. All psychology courses in which letter grades are offered (including statistics and measurement courses) must be taken for letter grades. The Director of Clinical Training, in consultation with program faculty, reserves the right to require students receiving a grade of C- or below to re-take that course or an appropriate substitute. Minimal grade requirements across courses adhere to TC policies found here: https://www.tc.columbia.edu/policylibrary/associate-provost-enrollment-services/grading-/

Incompletes in courses are unfortunate but not unforgivable; what is nearly unforgivable is a failure to communicate with your instructor regarding your reasons for the Incomplete and your plans (negotiated with the instructor) for completing the work.

Leaves of Absence. The program follows the TC policy on leave, explained below:

There are three types of leaves of absence for which a student may apply, depending on circumstances: military, medical, and personal. A leave may be granted only to a student in good academic standing (as defined by the College and the student’s
academic department or program) and academically eligible to continue in the degree program when he or she returns from leave.

**Military** leaves are governed by federal regulations. A student taking a military leave is encouraged to contact the Registrar’s Office (212-678-4050 or registrar@tc.edu) as soon as possible for assistance in making arrangements as the terms for such leaves may differ.

A **medical** or **personal** leave must be requested and granted prior to or during the term for which it is requested; it cannot be granted retroactively. When it is determined to be required under the circumstances, to protect the safety, health and well-being of the student or others, a compulsory medical leave may be granted on behalf of the student. See below.

A leave may be approved at any time during a student’s period of study, **except during the add/drop period of a student’s first term of study at Teachers College**, when a deferment of admission is more appropriate. For a deferment, a student should contact the Office of Admission to ask about a deferral and drop of registration (if applicable).

A student seeking a leave during a term may request that the College permit the drop of the student’s coursework without academic or financial penalty. If the student is granted an incomplete in any course, tuition and fees associated with that course will not be refunded. Under the grading policy, students have a year to complete incomplete grades. The decision to take an incomplete may not be reversed or changed to a drop at a later time.

A student who has engaged in behavior that may violate rules, regulations, or policies of the College may be required to participate in the disciplinary process prior to the consideration of a leave request. If a leave is granted prior to the conclusion of any disciplinary procedure, the process will be continued upon the student’s return.

**NOTE:** Taking a leave may affect not only academic progress but health care coverage, financial aid, housing, and immigration status. Students considering a leave should review all of these possible issues and consult with the appropriate offices at Teachers College.

**Kinds of Leaves; procedures for application**

To apply for a medical or personal leave of absence, a student must submit an Application for a Leave of Absence form and deliver it, with the required documentation, to the Office of the Registrar. Individuals who believe they will require any type of leave should contact the Registrar’s Office (212-678-4050 or registrar@tc.edu) as soon as possible for assistance in making arrangements.

**Medical:** A student who must interrupt study temporarily because of physical or psychological illness or condition or due to pregnancy may request a medical leave. To apply for such a leave, the student must submit a certification from the medical or mental health professional who has been providing treatment to the student (the “Student’s HCP”) that a medical leave is warranted due to the student’s health issues.
Supporting medical documentation must be dated within 30 days of the request for a medical leave. In certain unusual cases, a compulsory medical leave may be required by the College, if needed to protect the safety, health and well-being of the student or others. Students will be given notice and an opportunity to be heard prior to being placed on a leave.

As a condition of granting a medical leave, the College may require a consultative review of the medical or mental health documentation with a College representative. This consultation may include conversations between the Student’s HCP and the designated College representative and may also require that the student engage in an interview with a designated College representative prior to being granted the leave.

A medical leave will be granted for no longer than one academic term but may be renewed for a subsequent academic term upon supplemental documentation from the Student’s HCP that a continued medical leave is warranted due to the student’s health problem. The maximum cumulative length of a medical leave is two years.

To be reinstated after a medical leave, the student must provide the College with written documentation from the Student’s HCP, confirming that the student can safely return to graduate study. As a condition of being reinstated, the College may require the student to provide medical or psychological records from the Student’s HCP and/or participate in an assessment interview with an appropriate College representative or a health care provider chosen by the College. The request for reinstatement must be submitted at least one month prior to the first day of classes of the desired semester of reinstatement, to permit sufficient time for the College to evaluate the request based upon the particular situation of the student and to assure that the safety, health and well-being of the student and others are preserved. Reasonable conditions may be placed on the reinstatement to protect the safety, health and well-being of the student or others.

If the student will need reasonable accommodations to return to his or her studies, the student or the student’s HCP should propose any reasonable accommodations they believe necessary for the student’s successful return. Documentation of the need for and nature of proposed accommodations should be provided to the Office of Access and Services for Individuals with Disabilities, who will work with the student to arrange reasonable accommodations as necessary.

Approved medical leaves will extend the Period of Candidacy for Master of Arts, Master of Science, and Master of Education students, the Period of Eligibility for Doctor of Philosophy students, and the Period of Certification (if applicable) for all doctoral students for the period of the leave.

Military: A student called to active duty may file for a military leave by submitting official military documentation. In accordance with federal law, the term of the leave will depend on the anticipated period of active duty service.

Approved military leaves will extend the Period of Candidacy for Master of Arts, Master of Science, and Master of Education students, the Period of Eligibility for Doctor
of Philosophy students, and the Period of Certification (if applicable) for all doctoral students for the period of the leave.

**Personal:** A student who finds it necessary to interrupt study temporarily but is not eligible for a medical or military leave may seek a personal leave. A personal leave will be granted only for significant professional, personal and family events that effectively preclude continued participation in a degree program. A personal leave is granted for no longer than one academic term but may be renewed for a subsequent academic term upon supplemental documentation that a continued leave is warranted due to the student’s significant professional, personal, or family issues. The maximum cumulative length of a personal leave is one year.

Approved personal leaves **WILL NOT** extend the Period of Candidacy for Master of Arts, Master of Science, and Master of Education students and the Period of Certification (if applicable) for all doctoral students for the period of the leave. Currently, Doctor of Philosophy students are not authorized to take personal leaves.

A request for a personal leave must be submitted on or before the last day of the change of program (add/drop) period for the term for which the leave is effective.

**Academic Probation** is automatic when a student registers with two or more current Incompletes. Generally, students on probation will be allowed to register for a limited course load (i.e., practicum and one other course). Students on probation are expected to make up their Incompletes during this semester. Students may also be placed on probation for failing to adhere to the policies noted either in this Handbook or in the Dean Hope Center Handbook. The Faculty reserves the right to terminate any student who fails to fulfill the terms of his or her probation, who fails to make adequate progress academically (e.g., on his or her dissertation) or clinically, who plagiarizes the work of others, and/or who violates the ethical principles of the APA.

**Grievances, Responsibilities, and Obligations**

**Grievance Procedures.** Teachers College provides both informal and formal grievance and dispute resolution procedures.

**Informal Procedures.** The College believes that most individuals with concerns, misunderstandings and disputes are more likely to come forward if informal procedures are available. In the interests of resolving such matters promptly and efficiently, the College provides numerous options to obtain information and raise concerns about other members of the TC community (or visitors) in an informal manner. The College encourages individuals to begin discussions and resolutions with people in their departments, programs, and units, if applicable and comfortable.

**General Procedures.** Students with concerns or problems are encouraged to go first to the faculty member, and if the concern is not resolved, contact their program
coordinator or department chair. If the concern or problem is not resolved at the program or departmental level, students may contact the Ombudsperson (currently, Marie Miville, marie.miville@tc.columbia.edu), or the Office of the Vice Provost (currently, Katie Embree: 678-3052; embree@tc.edu).

- **Students** with concerns or problems are encouraged to go first to the faculty member, and if the concern is not resolved, contact their program coordinator or departmental chair. If the concern or problem is not resolved at the program or departmental level, students may contact the Office of the Vice Provost at Office of the Vice Provost, or Vice Provost for Student Affairs, Tom Rock, at (212) 678-3083 or rock@tc.columbia.edu.

- **Professional and other non-union staff** with concerns or problems that have not been resolved through their supervisors or within their departments may contact Human Resources at (212) 678-3175 or hr@tc.columbia.edu, and inform them of the concern in writing. If not satisfied with the Human Resources resolution, the staff member may submit a written description of the problem to the appropriate Vice President and request a resolution. If the problem is still not resolved or continues, professional staff members may submit a written description of the problem to the President, see: Informal Grievance Procedure policy 307 in the Policy Library www.tc.columbia.edu/policylibrary.

- **Any member of the community** may contact the Vice President for Diversity and Community Affairs at (212) 678-3391 or jrobinson@tc.columbia.edu or the College Ombuds, Marie Miville, at (212) 678-3343 or ombuds@tc.edu, or the College Ombuds for Gender-Based Misconduct, Riddhi Sandil, at (212) 678-4016 or sandil@tc.columbia.edu.

**Special Situations.**

- **Crimes; Health or Safety Emergencies.** Anyone who witnesses or is the victim of a crime or who is concerned about a health or safety emergency should immediately contact the Office of Public Safety. Emergency: (212) 678-3333. Non-emergency: (212) 678-3220.

- **For sexual harassment and other forms of discriminatory harassment matters,** see the Policy on Protection from Harassment at www.tc.edu/policylibrary/protection_from_harassment.

- **Sexual Assault, Gender-Based Misconduct, Stalking, and Intimate Partner Violence.** Reports of gender-based misconduct by TC or other Columbia students should be directed to Student Services for Gender Based and Sexual Misconduct; sexualrespect.columbia.edu. The
University’s Gender-Based Misconduct Policies for Students can be found at sexualrespect.columbia.edu/university-policy.

- **People with Disabilities.** Any person with disabilities who seeks reasonable accommodations should contact the Office of Access and Services for Individuals with Disabilities (OASID) at (212) 678-3689 or oasid@tc.columbia.edu. Individuals with questions about providing reasonable accommodations may also see the OASID website, OASID website.

- **Environmental Health and Safety.** Concerns about environmental health or safety should be directed to Patrick Mathelier in the Office of Environmental Health and Safety at (212) 678-6640 or Mathelier@tc.columbia.edu. You can also visit www.tc.columbia.edu/environmentalhealth/.

- **Ethics Point reporting of financial concerns and health and safety concerns.** The College operates a website and 800 number that permits the anonymous reporting of concerns about financial matters and health and safety matters. For more information, call 888-329-6420 or see https://secure.ethicspoint.com/domain/media/en/gui/22716/index.html.

- **Student Residence Halls.** Students with housing concerns or problems are encouraged to speak to Dewayne White, Seema Moliga or a residential services staff member at (212) 678-3235 or moliga@tc.columbia.edu.

- **Student Grade Corrections.** Students with grade correction concerns should see the Policy Library for the Grace Corrections Policy and next steps at http://www.tc.columbia.edu/policylibrary/associate-provost-enrollment-services/grade-correction/.

**Formal Procedures.** The College maintains formal procedures for the resolution of certain grievances. Formal complaints should be filed in accordance with TC policies, specifically:

- **For sexual harassment and other forms of discriminatory harassment matters** (Teachers College prohibits discrimination on the basis of race, color, religion, creed, sex, sexual orientation, national origin, ancestry, age, marital status, citizenship status, veteran status, disability, pregnancy, gender expression, or any other criterion specified by federal, state or local laws), see Policy on Protection from Harassment at www.tc.edu/policylibrary/protection_from_harassment.
- Sexual Assault, Gender-Based Misconduct, Stalking, and Intimate Partner Violence, see “Special Situations” above.

- For complaints about discrimination (including failure to reasonably accommodate a person with disabilities), students and faculty may contact Tom Rock, Vice Provost for Student Affairs, at (212) 678-3083 or rock@tc.columbia.edu and other employees may contact the Assistant Vice President of Human Resources, at (212) 678-3175 or glazer@tc.columbia.edu. Such complaints should be made in writing.

- Students with concerns or problems that have not been resolved informally may contact Vice Provost for Student Affairs, Tom Rock, at (212) 678-3083 or rock@tc.columbia.edu.

**Student Rights and Responsibilities:** "A Guide to Students’ Rights and Responsibilities," obtainable from the Student Life Center in Thorndike Lobby, provides details concerning the due process procedures that are required when a charge is made against a student. It also describes procedures (note above) that are to be followed by a student who has a grievance.

**Work Obligations:** We recognize that some students must work part-time, but we are also concerned about the degree to which such work may interfere with progress through the program. We strongly urge that you weigh carefully the balance between financial necessity and this one-time opportunity for training. If you do need to work part-time, you still must be able to arrange time to meet patients and supervisors, attend classes (including Colloquium and Case Conference), and participate fully in your faculty member’s lab.

**Ph.D. Candidacy:** University policy is that the Ph.D. degree must be earned no later than seven years after the first registration. The program, too, must be vigilant about the need for students to complete their degrees in seven years or less. Being an ABD (“All But Dissertation”) is not only stressful and frustrating to students, it is also harmful to the program’s reputation and accreditation status. Students should be aware that it is absolutely expected that they will have an approved Dissertation Proposal by no later than the end of their fourth year in the program.

Whereas extensions of a student’s period of candidacy are granted for good reasons (e.g., health considerations, parenthood), the policy of the Clinical Psychology program is that the Director of Clinical Training, who must approve all such requests, will not grant approval unless the student gives evidence of making tangible, step-by-step progress on the dissertation. That is, each semester (or year, at the latest) students should take the next step toward completing their dissertation, moving from Proposal Hearing to Advanced Seminar or from Advanced Seminar to Orals.
More specifically, the program's expectations are as follows:

- Proposal Hearing by the beginning of a student's fourth year (if an Internship in year 5 is desired, then this meeting must occur in time to apply for APPIC);
- Advanced Seminar and Oral defense either at the end of this fourth year, during the Internship year, or at the beginning of the sixth year (assuming Internship in year five).

Students who have not had a Proposal Hearing by the end of their fourth year will be placed on probation; absent emergencies or extreme circumstances (e.g., medical necessity), students who have not had a Proposal Hearing by the end of their fifth year of candidacy will be terminated from the program.

The procedures for requesting an extension of one's candidacy are:

1. After conferring with his or her advisor, the student shall write a letter to DCT. The letter should include precise information on the following three points:
   a. The reasons for not finishing within the original time period;
   b. The progress made to date in meeting requirements;
   c. A schedule of dates and steps for completing requirements.

2. The advisor must write a supporting memorandum to the DCT, enclosing two copies of the student's letter. The advisor's letter should include an evaluation of the student's work to date and an appraisal of the student's proposed schedule for completing remaining requirements.

The DCT, in conjunction with program faculty, will make a determination and, if positive, will submit the requisite paperwork to the Office of Doctoral Studies.
Clinical Rotations

The clinical training in our program is organized around a series of rotations. Each rotation (practicum experience) includes assigned cases, individual supervisors, and a two-semester course sequence that typically involves a combination of didactics and group supervision.

Following their first year required courses in clinical assessment and intake, all students in their second year take a full-year (two semesters plus summer) practicum in psychodynamically-oriented psychotherapy: CCPX 6335 (Practicum in Clinical Intervention).

At the end of the spring semester of their first year, students will be asked to select their rotation (in addition to the required CCPX 6335 course noted above) for their second year. They will submit their request—providing ranked choices—to the Director of the Dean-Hope Center (Dr. Rosa), who will then assign individual supervisors based on these requests. Most students will receive their first or second choices for rotations, but this depends, of course, on the number of students requesting a specific rotation (i.e., most rotations have an upper limit to the number of students that can be accommodated within a given year). Conversely, some rotations may not be offered in a given year if there is insufficient enrollment. The same process will occur at the end of the second year. (Students see clients through these rotations throughout summer sessions A and B, both at the end of their first year and second year in the program, but not during summer sessions at the end of their third year). At the end of the third year, students may request to enroll in a fourth-year practicum (with Dr. Rosa): CCPX 6338: Fourth-year Practicum in Clinical Intervention.

Description of Clinical Rotations:

Psychodynamically-oriented Psychotherapy:  
CCPX 6335 (Practicum in Clinical Intervention), Prof. Farber; Dr. Geller, Required in second year (3 points each semester, plus 0 points during summer semesters). Focus (through articles, books, videos, and student presentations) is on relationally-oriented psychodynamic psychotherapy.

CBT/DBT Psychotherapies:  
CCPX 6336, Sect. 4 (Dr. Woodruff) Fall Semester; focus on CBT and on contemporary integrative approaches.  
CCPX 6336, Sect. 4 (Dr. Watson) Spring Semester: focus on DBT (Dialectical Behavior Therapy).

Child and Adolescent Psychotherapy (will be offered next year):  
CCPX 5531: Psychotherapy with Children (Dr. Anne Marie Albano), Fall Semester  
CCPX 5334: Practicum: CBT for Children and Adolescents (Dr. Anne Marie Albano), Spring semester.
Provides an understanding of the foundations of child and adolescent work and introduces students to fundamental aspects of theory and technique. It integrates theory and technique through discussion of readings, especially as they pertain to students' cases, and through group supervision. Discussions will address a particular topic integral to child/adolescent therapy using a multi-faceted developmental lens that integrates developmental, biological, neuropsychological, family, and cultural perspectives. Students will also learn the fundamentals of CBT and IPT as these evidence-based modalities pertain to child therapy. They will also be introduced to the fundamentals of consultative work with children, parents, and teachers in underserved schools and communities.

**Introduction to Neuropsychological Assessment:**
CCPX 6336, Sect. 2 (Dr. Cole). Both semesters. Focus is on the fundamentals of neuropsychology practice including tests and test administration, functional neuroanatomy, and the basics of various neurological disorders. The course includes individual supervision of clinical assessment cases, and is designed to foster interest in more advanced neuropsychology training through externship and later internship placements.

**Interpersonal Psychotherapy:**
CCPX 6336, Sect. 8 (Dr. Hinrichsen) Both semesters. An evidence-based psychotherapy for mood disorders, post-traumatic stress disorder, eating disorders, etc., IPT has been a recommended treatment in a number of national and international guidelines and is being disseminated globally by the World Health Organization (lead author of the manual is Professor Verdeli). The course includes didactics and group supervision of clinic cases.

**Emotion Regulation Therapy**
CCPX 6336, Sect. 7 (Dr. Mennin) Both semesters. ERT is a manualized treatment that integrates components of cognitive-behavioral, acceptance, dialectical, mindfulness-based, and experiential, emotion-focused, treatments using a mechanistic framework drawn from basic and translational findings in affect science.

**Family Systems:**
CCPJ 6363: Advanced Family Systems practicum (Dr. Greenan). Both semesters. Enrollment is limited and priority is given to third-year students. Students interested in this course must email Dr. Greenan in the spring or summer prior to taking the course, in order to obtain permission. Didactics and live supervision in a team approach setting, following a systemic structural approach. This practicum is unique in that the student will not receive an individual supervisor; rather, the instructor provides supervision in vivo.

**Integrated Healthcare (Not offered every year):**
CCPX 6336, Sect. 6 (Dr. Stein). Both semesters. The term “Integrated Psychotherapy” refers to the deliberate integration of primary care and behavioral health services to
better address the needs of clients presenting with both mental and physical health issues.

Psychodynamic/Existential Psychotherapy (Not offered every year):
CCPX 6336 (Advanced Practicum in Clinical Intervention), Sect. 1 (Dr. Geller). This practicum is offered only during students’ third year in the program and may be seen as the continuation of the required second-year psychodynamically-oriented therapy practicum with a greater emphasis on existential issues. Clinical-theoretical and research-informed papers (e.g., on the construction of working clinical models; on nonverbal communication) are used to facilitate discussion of the salient issues raised by case presentations.
Points (Credits) in the Program: Assumptions and Models

As noted earlier, students must take 95 points (credits) for our Ph.D. program in clinical psychology.

Adhering to the requirements in the following pages of this Handbook would result in the following number of points taken given the following different assumptions:

A. Assuming 1 credit of independent study per semester over each of three years, and assuming the need to take only two stats classes, and assuming the election of Externship for 0 credits, would yield a total of 84 points: 31 in the first year, 29 in the second year (including summer), and 24 in third year (including summer). This option leaves open 11 points of elective credits.

B. Assuming the same as above (“A”), but now with the addition of a third stats course (i.e., beginning with HUDM 4122: Probability & Statistical Inference) yields a total of 87 credits. This option leaves open 8 points of elective credits.

C. Assuming the same as above (“B”) but now with the addition of the fourth-year practicum at one point each semester yields a total of 89 credits. This option leaves open 6 points of elective credits. Taking externship for 1 point results in 90 credits, leaving open 5 points of elective credits.

Clearly, there are other combinations that can be derived (including electing independent study during the fourth year) and clearly, too, these numbers change if a student has come into the program with some credits that have been transferred due to previous graduate work in the field.

Most importantly: Discussing these options—and variations, especially in number of credits taken for independent study—should be done early and often with your advisor.
Clinical Psychology Program Coursework Requirements:

2019-2020

First Year

Fall Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Instructor</th>
<th>Credits</th>
<th>Time</th>
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<tr>
<td>1.</td>
<td>CCPX 5330 Principles &amp; Techniques of Clinical Assessment</td>
<td>Richardson</td>
<td>3</td>
<td>T 11:00-12:40, R 9:15-10:45</td>
</tr>
<tr>
<td>2.</td>
<td>CCPX 5030 Ethical and Professional Issues in Clinical Psychology</td>
<td>Khan</td>
<td>2</td>
<td>M 1:00-2:40</td>
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<td>3.</td>
<td>ORLJ 5040 Research Methods in Social Psychology</td>
<td>Block</td>
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<td>4.</td>
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<td>Cha</td>
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<tr>
<td>5.</td>
<td>CCPX 5032 Adult Personality &amp; Psychopathology</td>
<td>Farber</td>
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<td>CCPX 4900 Independent Study (Labs/Research)</td>
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<td></td>
<td>CCPX 4900.02: Section 2 Independent Study: Spirituality and Wellness</td>
<td>Miller</td>
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<td>CCPX 4900.04: Section 4 Independent Study: Psychotherapy Research</td>
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<td>CCPX 4900.05: Section 5 Independent Study: Grief, Trauma, &amp; Emotion</td>
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<td>Midlarsky</td>
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<td>CCPX 4900.07: Section 7 Independent Study: CBT/ IPT in resource-poor areas</td>
<td>Verdeli</td>
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<td>CCPX 4900.08: Section 8 Independent Study: Self-injurious behaviors</td>
<td>Cha</td>
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<td>CCPX 4900.09: Section 9 Independent Study: Emotional Regulation in Affective Disorders</td>
<td>Mennin</td>
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<td></td>
<td>HUDM 4122 Probability &amp; Statistical Inference</td>
<td>Varied</td>
<td>3</td>
<td>M 1:00-2:40</td>
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</tbody>
</table>

In addition to the Independent Study with your mentor, you can take CCPX 5110 Research Apprenticeship offered by your mentor in a regular class format. You can take this course for up to 2 semesters at any point during your faculty's availability.
studies for 0-3 credits per semester. Please check with your advisor about the specifics

Spring Semester

<table>
<thead>
<tr>
<th></th>
<th>Course Code</th>
<th>Course Title</th>
<th>Instructor</th>
<th>Days</th>
<th>Time</th>
<th>Credits</th>
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<tr>
<td>1</td>
<td>CCPX 4900</td>
<td>Independent Study (Labs/Research)</td>
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<td>2</td>
<td>HUDM 5122</td>
<td>Applied Regression Analysis</td>
<td>Varied</td>
<td>M &amp; W</td>
<td>1:00-2:40</td>
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<td>3</td>
<td>CCPX 5037</td>
<td>Dynamic Psychotherapies</td>
<td>Cooper</td>
<td>W</td>
<td>11:00-12:40</td>
<td>3</td>
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<tr>
<td>4</td>
<td>CCPX 5333</td>
<td>Practicum in Clinical Assessment</td>
<td>Richardson</td>
<td>T</td>
<td>11:00-12:40</td>
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<td>Lab, R</td>
<td>9:15-10:45</td>
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<td>5</td>
<td>CCPX 5034</td>
<td>Child Psychopathology</td>
<td>Cha</td>
<td>R</td>
<td>3:00-4:40</td>
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<td>6</td>
<td>CCPX 5539</td>
<td>Clinical Assessment: The Intake Interview</td>
<td>Rosa</td>
<td>M</td>
<td>10:00-11:40</td>
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<td>7</td>
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<td>Colloquium</td>
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<td>8</td>
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<td>Case Conference</td>
<td>Rosa</td>
<td>W</td>
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TOTAL REQUIRED POINTS

Summer A

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<tr>
<th></th>
<th>Course Code</th>
<th>Course Title</th>
<th>Instructor</th>
<th>Days</th>
<th>Time</th>
<th>Credits</th>
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<tbody>
<tr>
<td>1</td>
<td>HUDM 5059</td>
<td>Psychological Measurement (if not taken in the Fall)</td>
<td>DeCarlo</td>
<td>TBA</td>
<td></td>
<td>3</td>
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</tbody>
</table>

TOTAL REQUIRED POINTS

Additional First Year Requirements and Information

1. **Statistics:** Students who have not had a graduate course in statistics or who feel they need extra preparation before the required two-semester sequence in statistics (HUDM 5122; HUDM 5123), should take HUDM 4122 Probability and Statistical Inference in the Fall: M, W, 3:00-4:40 (Corter). There’s also an on-line version of this course.

2. **Practicum in Clinical Assessment (CCPX 5333):** This practicum is designed to provide students with supervised experience in assessment. This is not a psychotherapy practicum. Students are expected to provide assessment (a comprehensive battery of psychological tests) to at least two clients of the Dean
Hope Center. **Students must have professional liability insurance before beginning this (and any other) practicum.**

3. **Dean-Hope Center:** Trainees are expected to keep diligent records and prepare whatever reports the Dean Hope Center requires (See Center Manual). They will also be responsible for arranging and conducting consultations with families, schools, and other professionals and agencies, as needed.

4. **Ethical and Professional Issues (CCPX 5030)** is the foundational course for learning about ethics, but this focus continues throughout students’ training. Thus, for example, in the second semester course on Clinical Intake/Interviewing (CCPX 5539), students will continue to learn about the ethical principles most relevant to clinical practice. In the first semester of the second year, in the course on Clinical Work with Diverse Populations (CCPX 5036), students will learn about ethical, legal and practice guidelines associated with diversity and working with culturally diverse individuals. In second-year practicum (CCPX 6335) students will learn about ethical and legal issues associated with self-care as a psychologist; and in the third-year course on supervision and consultation (CCPX 6333), students will learn about ethical and legal aspects of providing and receiving these services.

5. **Independent Study (CCPX 4900, work in research labs with mentor):** Technically, students can sign up for this course for 1-3 points each semester, through years 1-4. However, signing up for 2 (and, even more so 3) points for this course on a regular basis will “use up” points and thus, significantly restrict students’ ability to take elective courses in years 2, 3, and 4. Unless your mentor advises you to do otherwise, sign up for CCPX 4900 for one point each semester during the first two years of study; sign up for CCPX 6900 for one point each semester during your third year.

6. In addition to the Independent Study with your mentor, you can take CCPX 5110 Research Apprenticeship offered by your mentor in a regular class format. You can take this course for up to 2 semesters at any point during your studies for 0-3 credits per semester. Please check with your mentor about the specifics.

7. **CCPX 5610 (Colloquium)** is a full-year course. Students sign up for this course each of their first three years in the program. Attendance is mandatory.

8. **CCPX 5630 (Case Conference),** Wednesdays 3:00-4:40, is required each semester beginning in the fall of a student’s 2nd year in the program. However, attendance at case conference is open and suggested to students in the spring semester of their 1st year.
## Second Year

### Fall Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Instructor</th>
<th>Time</th>
<th>Credits</th>
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<tbody>
<tr>
<td>1. CCPX 4900</td>
<td>Independent Study (Labs/Research)</td>
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<tr>
<td>2. CCPX 5038</td>
<td>Cognitive, Behavioral and Interpersonal Therapies (IPT)</td>
<td>Verdeli</td>
<td>W 5:10-6:50</td>
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<tr>
<td>3. CCPX 5036</td>
<td>Clinical Work with Diverse Populations</td>
<td>Rosa</td>
<td>T 1:00-2:40</td>
<td>3</td>
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<tr>
<td>4. CCPX 6335.01</td>
<td>Practicum in Clinical Intervention</td>
<td>Farber</td>
<td>T 11:00-12:40</td>
<td>3</td>
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<tr>
<td>5. CCPX 5610</td>
<td>Colloquium</td>
<td>Cha</td>
<td>R 11:00-12:40</td>
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<tr>
<td>6. CCPX 5630</td>
<td>Case Conference</td>
<td>Rosa</td>
<td>W 3:00-4:40</td>
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<td>7. Rotation (one of the following):</td>
<td></td>
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<tr>
<td>CCPX 5531</td>
<td>Psychotherapy with Children</td>
<td>Albano</td>
<td>W 1:00-2:40</td>
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<tr>
<td>CCPX 6336.04</td>
<td>Advanced Practicum: CBT</td>
<td>Woodruff</td>
<td>R 9:00-10:40</td>
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<tr>
<td>CCPX 6336.02</td>
<td>Advanced Practicum: Introduction to Neuropsychology</td>
<td>Cole</td>
<td>W 5:10-6:50</td>
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<tr>
<td>CCPX 6336.07</td>
<td>Emotion Regulation Therapy (ERT)</td>
<td>Mennin</td>
<td>W 10:00-11:40</td>
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<tr>
<td>CCPX 6336.08</td>
<td>Interpersonal Psychotherapy (IPT)</td>
<td>Hinrichsen</td>
<td>M 9:00 – 10:40</td>
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### Spring Semester

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<tr>
<td>1. CCPX 4900</td>
<td>Independent Study (Labs/Research)</td>
<td></td>
<td></td>
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<tr>
<td>2. CCPX 5020</td>
<td>Cognition, Emotion, &amp; Culture</td>
<td>Bonanno</td>
<td>T 11:00-12:40</td>
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<tr>
<td>3. CCPX 6335</td>
<td>Practicum in Clinical Intervention</td>
<td>Farber</td>
<td>T 3:00-4:40</td>
<td>3</td>
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<tr>
<td>4. a. BBS 5068</td>
<td>Brain and Behavior I: Communication in the Nervous System</td>
<td>A. Gordon</td>
<td>M 5:10-6:50</td>
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<td>Instructor</td>
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<tr>
<td>5.</td>
<td>CCPX 5610</td>
<td>Colloquium</td>
<td>Cha</td>
<td>R</td>
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<td>6.</td>
<td>CCPX 5630</td>
<td>Case Conference</td>
<td>Rosa</td>
<td>W</td>
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<td>7.</td>
<td></td>
<td>Rotation, one of the following:</td>
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<tr>
<td></td>
<td>CCPX 5334</td>
<td>Practicum: CBT Children &amp; Adolescents</td>
<td>Albano</td>
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<td>Advanced Practicum: DBT</td>
<td>Watson</td>
<td>R</td>
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<td>CCPX 6336.02</td>
<td>Advanced Practicum: Introduction to Neuropsychology</td>
<td>Cole</td>
<td>W</td>
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<td>CCPX 6336.07</td>
<td>Emotion Regulation Therapy (ERT)</td>
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<tr>
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<td>Interpersonal Psychotherapy (IPT)</td>
<td>Hinrichsen</td>
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**Summer A**

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<td>CCPX 6020</td>
<td>History and Systems of Psychology</td>
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<td>Practicum in Clinical Intervention</td>
<td>Farber and CEPS staff</td>
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<td></td>
<td></td>
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</table>

**Additional Second-Year Requirements and Information**

1. **Practicum:** Second and third year practica involve ongoing coordination among the practicum instructor, therapy supervisors, and the Dean Hope Center (especially Dr. Rosa). Supervisors send their end-of-semester evaluations directly to the Director of Training (DCT) and are encouraged to contact that person (currently Prof. Verdeli) should questions or problems arise. Grading of practica is based not only on the instructor’s assessment of a student’s clinical progress and learning (e.g., adherence to the reading assignments), but also on input from Dr. Rosa regarding student adherence to the policies of the clinic, especially in terms of paperwork. Although most practica are “officially” offered for 1-3 points (reflecting the needs of some counseling students who take some of our practica courses), clinical students should only be signing up for 3 points per academic semester.
2. **Statistics**: There are several options available to students for advanced statistics courses after completing HUDM 5122 and HUDM 5123. These include courses in Multivariate Statistics (HUDM 6122), Latent Structures (HUDM 6055), Introduction to R (HUDM 5026), and Meta-analysis (HUDM 5030). See Professor Corter, DeCarlo, or Keller (stats program) for advice and recommendations.

3. **Proseminar in Social Psychology (ORLJ 5540)**, the course that fulfills the requirement for a course in Social Aspects of Behavior, is typically taken in the spring semester of the third year, but can also be taken during the first summer semester (A) of either the second or third year. Register early!

4. **Second-Year Project**: Details regarding the Project are on the pages that follow. Students' Second-Year Project advisors are almost always the same as their primary mentor in the program, but in all cases must be selected from among the core faculty members of the program. Further, it should not be expected that core faculty members will serve as titular sponsors of research being conducted by others elsewhere.

5. **The Master of Science degree (MS)** is awarded to students following completion of all course requirements of the first two years, including completion of the Second-Year Project. (The MPhil is awarded, usually in the third year, after taking and passing the Research Exam, and after completing all coursework).

6. **Psychotherapy with Children (CCPX 5531)** is required for those who are taking the Child & Adolescent Therapy rotation; others may take this course as an elective.

7. **Seminar in Life Span Development (HUDK 6520; Professor Brooks-Gunn)** is the preferred course for meeting APA requirement for a course in life-span human development. Alternatively, students may elect to fill this requirement via HUDK 5040 (Development and Psychopathology: Atypical Contexts and Populations), an on-line course offered each spring.
The Second-Year Project

Form: The Second-Year Project is an empirical study, using whatever research method or methods are best suited for the testing of the particular hypotheses and/or research questions being investigated. Models for designing and presenting this project can be found in articles in the *Journal of Abnormal Psychology, Journal of Consulting and Clinical Psychology, Journal of Personality and Social Psychology*, and *Psychotherapy Research*. Second-Year Projects from previous years are available to look through in the Seminar Room. Many students find it useful to think of the Second-Year Project as an opportunity to work in an area that they may continue to pursue in their dissertations.

Style: The Second-Year Project is to be written as if for publication in an APA or APA-like (refereed) journal. The organization, punctuation, tables, headings, abstract, and reference styles must follow the recommendations of the APA *Publication Manual* (6th ed., 2009), except that the title page should include, toward the bottom of the right-hand corner, the name of your sponsor and the date of submission of this draft.

Several of the most frequent errors in APA style have been noted earlier in this Handbook. Please refer to this section before submitting your Project.

Data Analysis: The primary purpose of the Second-Year Project is to give students an opportunity to design, implement, analyze, and discuss the results of an empirical study. Therefore, to state the obvious: students, not paid statistical consultants, are expected to analyze their data. While experts on statistics and research design may be consulted, students are expected to know how to enter data into a computer and use available statistical programs, determine which statistics are best suited for the problem being investigated, and understand the meaning of the results of the statistical findings.

Quality & Quantity: The Project must be of publishable quality in content and exposition. Projects judged (by the advisor) to fall below this standard are not acceptable. Typically (though not necessarily), projects will be between 20-25 pages, including abstract, tables, and references. A good many of our students’ Second-Year Projects have, in fact, been presented at professional conferences and/or been published in professional journals, and these are the goals toward which you should aim.

Process: With their mentor’s guidance and suggestions, and (almost always) in the context of their work in their mentor’s research lab, students will develop ideas for their Second-Year Project. Data for Projects are frequently part of a large data set collected as part of the lab’s work, but may also be collected by the student specifically for their Project and, in some cases, may be part of a data set that exists independent of the lab they’re involved with.
Schedule: As noted above, the nature and aims of a second-year project are developed by the student in consultation with his or her advisor. Ideally, and in most cases, the ideas and structure of the project begin to coalesce by the spring semester of the student's first year of study.

- A completed first draft of the Second-Year Project is due the first day of registration in the fall semester of the third year. This draft should be word-processed, in APA style, complete with abstract, tables, and references, and proofread. It should not be the first draft that emerges from the word processor. It should be as close as possible to what the student (and faculty member) expects to be the finished product. Students not submitting first drafts of Second-Year Projects at this time will receive an Incomplete in their independent study section.

- During the fall semester of the third year, students should continue to meet with their research advisors to revise and polish the Project. A final approved (by the advisor) draft is due no later than the first day of spring registration. A copy of this final draft should be given to the program secretary for filing. Note that turning in a draft is not equivalent to the research advisor's approval of same.

Research and writing always take considerably longer than anticipated. Include time for both in your schedule. The demands and requirements of clinical and academic work do not constitute valid excuses for failing to adhere to the schedule and requirements of the Second-year Project.

Contingencies: Students, who have not turned in a complete draft of the Project by fall registration in the fourth year, are technically "not in good standing" and letters of recommendation (for externships, etc.) cannot state otherwise.

Alternatives: Students who have previously completed Master's Degree theses (essays) that are empirically-based may submit these to their advisors as part of this requirement. The essays must meet standards of the Clinical Program. Thus, advisors may require these theses to be modified (perhaps substantially) before they are considered acceptable. Since an acceptable Master's Essay indicates that the student has accomplished many of the goals that this requirement is designed to reach, that student (in consultation with his or her advisor) has an option in regard to the form of the Project: He or she may choose to do another piece of empirical research, or do a critical review of the literature in some area of interest. Students’ mentors have ultimate decision-making authority in regard to what constitutes an acceptable Second-Year Project.
### Third Year

#### Fall Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<th>Times</th>
<th>Credits</th>
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<tr>
<td>1.</td>
<td>CCPX 6900 Independent Study (Labs/Research)</td>
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<td>1</td>
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<tr>
<td>2.</td>
<td>HUDM 5123 Linear Models</td>
<td>Keller</td>
<td>M 11:00-2:00</td>
<td>3</td>
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<tr>
<td>3.</td>
<td>CCPX 6336 Advanced Practicum (Choose 2 Rotations)</td>
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<td>6</td>
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<tr>
<td></td>
<td>CCPX 6336.04 Advanced Practicum: CBT</td>
<td>Woodruff</td>
<td>R 9:00-10:40</td>
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<td></td>
<td>CCPJ 6363 Advanced Family Systems Practicum</td>
<td>Greenan</td>
<td>M 4:00-7:00</td>
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<td>CCPX 6336.01 Advanced Practicum: Psychodynamic/Existential</td>
<td>Geller</td>
<td>R 1:00-2:40</td>
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<td></td>
<td>CCPX 6336.02 Advanced Practicum: Introduction to Neuropsychology</td>
<td>Cole</td>
<td>W 5:10-6:50</td>
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<td></td>
<td>CCPX 6336.07 Emotion Regulation Therapy (ERT)</td>
<td>Mennin</td>
<td>W 10:00-11:40</td>
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<td></td>
<td>CCPX 6336.08 Interpersonal Psychotherapy (IPT)</td>
<td>Hinrichsen</td>
<td>M 9:00 – 10:40</td>
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<td>4.</td>
<td>CCPX 7500 Dissertation Seminar *</td>
<td>Faculty</td>
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<tr>
<td>5.</td>
<td>CCPX 5610 Colloquium</td>
<td>Cha</td>
<td>R 11:00-12:40</td>
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<tr>
<td>6.</td>
<td>CCPX 5630 Case Conference</td>
<td>Rosa</td>
<td>W 3:00-4:40</td>
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<tr>
<td>7.</td>
<td>ORLJ 5540 Proseminar in Social Psychology</td>
<td>Westaby</td>
<td>T 5:10-6:50</td>
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* Please consult with the DCT (Dr. Helen Verdeli) prior to registering for the Dissertation Seminar.

#### Spring Semester

<table>
<thead>
<tr>
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<th>Instructor</th>
<th>Times</th>
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<tr>
<td>1.</td>
<td>CCPX 6900 Independent Study (Labs/Research)</td>
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<td>2.</td>
<td>CCPX 6336 Advanced Practicum (Second Semester of the 2 Full-Year Practica)</td>
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<td>CCPJ 6363</td>
<td>Advanced Family Systems Practicum</td>
<td>Greenan</td>
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<td>Advanced Practicum: Psychodynamic/Existential</td>
<td>Geller</td>
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<tr>
<td>CCPX 6336.02</td>
<td>Advanced Practicum: Introduction to Neuropsychology</td>
<td>Cole</td>
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<tr>
<td>CCPX 5334</td>
<td>Practicum: CBT for Children &amp; Adolescents</td>
<td>Albano</td>
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<tr>
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<td>Emotion Regulation Therapy (ERT)</td>
<td>Mennin</td>
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<td>Hinrichsen</td>
<td>M</td>
<td>9:00 – 10:40</td>
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<td>Case Conference</td>
<td>Rosa</td>
<td>W</td>
<td>3:00-4:40</td>
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<tr>
<td>HUDK 6520</td>
<td>Seminar in Life-span Development</td>
<td>Brooks-Gunn</td>
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**TOTAL REQUIRED POINTS**

### Summer A

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<td>Practicum in Clinical Intervention</td>
<td>Farber and CEPS staff</td>
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**TOTAL REQUIRED POINTS**

**0**

### Additional Third-Year Requirements and Information

1. Students should now sign up for *Advanced Independent Study (CCPX 6900)* rather than CCPX 4900 Independent Study. If students have sufficient credits still available and have “advanced” responsibilities and time commitments in their lab, they may, with their advisor's approval, elect to sign up for this course for either two or three credits (rather than the usual “one”).

2. Sometime during their third-year, students must present (a) their research work at Colloquium and (b) their clinical work (i.e., a clinical case) at Case Conference. Students should coordinate their research presentation with their advisor, and their
case conference presentation with their advisor and/or practica instructors and supervisors.

3. A one-semester course on clinical supervision and consultation in the spring semester (CCPX 6333) is led by Dr. Rosa and involves, in part, her supervising third year students’ work with first-year students’ intake cases.

4. All clinical students must apply for and obtain the Master of Science Degree (M.S.). The requirements for this will usually have been met by the time the Second-Year Project has been approved. The non-major course requirements for this degree are generally fulfilled by measurement, developmental (life-span) psychology, and brain and behavior courses; thus, most students should apply for the degree during the first semester of the third year. On the M.S. form: The Second-Year Project is not a Master’s Essay.

5. The Certification Examination is the Teachers College requirement that corresponds to the qualifying examination in most universities. It currently consists of two parts:
   a. The Second-Year Project; and
   b. The Research Exam, which consists of four parts: research vignettes (the identification of flaws); critique of a research article; design of a study; and designation and use of appropriate statistics. Students are permitted only two opportunities to pass. Students generally take this exam in the fall semester (October) of the third year. The final date for applying to take the examination in the fall is early to mid-September; the final date for applying to take the exam in the spring is mid to late January. In either case, applications are available in the Office of Doctoral Studies (ODS). See pages 59-62 for a fuller description of the Research Exam, as well as “tips from students” on how to prepare for it.

6. The Master of Philosophy (M. Phil.) degree is awarded by the University to students who have passed the Certification Examination, completed all academic requirements (i.e., coursework, including CCPX 7500, Dissertation Seminar) except the dissertation, and filed a Program Plan. There are several forms to be completed (available in ODS and on-line).

7. Externships are common, though not technically required, during the third year. See detailed information on the pages that follow.

8. Prior to graduation, all students must take a course in the Detection of Child Abuse. This may be taken on-line through the Mandated Reporter Resource Center: http://www.nysmandatedreporter.org/
Externship

Overview

CCPX 5230 Fieldwork in Clinical Psychology (Externship) (0-1 point each semester). Externships provide clinical experience in approved settings at an appropriate level under appropriate supervision. The program has a responsibility to monitor the student’s professional development through this course such that contact between our program (Professor Doug Mennin) and the externship site is a required and necessary aspect of this experience.

While opting for an externship and registering for the related course (CCPX 5230) technically are elective, in recent years externships have become a de facto requirement for a successful internship match. Some inpatient experience prior to applying for internship seems to be particularly important for those wanting a hospital setting for their internship experience.

Students may not have more than one externship experience at any one time. Moreover, externship must not exceed more than 16 hours per week during students’ third year, and not exceed 20 hours per week in years four or five.

NOTE: Some externship sites may conduct a background checks and/or forensic and drug abuse lab tests. This is a not a mandate and these requirements vary by externship site.

Readiness

Readiness for externship is determined through discussion between the student and her or his primary mentor. Readiness for third year externships will be largely contingent upon adequate progress on the student’s Second-year project; in virtually all cases, this translates to a fully completed draft of the project (see below). Each student’s advisor will have significant and final input in this decision.

As noted earlier, some students, with the advice and consent of their advisor, will choose to do externships during their third year (assuming completion of the Second-year project) and fourth year. Other students—typically (though not necessarily) those with advisors who have provided substantial funding through grants—will likely do a fourth year (and possibly fifth year) externship), devoting their third year to further work on the lab’s research and their own dissertation.

At a minimum, an externship placement will only be approved if the student has fulfilled the following conditions:

- Has completed all required 1st and 2nd year courses;
● Has completed a draft of the Second-Year Project (for third year externships);
  has completed and filed an approved (final version) of the Second-Year Project
  (four year and beyond externships);
● Has no current course “Incompletes”;
● Has passed the Research Exam;
● Has an up-to-date student folder (including all supervisory evaluations);
● Is in good standing in terms of the requirements of the Dean-Hope Center.

Applying

Preparation
Students will typically begin the externship process in the early months of the fall
semester of the year they intend, with their advisor’s approval, to apply. Students may
find detailed information about various externship sites in the New York area through:
www.psychpracticum.fdu.edu.
Starting 2019, most up-to-date information about externship sites in the New York
area is found through: http://psychpracticum.apa.org/. Reviewing the externship
guidelines posted on the APA psychpracticum portal can be especially useful:

Following steps and the suggested timeline may help the student prepare better for the
externship process:

Early Fall:
Step 1: Begin browsing the directory on the APA psych practicum web portal and
shortlisting your sites of interest.

Step 2: Identify the requirements of the sites you are interested in (e.g., transcripts,
number of letters of recommendation, case description, examples of testing reports
etc.)

Step 3: Identify faculty and /or supervisors who would be writing you letters of
recommendation and begin contacting them so that they have sufficient time to
develop your letter. In your correspondence, provide them with details about the sites
you are applying to and information regarding how to submit the letter (e.g., some
sites may want your recommenders to directly submit the letter versus some others
that want you to submit the letters as part of your application package).

Late Fall – Early Spring
Step 4: Attend externship preparation workshops organized by the DCT of the clinical
and counseling psychology programs. These workshops are organized for your benefit.

Step 5: Begin consolidating application packages for each site that you have chosen.
When applying, they should include the name, email address, and phone number of both the DCT (currently, Prof. Verdeli) and that faculty member in charge of externships at TC (currently, Dr. Mennin) on their CV.

*Application Submission, Offer Acceptance/Withdrawal and Interview Process*

Virtually all externship programs in the New York area now adhere to a common deadline for applications and acceptances: applications are accepted beginning 1/20 and interviews begin after 2/1. The earliest date on which an offer can be made to a student is Monday, 3/2/14 (at 9:00 AM). In future years, the submission/application date for externships will be the Tuesday immediately after Martin Luther King’s birthday commemoration. Offers to students can be made between 9:00-5:00 and made only via email; phone calls are not acceptable.

Students can hold an initial offer until 10:00 AM on the morning after the offer is made (regardless of the time of day that the offer is made). The student must either accept or reject that offer by 10 AM the next morning. Examples:

a. If an offer is made on Monday, the student has until Tuesday at 10:00 AM to accept or reject the offer;

b. If an offer is made on Friday, the student has until Monday at 10:00 AM to accept or reject the offer.

Once a student gets any additional offers, regardless of the time that offer is made, he or she must drop all offer but one by 7:00 PM and, has until 10:00 AM the next morning, to decide on the remaining offer. A student cannot hold more than one offer past 7:00 PM on any day. Examples:

a. Example #1: If a student gets offer #1 on Monday at 9:00 AM and offer #2 on Monday at 4:00 PM they must drop one of those offers by 7pm on Monday and make a decision on the other offer by 10am.

b. Example #2: If a student gets offer #1 on Monday at 9:00 AM and offer #2 on Tuesday at 11:00 AM, they would have had until Tuesday at 10:00 AM to drop or accept the first offer. If they dropped the first offer, the “24 hr clock” begins on the second offer and they have until 10 on Wednesday to decide.

c. An offer made on Friday: The student will have until 10am on Monday to decide.

Students must confirm receipt of any offer to interview by emailing the externship director. Students must inform, via email, their Director of Training (currently, Prof. Verdeli) as well as the faculty member in charge of externships (currently, Dr. Mennin) any externship offer, rejection, acceptance, and withdrawal.

Immediately after accepting an offer, students are required to send emails to ALL sites they applied to, indicating that they are withdrawing from consideration. Students should also notify the DCT (Prof. Verdeli) and externship coordinator here at TC (Dr. Mennin) this information.
Students applying for internship (through the APPIC Match or otherwise) are NOT eligible to apply for externship unless they attest that they have withdrawn from the Match and are no longer seeking an Internship in the year that they intend to train at an externship.

Per the guidelines of the New York consortium of directors of training: DCTs are to place limits on the number of applications that students can initially submit (from Jan 20 until February 10). Students who are applying for a clinical externship for the first time are permitted to apply to no more than ten sites. Students applying for their second clinical externship can apply to no more than eight sites; students applying for their third externship are permitted to apply to no more than six sites.

After Feb 10, DCTs can discuss the usefulness of additional submissions with their students (second wave of applications) and in this regard will consider updated information about Externship sites’ willingness to accept further applications.

While responsibility for direct clinical supervision falls to the supervisors at the placement sites, students must meet with the DCT (currently, Prof. Lena Verdeli) and the externship coordinator (currently, Prof. Doug Mennin) each semester to keep him informed of the nature of their experiences. Students should be aware that evaluations from the site are expected to be sent each semester to Drs. Verdeli and Mennin, either via email or by regular mail. For students to receive credit for this experience, the externship site must forward a final evaluation.

**Expectations/Requirements:**

Externships typically involve up to 16 hours per week of on-site work over the course of an academic year (20 hours per week in years four or five). Some externships are designed with fewer hours depending on the site and the agreement between the site and the student. This involvement may include clinical work, supervision, and additional training experiences that may be part of an organized program.

The student will receive relevant supervision by an on-site supervisor for at least one hour for every ten hours of service. Supervision must be by licensed Ph.D. or Psy.D. psychologists unless arrangements for another licensed supervisor (e.g., MSW, or M.D.) have been approved by the course instructor of CCPX 5230, or the DCT.

**Important:** Site requirements cannot supersede program requirements. In particular, as third-year externs, students cannot be available at their externship site during times of program requirements, including attendance at case conference, colloquium, and all required classes. To reiterate: students must not contract with their externship site to be there at times that conflict with programmatic requirements. In addition to participation in an externship, clinical training, through maintaining cases and supervision in the Dean Hope Center, often continues in the fourth year, specific terms of which are determined through discussion with Dr. Rosa.
Research Methods Examination

The research methods examination (RME) is part of the certification process for doctoral students in all psychology programs at Teachers College. The examination assesses students’ knowledge of statistics, measurement, and research design and is developed by the Research Methods Examination Committee, led by Professor Stephen Peverly (School Psychology Program).

What does the examination cover?
As stated above, the examination covers statistics, measurement and research design. The relevant courses are: Probability and Statistical Inference (HUDM 4122), Applied Regression Analysis (HUDM 5122), Linear Models and Experimental Design (HUDM 5123), and Psychological Measurement (HUDM 5059). You should also take a course in research design. There are several offered at the college (e.g., Research Methods in Social Psychology).

When is the exam given?
The examination is given in October and February. The exam is not administered during the summer.

What is the structure of the exam?
The exam is administered in one day, over 6 hours: 3 hours in the morning and 3 hours in the afternoon. The morning session consists of 3 questions:

- **Statistics (recommended time 45 minutes)**. This portion has two parts. In the first part, a short research scenario is presented and students are required to state what statistic(s) should be used to analyze the data. The second part requires a simple computation. Formulas are provided.
- **Research Vignettes (recommended time 30 minutes)**. Three research vignettes are presented. Students must identify the major flaw(s) in each.
- **Design a Study (recommended time 1 hour 45 minutes)**. Students are asked to choose one of four research situations and plan a study for that situation.

In the afternoon session, students read and critique a published research article (3 hours).

Some parts of the exam influence the final score more than others. The study design and afternoon portions of the exam are 20 points each. The statistics question is 10 and the research vignettes are 6. Distribute your time accordingly.

Can I review old examinations?
Some of the previous exams are available through the library in PocketKnowledge: [http://pocketknowledge.tc.columbia.edu/home.php/browse/5028](http://pocketknowledge.tc.columbia.edu/home.php/browse/5028).

When should I take the examination?
Students should take the examination after they have completed all of the aforementioned courses and in consultation with their advisor. The committee highly
recommends, and most programs require, that students take the examination in the spring of the second year or the fall of the third year of their programs of study.

Where do I sign up for the examination?
Applications for the examination are available in the Office of Doctoral Studies. Application deadlines for fall and spring change from year to year. Please consult the catalog for the deadlines. Do not miss the deadline!!!

In what format can I take the examination?
You can choose to take the examination via paper (blue books will be provided) or computer. You must indicate your choice on the RME application. If you choose to use the computer, you can still use a blue book to write the answers to some questions, for example, those questions that involve statistics. But if you do use a blue book when taking the examination on the computer, please indicate that on your examination.

Can I bring anything in to the examination?
You can bring a calculator and a dictionary.

Are accommodations available?
Accommodations are available if you are registered with the Office for Access and Services for Individuals with Disabilities (OASID) or if English is your second language. If you are registered with OASID, it is your responsibility to contact them and make arrangements for the accommodation(s) once you have signed up for the exam. If English is your second language, your advisor must write a letter to the Office of Doctoral Studies stating that English is your second language and requesting additional time.

How do I study for the exam?
The Committee recommends that students: (a) review texts and notes from the classes that are the basis of the exam (discussed above), (b) form study groups, and (c) practice answering the past exam questions that are on reserve in the library. Answers to previous exams are not available.

Can I talk with a member of the committee before I take the exam?
Professor Stephen Peverly, the chairperson of the committee is available to meet with students to discuss the exam. Because the number of students taking the exam can be quite large, he prefers to meet with groups of students, by department. Call (3084) or email him (stp4@columbia.edu) to set up an appointment.

How do I get the results? How long will it take to get the results?
The Research Methods Examination Committee Chairperson, Stephen Peverly, sends the results to the department/program chairs. It is their job to make sure that the results of the exam are communicated to the students in their department/programs. It typically takes about a month to get the results of the exam, depending of course on the number of students who have taken the exam.
What is the passing score?

The passing score is 70.

What if I fail the exam?
If you fail the exam, set up a meeting with the chairperson of the committee, Stephen Peverly. He will briefly review your overall performance and show you the sections of the exam that caused you the most difficulty. He will then go over in detail those portions that he scored and advise you to make appointments with other members of the committee to get feedback from them.

You can take the examination twice. If you fail both times, your doctoral candidacy will be terminated. But please, take heart. Most students pass the exam the first time and almost everyone who fails passes the second time.

Will the committee review the results of the exam with everyone who has taken the exam?
No, only for those who have failed the exam.
**Tips on how to prepare for the Research Exam (from clinical students):**

What you need to know:
- Statistics: t-test for independent and dependent means; chi-square; One-way ANOVAs, multiple regressions; calculating SDs; R-squared.
- Designs: repeated measures; time series; split-plot, etc. Know difference between experimental, quasi-experimental, and correlational designs. Know about threats to internal and external validity.
- Interpreting statistical output
- Critiquing articles: this comprises half the test.

How to Prepare:
- start ahead of time, at least two months before the exam;
- study regularly;
- form study groups;
- use tests from the library;
- use the shared student Google drive folder for resources such as previous years’ examination questions for practice;
- make use of advice from students who have already taken the exam

Useful Resources:
- old exams in the library;
- Campbell & Stanley’s Experimental and Quasi-Experimental Designs
- Kazdin’s Research Methods for Clinical Psychology
- Tabachnik & Fidell’s book on multivariate statistics
- Research/stats volume from the licensure study materials
Case Conference Presentation

As noted earlier, students’ primary objective here is to demonstrate an ability to integrate theory, research, and practice. The faculty member in charge of Case Conference (Dr. Rosa), along with other attendees at the conference, will evaluate students’ competency along this dimension, as well as several others:

- how well organized the presentation was;
- how successfully the student integrated all aspects of the case, including background information, presenting problem, interactions with the client, and testing results;
- how successfully the student integrated multicultural aspects into the presentation;
- how successfully the student presented a well-supported case formulation (i.e., integrated research, theory, and practice);
- how successfully the student used technology, including PowerPoint and/or videos of sessions;
- how successfully the student fielded questions;
- how successfully the student furthered knowledge among attendees;
- how successful (overall) the presentation was.

Some questions, then, for students to consider: How did your theoretical model affect your understanding of this case and the interventions you used? How did clinical progress (or lack thereof) affect your theoretical assumptions and/or choice of interventions? What does the research (on this disorder; these symptoms; specifically observed clinical phenomena in your client or yourself) say about best practices in this case? How did this research affect your clinical approach? Did your work with this particular client support (at least in part) the results of research?

Consider strongly inviting your supervisor to your presentation. A supervisor’s presence invariably enhances the discussion that follows a student’s presentation.

Your first slide should include title (e.g., "The case of Mr. Z: An eclectic treatment of dysthymia"), your name, the name of your advisor, the name of your supervisor, and the date of the presentation. Remember, of course, to use a pseudonym for your client throughout your report.

1. Presenting Picture (approximately 3-5 minutes)

Note demographic data (age, sex, sexual orientation, education, occupation, ethnicity, marital or relationship status, number of children, living situation, etc.) and then describe concisely the client’s presenting complaints (quoting if possible), appearance, attitude, demeanor, and goals and expectations when first seen. Often your initial reactions to the client’s presentation will be illuminating. Why has the client come for help? Why now? Why here at the Dean-Hope Center (source of referral)?
2. Treatment History (5 minutes)

Summarize the client's previous attempts to cope with his or her issues. When were these problems first experienced? What has the client tried to do about these problems previously? Describe previous treatments, (including non-traditional treatments), medications, and self-medications; describe the role of family, friends, and community support (including religious institutions).

3. Life History (10-15 minutes)

Sketch the course of the client's life, citing such key details as significant illnesses and other trauma, moves, achievements, educational, religious, and occupational history, support systems, etc. Outline the constellation of the family of origin, include information about the client's ethnic/racial identification, and describe past and present relationships with family members and significant others. Following Guideline #5 from the APA's (2003) Cultural Competency Guidelines (the need to consider the client-in-context): what is your understanding of the socio-cultural factors in the client's life history that may be contributing to his/her clinical presentation?

4. Psychological Test Results (3-5 minutes)

What data and hypotheses have been gleaned from the results of psychological testing (e.g., WAIS, Rorschach, BSI, BDI, etc.)? Were there any aspects of the assessment or interpretation of the results that need to be considered from a multicultural perspective? (See Guideline #5, Assessment section).

5. Diagnosis and Treatment Plan (10-15 minutes)

State your working DSM-5 diagnosis and your conceptualization of the client's problems, strengths, underlying dynamics, defenses, and characterological issues. These need not be presented as if they were definitive. Indeed, changes in your understanding from the time you first started working with the client should be noted. Summarize the most salient facts about this disorder (e.g., symptomatology; prevalence; gender differences; prognosis; etiological theories). Following the outline for cultural formulation as stated in the DSM-5: what is your assessment of the impact of the client's cultural context on his or her diagnosis? How have cultural considerations influenced your diagnosis, therapeutic relationship, and interventions?

Describe your treatment approach (i.e., theoretical model and case formulation) and the reasons for it; describe your goals for this client. This discussion should also encompass an overview of the relevant literature on empirically supported approaches (Barlow, 2014) and may also include theory-driven and mechanism-driven approaches (psychodynamic and others). Most importantly, you need to set in motion a hypothesis-driven process guided by the existing state of evidence, your client's unique characteristics, contextual factors, and your client's response to continuous evaluation of the intervention (Persons, 2012). What is your evaluation of the different findings
and concepts in this literature? How did you weigh the relative merits of the different approaches available? How has the literature informed your sense of how best to work with this client? To what extent did you attempt to integrate empirically supported treatments into this therapy? To what extent has your treatment approach deviated from previous treatments of this client? What is the sociocultural context of the treatment? How is your client responding to your intervention?

6. Treatment Course (20-30 minutes)

Describe the course of the treatment as a whole; how many sessions with what frequency over what period of time; variations in this pattern; fees paid; ancillary contacts or referrals; medications, etc. To what extent have issues of age, ethnicity, culture, religion, race, SES, and/or sexual orientation (both yours and the client’s) affected the nature and process of the treatment? Describe the current status of the client: To what extent improved, plans for changes in the treatment or further psychological testing, expected termination date, etc.

Describe what has occurred over the course of your contacts. You will, of course, need to be selective in what you report and it is invariably better to go into detail about selected themes than to try to describe each session. One strategy is to divide the treatment into phases and then note themes, patterns of client-therapist interactions, progress and setbacks, etc. within each phase. Selective use of session dialogue—including presentation of video from sessions—can be very helpful in illustrating these and other clinical phenomena (e.g., working alliance, transference-countertransference, resistance, self-disclosure, changes in thoughts, feelings, or behaviors). "The truth is in the details."

Remember that treatment effects are multidirectional. Include your reactions and feelings, including those associated with cultural differences between you and your client. Include, too, some account of your supervisory experience. How has treatment affected the client, his or her significant others, and you?

7. Conclusions and Treatment Recommendations (3-5 minutes)

Summarize the progress that has been made, the client’s prognosis, and plans for future treatment. How do you account for the progress that has been made? What has interfered with further progress? What questions do you have about this client or this treatment? How has the course of this treatment affected your theoretical model? Your assumptions about the active ingredients of therapeutic work? Your sense of what needs to be studied more? Provide a few references for the group to consider on the issues you’ve discussed.

8. References

It is expected that you will refer to some of these sources (below) in preparing your presentation. In addition to these general sources, you should also use references
specific to your client’s diagnosis or specific issues. Please email your references to the program (i.e., faculty and students in years 1-3).


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**Fourth Year**

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<th>Instructor</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CCPX 8900</td>
<td>Dissertation Advisement</td>
<td>Faculty</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>CCPX 5230</td>
<td>Fieldwork: Externship</td>
<td>Mennin</td>
<td>0-1</td>
</tr>
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</table>
Additional Fourth-Year Requirements and Information

1. **Required Dissertation Advisement (CCPX 8900):** All doctoral students must be continuously registered. Once a student has taken both semesters of Dissertation Seminar (CCPX 7500), CCPX 8900 must be registered for each semester. Fees are approximately the cost of three credits. The program's policy is that only students on Internship are exempt from registering for Dissertation Advisement.

The essential task of the fourth year is to make substantial progress toward the completion of the dissertation. During this fourth year, then, students should be meeting regularly with their dissertation advisor. Students who have not already done so should be working diligently on a dissertation proposal. For specific advice and detailed instruction, read Professor Farber’s "A Guide to Doing a Dissertation in Clinical Psychology at Teachers College" (available from: Shulevitz@tc.edu).

2. **Recommended Fourth-year Practicum (CCPX 6338):** This course provides an opportunity to continue seeing clients at CEPS. Individual as well as group supervision is provided. The student has the option of receiving specialized supervision in an area of interest or requesting to work one additional year with a previous supervisor.

3. Students may also continue registering for **Advanced Independent Study (CCPX 6900)** each semester of their fourth year (1-3 credits).

4. Students not on internship who haven’t yet taken a course in **Detection of Child Abuse** should do so this year (see p. 39).

**Fifth /Sixth Year (Internship)**

| 1. | CCPX 6430. Internship in Clinical Psychology (Two Semesters) | 0 |

The internship is a full-time paid clinical traineeship in an approved agency, usually taken during the fifth or sixth year. Internship information is available online: www.appic.org. Students must register for Internship (CCPX 6430, 0 points) each semester. Summer registration for internship is not required.

An application for internship will only be approved if the student has fulfilled the following requirements (in addition to those listed earlier for externship placement):

- no current incompletes;
- worksheet in student folder is up to date;
- supervisory evaluations are in folder;
• Second-Year Project has been completed, approved by sponsor, and filed in the Seminar Room;
• Case presented at Case Conference;
• Research presented at a Colloquium;
• All requirements (e.g., paperwork) of the Dean-Hope Center completed;
• Proposal Hearing has been held, approved, and filed in the Seminar Room
• Mentor approves of student’s application

In particular, note that students may not apply for Internship nor enter the APPIC Match until they have had a successful Proposal Hearing.

In general, it is extremely unwise to take an internship at a great distance before substantial work on the dissertation has been accomplished. It substantially increases the possibility of your being a long-term ABD and, therefore, of being terminated from the Program.

Occasionally, circumstances make it necessary for a student to do the internship on a part-time basis over a period of two years. This is difficult to arrange, although at least some internship agencies are beginning to become more flexible in their arrangements.
Dissertation Checklist (for Ph.D. students in Psychology)

- Visit the Office of Doctoral Studies (ODS) in 3rd Floor Thorndike; introduce yourself to Russell Gulizia and others who work there; pick up and study the Ph.D. Requirement Bulletin or download from the ODS webpage.

- Find a Sponsor and a Second Reader. Your Sponsor must be on Columbia University’s Graduate School of Arts & Science’s (GSAS) list of approved sponsors (check ODS website). There is more latitude in selecting a Second Reader: while that person may be a full-time faculty member at the college, he or she does not have to be; that is, this person can be an adjunct faculty member here or elsewhere at Columbia University.

- Write a Dissertation Proposal. (Suggestions for format may be found in Professor Farber’s "Guide for doing a dissertation in clinical psychology"; email Rebecca Shulevitz, Clinical Secretary (Shulevitz@tc.columbia.edu) to request a copy).

- Revise proposal until approved by Sponsor. (Some sponsors may also require that the proposal be reviewed and approved by the Second Reader).

- Find a third (“Outside Reader”)—a full-time faculty member at TC and preferably someone who is approved to be a GSAS sponsor, most often in psychology but necessarily outside your program. This third (“outside”) reader serves as a critical (in the best sense of the word), objective reviewer of your proposal. Why preferably someone who is approved to be a GSAS sponsor? Because this person may continue on as a member of your dissertation committee but is only eligible to serve as Chairperson of your Oral Defense Committee if he or she is an approved GSAS sponsor. While he or she typically continues to serve on your dissertation committee beyond the Proposal Hearing, there is no requirement that he or she do so; thus, you must request this of this faculty member.

- When your committee is formed, it is then your responsibility to a) provide each with a copy of your Proposal (and check whether an e-copy or a hard copy is preferred); b) contact all three committee members to find a common 90-minute block of time for a Proposal Hearing; c) book a room for this meeting—the secretary of your program can help with this; and d) confirm time and place of this meeting with committee members several days before it occurs.

- Get a Proposal Hearing Form from ODS webpage (to bring to the Proposal Hearing).

- To defend the proposal, you must register in either your departmental dissertation seminar (7500) or, if you’ve completed both seminars, dissertation advisement (8900).
• Prepare 10-15 minutes of introductory remarks to present at the Proposal Hearing (typically via Powerpoint); pass the Proposal Hearing.

• Obtain IRB approval. Check with your sponsor as to whether the IRB materials should be submitted prior to the proposal hearing; often this will depend on whether the data have already been collected (in which case IRB approval submission shortly prior to the Proposal Hearing may be indicated) or whether the methodology and data collected are likely to be modified as a result of the Proposal Hearing (in which case IRB approval after the Proposal Hearing is indicated). In either case, note that the IRB letter submitted to ODS must be in the student’s name or listed as co-author and the letter must be dated after the proposal hearing.

• Following a successful Proposal Hearing, email three PDF documents to ODS: a) a copy of the IRB approval; b) the signed Proposal Hearing Form; and c) a copy of the Proposal. Submit the Proposal Hearing Form as soon as you are able, and then the other two items together when completed. ODS will approve your submission when all three items are received.

• At this point, you should have completed your Master of Philosophy requirements. These include:

  1) Completing your departmental certification requirements (e.g., Research/Cert Exam and/or Second-Year Project)

  2) Submitting your Program Plan

  3) Completing all course work towards the Ph.D. degree including two semesters of Dissertation Seminar (7500 series)

Some programs and/or faculty members may allow you to have a Proposal Hearing while you are awaiting the results of the Certification (Research) Exam; this assumes, of course, that you have taken the exam by the time of the Proposal hearing. It also assumes that you are taking the exam for the first time; that is, if you have failed the exam on a previous attempt, you must await the results of a successful pass before having a Proposal Hearing. Similarly, some programs and/or faculty members may allow you to have a Proposal Hearing during the semester that you are enrolled in your last (second) semester of Dissertation Seminar.

There is variation among programs regarding the need to take two semesters of 7500. Most programs require you take both semesters even if you have proposed during the first semester of taking 7500. Other programs may allow
you to substitute a different (3-credit) course or Dissertation Advisement (8900) if the Proposal Hearing is held during the first semester. Consult your advisor and/or program coordinator.

*You must, however, have completed the Master of Philosophy requirements, submitted a dissertation proposal, and passed the Advanced Seminar in order to defend the dissertation. This is a GSAS requirement and there are no exceptions.*

- Write Intro and Method Sections of the Dissertation (Follow APA style guidelines!)
- Collect data.
- With your dissertation sponsor’s approval and advice, recruit a TC Faculty member who is approved as a GSAS sponsor to serve as Chair of your Advanced Seminar. (As above, he or she may be the same person who served as Third reader at your Proposal Hearing; alternatively, you may choose a different TC faculty member, perhaps someone who’s especially knowledgeable about research methodology and/or statistics; remember, though, that he or she must be an approved GSAS sponsor to serve in this role).
- Fill out the form (“Application for Advanced Seminar”) available on-line at the ODS website, obtain the signature of your Sponsor, and submit the PDF copy to ODS **at least one week before** the date of your Advanced Seminar.
- **To hold the Advanced Seminar, you must register for either Dissertation Advisement or, if you’re planning on defending the same term, Ph.D. Oral Defense (TI8900).**
- Arrange time (a 90-minute block) and place for Advanced Seminar (confirm with committee members a day or two before meeting).
- Send all three committee members a copy of your hypotheses/research questions and tables **at least one week prior to the meeting.** Some faculty will also require that you provide a written, full text, Results section before the Advanced Seminar. Check as to whether each prefers a hard copy of these materials and/or an e-copy.
- Prepare **10-15 minutes** worth of introductory remarks for your Advanced Seminar. Brevity is appreciated. Use of Powerpoint is typical. The purpose of this
meeting is for the committee is to review your findings and presentation of your findings; suggestions may be made regarding formatting of tables, addition or deletion of tables, and/or new or modified data analysis.

- Pass the Advanced Seminar and email ODS two PDF documents: a) the approved Advanced Seminar Report form; b) a copy of your tables.

- Revise tables as recommended by Committee; write Results and Discussion; complete and revise other sections of the dissertation that need attention.

- Submit the entire Dissertation to the Sponsor and Second Reader (and Chair if he/she requests it).

- Revise as needed. You should also consult the Style manual from ODS.

- With approval from your Sponsor, fill out "Intention to Defend" Form (ODS website) by semester deadline (see academic calendar on TC web site). Note that submitting the intention form does not obligate you to defend; it merely states your intention to do so. The form does not require your sponsor’s signature nor the inclusion of the names of your entire dissertation committee.

To defend the dissertation, you must register in Ph.D. Oral Defense (TI8900) for that semester. There are no exceptions. Please note that TI8900 includes the TC dissertation advisement fee; you do not have to register for both TI8900 and CCPX8900 in the semester in which you defend the dissertation.

- The Provost has set up doctoral scholarships for students who have nearly completed their program to offset these fees. Here is a link to the Dean’s Grant for Student Research, The Research Dissertation Fellowship, The Doctoral Dissertation Grant, and Grant in Aid:

- With your Sponsor’s help, find two Examiners (outside readers) for Orals. Typically, one is from TC (and must be outside your program), the other from outside TC, but within the Columbia University system. While this (above) is the typical arrangement, the “outside TC” reader can be from another university—if you already have three GSAS approved faculty on your committee. Check with ODS about other rules/paperwork for this.

- While waiting for Orals: Provide feedback (summary or results) to study participants; some faculty will also request that you begin writing a draft of the published article that will emerge from the dissertation.
• Submit the defense application with the signature of your sponsor to ODS as early as possible and no later than three weeks before the final defense date. The Graduate School of Arts and Sciences will reject late defense applications and require a defense to be rescheduled if the application is received less than three weeks prior to the defense date. The application must be typed and all information (including committee member contact information) must be included. It is also your responsibility to arrange a time (a two-hour block) and a room for your defense. The latter can be arranged either through Room Assignments or your Program or Department secretary.

• Send all five committee members a copy of your complete dissertation at least two weeks in advance of the defense. Check as to whether each wants it in PDF, Word, or hard-copy format.

• Prepare 10-15 minutes of introductory remarks for your orals. Again, Powerpoint is typical.

• Pass Orals. (Remember that there will almost inevitably be some revisions required of you by your Committee).

• Revise Dissertation in accord with the suggestions at the Orals. Have your Sponsor approve these revisions.

• Before making final (PDF) deposit of dissertation through GSAS Electronic Deposit, check the formatting. Note though: Students who have not yet completed their internship DO NOT upload their manuscript to ProQuest, but instead submit to ods@tc.columbia.edu by the deadline date listed on the academic calendar. Upon completion of the Internship, the student will complete the ProQuest application, but only upload a blank PDF page. ODS will replace this page with the prior submitted manuscript for GSAS review. Instructions will be included in each student’s defense packet.

Avoid common formatting errors:

-Copyright date: Should be the year you complete all degree requirements, not necessarily the year you deposit (i.e., pending completion of internship);

-References: Check that references are in the proper order (i.e., alphabetized and in accord with APA Style);

-Charts and Tables: Page numbers must be in upper right corner.

• Write Thank You notes to committee members; send either hard or PDF copies of completed dissertation to those committee members who’ve requested this.

• Celebrate.
Useful Web Sites

1. www.apa.org—your national psychology organization. Check it out, and join.

2. www.nyspa.org—your local psychology organization. Yes, join this too.

3. www.appic.org—for all your internship needs.


5. www.apa.org/apags/—APA’s Association of Graduate Students, includes info on internships, student advocacy, scholarships, and conferences.

6. www.psyweb.com—comprehensive data base on clinical disorders; includes DSM-5 criteria, case studies, information on psychotropic meds.


8. www.kspope.com—free full-text articles on assessment, therapy, forensics, ethics, and other psychotherapy-related topics.

9. www.nimh.nih.gov—National Institute of Mental Health website, includes patient education materials and research opportunities through NIMH.

10. www.psychservices.com—extensive list of articles, websites, and research tools for easy reference on current topics on psychology.

11. www.tc.columbia.edu—a couple of clicks will get you to the research resources at Milbank library, including PsychInfo and Dissertation Abstracts. A couple of clicks will also get you to Clinical Psychology’s website and that of the Dean Hope Center.


13. Another excellent source of information for all mental health resources in New York (sponsored by the Mental Health Association of NY State) is: 1-800-LIFENET (1-800-543-3638).
APA Required Courses/ New York State Licensing Requirements

In order to be eligible to sit for the NY State licensing exam, and in order to meet APA requirements, doctoral students are required to take at least one course from each of the categories listed below. (The first seven listed below are New York State requirements; the balance reflects other areas of concentration that APA requires). The courses that virtually all clinical students take to meet this requirement are listed first and in bold. Modifications or exemptions should be discussed with your advisor and/or the DCT.

1. Biological Aspects of Behavior
   - BBS 5069: Brain and behavior I and BBS 5069 Brain and behavior II
   - HBSK 5070: Neural bases for language and cognitive development

2. Cognitive and Affective Aspects of Behavior
   - CCPX 5020: Cognition, emotion, and culture
   - HBSK 5096: Psychology of memory: Cognitive and affective bases

3. Social Aspects of Behavior
   - ORLJ 5540: Proseminar in social psychology

4. Individual Differences in Behavior
   - CCPX 5330: Principles and techniques of clinical assessment

5. Psychological Measurement
   - HUDM 5059: Psychological measurement

6. History and Systems of Psychology
   - CCPX 6020: History and systems of psychology

7. Research Methodology
   - ORLJ 5040: Research methods in social psychology

8. Techniques of Data Analysis
   - HUDM 5122 Applied Regression Analysis
   - HUDM 5123 Linear Models and Experimental Design

10. Human Development
    - HUDK 6520: Seminar in life span development

11. Dysfunctional Behavior or Psychopathology
    - CCPX 5034: Child psychopathology
    - CCPX 5032: Adult psychopathology
12. Professional Standards and Ethics
   CCPX 5030: Ethical and professional issues in clinical psychology

13. Theories and Methods of Assessment and Diagnosis
   CCPX 5333: Practicum in clinical assessment
   CCPX 5539: Clinical assessment: The intake interview

14. Effective Intervention
   CCPX 5038: Cognitive, behavioral, and interpersonal (IPT) therapies

15. Consultation and Supervision
   CCPX 6333: Practicum in clinical supervision and consultation

16. Evaluating the Efficacy of Interventions
   CCPX 5038: Cognitive, behavioral, and interpersonal (IPT) therapies
   CCPX 6335: Practicum in clinical intervention

All courses noted must be taken for three (3) points and for letter grades. Students who have already completed clearly equivalent graduate level courses at TC or elsewhere with grades of B+ or higher and who wish an exemption or modification of any part(s) of this requirement should consult with their advisors. If an exemption or modification is granted, the student should get a written statement to that effect for his or her file.

Licensing

Check the website of the NYS Education Department for requirements and an application form to sit for the licensing exam: http://www.op.nysed.gov/prof/psych/psychlic.htm. Dr. Kathleen Doyle is the Executive Secretary for the NYS Board for Psychology ababd@mail.nysed.gov.
Standards of Accreditation for Doctoral Programs

I. Institutional and Program Context

A. Type of Program

1. Health Service Psychology. The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:
   a. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.
   b. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.
   c. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

2. Practice Area. Health service psychology includes several practice areas in which an accredited program may focus, including the areas of clinical psychology, counseling psychology, school psychology, combinations of these areas, and other developed practice areas.

B. Institutional and Administrative Structure

1. Administrative Structure. The program’s purpose must be pursued in an institutional setting appropriate for doctoral education and training in health service psychology. The institution must have a clear administrative structure and commitment to the doctoral program.
   a. The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate graduate degree-granting authority. This includes state authorization and accreditation of the institution by a nationally recognized regional accrediting body in the United States.
   b. The program is an integral part of the mission of the academic department, college, school, or institution in which it resides. It is represented in the institution’s operating budget and plans in a manner that supports the training mission of the program. Funding and resources are stable and enable the program to achieve its aims.

2. Administrative Responsibilities Related to Cultural and Individual Differences and Diversity. The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin,
race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States’ rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, students, faculty, and staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program’s setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare graduates to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

C. Program Context and Resources

1. Program Administration and Structure
   a. Program Leadership. The program has consistent and stable leadership with a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader’s credentials and expertise must be in an area covered by HSP accreditation and must be consistent with the program’s aims. This leadership position may be held by more than one individual.
   b. Program Administration. The program has designated procedures and personnel responsible for making decisions about the program, including curriculum, student selection and evaluation, and program
maintenance and improvement. The program's decision-making procedures, including who is involved in decision making, must be consistent with the missions of the institution and department, and with the program's aims. The program ensures a stable educational environment through its personnel and faculty leadership.

2. **Length of Degree and Residency.** The program has policies regarding program length and residency that permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to promote student development, socialization and peer interaction, faculty role modeling and the development and assessment of student competencies. Residency provides students with mentoring and supervision regarding their development and socialization into the profession, as well as continuous monitoring and assessment of student development through live face-to-face, in-person interaction with faculty and students. These obligations cannot be met in programs that are substantially or completely online. At a minimum, the program must require that each student successfully complete:
   a. a minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;
   b. at least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted;
   c. at least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of one year of full-time residency based on “the equivalent thereof” must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement.

3. **Partnerships/Consortia.** A graduate program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or in a partnership or consortium among separate administrative entities. A consortium is comprised of multiple independently administered entities that have, in writing, formally agreed to pool resources to conduct a training or education program.

4. **Resources.** The program has, and appropriately utilizes, the resources it needs to achieve its training aims, including student acquisition and demonstration of competencies. The program works with its academic unit and/or the administration of the sponsor institution to develop a plan for the acquisition of additional resources that may be necessary for program maintenance and development. The resources should include the following:
   a. financial support for training and educational activities;
   b. clerical, technical, and electronic support;
   c. training materials and equipment;
   d. physical facilities;
e. services to support students with academic, financial, health, and personal issues;
f. sufficient and appropriate practicum experiences to allow a program to effectively achieve the program’s training aims.

D. Program Policies and Procedures

1. Areas of Coverage. The program has and adheres to formal written policies and procedures that govern students as they enter, progress through, and matriculate from the program. These must include policies relevant to:
   a. academic recruitment and admissions, including general recruitment/admissions and recruitment of students who are diverse.
   b. degree requirements;
   c. administrative and financial assistance;
   d. student performance evaluation, feedback, advisement, retention, and termination decisions;
   e. due process and grievance procedures;
   f. student rights, responsibilities, and professional development;
   g. nondiscrimination policies. The program must document nondiscriminatory policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.

2. Implementation. All policies and procedures used by the program must be consistent with the profession’s current ethics code and must adhere to their sponsor institution’s regulations and local, state, and federal statutes regarding due process and fair treatment. If the program utilizes policies developed at another level (e.g., department or institution), it must demonstrate how it implements these policies at the program level.

3. Availability of Policies and Procedures. The program makes the formal written policies and procedures available to all interested parties. By the time of matriculation, the program provides students with written policies and procedures regarding program and institution requirements and expectations regarding students’ performance and continuance in the program and procedures for the termination of students.

4. Record Keeping. The program is responsible for keeping information and records related to student training and complaints/grievances against the program. Records must be maintained in accord with federal, state, and institution policies regarding record keeping and privacy. The Commission on Accreditation will examine student records and programs’ records of student complaints as part of its periodic review of programs.
   a. Student Records. The program must document and maintain accurate records of each student’s education and training.
experiences and evaluations for evidence of the student’s progression through the program, as well as for future reference and credentialing purposes. The program should inform students of its records retention policies.

b. **Complaints/Grievances.** The program must keep records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program’s records of student complaints as part of its periodic review of the program.

II. Aims, Competencies, Curriculum, and Outcomes

A. Aims of the Program
   1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program’s area of psychology, and the degree conferred.
   2. These aims should reflect the program’s approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

B. Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning / Curriculum Elements Required by the Profession
   1. **Discipline-Specific Knowledge and Profession-Wide Competencies.** Discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health services psychology. Thus, all students in accredited programs should acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.
      a. Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:
         i. Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.
         ii. Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge
at entry but must describe how the program’s curriculum enables students to demonstrate graduate-level discipline-specific knowledge.

b. Profession-wide competencies include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession-wide competency. Although in general, the competencies appearing at or near the top of the following list serve as foundations upon which later competencies are built, each competency is considered critical for graduates in programs accredited in health service psychology. The specific requirements for each competency are articulated in Implementing Regulations. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence-base when training students in the following competency areas. Students must demonstrate competence in:

i. Research
ii. Ethical and legal standards
iii. Individual and cultural diversity
iv. Professional values, attitudes, and behaviors
v. Communication and interpersonal skills
vi. Assessment
vii. Intervention
viii. Supervision
ix. Consultation and interprofessional/interdisciplinary skills

2. **Learning/Curriculum Elements Related to the Program’s Aims.** The program must describe the process by which students attain discipline-specific knowledge and each profession-wide competency (i.e., the program’s curriculum) and provide a description of how the curriculum is consistent with professional standards and the program’s aims.

3. **Required Practicum Training Elements**
   a. Practicum must include supervised experience working with diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The doctoral program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student’s current skills and ability, that ensures that by the time the student applies for internship the student has attained the requisite level of competency.
   b. Programs must place students in settings that are committed to training, that provide experiences that are consistent with health service psychology and the program’s aims, and that enable students to attain and demonstrate appropriate competencies.
c. Supervision must be provided by appropriately trained and credentialed individuals.

d. As part of a program’s ongoing commitment to ensuring the quality of their graduates, each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically).

4. **Required Internship Training Elements.** The program must demonstrate that all students complete a one year full-time or two year part-time internship. The program’s policies regarding student placement at accredited versus unaccredited internships should be consistent with national standards regarding internship training.

   a. **Accredited Internships.** Students are expected to apply for, and to the extent possible, complete internship training programs that are either APA- or CPA-accredited. For students who attend accredited internships, the doctoral program is required to provide only the specific name of the internship.

   b. **Unaccredited Internships.** When a student attends an unaccredited internship, it is the responsibility of the doctoral program to provide evidence demonstrating quality and adequacy of the internship experience. This must include information on the following:

      i. the nature and appropriateness of the training activities;
      ii. frequency and quality of supervision;
      iii. credentials of the supervisors;
      iv. how the internship evaluates student performance;
      v. how interns demonstrate competency at the appropriate level;
      vi. documentation of the evaluation of its students in its student files.

C. **Program-Specific Elements – Degree Type, Competencies, and Related Curriculum**

   1. **Degree Type.** All accredited programs in psychology support the development of disciplinary knowledge and core competencies associated with the profession, and support the acquisition and integration of knowledge, skills, and attitudes from two major domains within the discipline: research and evidence-based practice. Programs are accredited either to offer the PhD degree or to offer the PsyD degree. Other doctoral degree designations that meet these general parameters may be eligible for consideration as appropriate. Although all doctoral degrees contain all the required elements common to programs accredited in HSP, they differ in the balance among, and relative emphasis on, program components, based on specific training aims or likely career paths of their graduates.

      In general, PhD programs place relatively greater emphasis upon training related to research, and PsyD programs place relatively greater emphasis on training for engaging in professional practice. Graduates of each type of program or other doctoral degree designations, however,
must demonstrate a fundamental understanding of and competency in both research/scholarly activities and evidence-based professional practice.

Programs that confer the PhD must have a substantial proportion of faculty who conduct empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PhD programs are trained to both create and disseminate the scholarly research upon which science and practice are built, as well as utilize such research to engage in evidence-based practice.

Programs that confer the PsyD must have a substantial proportion of faculty who engage in scholarship and/or empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PsyD programs are trained to engage in evidence-based practice, as well as in scientific inquiry and evaluation.

2. Program-Specific Competencies and Related Curriculum. Doctoral programs accredited in health service psychology may require that students attain additional competencies specific to the program.

a. If the program requires additional competencies of its students, it must describe the competencies, how they are consistent with the program’s aims, and the process by which students attain each competency (i.e., curriculum).

b. Additional competencies must be consistent with the ethics of the profession.

D. Evaluation of Students and Program

1. Evaluation of Students’ Competencies

a. The program must evaluate students’ competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:

i. Specify how it evaluates student performance, and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.

ii. Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of achievement in each profession-wide competency as well as in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data
should reflect assessment that is consistent with best practices in student competency evaluation.

iii. Present formative and summative evaluations linked to exit criteria, as well as data demonstrating achievement of competencies, for each student in the program.

b. For program graduates, the program must provide distal evidence of students’ competencies and program effectiveness and must evaluate graduates’ career paths in health service psychology after they have left the program.

i. Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency. The program must also provide data on students’ job placement and licensure rates.

ii. At 5 years post-graduation, the program must provide data on graduates, including data on graduates’ licensure (as appropriate for their current job duties) and their scholarly/research contributions (as consistent with the program’s aims).

2. Evaluation of Program Effectiveness and Quality Improvement Efforts
   a. The program must demonstrate a commitment to ensure competence in health service psychology through ongoing self-evaluation in order to monitor its performance and contribution to the fulfilment of its sponsor institution’s mission.

b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:
   i. Involves program stakeholders, including faculty, students, graduates, and others involved in the training program.
   ii. Evaluates its effectiveness in training students who, by the time of graduation, demonstrate the competencies required by the profession and the program, and who after graduation are able to engage in professional activities consistent with health service psychology and with the program’s aims.
   iii. Evaluates the currency and appropriateness of its aims, curriculum, and policies and procedures with respect to the following: its sponsor institution’s mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.
   iv. Identifies potential areas for improvement.

3. Documenting and Achieving Outcomes Demonstrating Program’s Effectiveness. All accredited doctoral programs are expected to document student achievement while in the program and to look at post-graduation outcomes. Accredited programs are also expected to prepare students for entry-level practice and the program’s achievement of this should be reflected in student success in achieving licensure after completion of the program.
a. The outcomes of program graduates including licensure rate and other proximal and distal outcomes of program graduates shall be evaluated within the context of: the requirement that all accredited doctoral programs prepare students for entry-level practice; each program’s expressed and implied stated educational aims and competencies; and statements made by the program to the public.
b. Doctoral programs’ specific educational aims and expected competencies may differ from one another; therefore there is no specified threshold or minimum number for reviewing a program’s licensure rate. Instead the Commission on Accreditation shall use its professional judgment to determine if the program’s licensure rate, in combination with other factors, such as attrition of students from the program and their time to degree, demonstrates students’ successful preparation for entry-level practice in health service psychology.

III. Students

A. Student Selection Processes and Criteria

1. The program has an identifiable body of students at different levels of matriculation who:
   a. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
   b. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.
      i. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
      ii. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.
   c. By prior achievement, students have demonstrated appropriate competency for the program’s aims as well as expectations for a doctoral program.
      i. If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.
ii. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.

d. By interest and aptitude, they are prepared to meet the program's aims.

e. They reflect, through their intellectual and professional development and intended career paths, the program’s aims and philosophy.

B. Supportive Learning Environment

1. Program faculty are accessible to students and provide them with guidance and supervision. They serve as appropriate professional role models and engage in actions that promote the students’ acquisition of knowledge, skills, and competencies consistent with the program’s training aims.

2. The program recognizes the rights of students and faculty to be treated with courtesy and respect. In order to maximize the quality and effectiveness of students’ learning experiences, all interactions among students, faculty, and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see the current APA Ethical Principles of Psychologists and Code of Conduct). The program has an obligation to inform students of these principles, put procedures in place to promote productive interactions, and inform students of their avenues of recourse should problems with regard to them arise.

3. To ensure a supportive and encouraging learning environment for students who are diverse, the program must avoid any actions that would restrict program access on grounds that are irrelevant to success in graduate training.

C. Plans to Maximize Student Success

1. Program faculty engage in and document actions and procedures that actively encourage timely completion of the program and maximize student success. The program minimizes preventable causes of attrition (e.g., flawed admission procedures or unsupportive learning environments) and engages in tailored retention/completion efforts as appropriate (e.g., accommodation of student needs and special circumstances).

2. Program Engagement. The program engages in specific activities, approaches, and initiatives to implement and maintain diversity and ensure a supportive learning environment for all students. The program may participate in institutional-level initiatives aimed toward retaining students who are diverse, but these alone are not sufficient. Concrete program-level actions to retain students who are diverse should be
integrated across key aspects of the program and should be documented. The program should also demonstrate that it examines the effectiveness of its efforts to retain students who are diverse and document any steps needed to revise/enhance its strategies.

3. **Feedback and Remediation.** Students receive, at least annually and as the need is observed for it, written feedback on the extent to which they are meeting the program’s requirements and performance expectations. Such feedback should include:
   a. timely, written notification of any problems that have been noted and the opportunity to discuss them;
   b. guidance regarding steps to remediate any problems (if remediable);
   c. substantive, written feedback on the extent to which corrective actions have or have not been successful in addressing the issues of concern.

**IV. Faculty**

**A. Program Leadership, Administration, and Management**

1. Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader’s credentials and expertise are consistent with the program’s mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

2. The program leader(s) together with program core faculty have primary responsibility for the design, implementation, and evaluation of the program’s administrative activities (e.g., policies and procedures for student admissions, student evaluations, and arrangement of practicum experiences) and for its educational offerings (e.g., coursework, practicum experiences, and research training).

**B. Faculty Qualifications and Role Modeling**

1. **Core Faculty.** The program has an identifiable core faculty responsible for the program’s activities, educational offerings, and quality, who:
   a. function as an integral part of the academic unit of which the program is an element;
   b. are sufficient in number for their academic and professional responsibilities;
   c. have theoretical perspectives and academic and applied experiences appropriate to the program’s aims;
   d. demonstrate substantial competence and have recognized credentials in those areas that are at the core of the program’s aims;
   e. are available to function as appropriate role models for students in their learning and socialization into the discipline and profession.
2. **Additional Core Faculty Professional Characteristics**
   a. Core faculty must be composed of individuals whose education, training, and/or experience are consistent with their roles in the program in light of the substantive area in which the program seeks accreditation.
   b. Core faculty must be composed of individuals whose primary professional employment (50% or more) is at the institution in which the program is housed, and to whom the institution has demonstrated a multiyear commitment. At least 50% of core faculty professional time must be devoted to program-related activities.
   c. Core faculty must be identified with the program and centrally involved in program development, decision making, and student training. “Identified with the program” means that each faculty member is included in public and departmental documents as such, views himself or herself as core faculty, and is seen as core faculty by the students.
   d. Core faculty activities directly related to the doctoral program include program-related teaching, research, scholarship, and/or professional activities; supervising students’ research, students’ dissertations, and students’ teaching activities; mentoring students’ professional development; providing clinical supervision; monitoring student outcomes; teaching in a master’s degree program that is an integral part of the doctoral program; and developing, evaluating, and maintaining the program.
   e. Core faculty activities not directly related to the doctoral program and not seen as aspects of the core faculty role include undergraduate teaching in general and related activities; teaching and related activities in terminal master’s or other graduate programs; and clinical work or independent practice not directly associated with training, such as at a counseling center.

3. **Associated and Adjunct Faculty.** In addition to core faculty, programs may also have associated program faculty, contributing faculty, and adjunct (visiting, auxiliary, or “other”) faculty. Associated program faculty do not meet the criteria for core faculty. They are not centrally involved in program development and decision making, but they still make a substantial contribution to the program and take on some of the tasks often associated with core faculty. Adjunct faculty are hired on an ad hoc basis to teach one or two courses, provide supervision, etc.

4. **Faculty Sufficiency**
   a. Consistent with the program’s model, the program faculty, and in particular the core faculty, needs to be large enough to advise and supervise students’ research and practice, conduct research and/or engage in scholarly activity, attend to administrative duties, serve on institutional or program committees, provide a sense of program continuity, provide appropriate class sizes and sufficient course
offerings to meet program aims, and monitor and evaluate practicum facilities, internship settings, and student progress.

b. The program faculty, and in particular the core faculty, needs to be large enough to support student engagement and success within the program, from admissions, to matriculation, to timely completion of program requirements and graduation.

c. At least one member of the core faculty needs to hold professional licensure as a psychologist to practice in the jurisdiction in which the program is located.

d. The program faculty must themselves be engaged in activities demonstrating the skills they are endeavoring to teach their students, such as delivering psychological services, conducting psychological research, publishing scholarly work, presenting professional work at conferences/meetings, teaching classes/workshops, and supervising the professional work of others.

5. Cultural and Individual Differences and Diversity

a. Recruitment of Faculty who are Diverse. Each accredited program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) and retain faculty from differing backgrounds. The program has developed a systematic, long-term plan to attract faculty from a range of diverse backgrounds and implemented it when possible (i.e., when there have been faculty openings). The program may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient. The program should document concrete actions it has taken to achieve diversity, addressing the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. It should demonstrate that it examines the effectiveness of its efforts to attract faculty who are diverse and document any steps needed to revise/enhance its strategies.

b. Retention of Faculty who are Diverse. The program has program specific activities, approaches, and initiatives it implements to maintain diversity among its faculty. A program may include institutional-level initiatives aimed toward retaining faculty who are diverse, but these alone are not sufficient. The program demonstrates that it examines the effectiveness of its efforts to maintain faculty who are diverse and documents any steps needed to revise/enhance its strategies.
V. Communication Practices

A. Public Disclosure

1. General Disclosures
   a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates’ careers, as well as data on achievement of those expected and actual outcomes.
   b. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program’s accreditation status.

2. Communication with Prospective and Current Students
   a. All communications with potential students should be informative, accurate, and transparent.
   b. The program must be described accurately and completely in documents that are available to current students, prospective students, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.
   c. Descriptions of the program should include information about its requirements for admission and graduation; tuition and other costs; curriculum; time to completion; faculty, students, facilities, and other resources, including distance learning technologies; administrative policies and procedures; the kinds of research, practicum, and internship experiences it provides; and its education and training outcomes.
      i. If the program has criteria for selection that involve competence-based assessments (e.g., GRE subject tests), it must describe how those criteria are appropriate for the aims of the program, how the curriculum is structured in terms of students’ initial assessed competency at entry to the program, and how the criteria maximize student success.
      ii. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), it must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
d. The program must provide reasonable notice to its current students of changes to its aims, curriculum, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its educational quality.

3. Communication Between Doctoral and Doctoral Internship Programs
   a. Throughout the internship year, communication between the doctoral program and the internship should be maintained. This ongoing interaction can remain largely informal, depending on the needs of the program and the trainee. The doctoral program should initiate this contact at the start of the training year.
   b. Any formal, written internship evaluations must be retained in student files and used to evaluate the student competencies required for degree completion.

B. Communication and Relationship With the Accrediting Body
   The program must demonstrate its commitment to the accreditation process through:
   1. Adherence. The program must abide by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program must respond in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to all questions.
      a. Standard Reporting. The program must respond to regular, recurring information requests (e.g., annual reports and narrative reports) as required by the accrediting body's policies and procedures.
      b. Nonstandard Reporting. The program must submit timely responses to any additional information requests from the accrediting body.
      c. Fees. The program must be in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.
   2. Communication. The program must inform the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program’s quality. This includes notification of any potential substantive changes in the program, such as changes in practice area or degree conferred or changes in faculty or administration.
Determining Authorship Credit

Students are responsible for reading the Ethical Principles of Psychologists and Code of Conduct (APA, 2017), Section 8.12, and the Publication Manual of the American Psychological Association (6th Edition, 2009 available for use at the TC library; new 7th edition is forthcoming for release in October 2019). These will be helpful in establishing guidelines for such questions as primary and secondary authorship. In addition, students may want to consult the article included at the end of this Handbook (Fine & Kurdek, 1993). In general, the question of authorship arises regarding student scholarship and research in four overlapping situations:

1. A student initiates the project and carries it through under the general sponsorship of a faculty member. In this instance, the student is either the senior author or the sole author. When a student is the sole author and the general sponsorship and guidance has been under a faculty member or committee, that faculty member or committee shall be identified in a footnote.

2. A student initiates a project and the effort is a collaborative one with a faculty member. In general, the student is to be considered the senior author and the faculty member the secondary author.

3. When a project arises from a faculty member’s interests and/or research, secondary authorship depends on the relative input of the participants.

4. When students work together on a project with or without faculty participation, the guidelines set forth in the Ethical Principles and the Publication Manual are to be followed.

In all cases, discussion of these matters should take place at the outset of the project. Any changes in these arrangements should be agreed to by all parties. Should a disagreement over authorship arise, the parties may submit the matter to arbitration. The arbitration committee shall consist of two members of the Liaison Committee, one a student member, and the other the Director of Clinical Training, unless that student or the Director is involved in the dispute.

Additionally, read about authorship and authorship responsibilities on the Council of Science Editors website: https://www.councilscienceeditors.org/resource-library/editorial-policies/white-paper-on-publication-ethics/2-2-authorship-and-authorship-responsibilities/

Further resources on how to decide authorship orders are found here:

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

GENERAL PRINCIPLES

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

Principle A: Beneficence and Nonmaleficence

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

Principle B: Fidelity and Responsibility

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

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the
need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

**Principle D: Justice**

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

**Principle E: Respect for People's Rights and Dignity**

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

**ETHICAL STANDARDS**

1. **Resolving Ethical Issues**

1.01 Misuse of Psychologists' Work

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

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

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.
1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

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

1.05 Reporting Ethical Violations

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

1.06 Cooperating with Ethics Committees

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

1.07 Improper Complaints

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

1.08 Unfair Discrimination Against Complainants and Respondents

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

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

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

2.02 Providing Services in Emergencies

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

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.
2.04 Bases for Scientific and Professional Judgments

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

2.05 Delegation of Work to Others

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

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

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

3.02 Sexual Harassment

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

3.03 Other Harassment

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

3.04 Avoiding Harm

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

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

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

**3.07 Third-Party Requests for Services**

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

**3.08 Exploitative Relationships**

Psychologists do not exploit persons over whom they have supervisory, evaluative or
other authority such as clients/patients, students, supervisees, research participants,
and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and
Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships
with Students and Supervisees; 10.05, Sexual Intimacies with Current Therapy
Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of
Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and
10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

**3.09 Cooperation with Other Professionals**

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

**3.10 Informed Consent**

(a) When psychologists conduct research or provide assessment, therapy,
counseling, or consulting services in person or via electronic transmission or other
forms of communication, they obtain the informed consent of the individual or
individuals using language that is reasonably understandable to that person or persons
except when conducting such activities without consent is mandated by law or
governmental regulation or as otherwise provided in this Ethics Code. (See also
Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in
Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent,
psychologists nevertheless (1) provide an appropriate explanation, (2) seek the
individual’s assent, (3) consider such persons’ preferences and best interests, and (4)
obtain appropriate permission from a legally authorized person, if such substitute
consent is permitted or required by law. When consent by a legally authorized person
is not permitted or required by law, psychologists take reasonable steps to protect the
individual’s rights and welfare.
When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

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

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

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

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)
(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

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

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

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

4.06 Consultations

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

4.07 Use of Confidential Information for Didactic or Other Purposes

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

5. Advertising and Other Public Statements

5.01 Avoidance of false or Deceptive Statements

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

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists’ Work.)

(c) A paid advertisement relating to psychologists’ activities must be identified or clearly recognizable as such.

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

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

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

5.05 Testimonials

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

5.06 In-Person Solicitation

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

6. Record Keeping and fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

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

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

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

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has
not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists’ withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

**6.03 Withholding Records for Nonpayment**

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

**6.04 Fees and Financial Arrangements**

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists’ fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

**6.05 Barter with Clients/Patients**

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

**6.06 Accuracy in Reports to Payors and Funding Sources**

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

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

7. Education and Training

7.01 Design of Education and Training Programs

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

7.02 Descriptions of Education and Training Programs

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

7.03 Accuracy in Teaching

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

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

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

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students’ academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees

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

8. Research and Publication

8.01 Institutional Approval

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

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions
about the research and research participants’ rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

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

8.03 Informed Consent for Recording Voices and Images in Research

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

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research

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

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study’s significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal’s life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

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

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

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

8.13 Duplicate Publication of Data

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

8.14 Sharing Research Data for Verification

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

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

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

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such
validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual’s language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

**9.03 Informed Consent in Assessments**

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

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

**9.04 Release of Test Data**

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

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

**9.05 Test Construction**

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

9.06 Interpreting Assessment Results

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

9.07 Assessment by Unqualified Persons

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

9.08 Obsolete Tests and Outdated Test Results

   (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
   (b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

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

9.10 Explaining Assessment Results

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

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

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or families

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

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)
10.03 Group Therapy

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

10.04 Providing Therapy to Those Served by Others

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

10.05 Sexual Intimacies with Current Therapy Clients/Patients

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

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

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

Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

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

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

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

10.09 Interruption of Therapy

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

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

2010 Amendments

Introduction and Applicability

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

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

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority. Under no circumstances may this standard be used to justify or defend violating human rights.
1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code. Take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

2016 Amendment

3.04 Avoiding Harm

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

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally indicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.