

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



**UNIVERSITY OF
SOUTH ALABAMA**



February, 2020

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

INTENTIONALLY LEFT BLANK

INTENTIONALLY LEFT BLANK

INTRODUCTION

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

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

History of the University of South Alabama (USA)

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

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

The Gulf Coast Region

Exploration in the Mobile River area began in 1519 when the Spanish Admiral Alonzo Alvarez de Pineda entered and charted the area now known as Mobile Bay. The old fort that guards Mobile Bay, now known as Fort Morgan, was first fortified by the Spanish in 1559. Settled in 1711 by the French, the bay area has had a tradition rich in culture and vital in the affairs of the nation from its formative years to the present. Six different flags have flown over Mobile, and this is reflected in the local culture and history. Historical events as varied as the first Mardi Gras celebration in the U.S. in 1703 ([or at least Mobile claims this as the case](#)) and the [last slave ship](#) to land in the U.S. occurred in Mobile.

Trade and shipping are central to the economy of the area. Millions of tons of shipping are handled annually through the Port of Mobile, which is rated among the top ports in the country. More than 15 million tons of shipping is carried yearly on the Tombigbee-Black Warrior waterway system with its modern locks and dams. The intra-coastal waterway, crossing the southern end of the state, is connected at Mobile Bay with both inland and ocean shipping. Railroads and airlines serve the Bay area. Diversified farming, woodland crops, and seafood and fisheries are major factors in the area's economy.

Mission Statement

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

Vision Statement

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

Core Values

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

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

Essential Activities

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

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

Institutional Priorities

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

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

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

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

USA Statement on Institutional Effectiveness

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

USA Organization

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

University Regional Accreditation

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

Policy of Non-Discrimination

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

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

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

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

History of the Clinical and Counseling Psychology (CCP) Program

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

specifically for Mobile and Baldwin Counties.

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

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

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

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

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

Accreditation of the CCP Program

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

CCP TRAINING PHILOSOPHY

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

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

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

Program Philosophy and Training Model

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

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

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

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

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

CCP Program Emphasis Areas

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

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

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

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

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

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

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

CLINICAL TRAINING EXPERIENCES

USA Psychological Clinic

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

General Psychological Clinic Practicum

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

Specialty Practica

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

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

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

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

Clinical Hours Expectations

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

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

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

Supervision

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

Table: Summary of Hours & Supervision

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

Year	Fall			Spring			Summer			Totals	
	Practica	Estimated Hours		Practica	Estimated Hours		Practica	Estimated Hours		Total Estimated Hours	
		Min	Typical		Min	Typical		Min	Typical	Min	Typical
Year 1	--	--	--	--	--	--	GCP	20	20	20	20
Year 2	GCP	60	80	GCP	60	80	GCP	40	60	180	220
	ESP	--	40	ESP	--	40	ESP	--	25	--	105
Year 3	GCP	60	80	GCP	60	80	GCP	--	--	120	160
	ESP	--	40	ESP	--	40	ESP		60	--	140
Year 4	GCP	--	--	GCP	--	--	GCP	--	--	--	--
	ESP	--	80	ESP	--	80	ESP	--	60	--	220
									Totals	320	885

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

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

CONTENTS

INTRODUCTION AND APPLICABILITY

PREAMBLE

GENERAL PRINCIPLES

Principle A: Beneficence and Non-maleficance

Principle B: Fidelity and Responsibility

Principle C: Integrity

Principle D: Justice

Principle E: Respect for People's Rights and Dignity

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

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

1.03 Conflicts between Ethics and Organizational Demands

1.04 Informal Resolution of Ethical Violations

1.05 Reporting Ethical Violations

1.06 Cooperating With Ethics Committees

1.07 Improper Complaints

1.08 Unfair Discrimination against Complainants and Respondents

2. Competence

2.01 Boundaries of Competence

2.02 Providing Services in Emergencies

2.03 Maintaining Competence

2.04 Bases for Scientific and Professional Judgments

2.05 Delegation of Work to Others

2.06 Personal Problems and Conflicts

3. Human Relations

3.01 Unfair Discrimination

3.02 Sexual Harassment

3.03 Other Harassment

3.04 Avoiding Harm

3.05 Multiple Relationships

3.06 Conflict of Interest

3.07 Third-Party Requests for Services

3.08 Exploitative Relationships

3.09 Cooperation with Other Professionals

3.10 Informed Consent

3.11 Psychological Services Delivered To or Through Organizations

3.12 Interruption of Psychological Services

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

4.02 Discussing the Limits of Confidentiality

4.03 Recording

4.04 Minimizing Intrusions on Privacy

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, which might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

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

9.08 Obsolete Tests and Outdated Test Results

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

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

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

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

9.11. Maintaining Test Security

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

10. Therapy

10.01 Informed Consent to Therapy

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

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

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

10.02 Therapy Involving Couples or Families

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

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as

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

10.03 Group Therapy

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

10.04 Providing Therapy to Those Served by Others

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

10.05 Sexual Intimacies with Current Therapy Clients/Patients

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

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

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

10.07 Therapy with Former Sexual Partners

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

10.08 Sexual Intimacies with Former Therapy Clients/Patients

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

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

10.09 Interruption of Therapy

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

10.10 Terminating Therapy

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

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

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

History and Effective Date Footnote

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

The APA has previously published its Ethics Code as follows:

- American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.
- American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.
- American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.
- American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.
- American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.
- American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.
- American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.
- American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.

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

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

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

TO: CCP Doctoral Program Admission Candidates
FROM: Joseph Currier, Ph.D., Associate Professor and Director of Clinical Training
DATE: April 1, YYYY
RE: Admission acceptance form

Clinical and Counseling Psychology Doctoral Training Program: Admissions Agreement

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

Name of Applicant

_____ **I PLAN TO ENROLL** in the Combined Clinical-Counseling Doctoral Program at the University of South Alabama in the Fall Semester YYYY under the conditions outlined in the CCP Graduate Student Training Manual. My signature below indicates that I have read and understand this agreement.

_____ **I do NOT plan to enroll** in the Combined Clinical-Counseling Doctoral Program at the University of South Alabama.

Signature

Date

APPENDIX C: Application for General Ph.D. Exam

University of South Alabama
Clinical and Counseling Psychology Program

Student Name: _____ Date _____

I am requesting approval to take the USA CCP General Exam. The information below is intended to assist the Director of Clinical Training in making a decision regarding the appropriateness of this case.

Modality: Individual Therapy Family Therapy Couples Therapy

Demographic Information: Male Female Age: _____

Primary Clinical Supervisor: _____

Date of 1st session: _____

Date of last/most recent session: _____

Current disposition: Currently in therapy

Terminated: Treatment Completed
Client Initiated Termination
Therapist Initiated Termination
Therapy Incomplete (No Show)

I have reviewed this case with the student and believe that the clinical case and level of supervision received is appropriate.

Primary Mentor

Date

The student is approved to sit for his/her General Exam in Clinical and Counseling Psychology. The assigned committee members include:

Primary Mentor: _____

Clinical Supervisor (2nd Member): _____

3rd Member: _____

Director of Clinical Training

Date

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

Student Name:

Date of Exam:

Faculty Rater:

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

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

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

APPENDIX E: Ph.D. GENERAL EXAM RESULTS

Student Name:

Date of Exam:

Brief Case Description:

<u>Committee Member</u>	<u>Printed Name</u>	<u>Signature</u>	<u>Global Rating</u>
Program Mentor			
Clinical Supervisor/ Committee Member 2			
Committee Member 3			

Summary Comments:

Remediation Plan (if needed):

APPENDIX F: Program By Laws

Clinical and Counseling Psychology (CCP) Doctoral Training Program College of Arts and Sciences, College of Education, and the Graduate School University of South Alabama (Adopted June 30, 2010)

ARTICLE I: Mission Statement

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

ARTICLE II: Membership

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

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

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

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

ARTICLE III: Governance

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

CCP Program Coordinating Committee

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

CCP Program Core Faculty: Roles and Responsibilities

A. Duties - The Core Faculty are responsible for program oversight consistent with University Policies and Procedures, the *Graduate School Academic Standards*, the *Faculty Handbook*, and applicable professional standards of regional and national accrediting bodies. Specific responsibilities include but are not limited to:

1. Review and recommendations regarding the assignment of CCP graduate assistantships;
2. Review and recommendations regarding admission and advisement of CCP students;
3. Development, implementation, evaluation, and revision of CCP curriculum;
4. Review and recommendations regarding faculty status within the Program;
5. Review and evaluation of CCP students' academic progress and professional behavior;

B. Roles – Program faculty fill several roles in carrying out the mission of the Program. These roles include but are not limited to:

1. **Director of Clinical Training (DCT)** – Upon the recommendation of the Core Faculty, and subject to the approval of the Department Chairs, the Deans of the Graduate School, the College of Arts and Sciences, and the College of Education, will appoint the DCT in accordance with the USA Human Resource Department Policies and Procedures. The DCT will act as the official liaison between the Program and the Departments, Colleges, and University Administration. The DCT is appointed for a renewable 5-year term. The DCT serves at the pleasure of the collaborating Deans and may be relieved of the responsibilities of the office at their discretion at anytime without cause. The DCT may also ask to step down. In either case, the Core Faculty will discuss and nominate a replacement from the existing faculty or request that an external search for a replacement be conducted.

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

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

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

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

ARTICLE IV: Meetings

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

ARTICLE V: Policies and Procedures

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

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

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

The DCT will be responsible for updating the GSTM annually.

ARTICLE VI: Conflict of Interest

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

ARTICLE VII: Budget

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

ARTICLE VIII: Amendments

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

Date of Bylaws Amendment: June, 30, 2010

Martin L. Rohling

Director of Clinical Training

Clinical and Counseling Psychology Program

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

Student Name:		Date:	
USA Course Equivalent To Be Waived:			
Semester Completed:			
Completed at:			
Graduate Course Equivalent:			

Domain/Psychological Foundation of Course Content: (Check one)

<input type="checkbox"/> Biological Aspects of Behavior	<input type="checkbox"/> History and Systems of Psychology
<input type="checkbox"/> Cognitive & Affective Aspects of Behavior	<input type="checkbox"/> Diagnosis/Intervention/Assessment
<input type="checkbox"/> Social Aspects of Behavior	<input type="checkbox"/> Psychopathology
<input type="checkbox"/> Developmental Basis of Behavior	<input type="checkbox"/> Vocational and Career Development
<input type="checkbox"/> Research Methodology and Data Analysis	<input type="checkbox"/> Ethics

Checklist of Documentation for Approval:

- Copy of syllabus from the requested course and the equivalent course
- Appropriate documentation of coursework and official grade from the course is provided

After reviewing relevant documentation, I have determined the above graduate course fulfills the criteria for the core psychological foundation/area as checked above. The student has demonstrated sufficient competency in the course to meet the Department's Doctoral Program Course Requirements.

If waiver request denied, give brief explanation:

Professor's Signature: _____

Director of Clinical Training, CCP Program _____

APPENDIX H: CRITERIA FOR PROJECTS SATISFYING THE RESEARCH READINESS REQUIREMENT

CRITERIA FOR PROJECTS SATISFYING THE RESEARCH READINESS REQUIREMENT

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

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

Note: Normally, literal replications will not be accepted, however replication of research may be acceptable if clear justification can be offered.
 - B. **Methodological Soundness:** Thesis projects should be methodologically sound, using a research design, original data collection methodology or selection of appropriate archival data, and statistical analyses appropriate to the problem.
 - C. **Logical Soundness:** Thesis projects should be logically sound. This is especially important in establishing the theoretical and empirical rationale for the research problem, hypothesis(es), and discussions of results, but should be apparent throughout the document.
 - D. **Literature Survey:** Thesis projects should include an adequate survey of the relevant literature and a critical examination of that literature.
 - E. **Discussion of Results:** Thesis projects should include an adequate discussion of the results of the research to include, where appropriate, possible applications of the results, theoretical inferences that can be drawn from the results, limitations of the study, and further appropriate research.

2. **Range/Scope of Acceptable Topics.** Any topic will be considered appropriate if it relates to the fields of Clinical and Counseling Psychology. Topics must also be related to the subject matter expertise of the CCP faculty mentor and the thesis committee. The subject matter of thesis projects completed elsewhere might not directly relate to the CCP faculty mentor's. During such instances in which a project completed at another institution is submitted for review, the Comprehensive Examinations Committee is tasked with the review and determination of appropriateness of the submitted project. The Comprehensive Examinations Committee may request additional internal (i.e., other CCP Faculty) and/or external review of the submission if necessary.
3. **Nature of the Research.** A thesis project must include appropriate research methods (either quantitative or qualitative) and data analysis. Projects that include only a narrative synthesis of the literature are not appropriate to the purpose of the thesis as these projects are intended to demonstrate readiness for independent research and the dissertation project.
4. **Ethics:** All thesis research should be conducted according to ethical principles as established by the American Psychological Association.
5. **Procedures, Product, & Presentation:**
 - A. Students who complete the thesis as part of the CCP MS Degree at USA will compose two documents: a *proposal document* and a *defense document*, as well as complete an oral defense of their thesis, as described in the Handbook section on the M.S. degree requirements.
 - B. Students who completed a thesis project at another institution may submit their written document including a signature page indicating the names and signatures of all committee members and the date of completion to demonstrate his or her research readiness to progress to the dissertation. This document should be submitted to the DCT and Chair of the Comprehensive Examinations Committee no later than the third week of the students first semester in the CCP program. Master's thesis projects completed elsewhere will be reviewed by the Comprehensive Examinations Committee according to the same standards of the thesis (Appendix N). Further, students who submit for review thesis projects completed elsewhere must also complete an oral defense of their project. This oral defense will involve an examination of the research, including, but not limited to, the justification for the research, the methodology, the analysis, and interpretation of the results, and the significance of the research. Oral defenses of theses completed elsewhere will be open to all interested faculty members and graduate students. However, the oral defense will be evaluated using the same standards as the thesis (Appendix N) by the members of the Comprehensive Examinations Committee. Notice of the time and place of the exam must be made to the CCP secretary, who will forward the notice to all CCP core faculty and students. Oral defense of master's thesis projects completed elsewhere must be completed and approved by the end of the student's first year in the CCP program.

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

APPENDIX J: DEMONSTRATION OF RESEARCH READINESS FACULTY COMMITTEE REVIEW FORM**DEMONSTRATION OF RESEARCH READINESS FACULTY COMMITTEE REVIEW FORM**

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

Student Name: _____

Date Submitted: __/__/__

CCP Comprehensive Examinations Committee Members:

Check the box which best describes the category within which the submitted research document falls:

Master’s Thesis

Title of thesis: _____

Institution in which thesis was completed: _____

Thesis Chair: _____

Committee Members: _____

Date Thesis was defended: __/__/__

Degree and Date Conferred: _____/__/__

Date of Oral Defense at USA: __/__/__

First Year Project

Title of project: _____

Project Mentor: _____

Committee Members/Second Reader(s): _____

Date Project Completed: __/__/__

Date of Oral Defense at USA: __/__/__

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

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

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

(Attach a copy of your CV)

Student’s Full Name: _____ **Academic Year:** _____

Area of Interest (child, adult, neuro, etc.): _____ **Primary Program Mentor:** _____

Year in Program: _____ **Date Degree Expected:** _____

GENERAL REQUIREMENTS					
Courses Completed & Grade Received	Summer	Fall	Spring	Total Courses	Credit Hours
1.					
2.					
3.					
4.					
5.					
Coursework Planned for the next 12 Months (other than thesis or dissertation):					
Courses Planned	Summer	Fall	Spring	Total Courses	Credit Hours
1.					
2.					
3.					
4.					
5.					
Awards Received or Other Accomplishments (report only those that have been received over the past 12 Months):					
Date of Event	Description of Accomplishment (be brief)				
RESEARCH ACTIVITIES					
Date of Event	Progress on Thesis or Dissertation Research (report only those that have been received over the past 12 Months):				

Date of Event	Publications (indicate if submitted, accepted, or published over the past 12 months)
Date of Event	Conference Presentation (indicate if submitted, accepted, or published over the past 12 months)
Date of Event	Other Work In Progress (Title, Supervisor, Work Done)
Date of Event	Research Assistantships in past 12 months (include a copy of supervisor's evaluation)
CLINICAL ACTIVITIES	
Date of Event	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation):
Date of Event	Clinical Assistantships in past 12 months (include copy of supervisor's evaluation):
Date of Event	Other Clinical Activities and Supervisors:
Date of	Therapy and Assessment Hours:

Event	
TEACHING ACTIVITIES:	
Courses taught in the past 12 month	
Date of Event	Student Feedback (Include numerical evaluations if available)
Date of Event	Teaching Assistantships in past 12 months (include a copy of supervisor's evaluation)
SERVICE ACTIVITIES (For example: committees, GSO offices held, volunteer efforts, etc.)	
GOALS FOR THE COMING YEAR (include time table):	
Research:	
Clinical:	
Teaching:	

Service:
INITIAL CAREER OBJECTIVES (e.g., postdoctoral fellowship, private practice, hospital, academia)
STUDENT COMMENTS REGARDING PROGRESS IN PAST 12 MONTHS:
(Provide your own self-evaluation of your performance in research, clinical, teaching, & service areas. Are there any specific areas of concern that you would like to discuss with your mentor during your meeting?)

Student's Signature _____ **Date:** _____

Mentor's Signature _____ **Date:** _____

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

CCP THESIS/FIRST YEAR PROJECT/DISSERTATION EVALUATION

Student: _____ Date: __/__/____

Committee Chair: _____

Committee Members: _____

Please Check: _____ Thesis Proposal _____ Dissertation Proposal
 _____ Thesis Defense _____ Dissertation Defense
 _____ First Year Project

COMMITTEE RATING INSTRUCTIONS: Rate each component on a scale from 1-5. Ratings below 3 must include specific comments about the student’s work and how it must be improved.

Manuscript:

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

Oral Presentation:

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

Pass: _____

Preliminary Pass: _____

Itemize what needs to be completed and date of completion for a pass:

Fail: _____

Itemize what needs to be completed and date of completion for re-proposing/defending:

Committee Member Signatures:

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

CCP Doctoral Training Program – Statement of Receipt of Training Manual

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

STATEMENT OF RECEIPT

I acknowledge receipt of the Doctoral Student Training Manual for the Clinical and Counseling Psychology Program. I understand that I am responsible for the information, policies and procedures contained therein and that it is my responsibility to seek clarification for any information I do not understand.

Student Name (Print)

Student Signature

Date

Director of Clinical Training Name (Print)

DCT Signature

Date

SIGN AND TURN IN UPON RECEIPT