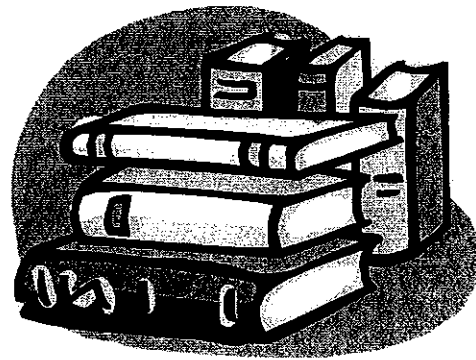


Student Manual

Doctoral Program in Clinical Psychology



Department of Psychology
Central Michigan University

Entering Class of 2003 - 2004



Department of Psychology
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Dear Incoming Student:

On behalf of the clinical psychology program faculty and the psychology department I am happy to welcome you to Central Michigan University. This *Student Manual* is a guide for working your way through the Doctoral Program in Clinical Psychology. It is arranged in the approximate order of your progress through the program.

The clinical psychology faculty welcome any questions you have about the clinical program, as well as suggestions you might have for improving this manual.

Best wishes,

A handwritten signature in black ink, appearing to read "G. Ronan", is written over the text "Best wishes,".

George F. Ronan, Ph.D., ABPP
Professor & Director of Clinical Training

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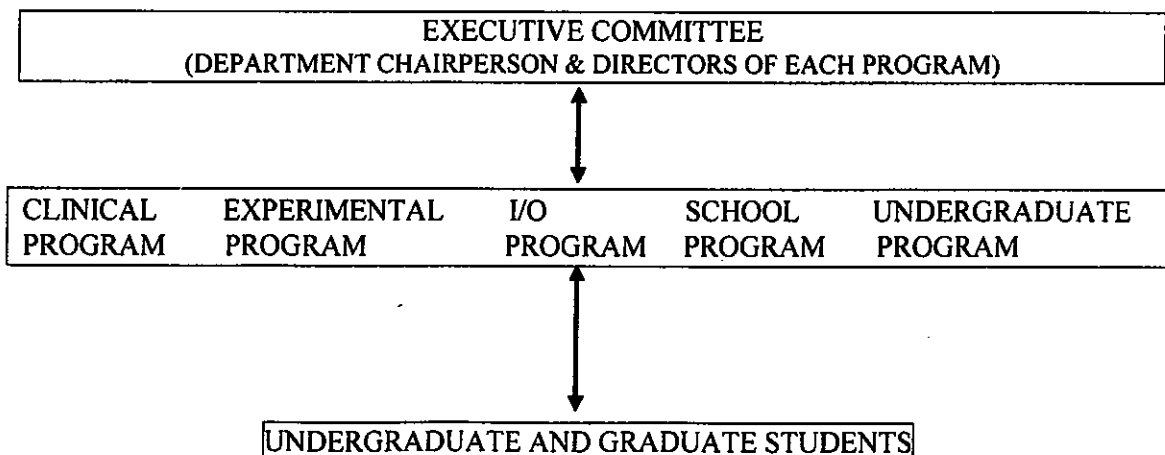
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INTRODUCTION

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

I. Administrative Structure of the Psychology Department



II. Current Clinical Psychology Program Faculty

David Dush, Ph.D., Clinical Associate Professor & Director of the Psychological Training and Consultation Center, Kent State University, 1981. Psychological assessment; pain management; Health Psychology.

Elizabeth Meadows, Ph.D., Associate Professor of Psychology, State University of New York at Albany, 1994. Anxiety Disorders, especially Post-Traumatic Stress Disorder and Panic Disorder

Larissa Niec, Ph.D., Assistant Professor of Psychology, Case Western Reserve University, 1998, Clinical Child Psychology; Interpersonal functioning in childhood

Tamara Penix Sbraga, Ph.D., Assistant Professor of Psychology, University of Nevada – Reno, 2001. Cultural diversity; Treatment of sex offenders

Stuart Quirk, Ph.D., Assistant Professor of Psychology, Case Western Reserve University, 1999, Emotional response in psychopathology; Personality and substance abuse

George Ronan, Ph.D., ABPP, Professor of Psychology & Director of Clinical Training, Farleigh Dickinson University, 1985, Assessment of social problem solving skills; Effectiveness of social problem solving treatments within a forensic context

Reid Skeel, Ph.D., Assistant Professor of Psychology, University of Florida, 1998. Neuropsychological assessment, Rehabilitation

Nathan Weed, Ph.D., Professor of Psychology, University of Minnesota, 1992. Psychological assessment; Validation of clinical inferences from psychological tests; The MMPI-2 and MMPI-A

PHILOSOPHY OF TRAINING

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

THE TRAINING MODEL

The program endorses the criteria for training set forth by the Committee on Accreditation of the American Psychological Association¹ and is listed as an accredited program. The program follows a scientist-practitioner training model. The clinical psychology program faculty believe that clinical training is a complex process that cannot be readily condensed or easily simplified. The optimal practice of clinical psychology rests on the integration of theory, research, and practice. Clinical learning involves instruction, feedback, self-monitoring, and modeling the behavior of experts. The integration of theory, research, and practice is expected to evolve out of numerous exposures to this process. This integration not only deepens scholarly learning, but also develops effective clinical skills. The clinical psychology program faculty further believe that training should expose students to a variety of testable formulations, as opposed to a single theoretical model. Integration of theory, research, and practice is essential. The program seeks to attain this goal by modeling a scientific approach in both didactic and experiential coursework.

The clinical psychology program considers the following areas as essential for 21st Century Clinical Psychologists:

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

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

CURRICULUM

I. Foundation Courses

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

1. Biological Bases
PSY 687 (3) Physiological Foundations
2. Cognitive-Affective Bases of Behavior
PSY 589 (3) Cognitive Psychology or PSY 680 (3) Learning

3. Social Bases of Behavior
PSY 630 (3) Advanced Social Psychology
4. Individual Differences
PSY 624 (3) Advanced Developmental Psychology
PSY 751 (3) Psychopathology
5. History and Systems
PSY 609 (3) History and Systems of Psychology
6. Research Design
PSY 642 Clinical research Methods
AND two of the following
PSY 611 (3) Research Design
PSY 612 (3) Applied Multiple Regression and Correlation
PSY 613 (3) Multivariate and Correlation Methods
7. Applied Components
PSY 798 (6) Thesis
PSY 898 (6) Doctoral Dissertation Design
PSY 899 (6) Doctoral Dissertation Implementation

II. Assessment & Intervention

Coursework in this area provides a foundation for integrating theory, research, and practice related to the assessment and altering of human behavior.

1. Measurement
PSY 510 (3) Principles of Psychological Measurement
2. Assessment Methods
PSY 641 (3) Personality Assessment
PSY 657 (3) Assessment I: Adult
PSY 658 (3) Assessment II: Child and Adolescent
PSY 661 (3) Neuropsychological Assessment
3. Intervention
PSY 653 (3) Intervention I: Adult
PSY 660 (3) Intervention II: Child and Adolescent
PSY 785 (3) Seminar: Cognitive Behavioral Theory
PSY 850 (3) Ethnic and Minority Issues in Therapy
4. Applied Components
PSY 790 & 791 (6) Practicum Ia and Ib
PSY 890 & 891 (6) Practicum IIa and IIb
PSY 892 & 893 (6) Practicum IIIa and IIIb
PSY 990 (3) Internship A
PSY 991 (3) Internship B

III. Professional Development

This area provides the foundation necessary for understanding the professional and ethical underpinning of clinical psychology. These skills are constantly modeled by the clinical faculty. With regard to formal training in ethical and professional issues, all students are required to attend bi-weekly colloquia that address many professional and ethical issues confronting the science and practice of clinical psychology. In addition, second year students are required to attend a weekly clinical conference sponsored by the Psychological Training and Consultation Center which exposes students to a plethora of issues relevant to the professional and ethical practice of clinical psychology. Finally, all students are required to complete a formal academic course in ethics and professional issues: PSY 765 (3) Ethics and Professional Issues

IV. Electives

Students are required to complete 9 elective credits. Students select elective courses in consultation with their clinical psychology program faculty mentor. Three credits of electives can be based on non-specified course content (e.g., PSY 696 Directed Research, PSY 697 Independent Study, and PSY 792 Supplemental Supervision). Although a variety of electives are available throughout the university, popular electives are in the areas of behavior therapy (PSY 780), consultation skills (PSY 766), behavioral medicine (PSY 579), clinical supervision (PSY 600), program evaluation (PSY 818), and specialty courses offered by psychology department faculty.

SEQUENCE OF COURSES

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

Fall Semester Year 1	Spring Semester Year 1
PSY 609 History and Systems of Psychology	PSY 510 Principles of Psychological Measurement
PSY 642 Clinical Research Methods	PSY 660 Intervention II: Child and Adolescent
PSY 653 Intervention I: Adult	PSY 658 Assessment II: Child and Adolescent
PSY 657 Assessment I: Adult	PSY 751 Psychopathology
Fall Semester Year 2	Spring Semester Year 2
PSY 612 Applied Multiple Regression and Correlation	PSY 611 Research Design OR PSY 613 Multivariate and Correlation Methods
PSY 624 Advanced Developmental Psychology	PSY 630 Advanced Social Psychology
PSY 785 Cognitive Behavioral Theory	PSY 641 Personality Assessment
PSY 789 Thesis	PSY 789 Thesis
PSY 790 Praticum Ia	PSY 790 Praticum Ib
Fall Semester Year 3	Spring Semester Year 3
PSY 661 Neuropsychological Assessment	Elective 1

PSY 687 Physiological Foundations	PSY 589 Cognitive Psychology or PSY 680 Learning
PSY 850 Ethnic & Minority Issues	PSY 765 Ethic and Professional Issues
PSY 890 Practicum IIa	PSY 891 Practicum IIb
Fall Semester Year 4	Spring Semester Year 4
Elective 2	Elective 3
PSY 898 Dissertation Design	PSY 899 Dissertation Implementation
PSY 892 Practicum IIIa	PSY 893 Practicum IIIb
Fall Semester Year 5	Spring Semester Year 5
PSY 990 Internship A	PSY 991 Internship B

CLINICAL EXPERIENCES

I. Overview

One mission of the clinical psychology program is to train clinical psychologists who can function in applied settings. Thus, the clinical psychology program faculty have clear expectations regarding the development of clinical skills and we require students to graduate with a variety of experiences with the assessment and treatment of clinical problems. Three years of practica are required wherein students are expected to maintain a case load of approximately five client's per-week.

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

Novice

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

Advanced Beginner

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

Competent

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

Proficient

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

II. Procedures

1. Practicum Instructor

Clinical psychology program faculty slated to teach practica present students with a description of their approach to treatment and supervision in early January. Students meet with their program mentor to discuss practicum instructor selection and subsequently complete a *Practicum Instructor Preference Sheet* that is used to rank preferences. The *Practicum Instructor Preference Sheet* must be turned in to the Director of Clinical Training within one week after the presentation. A copy of the *Practicum Instructor Preference Sheet* is contained in Appendix A and can be photocopied as needed. The clinical psychology program faculty review these rankings and are ultimately responsible for assigning students to instructors.

2. Practicum Site Selection

Practicum I students are placed in the psychology department affiliated training clinic, the Psychological Training and Consultation Center. They are generally expected to see clients assigned to the general clinic. The Psychological Training and Consultation Center is a controlled environment that is used to closely monitor student skill development. Additional information about the Psychological Training and Consultation

Center, including a *Brochure* and a *Student Manual*, can be obtained from the Psychological Training and Consultation Center administrative secretary.

Each February the clinical psychology program faculty host a luncheon for representatives from the various sites where Practicum II and Practicum III students are placed. Following this luncheon the site representatives present students with information about the training opportunities available at their respective sites. Students have a chance to talk with the various site representatives. After this meeting students discuss their practicum site preferences with their clinical psychology program mentor and the following years practicum instructor. By March 1st students rank their preferred practicum sites by using the *Practicum Site Preference Sheet* and submit their ranking to the Director of Clinical Training. Appendix B contains a copy of the *Practicum Site Preference Sheet* and additional copies can be photocopied as needed. The clinical psychology program faculty then clear students to apply for particular sites on or before 15 March. Students are not allowed to apply to practicum sites prior to receiving formal approval from the clinical psychology program faculty.

3. Review of the Student Practicum Site Preferences

The *Practicum Site Preference Sheets* are reviewed to ensure that the requested placements meet general clinical program training requirements. The clinical program requires that students are exposed to training experiences that ensure both breadth and depth of professional practice. For practicum training, this often translates into (a) familiarity with at least two approaches toward treatment, (b) competence with a variety of assessment techniques and formats, (c) experience with underserved and minority groups, (d) exposure to a variety of diagnostic groups, and (e) experience in treatment settings that ensure exposure to a variety of professions. Every semester student performance in practicum is evaluated using the *Practicum Student Evaluation Form* (Appendix C) and students are required to update their *Clinical Training Record* (Appendix D). The *Clinical Training Record* provides an ongoing record of each student's training experience. Training goals unique to the student are based on input from the student's clinical psychology program faculty mentor, *Practicum Student Evaluation Forms* provided by past and present supervisors, and information gleaned from the *Clinical Training Record*.

4. General Practicum Site Requirements

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

Practicum sites must have procedures available for students to receive some on campus supervision: this often involves the Practicum Instructors reading intakes, progress notes,

treatment plans, test reports, and discharge summaries. In addition, review of audiotapes and/or videotapes is required. All patients must be informed that the student is in training and will be supervised, as part of that training, at Central Michigan University.

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

5. Summary

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

- **Director of the PTCC (University/Department Liaison)**
 1. Coordinates formal agreement between the University and the Site.
 2. Develops new sites in consultation with program faculty.
 3. Visits sites annually.
 4. Maintains supervisor-program faculty listserv.
- **Director of Clinical Training**
 1. Organizes clinical colloquia wherein practicum instructors describe the format of their practica.
 2. Organizes requests for assignment to practicum instructors for the following year (January).
 3. Convenes the annual meeting between program faculty and clinical supervisors/placement site (February).
 4. Coordinate and review student requests for specific practicum sites.
- **Students**
 1. Update Clinical Training Record (January).
 2. Submit practicum instructor preference forms (early January).
 3. Attend the annual meeting with supervisors to learn of possible placement sites (February).
 4. Meet with program mentors to discuss possible placement sites (February).
 5. Meet with next year supervisor to discuss placement possibilities (February).
 6. Submit rankings of placement sites (February).
 7. Receive feedback on rankings of placement sites (late February).
 8. Apply for practicum placement (mid March).
 9. Coordinates final placement with next years practicum instructor.
- **Practicum Instructors**
 1. Attend clinical colloquia and provide students with information regarding the format of practicum (January).
 2. Attend the annual meeting with supervisors to discuss training issues (February).

3. Meet with next years practicum students to discuss possible placement sites (February).
4. Formalize individual arrangement with placement site.
5. Contact on site supervisor at least once each semester and ensure that students are evaluated each semester using the Practicum Student Evaluation Form.

RESEARCH EXPERIENCES

Students are admitted to the doctoral program under the tutelage of a clinical psychology program faculty member. All clinical faculty maintain vertical research teams that meet on a regular basis. Throughout their clinical training students are required to maintain active involvement on their clinical program faculty mentor's vertical research team.

Active involvement on a research team usually entails a combination of the following:

- Bringing in references that may interest other members of the team.
- Presenting and discussing important articles in the research literature, as in a journal club.
- Acting as a research assistant in a project being carried out by the clinical faculty member or another team member.
- Receiving assistance from other team members in carrying out your own research (e.g., rating, scoring, entering data, assistance with analysis).
- Offering constructive criticism of documents written by other members of the team (e.g., articles to be submitted to journals, thesis proposals, grant proposals, conference presentations, and posters).
- Rehearsing talks for conferences, dissertation defenses, etc., and obtaining feedback.
- Carrying out a joint research project in which all team members contribute.
- Discussing and demonstrating specific research techniques (e.g., statistical methods, psychometric methods).
- Providing and receiving social support to help get through the tribulations of completing research.

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

Active involvement on a research team also provides concrete benefits beyond socializing students into the process of conducting clinically sensitive research. First, participation in a research team helps students to develop their own research. Students are required to complete at least two independent research projects (thesis and dissertation) and these projects typically grow out of work conducted in their mentor's lab. Second, active participation in a faculty member's lab oftentimes coalesce into a specific clinical focus within the field of clinical psychology. As an example, students involved in the Anxiety and Trauma Research Team often go on to develop clinical and research specializations in the area of anxiety disorders. Finally, there is a clear expectation that students will demonstrate a commitment to the discipline by coauthoring poster presentations, paper presentations, and publications during their course of study at CMU. Participating on a

research team often provides the basis for completing these tasks. Presenting and publishing papers also provides students with work samples that can help them obtain high quality postdoctoral position.

MILESTONE EVENTS

I. Thesis

The topic of this research project and other related requirements should be discussed with you clinical psychology program faculty mentor. Ideally, students should begin work on their thesis proposal shortly after arriving on campus and defend the proposal during the summer after the first year of study. The complete project must be submitted to the thesis committee members prior to Thanksgiving Recess of the third year and the project must be successfully defended before the end of the fall semester of the third year of study. Students who fail to meet the defense deadline are not allowed to sit for their Clinical Qualifying Examination during the spring semester of their third year. Past theses are on file and available for review. Detailed information is available in the *Psychology Department Thesis and Dissertation Manual* that can be obtained from the clinical psychology program secretary. Students should work closely with their clinical program faculty mentor when developing their thesis research and their mentor can provide additional guidance. Students who have completed the first two years of coursework are allowed to petition for an MA degree upon successful defense of their thesis.

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

II. Clinical Qualifying Examination

The Clinical Qualifying Examination requires the submission of a therapy and assessment case for review by a committee of three clinical psychology program faculty. The exam must be submitted before February of the spring semester of the third year of study. The overall expectation is that students demonstrate an integration of their didactic and applied training. The examination requires the written presentation and oral defense of an assessment and a therapy case. Passing this exam admits students to doctoral candidacy and allows students to sign up for PSY 898 Doctoral Dissertation Design. Past Clinical Qualifying Examinations are on file and available for review. Due to the Educational Privacy Act, faculty comments and decisions are only available from individual students. Detailed information is available in the *Clinical Qualifying Examination Guidelines* that can be obtained from the clinical psychology program secretary. Students should seek additional clarification from their clinical psychology program faculty mentor.

III. Doctoral Dissertation

Students must complete an empirical doctoral dissertation. As a general concept, the dissertation is a scholarly work related to a student's interest area. The dissertation is formally initiated after the student is admitted to doctoral candidacy. The goal of the dissertation is to further integrate the candidate's graduate education by investigating a professional problem in a scholarly and scientific manner. A doctoral dissertation proposal must be defended before the Director of Clinical Training can clear students to apply for their predoctoral internship. Past dissertations are on file and available for review. Detailed information is available in the *Psychology Department Thesis and Dissertation Manual* that can be obtained from the clinical psychology program secretary. Students should work closely with their clinical program faculty mentor when developing their dissertation research and their mentor can provide additional guidance.

IV. Internship

The internship is a full time position in which students perform as full-time clinicians while obtaining intensive professional training and clinical experience under the supervision of senior clinical psychologists. This affords students a chance to expand their clinical skills and/or begin to develop a specialization with a specific population or setting. It takes place in the fifth year of the program and is required by the *American Psychological Association*. The internship year is generally considered the culmination of graduate clinical training. The Director of Clinical Training cannot clear students to apply for internship training until they have defended their dissertation proposal.

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

An index of internship sites, together with descriptive material is located with the clinical program secretary. In addition, the Association of Predoctoral and Postdoctoral Internship Centers publishes a directory of Internship Programs in Professional Psychology and maintains a very useful web site. Students have found the Association of Predoctoral and Postdoctoral Internship Centers to be useful in identifying suitable internship sites. The most recent address is Association of Predoctoral and Postdoctoral Internship Centers, Suite 750, 1400 K St., NW, Washington, DC (www.appic.org).

The clinical psychology program faculty mentor is responsible for monitoring students' internship rankings that are ultimately submitted to the matching facility. All students must go over their preferred choices with their clinical psychology program faculty mentor before the first of February. The goal of this review is to determine (a) the adequacy of all ranked sites and (b) whether the sites are APA accredited. The Director of Clinical Training must review all proposed sites that are not APA accredited before rankings are submitted to the match facility.

SEQUENCE OF MILSTONE EVENTS

Students are expected to graduate from the program in five years. The clinical program policy requires that all students graduate within eight years. That is, before students can graduate they are required to retake all course work that was completed more than eight years prior to the date of graduation. A written request for a one-year non-renewable extension may be submitted to the Director of Clinical Training; the clinical psychology program faculty must approve the request. The following information is meant to serve as a guide for completing program requirements in a timely manner.

Sequencing of Milestone Events

First Year	Complete coursework
	Discuss thesis topic with mentor
May	Receive formal feedback on progress
Summer	Defend thesis proposal
Second Year	Complete coursework
Fall Semester	Implement thesis
Summer	Defend thesis Discuss dissertation research with mentor
Third Year	Complete coursework
Fall Semester	Attend clinical qualifying examination information meeting
Thanksgiving Recess	Final deadline for submitting complete document to the thesis committee
December	Final deadline for thesis defense
January	Check on Clinical Qualifying Examination committee assignments Submit Clinical Qualifying Examination
February	Schedule Clinical Qualifying Examination oral defense
April	Discuss internship process with mentor
May	Receive formal feedback on progress
Summer	Obtain information on internship sites Defend dissertation proposal
Fourth Year	Complete coursework
Fall Semester	Implement dissertation
October	Complete internship applications
February	Review internship site rankings with mentor Submit internship site rankings
	Inform mentor & DCT about internship placement
May	Receive formal feedback on progress

Fifth Year	Complete internship
Fall Semester	Defend dissertation
May	Receive formal feedback on progress
Summer	Petition for August graduation

INTEGRATION OF TRAINING GOALS AND PROGRAM REQUIREMENTS

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

Competency	Related Training Activities
Breadth in the theoretical and empirical underpinning of psychology	Required foundation courses Department colloquia
Breadth and depth in psychological research	Required courses in research design and statistics Research with faculty mentor Thesis Dissertation
Breadth and depth in assessment and intervention	Required courses in assessment & intervention Six semesters of practica Elective course work Course related term papers Clinical Qualifying Examination Predoctoral internship
Knowledge of the guidelines outlined in the APA Code of Ethics for Psychologist and the Standards for Providers	Courses in ethics and professional issues Six semesters of practica Thesis (required IRB review, etc.) Clinical Qualifying Examination Student review Dissertation (required IRB review, etc.) Predoctoral internship
Knowledge that allows for practice in an increasingly diverse society in a socially responsible manner	Complete course work Specific course in ethnic & minority issues Elective coursework Bi-weekly clinical colloquia Diversity is discussed in most clinical courses Practica experiences with minority clientele Practica experiences with disabled clientele At least one practicum year at the Psychological Training and Consultation Center, this facility uses a sliding-fee scale and serves many clients of low/no income. Practicum instructors discuss the social

	implications of clinical work. Clinical Qualifying Examination
A commitment to life-long learning	Bi-weekly clinical colloquia Faculty model national involvement in the profession Students maintain memberships in professional organizations, attend professional meetings, and present their work at professional meetings.

STUDENT CONTRIBUTIONS TO PROGRAM FUNCTIONING

I. Overview

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

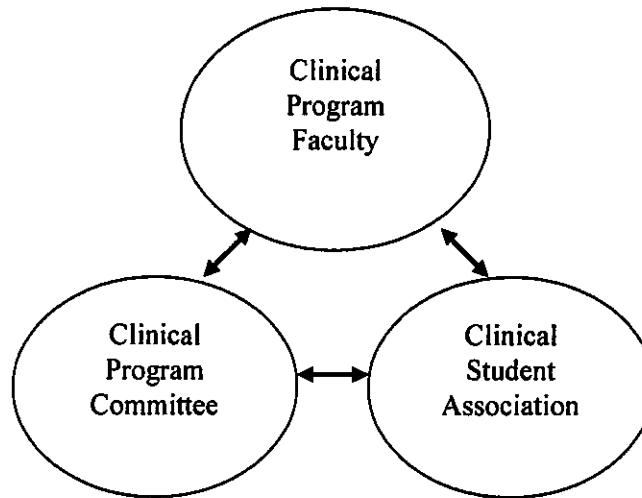
II. Clinical Student Association

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

III. Program Committee

Current goals for the Program Committee are (1) provide a vehicle through which students can voice their concerns, (2) give feedback regarding curricular/program issues, (3) work with the clinical psychology program faculty to develop and implement curricular and program changes, and (4) maintain and monitor communication among faculty and students. The Program committee is composed of a representative from each of the four cohorts and the President of the Clinical Student Association. The 4th year student representative will serve as the Chair of the Program Committee.

III. Administrative Structure of the Clinical Program



IV. General Comments

To reiterate, students can influence the clinical program policies and procedures in the following manner:

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

STRESS IN THE PROGRAM

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

CLINICAL PSYCHOLOGY PROGRAM FACULTY MENTORS

Students are admitted to the program with the intent that they work with a specific clinical psychology program faculty mentor. Clinical psychology program faculty mentors (1) help with the adjustment to CMU's academic environment, (2) serve as the academic advisor, and (3) actively function as research mentors. Students can change their clinical psychology program faculty mentor by submitting a written request to the

Director of Clinical Training; however, every student must have a clinical psychology program faculty mentor and students are expected to schedule regular meetings with their mentor.

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

ETHICAL AND PROFESSIONAL BEHAVIOR

Graduate students follow the ethical standards published by the American Psychological Association (*American Psychologist*, 47, 1597-1611). In addition, students should familiarize themselves and comply with the Standards for Providers of Psychological Services published by the American Psychological Association (*American Psychologist*, 42, 712-723). Students should also be knowledgeable of two other sets of guidelines published by the American Psychological Association: Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (*American Psychologist*, 48, 45-48) and Record Keeping Guidelines (*American Psychologist*, 48, 984-986).

As part of your training you will be involved in research with human subjects. The Central Michigan University Institutional Review Board must review all such research. The most recent version of the *Policies and Procedures for Using Human Subjects in Research* can be obtained by contacting the Office of Research and Sponsored Projects, College of Graduate Studies, Central Michigan University.

ACADEMIC RESOURCES

1. Mainframe Access

Central Michigan University provides support for student use of the mainframe for email and general Internet accesses. Students must contact Computer Services at Central Michigan University to obtain an identification code and password. The Office of Technology regularly provides training in the use of these services. Students with modems can connect to the mainframe from home.

2. Personal Computer Access

Central Michigan University and the Department of Psychology have labs that can be used for word processing, data analyses, e-mail, and Internet access.

3. Library: Centra, FirstSearch, and Interlibrary Loan

The library is service oriented. Centra is the Library's mainframe catalogue. It also includes three database search options. Students can easily find what is available on campus. In addition, students can have access to the catalogues of Michigan State University (75-minute drive), the University of Michigan (150-minute drive), and Wayne State University (200-minute drive). First Search can be accessed either in the library or from a remote terminal. It provides many different databases that can be searched, downloaded or forwarded to the library for Interlibrary loan. Interlibrary loan is free and provides access to almost any journal, but it takes time.

4. The Psychological Training and Consultation Center

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

The Psychological Training and Consultation Center is the primary training site for students enrolled in applied graduate programs in the Department of Psychology. The Center provides assessment and/or psychotherapy services to infants, children, adolescents, adults, and the elderly. Depending on the specific area of concern, services can often be provided in individual, couple, family, or group formats. Various faculty members in the Department of Psychology run specialized clinics and those also serve as applied research programs. Specialized space includes a Clinical Team Room (Sloan 119), a Research Team Room (Sloan 120), and a Video Monitor Room (Sloan 121). Students should obtain a copy of the *Psychological Training and Consultation Center Brochure*, as well as a copy of the *Psychological Training and Consultation Center Student Manual*.

5. Useful Internet Websites

Central Michigan University (CMU): <http://www.cmich.edu>. This can give you email addresses of faculty and students, access to the library and various other information about the University.

Department of Psychology: www.chsbs.cmich.edu/psychology

Clinical Psychology Program: www.chsbs.cmich.edu/psychology/clinical/clin_prg.html

American Psychological Association (APA): www.apa.org. This can provide you access to many services and resources offered by APA.

Association of Predoctoral and Postdoctoral and Internship Centers (APPIC): www.appic.org. This is the organization that follows up internships and keeps data on the applicants who secure internship placement the prior year and disseminates relevant information.

Association of State and Provincial Psychology Boards (ASPPB): www.asppb.org
This organization keeps data on the results of the National Licensing Exam, the phone numbers of Psychology Boards of most states, and the requirements for licensure in each state.

FINANCIAL SUPPORT

I. Overview

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

II. Type of Support

A. *Doctoral Research Fellowships* carry a cash stipend of about \$8,500, a tuition waiver of about 30 credits, and a waiver for class related fees. The Board of Trustees sets the stipend yearly. An application and the posted application deadline are available from the Clinical Program Secretary.

B. *Full-time Graduate Assistantships* carry a cash stipend of about \$8,000, a tuition waiver of about 20 credits, and library privileges. The Board of Trustees sets the stipend amount yearly. An application and the posted application deadline are available from the Clinical Program Secretary.

C. *Half-time Graduate Assistantships* carry a cash stipend of about \$4,500, a tuition waiver of 20 credits, and library privileges. The Board of Trustees sets the stipend amount yearly. An application and the posted application deadline are available from the Clinical Program Secretary.

D. *Psychology Research Assistant Program* positions are also available for students who qualify for either Federal or State Work-study funds. The hourly rate depends on the duties assigned. Students generally become involved in research with a specific faculty member. Applications for Work-study are available at the Financial Aid Office.

E. *Grant and/or Contract*-related positions are also available. These positions result from grants or contracts obtained by clinical psychology program faculty. Individual faculty members select students to work on these externally funded projects.

F. Additional Graduate Assistantships are often available through other departments on campus (e.g., College of Graduate Studies, Office of Diversity, and Office of Student Life).

III. Procedures

A. Research Fellowships and Graduate Assistantships

The psychology department is charged with determining the number of Doctoral Research Fellowships and Graduate Assistantships awarded to programs. On a yearly basis, the Psychology Department Executive Committee reviews these policies and procedures. Once the number of funded positions has been identified, the clinical psychology program faculty select students for funding. The steps in the selection process are:

1. Psychology Department Executive Committee designates the number of positions awarded to each program.
2. Graduate students submit applications.
3. Clinical psychology program faculty review applicants and assigns students to receive funding based on the following criteria:
 - a. GPA and GRE scores
 - b. Performance in coursework
 - c. Research productivity
 - d. Letters of recommendation for funding
 - e. Match between applicant and faculty research interests
 - f. Match between applicant and specific teaching and/or program needs

B. Other Funded Positions

The guidelines for the remaining types of funded positions vary according to the funding source. Clinical psychology program faculty mentors can provide additional information about these positions.

C. General Comments

Because there are typically more students to support than available funding, the selection process is competitive. Rejection of a position offered is considered rejection of financial support. Financial support is not guaranteed for any student, and fourth-year students are typically not considered eligible for Research Fellowship or Graduate Assistantship positions. The expectation is that fourth-year students, having a limited license, will obtain a paid practicum as part of Practicum III. Some advanced practicum placements may also qualify for a tuition waiver of 20 credit hours of course work.

D. Summary of Students Supported (Fall, 2003)

Type of Funding	Amount	Target Group
Research Fellowship	2	Students who demonstrate outstanding potential or performance
Full-time Graduate Assistantship	4	Generally reserved for students in the first three years of training
Half-time Graduate Assistantship	16	Reserved for students in the first four years of training
Psychology Research Assistantship Program	Unknown	Students eligible for work study
Diversity Assistantships	3	Students with diverse ethnic backgrounds
Grant Supported Positions	0	
Contract Supported Positions:		
C. Johnson & G. Ronan: Mount Pleasant Community Mental Health Center	1	Generally reserved for advanced students
External Graduate Assistantship	7	Generally reserved for 4 th year students
Graduate Assistantship funded through other on Campus Departments	1	Available to all students

POLICY ON OUTSIDE EMPLOYMENT

Because clinical training at Central Michigan University is full time, the clinical psychology program faculty does not encourage outside employment for students. The demands of the program are intensive and outside employment is likely to distract from the primary task of doctoral training. Outside employment for students awarded a Research Fellowship, a Graduate Assistantship, or a Teaching Assistantship is contrary to the intent of the funding. Funded students are not expected to seek or accept additional employment during the academic year. The "12 credit" semester plus a 10 to 20 hour per week assistantship/externship is a full life! It is wiser to acquire a loan, if necessary, than assume any additional burdens. Although the clinical psychology program faculty cannot dictate to students what they do beyond the structure of the doctoral program, the clinical program does require that students who choose professional employment outside the program inform the DCT.

Students in any employment context must adhere to all ethical and legal requirements regarding public representation of their credentials. See the APA ethical standards on avoidance of false or deceptive statements, and the Michigan Code regarding the legal use

of the title “psychologist.” Generally, students in a supervised setting that is a component of their program of study (e.g., the PTCC or contracted externships) refer to themselves as “Psychology Trainees”. In contrast, students engaged in professional activities that are not a component of their program of study must use the job title designated by the employer (e.g., “Mental Health Counselor”). Further, in professional activities not sanctioned by the program students must be very careful not to represent themselves as CMU graduate students engaged in activities related to their program of study. Students engaged in professional activities that are not components of the doctoral training program are not insured against claims of malpractice. Neither Central Michigan University nor the American Psychological Association student insurance plans cover a student for activities not sanctioned by the training program.

What students do outside of the Clinical Program reflects on the Clinical Program whether one wants it to or not. The clinical faculty assume that students will use sound judgment in deciding to participate in outside activities and not misrepresent their credentials or involvement of the program in such activities.

PART-TIME STUDY

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

LEAVE OF ABSENCE

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

STUDENT MESSAGES AND MAIL

Doctoral students have mailboxes in the faculty mailroom. Mail addressed to students, department memos, and clinical program announcements will be delivered to students at this location. The bulletin board outside the office of the clinical program secretary is also used to convey program-related information, as is e-mail.

STANDARD MEETING TIME

Courses are not scheduled between 11:00 am and 1:00 pm on Mondays. Colloquia, case presentation, program committee, and other required clinical program meetings are scheduled during this time. Students are required to keep their calendar free during this time period.

PRE-REGISTRATION FOR COURSES

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

TRANSFER OF PRIOR COURSE WORK

Students can transfer up to a maximum of 30 credits with equivalent courses. The following courses cannot be transferred: PSY 765 Ethics; PSY 790 & PSY 791 Practicum I; PSY 890 & 891 Practicum II; PSY 892-893 Practicum III; PSY 898 & PSY 899 Doctoral Dissertation; and PSY 990 & PSY 991 Internship. The requirements for waiving or transferring a course follow:

1. Students first discuss the likelihood of waiving the required course with their clinical psychology program faculty mentor.
2. A transfer request, available for the clinical program secretary, and supporting materials (e.g., course outline, texts used, bulletin descriptions) are then submitted to the appropriate instructor.
3. The instructor must approve the prior course as equivalent to the required course. "Equivalent" means that the student received a "B" or better grade in a course or courses whose content appears to cover at least 85% of the required course.
4. Students submit their course waiver or transfer requests to the Director of Clinical Training.
5. The Director of Clinical Training presents the request to the clinical psychology program faculty. The clinical psychology program faculty must vote to approve a course waiver or transfer.
6. Copies of transfer decisions are placed in the student's file.

SATISFACTORY PROGRESS

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

1. Achieving a grade of B- or better in all courses
2. Successful defense of a thesis
3. Passing the Clinical Qualifying Exam
4. Having an approved doctoral proposal prior to applying for internship
5. Satisfactory completion of an internship
6. Successful defense of a dissertation

DISMISSAL

Failure to maintain satisfactory progress can result in dismissal from the program. In addition, ethical violations (e.g., plagiarism, intimate relationships with clients, abusing patients or research subjects) will lead to immediate action by the clinical psychology program faculty. Depending on the nature of the offense, actions might range from letters of warning to dismissal. Dismissing a student from the clinical program is an extraordinary action and only happens after the student has been given clear feedback about the difficulties and had opportunity to remedy the problem. Students always have the right to be heard and to appeal.

STUDENT REVIEW POLICY

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

I. Procedures

A. Scheduling

A formal review of students by the clinical psychology program faculty is scheduled at least once each year and involves the entire clinical psychology program faculty. Students receive written feedback. There should be no surprises because students receive regular feedback in all courses. A student who is having difficulties will know either because of grades, feedback from instructors, or concerns mentioned by their clinical psychology program faculty mentor.

An unscheduled review may occur whenever a faculty member has reason to be concerned about a student's coursework, clinical skills, ethical behavior, or suitability (e.g., factors interfering with clinical work).

B. Criteria

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

1. Research productivity involves an evaluation of student performance on their assigned research team. Peer-reviewed presentations at regional or national conferences, as well as peer-reviewed publications, are also used to evaluate performance within this domain.

2. Clinical work is evaluated based on the mastery of competencies needed to function adequately as an applied clinical psychologist. These include a demonstrated ability to (a) act appropriately and maintain good judgment, (b) maintain non-destructive relations with research subjects and clients, and (c) acceptance and use of supervision (d) technical adequacy (e.g., scoring and administering tests, implementing a treatment protocol appropriately, being able to perform an initial interview). Behavior consistent with the University guidelines specified in the *Graduate Bulletin* and the American Psychological Association's *Ethical Principles for Psychologists* (*American Psychologist*, 47, 1597-1611) is required.
3. Academic performance is based on course work completed.
4. Progress in meeting milestone events is based on the rate at which students complete program requirements. Students are expected to complete program requirements in five years. Failure to complete the program in eight years is grounds for dismissal. Students are evaluated on, at least, an annual basis until they either complete all program requirements or are dismissed from the program.

C. Clinical Program Faculty Action

The clinical psychology program faculty recognizes students in training often experience situations that create common problems in adjustment. Minor difficulties may not require a formal notice; the clinical psychology program faculty mentor may be asked to discuss the concerns with the student. If a majority of the clinical psychology program faculty agree that serious difficulties are present, then one of the following actions will be taken.

1. A letter of advisement specifying the areas of concern will be sent to the student.
2. Practicum may be deferred for a year so the student may remedy the difficulties.
3. The student may be placed on probation, with all university support suspended.
4. The student may be dismissed from the program.

For items 2, 3, 4 and 5, the Director of Clinical Training meets with the student to discuss the intended action. This allows an opportunity for the student to provide information unknown to the clinical psychology program faculty at the time of the decision. The Director of Clinical Training might delay action pending this meeting. If the student provides pertinent information to the decision, this will be shared with clinical psychology program faculty. If upon hearing the information the faculty maintain their prior decision, the student will have the option of presenting any relevant materials and may also be accompanied by a student, a faculty member, or one other relevant person.

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

IV. Appeals Procedure

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

V. General Comment

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

STUDENT GRIEVANCES

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

MINIMUM ENROLLMENT POLICY

To use Central Michigan University resources (e.g., computers, laboratories, equipment, and faculty) during the regular academic year, graduate students must be registered for a minimum of one credit hour. For students who no longer have additional credits required of their program, it is suggested that they register to audit one Dissertation credit. Registering to audit the credit will not alter their grade-point-average or the number of credits. An "X" grade is shown on the transcript for audited courses. Computer Services is enforcing a portion of this policy in that students not registered for classes during fall and spring semesters will not have access to university computing equipment. Thus, students who are ABD and working on their dissertations will need to enroll for at least one credit hour each semester.

AUTHORIZATION OF DOCTORAL DEGREE PROGRAM

All of the required courses and electives to be taken by an individual student must be listed on the *Authorization of Doctoral Degree Program* form. This is the form used by the College of Graduate Studies to determine that the student has met the requirements of his/her individual program. Copies of the most recent version of this form can be obtained from the clinical program secretary.

Appendix A

Practicum Instructor Preference Sheet

Practicum Instructor Preference Sheet

Name: _____ Date: _____

Prior to submitting this form you should discuss your practicum instructor preferences with your clinical psychology program faculty mentor.

Practicum Instructor Preference	Rationale

Appendix B

Practicum Site Preference Sheet

Practicum Site Preference Sheet

Name: _____ Date: _____

Prior to submitting this form you should discuss your practicum site preferences with your clinical psychology program faculty mentor.

Practicum Site and Ranking	Rationale

Appendix C

Practicum Student Evaluation Form

CMU Student Evaluation of Practicum Site & Supervisors

Site: _____ Supervisor: _____ Practicum
completed (year): _____

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

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

***Return to the Director, Psychological Training and Consultation Center, CMU. Fax: 989-774-7895.**

Appendix D

Clinical Training Record

III. PRACTICUM DOCUMENTATION

1. Psychological interventions and assessment:

	Total hours face-to-face	# of different individuals
a. Individual Therapy		
1) Older Adults (65+)	_____	_____
2) Adults (18-64)	_____	_____
3) Adolescents (13-17)	_____	_____
4) School-Age (6-12)	_____	_____
5) Pre-School Age (3-5)	_____	_____
6) Infants / Toddlers (0-2)	_____	_____
	Total hours face-to-face	# of different groups
b. Group Therapy		
1) Adults	_____	_____
2) Adolescents (13-17)	_____	_____
3) Children (12 and under)	_____	_____
d. Family Therapy	_____	_____
e. Couples Therapy	_____	_____
f. School Based Interventions		
1) Consultation	_____	_____
2) Direct Intervention	_____	_____
3) Other (Specify: _____)	_____	_____
g. Other Psychological Interventions		
1) Medical / Health - Related Interventions	_____	_____
3) Intake Interview / Structured Interview	_____	_____
4) Substance Abuse Interventions	_____	_____
5) Other interventions (e.g., milieu therapy, treatment planning with the patient present.)	_____	_____
h. Psychological Assessment Experience		
1) Psychodiagnostic test administration (Include symptom assessment, personality assessment, achievement, intelligence, and career assessment), and providing feedback to clients/patients.	_____	_____
2) Neuropsychological Assessment (Include	_____	_____

intellectual assessment in this category only when it was administered in the context of neuropsychological assessment.)

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

	hours face-to-face	# of different individuals
1) Supervision of other students	_____	_____
2) Program Development/Outreach Programming	_____	_____
3) Outcome Assessment of programs or projects	_____	_____
4) Systems Intervention / Organizational Consultation / Performance Improvement	_____	_____
5) Other (Specify: _____)	_____	_____

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

Total hours face-to-face	_____	Total hours face-to-face _____
Total Hours:	_____	_____

2. SUPPORT ACTIVITIES – How much time have you spent in support activities related to your intervention and assessment experience? This item includes activities spent outside the counseling / therapy hour while still focused on the client / patient (e.g. chart review, writing process notes, consulting with other professionals about cases, video / audio tape review, time spent planning interventions, assessment interpretation and report writing, etc.). In addition, it includes hours spent at a practicum setting in didactic training (e.g. grand rounds, seminars).

Total Support Hours: _____

3. SUPERVISION RECEIVED – How much time have you spent in supervision?

- a. Hours spent in one-on-one, face-to-face supervision: _____
- b. Hours spent in group supervision: _____
- c. Hours of peer supervision / consultation and case discussion on specific cases: _____

Total Supervision Hours (add 3a, 3b, and 3c): _____

Have you audio or videotaped clients/patients and reviewed these tapes with your clinical supervisor?

Audio tape review
 _____ Yes
 _____ No

Videotape review
 _____ Yes
 _____ No

4. SUMMARY OF PRACTICUM HOURS

- a. Total Intervention and Assessment Hours (item 1): _____
- b. Total Support Hours (item 2): _____
- c. Total Supervision Hours (item 3): _____

GRAND TOTAL _____

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

Child Guidance Clinic	_____
Community Mental Health Center	_____
Department Clinic (psychology clinic run by a department or school)	_____
Forensic / Justice setting (e.g., jail, prison)	_____
Inpatient Hospital	_____
Outpatient Medical / Psychiatric Clinic & Hospital	_____
University Counseling Center / Student Mental Health Center	_____
Schools	_____
Other (Specify: _____)	_____
Specialty Clinics	_____
Total Hours in all Treatment Settings	_____

What is your experience with diverse populations in a professional therapy / counseling capacity?

Clients / Patients Seen

Race / Ethnicity

African-American / Black / African Origin	_____
Asian-American / Asian Origin / Pacific Islander	_____
Latino-a / Hispanic	_____
American Indian / Alaska Native / Aboriginal Canadian	_____
European Origin / White	_____
Bi-racial / Multi-racial	_____
Unknown	_____

Sexual Orientation

Heterosexual	_____
Gay	_____
Lesbian	_____
Bisexual	_____
Unknown	_____

Disabilities

Physical / Orthopedic Disability	_____
Blind / Visually Impaired	_____
Deaf / Hard of Hearing	_____
Learning / Cognitive Disability	_____
Developmental Disability	_____
Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders, severe developmental disabilities)	_____
Other (specify: _____)	_____

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

7. TEACHING EXPERIENCES- What is your teaching experience?

Teaching Assistant

_____ Semesters

Course Instructor

_____ Semesters

Please list courses taught:

SECTION 5: PROFESSIONAL CONDUCT

Please answer ALL of the following questions with “YES” or “NO”:

1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board?
2. Have you ever been suspended, terminated, or asked to resign by a training program, practicum site, or employer?
3. Have you ever been convicted of a crime?

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

Appendix E

Student Review Form

Student Review Form

Name : _____

Date _____

1	2	3	4	5
Not Acceptable	Below Average	Average	Above Average	
	Outstanding			

1. Research productivity _____

2. Clinical work _____

3. Academics _____

4. Progress with milestone events _____

Appendix F
Policy on Blood Borne pathogens

Policy on Blood Borne Pathogens

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

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

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

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

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

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

At the University, the most common exposure to blood borne pathogens will be when a person with an open sore or injury comes into contact with infectious material or fails to wear the proper personal protective equipment. If in the course of your job you have or suspect you have had an exposure incident **CONTACT YOUR SUPERVISOR AND THE UNIVERSITY HEALTH SERVICES** (after hours contact REDICARE or Central Michigan Community Hospital) **IMMEDIATELY**, so treatment may begin at once.

Remember it takes only one exposure to contact a blood borne pathogen; however, it is possible to protect yourself by knowing the facts and taking proper precautions.

For All Medical Emergencies:

- Call 911 and explain the emergency, your location, and your phone number and always be the last one to hang up.
- Position people to guide emergency responders to the scene of the accident.
- The Central Michigan University Public Safety number is 774-3081.
- Stay calm.