

HANDBOOK

of the

CLINICAL PSYCHOLOGY

PROGRAM

The University of Toledo
Department of Psychology

2018-2019

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Table of Contents

1. WELCOME!	4
2. USING THE HANDBOOK.....	5
3. PHILOSOPHY AND OVERVIEW	6
4. WHO'S WHO IN THE CLINICAL PSYCHOLOGY DOCTORAL PROGRAM	11
5. DOCTORAL PROGRAM REQUIREMENTS	13
6. TYPICAL PROGRAM SCHEDULE	23
7. MASTER'S DEGREE REQUIREMENTS WITHIN THE DOCTORAL PROGRAM..	27
8. THE MASTER'S THESIS	28
9. QUALIFYING EXAM	30
10. THE DISSERTATION.....	34
11. PSYCHOLOGY CLINIC.....	38
12. MULTICULTURAL PSYCHOLOGY REQUIREMENT	39
13. INTERNSHIPS AND INTERNSHIP REQUIREMENTS.....	40
14. SEVEN YEAR LIMIT.....	42
15. PROGRAM DEADLINES	43
Table 1 - Suggested and Required Deadlines for the Completion of Program Requirements	45
16. THE MAJOR ADVISOR AND ACADEMIC ADVISING.....	47
17. FINANCIAL SUPPORT FOR STUDENTS.....	48
18. EVALUATION OF STUDENT PERFORMANCE	52
19. GRADUATE STUDENT GRIEVANCE AND GRADE APPEAL PROCEDURES.....	56
20. LEAVE OF ABSENCE	57
21. POLICY ON OUTSIDE EMPLOYMENT AND VOLUNTEER WORK.....	58
22. ETHICAL RESPONSIBILITIES	59
APPENDIX A: APA Ethics Code.....	65
APPENDIX B: Election Procedures for Clinical Student Representatives.....	85
APPENDIX C: Current Student Psychology Discipline Specific Knowledge (DSK).....	86
Course Alternative Form	86
APPENDIX D: Master's Plan of Study	88
APPENDIX E: Doctoral Plan of Study.....	89
APPENDIX F: Department of Psychology Professional Development Series	90
APPENDIX G: Department of Psychology Clinical Case Presentation Series.....	91
APPENDIX H: Incoming Student Waiver of Course Requirement Form.....	93
APPENDIX I: Project Proposal and Completion Form	95
APPENDIX J: Internship and Financial Aid.....	96
APPENDIX K: Community Clinical Work and Approval for Practicum Hours Form.....	97
APPENDIX L: Form for Approval of Completed Outside Clinical Hours.....	98
APPENDIX M: End-of-Year Student Evaluation Form.....	99
APPENDIX N: Mid-Year Evaluation of Student Progress	101
APPENDIX O: University of Toledo, Clinical Psychology Program Clinical Competencies Evaluation for Practicum or Externship	103
APPENDIX P: GARPA.....	112
APPENDIX Q: Substitution of Clinical with Research Practicum Form	117
APPENDIX S: Joint Mentorship Program	119
APPENDIX T: Minor Specializations in Psychology	120
Graduate Minor in Health Psychology	120
Graduate Minor in Experimental Psychopathology.....	122

Graduate Minor in Quantitative Psychology	124
Student Signature Page	125

1. WELCOME!

We welcome you to the Clinical Psychology Program at the University of Toledo. Before we get into the specifics of the program documented in the Handbook, please take a minute to congratulate yourself on beginning this phase of your life. You are now part of a challenging and rewarding program that will prepare you for your future in clinical psychology. Congratulations! We are excited to have you join us, and we look forward to getting to know you. We hope to make your transition as smooth as possible. Please feel free to ask us any questions now or in the future.

2. USING THE HANDBOOK

This Program Handbook, in conjunction with the Clinic Handbook, serves as an introduction to the program and a resource during your time here. It will save you time and confusion in the long run if you read these handbooks now. We consider this so important that all graduate students are required to read these handbooks before embarking on their training with us, and to refer to them as needed to answer programmatic and training questions.

Handbook Revisions: Students are expected to use the most current, updated handbook. Unless you are in the process of meeting a project deadline (e.g., completing your thesis), you must follow the newest handbook deadlines. If you have any questions about this procedure, please consult the Director of Clinical Training.

This handbook will be revised on an annual basis each summer and submitted to the clinical faculty for review and approval at the first clinical faculty meeting of each academic year. It is the responsibility of the Director of Clinical Training (DCT) to revise and update the handbook on a yearly basis. At any point during the year, faculty or students may suggest or request revisions or updates to the program procedures outlined in this handbook. Changes to the handbook that are approved by the clinical faculty will be incorporated into the subsequent version of the handbook each year. Suggestions and requests for revisions to the handbook should be made to the DCT.

Students requesting revisions to this handbook can either approach the DCT directly or raise these requests to the Clinical Student Representatives. If suggestions for revisions arise in the context of student meetings, the Clinical Student Representatives can raise these in the context of Clinical Faculty Meetings or bring suggestions or requests directly to the DCT.

3. PHILOSOPHY AND OVERVIEW

The APA-accredited Clinical Psychology program at the University of Toledo follows a scientist-practitioner model.

We view the field of psychology as dynamic; therefore, first and foremost, we aim to train students as critical thinkers and scientists who have the skills to evolve with advances in the field of psychological science.

Accordingly, our program is designed to accomplish four key goals in the training of future clinical psychologists. In the context of pursuing these goals, the program strives to create an open environment for graduate students to engage in professional and personal growth.

1. To provide students with broad and general education and training in the knowledge base and theoretical and methodological foundations of the science of psychology and more specifically, the field of clinical psychology. Specifically, graduates of this program will acquire:
 - a. A broad knowledge in the theoretical and methodological foundations of the science of psychology, and
 - b. A depth of knowledge in the field of clinical psychology.

Here our goal is to train psychologists who will enhance the scientific knowledge base for mental and behavioral health and who will be knowledgeable consumers of this research. Therefore, our program emphasizes the need for each of us to see ourselves as life-long learners and our goal is to help students develop the skills to move toward increased autonomy in the pursuit of knowledge so that training does not end with the receipt of the degree.

2. To provide students with didactic instruction and mentored supervision in the evaluation and conduct of high quality and ethical research that will make meaningful contributions to the empirical and theoretical literature of clinical psychology. Specifically, graduates of this program will:
 - a. Demonstrate a knowledge and understanding of research skills.
 - b. Be active and collaborative contributors to high quality research.
 - c. Acquire the skills to conduct and disseminate original research.
3. To provide students with didactic instruction and mentored supervision in the integration of science and practice into their research, professional activities, and clinical practice. Specifically, graduates of this program will:
 - a. Acquire foundational knowledge and skills of the integration of science and practice central to clinical psychology, and
 - b. Apply the reciprocal integration of science and practice in both their research and clinical activities, including assessment and treatment.

More specifically, our program strives for a balance between training in clinical research and clinical practice; however, we do not view these activities as distinct from one another. The program at the University of Toledo emphasizes the application of the scientific method to both research and practice, a true implementation of the scientist-practitioner model. We believe that clinical psychologists are poised to be leaders in healthcare and healthcare research so we strive to produce students who are innovators and who are prepared for leadership roles in multidisciplinary teams. We see the future of our field as one in which psychologists bring the critical skill of scientific thinking to multidisciplinary teams in applied and research settings.

Therefore, students who are best suited to our program are those who see the need for the integration of

science and practice across all of the settings in which clinical psychologists are employed.

The program is committed to providing rigorous training to students in empirical research and clinical work that is scientifically-grounded. Although students may be exposed to multiple perspectives on the understanding of behavior and psychopathology, these are united by the emphasis on empiricism and the need to subject theory to the rigors of scientific inquiry.

4. To provide students with didactic instruction and mentored supervision in ethically, legally, and culturally informed decision making about clinical, research, and other professional issues. Specifically, graduates of this program will:
 - a. Acquire knowledge and increased sensitivity regarding cultural and individual diversity.
 - b. Demonstrate awareness, sensitivity, and competence in considering individual diversity in the context of psychological assessment and practice.
 - c. Demonstrate understanding and competence in ethical and professional practices and guidelines as related to clinical work and research.
 - d. Demonstrate knowledge of the supervision and consultation literatures and acquire exposure to beginning practice in clinical supervision and consultation.

As a program, we value diversity and aim to produce psychologists who serve underserved populations through both research and clinical work. However, our emphasis on diversity extends beyond the populations we serve to the targets of our work (e.g., the individual or the community) and the value of multiple career pathways for our graduates. Therefore, we aim to offer breadth in training with the idea that students will individualize their program of study in line with their particular career goals and will develop significant expertise within their focus of study.

We also believe that in order to be highly successful in a highly competitive field, students must be prepared to be held to the highest standards in terms of their professional behavior, ethical sensitivity, productivity, and self-assessment. Therefore, students who are well-suited for study at the University of Toledo must be fully-committed, prepared to challenge preconceived notions about psychology, and to be open to rigorous evaluation from their peers and the faculty.

Accreditation

The American Psychological Association has accredited the program since June 1st, 1979.¹

Training Program Overview

The clinical training program emphasizes academic excellence, clinical competence, as well as intra- and interpersonal growth and maturity. A combination of required and elective academic and clinical experiences provides a balance between breadth and depth in coverage of clinical topics. Students have the opportunity to acquire general knowledge in core areas of psychology as well as more specialized knowledge and skills in areas including psychological assessment, psychotherapy, clinical research design, and data analysis. The majority of courses are usually taken within the first two years, which makes the academic pace very rigorous for beginning graduate students.

In order to complete the clinical PhD degree requirements, students should typically expect to spend at least four to five years at the University of Toledo, and one year on internship at another institution. Approval of transfer credit for previous graduate work may shorten the time needed to complete the

¹ Office of Program Consultation and Accreditation; 750 First Street, NE • Washington, DC • 20002-4242; Phone: 202-336-5979

degree, though this is not always true.

As students progress through the program, they are expected to manage increasing portions of the learning process, becoming more independent in line with increased competencies. At all times students are expected to conduct themselves in an ethically responsible manner in their academic, research, and clinical activities (as specified in the APA Ethical Principles and Code of Conduct found in Appendix A).

Clinical Training. Training for clinical practice is an integral part of the program. The model of clinical training provided in the context of the UT Clinical Psychology program is sequential, cumulative, graded in complexity, and designed to prepare students for further organized training.

In the first year, the clinical practicum and applied courses are devoted to the acquisition of clinical interviewing and psychological assessment skills. First-year students, in the context of the Clinical Laboratory (PSY 6/7390) course, conduct intake interviews and initial assessments in the Psychology Clinic under the close supervision of Clinical Faculty. First-year clinical students are integrated into ongoing practicum courses via the assessments that they conduct in the context of the Clinical Laboratory course. In addition, first-year clinical students, in both the fall and spring semesters of their first program year, enroll in the 0-credit course Clinical Practicum I (PSY 6/7810) in which they are provided with the opportunity to observe ongoing clinical practica cases.

The second year practicum courses (PSY 6/7820, Clinical Practicum II), emphasize psychotherapy, as students begin to conduct psychotherapy in the Psychology Clinic and continue performing assessments. Third and fourth year students (enrolled in PSY 6/7830 Clinical Practicum III and the optional PSY 6/7840 Clinical Practicum IV) typically continue to see clients in the Clinic in order to further develop diagnostic, assessment, and treatment skills. As will be noted on the course syllabi for the practicum courses, the expectations of second- and third-year (and beyond) students will be different, with those expectations for second year students more focused on the acquisition of skills and knowledge, and those expectations of third and fourth year students more focused on the refinement and enhancement of their clinical skill sets. During the third and fourth program years, students also complete readings on supervision and consultation. These readings are assigned by the practicum supervisor who also evaluates each student's mastery of the content of these readings. This mastery must be demonstrated at a level of 2 ("Competence is at least at the minimal level necessary for functioning") or 3 ("Competence is assessed to be above average; students can function more independently") on the student's "Clinical Competencies Evaluation for Practicum or Externship" form. Competency in supervision and consultation can also be demonstrated through practical, applied supervisory and consultation experiences in the context of the practicum. Specifically, practicum students in the fourth year (enrolled in PSY 6/7840 Clinical Practicum IV) may elect, with the approval of the practicum supervisor, to engage in peer supervision with second- and third-year practicum students or to provide supervised consultation to a party relevant to a specific case. Although the requirement for demonstrating mastery in supervision and consultation can be met solely through readings and assessment, students do have the option of combining these readings and assessment with an applied experience (at the discretion of the practicum supervisor) to fulfill this requirement. When feasible, more advanced students are encouraged to choose Clinic training cases that are of particular interest to their developing specific clinical focus.

Each program student is required to participate in a minimum of one academic year's training in an externship placement in the local community. In consultation with the mentor and DCT, and if consistent with the student's training plan and goals, students may elect to be placed in an externship for additional years. In the fifth or sixth year, most students complete their training in full-time, American Psychological Association-accredited internships outside of the Toledo area. In all of their clinical work, students are expected to show respect for and an understanding of cultural and individual diversity, not only with their clients but also with their colleagues.

Assignment to Practicum Courses. At any given time, two or more practicum courses will be offered in the program. In the spring semester of the year prior to the start of that practicum course, students should, in consultation with their mentor, identify their choices in rank order for practicum course enrollment in the subsequent fall and spring semesters. The DCT, in conjunction with the clinic director, will then make assignments to practicum courses. These assignment decisions will be based upon both student preference and student year in the program, with more junior students being given priority in assignment choices.

Research Training. Research training occurs through a combination of coursework and practical experience. During the first year, coursework includes basic statistics and a research methods course. Practical research experience is also obtained through working with your faculty mentor on research projects, which may include being a member of a research team. These experiences also help prepare students to carry out their Master's thesis, Dissertation, and other research projects. We also encourage you to pursue independent research projects with your mentor—those in which you are first author and primarily responsible for planning, executing, and writing your project for publication.

Conference submissions. Each student is required to submit two first-authored poster or presentation abstracts to professional conferences by the end of their second year. Each submission must have mentor approval. The submission of these abstracts will be tracked on your annual evaluation form.

Empirical paper submissions. Each student is required to submit one first-authored, peer-reviewed manuscript by the end of their 3rd program year. This submission must be formally submitted to the relevant publication outlet by the last day of classes in the student's 3rd year. This submission requires mentor approval. The submission of the empirical paper will be tracked on your annual evaluation form.

Research mentorship. The clinical program endorses a flexible mentor model of clinical research training. This means that one criterion for your acceptance into the program is that your training goals and interests match those of one or more faculty members. You then start your research training under that person's supervision and conduct research in their lab.

Joint mentorship. Students in the clinical program have the opportunity to participate in the joint mentorship program, or to have research mentors from both the experimental and clinical programs. This program is considered particularly relevant for clinical students with an interest in experimental design and translational research (please see Appendix S for a description of this program).

Changes in mentorship. Occasionally, students may switch mentors if we believe this is in the student's best interest given their professional development and trajectory. This change is subject to approval by the Director of Clinical Training (who must also be notified of the change in writing). Students changing mentors also must notify the Graduate College so they can adjust their records.

Style of Governance and Respect for Student Input

Small classes, informal interaction, and one-on-one supervision and training are essential aspects of the clinical program at the University of Toledo. We purposefully limit the number of students admitted each year to maximize the opportunities for individualized training. Consistent with this philosophy, student input is important to the administration of the clinical program. Students are integrated into program governance through graduate student representation at clinical and departmental faculty meetings. Graduate students also participate in the graduate admissions and faculty hiring processes. Impromptu discussions between student and faculty regarding training issues and concerns are encouraged. This approach also serves the purpose of training students to function in a professional role within a professional institution or organization.

Nondiscrimination Policy

The Clinical Psychology Doctoral Program at the University of Toledo confirms through this statement its commitment and dedicated efforts to provide equal opportunity in its training program. Federal law prohibits discrimination because of race, color, religion, sex, age, national origin, disability or ancestry of any person. Inquiries regarding compliance with the above may be directed to:

Office of Academic Inclusion

<http://www.utoledo.edu/offices/oid>
University of Toledo Main Campus
Mail Stop #903, 2801 W. Bancroft St.
University Hall Room 4580
Toledo, Ohio 43606
419-530-2508 office
419-530-8402 fax

4. WHO'S WHO IN THE CLINICAL PSYCHOLOGY DOCTORAL PROGRAM

Administrative Positions

Department Chair:	Kim L. Gratz, Ph.D.
Associate Chair:	Kamala London, Ph.D.
Director of Clinical Training:	Sarah Francis, Ph.D.
Clinic Director:	Jason Levine, Ph.D.
Assistant to the DCT (GA):	Emily Roemhild
Clinic Assistant (GA):	Alex Buhk
Experimental Coordinator:	Jason Rose, Ph.D.
Student Ombudsperson	John Laux, Ph.D.

Support Staff:

Department Administrative Assistant:	Marcia Reau
Academic and Client Services Coordinator:	Kaitlyn Calvin

Faculty:

Clinical Faculty:

Wesley Bullock, Ph.D.
Jon Elhai, Ph.D.
Sarah Francis, Ph.D.
Kim L. Gratz, Ph.D.
Jason Levine, Ph.D.
Gregory Meyer, Ph.D.
Peter Mezo, Ph.D.
Joni Mihura, Ph.D.
Mojisola Tiamiyu, Ph.D.
Matthew Tull, Ph.D.

Experimental Faculty:

Stephen Christman, Ph.D. (Cognitive)
Andrew Geers, Ph.D. (Social)
Henry Heffner, Ph.D. (Psychobiology & Learning)
Rickye Heffner, Ph.D. (Psychobiology & Learning)
J.D. Jasper, Ph.D. (Cognitive)
Kamala London, Ph.D. (Developmental)
Jason Rose, Ph.D. (Social)

Emeritus Faculty:

Jeanne Brockmyer, Ph.D.
A. John McSweeney, J.D., Ph.D.

See <http://www.utoledo.edu/al/psychology/grad/clinical/clinfaculty.html> for links to faculty web pages.

Other Notable Positions

Graduate Student Representatives: Students who are nominated and elected by their peers on an annual basis to act as liaisons between the students and the faculty of the program, and to represent student

interests at various meetings and on various committees.

- Clinical Student Representatives: Two clinical students will represent the clinical student body at clinical and departmental faculty meetings. The Clinical Student Representatives are also responsible for disseminating information from the program to the students as necessary, facilitating student meetings, and coordinating with students in other positions as appropriate (see Other Positions, below). Clinical Student Representatives will be elected using the procedures detailed in Appendix B.
- Other positions: American Psychological Association of Graduate Students (APAGS) Representative. Ohio Psychological Association (OPAGS) Representative. Council of University Directors of Clinical Psychology (CUDCP) Representative. Clinical Student website coordinator. Student representatives for other relevant organizations can be elected at the students' discretion. When students are elected/appointed to fill these positions in the fall of each of academic year, a list of current student representatives will be generated and provided to the departmental secretary and Academic and Client Services Coordinator.

Faculty Mentor: A Faculty Mentor is assigned to each student upon entry into the program, with the goal of matching their clinical research interests. Their role is also to guide the student's professional development, to provide general information and support, and to give evaluation feedback. See the Academic Advising section for more information.

Assistantship Supervisor: Assistantship supervisors vary due to the nature of the assistantship (e.g., teaching a lab or being a teaching assistant for a class; working on a grant; journal assistant), although most assistantships through the graduate school are currently teaching assistantships.

Research Faculty: Tenured and tenure-track faculty who are full members of the UT Graduate Faculty, who maintain active, productive scholarship (i.e., publications). This status is required for Faculty in order to serve as Faculty Mentor and to chair theses, qualifying exam, and dissertation committees.

Executive Committee: Consists of the Department Chair, Department Associate Chair, the DCT, and the Experimental Psychology Coordinator for planning, coordinating, and making decisions regarding the Psychology Department as a whole.

5. DOCTORAL PROGRAM REQUIREMENTS

Course Requirements: The following are the basic required courses for the Clinical Psychology Doctoral Program. Courses with 6000 numbers are Master's level courses and those with 7000 or 8000 numbers are Doctoral level courses; students enroll in 7/8000 level classes after the Master's Degree is conferred.

A. Core Coursework (Clinical and Experimental Doctoral Students; 44 credit minimum)

	<u>Credit Hours.</u>
1. <u>Statistics and Research Design</u> (12 credits)	
PSY 6100 Quantitative Methods in Psychology I	3
PSY 6110 Quantitative Methods in Psychology II	3
PSY 6130 Design & Evaluation of Psychology Research	3
One of the following advanced statistics electives: PSY 6/7150 Psychometrics and Scale Development or PSY 6/7930 Structural Equation Modeling	3
2. <u>Core Content Courses</u> ^{a,b,c} (at least 4 of the following 5 courses = 12 credits)	
PSY 6/7200 Systems of Personality	3
PSY 6/7400 Cognitive Psychology	3
PSY 6/7500 Developmental Psychology	3
PSY 6/7600 Behavioral Neuroscience ^d	3
PSY 6/7700 Social Psychology	3

^{a.} Students must demonstrate broad and general exposure to the current body of knowledge and methods in *each* of these core areas. If this is not done through one of these core content courses it must be done through a seminar course or other activity at the graduate level with sufficient breadth. Students must take at least 3 courses from the previous list. Broad and general exposure to the other 2 core areas can be demonstrated by taking either graduate seminar courses through the Department or graduate courses elsewhere (e.g., BGSU has reciprocity with UT). Alternatives must be coordinated with your Faculty Mentor and approved by the DCT. It is very important that the student and their mentor check with the APA C-7 discipline specific knowledge requirements. For the approved alternative, students should complete the ***Current Student Psychology Discipline Specific Knowledge (DSK) Course Alternative Form*** (see Appendix C) and place copies of all material in their file.

^{b.} Students also must fulfill a History and Systems of Psychology requirement that is not regularly offered as a formal course in our Department. Our program fulfills this history requirement—which is required by APA and most state licensing boards—by including the history and systems component across many of the required courses in our program—particularly PSY 6/7200 Systems of Personality. Therefore, a student entering with a Master's degree and wishing to transfer a personality course may not be successful unless it emphasizes the history and systems of psychology. Similarly, students who might consider taking an alternative course option instead of PSY 6/7200 Systems of Personality would need to find an alternative that encompasses the history and systems of psychology.

^{c.} To demonstrate mastery of the History and Systems of Psychology and Affective Aspects of Behavior DSK requirements, each student is required to compile a portfolio which will contain assignments (e.g., written paper, exam question, graded presentation) relevant to the History and Systems and Affective Aspects requirements that have been graded by the relevant course instructor from each of the following courses: History and Systems of Psychology courses: PSY 6/7200 Systems of Personality, PSY 6/7220 Cognitive Assessment, PSY 6/7230 Personality Assessment, PSY 6/7340 Cognitive-Behavioral Psychotherapy, PSY 6/7400 Cognitive Psychology, and PSY 6/7700 Social Psychology; Affective Aspects of Behavior courses: PSY 6/7200 Systems of Personality, PSY 6/7400 Cognitive Psychology, PSY 6/7500 Developmental Psychology, and PSY 6/7700 Social Psychology. The student will collect these graded assignments in a portfolio that will then be submitted to the DCT and clinical faculty for review upon completion of the required coursework. Receipt of a passing grade on each of the assignments for each DSK area will be considered demonstrating mastery of that DSK

domain.

Students who have completed a Psychology course in the History and Systems of Psychology at the undergraduate level may request to waive the portfolio requirement for history and systems. To be eligible for consideration, the student must submit their undergraduate transcript indicating a grade of B- or higher and the syllabus for the History and Systems course to their mentor and to the DCT with the completed ***Current Student Psychology Discipline Specific Knowledge (DSK) Course Alternative Form*** (see Appendix C).

^d Clinical students may take PSY 6/7250 Emotion to fulfill this requirement without having to complete a *Course Alternative Form*. Students who successfully complete PSY 6/7250 Emotion will have fulfilled the biological and affective requirements and do not have to compile and submit a portfolio for the affective aspects of behavior.

3. Research: (20 hrs minimum)
PSY 6960 Master's Thesis
PSY 8960 PhD Dissertation

6
14

B. Clinical Psychology Area of Concentration (48 credits minimum)

1. Clinical Core Courses: (14 hrs)

PSY 6/7210 Psychopathology	3
PSY 6/7220 Cognitive Assessment	4
PSY 6/7230 Personality Assessment	4

And at least one of the following:

PSY 6/7310 Psychotherapy with Children and Adolescents	3
PSY 6/7330 Psychodynamic Psychotherapy	3
PSY 6/7340 Cognitive-Behavioral Psychotherapy	3
PSY 6/7350 Family and Couple Therapy	3

2. Clinical Practica (21 hrs²)

PSY 6810 Clinical Practicum I	0
PSY 6/7390 Clinical Laboratory	3

And at least 18 hours from the following practica*:

PSY 6/7820 Clinical Practicum II	3
PSY 6/7830 Clinical Practicum III	3
PSY 6/7840 Clinical Practicum IV	1-3

*Students typically enroll in a practicum each academic semester from the spring of their 1st year into summer of their 4th year (unless they arrive with a master's and leave for internship early). However, students planning an academic research career can elect to substitute 6-hours of research practicum for one year of clinical practicum in their 3rd or 4th year, with the approval of their mentor. Students seeking to substitute research practicum for clinical practicum must complete the **Substitution of Clinical with Research Practicum Form** found in Appendix Q.

3. Systems of Psychology: (6 hrs)

PSY 6/7260 Professional and Ethical Issues (taught alternate years)	3
PSY 6/7050 Culture and Psychology (taught alternate years)	3

For other approved multicultural courses please see Section 12

Cultural and diversity topics are also covered in other required courses, including: PSY 6/7390 Clinical Laboratory, PSY 6/7210 Psychopathology, and PSY 6/7220 Cognitive Assessment.

4. Electives: (4 hrs)^a

To be chosen in consultation with and approval of the mentor:

PSY 6/7250 Seminar in Clinical Psychology (e.g., Community Psychology; Public Mental Health)	3
Additional Psychotherapy didactic courses (i.e., PSY 6/7310, 6/7330, 6/7340, 6/7350)	3
Additional Stats or Methods courses (i.e., PSY 6/7150, PSY 6/7930)	3

^a For clinical students, one 3-hour elective course used to fulfill this requirement must be the core content course not previously fulfilled in the above list. For example, if the student has taken 6/7200, 6/7400, 6/7500, and 6/7600 to fulfill the core content course requirement above, one of the electives to fulfill the elective requirement must be 6/7700, or a course equivalent as described in footnote 'a' to requirement 2A above.

5. Internship (3 hrs)

PSY 8940 APA-Accredited Clinical Internship	
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² Students entering with their Master's Degree can qualify to take fewer practicum hours. These students may also qualify to waive PSY 6/7390, Clinical Laboratory. These decisions will be made on a case-by-case basis and require the approval of their mentor and the DCT.

Other Non-required Courses

These include other graduate level courses within the Department (e.g., PSY 6/7040 Teaching Practicum; PSY 7990 Independent Study) and outside it (e.g., COUN courses).

BGSU Reciprocity for Courses

Students may take qualified courses (e.g., General Psychology courses) at BGSU with the approval of the DCT. The form will also need to be signed by the Graduate Dean. See here for more information: http://www.utoledo.edu/graduate/files/Concurrent_Enrollment.pdf

C. Other Requirements (described further in subsequent sections):

1. Master's Thesis passed by committee
2. Qualifying Exam passed by committee
3. PhD Dissertation passed by committee
4. Successful completion of an APA-accredited internship
5. No more than one grade of C+ or below and none in a required course
6. Minimum average of 3.0 GPA (also a Graduate School requirement)

D. Master's and Doctoral Plans of Study. In consultation with their mentor, students must complete a Master's and Doctoral Plan of Study for the Graduate School (see Appendices E and F, respectively). The Master's Plan of Study must contain exactly 38 credit hours, at least 6 of which must be thesis hours. The Doctoral Plan of Study must contain at least 92 credit hours, 14 of which must be dissertation hours.

E. Options for Minor Specializations. The Department of Psychology currently offers optional opportunities for students to complete minor specializations in Health Psychology, Experimental Psychopathology, and Quantitative Psychology. Please see Appendix T for specific requirements.

F. Additional Rules

Minimum Program Length and Residency Requirements. Our program requires of each student a minimum of 3 full-time academic years of graduate study (or the equivalent thereof) at our program and the completion of one year of internship prior to awarding the doctoral degree. Typically students are full time students for 4 or 5 years before going on internship; however, students who enter with a master's degree can qualify for only 3 full-time academic years in residence in the program.

Definitions of "clinical practicum" and "other clinical activities". The following definitions can be used when tracking clinical hours for internship applications.

Definition of a Clinical Practicum, which refers to either an in-house practicum course (PSY 6/7390, 6/7820, PSY 6/7830, PSY 6/7840) or a University of Toledo supported externship placement:

A clinical practicum must be:

1. Program sanctioned
 - a. All practicum placements must be approved and supervised by the doctoral program
 - b. Practicum placements must be approved before the practicum experience begins; clinical experience cannot be retrospectively approved as a practicum
 - c. Any clinical experience that has not been approved by the doctoral program for practicum is considered work or other non-practicum clinical experience

2. Clinical
 - a. A practicum experience must involve clinical contact and clinical activities (e.g., assessment/evaluation and/or treatment)
 - b. Consultation experience (e.g., consultation and liaison service) that involves direct client contact, either with a patient or someone involved in their treatment (e.g., parent, adult child, teacher) is an acceptable practicum experience
3. Supervised
 - a. All practicum experience must involve case level supervision
 - b. For a 2 day/20 hour placement, trainee must receive a minimum of 2 hours of weekly face-to-face supervision with a PhD level licensed psychologist per week - at least one hour must be individual face-to-face supervision. Trainee must receive at least 1 hour per week of structured learning at site (e.g. additional supervision provided by an allied health provider, workshops, case conferences, lectures, seminars, guided reading, etc). The aforementioned ratio of supervision to hours of training can be scaled down for placements consisting of less than 20 hours/week.

Definition of other program sanctioned clinical or professional activities, which can include but are not limited to clinical experience as part of research training within the clinical program, paid research positions involving clinical activities, or supervised clinical activities that are outside of the formal practicum (e.g., specialty clinic activities):

Other clinical or professional activities must be:

1. Program sanctioned
 - a. All other activities must be approved and supervised by the doctoral program
 - b. Other activities must be approved before the experience begins; experiences cannot be retrospectively approved.
 - c. Any activity that has not been approved by the doctoral program as *other clinical or professional activity* is considered not program sanctioned.
2. Other clinical activities must follow requirements for clinical practicum
 - a. If the activity is clinical, it must involve clinical contact and clinical activities (e.g., assessment/evaluation and/or treatment)
 - b. Consultation experience (e.g., consultation and liaison service) that involves direct client contact, either with a patient or someone involved in their treatment (e.g., parent, adult child, teacher) is an acceptable practicum experience.
 - c. Any clinical experience that has not been approved by the doctoral program as *clinical practicum* or *other clinical activity* is considered not program sanctioned.
3. Supervised
 - a. All other clinical activities must involve case level supervision
 - b. All other clinical activities must involve supervision.
 - i. For a 2 day/20 hour experience, trainee must receive a minimum of 2 hours of weekly face-to-face supervision with a PhD level licensed psychologist per week - at least one hour must be individual face-to-face supervision. Trainee must receive at least 1 hour per week of structured learning at site (e.g. additional supervision provided by an allied health provider, workshops, case conferences, lectures, seminars, guided reading, etc). The aforementioned ratio of supervision to hours of training can be scaled down for placements consisting of less than 20 hours/week.
 - c. All other professional activities must involve supervision delivered by a program faculty member or program-approved adjunct faculty member or staff person (e.g., support activities, peer supervision).

Supervision and Consultation. Students in practicum during their third and fourth year are expected to complete readings in this area and demonstrate competency in understanding these materials via a grade of B or better on a written summary of readings or an instructor developed test that evaluates this content. Competency in supervision and consultation will be documented on the bi-annually on the “Clinical Competencies Evaluation for Practicum and Externship” form. Students are expected to demonstrate competency in this domain with a rating of ‘2’ or ‘3’ on this evaluation form. This competency will continue to be evaluated until mastered at a level of at least ‘2’ (“competence is at least at the minimal level necessary for functioning”).

Supervision Hours. Consistent with the rules and regulations set forth by the Ohio Board of Psychology in OAC 4732-9-01, students enrolled in a UT clinical practicum course or a UT-associated externship must receive a minimum of 1 hour of face-to-face supervision for every 10 hours of clinical (on site) activities per week. Of this minimum 1 hour of supervision per week, at least 30 minutes must be acquired in the context of face-to-face individual supervision provided by a supervisor who is a licensed psychologist. Any supervision time beyond this minimum 30 minutes of face-to-face individual supervision may be obtained in an individual or group context. The program has communicated these minimum supervision requirements to both internal practicum supervisors as well as externship site supervisions. However, if any student finds that he or she is receiving less than this minimum amount of supervision in the context of either their UT practicum or their externship experience, the student should communicate this immediately to the clinical supervisor. If not resolved with the supervisor, this concern should then be communicated to the DCT.

Direct Observation of Clinical Activities. In the context of each UT clinical practicum course or UT-associated externship in which a student is enrolled, he or she will be directly observed by an on-site supervisor at least once per evaluation period (e.g., once per semester). This direct observation of clinical activities can occur by the supervisor being in the same room as the student and client, observation via one-way mirror, live video streaming, or video recording. Audio recording alone is not sufficient to meet the requirements of direct observation. For each observation period, your clinical supervisor will have to indicate that he or she has directly observed your clinical work. The program has communicated this requirement to both internal practicum supervisors as well as externship site supervisions. However, if any student finds that he or she is not being directly observed in the context of their clinical service at least once per evaluation period in the context of either their UT practicum or their externship experience, the student should communicate this immediately to the clinical supervisor. If not resolved with the supervisor, this concern should then be communicated to the DCT.

Assistantship Support and Number of Credit Hours. Students on assistantship support in the fall or spring are required to sign up for 9 credit hours each semester (with the exception of 1st year students who sign up for 13 hours). Students on summer assistantship support should sign up for 3-6 credit hours for the full summer session. Any additional credit hours will not be covered by the student's tuition waiver that accompanies the assistantship. Students should check their loan and/or insurance requirements for minimum credit hours to maintain eligibility.

Electives. While the foregoing courses fulfill the minimum requirements for the doctoral degree, students are encouraged to supplement their training with electives, including additional assessment and psychotherapy courses, advanced clinical seminars, and courses in other areas of psychology. Additionally, studies in related fields enrich a student’s basic and applied repertoire of professional knowledge and skills.

Maximum Thesis and Dissertation Hours. Of the 92 hours required for the Doctoral Degree, no more than 10 Master’s Thesis hours (only 6 of which can be used toward the Master’s Degree) and 16 Dissertation

hours may be counted toward the PhD degree.

Other Requirements regarding Program Participation and Student Governance. Meetings of the clinical program graduate students will be held at least twice per semester. Additional meetings can be called as needed. These meetings are to provide a forum for students to collectively discuss issues relevant to their education, training, and professional development in the context of the UT Clinical Program. These meetings can also serve as a forum in which student representatives are elected for service on departmental committees as well as on student committees (e.g., Communication, Student Governance, Student Resources/Professional Development, Social Events/Community Involvement). Points raised in the context of these meetings can then be brought to the attention of the clinical faculty members by: (1) bringing them to the attention of the Director of Clinical Training either in person or via email, or (2) voicing them at a Clinical Faculty Meeting through the student representative elected to serve on that committee. Similarly, the student representative elected to serve on the Clinical Faculty committee is responsible for communicating back to the student body relevant points that are raised in the context of clinical faculty meetings.

For all students enrolled in the clinical program, attendance and active participation in ongoing program and department talks, presentations, and colloquia is required. In particular, all students are required to attend the Professional Development Series talks as well as participate in and attend the Clinical Case Presentation Series of talks. More information about each of these series can be found in Appendices F and G. Attendance will be taken at departmental colloquia, Professional Development Series talks, and Clinical Case Presentation talks for all currently-enrolled students. If a student has a legitimate reason for missing one of these talks, this must be communicated in writing to the DCT in advance of the scheduled talk. Third year students are required to give a Clinical Case Presentation during the course of their third program year; the schedule of presenters will be determined for the coming year at the end of each spring semester. Each third year student will be evaluated on their presentation according to a standardized rubric that will be completed by each core clinical faculty member in attendance. Formative feedback will be provided to the student on the basis of these evaluations. The rubric will be placed in the student's file to demonstrate completion of this program requirement.

Other Requirements regarding Course Registration. The Graduate School (a) states that students must reapply if they are not enrolled for one year or more and (b) that they must be enrolled in at least 1 credit hour the semester during which they graduate. This means that students must still enroll even after leaving for internship.

For individuals who are not students enrolled in either the UT Clinical Program or in a relevant program at the University of Toledo and who wish to enroll in a course in the Clinical Program as a non-matriculated student, that individual must directly contact the instructor for the course. The decision of whether or not to permit non-clinical program individuals, individuals who are not enrolled in a relevant UT program, or students not enrolled at UT to take a clinical program course will be at the discretion of the course instructor.

Minimum Grades. (a) A grade of C+ or below in any required course is considered a failing grade, and the course must be repeated if it is a required course. Two C+ grades or lower (in the same course or in two separate courses) will result in dismissal from the program. (b) The Graduate School requires a minimum GPA of 3.0.

Waiver of Program Course Requirements and Transfer of Credits to UT. Students can obtain "credit" for previous coursework in two different ways. One way is to obtain a waiver of program course requirements. A student entering the UT Clinical Program who has completed graduate-level coursework elsewhere may seek to waive the UT courses that were taken at the student's previous institution. When a

course is successfully waived, the student can then take another course in place of the course that was waived. Waiving courses is an internal departmental process and it changes your program requirements but does not change the total number of hours that need to be completed for the degree. The other option is to obtain a waiver and also get credit hours transferred to count towards the completion of your degree. When a course is successfully transferred, the total number of credit hours needed to complete the degree program is also reduced (e.g., transferring one 3-credit course reduces the number of required credit hours to 89). The transfer process is one that requires approval from the College of Graduate Studies. The paperwork to waive requirements or to also obtain transfer credits should be completed by the end of the first semester. A student who requests a waiver of course requirements must provide (a) an official transcript that shows the grade and credit received, (b) the course syllabus, and (c) if requested, copies of the course examinations and papers. The grade at the previous institution must be a B or higher (this is a Graduate School requirement). Then, the student's Faculty Mentor, the DCT, and the current instructor of the course for which the waiver is requested will review the relevant material and make a recommendation that is forwarded by the DCT who makes final approval of the waiver. In some cases a request will be approved only after the student passes an examination on the content of the equivalent UT course. No more than 15 credit hours, in total, can be waived or transferred. Please see Appendix H for the departmental **Incoming Student Waiver of Course Requirement Form**. Assuming the Waiver is approved, a **Request for Transfer Credit Form** can be completed. This form is obtained from the Graduate College (<http://www.utoledo.edu/graduate/forms/TransferCred.pdf>) and is signed by the student's mentor and the DCT before being sent to the CAL Associate Dean and then the Graduate College. Students cannot transfer in thesis or dissertation hours (or any research hours) and credits earned on a quarter system should be divided by 1.5 to convert to semester credits. Previous grades do not influence the UT GPA. Courses that are transferred for credit towards the Master's degree have to have been completed within six years of when the degree is awarded; if they will count toward the Ph.D. degree, they must have been completed with seven years of when that degree is awarded. Because of this, it is typically best to count transferred courses as applying toward the Master's degree. In the section on the Master's plan of study that is titled "List all graduate courses required for the degree," list the UT course equivalent for the transferred credits but do not list a grade for the transferred class. In the section that is titled "Comments/Notes/Justification Regarding Transfer and/or Substituted Courses," indicate the original course number and title that was transferred.

With respect to the required Program coursework (see pages 11-12), students should take all required courses when they are offered. Students considering substituting an alternative course for a required course during their enrollment at UT must adhere to the following procedure. First, if scheduling is a concern, the student should consult the DCT to find out when the needed course will next be offered. Second, the student must consult with their mentor to determine if there is a substantive reason for taking an alternative course (e.g., special benefit to their research program or intended career trajectory). Third, *prior to* taking any alternate course, the student must obtain all signatures required on the **Current Student Psychology Discipline Specific Knowledge Course Alternative Form** (see Appendix C). Once the student has obtained the required signatures on this form, the student then may proceed with enrolling in the proposed alternate course.

Students Entering with Master's Degree or Master's Hours in Clinical Psychology. Students entering with a Master's Degree in Clinical Psychology can qualify to take only reduced practicum hours and may qualify to skip the Clinical Laboratory course (PSY 6/7390) using the Waiver of Course Requirement Form. Students who enter with their Master's in Clinical Psychology might also qualify to apply for internship during their 3rd year. These decisions will be made on a case-by-case basis and require the approval of the DCT.

Students entering with a Master's Degree who have accrued clinical hours in the context of this degree must submit those hours to the DCT for approval upon their entry into the program. Approval and

verification of these hours will consist of the DCT contacting the student's master's program and requesting written and signed verification of the clinical hours. Once this written confirmation has been received, the clinical hours will be considered to be approved and verified by the UT Clinical Psychology Program. This verification can then be used by the DCT to verify the master's hours listed by the student in the APPIC application for internship.

Students may also be eligible to obtain credit for a thesis project completed at another graduate institution. The thesis must be an empirical study and the student must have followed the traditional thesis process used at UT (i.e., proposal meeting, data collection, defense meeting) and it must be approved by the student's committee (i.e., the mentor and two other members of the faculty chosen in accordance with department rules for establishing a thesis committee). The thesis committee has the option to require an oral defense. To obtain credit for a thesis project completed elsewhere, the student might also complete the necessary paperwork to transfer a thesis with the College of Graduate Studies (the Transfer Credit Form, <http://www.utoledo.edu/graduate/forms/TransferCred.pdf>). If a student's thesis is accepted, the thesis will transfer and the student will not earn a master's degree from UT. They will still need to complete 92 hours for the PhD but this can include up to 15 credits that can be waived or transferred. All other requirements of the doctoral program still need to be completed. Students transferring a thesis will need to indicate on their PhD plan of study what they took to substitute for the otherwise required masters thesis hours.

Missing One Semester of Practicum. If a student misses one semester of practicum for any reason other than by substituting up to 6 credits of research practicum with the approval of their mentor and the DCT (please see Appendix Q) (e.g., on leave, probation) and if this makes them short of his or her required practicum hours the student must make this time up by completing at least 2 summer semesters or one additional academic year semester of practicum, to be determined by the student's Faculty Mentor and the DCT.

Accommodations

The Clinical Program will make reasonable accommodations for students with disabilities to help them develop their optimal academic and personal potential. Eligibility for accommodations under Section 504 of the 1973 Rehabilitation Act and the Americans with Disabilities Act of 1990 is based on the existence of a physical or mental condition that substantially impacts academic performance. In order to receive reasonable accommodations, students must register with the UT Student Disability Services and present documentation of a disability in accordance with their guidelines. Student Disability Services can be contacted at:

Student Disability Services
University of Toledo
Rocket Hall 1820
Toledo, OH 43606

419-530-4981 Phone
419-530-2612 TTY
419-530-6137 FAX

The guidelines can be found on their web site at:
<http://www.utoledo.edu/offices/student-disability-services/>

If you have a disability that may require a classroom accommodation, you need to register with Student

Disability Services, if you have not already done so. Students should request an accommodation from a faculty member no later than the 1st week of class.

Accommodations may include such things as classroom seating arrangements, special materials, assistance with lecture notes, testing accommodations, and other adjustments as recommended by Student Disability Services. Accommodations will be individualized to fit the disability and limitations of the student. The Clinical program will work in collaboration with Student Disability Services and the student to facilitate the recommended accommodations.

The Clinical Program is not required to waive academic requirements or reduce academic standards for students with disabilities. The goal of an accommodation is to provide students with the opportunity to succeed in the program by providing equal access and opportunity to gain and demonstrate knowledge and clinical skills.

6. TYPICAL PROGRAM SCHEDULE³

Although many required courses for the PhD are offered on a yearly basis, some are offered in alternating years. Accordingly, your schedule of coursework may differ depending upon whether you enter the program in an odd year (an academic year ending in an odd number, for example, 2016-2017) or an even year (an academic year ending in an even number, for example, 2017-2018). Please use the following course schedule to develop your masters and doctoral plans of study, which should be completed by the end of your first semester. These forms can be found here:

<http://www.utoledo.edu/graduate/currentstudents/academicprogramforms/index.html>

Please note that during the fall and spring semesters, 9 credit hours is considered full time; 3 credit hours is considered full time during the summer. Exceptions are made for first-year clinical psychology students who are permitted to take 13 credit hours in each of their first two semesters of enrollment.

Please follow this schedule to ensure the timely completion of your degree requirements. Any changes to this schedule must be discussed with and approved by your mentor and the DCT.

For Students Entering in an Odd Year

First Year

<u>Fall Semester (13 hrs.)</u>	<u>Semester hrs</u>
PSY 6/7100 Quantitative Methods in Psychology I	3
PSY 6/7130 Design & Evaluation of Psychology Research	3
PSY 6/7220 Cognitive Assessment	4
PSY 6/7210 Psychopathology	3
PSY 6/7810 Clinical Practicum I	0
<u>Spring Semester (13 hrs.)</u>	
PSY 6/7230 Personality Assessment	4
PSY 6/7110 Quantitative Methods in Psychology II	3
PSY 6/7390 Clinical Laboratory	3
PSY 6/7340 Cognitive Behavioral Psychotherapy	3
PSY 6/7810 Clinical Practicum I	0
<u>Summer Session (6 hrs)</u>	
PSY 6/7960 Master's Thesis	3
PSY 6/7600 Behavioral Neuroscience	3

Second Year

<u>Fall Semester (9 hrs)</u>	
PSY 6/7820 Clinical Practicum II	3
PSY 6/7400 Cognitive Psychology	3
Clinical Elective	3

The thesis proposal would typically take place in the early fall of the second year (e.g., September 1 of the second year). See Table 1 for suggested and required deadlines.

³ Courses in **Bold** are to be taken during the semester indicated except for program-approved substitutes.

<u>Spring Semester</u> (9 hrs)	
PSY 6/7820 Clinical Practicum II	3
PSY 6/7050 Culture and Psychology	3
Advanced Statistics Elective	3

<u>Summer Session</u> (6 hrs)	
PSY 6/7960 Master's Thesis	3
PSY 6/7810 Clinical Practicum II	3

The thesis defense would typically take place toward the end of the second year or very early in the third year (e.g., by September 1 of the third year), with the qualifying exam completed in the early spring of the third year (e.g., February 1 of the third year) and the dissertation proposal before October 15th of the fourth year. See Table 1 for suggested and required deadlines.

Third Year

<u>Fall Semester</u> (9 hrs)	
PSY 6/7830 Clinical Practicum III	3
PSY 6/7700 Social Psychology	3
PSY 6/7260 Professional and Ethical Issues	3

<u>Spring Semester</u> (9 hrs)	
PSY 6/7830 Clinical Practicum III	3
PSY 6/7200 Systems of Personality	3
PSY 6/7500 Developmental Psychology	3

<u>Summer Session</u> (3 hrs)	
PSY 6/7830 Clinical Practicum III	3

Fourth Year

<u>Fall Semester</u> (9 hrs)	
PSY 8960 Dissertation Hours	6
Clinical Elective	3

<u>Spring Semester</u> (9 hrs)	
PSY 8960 Dissertation Hours	9

Fifth Year

<u>Fall Semester</u> (1 hr)	
PSY 8940 APA-Accredited Internship	1

<u>Spring Semester</u> (1 hr)	
PSY 8940 APA-Accredited Internship	1

<u>Summer Semester</u> (1 hr)	
PSY 8940 APA-Accredited Internship	1

For Students Entering in an Even Year

First Year

<u>Fall Semester (13 hrs.)</u>	<u>Semester hrs</u>
PSY 6/7100 Quantitative Methods in Psychology I	3
PSY 6/7130 Design & Evaluation of Psychology Research	3
PSY 6/7220 Cognitive Assessment	4
PSY 6/7210 Psychopathology	3
PSY 6/7810 Clinical Practicum I	0
<u>Spring Semester (13 hrs.)</u>	
PSY 6/7230 Personality Assessment	4
PSY 6/7110 Quantitative Methods in Psychology II	3
PSY 6/7390 Clinical Laboratory	3
PSY 6/7340 Cognitive Behavioral Psychotherapy	3
PSY 6/7810 Clinical Practicum I	0
<u>Summer Session (6 hrs)</u>	
PSY 6/7960 Master's Thesis	3
PSY 6/7600 Behavioral Neuroscience	3

Second Year

<u>Fall Semester (9 hrs)</u>	
PSY 6/7820 Clinical Practicum II	3
PSY 6/7400 Cognitive Psychology	3
PSY 6/7260 Professional and Ethical Issues	3

The thesis proposal would typically take place in the early fall of the second year (e.g., September 1 of the second year). See Table 1 for suggested and required deadlines.

<u>Spring Semester (9 hrs)</u>	
PSY 6/7820 Clinical Practicum II	3
PSY 6/7200 Systems of Personality	3
PSY 6/7500 Developmental Psychology	3

<u>Summer Session (6 hrs)</u>	
PSY 6/7960 Master's Thesis	3
PSY 6/7810 Clinical Practicum II	3

The thesis defense would typically take place toward the end of the second year or very early in the third year (e.g., by September 1 of the third year), with the qualifying exam completed in the early spring of the third year (e.g., February 1 of the third year) and the dissertation proposal before October 15th of the fourth year. See Table 1 for suggested and required deadlines.

Third Year

<u>Fall Semester (9 hrs)</u>	
PSY 6/7830 Clinical Practicum III	3
PSY 6/7700 Social Psychology	3
Clinical Elective	3

<u>Spring Semester (9 hrs)</u>	
PSY 6/7830 Clinical Practicum III	3
PSY 6/7050 Culture and Psychology	3
Advanced Statistics Elective	3

<u>Summer Session (3 hrs)</u>	
PSY 6/7830 Clinical Practicum III	3

Fourth Year

<u>Fall Semester (9 hrs)</u>	
PSY 8960 Dissertation Hours	6
Clinical Elective	3

<u>Spring Semester (9 hrs)</u>	
PSY 8960 Dissertation Hours	9

Fifth Year

<u>Fall Semester (1 hr)</u>	
PSY 8940 APA-Accredited Internship	1

<u>Spring Semester (1 hr)</u>	
PSY 8940 APA-Accredited Internship	1

<u>Summer Semester (1 hr)</u>	
PSY 8940 APA-Accredited Internship	1

Please note that students cannot be unenrolled for more than one year or they must reapply to the program. Students must also be enrolled for at least 1 credit hour in the semester during which they graduate.

7. MASTER'S DEGREE REQUIREMENTS WITHIN THE DOCTORAL PROGRAM

The clinical program does not accept students into a Master's-only program. Students enrolled in the doctoral program earn the MA degree in partial fulfillment of requirements for the PhD degree. The following is a typical program (although some differences can occur, for example, if a student enters with Master's hours that are approved from another program). The master's plan must equal exactly 38 hours.

A. General Psychology Core requirements (21 semester hours)

1. Statistics & Research Design: (9 hrs)
 - PSY 6100 Quantitative Methods I 3
 - PSY 6130 Design & Evaluation--Psychology Research 3
 - PSY 6110 Quantitative Methods II 3

2. Core Content: Any two of the following courses (6 hrs): 6
 - PSY 6200 Systems of Personality
 - PSY 6400 Cognitive Psychology
 - PSY 6500 Developmental Psychology
 - PSY 6600 Behavioral Neuroscience
 - PSY 6700 Social Psychology
 - (Other courses completed before the master's is awarded will count toward the Ph.D.)

3. Research: (6 hrs)
 - PSY 6960 MA Thesis 6

B. Clinical Psychology Area (17 hrs)

1. Clinical Psychology concentration: (14 hrs)
 - PSY 6210 Psychopathology 3
 - PSY 6220 Cognitive Assessment 4
 - PSY 6230 Personality Assessment 4
 - One psychotherapy didactic course (PSY 6310-50): 3
 - (Other courses completed before the master's is awarded will count toward the Ph.D.)

2. Practicum experience: (3 hrs)
 - PSY 6390 Clinical Laboratory 3
 - PSY 6810 Clinical Practicum I 0
 - (Other semesters of practicum will count toward the Ph.D.)

C. Other Requirements:

1. Minimum GPA 3.0 (no grades of C+ or below are acceptable)
2. Master's Thesis passed by Committee

8. THE MASTER'S THESIS

In order to gain research experience prior to the dissertation, students are required to complete a Master's Thesis research project. Students should begin to explore potential topics with their faculty mentor early in their 1st year. In most cases, students should have a general idea for their thesis topic by the beginning of the spring semester of their 1st year. By the end of the spring semester of their first year, they typically should have a detailed prospectus. By September 1st of their 2nd year, it is recommended that students will have successfully prepared and defended a thesis proposal. The thesis project should be a high quality investigation that typically can be completed by September 1st of the student's 3rd year. See Table 1 for explicit deadlines regarding the master's thesis.

The Master's Thesis requires a 3-member committee, a written thesis, a proposal meeting, a defense meeting, and turning in this thesis to the Graduate School via their requirements.⁴

Committee membership. The thesis committee is composed of the thesis chair and at least 2 other faculty members. All 3 must be Department faculty members. The chair must be a full member of the Graduate Faculty and a Research-Active Faculty (see Section 4 for definitions); other members must be full, associate, or special status members of the Graduate Faculty. At least 1 of the 3 committee members must be a full-time member of the Clinical Faculty; students are encouraged to draw on committee members from other areas of psychology, as appropriate. Students may include an additional committee member from outside of the Psychology Department who has some special knowledge or skill that would be helpful in developing and evaluating the research.

Graduate School Required Research Forms:

All graduate students must complete the following form before conducting research:

http://www.utoledo.edu/graduate/files/GRAD_Form_fillable_03_05_2012.pdf

Please see Appendix R for a complete list of required thesis forms.

Copies of Thesis Given to Committee Members. Each member of the thesis committee should be provided with a copy of the thesis or thesis proposal, at least 2 weeks in advance of the scheduled proposal or defense meeting. The copy provided should be in paper unless the committee member has asked to receive it just in electronic form.

Proposal. After conferring with the chair of the master's thesis committee, the student submits a written proposal to that faculty member. When the thesis chair deems it appropriate, the proposal is then submitted to the thesis committee and is presented orally at the thesis proposal meeting. Writing a thesis proposal is a considerable amount of work, involving back-and-forth revisions with the student's chair, so the student should allow ample time to work on it with their chair before it is due. It is both the student's and the chair's responsibility to complete their respective duties in a timely manner. The meeting typically begins with a 10-to-20-minute presentation of the project by the student (the exact length depends on the Chair's preference), followed by questions from the committee members. At the end of the scheduled time, the student is excused from the room so the committee can decide whether the project is feasible, whether the student has handled the questions adequately, what if any revisions are required, and whether it receives a Pass, Conditional Pass or Fail (see below). The student is typically notified of the committee's decision immediately.

Defense. After completion of the thesis research, the student gives the written thesis to the thesis chair.

⁴ The student is responsible for seeing that the thesis proposal and defense information is noted on the Project Proposal and Completion Form (see Appendix I).

When the thesis chair deems it appropriate, the thesis is submitted to the thesis committee and is defended orally at the thesis defense meeting. Like the proposal, students should allow plenty of time to work on the thesis with their chair before it is due, as it typically requires an iterative process of revision before it is ready to be sent to the rest of the committee. It is both the student's and the chair's responsibility to complete their respective duties in a timely manner. Students are responsible for contacting committee members as soon as possible to set their defense meeting, which is typically scheduled for 2 hours. The defense meeting follows the same structure as the proposal meeting, except the defense focuses more on the results and the study's implications.

Like with a dissertation, the thesis defense is open to interested faculty and graduate students from the University community. So students will post an announcement of the time and place of the defense on the notice board by the Department Office at least one week before the meeting.

Thesis Evaluation. The following are evaluation categories that can apply to the thesis proposal and defense:

- Pass with Honors (only for defenses): The project and its defense are of exceptional quality, as voted by all committee members, and completed within program deadlines.
- Pass: The project is acceptable as it is, or with only minor revisions; a non-failing evaluation must be given by all or all but one committee members. The chair reviews and approves any pending revisions.
- Conditional Pass: Major revisions are required. At least one committee member in addition to the chair needs to review and approve the revisions. If the revisions are not deemed acceptable the evaluation changes to "fail" and the proposal or defense meeting is repeated. Failure of a second proposal or defense meeting will result in the student's termination from the program.
- Fail: The thesis and/or the student's presentation and handling of questions were seriously flawed. In the event of a Fail, the proposal and defense meeting may each be repeated 1 time only each. Failure of a second proposal or defense meeting will result in the student's termination from the program.

Final Thesis Copies. The Graduate School requires that the thesis be submitted electronically and uploaded to OhioLINK. See

<http://www.utoledo.edu/graduate/currentstudents/academicprogramforms/theseanddissertationinfoandrcs.html>. Students should note that it is possible to obtain a bound copy of the thesis by contacting the Office of Auxiliary Services, Print Solutions 4 UT (<http://www.utoledo.edu/offices/auxiliary/print-solutions/>).

Sanctions for a late thesis proposal or defense. Please see the section on Evaluation of Student Performance for missing program deadlines.

9. QUALIFYING EXAM

Upon successful completion of the Master's Thesis, students are to pass a Qualifying Exam in order to be "qualified" to conduct the Doctoral Dissertation. The qualifying exam is designed to facilitate the development of skills that will enhance the student's future academic and professional qualifications. It is suggested that the qualifying exam be completed by February 1st of the student's 3rd year, and successful completion of this exam is required by December 15th of the student's 4th program year. (See Table 1 for explicit deadlines regarding the completion of the Qualifying Exam.) Completing the qualifying exam is the final step towards admission to candidacy for the doctoral degree.⁵

Qualifying Exam Project

The Qualifying Exam is a summative assessment of a student's knowledge in his or her specialty area. The Qualifying Exam provides an opportunity for a student to think critically about the fundamental issues in his or her field of study and to reflect on the "big picture" rather than the minute details. Performance on the examination should demonstrate the *independent* ability of the student to synthesize and master knowledge of their research area without the focus of a course structure or instructor's prompting.

The Qualifying Exam is a requirement of the doctoral degree in psychology at the University of Toledo. Students are expected to complete the examination during their third year in the program, after the Master's Thesis has been successfully defended and before the dissertation proposal meeting. It thus serves as a boundary marker between the thesis and the dissertation, and passing qualifies one to undertake the doctoral dissertation.

Qualifying Exam committees are to include a minimum of three graduate faculty members in the Department of Psychology. The chair of the committee is to be a faculty member of the psychology department and the student's primary advisor. The other committee members, determined by the committee chair in consultation with the student, are to be fulltime members of the Department of Psychology faculty. Non-psychology faculty members can serve as additional non-voting committee members. Often, Thesis or Dissertation Committee members will serve as the Qualifying Exam Committee members.

The examination includes both written and oral defense components. The oral defense component involves the student answering questions regarding the written component of the exam, along with questions concerning his or her research focus area more generally. The oral meeting should occur approximately two weeks after the written component is submitted. Students are to schedule the oral defense meeting and should allot two hours for the meeting. All committee members must be present at the oral defense meeting.

The Qualifying Exam may take one of two broad forms: Area Content Exam or Paper Exam. The type of exam will be determined by the mentor in consultation with the student, taking into account the educational benefits and career goals of the student.

Area Content Examination

1. The student will be given 4-6 questions to answer during the written portion of the exam. The exam may provide up to two more questions than the student is required to answer, allowing

⁵ The student is responsible for seeing that the qualifying exam information is noted on the Project Proposal and Completion Form (see Appendix I).

students to select among items. For example, a committee of three could submit 2 questions each (total of 6) and require the student to answer 4. Questions offered in the examination but not selected by the student during the written portion can be brought up and pursued during the oral portion. The precise number of questions to be answered and to be presented is determined by the Qualifying Exam Committee.

2. The written exam will generally consist of two, separate 3-4 hour exam periods on the same weekday or on successive weekdays. The testing time and dates are to be determined by the committee members in consultation with the student. In some cases, the written portion of the Qualifying Examination may be taken off campus in a take home format.
3. The specific questions and scope of material covered in the examination is to be determined and approved by the advisor and the committee members. This may be done with or without consultation of the student and can be used as an opportunity to expand a student's thinking into related content areas.
4. A reading list may be provided to aid the student in exam preparation, although a reading list is not required. Typically, a reading list will be provided at least one month prior to the examination and may be constructed with or without consultation of the student.
5. Both the oral and written testing components are typically completed individually and in the Department of Psychology. As noted above, in some cases, the written portion of the Qualifying Examination may be taken off campus in a take home format. As this format allows students more time and access to resources, the standards for this format are different (*higher*) than for the in-department written examination format.
6. On the day of the written exam, faculty will supply the student with the questions for the first time and a device on which to save exam answers will be provided. The student is to have no other materials (e.g., notes, books) with them as they complete the written exam. When answering the questions, students should keep in mind that the exam is an opportunity to integrate and critically think about the key issues in their field.
7. The written questions will be graded by each faculty member on the following scale: 1=unacceptable, 2=poor; 3=fair; 4=good; 5=outstanding. Ratings will be averaged across committee members for each answer. To fail the writing portion of the exam, the student would need to earn an average below 3 on two or more of his or her answers.
8. During the oral examination students will answer questions and provide clarification to their specific written responses, but should be prepared for questions that broaden in scope to related topics and unanswered questions provided on the initial exam. The committee will discuss the student's performance immediately after the oral examination and reach a consensus of pass or fail.
9. If the student fails either the written or the oral stage of the examination, he or she will have one opportunity to re-take that portion of the exam. The second opportunity will take place no later than four months after the exam is graded.

Paper Examination

- a. Can take one of two forms
 - i. *Grant proposal*: A submitted grant proposal should be patterned in form and content on the main text of a proposal for a National Research Service Award (NRSA), National Institute of Health Dissertation Grant (R36), or other comparable federal grant. Specifically, it should contain the following sections:

1) Specific Aims, 2) Significance, 3) Innovation, 4) Approach, and 5) Literature Cited. Forms and instructions for NIH proposals can be found at: <https://grants.nih.gov/grants/how-to-apply-application-guide/forms-d/research-forms-d.pdf>, and forms and instructions for NRSA proposals can be found at <http://grants.nih.gov/grants/funding/416/phs416.htm>. Whereas these instructions limit sections 1-4 to 7 single-spaced pages (including tables and figures), students may use up to 30 double-spaced pages for sections 1-4 of their proposal for the qualifying exam. Tables, figures, and references can be added beyond this 30-page limit. The research proposal should identify an important issue within the student's area, describe the literature relevant to the issue, and propose appropriate research methods and/or analytic strategies for addressing the issue. In terms of scope, the proposed empirical/analytic work must be fitting for a 2-year period of funding. The general topic of the research in the proposal may or may not overlap with a student's Master's project, but could be used as a launching point for the Dissertation.

- ii. *Review article*: The submitted review article should be patterned in form and content on articles from rigorous journals, such as *Psychological Bulletin*, *Clinical Psychology Review*, *Clinical Psychology: Science and Practice*, or *Personality and Social Psychology Review*. Specifically, it should review and synthesize a large literature on a specific topic relevant to the student's area of research. Two topics can be reviewed if the advisor considers this better for the student. Students should be limited to 50 double-spaced pages (although exceptions can be made). Tables, figures, and references can be added beyond this 50-page limit. The general topic of the research in the review may or may not overlap with a student's Master's project, but could be used as a launching point for the Dissertation.
- b. Topics to be covered in the paper examination are determined by the advisor in conjunction with the student and the qualifying examination committee members. Students are to present the committee an outline that serves as the examination proposal. The outline is to be approved by the committee before the student begins the paper examination.
 - c. Students are encouraged to consult with their advisors (and perhaps other faculty) about the construction of their paper/grant. Students may seek advice on various "big picture" issues (e.g., whether a selected topic would be generally appropriate for a research review, what literatures would be relevant to the selected topic, the general appropriateness of an empirical approach). However, the student, rather than the advisor or other faculty members, must be the source of the content (e.g., study design, theory construction) described in the student's paper. Also, faculty may not read any drafts, outlines, or segments of the paper prior to the final draft being submitted to the exam committee, and any discussion of the topic after the outline is approved and before the exam is submitted must be minimal and non-specific.
 - d. The completion date for the paper is to be determined, prior to beginning the project, by the advisor in consultation with the committee members and the student. Upon completion of the paper, students should provide a hard copy to each committee member.

- e. The paper will be evaluated by each committee member using the following scale (1 = *unacceptable*; 2 = *poor*; 3 = *fair*; 4 = *good*; 5 = *outstanding*). To fail the writing portion of the exam, the student would need to earn an average score of 3 or less.
 - f. An oral examination will occur approximately one month after the paper is provided to the committee members (assuming successful completion of the written portion). Students will answer questions and provide clarification about topics relevant to their papers, but should be prepared for questions that broaden in scope to related topics. The committee will discuss the student's performance immediately after the oral examination and reach a consensus of pass or fail.
 - g. The oral component is to be completed individually and in the Department of Psychology.
 - h. If the student fails either the written or the oral stage of the examination, he or she will have one opportunity to re-take that portion of the exam. The second opportunity will take place no later than three months after the exam is graded.
2. Submitting a paper for publication cannot fulfill the qualifying examination requirement. It, however, may be a product of the examination.
 3. The examination is designed to be an integrative and *independent* assessment of knowledge in a specific field of psychology. As such, faculty do not "tutor" students regarding specific questions on the examination either prior to or following the written exam.
 4. If a student fails the same component of the Qualifying Exam two times the graduate faculty members in the Department of Psychology will convene and vote on whether to dismiss the student from the program.
 5. Cheating of any kind on the Qualifying Exam (e.g., plagiarism) will result in failure and the graduate faculty members in the Department of Psychology will convene and vote on whether to dismiss the student from the program.

Deadlines: The suggested deadline for completing the Qualifying Exam Project is February 1st of the student's 3rd program year. It is required that this exam be completed by December 15th of the student's 4th year. (See Table 1 for explicit deadlines regarding the completion of the qualifying exam.) It is the student's, the chair's, and the committee's responsibility to complete their respective duties in a timely manner. The student must pass the Qualifying Exam Project before the DCT can write their Internship Readiness Letter and before they can propose their dissertation.

Sanctions for late Qualifying Exam Project. Please see the section on Evaluation of Student Performance for missing program deadlines and Table 1.

10. THE DISSERTATION

The PhD dissertation is the report of a substantial research endeavor, intended to advance knowledge or make a contribution toward further understanding of a significant psychological issue. The dissertation should be empirical in nature and typically will be prospective, i.e., it should generate new data rather than simply applying new analyses to archival databases. An exception is a meta-analysis, which, to be eligible for a dissertation topic, should hold to the highest standards of systematic literature review and data analytic methods. Students must complete 14 dissertation credit hours.

Deadlines. In order for the student to be permitted to apply for internships, the dissertation must be successfully proposed by October 15th of the year in which the student wishes to apply. Students should be aware that registration for credits of dissertation hours (PSY 8960) cannot occur until the qualifying exam has been successfully defended. This means that the qualifying exam must be successfully defended prior to the beginning of the semester in which the student intends to begin taking dissertation hours. A total of 14 credit hours of 8960 are required for graduation, and these hours must be completed before a student can leave for internship.

It is suggested that the dissertation be completed one month prior to the start of the student's internship. The program requires that the dissertation be completed one month prior to the completion of the student's internship, and the College of Graduate Studies requires that the dissertation be completed by August 15th of the student's 7th program year. The DCT will not certify students as having met all requirements for the PhD degree until all revisions to the dissertation have been approved and submitted to the Graduate School.

Dissertation Chair and Committee. Only full-time clinical psychology faculty members who are full members of the Graduate Faculty and the Psychology Research-Active Faculty may chair a dissertation committee.

The dissertation mentor is the chair of the dissertation committee, and together with the student will decide on the makeup of the rest of the committee. The committee consists of at least 5 members. In addition to clinical faculty, membership must include 1 faculty member of the Experimental Psychology area, and 1 reader from outside the Department. The outside reader must be a full, associate, or special member of the Graduate Faculty. The outside reader may be chosen because of some special competence or knowledge that would be helpful in developing and evaluating the research. The outside person is a voting member of the committee. (Adjunct faculty and other committee members from outside the University may serve as outside readers, but must be approved as "special" members of the Graduate Faculty prior to the proposal meeting in order to do so.)

Graduate School Required Research Forms:

All graduate students must complete the following form before conducting research:

http://www.utoledo.edu/graduate/files/GRAD_Form_fillable_03_05_2012.pdf

Please see Appendix R for a complete list of required dissertation forms.

Written Copies of Thesis Given to Committee Members. Each member of the dissertation committee is provided with a copy of the dissertation or dissertation proposal, *at least 2 weeks in advance of the scheduled meeting.*

Dissertation Format. The dissertation may be written in one of two formats, defined here as "Traditional" and "Integrated".

Guidelines for the Traditional Dissertation option: The "Traditional" format includes an Introduction,

Methods, Results, and Discussion section and typically describes a single study. For a “Traditional” Dissertation, a proposal meeting is convened once the Introduction, Methods, and Planned Analyses sections have been completed, and the final Defense is conducted to review the entire dissertation manuscript.

Guidelines for the Integrated Dissertation option: This format is intended to help students think programmatically about their work, and allow the progress towards their dissertation to have maximal impact on their publication record. This format includes 1) an integrative Introduction section; 2) three empirical papers; and 3) a General Discussion that summarizes and integrates findings across all three publications and discusses broad implications. The three empirical papers included in the Integrative dissertation should meet the following guidelines:

- a. The student must be the first author on each submission.
- b. The data comprising the three empirical papers must be separate from that collected for the Masters thesis.
- c. The work published in each of the three papers must be based on work begun, performed, and completed while a student in the psychology doctoral program at the University of Toledo.
- d. The Integrative Dissertation proposal meeting is scheduled once the student has completed the integrative Introduction section, and at least one but not more than two of the three empirical manuscripts.
 - a. Although it is permissible for the student to submit up to 1 paper for publication prior to the proposal meeting, it is not required.
 - b. For papers that have not been submitted (or accepted) for publication prior to the proposal meeting, the proposal document must include an Introduction and Methods section as well as the Integrative Introduction as part of the dissertation proposal package.
- e. No more than 1 of the 3 papers can be *accepted* for publication prior to the dissertation proposal meeting, and no more than 2 of the 3 papers may be *submitted* for publication prior to the proposal, which allows the committee the opportunity for substantive input and direction on the student’s program of research.
 - a. Only 1 in total of the 3 final papers may be a brief report.
- f. Committee member feedback provided at the proposal meeting must be addressed in the final defense for papers that are in progress or submitted (not published) at the time of the proposal meeting.
- g. The three papers must, in the view of the student’s dissertation committee, be conceptually related to one another.
- h. The three papers included in an “integrated” dissertation need not reflect work that was conducted after the completion of the qualifying exam. The integrated dissertation may reflect work done at any time during the student’s tenure at UT, as long as it meets the above criteria.
- i. The Integrative Dissertation defense is scheduled when the Integrative Introduction, all three papers, and the Integrative Discussion have been completed. The defense meeting will involve a discussion about “big picture” implications across the body of work.

Proposal. After conferring with their dissertation chair, the student prepares a full and detailed written dissertation proposal for the committee chair. When the chair deems it appropriate, the proposal is then submitted to the dissertation committee. As noted above, for students preparing an integrated dissertation, the proposal meeting is scheduled once the student has completed the integrative Introduction section, and at least one but not more than two of the three empirical manuscripts. As with the master’s thesis, the student should allow ample time to work with their chair to revise and complete the proposal. It is both the student’s and the chair’s responsibility to complete their respective duties in a timely manner. Proposal meetings are typically scheduled for 2 hours. Students should begin contacting committee members as soon as possible to ensure that scheduling meets the needs of all participants. The meeting

begins with a 10- to 20-minute presentation of the project by the student (the exact length depends on the Chair's preference). This is followed by questions from the committee members. At the end of the scheduled time, the student is excused from the room and the committee meets briefly in the student's absence to decide whether the project is feasible, whether the student has responded adequately to faculty questions, what if any revisions are required, and to determine their evaluation. Following faculty deliberations, the evaluation of the meeting and proposal are conveyed immediately to the student (see Evaluation Scale, below). Once the proposal has been passed, it must be submitted to the University Human Subjects Research Review Committee for review, and the proposal must be approved by this committee before the research can be initiated. For students preparing an integrated dissertation, appropriate approvals by the University Human Subjects Research Review Committee must be obtained before any data collection can take place.

Defense. After the research has been completed and the dissertation prepared in the form required by the University and Department regulations (please see above guidelines if preparing an integrated dissertation), copies are provided to the committee members, again at least 2 weeks prior to the scheduled defense meeting. As with the proposal, the student should allow ample time to work with their chair to revise and complete the proposal. It is both the student's and the chair's responsibility to complete their respective duties in a timely manner. Students should begin contacting committee members as soon as possible to ensure that scheduling the defense meets the needs of all participants. The defense meeting follows the same general process as the proposal meeting, including opening presentation, questions from the committee, and, in the absence of the student, an evaluative appraisal.

Because the dissertation defense is by academic tradition open to interested faculty and graduate students from the University community, an announcement of the time and place of the defense must be posted at least one week before the meeting, on the notice board by the Department Office, with an additional copy of the dissertation placed in the Psychology Department Office, for public review.

In general, dissertations follow a modified version of APA style, but with a chapter structure. There are two main departures from APA style. In preparing the final version of the dissertation, the student should obtain information about the dissertation style and other related matters from the Graduate School.

Final Dissertation Copies. The Graduate School requires that the dissertation be submitted electronically and uploaded to OhioLINK. See <http://www.utoledo.edu/graduate/currentstudents/academicprogramforms/theseanddissertationinfoandrrcs.html>. Students should note that it is possible to obtain a bound copy of the dissertation by contacting the Office of Auxiliary Services, Print Solutions 4 UT (<http://www.utoledo.edu/offices/auxiliary/print-solutions/>).

Dissertation Evaluation. The dissertation proposal and defense—with the exception of Pass with Honors, which is only given for defenses—are evaluated on the following scale:

- Pass with Honors: The project and its defense are of exceptional quality, as voted by all committee members, and completed within program deadlines.
- Pass: The project is acceptable as it is, or with only minor revisions; a non-failing evaluation must be given by all or all but one committee members.
- Conditional Pass: Major revisions are required. At least one committee member in addition to the chair needs to review and approve the revisions.
- Fail: The dissertation and/or the student's presentation and handling of questions were seriously flawed. In the event of a Fail, the proposal and defense meeting may each be repeated 1 time only each. Failure of a 2nd proposal or defense meeting will result in the student's termination from the program.

Sanctions for late Dissertation Proposals. Please see the section on Evaluation of Student Performance for missing program deadlines.

11. PSYCHOLOGY CLINIC

Students are expected to familiarize themselves with and follow the policies and procedures in the Psychology Clinic Handbook.

Here are some general procedures that must be followed:

1. Students must read and follow the Psychology Clinic Handbook.
2. Students must attend the scheduled clinic meetings.
3. Clients may only be seen during the Psychology Clinic operating hours, unless, in rare cases, approved by the student's supervisor who must determine that the student will not be seeing a client when no clinical faculty or student is in the department.
4. Student caseloads should be consistent with the requirements set forth in the Psychology Clinic Handbook.

12. MULTICULTURAL PSYCHOLOGY REQUIREMENT

The clinical training program is committed to diversity among faculty, students, and clients. This diversity provides students with professional role models and peers with diverse perspectives, as well as the opportunity to learn how to work with individuals with a variety of cultural backgrounds.

The Multicultural psychology requirement is designed to help students develop sensitivity, awareness, and cultural competence in working with diverse clinical populations and to apply this in other professional areas such as research and teaching. Cultural diversity is described in the broadest sense to include ethnicity, religion, socioeconomic status, gender, sexual orientation, and disability. The program trains clinicians and clinical researchers to be competent in working with diverse populations and to recognize when additional consultation is needed.

Although other courses may be substituted, the following courses are currently acceptable for this requirement (although others may be added):

PSY 6/7050 Culture and Psychology

EDP 6/8150 Cultural Perspectives in Learning and Development

COUN 5/7160 Cultural Diversity for Counselors and School Psychologists

EDP 6/8150 Cultural Perspectives

BSGU: COUN 6760 Counseling the Culturally Diverse

Course substitutions are contingent on approval from the student's mentor and the DCT.

Although a formal course on cultural diversity must be completed, learning about cultural diversity is infused into all aspects of clinical training. Students also are encouraged to seek out experiences and training on diversity in other ways such as professional workshops, seminars, colloquia, professional readings, and their work with clinical populations.

13. INTERNSHIPS AND INTERNSHIP REQUIREMENTS

Students are required to spend 1 year of full-time work in a supervised clinical psychology, APA- or CPA-accredited internship. A 12-month internship must be completed before the student can graduate, although the student can meet criteria to walk at the graduation ceremony earlier. Internship is usually completed in the 5th year. In order to apply for an internship, the student must be in good standing in the Clinical Program, have completed a Master's thesis, completed the qualifying exam, and passed the dissertation proposal meeting by October 15th of the year in which the student wishes to apply. The student should also be on track to have completed all required course work for the PhD (except dissertation hours), and cannot start an internship until the required coursework is completed.

Furthermore, if the majority of the Clinical Faculty decides that the student is not ready to apply for internship, that student must wait to apply for internship until approved by a majority of the Clinical Faculty.

Practicum Hours: The program currently does not have a minimum number of practicum hours that the student must complete before applying for internship. In 2012, the national median number of practicum hours (assessment and intervention) completed by students (at the time of application) who obtained an internship was 738 and the number of supervision hours was 312

(<http://www.appic.org/Match/MatchStatistics/ApplicantSurvey2012Part1.aspx>). However, there is no linear association between number of practicum hours and obtaining an internship. Some internships do have a minimum number of required hours. Our students who have applied in their 4th year have had a range of hours from about 400-1000. It should be noted that training directors cite fit and interviews to be more important determinants of success in matching than simply the number of practicum hours. In fact, an article on myths and facts in the internship application process from the American Psychological Association's website states "Once you meet the minimum requirement—400 hours for most sites—additional practicum hours don't make you a more attractive candidate." Therefore, it is highly recommended that students focus on the quality of their training experiences as a whole and congruence between these experiences and desired internship sites as opposed to simply accumulating hours.

Internship selection is now accomplished through a computerized matching process. It should be noted that there continues to be active competition for the desirable internships and the application process typically includes many personal interviews and considerable expenditure of time and money. However, UT remains competitive in terms of its success with having students match with internship sites. From 2004 to 2014 approximately 75% of applicants matched to internships; between the academic years of 2010-2011 and 2013-2014, 81.82% of UT students matched to APA accredited internship sites. This is in the context of the following mean match rates for the period of 2011-2014: all programs = 66.64% (SD=30.08), all PhD accredited programs = 81.48% (SD=18.19), all PhD unaccredited programs = 26.46% (SD=35.55), all PsyD accredited = 47.33 % (23.38), and all PsyD unaccredited = 7.58% (11.43). (these statistics obtained from: <http://mitch.web.unc.edu/files/2013/10/MatchRates.pdf>). To increase the likelihood of gaining a desired placement, most students apply to at least 10 internships (we do not recommend applying to more than 15). Our students' recent internship sites are:

Albany consortium/Albany Medical College; Albany, NY
Alpert Medical School of Brown University/Clinical Psychology Training Consortium/Psychiatry & Human Behavior; Providence, RI
Allegheny General Hospital; Pittsburgh PA
Applewood Centers; Cleveland, OH
Atascadero State Hospital (California Department of State Hospitals – Atascadero); Atascadero, CA
Battle Creek VA Medical Center; Battle Creek, MI
Berea Children's Home and Family Services; Cleveland, OH
Boston University—Center for Multicultural Training in Psychology; Boston, MA

Center for Behavioral Medicine; Kansas City, MO
 Cherokee Health Systems; Knoxville, TN (2 students)
 Child and Adolescent Behavioral Health/CMHC/Child Facility; Canton, OH
 Children's Hospital of Philadelphia; Philadelphia, PA
 Colorado State University/CSU Health Network; Fort Collins, CO
 Danielsen Institute at Boston University; Boston, MA
 Geisinger Medical Center; Danville, PA
 Harvard/Beth Israel/Massachusetts Mental Health Center; Boston, MA (2 students)
 Hawthorn Center; Northville, MI
 Human Services Inc. of Washington County; Oakdale, MN
 Lexington VA Medical Center; KY
 Louis Stokes Cleveland DVAMC; Cleveland, OH
 Mailman Center for Child Development/Department of Pediatrics; University of Miami, Miami, FL
 Miami VA Medical Center; Miami, FL
 Minneapolis VA Health Care System; Minneapolis, MN
 Nationwide Children's Hospital, Columbus, OH
 Ohio Psychology Internship (Formerly Northeastern Ohio Universities College of Medicine); Akron, OH
 Phoenix VA Healthcare System; Phoenix, AZ
 Rush University Medical Center; Chicago, IL
 South Arizona Psychological Center, La Frontera, AZ
 St. Joseph's Healthcare; Hamilton, Ontario
 St. Louis VA Hospital; St. Louis, MO
 Stony Brook University of New York/Counseling and Psychological Services; Stony Brook, NY
 UMDMJ-Robert Wood Johnson Medical School/Univ. Behavioral Health; Piscataway, NJ
 University of Arkansas for Medical Sciences/Department of Psychiatry; Little Rock, AR
 The University of Oklahoma Health Sciences Center/Department of Psychiatry and Behavioral Sciences;
 Oklahoma City, OK
 University of Pittsburgh Counseling Center; Pittsburgh, PA
 University of Rochester School of Medicine and Dentistry; Rochester, NY (2 students)
 University of Texas Health Science Center at San Antonio (2 students)
 Wayne State University; Detroit MI
 West Virginia University at Charleston
 Western Missouri Mental Health Center; Kansas City (2 students)
 Wilford Hall Ambulatory Surgical Center/Department of Behavioral Medicine; JBSA Lackland, TX
 Wright State University School of Professional Psychology; Dayton, OH

While on internship: While on internship, students are still required to register for dissertation credit (PSY 8960) if they are continuing to use University resources; this might include any meetings with your faculty mentor and/or dissertation committee either in person or via phone; having a faculty member read and review drafts of your dissertation project; defending your dissertation. Students on internship should also be aware of the implications that this might have in terms of financial aid (http://www.utoledo.edu/financialaid/pdfs/forms_2013_2014/Clinical%20Psychology%20Doctoral%20Internship%20PSY%208940.pdf). Please see also this form in Appendix J.

14. SEVEN YEAR LIMIT

Like most universities, the University of Toledo has a 7-year limit for the PhD degree. That is, the student is expected to complete the program within 7 years of entry (regardless of intervening leaves of absence). The purpose of this requirement is to prevent the student's training from becoming outdated before he or she completes the program. In very rare circumstances, it may be possible to request an extension beyond the 7-year-limit. In order to make such a request, the student must contact the Director of Clinical Training before the spring semester of the student's 7th year. Failure to do so can result in the student being dismissed from the program. The Clinical faculty, the Department Chair, and the Dean of the Graduate School must all approve the request for an extension. It is important to keep in mind that extensions are not granted automatically, and that when they are granted they are limited to a maximum of 6 months. Also, it should be noted, that the Graduate School may impose fees for not completing the degree within the seven year limit.

In order to receive an extension the student (a) must demonstrate that s/he has been making adequate progress toward the PhD (i.e., has successfully completed all program requirements except the dissertation and is making good progress on the dissertation) and (b) must present a workable plan for completing his/her work in the time requested. Students who fail to complete their degree requirements within the 7-year limit will either be dismissed from the program, or will be required to retake all courses taken earlier than 7 years prior to the request for extension.

15. PROGRAM DEADLINES

Aside from the required program coursework (see Section 5), there are 5 program requirements that have both suggested and required deadlines (please see Table 1 below): (1) the completed thesis proposal and oral presentation, (2) the completed master's thesis and oral presentation, (3) the passed qualifying examination and oral presentation, (4) the completed doctoral dissertation proposal and oral presentation, and (5) the completed doctoral dissertation and oral presentation.

(1) It is suggested that the thesis proposal and its oral presentation should be approved by the thesis committee by September 1st of the student's 2nd year.

(a) If this suggested deadline is missed, the student's progress toward completing their thesis proposal will be discussed at the mid-year review of clinical students. A plan will be developed at that time to assist the student with timely progress toward their thesis proposal.

(2) It is suggested that all requirements for the MA degree (including 21 hours of core coursework, 17 hours of clinical coursework, and the completed masters thesis and oral presentation) be completed by September 1st of the 3rd year. It is required that all requirements for the masters degree (including 21 hours of core coursework, 17 hours of clinical coursework, and the completed masters thesis and oral presentation) be completed by December 15th of the 3rd year.

(a) If the suggested deadline is missed, during the first week of September in the student's 3rd year, a documented meeting will be held with the student, the mentor, and the DCT. A plan will be developed to assist the student in making timely progress toward the completion of the thesis. Approximately 6 weeks later, in mid-October, a documented follow-up meeting of the student, the mentor, and the DCT will be held in which the student's progress is evaluated. If it is determined that the student's thesis is not progressing in a timely manner and according to the previously developed plan, a revised plan will be developed to assist the student in meeting the December 15th deadline. Potential consequences that might occur if the December 15th deadline is missed will be clarified with the student at this time.

(b) If a student's thesis is not accepted by the graduate school by December 15th of their 3rd year, all graduate faculty in the department will meet to determine the specific consequences of failure to meet this deadline. Such consequences will be determined on a case-by-case basis, and may range from the development of a specific remediation plan to suspension or removal of departmental funding to dismissal from the program.

(3) It is suggested that the qualifying exam be completed by February 1st of the student's 3rd program year. It is required that the qualifying exam be completed by December 15th of the student's 4th year.

(a) If this suggested deadline is missed, during the first week of February in the student's 3rd year, a documented meeting will be held of the student, the mentor, and the DCT at which a plan will be developed to assist the student in making timely progress toward the completion of the qualifying exam. Approximately 6 weeks later, in the first week of April in the student's 3rd year, a documented follow up meeting will be held of the student, the mentor, and the DCT at which the student's progress since February will be evaluated. If progress has not been made since February or the previously developed plan has not been implemented, the lack of progress will be discussed and a revised plan will be developed to assist the student with meeting the required December 15th deadline. Potential consequences that might occur if the December 15th deadline is missed will be clarified with the student at this time.

(b) If a student does not pass their qualifying exam by December 15th of their 4th year all graduate

faculty in the department will meet to determine the specific consequences of failure to meet this deadline. Such consequences will be determined on a case-by-case basis, and may range from the development of a specific remediation plan to suspension or removal of departmental funding to dismissal from the program.

(4) It is suggested that students successfully defend their dissertation proposal by May 1st of their 3rd program year. The program requires students to successfully propose their dissertations by October 15th of the year in which they plan to apply for internship.

(a) If the suggested deadline is missed, during the first week of May in the student's 3rd year, a documented meeting of the student, the mentor, and the DCT will be held in which a plan will be developed to assist the student in making timely progress toward the completion of their doctoral dissertation proposal. Approximately 6 weeks later, during the first week of July in the student's 3rd year, a documented follow up meeting of the student, the mentor, and the DCT will be held in which the student's progress since May will be evaluated. If progress is not made on the plan developed at the May meeting, the lack of progress will be discussed at the follow up meeting and a revised plan will be developed to assist the student with meeting the required October 15th deadline.

(b) If the required deadline of October 15th of internship year is missed, on November 1st, the DCT will be unable to release the student's Internship Readiness Letter that is required for internship applications. At this time, the student will also be provided with a letter of "warning" and a new plan to address timely progress toward the dissertation proposal will be developed with the student, the mentor, and the DCT.

(5) It is suggested that the dissertation be completed one month prior to the start of the student's internship. The program requires that the dissertation be completed (with all revisions approved and submitted to the Graduate School) one month prior to the completion of the student's internship. Until the dissertation is completed, the DCT is unable to certify that the student has met all program requirements for the PhD degree. The College of Graduate Studies (COGS) requires the student to have successfully completed the dissertation by August 15th of the student's 7th program year.

(a) Missing the suggested deadline for the dissertation and oral presentation will result in a documented meeting with the student, the mentor, and the DCT to be held one month prior to the start of the student's internship. The goal of this meeting will be to assist the student in developing a plan to make timely progress toward the completion of the dissertation and defense during the internship year. In December of the student's internship year, a documented follow up meeting of the student, the mentor, and the DCT will be held in which the student's progress toward dissertation completion since the start of internship will be evaluated. If progress has not been made on the plan that was initially developed, the lack of progress will be discussed and a revised plan will be developed to assist the student in meeting the required deadline of one month prior to the end of internship.

(b) If the required program deadline of one month prior to the completion of internship is missed, the student will be provided with a formal letter of "warning". Failure to complete the dissertation by May of the student's 7th year in the program (see Section 14) will result in a consideration by the graduate faculty of dismissal from the program.

We encourage students to meet with their mentors on an ongoing basis throughout their time in the program to develop a personalized timeline that is in line with the program deadlines and the student's training goals. (Please see Typical Program Schedule, Section 6, for suggestions.)

Table 1 - Suggested and Required Deadlines for the Completion of Program Requirements

Program Requirement	Deadlines	Action if Suggested Deadline Missed	Action if Required Deadline Missed
Thesis proposal and oral presentation	<i>Suggested:</i> September 1 st , 2 nd year	Discussion at mid-year review meeting in January of the second year and development of a plan to assist the student with timely progress toward thesis proposal	n/a
Master's degree requirements (coursework – 21 core hours, 17 clinical hours), including the completed masters thesis and oral presentation	<i>Suggested:</i> September 1 st , 3 rd year <i>Required:</i> December 15 th of 3 rd year	<i>First week of September, 3rd year</i> – documented meeting with student, mentor, and DCT to develop a plan to make timely progress toward thesis completion <i>mid-October, 3rd year</i> – A documented follow up meeting of the student, the mentor, and the DCT will be held to evaluate the student's progress since September. If progress is not made on the plan that was developed in the September meeting, the lack of progress will be discussed and a revised plan for meeting the required December 15 th deadline will be developed; potential consequences that might occur if the required deadline is missed will also be clarified.	<i>January of 3rd year</i> – Meeting of the graduate faculty to determine specific consequences for failing to meet the deadline, including development of a specific remediation plan, to suspension or removal of departmental funding, to dismissal from the program.
Completed qualifying exam and oral presentation	<i>Suggested:</i> February 1 st , 3 rd year <i>Required:</i> December 15 th of 4 th year	<i>First week of February, 3rd year</i> – documented meeting with student, mentor, and DCT to develop a plan to make timely progress toward qualifying exam completion <i>First week of April, 3rd year</i> –A documented follow up meeting of the student, the mentor, and the DCT will be held to evaluate the student's progress since February. If progress is not made on the plan that was developed in the February meeting, the lack of progress will be discussed and a revised plan for meeting the required December 15 th deadline will be developed; potential consequences that might occur if the required deadline is missed will also be clarified.	<i>January, 4th year</i> - Meeting of the graduate faculty to determine specific consequences for failing to meet the deadline, including development of a specific remediation plan, to suspension or removal of departmental funding, to dismissal from the program.

Program Requirement	Deadlines	Action if Suggested Deadline Missed	Action if Required Deadline Missed
Dissertation proposal and oral presentation	<p><i>Suggested:</i> May 1st, 3rd year</p> <p><i>Required:</i> October 15th, internship year</p>	<p><i>First week of May, 3rd year</i> – documented meeting with student, mentor, and DCT to develop a plan to make timely progress toward dissertation proposal completion</p> <p><i>First week of July, 3rd year</i> - A documented follow up meeting of the student, the mentor, and the DCT will be held to evaluate the student’s progress since May. If progress is not made on the plan that was developed in the May meeting, the lack of progress will be discussed and a revised plan for meeting the required October 15th deadline will be developed; potential consequences that might occur if the required deadline is missed will also be clarified.</p>	<p><i>November 1st, internship year</i> - DCT is unable to release Internship Readiness Letter required for internship applications - the student is provided with a letter of “warning” and a new plan to address timely progress toward the dissertation proposal is developed</p>
Completed dissertation and oral presentation (all revisions approved and submitted to the Graduate School)	<p><i>Suggested:</i> one month prior to the start of the student’s internship</p> <p><i>Required (program):</i> one month prior to completion of internship</p> <p><i>Required (COGS):</i> August 15th, 7th year</p>	<p><i>One month prior to the start of internship</i> - documented meeting with student, mentor, and DCT to develop a plan to make timely progress toward dissertation proposal completion</p> <p><i>December of internship year</i> – A documented follow up meeting of the student, the mentor, and the DCT will be held to evaluate the student’s progress since one month prior to the start of internship. If progress is not made on the plan that was developed in the first meeting, the lack of progress will be discussed and a revised plan for meeting the required deadline will be developed; potential consequences that might occur if the required deadline is missed will also be clarified</p>	<p><i>One month prior to internship completion</i> – the student is provided with a formal letter of “warning”</p> <p><i>May of 7th year</i> – Consideration by the graduate faculty for termination from the program</p>

16. THE MAJOR ADVISOR AND ACADEMIC ADVISING

Students are assigned a Faculty Mentor upon entry into the program. The Faculty Mentor is strongly linked with the student's research interests, including being the chair of their Master's Thesis and Dissertation. As part of your research training, you will typically work with your Faculty Mentor on their research projects. Since faculty members vary in how they conduct their research and how heavily they involve their graduate students in their research, it is always the student's responsibility to pursue work in their mentor's research projects if they are interested in becoming more involved. Similarly, it is always the student's responsibility to keep in contact with their mentors regarding their own research that is part of the training program (e.g., master's theses and dissertations).

If your research interests change over the course of your training and experiences, it is possible to switch Faculty Mentors—which should be discussed with your current Faculty Mentor and potential new Faculty Mentor. This change is subject to approval by the Director of Clinical Training (who must also be notified of the change in writing).

The Faculty Mentor fulfills the following functions:

1. Although the DCT assists students in their initial academic registration, subsequent registrations will be under the guidance of the Faculty Mentor. It is the Faculty Mentor's responsibility to review the student's program of study and grades and to sign course registration forms as needed each semester.
2. When a student needs help in understanding or learning about program rules, policies, or traditions, the Faculty Mentor should provide appropriate guidance.
3. When requested by the student, transfer of credits from other programs and the waiving of program requirements are also the responsibilities of the Faculty Mentor, in consultation with the other clinical faculty.
4. The Faculty Mentor serves as a research mentor and as a resource for information about clinical and research opportunities.
5. The Faculty Mentor works with the student to complete the Department Master's and Doctoral checklists.
6. As students get close to graduation, the student should meet with their Faculty Mentor to review their records to make sure that University and program requirements have been completed and that the appropriate forms for graduation have been completed and filed with the Graduate School.

17. FINANCIAL SUPPORT FOR STUDENTS

The clinical program offers two types of support to students: graduate assistantships and community externships. Each type of support requires a maximum average of 20 hours of work per week and currently pays \$14,000 for the 9-month academic year [FM 9-1-16], with an additional stipend available in the summer. Funding decisions will be made by the chair in the spring and will be based on availability of funds and a student's status at the time the funding decision is made. A tuition waiver for 9-12 credit hours during the academic year and 3-6 credit hours in the summer accompanies the stipends.

Students typically receive department-managed support for four years. Fifth year students are not typically supported by department-sponsored funding, as they are typically completing their paid pre-doctoral internships during this time. In addition, students who are not in good standing in the program or who are attending the program on a part-time basis (less than 9 hours per semester) are not eligible for financial assistance.

Graduate Assistantships

Graduate assistantships are provided by the department, college of graduate studies, and individual faculty grants. Students funded by these assistantships have opportunities to serve as teaching assistants, research assistants, administrative assistants, and course instructors for lower and upper level undergraduate courses. Specific assistantships vary each year, and GA assignments balance student interests and departmental needs.

The Clinic Assistant position historically involved administrative and teaching work for the Psychology Clinic by a senior student in the program. More recently, the position has been divided among more than one assistant, including first year students. The Clinic Assistant(s) works under the supervision of the Director of the Psychology Clinic. Their duties include, but are not limited to, maintaining the Clinic office, performing intake interviews, keeping track of case flow, and performing community liaison and research functions related to the Clinic. As appropriate, the Clinic Assistant also works closely with clinical faculty in teaching, training, and supervision activities related to the clinical practica work of the 1st year students.

Community Externships

Each program student is required to participate in a minimum of one academic year's training in an externship placement in the local community. In consultation with the mentor and DCT, and if consistent with the student's training plan and goals, students may elect to be placed in an externship for additional years. Several externship placements are funded and can thus provide support for students in their third program year and beyond. These placements are often 20 hours per week, although they can also be 10-15 hours per week, supplemented with other assistantship work and related funding. They are usually 9-month placements. Occasionally, some students have been funded through clinical placements during the summer months and some community externships carry 12-month contracts that cover summer support. Placements are coordinated by the members of the Externship Committee. Students never negotiate placements directly with the agencies. If a student is recruited by an agency, the student's first move should be to contact the DCT. The reasons for this strict policy are ethical, legal, and to maintain relationships with community agencies.

Agency supervisors are asked to provide written evaluation of students twice yearly (December and May), using the Externship Evaluation Form which will be mailed to them by the Academic and Client Services Coordinator on behalf of the DCT.

A sample of the community agencies in which students have recently been placed include the Ann Arbor VA Healthcare System, the Center for Forensic Psychiatry, the Cullen Center - Toledo Children's Hospital, Harbor Behavioral Health (Youth Services, 22nd Street), the Toledo VA Community Outpatient Clinic, Unison Health, the University of Toledo Counseling Center, UT Family Medicine – St. Luke's Family Medical Center, and the Zepf Center. The list is revised on a yearly basis to maintain consistency with community training opportunities and student training goals and interests.

Split funding. Students may be supported by more than one source for a maximum total of 20 hours per week.

Procedures for Assistantship Support. The DCT, in consultation with clinical faculty, matches students to available positions, based upon the needs of the faculty, students, and the program. The DCT submits these recommendations to the Department Chair, who makes final department assistantship decisions.

Summer Support. Funding may be available for students during the summer, although the amount and extent of that funding is determined on a yearly basis. Students who accept summer support must be enrolled in at least 3 credits over the summer.

Graduate College Rules and Regulations Regarding Graduate Assistants. The following are regulations governing graduate assistantship appointments funded by the Graduate School of the University of Toledo. These regulations may be supplemented by departmental or college requirements for the specific position you are appointed to fill. *Questions regarding graduate assistantships should be directed to the Graduate School, Room 3240, University Hall (extension 4723).*

- (1) Only graduate students holding regular admission to a degree program are eligible for graduate assistantships.
- (2) Students holding assistantships are to maintain a minimum of a 3.0 GPA in order to remain eligible for assistantship support. Any student with an assistantship who fails to achieve a 3.0 GPA will have 1 semester within which to raise their average to minimum level. Failure to do so will result in the termination of the assistantship. This policy applies to the summer semester as well as the academic year. Graduate students who fail to achieve a 3.0 GPA over two consecutive semesters will be suspended or terminated from their academic programs at UT.
- (3) Full-time graduate assistants are officially eligible for fee waivers for up to 9 hours per semester of instructional fees. However, to date, the Graduate School has provided fee waivers for up to 13 hours for 1st year students, as their schedules often require over 9 hours of courses. The fee waiver covers graduate level work for courses or thesis or dissertation research required for the degree program enrolled. Fees for undergraduate courses will be waived only when the courses are listed on the student's Plan of Study or otherwise required in writing by the mentor. The courses must be related to the student's program. The student will have to pay for courses not approved by the Graduate School and not applicable to the program. Fee waivers may not be used for courses taken for audit rather than credit. A graduate assistant classified as a non-resident will have the out-of-state surcharge waived for the amount of graduate credit hours specified in the fee waiver. The graduate assistant must pay for courses and charges not covered by a fee waiver, including instructional fee, general fee, and any applicable surcharge.
- (4) Graduate assistants are required to take a minimum of 9 hours of graduate course work per term during the regular academic year. A minimum of 3 hours is required for full summer appointments.
- (5) A full-time assistantship requires approximately 20 hours of work per week assigned by the

department or college. In addition, the student is expected to be working full-time toward a degree. Therefore, the student should assume no additional employment. Exceptions to this policy must be recommended by the student's mentor and approved by the Graduate School and the DCT prior to the beginning of any additional assignment. Exceptions will be made only for assignments of short duration or which involve only a few hours of work per week. The student's mentor must present evidence that the progress of the student toward a degree will not be delayed or disrupted by the outside employment. [Note this policy applies to work while one is supported by a full-time assistantship. Post-internship or summer clinical placements or other work when one is not on full-time assistantship are exempt from this policy.]

Failure to follow any of the above rules and regulations governing graduate assistantships may result in dismissal from the position.

Psychology Department Assistantship Policy. The following is the Department of Psychology policy concerning assistantship support:

(1) The award of assistantship support is contingent upon the availability of funds. Support is available for 1st-year students only upon recommendation of the appropriate program admissions committee. Support is available for a more advanced student only if he or she is in good standing in the appropriate academic program, as determined under Department policy by the student's mentor and program director. The Department Chair, upon recommendation of the student's mentor and program director, may grant exceptions to the policy on assistantship support. All criteria defined in this policy must be met by September 1 of the appropriate year.

(2) Continuation of support from year to year:

Year 1 to year 2. To receive support during the 2nd year, a minimum of 24 semester hours must have been completed. Regardless of the number of hours completed, all PR and I grades, except in MA thesis research, must have been removed.

Year 2 to year 3. To receive support during the 3rd year, a minimum of 48 semester hours must have been completed. Regardless of the number of hours completed, all PR and I grades must have been removed.

Year 3 to year 4. To receive support during the 4th year, a minimum of 72 semester hours must have been completed. Regardless of the number of hours completed, all PR and I grades, except in PhD dissertation research, must have been removed.

Community Clinical Work and Approval for Practicum Hours

As noted earlier, it is general departmental and Graduate School policy that full-time graduate students supported by the program (including funded community externships) do not accept any additional employment; such arrangements are discouraged for administrative and educational reasons. A student who finds it necessary to obtain additional funding must consult with the DCT to see if there is an alternative arrangement that will meet both the educational and financial needs of the student. Similarly, students who wish to obtain clinical experience outside regular Clinic and Externship assignments must first obtain approval. If the student wishes to use the clinical hours towards the hours they report when they apply for licensure, they must first obtain approval and verify the work they did subsequently on the appropriate forms. APPIC requires such clinical experiences to be program-approved activities in order to count towards hours used to apply for internship and for the DCT to sign for those hours.

There is an 8-hour per week limit on all such approved outside activities. Failure to report outside clinical work will result in disciplinary action. Please see **Appendices L and M** for the department forms to approve these activities and to document them when they are completed (or before applying for

internship, whichever occurs first) and see <http://tinyurl.com/bguygyw> for the COGS forms that must be completed. Also see the policy on work and volunteer activities that govern all outside work (Section 21).

18. EVALUATION OF STUDENT PERFORMANCE

The faculty review the progress of all degree candidates in May and December of each year. To facilitate this review process, the faculty meet once yearly in May to discuss the progress of all students in the program (see Appendix M). In addition, the progress of first year students is discussed by the clinical faculty in December. Also in December of each year, a mid-year evaluation of progress form is completed by the faculty mentor on each student in their second year and beyond of the program (see Appendix O). The procedures and policies described here are used in order to accomplish two goals: (1) to provide a means for identifying and addressing difficulties and (2) to recognize excellence. In the language of program evaluation, the evaluation of students in the Clinical Psychology Doctoral Program here at UT is primarily “formative” rather than “summative” in nature; that is, it is intended principally to improve performance.

Several methods are used to accomplish this end, including course grades, practicum evaluation forms (See Appendix O), and the Graduate Annual Report of Professional Activities (see next section and Appendix P). The clinical faculty make use of all these sources of information, as well as informal observations, in evaluating graduate students. See Appendix M for the Student Evaluation Form to see what categories are used.

A. Self-Evaluation: The Graduate Annual Report of Professional Activities

All graduate students are required to complete a Graduate Annual Report of Professional Activities (GARPA) by early summer of their first year (see Appendix P). This form asks for a list of publications, presentations, courses taught, department and university service, and community outreach activities for the previous period of May 16 to May 15. Throughout the year, the student is also required to record and keep track of their practicum hours using the Time2Track software provided by the Department (keeping track of practicum hours is also necessary for internship applications). Please see the Clinic Handbook for more detailed information on tracking clinical hours using the Time2Track software. Faculty and Program Coordinators use these data in end-of-year evaluations of graduate students (completed at the end of each academic year). This procedure provides the student with an opportunity to evaluate their own achievements over the previous year. In addition, the report provides invaluable information for use in major self-studies (e.g., APA, Ohio Board of Regents).

B. Faculty Evaluation of Student Progress

We all recognize that there are individual differences and life circumstances that are important to respect. Therefore, any extenuating circumstances should be brought to the attention of the faculty so that they may be evaluated along with the more formal criteria such as grades, completion theses and dissertations, and clinical proficiency. It is the responsibility of the student, in consultation with his or her academic mentor and/or clinical supervisor, to ensure that this information is available.

1. Normal Progress. In evaluating students' progress, our first concern is to determine whether the student is making Normal Progress. The criteria defined below are used as a guide at the annual full faculty review of student progress to ascertain whether each student is making normal progress through the program. In addition, these criteria are also informally evaluated in December of each year by the faculty mentor and the DCT to ensure that students are meeting program goals in a timely manner. Normal progress in the program is defined as:

- a. Satisfactory performance in enrolled course work each semester (GPA of 3.0 or better; individual course grades of B- or better).
- b. Significant and timely progress towards completion of Thesis, Qualifying Exam, and Dissertation requirements (see suggested and required deadlines in Table 1).

- c. Favorable reports regarding the student's performance from the student's class professors, clinical supervisors, and their faculty mentor.
- d. Development of sufficient clinical skills for the student's level in the program.
- e. Acceptable performance on their Assistantship.
- f. Adherence to APA ethical standards and university guidelines and policies (e.g., on outside work while on Assistantship support).

2. Types of Progress Difficulty. On the other hand, lack of normal progress typically includes the situations listed below. These situations will result in the student being put on Concern, Warning, Probation, or Termination status.

- a. Failure of any major doctoral requirement (thesis proposal, thesis defense, Qualifying Exam, dissertation proposal, dissertation defense).⁶
- b. Overall GPA below 3.0
- c. One or more course grades of C+ or below. Any course for which the grade of C+ or lower is received must be repeated in order for it to be counted toward the degree. (Incompletes that are not made up by the end of the following semester also become failures.) Two or more C+ grades lead to dismissal from the program; therefore, a student could be dismissed with "no warning" if they make two such grades in one semester.
- d. Indication that assistantship performance is not acceptable.
- e. Major doctoral degree requirements are not completed within the suggested and program- or department-required time limits specified.
- f. Indication that applicable ethical standards are not adhered to (for example, University guidelines and policies, APA ethical standards).
- g. Judgment by clinical faculty that student has not developed sufficient clinical or research skills for their level in the program.
- h. A pattern of improper professional behavior is identified by one or more of the following: classroom professors, academic mentor, clinical supervisor, research or thesis or dissertation supervisor. For example, chronic tardiness in turning in assignments and/or scheduling and meeting other professional obligations (such as client contacts) may be judged as professionally irresponsible. The Clinical Faculty would also be concerned about any specific behavioral problem that seriously limits a student's effective functioning as a psychologist, including that with his or her colleagues or peers. It is recognized that students display a wide range of personality characteristics and interpersonal styles. The intention of the Clinical Faculty is to attend to only those characteristics that appear to be associated with ineffective professional functioning. *We expect students to demonstrate a commitment to personal growth and self-understanding, and to seek assistance when problems that interfere with effective professional functioning are identified.*

3. Procedures for Evaluation. Using course grades, practicum evaluations, GARPAs, performance in assistantship or community placements, and major doctoral program requirements, the Clinical Faculty formally evaluate each student's progress at the end of spring semester (and end of the 1st fall semester for 1st year students). Informal evaluation of each student is conducted at the end of the fall semester each year via a checklist (see Appendix N) completed by the mentor and reviewed by the DCT. Additional reviews of student progress are triggered by the occurrence of any of the problems listed above. Through discussions, Clinical Faculty arrive at a judgment of each student's progress. The student's Faculty Mentor discusses this evaluation with the student, and the DCT communicates the evaluation in writing to the student. This process is intended to help students address and overcome difficulties and to provide due

⁶ Students may receive a letter informing them of their change in status when missing a deadline. However, whether or not a student receives a letter his/her status automatically changes (e.g., from concern to warning) when the deadline is missed.

process to students who are having difficulties.

4. Student Progress Categories. Progress evaluation results in one of six judgments, five of which are defined as follows (see next section for a description of the sixth category, Special Commendation):

- a. Normal Progress: As specified above. The majority of evaluations are expected to fall into this category.
- b. Concern: Student has missed a suggested deadline, or minor problems requiring attention have emerged (e.g., incompletes or record-keeping difficulties). The student meets with the mentor and DCT, is provided with verbal feedback regarding the concerns, and a written plan for addressing the difficulties is developed. A follow up meeting to review progress on this plan is scheduled.
- c. Warning: Student has missed a required program (but not departmental) deadline or has shown clear evidence of difficulties in coursework, clinical practicum, research activities, or personal/professional judgment. S/He is warned verbally and in writing concerning their status and a specific remediation plan for addressing the difficulties is developed. Progress in addressing the problems and implementing the plan will be assessed at the next mid-year meeting (or earlier as needed). Failure to make progress may result in consideration for probation.
- d. Probation: Student has clearly failed to make normal progress because of poor grades, incompletes, failure to develop clinical skills at the expected rate, serious errors of personal or professional judgment or ethical breaches, or failure to meet required departmental deadlines (see Table 1). A student missing required departmental deadlines (i.e., the master's thesis defense, the qualifying exam, or the dissertation defense) will be considered for placement on probation. Specifically, the graduate faculty in the department will meet to determine the specific consequences of failure to meet the deadline. Such consequences will be determined on a case-by-case basis, and may range from the development of a specific remediation plan to suspension or removal of departmental funding to dismissal from the program. Probationary status involves loss of assistantship support and fee waiver, as well as enforced withdrawal from the program (the student will not be permitted to take classes, see clients, or apply for internships) until the deficiency is corrected. The only exception to taking classes is that the student must enroll in at least one credit hour of the project to be completed—i.e., thesis, qualifying exam, or dissertation. The student does not receive a tuition waiver for these credit hours. In consultation with graduate faculty, the student works with the mentor and DCT to develop a written plan for remedying the problem and moving off probationary status. Removal of probationary status requires removing the deficiency within 1 regular academic term, or by the end of the summer session if placed on probation at the end of the spring semester.
- e. Termination or Terminal MA Status: If the student fails to remedy the difficulties for which he or she has been placed on probation within the following semester, the result will be termination from the doctoral program in clinical psychology. However, it is possible that the student could be terminated from the program without proceeding through any of the previous categories if the faculty judge that such action is necessary. If appropriate, a student who has been dropped from the doctoral program may be allowed to complete requirements for an MA in Psychology (Terminal MA Status).

5. Recognition of Excellence. Beyond identifying and dealing with difficulties, the clinical faculty particularly wish to recognize and encourage exceptional talent, effort, and performance by graduate students. Therefore, they will occasionally award Special Commendations to students under the following circumstances:

- a. Superior performance while making better-than-normal progress towards degree.
- b. Truly outstanding work.
- c. Substantial additional scholarly activities (e.g., numerous conference presentations or publications).
- d. Exceptional efforts in a number of areas.
- e. Particular contributions benefiting the clinical program as a whole.

6. Student Appeal Procedures for the Decision to Dismiss from the Program (Department Policy). After receiving notification of termination in writing, a student will have one week to appeal the termination by notifying the department chair in writing. The chair will schedule a meeting with the student and all available tenured and tenure-track faculty to be held within two weeks of notification of appeal. If the notification occurs during academic break, then the meeting will be held within two weeks after the start of the next academic term (fall, spring, summer one, summer two). During the meeting, the student will appeal her or his case to the faculty. The appeal should be based on a challenge to facts put forward in the termination letter rather than on extenuating circumstances that might explain those facts. The faculty will focus on the student's ability to dispute the reasons why dismissal from the program seems warranted (despite a considerable investment of time and money from the program). Directly after the student's appeal, the student will be excused from the room and the faculty will vote on whether to dismiss or accept the appeal. If the student decides to distribute material for the meeting, the material shall be distributed to all faculty at least 72 hours in advance of the meeting.

19. GRADUATE STUDENT GRIEVANCE AND GRADE APPEAL PROCEDURES

Definition of academic grievance and grade appeal. An academic grievance is a complaint originated by a graduate student about *an evaluation or decision* made by a faculty member or members regarding the student. In contrast, a grade appeal is when a student is contesting simply one grade in a class.

In the event that a graduate student has an academic grievance s/he should attempt to resolve the problem by using the following procedures in the prescribed order. However, the student is encouraged to consult with other appropriate people along the way, including their Faculty Mentor, the DCT, and the student ombudsman.

1. Discuss the problem with the instructor involved.
2. If no resolution can be achieved or is likely, the student should present his or her grievance to the Director of Clinical Training.
3. If the problem remains unresolved, the student should present his or her grievance to the Chairperson of the department.
4. If the problem is still not resolved, the student should present the grievance to the Dean of the College of Arts and Letters (CAL).
5. If a resolution has been unsuccessful at the college dean's level, the student should present the grievance to the Graduate School, to be heard by the Dean or Associate Dean of Graduate Studies.
6. A final appeal can be made to the Committee on Academic Standing of the Graduate Council and its decision shall be binding on all parties involved in the grievance.

In steps 1 through 4 above, a resolution of the grievance is sought by achieving a consensus on the part of all involved in the grievance. If the process reaches step 5, the Academic Standing Committee of the Graduate Council renders a final decision based upon all of the evidence presented. The Committee's decision shall be binding on all parties involved in the grievance.

Please note: If student desires to proceed to the next level of appeal after discussion with the instructor, they must file within 7 days of the last rendered decision, and then within 14 days at each level thereafter until resolution of the grievance. Attempts to circumvent the appropriate grievance procedures are considered a serious matter and can result in dismissal from the program. An academic grievance must be filed with the instructor and a copy to the department no later than one semester after the occurrence of the incident.

The Graduate School Grievance Policy is available on pg. 11-12 of the Graduate Student Handbook which is available at: <http://www.utoledo.edu/graduate/currentstudents/catalogsandhandbooks/>.

The intent of this policy and these procedures is to enable students to have grievances addressed and resolved fairly, and not to limit students' rights in any way. Although the University Grievance policy lays out the formal procedures for resolution, students may discuss their concerns with any faculty member or administrator at any point in the process. Students are encouraged to document problems and their resolution, even if the problem is resolved without using the formal grievance procedure. This documentation may be kept by the student or given to the Chair or Director of Clinical Training.

20. LEAVE OF ABSENCE

A Leave of Absence is defined as (a) a period of time greater than 1 month; (b) during which, for whatever reason, a student is unable to carry out the academic and assistantship duties required of them; (c) making it necessary for the student to formally withdraw from those activities without penalty other than loss of assistantship support. Granting of a formal leave of absence "sets back the clock" for most program deadlines by the amount of time of the leave, with the exception of the 7-year program completion limit.

A. No leave may be granted unless formally requested in writing by the student to the Director of Clinical Training. Requests will contain, but not be limited to, the following:

1. The reason for the request
2. The anticipated length of the leave

B. No leave may be granted unless the formal request is accompanied by each of the following:

1. Written permission from student's faculty mentor
2. Written permission from Director of Clinical Training

C. No leave may be granted for more than 1 year at a time. The Clinical Program will consider formal requests for extensions if they are received prior to the expiration of the previous leave.

D. No commitment of financial aid is either explicitly or implicitly assumed in the granting of a leave. Students returning to the program will compete with all other incoming students for financial aid.

E. The Director of Clinical Training is responsible for all final decisions in the granting or rescinding of leaves of absence.

F. Students granted a leave of absence are still expected to complete the PhD requirements within the 7-year time limit (see Section 14, above).

21. POLICY ON OUTSIDE EMPLOYMENT AND VOLUNTEER WORK

Graduate study is more than a full-time commitment and students need to be realistic about the amount of time they need to dedicate to program activities in order to be successful. The following policy is designed to protect students and to ensure that students make timely progress in the program while engaging in the activities that will be most likely to ensure a successful career.

For the purposes of this policy outside work is defined as any work that is paid or unpaid, related to the field of psychology or not. This would not include collaboration with psychologists at another institution that is done in conjunction with a member of the Department faculty.

1. Students may not engage in any outside work for more than 8 hours per week. This is 8 total hours – not contact hours.
2. Any exceptions to #1 would need to be unanimously approved by the students' mentor and DCT and such exceptions will only be granted in very rare circumstances. (This should be documented with a memorandum, signed by the student and all members of the thesis/dissertation committee in the student's file). However, it is also the case that the College of Graduate Studies (COGS) restricts outside work. International students are only permitted to work a total of 20 hours per week during the academic year and 30 hours per week during the summer semester. Domestic students are allowed to work a total of 30 hrs per week including their assistantship.
3. Regardless of the number of hours, students may not engage in any work (volunteer or paid) that interferes with the students' program of study (e.g., attending classes, meetings, colloquia, practicum, completing assistantship duties in a timely manner, or meeting program deadlines). This has implications for any type of volunteer work that you are unable to schedule ahead of time or where you can be called in unexpectedly.
4. Students should notify their thesis/dissertation committee (in writing) of any volunteer (program related) or part-time work (program related or not).
5. At a minimum, violations of this policy will result in loss of financial support for the semester after which the violation is discovered. Continuing violations will result in continued loss of support and possible further action.

The Graduate School policy is located here

<http://www.utoledo.edu/graduate/currentstudents/graduateassistants/employmentoutsideofassist.html>. Students are responsible for knowing the Graduate School policy and, in cases in which the Graduate School policy is *more* restrictive than the Department policy, students are required to maintain compliance with the Graduate School Policy.

22. ETHICAL RESPONSIBILITIES

Department of Psychology Faculty and Student Rights and Responsibilities Faculty Rights

Faculty members should expect:

1. To be treated with respect and civility by students, administration members, support staff members, and each other.
2. To have clearly communicated expectations for their position responsibilities, including teaching, supervision, research and service.
3. Clear guidelines for how they will be judged in terms of their job performance, including for merit raises and promotions.
4. A presumption that their actions or expressed opinions are benevolent and altruistic.
5. A reasonable degree of confidentiality in their communications with others, including students, administrators and other faculty members.
6. To participate in the shared governance of the Department's programs with the Chair, CAL Dean and upper-level administrators.

Faculty Responsibilities

Faculty members have the responsibility to:

1. Treat students, administrators, support staff, and colleagues in a civil and respectful fashion. This includes disagreeing with others gracefully and constructively. Overtly aggressive and passive-aggressive behavior should be avoided.
2. Communicate expectations to others, including students, colleagues, support staff and administrators in a clear and unambiguous way.
3. Give the benefit of the doubt that others, including students, support staff members, administrators and colleagues are acting in the best interest of the program.
4. Act in a way that considers others' best interests including but not limited to patients, peers, supervisors/supervisees, research participants, undergraduate students, and administrative and support staff.
5. Make a conscientious effort to meet or exceed their job expectations. This includes continually learning as science progresses to be able to continue to offer students valuable and up to date information, provide clients with the best care, as well as to ensure that research programs remain viable.
6. Complete their accepted responsibilities in a reasonable time frame and to promptly inform others who may be affected when this becomes impossible.
7. Be available to colleagues, students and administrators during normal working hours, including students and advisees during office hours. If faculty members must be away from campus for job-related or personal reasons, they should inform others and provide reliable contact information.

8. Consider the ethical implications of their actions and discuss ethical concerns with others in an honest and respectful fashion. This presumes knowledge of the APA ethics code and basic bioethical principles.
9. Receive constructive criticism as an opportunity for personal improvement.
10. Be fair, truthful, and uphold their professional responsibilities.
11. To assume responsibility and be accountable for their actions or withholding of actions.
12. To follow University policies and codes

Student Rights

Students should expect to:

1. Be involved in decisions that affect their training programs, courses of study and student life;
2. Prompt, unambiguous and respectful communications from their mentors, other faculty members and administrators concerning all matters that affect their training programs and courses of study;
3. Elect representatives to attend and participate in faculty meetings and departmental committees except when other students are being discussed;
4. Be treated ethically by both faculty members and student peers;
5. Receive competent advising concerning their program of study and other matters including
 - a. Teaching
 - b. Leadership skills
 - c. Mentoring others
 - d. Publishing and presenting posters and papers
6. Receive due process in the process of resolving conflicts with faculty members and student peers according to the Department of Psychology Conflict Resolution Protocol.

Student Responsibilities

Students have the responsibility to:

1. Treat faculty members, other students, administrators, support staff, and colleagues in a civil and respectful fashion. This includes disagreeing with others gracefully and constructively. Overtly aggressive and passive-aggressive behavior should be avoided;
2. Communicate expectations to others, including students, colleagues, support staff, faculty members and administrators in a clear and unambiguous way;
3. Presume that others, including other students, support staff members, administrators and faculty members are acting in a benevolent and altruistic fashion;
4. Behave towards others in an altruistic manner. This involves acting in a way that considers others' best interests (including but not limited to clients, peers, supervisors/supervisees, research participants, undergraduate students, and administrative and support staff members);
5. Make a conscientious effort to meet or exceed their expectations in class, in their research, in their responsibilities as graduate assistants and in their clinical work;
6. Meet program requirements and deadlines and to promptly inform their mentors and supervisors when this becomes impossible;
7. Be available to their mentors, supervisors, students that they are teaching and others during normal working hours. If students are away from campus for extended periods of time due to

professional or personal reasons, they should inform their mentors and/or supervisors and provide reliable contact information;

8. Consider the ethical implications of their actions and discuss ethical concerns with others in an honest and respectful fashion. This presumes knowledge of the APA ethics code and basic bioethical principles;
9. Receive constructive criticism as an opportunity for personal improvement;
10. Be fair, truthful, and upholding their academic and professional responsibilities;
11. Assume responsibility and be accountable for their actions or withholding of actions;
12. Mentor undergraduates and less experienced peers, including leading by example;
13. To follow University policies and codes.

Department of Psychology E-mail policy

1. Email may be used to
 - a. Disseminate information that is of interest to other faculty members or students
 - b. Request non-personal information from faculty members or students.
 - c. Discuss non-controversial issues of general interest to students and other faculty members. Discussions of the advantages of different structural equation analysis programs would be an example of a non-controversial issue of general interest.

2. Email should not be used to
 - a. Discuss potentially divisive or controversial issues. An example would be which training model is best. These topics should be discussed in face-face meetings.
 - b. Complain or air grievances about others. Conflicts should be resolved on a face-to-face basis.
 - c. Make ad hominem remarks about others, or to harass, bully or embarrass others. This admonition includes all forms of harassment. Harassment is covered by UT's harassment policy and section K (1) of UT's e-mail policy (see below). See also Standards 3.02 and 3.03 of the APA Ethics Code.
 - d. Discuss private, confidential information about students, clients or faculty members to others. Note that when dealing with certain protected student and patient information the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) as well as state confidentiality laws govern the handling of this information. See UT's e-mail policy, especially sections G and L (see link below). Even with information that is not covered by federal or state law or regulations there may be liability implications in releasing confidential information if it

significantly harms someone's professional reputation or personal situation. Also review the confidentiality standards in APA's Ethics code.

3. Group e-mail messages should be used sparingly; do not reply to "all" unless really necessary.
4. All e-mail communications should be civil and respectful.
5. All faculty members and students should know and conform their e-mail use to the University E-mail policy at http://www.utoledo.edu/policies/administration/info_tech/pdfs/3364_65_01.pdf
6. All faculty members and students should know that the University's e-mail system is subject to Ohio's public records law: ORC §149.43. See also sections C and D in the University's e-mail policy.
7. Repeated violations of this e-mail policy may lead to suspension or termination of e-mail privileges at the University. Departmental members will be informed by the Chair when they have violated the policy and counseled accordingly. After the second violation the Chair may request that Information Technology (IT) Department suspend the individual's e-mail privileges for 30 days and inform the dean of the CAL of the request. If violations continue after the person's e-mail privileges are restored the Chair may request that IT terminate the individual's e-mail privileges.
8. Postscript: A brief note about "Freedom of Speech." The term "Freedom of Speech comes from the First Amendment of the U.S. Constitution and provides for the expression of political, artistic and other ideas free from government interference. However, as interpreted by the Supreme Court, it has not been held to allow individuals entirely unrestrained speech. Thus, it has been found consistent with the constitution to allow restrictions related to confidential and personally sensitive information, as well defamatory messages. In addition, restrictions in the use of public school-owned e-mail systems are constitutionally allowed.

Department of Psychology Conflict Resolution Protocol

Preamble

Disagreements between individuals in any organization are to be expected as a normal part of work life. However, it is expected that members of the Department of Psychology will work to resolve those disagreements in a civil and graceful fashion. The following protocol should be followed in order to

systematically resolve disagreements between persons in manner that befits our academic setting. This protocol shall apply generally to students, faculty members and support staff although students have the option of consulting the Psychology Ombudsperson (currently Dr. John Laux) for assistance when they believe an issue cannot be resolved through this protocol.

Protocol

1. The first step in conflict resolution should involve a face-to-face meeting between the two individuals involved in which the nature of the conflict is defined and discussed in a manner that respects the dignity of both persons. The participants should adopt a problem-solving approach with the goal being to resolve the conflict through compromise or other means.
2. If the two individuals are unable to find a mutually-agreed upon solution to the conflict, they should approach the Director of Clinical Training (DCT) or the Experimental Psychology Coordinator (EPC) depending on which program they are associated with. The DCT or EPC will attempt to mediate between the two individuals by taking their key interests into account and suggesting an approach that allows both parties to achieve their goals as much as possible. Persons who are not associated with either program should approach the Chair of the Department who will serve as mediator.
3. If the DCT or EPC is unable to mediate the conflict successfully, he or she should jointly approach the Chair with the two individuals involved. The Chair will then attempt to mediate the conflict.
4. Should the Chair be unable to mediate the conflict successfully, the Chair should approach the Dean of the CAL jointly with the DCT or EPC and the two individuals involved in the conflict for assistance with mediation.
5. The general protocol in steps one through four should be followed up the administrative ladder if the CAL Dean is unable to mediate the conflict. If the conflict is not resolved before it reaches the office of the President, the President may impose a settlement.

Harassment

It is the policy of the Psychology Department and of the University of Toledo that no form of harassment will be tolerated. This includes, but is not limited to, sexual, sexual orientation, racial, or ethnic harassment.

Please note that U.S. Supreme Court decisions support those portions of the Department and University policies that define harassment as any conduct that has the purpose or effect of creating an intimidating, hostile or offensive working or educational environment. These policies will be strictly enforced; violations will result in the student being placed on Warning or Probation status or being dismissed from

the Doctoral Program.

An individual who is aware of an instance of harassment or who believes that she/he is a victim of harassment is encouraged to contact either the Director of Clinical Training, or the Chair or the Associate Chair of the Department. The individual may also contact the University's Office of Academic Inclusion (University Hall Room 4580; Phone: 419-530-2508).

UT's Office of Legal Affairs states that "Any suggestions or problems regarding equal employment or equal educational opportunity should be directed to the University's Academic Inclusion Officer, Room 4580 University Hall, (419) 530-2508."

Ethical Principles for Psychologists

All students are expected to familiarize themselves with the contents of the various ethical standards published by the APA and divisions relevant to their interests and to adhere to these standards in their professional conduct. These standards apply from the day that students begin graduate school. For this reason, a copy of the 2002 revised APA Ethical Principles for Psychologists is reprinted (by permission) in the following **Appendix A**.

As stated in Standard 1 of the APA Code of Ethics, if a psychologist perceives the behavior of a colleague to be inconsistent with the ethical standards, that individual should first engage in private conversation with the colleague and provide an opportunity for the colleague to (1) provide information that might assist in clarifying an ambiguous situation or (2) agree to refrain from such behavior in the future.

APPENDIX A: APA Ethics Code

Ethical Principles of Psychologists and Code of Conduct *Effective June 1, 2003*

INTRODUCTION & APPLICABILITY	4.02 Discussing the Limits of Confidentiality
PREAMBLE	4.03 Recording
GENERAL PRINCIPLES	4.04 Minimizing Intrusions on Privacy
Principle A: Beneficence and Nonmaleficence	4.05 Disclosures
Principle B: Fidelity and Responsibility	4.06 Consultations
Principle C: Integrity	4.07 Use of Confidential Information for Didactic or Other Purposes
Principle D: Justice	
Principle E: Respect for People's Rights and Dignity	
ETHICAL STANDARDS	5. Advertising and Other Public Statements
1. Resolving Ethical Issues	5.01 Avoidance of False or Deceptive Statements
1.01 Misuse of Psychologists' Work	5.02 Statements by Others
1.02 Conflicts between Ethics and Law, Regulations, or Other Governing Legal Authority	5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs
1.03 Conflicts between Ethics and Organizational Demands	5.04 Media Presentations
1.04 Informal Resolution of Ethical Violations	5.05 Testimonials
1.05 Reporting Ethical Violations	5.06 In-Person Solicitation
1.06 Cooperating With Ethics Committees	
1.07 Improper Complaints	6. Record Keeping and Fees
1.08 Unfair Discrimination against Complainants and Respondents	6.01 Documentation of Professional and Scientific Work and Maintenance of Records
2. Competence	6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
2.01 Boundaries of Competence	6.03 Withholding Records for Nonpayment
2.02 Providing Services in Emergencies	6.04 Fees and Financial Arrangements
2.03 Maintaining Competence	6.05 Barter With Clients/Patients
2.04 Bases for Scientific and Professional Judgments	6.06 Accuracy in Reports to Payors and Funding Sources
2.05 Delegation of Work to Others	6.07 Referrals and Fees
2.06 Personal Problems and Conflicts	
3. Human Relations	7. Education and Training
3.01 Unfair Discrimination	7.01 Design of Education and Training Programs
3.02 Sexual Harassment	7.02 Descriptions of Education and Training Programs
3.03 Other Harassment	7.03 Accuracy in Teaching
3.04 Avoiding Harm	7.04 Student Disclosure of Personal Information
3.05 Multiple Relationships	7.05 Mandatory Individual or Group Therapy
3.06 Conflict of Interest	7.06 Assessing Student and Supervisee Performance
3.07 Third-Party Requests for Services	7.07 Sexual Relationships With students and Supervisees
3.08 Exploitative Relationships	
3.09 Cooperation with Other Professionals	8. Research and Publication
3.10 Informed Consent	8.01 Institutional Approval
3.11 Psychological Services Delivered To or Through Organizations	8.02 Informed Consent to Research
3.12 Interruption of Psychological Services	8.03 Informed Consent for Recording Voices and Images in Research
	8.04 Client/Patient, Student, and Subordinate Research Participants
	8.05 Dispensing With Informed Consent for Research
	8.06 Offering Inducements for Research Participation
	8.07 Deception in Research
	8.08 Debriefing
4. Privacy and Confidentiality	8.09 Humane Care and Use of Animals in Research
4.01 Maintaining Confidentiality	

- 8.10 Reporting Research Results
- 8.11 Plagiarism
- 8.12 Publication Credit
- 8.13 Duplicate Publication of Data
- 8.14 Sharing Research Data for Verification
- 8.15 Reviewers

9. Assessment

- 9.01 Bases for Assessments
- 9.02 Use of Assessments
- 9.03 Informed Consent in Assessments
- 9.04 Release of Test Data
- 9.05 Test Construction
- 9.06 Interpreting Assessment Results
- 9.07 Assessment by Unqualified Persons
- 9.08 Obsolete Tests and Outdated Test Results
- 9.09 Test Scoring and Interpretation Services
- 9.10 Explaining Assessment Results
- 9.11. Maintaining Test Security

10. Therapy

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

INTRODUCTION AND APPLICABILITY

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

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

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

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

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

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

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult

with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

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

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

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

GENERAL PRINCIPLES

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

PRINCIPLE A: BENEFICENCE AND NONMALEFICENCE

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

PRINCIPLE B: FIDELITY AND RESPONSIBILITY

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

PRINCIPLE C: INTEGRITY

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists

have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

PRINCIPLE D: JUSTICE

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

PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

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

ETHICAL STANDARDS

1. RESOLVING ETHICAL ISSUES

1.01 Misuse of Psychologists' Work

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

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

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

1.03 Conflicts Between Ethics and Organizational Demands

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

1.04 Informal Resolution of Ethical Violations

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

1.05 Reporting Ethical Violations

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

1.06 Cooperating With Ethics Committees

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

1.07 Improper Complaints

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

1.08 Unfair Discrimination Against Complainants and Respondents

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

2. COMPETENCE

2.01 Boundaries of Competence

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

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

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

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

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist,

psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

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

2.02 Providing Services in Emergencies

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

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

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

2.05 Delegation of Work to Others

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

2.06 Personal Problems and Conflicts

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

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

3. HUMAN RELATIONS

3.01 Unfair Discrimination

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

3.02 Sexual Harassment

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

3.03 Other Harassment

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

3.04 Avoiding Harm

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

3.05 Multiple Relationships

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

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

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

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

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

3.06 Conflict of Interest

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

3.07 Third-Party Requests for Services

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

3.08 Exploitative Relationships

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

3.09 Cooperation With Other Professionals

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

3.10 Informed Consent

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

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

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

3.11 Psychological Services Delivered To or Through Organizations

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

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

3.12 Interruption of Psychological Services

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

4. PRIVACY AND CONFIDENTIALITY

4.01 Maintaining Confidentiality

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

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of

the risks to privacy and limits of confidentiality.

4.03 Recording

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

4.04 Minimizing Intrusions on Privacy

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

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

4.05 Disclosures

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

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

4.06 Consultations

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

4.07 Use of Confidential Information for Didactic or Other Purposes

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

5. ADVERTISING AND OTHER PUBLIC STATEMENTS

5.01 Avoidance of False or Deceptive Statements

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

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

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

practice.

5.02 Statements by Others

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

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

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

5.04 Media Presentations

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

5.05 Testimonials

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

5.06 In-Person Solicitation

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

6. RECORD KEEPING AND FEES

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

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

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

- (a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)
- (b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.
- (c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

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

6.04 Fees and Financial Arrangements

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

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

(c) Psychologists do not misrepresent their fees.

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

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

6.05 Barter With Clients/Patients

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

6.06 Accuracy in Reports to Payors and Funding Sources

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

6.07 Referrals and Fees

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

7. EDUCATION AND TRAINING

7.01 Design of Education and Training Programs

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

7.02 Descriptions of Education and Training Programs

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

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an

instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

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

7.04 Student Disclosure of Personal Information

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

7.05 Mandatory Individual or Group Therapy

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

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

7.06 Assessing Student and Supervisee Performance

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

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

7.07 Sexual Relationships With Students and Supervisees

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

8. RESEARCH AND PUBLICATION

8.01 Institutional Approval

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

8.02 Informed Consent to Research

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

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment;

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

8.03 Informed Consent for Recording Voices and Images in Research

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

8.04 Client/Patient, Student, and Subordinate Research Participants

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

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

8.05 Dispensing With Informed Consent for Research

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

8.06 Offering Inducements for Research Participation

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

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

8.07 Deception in Research

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

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

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

8.08 Debriefing

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

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

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

8.09 Humane Care and Use of Animals in Research

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

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

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

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

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

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

8.10 Reporting Research Results

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

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

8.11 Plagiarism

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

8.12 Publication Credit

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

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

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

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude

republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

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

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

8.15 Reviewers

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

9. ASSESSMENT

9.01 Bases for Assessments

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

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

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

9.02 Use of Assessments

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

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

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

9.03 Informed Consent in Assessments

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

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or

governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

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

9.04 Release of Test Data

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

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

9.05 Test Construction

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

9.06 Interpreting Assessment Results

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

9.07 Assessment by Unqualified Persons

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

9.08 Obsolete Tests and Outdated Test Results

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

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

9.09 Test Scoring and Interpretation Services

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

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

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

9.10 Explaining Assessment Results

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

9.11. Maintaining Test Security

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

10. THERAPY

10.01 Informed Consent to Therapy

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

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

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

10.02 Therapy Involving Couples or Families

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

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

10.03 Group Therapy

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

10.04 Providing Therapy to Those Served by Others

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

10.05 Sexual Intimacies With Current Therapy Clients/Patients

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

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

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

10.07 Therapy With Former Sexual Partners

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

10.08 Sexual Intimacies With Former Therapy Clients/Patients

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

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

10.09 Interruption of Therapy

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

10.10 Terminating Therapy

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

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

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

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:

APA. (1953). Ethical standards of psychologists. Washington, DC: Author.

APA. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.

APA. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.

APA. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.

APA. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.

APA. (1979). Ethical standards of psychologists. Washington, DC: Author.

APA. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.

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

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

APPENDIX B: Election Procedures for Clinical Student Representatives

1. At the beginning of each academic year, the current Clinical Student Representatives will email all Clinical Psychology Doctoral students to call for nominations for the two elected positions of Student Representative. Student Representative is the only position for which an election must be held each year. All other positions are to be voluntarily filled by the clinical student body annually.
 - a. In the event that more than one student wishes to hold another representative position (e.g., APS representative, CUDCP representative), an election for this position will be held as per the procedures outlined below.
 - b. Similarly, In the event that only one student runs for an elected position, elections for that position do not need to be held.
2. Students will have the choice to nominate themselves or another student to fill each elected position. These nominations will be sent via email to the current Student Representatives within a week of receiving the call for nominations.
3. Nominated students will be contacted to confirm that they accept their nomination. Only students who accept their nominations will be eligible to be elected.
4. After nominations have been received, the current Student Representatives will be responsible for creating a PsychData survey on which the elections to be conducted. This survey will contain the name of all the nominated candidates for each of the leadership offices for which an election is being held.
5. The current Clinical Student Representatives will be responsible for sending the link to the survey to all Clinical Psychology Doctoral students via email. The survey is to be completed by the student body within one week of the notification.
6. Each student will vote only once for each of the eligible offices. In order to ensure the fairness of the election, only one submission per IP address will be accepted as the elections are anonymous.

The following offices will be *voluntarily* filled by the clinical student body annually:

1. Student Representatives (2)
2. APS Representative
3. APAGS Representative
4. OPAGS Representative
5. APA Division 12 Representative
6. CUDCP Representative
7. GSA Liaison

A joint transition meeting will be held in August of the current academic year for the outgoing and incoming Clinical Student Representatives. Following that meeting, the incoming representatives will take the full roles of their respective elected offices.

**APPENDIX C: Current Student Psychology Discipline Specific Knowledge (DSK)
Course Alternative Form**

**The University of Toledo
Clinical Psychology Program
Psychology DSK Course Alternative Form**

Student name: _____

Which DSK does this course fulfill?: _____

Current UT Instructor of DSK Course: _____

Proposed Alternative Course: _____

Please attach the syllabus or syllabi for the course you are proposing to use to fulfill the above-referenced DSK and any necessary explanation or documentation.

Comments (include any additional requirements for approval):

Signature of Student (required)

Date

Signature of Mentor (required)

Please check one: Approved Not approved

Date

Signature of DSK Course Instructor⁷

Please check one: Approved Not approved

Date

Signature of Director of Clinical Training (required)

Please check one: Approved Not approved

Date

⁷Note to DSK course instructor: Page 2 of this form contains information intended to assist in the evaluation of a course with respect to its fulfillment of Discipline-Specific Knowledge (Doctoral Standards of Accreditation, II.B.1.a). This information was taken from the Implementing Regulations of the Standards of Accreditation, Section C, C-7D, pages 12-15, and can be found here in its entirety: <http://www.apa.org/ed/accreditation/section-c-soa.pdf>

Discipline-specific knowledge serves as a cornerstone for the establishment of identity as a psychologist and orientation to health service psychology. Therefore, all students in accredited doctoral programs shall acquire a general knowledge base in the discipline of psychology, broadly construed. Discipline-Specific Knowledge is comprised of two categories: (1) History and Systems of Psychology and the Basic Content Areas in Scientific Psychology, and (2) Research and Quantitative Methods and Advanced Integrative Knowledge in Scientific Psychology.

The **first category of discipline-specific knowledge** can be acquired at either the upper-undergraduate or entry graduate level and must result in substantial knowledge in:

History and Systems of Psychology, including the origins and development of major ideas in the discipline of psychology. The history of a subdiscipline of psychology, such as clinical, counseling, or school psychology, or the history of interventions or assessments do not, by themselves, fulfill this category.

Basic content areas in scientific psychology include coverage of the following five content areas:

Affective Aspects of Behavior, including topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category.

Biological Aspects of Behavior, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category.

Cognitive Aspects of Behavior, including topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.

Developmental Aspects of Behavior, including transitions, growth, and development across an individual's life. A curriculum limited to one developmental period is not sufficient.

Social Aspects of Behavior, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.

The **second category of discipline-specific knowledge** must be acquired at the graduate level and must result in substantial understanding and competence in the following areas:

Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas, including graduate-level knowledge that entails integration of multiple basic discipline-specific content areas identified in Category 1 (i.e., integration of at least two of: affective, biological, cognitive, social, or developmental aspects of behavior). Advanced integrative knowledge in these content areas can be acquired in either of two ways: 1) a discreet educational learning experience that integrates at least two basic content areas; or 2) an educational experience that provides basic coverage in two areas and integration across those two areas.

Research Methods, including topics such as strengths, limitations, interpretation, and technical aspects of rigorous case study; correlational, descriptive, and experimental research designs; measurement techniques; sampling; replication; theory testing; qualitative methods; meta-analysis; and quasi-experimentation.

Quantitative Methods, including topics such as mathematical modeling and statistical analysis of psychological data, statistical description and inference, univariate and multivariate analysis, null-hypothesis testing and its alternatives, power, and estimation.

Psychometrics, including topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization.

Graduate-level knowledge. Accredited programs should clearly document how the curriculum plan ensures graduate-level knowledge. The CoA will look for certain pieces of evidence in evaluating graduate level, including students' exposure to a curriculum plan that utilizes primary source materials (including original empirical work that represents the current state of the area), emphasizes critical thinking and communication at an advanced level, and facilitates integration of discipline-specific knowledge with the program's substantive area(s) of practice. Although it may be appropriate in some instances to use textbooks that target undergraduate audiences as a minor part of a program's coverage of an area of discipline-specific knowledge (e.g., as foundational reading to introduce the subject area to students), the majority of coverage should involve graduate level readings.

APPENDIX E: Doctoral Plan of Study Doctoral Plan of Study

➔ ➔ ➔ Obtain the Original Editable Version Online ⬅ ⬅ ⬅

<http://www.utoledo.edu/graduate/currentstudents/academicprogramforms/index.html>



RETURN TO: College of Graduate Studies, Respective Campus	
Main Campus 3240 University Hall Mail Stop 933	Health Science Campus Mulford Library Room 117 Mail Stop 1042
<input type="checkbox"/> Original Submission	
<input type="checkbox"/> Amended Date: _____	

Plan of Study for the Doctoral Degree

Description: The Plan of Study serves two main purposes. By defining a student's course of study, it provides focus and direction to his or her graduate degree program and it constitutes an agreement that successful completion of the proposed course of study and the general degree requirements will result in the awarding of the degree. Each student working for a degree is required to file a Plan of Study with the College of Graduate Studies prior to the completion of 12 credit hours. This plan must be approved by the Advisor, the Chairman or Program Director and the Associate College Dean before being submitted to the College of Graduate Studies. It is understood that the first "Plan of Study" filed by a student may be subject to change as he/she progresses. However, it is the student's responsibility to notify the College of Graduate Studies of any changes to an approved plan of study. According to the University of Toledo General Catalog, it is the policy that credit applied towards the doctoral degree must be earned within seven years immediately preceding the time the degree is awarded (combined M.D./Ph.D. program limit is ten years).

Instructions:

1. List all credits earned or to be earned that you would like to apply toward fulfillment of the Doctoral degree requirements.
2. Under "Alphanumeric Code," give department and course number as they were taken or are to be taken. Give the course title in the second column. Enter term and grade information as appropriate.
3. Complete the "Credits" column for all courses listed.
4. Obtain all required signatures and forward to the College of Graduate Studies for final approval.
5. If there are significant changes, a new "Plan of Study" should be completed. If there are minimal changes, an "amended Plan of Study" or "Plan of Study Course Substitution" form may be used.

Last Name: _____		First Name: _____		MI: _____	
Rocket ID: _____		First Semester Enrolled (term/year): _____			
College: _____		Degree: _____		Major: _____	
Time Limitation for Degree (term/year): _____			Expected Graduation (term/year): _____		
Academic Background:					
Degree _____		Date _____		Institution _____	
Degree _____		Date _____		Institution _____	
List all graduate courses required for the degree					
Course Alphanumeric Code	Course Title	Term	Grade	# of Credits	Graduate College use only

APPENDIX F: Department of Psychology Professional Development Series

Objective: The Department of Psychology's Professional Development Series (PDS) is designed to consist of a series of presentations directed toward enhancing the professional development of graduate students in the Department of Psychology as they progress through their education and training. Although aimed primarily at doctoral candidates in the UT Clinical Psychology program, attendance at this series is open to all students and faculty members in the department. One of the primary goals of this series is to provide a forum in which faculty and students can come together to discuss topics that are of mutual interest and of relevance to the profession.

Frequency: The PDS will be held approximately 6 times during each academic year, with monthly presentations to be scheduled for one Friday morning each month in September, October, November, January, February, and March.

Content: The content of each PDS presentation should be geared toward the enhancement of students' professional development as psychologists. This might include content pertaining, but not limited, to the following topics: state licensure, the publication or presentation of research findings to be shared with the scientific and general community, board certification, forensic issues, consultation (with other psychologists as well as with other allied health disciplines), the intersection of psychology with associated disciplines (e.g., psychiatry, counseling, nursing), psychotropic medication, or health psychology.

Scheduling: With the availability of six presentation times per academic year, each faculty member will be assigned, on a rotating basis, a time for which they are responsible. The faculty member responsible for this time can elect to either (a) give a presentation on a topic of their choosing to the students and fellow faculty members, or (b) invite a presenter to discuss a topic with broad relevance to professional development in clinical psychology.

Attendance: Attendance at each PDS meeting is expected for each student in the UT Clinical Program. These meetings provide an opportunity for faculty and students to engage in meaningful discussion to topics relevant to the study of psychology and also provide a forum for collegial and collaborative student-faculty interaction. In addition, these meetings provide an excellent opportunity for the modeling of professionally appropriate and supportive behavior on the part of faculty members for the program's students. As such, all students are expected to attend every talk. It is understandable that extenuating circumstances can arise; accordingly, each student is permitted to miss one talk (in either the professional development or clinical case series) each semester without consequence. Beyond that one missed talk, if the student does have conflicts of which they are aware, they must email the DCT in advance of the date of the talk and explain the conflict. If the conflict is deemed acceptable, the student will be permitted to make up the missed talk by substituting it with another professional development activity. Professional development is one of the domains on which students are evaluated in each annual student evaluation and performance in this area in terms of talk attendance will be considered at annual reviews.

APPENDIX G: Department of Psychology Clinical Case Presentation Series

Objective: The Department of Psychology's Clinical Case Presentation Series (CCPS) is designed to consist of a series of oral clinical case presentations by students with the aim of enhancing the professional and clinical development of our clinical graduate students as they progress through their education and training. This series is aimed at presenters in their third year or later of graduate clinical training. The purpose of the oral case presentation is to allow the student to demonstrate that they have achieved a level of proficiency in their ability to integrate scientific theory and research to the assessment and treatment of clients. In this context it is also expected that the student will demonstrate their professional ability to impart information in a clearly organized manner, be receptive to questions and comments from the audience and independently respond to them in an informed manner, and provide an educational function to those who attend the presentation. This presentation is intended to be mastery-oriented and not evaluative. Students will not receive a grade or fulfill a requirement of the program through their participation in this series. Rather, this series provides an opportunity for each student to further develop and strengthen their skill set with respect to clinical case presentations.

Presenters and attendees: Although aimed primarily at doctoral candidates in the UT Clinical Psychology program, attendance at this series is open to all students and faculty members in the department. It is expected that Clinical Program faculty and students attend this series. Attendees will be expected to provide constructive and supportive feedback to each presenter.

Faculty expectations: It is expected that faculty attendees provide student presenters with supportive and constructive feedback intended to help each presenter improve and strengthen their presentation skills for the future. Faculty attendees are also expected to permit the student presenter to address questions and comments independently and to maintain a focus on the student's case formulation and presentation skills.

Student expectations: In the spirit of our scientist-practitioner program, it is expected that student presenters support their presentations with data, empirical findings, and factual information based upon the extant literature rather than opinions or feelings. Cases should be presented in the context of professional respectfulness and an appreciation of alternative evidence-based perspectives and approaches to clinical assessment and treatment.

Expectations for presenters and attendees: This presentation series is intended to provide a forum in which to brainstorm and generate useful and relevant ideas to potentially examine in future work.

Moderator expectations: Each presentation will include a designated moderator. This moderator will introduce the student presenter and presentation and will facilitate the interaction between attendees and presenters. The moderator will be present to model appropriate inquiries and professional etiquette in the context of a clinical case presentation.

Frequency: The CCPS will be held approximately 6 times during each academic year, with monthly presentations to be scheduled for one Friday morning each month in September, October, November, January, February, and March.

Guidelines for the Clinical Case Presentation: The case presented should represent a clinical concern that involved an assessment and/or treatment case for which the presenter was the primary person that delivered services (although, it is understood, under supervision). The client referenced in each case should have been provided services from within the UT Psychology Training Clinic or at a UT-affiliated

community externship site. Student presenters might keep in mind cases in which a unique or rare clinical phenomenon was encountered or in which a dilemma occurred that can be the basis of an informed discussion.

Process of Case Selection: The student should discuss his/her interest in presenting a clinical case with the relevant clinical supervisor. Supervisors must approve the presentation of a case. It is recommended, but sometimes not always possible in certain circumstances, that clients are asked for consent for their case to be presented as part of a program-sanctioned training activity. The client has the option to refuse or to restrict certain information from being presented. Client information included in the presentation should be de-identified. Moreover, if after client de-identification there remains potential for identification of the client based on the characteristics of the case (e.g., uniqueness of presenting issue, specific demographic features), the merit of presenting that particular case might be re-considered.

Presentation format: These presentations are designed to be accompanied by power point slides and to be approximately 45 minutes in length with 15 minutes allotted for discussion and questions.

Scheduling: Six presentation times will be available per each academic year, one each in September, October, November, January, February, and March of each academic year. At the beginning of each academic year, students in their third year and beyond and their clinical supervisors will be contacted by email to schedule a clinical case presentation. Each student's proposed presentation must also receive relevant approval from the student's clinical supervisor. Times will be scheduled on a first-come-first-serve basis. The clinic committee will be responsible for the final scheduling of presentations for each academic year.

Evaluation: Each student presenter will be evaluated using a standardized rubric (please see Appendix X). This rubric will be completed by each core clinical faculty member in attendance at the presentation. On the basis of this evaluation, the student will be provided with verbal and written formative feedback no later two weeks following the presentation. The rubric and written feedback will be placed in the student's file to document the fulfillment of this program requirement.

Attendance: Attendance at each CCPS meeting is expected for each student in the UT Clinical Program. These meetings provide an opportunity for faculty and students to engage in meaningful discussion to topics relevant to the study and practice of clinical psychology and also provide a forum for collegial and collaborative student-faculty interaction. In addition, these meetings provide an excellent opportunity for the modeling of professionally appropriate and supportive behavior on the part of faculty members for the program's students. As such, all students are expected to attend every talk. It is understandable that extenuating circumstances can arise; accordingly, each student is permitted to miss one talk (in either the professional development or clinical case series) each semester without consequence. Beyond that one missed talk, if the student does have conflicts of which they are aware, they must email the DCT in advance of the date of the talk and explain the conflict. If the conflict is deemed acceptable, the student will be permitted to make up the missed talk by substituting it with another professional development activity. Professional development is one of the domains on which students are evaluated in each annual student evaluation and performance in this area in terms of talk attendance will be considered at annual reviews.

APPENDIX H: Incoming Student Waiver of Course Requirement Form⁸

The University of Toledo Clinical Psychology Program Waiver of Course Requirement Form

Student name: _____

Course taken: _____

(e.g., PSY 6500 Psychopathology)

Institution where course was taken: _____

Semester and year taken: _____ Grade received: _____

Please include (1) copy of transcript with grade and credit received and (2) copy of course syllabus.

Current UT instructor for the course: _____

Current UT course (for which transfer credit is requested):

Comments (include any additional requirements for approval):

Signature of Mentor (required)

Date

Please check one: Approved Approved with provisions stated above Not approved

Signature of Instructor⁹

Date

Please check one: Approved Approved with provisions stated above Not approved

Signature of Director of Clinical Training (required)

Date

Please check one: Approved Approved with provisions stated above Not approved

⁸ Note to Students: If you intend to use this form to transfer credit toward your total program degree hours, you must also complete the Request for Transfer Credit Form (<http://www.utoledo.edu/graduate/forms/TransferCred.pdf>).

⁹ Note to DSK course instructor: Page 2 of this form contains information intended to assist in the evaluation of a course with respect to its fulfillment of Discipline-Specific Knowledge (Doctoral Standards of Accreditation, II.B.1.a). This information was taken from the Implementing Regulations of the Standards of Accreditation, Section C, C-7D, pages 12-15, and can be found here in its entirety: <http://www.apa.org/ed/accreditation/section-c-soa.pdf>

Discipline-specific knowledge serves as a cornerstone for the establishment of identity as a psychologist and orientation to health service psychology. Therefore, all students in accredited doctoral programs shall acquire a general knowledge base in the discipline of psychology, broadly construed. Discipline-Specific Knowledge is comprised of two categories: (1) History and Systems of Psychology and the Basic Content Areas in Scientific Psychology, and (2) Research and Quantitative Methods and Advanced Integrative Knowledge in Scientific Psychology.

The **first category of discipline-specific knowledge** can be acquired at either the upper-undergraduate or entry graduate level and must result in substantial knowledge in:

History and Systems of Psychology, including the origins and development of major ideas in the discipline of psychology. The history of a subdiscipline of psychology, such as clinical, counseling, or school psychology, or the history of interventions or assessments do not, by themselves, fulfill this category.

Basic content areas in scientific psychology include coverage of the following five content areas:

Affective Aspects of Behavior, including topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category.

Biological Aspects of Behavior, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category.

Cognitive Aspects of Behavior, including topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.

Developmental Aspects of Behavior, including transitions, growth, and development across an individual's life. A curriculum limited to one developmental period is not sufficient.

Social Aspects of Behavior, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.

The **second category of discipline-specific knowledge** must be acquired at the graduate level and must result in substantial understanding and competence in the following areas:

Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas, including graduate-level knowledge that entails integration of multiple basic discipline-specific content areas identified in Category 1 (i.e., integration of at least two of: affective, biological, cognitive, social, or developmental aspects of behavior). Advanced integrative knowledge in these content areas can be acquired in either of two ways: 1) a discreet educational learning experience that integrates at least two basic content areas; or 2) an educational experience that provides basic coverage in two areas and integration across those two areas.

Research Methods, including topics such as strengths, limitations, interpretation, and technical aspects of rigorous case study; correlational, descriptive, and experimental research designs; measurement techniques; sampling; replication; theory testing; qualitative methods; meta-analysis; and quasi-experimentation.

Quantitative Methods, including topics such as mathematical modeling and statistical analysis of psychological data, statistical description and inference, univariate and multivariate analysis, null-hypothesis testing and its alternatives, power, and estimation.

Psychometrics, including topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization.

Graduate-level knowledge. Accredited programs should clearly document how the curriculum plan ensures graduate-level knowledge. The CoA will look for certain pieces of evidence in evaluating graduate level, including students' exposure to a curriculum plan that utilizes primary source materials (including original empirical work that represents the current state of the area), emphasizes critical thinking and communication at an advanced level, and facilitates integration of discipline-specific knowledge with the program's substantive area(s) of practice. Although it may be appropriate in some instances to use textbooks that target undergraduate audiences as a minor part of a program's coverage of an area of discipline-specific knowledge (e.g., as foundational reading to introduce the subject area to students), the majority of coverage should involve graduate level readings.

APPENDIX I: Project Proposal and Completion Form

Project Proposal and Completion Form

Student's Name: _____

Master's Thesis

Title: _____

Chair: _____ Committee Members: _____

Proposal Date: _____ Outcome: Pass Conditional Pass Fail

Chair's signature _____

Defense Date: _____ Outcome: Pass with honors Conditional Pass Pass Fail

Chair's signature _____

Qualifying Exam Project

Title: _____

Proposal Approved Date: _____ Completion Date: _____

Committee Members: _____

Pass w/honors Pass Conditional Pass Fail Chair's signature _____

Dissertation

Title: _____

Proposal Date: _____ Outcome: Pass Conditional Pass Fail

Committee Chair: _____ Members: _____

Chair's signature _____

Defense Date: _____ Outcome: Pass with honors Conditional Pass Pass Fail

Chair's signature _____

Revised 07/10/09

APPENDIX J: Internship and Financial Aid

Clinical Psychology Doctoral Internship (PSY 8940)

Students who are registered for the PSY 8940 internship are considered to be full-time students by the University. Students who are financial aid recipients have the option of receiving federal and/or alternative loans for the terms they are on this internship. State financial aid programs and UT recruitment/merit scholarships cannot be used during an internship term.

To request to use federal and/or alternative loans during an internship term, students must send an email from their rockets.utoledo.edu email account to the Office of Student Financial Aid at utфинаid@utoledo.edu that includes:

- • “PSY 8940 Internship” on the subject line
- • the student’s full name and rocket number
- • the internship term for which financial aid is being requested
- • the name(s) of the financial aid program(s) the student is requesting to use

Students should allow three working days for their request to be processed and should be aware that financial aid will not pay to their student account until the first day of the term. The last day to request to use financial aid during an internship term is the last day of the withdrawal period for that term.

Students who receive scholarships must notify the Scholarship Services Office of their internship so that their scholarship can be shifted to a future term. In addition, students wishing to use their scholarship for summer enrollment must notify the Scholarship Services Office and must complete a summer aid application (available in late January/early February at <http://www.utoledo.edu/financialaid/>). To notify the Scholarship Services Office of an internship or to request to use a scholarship for summer enrollment, students must send an email from their rockets.utoledo.edu email account to the Scholarship Services Office at financialaidscholarship@utoledo.edu.

This internship class will receive a grade just like any other class. If the internship class is not graded during the regular grading period, students will be cited for a lack of satisfactory academic progress. Further payments of financial aid will not be made until the class is graded and the students have met all other satisfactory academic progress criteria.

This form can be found at:

https://www.utoledo.edu/financialaid/pdfs/forms_2013_2014/Clinical%20Psychology%20Doctoral%20Internship%20PSY%208940.pdf

APPENDIX L: Form for Approval of Completed Outside Clinical Hours
Form for Approval of Completed Outside Clinical Hours as Program Practicum Hours

Student's Name: _____ Agency Supervisor: _____

Agency Name: _____

Range of Dates for Approval: From ___/___/___ To ___/___/___

In order to approve completed outside clinical hours to serve as program practicum hours (e.g., towards internship), they must have first been approved on the *Community Clinical Work and Approval for Practicum Hours Form* (Appendix K), and then obtained approval through this form (please staple the two forms).

1. How many total client contact hours were obtained through: Assessment _____ Intervention _____
2. How many clients were treated by: Individual ___ Group ___ Couples ___ Family ___
3. How many total supervision hours were obtained through: Group _____ Individual _____
4. Describe in detail other important components of the clinical training (e.g., child/adolescent/adult, outpatient/inpatient, main diagnoses, treatment approaches learned).

5. In what way, if any, did the training deviate from the expected training described on the *Community Clinical Work and Approval for Practicum Hours*?

I agree that, to the best of my knowledge, the information provided above is true.

Student Signature

Date

Supervisor

Date

The experience described above should count for program-approved practicum hours.

Student's Mentor

Date

Director of Clinical Training

Date

APPENDIX M: End-of-Year Student Evaluation Form

Student Name _____ Mentor _____

Student Year in Program _____ Date _____

Academic Performance: Probation Warning Concern Normal Commendation
 Comments:

Fall:

	Course Number	Level	Course Title	Final Grade
PSY		GR		

Spring:

	Course Number	Level	Course Title	Final Grade
PSY		GR		

Recommendations:

Research: Probation Warning Concern Normal Commendation
 Comments:

Recommendations:

Clinical: Probation Warning Concern Normal Commendation
 If a 3rd or 4th year student:

- a. Has this student been evaluated with respect to their knowledge of supervision and consultation? YES NO n/a
- b. If evaluated, did this student obtain a rating of 2 or 3 on item A.5. of the Clinical Competencies Evaluation for Practicum or Externship? YES NO n/a

Comments:

Recommendations:

Assistanship: Probation Warning Concern Normal Commendation
Comments:

Recommendations:

Professional Development: Probation Warning Concern Normal Commendation
Comments:

Recommendations:

Overall: Termination Probation Warning Concern Normal Commendation

Mentor Signature

Date

Director of Clinical Training Signature

Date

Student Signature

Date

6. Do any concerns exist with respect to the student's development of sufficient clinical skills for the student's level in the program? YES NO
7. Do any concerns exist with respect to this student's adherence to APA ethical standards and university guidelines and policies (e.g., on outside work while on Assistantship support)? YES NO
8. Do any concerns exist with respect to this student's performance on assistantship? YES NO

**APPENDIX O: University of Toledo, Clinical Psychology Program Clinical Competencies
Evaluation for Practicum or Externship**

Name of Student:

Year Under Evaluation:

Semester Under Evaluation:

Name of clinical experience:

- PSY 6/7390 Clinical Lab (1)
- PSY 6/7820 Clinical Practicum II (2)
- PSY 6/7830 Clinical Practicum III (3)
- PSY 6/7840 Clinical Practicum IV (4)
- Community Externship (5)

If the student is completing a community externship, please list the name of the externship site:
Does your strategy for evaluating this student's practicum experience include direct observation, as is required by our accrediting body? (*Live supervision and/or video recordings are considered direct observation, but audio only recordings are not sufficient.*)

- Yes (1)
- No (2)

Name of Supervisor Conducting Evaluation:

Please indicate your credentials (e.g., Ph.D. ABPP) and licensure number with your name (i.e., Super Supervisor, Ph.D. OH license #9999).

Supervisor's Email Address:

Email Address of Trainee (they will be sent a copy of this evaluation):

Number of intake interview reports supervised:

Number of assessment reports supervised:

Number of adult therapy clients supervised:

Number of child/adolescent therapy clients supervised:

Number of family clients supervised:

Number of groups supervised:

Number of sessions the student helped supervise:

Supervision Hours: For a 15-week, 20-hour per week externship placement, this would include a minimum of 30 hours of direct supervision, 15 of which must be individual face-to-face. At least 75% of the supervision required shall be provided by a licensed psychologist or school psychologist; no more than 25% of the supervision required shall be provided by a licensed allied mental health professional (e.g., psychiatrists, clinical social workers) (OAD 4723-9-01).

Approximate total number of supervision hours:

Approximate number of group supervision hours:

Approximate number of individual supervision hours:

Approximate number of student's client contact hours:

Number of direct observations of student clinical activities:

The student rated here should be rated based on observation or direct knowledge of their performance.

Evaluations should be based on his/her current level of progress and competence in the current practicum.

In this first section, you will be rating the trainee you supervise across seven different

FOUNDATIONAL competency domains: Professionalism; Reflective Practice/Self-Assessment/Self-

Care; Scientific Knowledge and Methods; Relationships; Individual and Cultural Diversity; Ethical Legal Standards and Policy; Interdisciplinary Systems. Each of these competency areas will be briefly described before you are asked to provide ratings of the trainee's specific competencies associated with each domain.

For each requested rating, please slide the bar on the competency rating line to provide information regarding relative strengths and weaknesses. If you cannot make an informed rating for some reason, select "Not Applicable" and leave the slider bar alone.

Please consult the codebook for specific descriptors of competency in each area that may help you with your ratings. The codebook was sent to you via email. If you've misplaced it, you can instead access it via this link: [Foundational Competencies Codebook](#)

Alternatively, you can hover your mouse over the categorical descriptors under each item to activate a pop-up box with specific behavioral anchors (this feature may be disabled depending upon your browser and local settings).

Domain I.

Professionalism - Professional values and ethics as evidenced in behavior and comporment that reflects the values and ethics of psychology, integrity, and responsibility.

I.A. Integrity - Honesty, personal responsibility and adherence to professional values. ()	
I.B. Deportment - Understands how to conduct oneself in a professional manner (appropriate communication and physical conduct, including attire, across different settings). ()	
I.C. Accountability - Accountable and reliable (consistently reliable; consistently accepts responsibility for own actions). ()	
I.D. Concern for the Welfare of Others - Consistently acts to understand and safeguard the welfare of others. ()	
I.E. Professional Identity - Emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professionals. ()	

Domain II.

Reflective Practice / Self-Assessment / Self-Care - Practice conducted with personal and professional self-awareness and reflection; with awareness and reflection; with awareness of competencies, with appropriate self-care.

II.A. Reflective Practice - Broadened self-awareness; self-monitoring; reflectivity regarding professional practice (reflection-on-action); use of resources to enhance reflectivity; elements of reflection-in-action. ()	
II.B. Self-Assessment - Broadly accurate self-assessment of competence; consistent monitoring and evaluation of practice activities. ()	
II.C. Self-Care - Attention to personal health and well-being to assure effective professional functioning. ()	

Domain III.

Scientific Knowledge and Methods - Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

III.A. Scientific Mindedness ()	
--	--

III.B. Scientific Foundation of Psychology - Knowledge of core science. ()	
III.C. Scientific Foundation of Professional Practice - Knowledge, understanding, and application of the concept of evidence-based practice. ()	

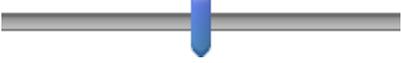
Domain IV.

Relationships - Relates effectively and meaningfully with individuals, groups, and/or communities.

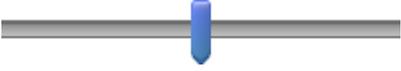
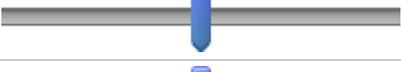
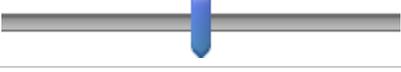
IV.A. Interpersonal Relationships ()	
IV.B. Affective Skills - Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback non-defensively. ()	
IV.C. Expressive Skills - Ability to clearly and articulately express oneself. ()	

Domain V.

Individual and Cultural Diversity - Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

<p>V.A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context. ()</p>	
<p>V.B. Others as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context. ()</p>	
<p>V.C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context. ()</p>	
<p>V.D. Applications Based on Individual and Cultural Context - Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation. ()</p>	
<p>Domain VI. Ethical Legal Standards and Policy - Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.</p>	
<p>VI.A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines - Knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/ professional codes, standards and guidelines; laws, statutes, rules, regulations. ()</p>	
<p>VI.B. Awareness and Application of Ethical Decision Making - Knows and applies an ethical decision-making model and is able to apply relevant elements. ()</p>	
<p>VI.C. Ethical Conduct - Knowledge of own moral principles/ethical values integrated in professional conduct. ()</p>	

Domain VII.
Interdisciplinary Systems - Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

VII.A. Knowledge of the Shared and Distinctive Contributions of Other Professions. ()	
VII.B. Functioning in Multidisciplinary and Interdisciplinary Contexts. ()	
VII.C. Understands How Participation in Interdisciplinary Collaboration / Consultation Enhances Outcomes. ()	
VII.D. Respectful and Productive Relationships with Individuals from Other Professions. ()	

In this next section, you will be rating the trainee you supervise across six different **FUNCTIONAL** competency domains: Assessment; Intervention; Consultation; Supervision; Management-administration; and Advocacy. Each of these competency areas will be briefly described before you are asked to provide ratings of the trainee's specific competencies associated with each domain.

Please consult the codebook for specific descriptors of competency in each area that may help you with your ratings. The codebook was sent to you via email. If you've misplaced it, you can instead access it via this link: [Functional Competencies Codebook](#) Alternatively, you can hover your mouse over the categorical descriptors under each item to activate a pop-up box with specific behavioral anchors (this feature may be disabled depending upon your browser and local settings).

As before, for each requested rating, please slide the bar on the competency rating line to provide information regarding relative strengths and weaknesses. If you cannot make an informed rating for some reason, select "Not Applicable" and leave the slider bar alone.

Domain I.

Assessment - Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.

I.A. Measurement and Psychometrics ()	
I.B. Evaluation Methods ()	

I.C. Application of Methods ()	
I.D. Diagnosis ()	
I.E. Conceptualization and Recommendations ()	
Domain II.	
Intervention - Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.	
II.A. Knowledge of Interventions - Knowledge of scientific, theoretical, empirical and contextual bases of intervention, including theory, research, and practice. ()	
II.B. Intervention Planning - Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation. ()	
II.C. Clinical Skills ()	
II.D. Intervention Implementation ()	
II.E. Progress Evaluation ()	
Domain III.	
Consultation - The ability to provide expert guidance or professional assistance in response to a client's needs or goals. Effectively relates to dialogue with other professionals.	
III.A. Role of Consultant ()	
III.B. Addressing Referral Question ()	
III.C. Application of Methods ()	
Domain IV.	
Supervision - Supervision and training in the professional knowledge base and of evaluation of the effectiveness of various professional activities.	
IV.A. Expectations and Roles - Knowledge of purpose for roles in supervision. ()	
IV.B. Processes and Procedures - Knowledge of procedures and processes of supervision. ()	
IV.C. Skills Development - Knowledge of the supervision literature and how clinicians develop to be skilled professionals. ()	
IV.D. Awareness of Factors Affecting Quality - Knowledge about the impact of diversity on all professional settings and supervision participants including self as defined by APA policy. ()	

<p>IV.E. Participation in Supervision Process - Observation of and participation in supervisory process (e.g., peer supervision). ()</p>	
<p>IV.F. Ethical and Legal Issues - Knowledge of and compliance with ethical/professional codes, standards and guidelines; institutional policies; laws, statutes, rules, regulations, and case law relevant to the practice of psychology and its supervision. ()</p>	

Domain V.

Management-administration - manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).

<p>V.A. Management - Participates in management of direct delivery of professional services; responds appropriately in management hierarchy. ()</p>	
<p>V.B. Administration - Knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures. ()</p>	
<p>V.C. Leadership - Recognition of own role in creating policy, participation in system change, and management structure. ()</p>	
<p>V.D. Evaluation of Management and Leadership - Able to develop and prepared to offer constructive criticism and suggestions regarding management and leadership of organization. ()</p>	

Domain VI.

Advocacy - Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level.

<p>VI.A. Empowerment - Uses awareness of the social, political, economic, or cultural factors that may impact human development in the context of service provision. ()</p>	
<p>VI.B. Systems Change - Promotes change to enhance the functioning of individuals. ()</p>	

If you would like to provide additional feedback regarding this trainee, please enter it below.

APPENDIX P: GARPA
Graduate Student Annual Review of Professional Activities

Last Name: (1) _____

First Name: (2) _____

Year in Graduate Program:

Year of Entry:

Nature of financial support during AY 2016-2017 and AY 2017-2018 (e.g., TA and related class(es), grant support - if more than one type, state the number of hours for each):

Contact Information:

Complete Mailing Address: (1) _____

UT Email address: (2) _____

Non-UT email address: (3) _____

Please complete the following items for the reporting period January 1, 2017 to December 31, 2017:

1. Please list all professional or research societies to which you belong:
2. Please give citations (APA style) for all papers, posters, workshops, or other professional presentations at professional or research meetings on which you were author or co-author:
 2a. Please indicate the **number** of papers, posters, workshops, or other professional presentations at professional or research meetings on which you were author or co-author:
3. Please give citations (APA style) for all accepted or published articles, chapter, or books on which you were author or co-author (*specify: accepted or published*):
 3a. Please indicate the number of accepted or published articles, chapter, or books on which you were author or co-author:
4. Please list any grant-supported research in which you were involved (indicate whether you received the grant or were supported by a grant from a faculty member):
5. Please list all ongoing teaching activities (specify whether course taught, lectures or other formal or informal talks, teaching assistant work):
6. Please list all supervised practicum training (on or off campus) (includes practicum and externship activities but *not internship activities*):
7. *For students who are not currently on internship or postdoc*, please report all of your practicum training activities. **Please attach a printout of the Time2Track summary of your practicum hours.** If you started internship this year (2017), also **attach your AAPI Part 1**.
8. Do you plan to apply for internship for the 2019-2020 academic year?

Yes (1)

No (2)

9. Please list all clinical program requirements completed *and their corresponding date of completion*.

Note: Parenthesized requirements were options for students enrolled prior to 2012-2013.

	Completed?	Date of Completion

Yes (1)

No (2)

MM/DD/YYYY (1)

Passed Master's Thesis Proposal (1)	<input type="radio"/>	<input type="radio"/>	
Passed Master's Thesis Defense (2)	<input type="radio"/>	<input type="radio"/>	
Received Master's Degree (3)	<input type="radio"/>	<input type="radio"/>	
Passed Qualifying Exam (4)	<input type="radio"/>	<input type="radio"/>	
(Passed Professional Development Case Presentation) (5)	<input type="radio"/>	<input type="radio"/>	
(Passed Professional Development Project) (6)	<input type="radio"/>	<input type="radio"/>	
Passed Dissertation Proposal (7)	<input type="radio"/>	<input type="radio"/>	
Passed Dissertation Defense (8)	<input type="radio"/>	<input type="radio"/>	

Received Doctorate (9)	<input type="radio"/>	<input type="radio"/>	
Started Internship (10)	<input type="radio"/>	<input type="radio"/>	
Completed Internship (11)	<input type="radio"/>	<input type="radio"/>	
Started Postdoc or Post-Internship Employment (12)	<input type="radio"/>	<input type="radio"/>	
Finished Postdoc or Post-Internship Employment (13)	<input type="radio"/>	<input type="radio"/>	

Thesis Committee Membership

Chair (1) _____

Member 1 (2) _____

Member 2 (3) _____

Qualifying Exam Committee Membership

Chair (1) _____

Member 1 (2) _____

Member 2 (3) _____



Dissertation Exam Committee Membership

Chair (1) _____

Member 1 (2) _____

Member 2 (3) _____

Member 3 (4) _____

Member 4 (5) _____

10. *Students who are not currently on internship or postdoc:* Please list all talks and training workshops attended either within or outside of the department, including job talks.

11. *Students who are not currently on internship or postdoc:* Please list all department and university service you carried out (committees served on, graduate student mentoring, interviewing of prospective faculty or grad students, etc.):

12. **All students:** Please list and describe any other relevant achievements accomplished.

APPENDIX Q: Substitution of Clinical with Research Practicum Form

**The University of Toledo
Clinical Psychology Program
Substitution of Clinical with Research Practicum Form**

I, _____ (student name) am requesting to substitute _____ (number of credits, maximum of 6) credits of clinical practicum with research practicum. This research practicum will be taken under the guidance of _____ (name of faculty member who will supervise the research practicum). The above-stated number of credits of research practicum will count toward my fulfillment of the 21 hours of practicum required in this degree program.

Student year in program (student must be in 3rd or 4th year): _____

Semester(s) and year(s) in which research practicum will be taken: _____

Comments (include any additional requirements for approval):

Signature of Student

Date

Signature of Mentor

Date

Please check one: Approved Approved with provisions stated above Not approved

Signature of Director of Clinical Training

Date

Please check one: Approved Approved with provisions stated above Not approved

APPENDIX R: Thesis and Dissertation Forms Checklist

After Proposal

- Graduate Research Advisory (GRAD) Committee Approval & Assurances Form**
 - Due to COGS prior to beginning any research
 - Must include IRB Approval number
 - Required signatures:
 - Student
 - Advisor
 - Committee members
 - Chair or Program Director
 - Associate Dean of the College of Arts and Letters
- Clinical Handbook** or Experimental Handbook requirement completion forms
 - Due to the psychology department (refer to clinical & experimental deadlines)

Before Defense

- Acceptance of Thesis or Dissertation for Defense**
 - Due to COGS no later than 15 business days prior to your defense
 - Required Signatures:
 - Student
 - Advisor/Committee Chair
 - Associate Dean of the College of Arts and Letters
- Intellectual Protection and Patent Sign-Off Form**
 - Due to COGS with the Acceptance of Thesis or Dissertation for Defense form
 - Required Signatures:
 - Student
 - Advisor

After Defense

- Approval of Thesis** or **Approval of Dissertation**
 - Due to COGS by the last day of the term you've applied for graduation
 - Required Signatures:
 - Student
 - Committee Chair
 - Committee members
 - Associate Dean of the College of Arts and Letters
- Clinical Handbook** or Experimental Handbook requirement completion forms
 - Due to the psychology department (refer to clinical & experimental deadlines)

Formatting for OhioLink

- Submit a copy of thesis or dissertation for format review to etdsvcs@utoledo.edu
 - Refer to COGS website for posted **deadlines**
 - **Manual for the Formatting of Graduate Dissertations and Theses**
 - Helpful resources for formatting for OhioLINK can be found **here**
 - This includes a template in APA format
 - You will receive a format review letting you know what changes need to be made before you upload your document to OhioLINK
- Upload final thesis or dissertation to **OhioLINK**
 - Refer to COGS website for posted **deadlines**

APPENDIX S: Joint Mentorship Program

Joint Mentoring Program: Guidelines for Participation

The joint mentoring program provides the opportunity for students to have research mentors from both the experimental and clinical programs. Interested students, in consultation with their primary mentor, may request joint mentoring from a faculty member in the other (non-major) program, in order to obtain more specialized training in that area.

The goal of joint mentoring is to facilitate further integration of the clinical and experimental programs and provide students with more comprehensive training in both experimental and clinical psychology.

This program is considered particularly relevant for experimental students with an applied focus/interest relevant to psychopathology, as well as clinical students with an interest in experimental design and translational research.

Below are the minimum criteria necessary for participating in the joint mentoring program.

- At least monthly individual meetings with the joint mentor.
- At least monthly attendance at the lab meeting of the joint mentor.
- 3 credits of research practicum or equivalent (e.g., thesis or dissertation hours) with the joint mentor.
- Thesis/dissertation ideas are reviewed ahead of time by the joint mentor, who plays a role in shaping the projects.
- Completion of at least 1 joint project (e.g., collaborative study, publication, etc.) across the labs of the primary and joint mentor.

APPENDIX T: Minor Specializations in Psychology

Graduate Minor in Health Psychology

1. COURSEWORK

Must complete 2 *required courses* and 3 *elective courses* in health psychology.

A. REQUIRED COURSES

PSY 6980/7980 – Special Topics in Psychology - Health Psychology

PSY 6989/7989 – Special Topics in Psychology - Psychophysiology

B. ELECTIVE COURSES

PSY 6710/7710 -- Social Psychology and Health

PSY 6980/7980 -- Special Topics in Psychology – Clinical Psychopharmacology

PSY 6980/7980 -- Special Topics in Psychology (e.g., Seminar on Stress and Health, Experimental Social Health Psychology, Applied Health Psychology/Behavioral Medicine/Translational Health Psychology)

HEAL 8600 -- Health Behavior

HEAL 6280/8280 -- Health Communication

HEAL 6460/8460 -- Health Promotion Programs

HEAL 8700 -- Epidemiology

PUBH 6010/8010 -- Public Health Epidemiology

PUBH 6330/8330 -- Public Health and Aging

PUBH 6600 -- Health Behavior

PUBH 6800 -- Evaluation of Health Programs

PUBH 6050 – Concepts and Issues in Environmental Health

Note: Other courses (inside or outside the department) can be taken as electives but must be approved by the health minor coordinator. No more than 2 courses outside the department may be used to fulfill the health minor requirement.

2. THESIS/DISSERTATION REQUIREMENTS

Student thesis AND dissertation must be relevant to advanced health psychology training/coursework. Determination of relevance is made by the health psychology minor coordinator. For students entering the doctoral program with a Masters degree from a different institution, their thesis can count towards this requirement if it meets the above criteria. This determination will be made by the experimental psychopathology minor coordinator. If a Masters thesis completed at a different institution does not meet the above criteria, the student has the option of completing an independent research project that satisfies the required thesis criteria for this minor concentration.

3. DEMONSTRATED COMPETENCE OUTSIDE OF COURSEWORK

Student must demonstrate competence in the minor topic by submitting a manuscript to a peer-reviewed journal. The topic of the manuscript must be relevant to advanced health psychology training/coursework. Determination of relevance is made by the health psychology minor coordinator.

Rev. 01/18/2018

Graduate Minor in Experimental Psychopathology

1. COURSEWORK

In addition to the quantitative methods (I and II) and research design courses required of all students in the department, the minor in experimental psychopathology requires *2 additional required courses* and *3 elective courses* from the lists below.

A. Required Courses

PSY 6210/7210 – Psychopathology

PSY 6250/7250 – Seminar in Clinical Psychology: Experimental Psychopathology

B. Elective Courses

PSY 6250/7250 – Seminar in Clinical Psychology: Emotion Research

PSY 6250/7250 – Seminar in Clinical Psychology: Psychophysiology

PSY 6410/7410 – Seminar in Cognitive Psychology: Judgment and Decision Making

PSY 6710/7710 – Seminar in Social Psychology: Social Psychology and Health

PSY 6710/7710 – Seminar in Social Psychology: Social Cognition

Note: Other courses (inside or outside the department) can be taken as electives but must be approved by the experimental psychopathology minor coordinator. For example, certain advanced statistics courses might be relevant to certain experimental designs and could be approved as an elective course.

2. MENTORSHIP

The student is required to identify a research mentor (in addition to their primary mentor) with expertise in the use of experimental and/or laboratory-based methods for examining psychopathology-relevant outcomes or mechanisms.

3. THESIS/DISSERTATION REQUIREMENTS

Student thesis AND dissertation must utilize an experimental design and focus on a psychopathology-relevant outcome or mechanism broadly defined. Determination of relevance is made by the experimental psychopathology minor coordinator. For students entering the doctoral program with a Masters degree from a different institution, their thesis can count towards this requirement if it meets the above criteria. This determination will be made by the experimental psychopathology minor coordinator. If a Masters thesis completed at a different institution does not meet the above criteria, the student has the option of completing an independent research project that satisfies the required thesis criteria for this minor concentration.

4. DEMONSTRATED COMPETENCE OUTSIDE OF COURSEWORK

Student must demonstrate competence in the minor topic by submitting at least one relevant manuscript to a peer-reviewed journal. The topic of the manuscript must be relevant to experimental psychopathology training/coursework. Determination of relevance is made by the experimental psychopathology minor coordinator.

Graduate Minor in Quantitative Psychology

1. COURSEWORK

Must complete *2 required courses* and *3 elective courses* in statistics, measurement, or methodology.

A. REQUIRED COURSES

PSY 6110 - Quantitative Methods in Psychology II

PSY 6930/7930 – Seminar in Psychology: Statistical Modeling for Latent Variables

B. ELECTIVE COURSES

PSY 6150 - Psychometrics and Scale Development

PSY 6XXX/7XXX – Seminar in Psychology (Topics vary)

PUBH 6060 - Advanced Biostatistics

PUBH 6110 - Categorical Data Analysis

MATH 5610/761 - Advanced Statistical Methods

II MATH 5620/7620 - Linear Statistical Models

MATH 5640 - Statistical Computing

MATH 6690 - Multivariate Statistics

MATH 6630 - Nonparametric
Statistics

Note: Other courses (inside or outside the department) can be taken as electives but must be approved by the quantitative minor coordinator.

2. THESIS/DISSERTATION REQUIREMENTS

Student thesis AND dissertation must utilize an experimental design and be relevant to advanced quantitative training/coursework. Determination of relevance is made by the quantitative minor coordinator. For students entering the doctoral program with a Master's degree from a different institution, their thesis can count towards this requirement if it meets the above criteria. This determination will be made by the quantitative minor coordinator. If a Master's thesis completed at a different institution does not meet the above criteria, the student has the option of completing an independent research project that satisfies the required thesis criteria for this minor concentration.

3. DEMONSTRATED COMPETENCE OUTSIDE OF COURSEWORK

Student must demonstrate competence in the minor topic by submitting at least one relevant manuscript to a peer-reviewed journal. The content of the manuscript must be relevant to advanced quantitative training/coursework. Determination of relevance is made by the quantitative minor coordinator.



University of Toledo Department of Psychology
Clinical Psychology Doctoral Program
Student Signature Page

I hereby acknowledge receipt of my personal copy of the University of Toledo Student Handbook for the Clinical Psychology Program. I agree to read the material contained within the handbook in full and abide by the standards, policies, procedures and guidelines stated within.

The information contained within this handbook is subject to change. I understand that changes in the program's policies or requirements may supersede or make obsolete specific information contained within this handbook. As the program and university provides updated policy information, I accept responsibility for reading and abiding by these changes.

Student Name (Printed)

Student Signature

Date