

GUIDE TO THE CLINICAL PSYCHOLOGY PROGRAM
CLARK UNIVERSITY

A Companion to the Doctoral Student Handbook

2006-2007

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Overview

The Clinical Psychology Training Program at Clark University trains its doctoral students to be skilled scientists and clinicians. In keeping with the Scientist-Practitioner model, we train psychologists who can integrate the skill sets of a scientist with those of a clinician. Our goal is to develop scientist-practitioners with a clear grounding in theory, who think critically about the relationship between problem, theory, and method, and who are able to contribute to theory development and the evaluation of evidence in both clinical and research settings. For example, we expect students in our program to become skilled at carefully identifying and defining the relevant clinical issue or problem, formulating an understanding of the problem from one of multiple theoretical viewpoints, specifying how to approach the issue from a particular viewpoint, and choosing appropriate research and/or clinical strategies. We believe that this particular emphasis enables our graduates to skillfully integrate their research and clinical training and to actively contribute to the creation of new models of intervention and inquiry. To achieve the goal of training psychologists who become leaders in the field, we provide a foundation in general psychology, theory, and research, as well as specialist training in clinical psychology through a series of sequential, cumulative, and integrated educational experiences in classroom, laboratory, and practicum settings. Individuals whose career goals are exclusively focused on clinical service delivery are not likely to find the program to be satisfying in terms of the philosophy embraced or the breadth of clinical training offered.

The clinical faculty are all active in research, and all clinical graduate students are expected to join in this activity. We provide strong training in research methods and skills through close mentoring, participation in research labs, and coursework. Faculty research interests include marital health and deterioration, familial factors that place children at risk, men's mental health, the prevention of depression among low-income and racial/ethnic minority groups, and the transition to parenthood among lesbian couples. While we emphasize research and scholarship, the program also provides closely supervised and broad-based training in our clinical practica. All members of the faculty include some aspect of clinical activity or clinical teaching as part of their activities, in addition to their other teaching and research responsibilities.

In sum, the goals of the program can be summarized in the following manner.

Goal #1: To produce competent scientists whose work is theoretically driven, who are able to critically evaluate linkages among problem, theory, and method, and who are consequently able to move the field of clinical psychology forward.

Goal #2: To produce competent clinicians able to provide high-quality psychological services to the general public whose work is theoretically driven, who are able to critically evaluate the role of problem, theory, and method in clinical work, and who are consequently able to move the field of clinical psychology forward.

Goal #3: To produce graduates with the necessary knowledge and skills for integrating across the domains of theory, science, and practice regardless of professional setting.

In keeping with the mission of the University as a whole, the clinical psychology program emphasizes the pragmatic real-world implications of both research and clinical work. All of our faculty's scholarly work is ultimately aimed at understanding and facilitating well-being. Taking the facilitation of well-being as the starting point for our clinical and scientific work provides the common nexus for integration of the two domains. By this we mean that theory, research, and clinical training provide a matrix of information essential for posing meaningful research questions designed to develop a better understanding of human behavior. Experiences in intervention development constitute an important element of the training mission at Clark University. These experiences serve to inform the student's understanding of basic psychological problems and to inform his or her research.

A guiding principle of the Clinical Psychology Program (and the Psychology Department in general) is that the graduate experience be relatively flexible to permit a program of study tailored to the individual's interests. The first stage is accomplished in the first two years of the program and provides the necessary foundation for a career as a clinical scientist. The student then progresses to establish an area of expertise, culminating in the second-year research presentation, completion of the student's portfolio, and ultimately the doctoral dissertation. Finally, the last stage is the student's completion of a fourth-year externship and then selection of an APA-approved clinical internship. The formal requirements are minimized to maximize time for developing a close working relationship with faculty, and for establishing one's own scholarly specialty and research program. Overall, the program of training is designed to facilitate (1) the acquisition of comprehensive knowledge about psychology as a science; (2) the integration of issues and matters of specific relevance to clinical psychology; and (3) the pursuit of research questions within the student's designated area of expertise from a broad perspective informed by theory, empirical research, and clinical involvement.

While our training model is relatively simple, there are a number of rules and requirements developed to ensure that (1) students receive the designated training; (2) training conforms to the guidelines of the department, university, and American Psychological Association (APA); and (3) students satisfactorily complete coursework and required experiences in a timely fashion. The purpose of this manual is to clarify the content of the Clinical Psychology Program, as well as to provide the rationale for its structure and content. This guide emphasizes the requirements and procedures unique to doctoral training in clinical psychology, and is intended to supplement the *Graduate Student Manual*, which describes the general rules and regulations of the doctoral graduate program in Psychology at Clark University. We hope that this information clarifies the pathway to completion of the doctoral training in the Clark University Clinical Psychology program.

An overview, timetable for completion, and checklist of the requirements for the clinical program are attached as Appendices A, B, and C.

YEAR 1

Coursework

Typical Program for Clinical Students

Fall	Spring
Problem, Theory & Method (301) Statistical Methods (302) Adult Assessment (303) Ethics (387) Clinical Workshop (389) Theories of Psychotherapy (310) or Psychopathology (311)	Problem, Theory & Method (301) Statistical Methods (302) Adult Assessment (303) Clinical Workshop (389) Required Course
Summer Continuation of Research	

(Note: These are *sample* schedules for the completion of yearly coursework. Please note that course offerings are subject to change due to faculty leaves and other considerations.)

Requirements Specific to Year 1

- Work on independent research project; present work-in-progress as poster presentation at the end of year departmental Graduate Research Festival
- Complete two or more portfolio elements
- Pass statistics qualifying exams at the end of each semester

Description of Courses

The coursework for the first year involves intensive exposure to many facets of psychology as a science in general, as well as to clinical psychology as a specialty field. This provides much of the breadth necessary for the student's background as a psychologist, and is in accord with the APA guidelines for accredited training in clinical psychology.

- **Problem, Theory, and Method** (301) is a year-long course taken by all first year students in the department. This course covers the history of psychology and focuses on how investigators have conceptualized problems, used theory to address these problems, and developed research methods to solve them. Students have the opportunity to present their own research for discussion and are guided in research activities such as grant writing.
- **Statistics** (302) is a year-long sequence covering statistical analysis. The first semester is devoted to a review of the basic concepts of statistics, such as probability, statistical

inference, sampling distribution, t-test and regression, and to nonparametric statistics. The second semester introduces analysis of variance and experimental design.

- **Clinical Workshop** (389) provides an opportunity for all clinical students and faculty to hear outside speakers present on topics of clinical relevance (first semester) and for students to present and get feedback on their clinical cases (second semester). The agenda for the series is organized by the Clinical Coordinator in consultation with the Director of Clinical Training. This seminar is required of all clinical students for the first four years of their program.
- **Adult Assessment** (303) during the first semester introduces students to the diagnostic interview, and intellectual and personality assessment with adults. It includes a didactic component and a practicum component in which students administer, score and interpret a battery of tests of volunteer examinees. During the second semester, students complete one to two test batteries in a clinical setting.
- **Ethics** (387) addresses issues concerning confidentiality in therapeutic relationships, the duty to warn, common ethical dilemmas in the initiation and termination of therapeutic relationships with mental health consumers, tensions between ethical standards in clinical research versus clinical practice, and other critical issues with which students will wrestle in their careers as psychologists.
- **Other Required Courses.** During their first two years, students take two required courses, Psychopathology and Theories of Psychotherapy. These courses are typically offered every other year, so students will take one or two in each of the first two years, depending on which are offered.
 - **Psychopathology** examines the difficulties of defining psychopathology and reviews the major diagnostic categories from phenomenological, theoretical and research perspectives. Special attention is given to gender, class, and diversity.
 - **Theories of Psychotherapy** presents a variety of approaches to psychological intervention and focuses on the process of evaluating the efficacy of interventions.
- **Courses Fulfilling Biological, Cognitive/Affective, and Social Aspects of Behavior.** Students must choose one course from each of the five categories (biological, cognitive, affective, social, and developmental). For example, Human Neuropsychology fulfills the biological requirement. Examples of courses that fulfill the requirement for cognitive/affective bases include Societal Approaches to Thinking, Early Symbolism in Ontogenetic Development and History, What Children Know, and Cognitive Development. Examples of courses that meet the social aspects requirement include Motivation and Self-Regulation and Experimental Social Psychology. Examples of courses that meet the affective requirement are Emotions and Interpersonal Behavior and Social and Emotional Development. Finally, examples of courses meeting the developmental requirement are Social and Emotional Development, Cognitive Development, and Culture and Human Development. Notably, some courses may meet

more than one requirement. These courses are offered on a periodic basis and so students should consult with the Director of Clinical Training to identify a plan of coursework that will cover each of the five categories.

Summer

First year students can apply for summer funding to conduct their research through the Hiatt fund. Please see the Graduate Student Manual for more information. **It is important that students be aware that any clinical activities outside of the Department's regular practica must be formally approved by the DCT in consultation with the Clinical Faculty for both accreditation and legal purposes.**

YEAR 2

Coursework

Typical Program for Clinical Students

Fall

Therapy Practicum (380)
 Clinical Workshop (389)
 Directed Study/Second Year Project (397)
 Theories of Psychotherapy (310) or Psychopathology (311)
 Required Course

Spring

Therapy Practicum (380)
 Clinical Workshop (389)
 Directed Study/Second Year Project
 Diversity (364) or Required Course
 Required Course

Summer

Continue work on portfolio elements
 Continue research
 Write-up second year project for publication.

Requirements Specific to Year 2

- Complete and present second year project at end-of-year departmental Graduate Research Festival
- Complete two or more portfolio elements

Description of coursework

The second year is another relatively intense year devoted to fulfilling required coursework. Owing to the likelihood that not all courses will be offered each year, students will have to alternate requirements with electives as the schedule permits, completing some of these requirements in the third year.

Child Assessment (304) is a two-semester course that provides students with a background and practical experience in the assessment of children and adolescents. The course includes a didactic component in which the rationale for and literature on various assessment instruments is covered, as well as a practicum component.

Diversity Issues examines the sociocultural context of human behavior with a particular focus on issues of diversity in the clinical setting. This course fulfills the Massachusetts State Licensing Board requirement for training in issues of cultural diversity. This course is typically offered every other year so students take it in either their second or third year.

Description of Practica

During the second year, students begin intensive clinical involvement through participation in year-long practica. Students take the Adult Practicum in their second year and the Couples' Therapy Practicum in their third year. We also periodically offer other practica including a Child

Therapy practicum which students can elect to take. In the fourth year, students have an externship placement (doing clinical work in the community).

Adult Therapy Practicum (380) students see clients drawn from the Clark University undergraduate and non-psychology graduate student population. Students generally carry a two client caseload and are supervised with a combination of both individual and group supervision.

YEAR 3

Coursework

Typical Program for Clinical Students

Fall	Spring
Couples Therapy Practicum (374) Clinical Workshop Required Course Required Course	Couples Therapy Practicum (374) Clinical Workshop Diversity (364) or Required Course Required or Elective Course
Summer	
Work on dissertation proposal Continue research	

Requirements Specific to Year 3

- Completion of 6-item portfolio
- Formation of Doctoral Dissertation Committee and proposal preparation.
- Apply for fourth year externships

Explanation and Rationale

During this year, formal course requirements should be completed and the student begins to pursue a more independent line of study. Students are encouraged to seek specific experiences that complement their evolving research specialty.

Toward the middle of the year, students work with their advisors and the clinical coordinator to identify and apply to externship sites for the fourth year practicum. Students consider their interests and areas in which they require further experience in their externship choices. Students who have completed externships at the sites are excellent sources of information about these experiences. Externship sites differ in their application requirements (e.g., some have more formal procedures than others) so students need to explore each potential site individually.

It is also wise for students to begin surveying information on clinical internships during the summer prior to the fourth year. For students who plan to apply in the fall of their fourth year, the applications for internship are due as early as the end of October in the Fall Term, and the process of applying can require a good deal of time. Additionally, students must have successfully defended their dissertation proposal **prior to November 1** of the year that they wish to apply for internship. Thus, students who wish to apply for internship in their 4th year would need to successfully defend their proposal by November 1 of that year. There is a file of information available in the clinical secretary's office that contains information on specific internship sites, as well as the Association of Psychology Postdoctoral and Internship Centers (APPIC) manual (a compendium of internship and postdoctoral training agencies). The APPIC

website (appic.org) is an excellent source of information on internships and includes an online directory.

Couples Therapy Practicum. In this practicum clients are drawn from the greater Worcester community and screened by students and the clinical supervisor for their appropriateness as training cases for beginning couples therapists. Clients seen in the Couples Therapy Practicum present with a diverse array of relationship and individual issues. Students are trained in specific empirically supported Couples Therapy models.

YEAR 4**Coursework****Fall**

Advanced Therapy Practicum / Externship (382)
 Clinical Workshop (389)
 Directed Study (Dissertation) (399)
 Required Course

Spring

Advanced Practicum/Externship
 Clinical Workshop (389)
 Directed Study (Dissertation) (399)
 Required Course

Summer

Dissertation
 Continuation of Research

Other Activities

- Work on the Dissertation.
- Application to internships (Fall Term).

Explanation and Rationale

The fourth year primarily involves work on the doctoral dissertation and the clinical externship. Some students will apply to internships during the fall of their fourth year to do the internship in their fifth year. Others will elect to wait another year and apply in the fall of the fifth year. This strategy often allows the student to complete more clinical hours during the externship before applying and also to complete the dissertation prior to leaving for internship. Since the program requires students to have a formally defended dissertation proposal prior to applying for internship, students who are applying in the fourth must have their proposal approved by **November 1** to permit faculty to write letters of recommendation. All on-campus requirements must also be completed by this time, or a reasonable plan proposed for their completion by the departure date for internship. The committee for the doctoral dissertation must include at least one tenure-track clinical faculty member.

In the fall of the internship application year, students should arrange to have the appropriate letters of recommendation sent. Most internships also require a statement by the Director of Clinical Training regarding the student's standing in the program and suitability for undertaking the internship. It is advisable for the student to assemble packets of information pertaining to the (1) requirements met for the program; (2) practica completed; (3) assessment experiences; and (4) other information of potential relevance (e.g., specialization interests) for all faculty providing recommendations.

Advanced Therapy Practicum/Externship (382) involves a half-time placement at one of several affiliated training sites. Students work with more complicated clinical cases under close supervision in the context of working clinical agencies. These external practicum sites are reviewed to assure that our training sites are clearly committed to training and supervising our students. Students provide regular feedback about their practicum experiences both by means of official evaluation surveys and through regular meetings with the Clinical Coordinator.

YEAR 5

Students are required to spend a minimum of one-year on clinical internship at an APA-accredited facility (approximately 2000 hours). In rare and highly unusual circumstances, the student may petition the clinical faculty to apply to nonaccredited internships. Nonaccredited internships are discouraged as many states required an APA-accredited internship for licensure. The type of the internship selected should be based upon the student's research and clinical specialty (e.g., child or adult; particular types of psychopathology; neuropsychology specialty).

Please note that, as indicated previously, students must at least have completed all on-campus requirements and have an approved dissertation proposal by November 1 of the previous year to qualify for internship attendance.

The internship must be completed before the Ph.D. degree is awarded.

If the student has not yet finished the dissertation, it should be completed during this year.

GENERAL INFORMATION

Program and Professional Participation

All students are expected to participate in the various activities of the Clinical Program and the Department. These activities include the Clinical Workshop series, departmental colloquia, informal research talks by Department or Visiting faculty, and job candidate colloquia. These experiences provide students with excellent opportunities to be exposed to a broad range of research and clinical activities inside and outside of the department.

In addition, students are strongly encouraged to join various regional and national organizations that promote various aspects of psychological theory, research, and clinical work. Many of these organizations hold regular conferences where research findings are communicated, workshops on various clinical and methodological topics are covered, and other important professional activities take place (e.g., continuing education activities, policy and position statements developed). In addition to exposing students to cutting-edge information related to their own research and clinical interests, conferences afford students the opportunity to network with professionals in the field, both established and junior. Moreover, conferences provide students with valuable experiences in presenting findings from their own research programs.

In order to learn which organizations would be most relevant, students are encouraged to speak with their advisor as well as senior graduate students. Commonly attended conferences in the clinical program include the conferences of the American Psychological Association (APA), the Society for Research in Child Development (SRCD), the Society for Research on Adolescence (SRA), the Association for Behavioral and Cognitive Therapies (ABCT), and the Society for Prevention Research (SPR). There are funds in the Department and the Graduate School to help support students involvement with such activities. Currently, students are provided with \$500 to help defray the cost of conference attendance if they are presenting a first authored paper. See the Graduate Manual for more information in this regard.

In addition to attending and participating in conferences, students should make efforts to keep abreast of scientific developments through regular reading of various scholarly journals of psychology and psychiatry that bear upon their particular research issues. The University has subscriptions to various journals, online and in print, that students would likely find relevant. In addition, there are a number of publications, particularly by the American Psychological Association, that pertain to current issues in psychology (e.g., the *APA Monitor*; *APA Standards for Providers of Psychological Services*; *APA Standards for Educational and Psychological Testing*; *APA Ethical Principles*; *APS Bulletin*).

Clinical Program Governance

Governance of the Clinical Program is overseen by the Clinical Faculty. One student representative from each of the first four classes is elected yearly at the beginning of each academic year, and actively participates in all Clinical Faculty meetings (with the exception of yearly student evaluations). Whenever important program changes are considered, feedback and input are sought from current students via the student representatives. While responsibility for

the program ultimately rests with the Clinical Faculty, the system is designed to be open for student awareness and sensitive to student input.

Clinical Supervision

Clinical supervision is handled through each individual practicum. In all cases, however, it is critical that students recognize the importance of close communication with the supervisor, which entails full disclosure of information relevant to case conceptualization, treatment plan, and the client-therapist process. Within each practicum, communication channels should be clarified and there should be no questions or confusion regarding availability of supervision. Should the student feel that he or she is not receiving adequate supervision, it is the student's responsibility to speak up and let his or her concerns be known

Malpractice Insurance

All clinical students need to have malpractice insurance starting in the first year. Students can obtain malpractice insurance from several sources. The two most frequently used are APA (American Psychological Association) and AAAPP (American Association for Applied and Preventive Psychology). To get insurance from either, students must first become student members

The addresses for each are ** :

American Psychological Association
Student Services Division
750 First Street, N.E.
Washington, D.C. 20002-4242

AAAPP
P.O. Box 1553
Norman, OK 73070

Insurance for AAAPP thru: Maginnis & Associates
332 South Michigan Avenue
Chicago, IL 80604

**this information is subject to change

Recording Clinical Hours

Currently, most clinical internships require that students document the number of clinical hours they have conducted during their time in graduate school. Students are responsible for keeping track of the various clinical experiences they conduct, including the modality of clinical work (e.g., assessment versus therapy, individual vs. group), the type of client (e.g., age, gender, race/ethnicity), and the problem being addressed (e.g., diagnosis). Most internships require students to distinguish between face-to-face clinical hours and other forms of clinical work. Internships vary in the number of clinical hours they require.

Students should also keep records on the types and number of assessments used with clients, both in assessment experiences and therapy. It is also important for students to keep records of their supervision hours, both individual and group.

Licensing Requirements

The requirements needed to obtain a license to practice clinical work vary from state to state. Most states, however, require a minimum of one-year postdoctoral clinical experience (i.e., after the completion of the internship) as well as successful completion of the national licensing exam. It is important to recognize that states often have different licensing requirements including different course requirements. Students would do well to consider where they might live following the completion of the Clark Ph.D. program and take the time to investigate the relevant licensing requirements. In general, Massachusetts has very strict licensing requirements, and it is likely that students who meet the requirements for licensure in Massachusetts will also meet the requirements of other states. Students are ultimately responsible for acquiring this information, however.

Evaluation of Clinical Work

At the end of each semester, the clinical faculty conduct a meeting at which the clinical progress of each clinical student is evaluated. All adjunct faculty are present at this meeting and provide their assessment of the student's performance in their respective clinical practica. In the case of fourth year students on externship (as well as any other student who has been given permission to participate in additional clinical training outside of the department), the DCT presents the written evaluations received from those placements. Using all relevant information, the clinical faculty determine what level of review (satisfactory/unsatisfactory) the student should receive.

Following this meeting, the faculty advisor will provide the student with a summary of the faculty's feedback. This summary need not be written; indeed, it will often take the form of a verbal conversation with the faculty advisor in an individual meeting. Concurrent with the faculty advisor's summary, the DCT will also provide a letter documenting how the clinical faculty feel the student is progressing in their clinical work.

Students can receive an *unsatisfactory* review for the clinical work for a variety of reasons. Some of these problems include, but are not limited to, the student's inability or unwillingness to follow directions, to accept and respond appropriately to feedback, to work successfully with others, or extreme social insensitivity or personal mental health situations that interfere with ability to conduct clinical work.

An *unsatisfactory* review is a serious matter and any student who receives this review will be required to meet with the DCT to discuss it. In this meeting, the student and DCT will outline a plan of action by which improvement in clinical performance will occur (see section below on Remediation Procedures). Both the student and DCT will sign the action plan. After receiving an unsatisfactory review, the student will be considered on probation for clinical work.

Any student who receives two consecutive unsatisfactory reviews will be temporarily suspended from conducting clinical work (see below).

Additional Clinical Work Outside of the Structure of the Clinical Program

Because Clinical Psychology is a profession as well as an academic program, the Clinical Faculty is responsible to the public and the profession of psychology to ensure that students demonstrate responsible professional behavior. *As a consequence, no student should engage in any work of a psychological nature (e.g., psychotherapy or counseling, testing, teaching psychology, or research) without adequate faculty consultation and prior approval of the Clinical Faculty.* This includes any part-time or full time position of a psychological character until the doctorate is awarded.

Any student interested in outside volunteer or paid work should discuss this *prior to beginning such work* with the Director of Clinical Training and the student's advisor, and formally request approval from the Clinical Faculty. Students must not portray themselves to the public as psychologists or as someone offering psychological services; they must work only under proper supervision. Supervision outside of the Clinical Program must comply with the Massachusetts licensing laws and so must come from a licensed psychologist, or by an arrangement for dual supervision involving a Clinical Faculty member.

Suspension of Clinical Work

Because clinical psychologists often work with vulnerable individuals, it is critical that students take their clinical responsibilities seriously, fulfill their clinical obligations, and generally comport themselves in a professional manner. Repeated failure to do so could lead to suspension of clinical work and/or termination from the clinical program. In general, there exist three ways in which students may be suspended from conducting clinical work. These cases are not common, but they are important enough to warrant description.

- First, any student who is found to engage in unethical behavior will immediately be suspended from conducting clinical work. These include, but are not limited to, the student's use of inappropriate language or actions with clients, or violation of university rules or violation of state laws, all of which demonstrate the student is not meeting professional standards. Please see Appendix B for more information regarding ethical issues as they pertain to clinical training.
- Second, students who receive two consecutive *unsatisfactory reviews* may be suspended from conducting clinical work for one semester. During this semester, the student will meet regularly with the DCT and the clinical supervisor to chart a corrective course of action (see section below on Remediation Procedures). Should the DCT deem that the student is eligible to return to clinical work following the suspension, the student will be considered on clinical probation. Any further *unsatisfactory reviews* will result in permanent prohibition of clinical training. In such extremely unusual cases, the clinical faculty will meet with the Department Chair to discuss subsequent steps, which may include requiring the student to withdraw from the clinical program and/or the overall program (see below).

- Third, students who are making poor performance in their academic work by virtue of having been assigned *Probationary Status* by the department may not conduct clinical work until such status has been corrected. This *Probationary Status* can be assigned to students for a variety of reasons, including receiving a failing grade in any class, making poor progress in the completion of their portfolio, presenting an inadequate or incomplete independent research project, or making poor progress in their dissertation research. Please see the Departmental Graduate Manual for more information in this regard.

Remediation Procedures

Students who receive an *unsatisfactory review* or who have been suspended from conducting clinical work are required to meet with DCT in order to identify a specific set of remediation procedures that must be followed. On some occasions, a student may be asked to meet with the DCT to set up remediation procedures to address concerns about a student's behavioral, academic, or ethical performance even if they do not reach the level of warranting either an *unsatisfactory review* or suspension of clinical work. In all cases, due process is utilized in resolving concerns about a student's behavioral, academic, or ethical performance. The general remediation procedure is outlined below:

1. The DCT reviews the concerns regarding the student.
2. The DCT requests and receives, where appropriate, further written evaluations from faculty and supervisors.
3. The DCT convenes, when necessary, a meeting in order that the faculty member(s) and student may share concerns and arrive at a specific program of remediation.
4. The DCT provides written notification of recommendation to the student, should remedial action be deemed appropriate, including possible probation, suspension of clinical work, leave of absence from the program, or dismissal. Should the student's status change, specific expectations that the student must meet before the student is reconsidered for reinstatement to full status in the program will be clearly outlined in the letter.

The letter will be written by the Director of Clinical Training, in consultation with the student's faculty advisor, and the Department Chair. The letter will include:

 - a. A description of the issues to be addressed
 - b. A plan for addressing each issue
 - c. A description of any previous efforts to address or prevent each issue
 - d. Criteria for determining that the issues have been remedied or resolved
 - e. A timeline for review
6. The DCT, in conjunction with the student, determines the nature, type, and frequency of subsequent reviews.
7. If the student, having notification of the faculty member(s)'s recommendations, believes the procedure unjust or this decision unfair, or that new information could lead to a different decision, he/she may present an appeal in writing to the Director of Clinical Training (see section on Grievance Procedures below).
8. If a student is to be suspended from participation in training, he/she must be notified in writing. The letter will state the time frames and limits of the temporary suspension and its rationale. A copy of the letter is to be maintained in the student's permanent file.

Student Termination from Clinical Program

Student termination from the clinical program could occur for one of the following two reasons;

1. Inability or unwillingness to satisfactorily address concerns raised in an unsatisfactory review through the remediation process (see above)
2. Conduct that is deemed so egregiously unprofessional or unethical that remediation is not appropriate.

When such situations arise, program faculty must review the student's behavior at the next available program meeting. Prior to this meeting, the faculty person involved (e.g., advisor, supervisor, or Director of Clinical Training) will notify the affected student as to the issues and concerns. The student may choose to work with this faculty person, or another faculty person, to present information to the faculty. Information may be presented in verbal or written form. Upon request through the Director of Clinical Training, the student may be invited to appear before the Clinical Faculty to present her/his side of the issues.

After presentation of information by all parties involved, the Clinical Faculty and Department Chair will then determine whether the student's behavior warrants dismissal. If the student is not dismissed, the faculty must specify the specific contingencies for retention including the behavioral change necessary (see section on Remediation Procedures), the criteria and process to be used in evaluating progress, and the dates by which change must be evidenced. The student's advisor will be responsible for monitoring the retention program and bringing information back to the faculty within the guidelines and time lines established. Failure to satisfactorily complete the remediation program will result in dismissal from the program.

Grievance Procedures

In general, students that feel that they have not been treated fairly should follow the departmental grievance procedures as outlined in the Graduate Manual. Students are encouraged to make efforts to resolve the problem with the relevant faculty member through informal discussion. In the event that the student feels that such discussions have not led to a fair outcome, the student should then consult with the DCT. If the student remains unsatisfied, he or she may ask the Department Chair to convene a meeting of the Grievance Committee for resolution (see Graduate Manual for procedures). Students who believe that they have not been treated fairly through such procedures may bring their grievance to the Dean of the Graduate School.

Appendix A
Checklist and Timetable of Completion
for Noncoursework Requirements

First Year:

Fall: Assemble Portfolio committee, consult with primary research advisor on developing program of research

Spring: Develop first year project plan and present in poster format at departmental graduate conference. Begin developing plan for portfolio requirement.

Second Year:

Fall: Work on 2nd year project and developing portfolio

Spring: Continue working on portfolio. Present 2nd year project as a talk at departmental Graduate Research Festival.

Third Year:

Completion of Portfolio requirements
Development of dissertation proposal
Formation of dissertation committee
Defense of dissertation proposal by end of year.

Fourth Year:

Completion of Dissertation
Application to clinical internships.

Fifth Year:

Completion of APA-approved Clinical Internship.
Completion of Dissertation (if not in prior year).

Sixth Year:

Completion of APA-approved Clinical Internship (if not in prior year)

Note: Students should also check with the Graduate Student Manual regarding residence and time requirements for the doctorate degree.

Appendix B

Guidelines for Professional Ethics at Clark University

Overview

A priority in clinical training at Clark University is to teach, supervise, and support growth in the ethical and professional integrity of clinical psychologists and scientists. The clinical psychologist is often faced with complex if not difficult decisions and communications related to ethical and professional behavior, which often require discussion and consideration of multiple perspectives. As an APA accredited program, we adhere to the ethical principles articulated by APA (revised and effective June 1, 2003). This code can be found on the internet at <http://www.apa.org/ethics/code2002.html>. In general, it is expected that students and faculty will refer to the APA ethics code for guidance and problem solving when confronted with questions regarding professional and ethical behavior while engaged in clinical training, including clinical work, research, coursework, and teaching, at Clark University.

It is not unusual for questions, ambiguities, and potential disputes regarding ethical and professional behavior to emerge in the course of clinical training. In fact, questions regarding ethical and professional behavior provide an ongoing opportunity for growth and development in a doctoral training program. Discussions of these issues between faculty and students, among students, and among faculty are encouraged. However, graduate, academic, and professional careers are often vulnerable to informal communications regarding ethical and professional behavior, or the lack thereof. In this sense, speculation about ethics and professional behavior can have inadvertent, unintended long-term effects on individuals as well as undermine a supportive climate for clinical training. In order to facilitate an environment that promotes professional and personal growth as well as one that promotes the discussion of norms and values related to professional conduct, we offer the following guidelines and principles.

Communication Principles

In general, discussions, questions, and concerns about ethical and professional behavior in the course of clinical training are to be localized within the training context in which they occur. In the spirit of clinical training, such questions should first be discussed directly with the person(s) involved. If the concerns or questions require faculty guidance, then the faculty directly responsible for the clinical training context is first consulted. Under most circumstances, concerns about ethical and professional behavior will be resolved between the student and the faculty member responsible for the clinical training. Students are responsible for informing faculty of any of their actions that may have potential ethical implications.

In the event that a situation is ambiguously unethical or unprofessional, or other consultation is desired (e.g., seeking best strategies for raising the issue with involved individuals), students and faculty may discuss the situation with the faculty member responsible for the clinical training. If such a situation arises, it should be presented to the faculty member as hypothetical and extreme care should be exercised to keep the identity of the involved individual(s) anonymous. In some cases, after these communications have occurred, it may be necessary to discuss these with the

Director of Clinical Training (DCT), or other relevant faculty members. In general, the clinical training program at Clark University does not support the following communication practices:

- 1) Informal discussion of ethical and professional behavior that cultivate unsubstantiated impressions of misconduct;
- 2) Submitting anonymous reports or allegations that are ill informed, or that have not been discussed with the individuals directly involved;
- 3) Discussions that promote unsubstantiated or incorrect information, or distortions of ethical and professional behavior;
- 4) In cases where misconduct is substantiated, informal discussion of such misconduct.

Given the mission of clinical training, the majority of discussions and questions about ethical and professional behavior are seen as educational opportunities. In rare cases, concerns about ethical and professional behavior may not be resolved simply as an education or training issue, but turn into a more formal allegation requiring remediation (see section on Remediation Procedures) and possible action by the DCT and the clinical faculty as a whole.

Addressing Ethical Misconduct Issues

If a concern or allegation of ethical or professional misconduct requires attention by the DCT, the following serve as guidelines for addressing these concerns:

1. When a concern is raised with the DCT about a graduate student, the DCT will notify the student that a concern has been raised and will then consult with the student's advisor. The advisor will keep the student apprised of the steps to be taken to resolve the issue. In many instances, a resolution of the concern will be accomplished between the advisor and the student without the involvement of all the Clinical Faculty. In other cases, the DCT may wish to consult with members of the clinical faculty. The student may consult another faculty member as an advocate.
2. If the concern involves clear evidence of serious professional or personal misconduct, the DCT will discuss the concern with the student and the student's advisor, and at a meeting of the Clinical Faculty. Upon request through the Director of Clinical Training, the student may be invited to appear before the Clinical Faculty to present her/his side of the issues.
3. If the evidence for the concern is not clear, the DCT will consult with the student's advisor and then decide whether the issue warrants discussion by the Clinical Faculty.
4. At any stage after a concern is raised, the DCT may consult with relevant department faculty and administrators (e.g., Clinical Coordinator, student's faculty advisor, Department Chair).

