

The Gordon F. Derner School of Psychology

Adelphi University

Garden City, NY 11530

Clinical Psychology Ph.D. Program

Student Handbook

Updated: Dec 2020

Accreditation Status

The Doctoral Program in Clinical Psychology at The Derner School of Psychology at Adelphi University is fully accredited by the American Psychological Association and has been continuously accredited since 04/01/1957 (American Psychological Association, Office of Program Consultation and Accreditation, Commission on Accreditation, 750 First Street, NE, Washington, DC 20002-4242; 202-336-5979; apaaccred@apa.org). Full information pertaining to the accreditation status of the Derner School PhD Program at Adelphi University is available at the APA's website, www.apa.org/ed/accreditation.

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1 Introduction and History

1.1 Biography: Gordon F. Derner (1915-1983)

Stricker, G. (1985). Obituary: Gordon F. Derner. *American Psychologist*, 40, 368-369.

Gordon F. Derner was born on April 9, 1915, in Buffalo, New York, the eldest of two children. He finished high school at age 15 but was too young to go to college, and so he spent a year doing graduate work at his sister Gwynevere's high school. He then spent a year at Grosvenor Junior College and two at Buffalo Collegiate Center. Before he was 20 years old, he had two bouts of tuberculosis, both occurring while he was in college. After the second one, his physician instructed him not to return to school until the disease was cured, a process that took him through two hospitalizations in local sanatoriums. The disease ravaged his lungs, presaged his chronic emphysema, and eventually took his life.

It was during this period of time that Gordon entered the phase of life that he always nostalgically referred to as his time in show business. He served as manager for a neighborhood friend who did a high wire act and also filled in as a ringmaster in traveling circuses. It should come as no surprise to those who followed his later career that he spent time as a ringmaster for a high wire act, and much of the time he seemed to be working, successfully, with no net. It was also during this time, with the amount of time he had to spend in outdoor parks, that he discovered cowboy boots, initially worn for their functional value, and later to become an unmistakable trademark.

The year 1942 was a memorable one for Gordon Derner. At the age of 27, with the tuberculosis seemingly arrested, he returned to what was now known as the State University College of Buffalo and completed his undergraduate degree. Forty years later he was to receive the Distinguished Alumnus Award from that school. On September 17, 1942, he married Margaret Rafter, and the two were inseparable companions for the balance of his years. As widely as he traveled, professionally and personally, it was almost always with Margaret and, later, their son, Kurt, for this man of the world was, first and foremost, a family man.

Following the wedding, Gordon and Margaret left, by bus, for New York and Columbia University. His years at Columbia were always a source of great pride for him, and he spoke with wide-eyed enthusiasm of his time there. It was at Columbia that he met and first worked with Bruno Klopfer, a man he referred to as his mentor and whose picture was always on his desk. Thus, it was a source of particular satisfaction when the Society for Personality Assessment, of which he had been president, awarded him, in 1982, the Bruno Klopfer Distinguished Contribution in Personality Assessment Award. At Columbia he also became president of the Graduate Club and arranged, with great enthusiasm, for Eleanor Roosevelt to address the club, only to miss the occasion because he had again been hospitalized with tuberculosis. He served as an instructor at Columbia while completing his Ph.D., which he earned in 1950. In this same year, his first son, Jonathan, died at the age of 10 days after surgery for an obstructed bowel, and it was only a number of years later that it was revealed that the child had cystic fibrosis, the disease that would eventually claim the life of his second son, Kurt.

Although Gordon probably would have remained happily at Columbia for the balance of his career, a frozen job structure forced him to look elsewhere. A position at Adelphi College was recommended to him by Len Goodstein. Gordon's first question was "What's Adelphi?" He spent the balance of his life making sure that nobody else would ever ask that question. He was appointed

as an assistant professor at Adelphi College in 1951, with the task of forming a clinical training program, and eventually he became the Dean of the Derner Institute of Advanced Psychological Studies at Adelphi University.

On September 30, 1952, Kurt Derner was born, unfortunately with cystic fibrosis, a disease that claimed the lives of most children well before adolescence. Not only did Kurt survive until September 14, 1980, but he lived an incredibly full and rich life because Gordon, who gave no quarter to his own health, ensured that his son would also partake of all the experiences that could be made available to him.

Remarkably, the small college with no doctoral programs or tradition to speak of spawned a clinical training program that was fully accredited by the American Psychological Association before the decade was out. The battle over accreditation was not easily won, and Gordon delighted in telling others how he had been told that there would be trouble because the program was 20 years ahead of its time. The program at Adelphi, the brainchild and creation of Gordon Derner, was the forerunner of professional education in psychology. This contribution was recognized when he was elected the founding president of the National Council of Schools of Professional Psychology.

Over the years, it seemed as though Gordon could not belong to an organization without having his leadership qualities recognized by election to the presidency. He earned that office in the Nassau County Psychological Association, the New York State Psychological Association, the Division of Clinical Psychology, the Division of Consulting Psychology, the Division of Psychotherapy and the Division of Psychoanalysis, as well as the Society for Personality Assessment and the National Council of Schools of Professional Psychology. He was further recognized by Division 29, through the receipt of the Distinguished Professional Psychologist of the Year Award in 1979.

It seems clear that Gordon Derner's greatest contribution to psychology was as an administrator and teacher. Over 400 graduates of the Adelphi program owe their careers to his vision, but more than that, so do the hundreds of graduates of professional programs that followed suit. Gordon's greatest pride was in his students. He glowed as he spoke of their accomplishments. Curiously, although his program was decidedly professional in orientation, his kindest words were reserved for graduates such as Marcia Guttentag and Paul Ekman, who earned their reputations for their research contributions. He took great pride in other, more professionally oriented graduates, such as Nick Cummings and Mel Gravitz, but it would never have been appropriate to ask Gordon in which student he took the most pride. They were all his children, and no one was favored over another. He had the capacity to see and value the accomplishments of a graduate who returned to the community, offered services in a quietly competent manner, and was unknown outside of the community. When student evaluation meetings would question the candidacy of a particular student, he would often remind us that every distribution has to have a bottom, and that did not mean the person was not a potentially valuable psychologist. Nothing seemed more painful than dropping a student, an event that was rare because of the encouragement and support that he offered.

Although his professional career centered on Adelphi, his scope was always international. A world traveler who visited every state and 52 countries on six continents, it was natural that his attention

would be drawn by the Peace Corps. He also consulted with the Japanese government about the possibility of establishing a Japanese version of the Peace Corps.

His concerns extended readily to minority students, and he was an ardent champion of their cause. His influence led Adelphi to an admissions policy that was designed to seek out minority students, provide support for them, and help them to graduate. Large numbers of black, Hispanic, and foreign students have been educated at Adelphi, and they always found Gordon to be a friend and supporter.

Gordon was a clinical psychologist who practiced what he preached. His clinical skills were recognized by the earning of diplomates in two areas (clinical and hypnosis) and by being named a charter laureate of the National Academy of Practice. Originally trained in psychoanalysis at the William Alanson White Institute his clinical interests and skills extended well beyond that area. He was a practitioner of hypnosis, family therapy, sex therapy, and biofeedback long before each of those approaches became popular. His later interests in biofeedback led to the development of a laboratory and clinic at Adelphi, established in conjunction with the neighboring Franklin General Hospital. His interests in hypnosis and biofeedback converged in a successful approach to habit control, particularly to help people stop smoking.

Gordon Derner died quietly, of respiratory arrest, at his home in San Diego on September 11, 1983, just a few days short of three years after the death of his beloved son. He had lived a life filled with illness and tragedy, yet lived in disregard of those aspects. He was as vibrant, optimistic, and generous of spirit as any person could be, attracting friends and admirers wherever he went. At the memorial service held at Adelphi, words were repeated that were originally used by Roger Kahn to eulogize Jackie Robinson, another charismatic pioneer. "He did not merely play at center stage, he was center stage, and wherever he walked, center stage walked with him."

When Gordon Derner came to Adelphi, it was a small liberal arts college with no doctoral tradition. When he died, it housed an APA-approved program in clinical/school psychology, a program in human psychology research, an opportunity for students to combine the two in a clinical/research program, a respecialization certificate program, and a postdoctoral psychotherapy program, which offers certificates in psychotherapy and psychoanalysis, group psychotherapy, and child and adolescent psychotherapy. The university mourned his loss and expressed its gratitude and recognition of his leadership by renaming the school he founded the Gordon F. Derner Institute of Advanced Psychological Studies.

1.2 Psychologist's Oath

In his early days as Dean of the Derner Institute, Gordon Derner began the practice of having all incoming first-year students, plus the Dean and Associate Dean, read "The Psychologist's Oath" aloud during Orientation Day. The practice is as valuable today as it was forty years ago; it is an appropriate reminder of the essential nature of the profession of clinical psychology, its relevance to the human condition, and the demands required of its practitioners.

As I embark on a career as a psychologist, I vow to respect the dignity and worth of the individual and honor the preservation and protection of fundamental human rights. I will be committed to increasing knowledge of

human behavior and of people's understanding of themselves and others and to utilize such knowledge for the promotion of human welfare. While I pursue these endeavors, I will make every effort to protect the welfare of those who seek my services or of any human being or animal that may be the object of my study. I will use my skills only for purposes consistent with these values and will not knowingly permit their misuse by others. While demanding for myself freedom of inquiry and communication, I accept the responsibility this freedom requires: competence, objectivity in the application of skills and concern for the best interests of clients, patients, colleagues and society in general. I accept with pride these commitments I have made and will cherish this day of entry into the profession of psychology.

1.3 History of the Derner School

The Gordon F. Derner Institute of Advanced Psychological Studies of Adelphi University is the first university-based professional school in psychology. It developed from the graduate doctoral programs in clinical psychology and applied experimental psychology in the Department of Psychology of Adelphi University. Adelphi University, then Adelphi College, began doctoral education in psychology in 1950, and in 1951 formally organized the clinical psychology/school psychology program.

In 1957, the clinical psychology program was accredited by the American Psychological Association although there was official concern that “it was 15 years ahead of its time and might serve as a forerunner for clinical psychology programs which emphasize a strong professional orientation.” In 1966, the Department, per se, continued as a department of the College of Arts and Sciences and was given responsibility for undergraduate psychology and the master’s and doctoral programs in general experimental psychology. The Derner Institute of Advanced Psychological Studies was given responsibility for doctoral programs in clinical/school psychology, applied experimental psychology (Human Psychology Research Program), and the postdoctoral program in psychotherapy and psychoanalysis, which had been established in 1963. The Derner Institute functioned as a graduate department of the Graduate School of Arts and Sciences until 1972, when it became an autonomous professional school of the University, and its Director became its Dean. In 1984, it was renamed in memory of its founding Dean, and Dr. George Stricker, the Assistant Dean since the founding of the Derner Institute, was named Dean. Dr. Stricker retired as Dean of the Derner Institute in 1992, and Dr. Robert Mendelsohn was appointed Dean, followed by Dr. Louis H. Primavera in August 2000, and Dr. Jean Lau Chin in 2006. In 2011, Dr. Jacques P. Barber was appointed the sixth Dean of the Derner Institute.

In 1998, the Department of Psychology separated from the School of Arts and Sciences, and became part of the Derner Institute. As a result of this integration, the Derner Institute now offers an undergraduate major in psychology. Therefore, the Derner Institute currently encompasses B.A., M.A., Ph.D. and Postdoctoral studies; all psychology programs offered at Adelphi University are now housed in the Derner Institute. B.A. students have the opportunity to receive a methodologically strong, data-based major in general psychology, which is enriched by the contributions of the Derner Institute’s doctoral faculty.

Today the internationally renowned, recently renamed Gordon F. Derner School of Psychology is comprised of undergraduate psychology and neuroscience majors, master-level education in school psychology, mental health counseling, and general psychology, doctoral training in clinical psychology (PhD) school psychology (PsyD), and postgraduate programs in psychoanalytically informed interventions.

1.4 Who We Are

We cleared the path for university-based studies in psychology

The Gordon F. Derner School of Psychology is grounded in Adelphi's doctoral program in clinical psychology. Accredited by the American Psychological Association (APA) in 1957, this program was recognized as the forerunner in the field of professional psychology.

Initially known as the Institute of Advanced Psychological Studies, the Derner School of Psychology functioned as a graduate department of the Graduate School of Arts and Sciences at Adelphi until 1972, when it became the nation's first university-based professional school of psychology. In 1950, Gordon Derner came to what was then Adelphi College with a vision to train clinical psychologists with both a strong foundation in the principles of psychological theory and research as well as an orientation to professional service and practice. The Derner program influenced the very foundation of clinical psychology: Today more than half the doctorates in clinical psychology offered throughout North America are based on our doctoral program! Despite their rich history, our Derner programs have continued to change and grow, and we have emerged as an internationally recognized leader in psychology-related disciplines. Our emphasis is now on providing a rigorous, empirically informed education, preparing students to be lifelong learners and well-trained professionals.

Mission

Derner's mission is to generate and disseminate knowledge about psychological and behavioral aspects of human experience, with an emphasis on knowledge that can be applied to help those who are struggling with psychological difficulties. Our goal is to provide students at all levels with a deeper understanding of both the mind and the brain and to prepare them for a range of professions, including mental health related professions. We are dedicated to using science and clinical expertise for the benefits of our students and professionals who will then use those to help others. We are an integrative, empirically-informed School of Psychology with a long psychoanalytic tradition and commitment to social justice that continues to shape all that we do.

Commitment to Diversity

Special care is taken to recruit quality students from diverse backgrounds (from racial and ethnic minority groups and a broad array of underserved populations) and to provide financial assistance that will enable them to flourish during graduate school and beyond. A Derner supported minority student organization participates in recruitment of faculty and students. They are also involved in the planning of special programs, minority student orientation, advisement, and networking with active minority alumni.

1.5 Student & Faculty Relations

In order to maximize the quality and effectiveness of student learning and the entire educational environment, the Doctoral Program adheres to the APA Ethical Principles of Psychologists and Code of Conduct, recognizing the rights of students and faculty to be treated with courtesy and respect, that all interactions among students, faculty, and staff should be collegial, collaborative, and conducted in a manner that reflects the highest standards of the scholarly community and of the profession.

1.6 Commitment to Individual & Cultural Diversity

The Doctoral Program is guided in its respect for individual and cultural diversity by a number of principles, including the University's non-discrimination policies. Adelphi University is committed to a policy of non-discrimination regarding all educational, student programs and employment actions and further commits not to discriminate against any individual on the basis of

an individual's race, creed, color, national origin, ethnicity, sex, gender identity, sexual orientation, disability, age, religion, marital status, veteran status, or any other basis protected by applicable local, state or federal laws.

In addition to meeting fully its obligations of non-discrimination under federal and state laws, Adelphi University is committed to maintaining a community in which a diverse population can live and work in an atmosphere of tolerance, acceptance, civility, and mutual respect for the rights and sensibilities of each individual, regardless of differences in economic status, ethnic background, political views or other personal characteristics and beliefs. In support of this commitment, it is the moral responsibility and the pledge of the University, and all who work and learn here, to protect all those under its care from any form of discrimination or harassment. Students encountering any form of discrimination or harassment should report these matters immediately to the Dean of Student Affairs. That office is prepared to address all inquiries as well as allegations of discrimination and harassment and will assist students to take appropriate follow-up action (see 6.3 Students Rights & Recourse for information on process and procedure of reporting harassment/discrimination).

Furthermore, the Doctoral Program is informed by the document *Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists*, which was approved as APA policy by the APA Council of Representatives in August 2002. The Program recognizes the need for evolving training in psychology that continually considers the needs of individuals and groups who have been historically marginalized within and by psychology due to ethnic/racial heritage and social group identity or membership. The Program strives to provide its students with an understanding of the importance of addressing multiculturalism and diversity in research, practice, and organizational change. The current *Ethical Principles of Psychologists and Code of Conduct* (particularly policies on unfair discrimination) also provides a framework for training.

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2.3 Supervising Faculty

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David Brand, Ph.D.
Annabella Bushra, Ph.D.
Nancy Eppler-Wolf, Ph.D.
Michael Fayne, Ph.D.
Sheri Fenster, Ph.D.
Muriel Frisher, Ph.D.
Ethan Graham, Ph.D.
Anton Hart, Ph.D.
Linda Jaffe-Caplan, Ph.D.
Nina Katzander, Ph.D.
Limor Kauffman, Ph.D.
Robert Kayne, Ph.D.
Sally Keller, Ph.D.
Alan Kintzer, Ph.D.
Alex Levi, Ph.D.
Robin Mendelsohn, Ph.D.
Nancy Nereo, Ph.D.
Neil Newman, Ph.D.
Maureen O'Reilly-Landry
Marc Rehm, Ph.D.
Michael Ritter, Ph.D.
Glenda Rubin, Ph.D.
Nicholas Samstag, Ph.D.
Alice Sohn, Ph.D.
Ilene Solomon, Ph.D.
Alessandra Sternberg, Ph.D.
Amy Vigliotti, Ph.D.
Deborah Waxenberg, Ph.D.
James Zaikowski, Ph.D.

3 Academic Training

3.1 Program, Curriculum and Requirement

Doctoral Program

Since 1951, the Institute and its precursor programs have accepted as a responsible educational goal in clinical psychology, the training of scholar-practitioners who have clinical practice as a career goal. In like manner, it has also accepted responsibility to meet the educational goals for students committed to a career of research and teaching.

To accomplish these several purposes, a basic core of psychology is required of all clinical doctoral students, covering cognition and affect, clinical theory and practice, developmental psychology, social psychology, statistics, research methods, psychometrics, physiological psychology, and professional ethics. Clinical theory courses and intensively supervised clinical practice are required of the clinical psychology students. All of the clinical supervisors have had postdoctoral training, many are graduates of psychoanalytic institutes, and many are diplomates of the American Board of Professional Psychology. Throughout all years in residence, students attend colloquia that serve as a forum for guest speakers, films, plenary meetings, and faculty or student presentations.

For the clinical psychology program, clinical training begins in the first year with supervised intakes in the program's training clinic and diagnostic psychological testing labs. In the second year, diagnostic training continues. In addition to diagnostic training, students are placed in an 8-hour externship in an inpatient or outpatient psychiatry setting, and they have the option to begin psychotherapy training in our clinic. Psychotherapy training includes individual supervision throughout the program. Participation in an ongoing case conference also begins in the second year. In the third year, case conference and psychotherapy in our clinic continue; students also complete a 16-hour externship in a variety of settings. In the fourth year, psychotherapy training in our clinic continues, and the students prepare to apply for a full-time internship, which takes place in their fifth year.

Research and scholarship are emphasized throughout the program, with special preparation for a scholarly presentation of a research project as a culminating academic/professional experience. This pre-dissertation project, consisting of a publishable research study performed under the guidance of a faculty mentor. All students are required to present their pre-dissertation project at a conference. **An advanced draft of the dissertation proposal has to be completed by the end of the 3 year. Dissertation proposal meetings take place in the fall semester of the 4th year and is mandatory for internship application. Students must propose their dissertation by October 30 of their 4th year. Students are prohibited from applying to internship if they do not meet the dissertation proposal meeting deadline. Dissertation is completed within the fifth or sixth year.**

Program Overview

The Doctor of Philosophy in clinical psychology is a full-time program consisting of 117 (before 2020)/106.5 (after) credits. The doctoral program in clinical psychology prepares students who have a primary career goal of community and clinical practice. This may be combined with an academic or research career. Required courses include:

Foundations of psychology including:

- Biological and social bases of behavior
- Developmental psychology
- History and systems of psychology
- Cognition and affect
- Diversity and difference

Didactic and experiential training in:

- Assessment and intervention
- Relationship skills and cultural competence
- Professional conduct and ethics
- Supervision and consultation
- Research methods and statistics

Extensive clinical field experience accompanies the academic core where students are placed in externships and in our Psychological Services Center accompanied by intensive supervision and case conferences. Completion of a dissertation and a one-year full-time internship is required for the degree. The clinical psychology program has been APA-accredited continuously since 1957. Students who complete the program are eligible to apply for a New York State psychology license.

Adelphi's clinical psychology doctoral program uses the scholar-practitioner model for its philosophy of training. Accordingly, a clinical psychology program must adhere to the following general principles: the clinical psychologist should have a core of knowledge and training common to all psychologists; the program should be of at least four years' duration, combining academic and clinical training, including an internship; preparation should be broadly directed toward both research and professional goals rather than simply technical skills; courses should be developed in sequence and be complementary rather than overlapping; the faculty should be neither over-dominated by the academic nor simply practical; continued contact throughout the training with clinical material is necessary, with the range extending from the normal to the abnormal population; a sense of professional responsibility and obligation must be instilled; cooperative work with persons of related disciplines is encouraged and sensitivity to the social implications of the psychologists' activities is essential; and throughout, research issues are to be emphasized.

Thus, the program should hold fast to those principles that suggest that the psychologist will be a professional, trained in a scientific tradition. These principles guide the core curricula of the doctoral program to be divided into the following major areas of instruction: foundational psychology, research design and analysis, diagnostic methods, clinical theory and practice, as well as professional ethics and cultural competence. Significant attention is given to the study of psychodynamics, including consideration of the empirical evidence and integration with cognitive-behavioral and humanistic theories of behavior and change.

Doctoral Curriculum

The doctoral curriculum includes **foundational**, **research** and **clinical** courses that meet the requirements of New York State Department of Education and the American Psychological Association, as well as a structure which provides for content that continues the distinctly Derner tradition. It required 117 credits for graduation, but was recently revised re practica credit for 2020 incoming students to be 106.5, and it includes 6 elective courses, which permits the curriculum to evolve and stay current with the demands of the clinical psychology field. There are also opportunities for independent studies as electives.

The **Foundational Courses** include the following 6 (18 credits): Human Development, Social Bases of Behavior, Biological Bases of Behavior, Cognition & Affect, History & Systems of Psychology, Individual & Cultural Differences & Identity.

The **Research Sequence** (4 courses plus 8 practica, 36/24 credits) includes Research Methods in Clinical Psychology (including psychometric theory), Graduate Psychological Statistics (including Lab), & Applied Research in Clinical Psychology (including intervention evaluation). Students are also required to choose one of the following 2 electives: Advanced Quantitative Analyses (multivariate statistics, including lab) or Qualitative Methods in Clinical Psychology. Practica include Psychological Research I-IV (cover research ethics), Dissertation Thesis I-V.

The **Clinical Sequence: Assessment & Diagnosis** (5 courses plus 4 practica, 21 credits) includes 3 core courses on psychopathology (9 credits): Adult Psychopathology I-II and Child Psychopathology; plus the following 2 core courses: Diagnostic Testing I: Cognitive/LD (including Lab) and Diagnostic Testing II: Personality (including Lab). (There are also electives in Diagnostic Testing III: Neuropsychology and Advanced Personality Assessment.) Practica consist of Intake & Interviewing Seminar I-II (1.5 credits per, cover DSM & professional conduct) and Clinical Practice I-II: Diagnostic Practicum (1.5 credits per), which are conducted in small group supervision sections on campus (and cover consultation).

The **Clinical Sequence: Conceptualization & Intervention** (5 courses and 8 practica, 27/22.5 credits): includes the following core courses (15 credits): Theory & Practice I-II, Group Dynamics or Family Therapy and Cognitive Behavioral Therapies. Practica (12/7.5 credits) include Clinical Practice III-IV: Psychotherapy Practicum (1.5/.75 credits per), Case Conference I-IV (1.5 credits per, cover professional development), and Concentration Case Seminar I-II (1.5 credits per, cover supervision). Additionally, externship requirements include an 8-hour placement in Seriously Mentally Ill (SMI) setting during the 2nd year and a 16-hour outpatient or inpatient placement in the 3rd year. Clinic requirements begins in the 1st year for intake evaluation (2 patient intakes completed) and in 2nd or 3rd year for psychotherapy, continuing through the 4th year (2 patient minimum required). *Supervision course to be added (3 credits).*

The **Clinical Sequence: Electives** (6 courses, 18 credits) includes other offerings in psychopathology and practice, in addition to the aforementioned elective in neuropsychological assessment (Diagnostic Testing III).

“Examining the empirical evidence,” “Understanding individual & cultural differences & identity,” “Ethical conduct & professional values,” and “Interpersonal & communication skills” are themes considered and developed throughout the curriculum (see course syllabi).

Foundational Courses

COURSE TITLE: *Human Development*

COURSE CODE: 0503-619

COURSE DESCRIPTION: This course is designed to familiarize students with theories of human development. Leading theories and research on human development across the lifespan will be covered, with an emphasis on classic texts and current directions in the field. Out of necessity, coverage of relevant issues and topics will be selective rather than comprehensive.

COURSE TITLE: *Social Bases of Behavior*

COURSE CODE: 0503-637

COURSE DESCRIPTION: This course aims to facilitate your understanding of the social psychological perspective. It will focus on identifying the kinds of questions social psychologists ask, where they look for the explanations of behavior, the tools they use to advance their work, and how this discipline differs from clinical psychology.

COURSE TITLE: *Biological Bases of Behavior*

COURSE CODE: 0503-723

COURSE DESCRIPTION: This advanced course involves teaching students about physiological psychology including neuroanatomical, neurochemical and neurophysiological mechanisms along with neurological and psychological common diagnoses. This course attempts to enable students to understand the physiological issues and introduces how to comprehensively view individual cases within these biological, cultural and socioeconomic perspectives.

COURSE TITLE: *Cognition & Affect*

COURSE CODE: 0503-733

COURSE DESCRIPTION: This course will give an overview of the field of cognitive psychology and research on affect, focusing on particular areas in applied and clinical work, including different forms and functions of memory; interaction of cognitive and emotional processes, and human rationality, looked at from neural, behavioral and information-processing perspectives.

COURSE TITLE: *Individual & Cultural Differences & Identity*

COURSE CODE: 0503-738

COURSE DESCRIPTION: This course will provide students with an advanced understanding of models of diversity and difference to be used in clinical practice with diverse populations. The course will engage students in examining issues of difference, identity, world views, and experiences to develop culturally competent methods for clinical practice with diverse populations. This course often includes experiential activities.

COURSE TITLE: *History & Systems of Psychology*

COURSE CODE: 0503-835

COURSE DESCRIPTION: A tracing of historical roots of psychology in philosophy and physiology from the 17th century to modern times. Emphasis is given to development of experimental psychology in Germany, France, Great Britain, Russia, and the United States.

Research Sequence

COURSE TITLE: *Graduate Psychological Statistics*

COURSE CODE: 0503-644

COURSE DESCRIPTION: Statistical procedures related to simple research designs. Major topics include sampling theory and special applications in determining statistical reliability, chi-square and related nonparametric tests, methods of correlation, analysis of variance and covariance, and test reliability and validity.

COURSE TITLE: *Advanced Quantitative Analyses*

COURSE CODE: 0503-645

COURSE DESCRIPTION: An advanced quantitative statistics course designed to expose doctoral students to topics in multivariate statistical analysis, such as advanced multiple regression, structural equation modeling, multivariate categorical data analysis, factor and cluster analysis, multivariate categorical data analysis, discriminant analysis and classification techniques, canonical analysis and other inter-battery approaches.

COURSE TITLE: *Research Methods in Clinical Psychology*

COURSE CODE: 0503-647

COURSE DESCRIPTION: The course aim is to provide an overview of research methods and psychological assessment in clinical psychology. We will examine the basics of devising and conducting observational, experimental, quasi-experimental and qualitative studies. We will also discuss methods of interpretation, ethics involved in conducting clinical studies, and psychometric concepts.

COURSE TITLE: *Qualitative Methods in Clinical Psychology*

COURSE CODE: 0503-649

COURSE DESCRIPTION: This course aims to introduce students to qualitative methods and to a rich interdisciplinary literature for extracting potentially quantifiable meaning from subjective accounts. This course will acquaint clinical psychologists with approaches that may be useful for analyzing information from interviews, focus groups, social network data, and verbal narratives.

COURSE TITLE: *Applied Research in Clinical Psychology*

COURSE CODE: 0503-746

COURSE DESCRIPTION: Students will achieve competency in the critical evaluation of research; conducting and using research in applied settings; ethics and professional standards in research. This course will expose students to key concepts and contemporary research seminal to both the understanding and investigation of psychopathology, psychotherapy process/outcome, program evaluation and psychological assessment.

COURSE TITLE: *Psychological Research I-IV*

COURSE CODE: 0503-642/3, 742/3

COURSE DESCRIPTION: Intensively supervised research practica. Students complete an empirical research study of their choosing under the supervision of a mentor of their choice.

COURSE TITLE: *Doctoral Thesis Supervision I-III*

COURSE CODE: 0503-817/8/9,853

COURSE DESCRIPTION: Intensively supervised research on student's dissertation topic.

COURSE TITLE: *Ongoing Dissertation Supervision*

COURSE CODE: 0503-858

COURSE DESCRIPTION: Ongoing supervised research on student's dissertation topic.

Clinical Sequence: Assessment & Diagnosis

COURSE TITLE: *Adult Psychopathology I: Clinical Conditions*

COURSE CODE: 0503-621

COURSE DESCRIPTION: A review of the clinical presentations and causes of the DSM-IV Axis I diagnostic categories, including anxiety disorders, mood disorders, and substance

abuse. Contemporary psychodynamic and cognitive-behavioral theories that guide understanding of the etiology and treatment of these disorders will be reviewed.

COURSE TITLE: *Child Psychopathology*

COURSE CODE: 0503-623

COURSE DESCRIPTION: This course is divided into three parts: (1) An introduction to psychoanalytic developmental theory, with particular emphasis on object relations theory; (2) Empirical research on early psychic development; and (3) Diagnostic considerations in work with children.

COURSE TITLE: *Diagnostic Testing I: Cognitive*

COURSE CODE: 0503-625

COURSE DESCRIPTION: The course focuses on psychological evaluation, specifically intelligence, cognitive abilities, and learning disabilities, via the following tests: WAIS–IV, WISC-IV, WIAT-III, Bender-Gestalt–II, Beery-Buktenica Developmental Test of Visual Motor Integration, WRAML–II, CPTII, GORT-IV, Nelson-Denny Reading Test, SCAN III, Vineland Adaptive Behavior Scales, Connors, Brown ADD Scales, BASC-II Checklists.

COURSE TITLE: *Diagnostic Testing II: Personality*

COURSE CODE: 0503-626

COURSE DESCRIPTION: The course provides an introduction to personality assessment and projective testing, including understanding personality organization and interpreting projectives. The focus is on the following tests: Early Memories Test, Thematic Apperception Test (TAT), House–Tree Person Test, the Rorschach and Sentence Completion.

COURSE TITLE: *Intake & Interviewing Seminars I: Initial Evaluation*

COURSE CODE: 0503-632

COURSE DESCRIPTION: This course provides instruction in the interview process and procedural aspects of the initial intake in the Center for Psychological Services. Students interview prospective patients, present findings, and write comprehensive narrative summaries for patient files. In this seminar, the DSM framework will be introduced & covered at length.

COURSE TITLE: *Intake & Interviewing Seminars II: Professional Conduct*

COURSE CODE: 0503-633

COURSE DESCRIPTION: This course provides instruction in the interview process and procedural aspects of the initial intake in the Center for Psychological Services. Students interview prospective patients, present findings, and write comprehensive narrative summaries for patient files. In this seminar, professional ethics and conduct will be introduced & covered at length.

*The Intake & Interviewing Seminars are divided by child and adult emphasis: Students have the opportunity to be trained in both child intake, interviews, and diagnosis, and adult intake, interview, and diagnosis. By the end of the first year each student will have completed both an adult and child intake.

COURSE TITLE: *Adult Psychopathology II: Personality Disorders*

COURSE CODE: 0503-634

COURSE DESCRIPTION: This course examines Personality Disorders (PDs) described in major diagnostic systems used by mental health professionals. We review traditional and

alternative models for conceptualizing PDs, including psychodynamic, cognitive, and humanistic frameworks. Specific PDs are discussed in depth, with an emphasis on case conceptualization, diagnosis, assessment, integrative treatment, and empirical validation.

COURSE TITLE: *Clinic Practice I- II: Diagnostics*

COURSE CODE: 0503-712/3

COURSE DESCRIPTION: Intensively supervised diagnostic interviewing and psycho-diagnostic testing. Students serve as part-time psycho-diagnosticians in the Program's Center for Psychological Services. Students are video-recorded during their first psycho-diagnostic assessment. In their 2nd year of training they are required to complete 3 comprehensive psycho-diagnostic batteries (adult and child).

COURSE TITLE: *Diagnostic Testing III: Neuropsychology (Elective)*

COURSE CODE: 0503-825

COURSE DESCRIPTION: This is an advanced course that instructs students in conducting neuropsychological evaluations, including testing instruments, interpretation, and diagnoses. This course will enable students to understand what comprises a neuropsychological evaluation and its use in comprehensively viewing individual cases and recognizing patterns of various disorders.

Clinical Sequence: Conceptualization & Intervention

COURSE TITLE: *Theory & Practice I: Freudian Legacy*

COURSE CODE: 0503-620

COURSE DESCRIPTION: The purpose of this course is to examine the development of Freud's thought through an in-depth study of his major theoretical works and to briefly explore his legacy in post-Freudian ego psychology. From this perspective, the student will begin to build the foundation upon which later developments in psychoanalytic theory can be best understood.

COURSE TITLE: *Theory & Practice II: Relational Tradition*

COURSE CODE: 0503-722

COURSE DESCRIPTION: This course traces the development of Relational approaches to psychodynamic psychotherapy from Freud's early movement from a one-person, positivist, historically based theory to contemporary two-person perspectives in which the relationship becomes a core element in the change process.

COURSE TITLE: *Family Therapy: From Family System to Parental Unit*

COURSE CODE:0503-730

COURSE DESCRIPTION: This course focuses on critical clinical skills and therapy techniques associated with leading models of family/couple and parenting-based interventions. A particular emphasis will be placed on evidence-based practice. Intervention strategies will be discussed based on videos of sessions led by experts and case examples from the clinic and externships.

COURSE TITLE: *Group Dynamics*

COURSE CODE: 0503-731

COURSE DESCRIPTION: This class stresses an analysis of interactive processes and dynamics basic to group functioning and multi-person psychotherapy. Theoretical issues in group dynamics are studied, along with systemic concepts in order to clarify some of the complexities of group intervention strategy. Finally, it includes an introduction to family and couples work. This course often includes an experiential component.

COURSE TITLE: *Cognitive Behavioral Therapies: Plurality & Integration*

COURSE CODE: 0503-809

COURSE DESCRIPTION: This course is designed to introduce students to cognitive behavioral therapies, with specific attention to those with empirical support. It will consider of the therapist position (e.g., regarding directive-nondirective, supportive-expressive, managing-freeing continua), patient readiness/motivation to change, and the therapeutic relationship and alliance in such therapies, including implications for psychotherapy integration.

COURSE TITLE: *Psychotherapy Case Conferences I-IV*

COURSE CODE: 0503-700/3

COURSE DESCRIPTION: These refer to clinical psychotherapy case conferences at the Center of Psychological Services, conducted in small groups of second and third-year students, affording students the opportunity to present clinical cases and gain exposure to a variety of psychotherapy supervisors on faculty. Professional ethics and conduct will be considered.

COURSE TITLE: *Concentration Case Seminars I-II*

COURSE CODE: 0503-803/4

COURSE DESCRIPTION: Open to fourth-year students, who select a clinical concentration area that expands their clinical development. Theory and practice of supervision will be a primary focus. Each Concentration Case Conference will also focus on a particular clinical topic or orientation (see examples below). Professional ethics and conduct will be considered.

- **Karen Lombardi:** *Transference-Countertransference, Object Relations and Psychic Transformation*
- **Bob Mendelsohn:** *Intensive Psychodynamic Psychotherapy*
- **Michael O'Loughlin:** *Cultivating a receptive stance, formulating and timing dynamic interpretation, and developing dynamic case formulation*
- **Kate Szymanski:** *Difficult Issues in a Psychodynamic Treatment*
- **Joel Weinberger:** *Integrative Psychotherapy*

COURSE TITLE: **Supervision: Theory & Practice**

COURSE CODE: 0503-XXX-001/2

COURSE DESCRIPTION: The course will identify components of a competency-based approach to supervision, including considerations of its empirical bases of support, multicultural diversity, salient ethical principles, and the importance of developing professional communication skills. *Scheduling in curriculum TBD*

Clinical Sequence: Elective Courses Fall 2020

COURSE CODE for all Special Topics listed below: 0503-820

Fall semester

COURSE TITLE: **Bearing Witness to Trauma (O'Loughlin)**

COURSE DESCRIPTION: The dynamics of individual and collective trauma and particularly the relationship between trauma and processes of memory are explored using movies, documentary testimony, survivor testimony, and memoir. Students will engage with the experience of being with trauma, embodied in the idea of therapist as witness to trauma narrative. **Tue 12-2:30pm**

COURSE TITLE: *Madness & Psychosis* (O'Loughlin)

COURSE DESCRIPTION: Origins and history of the forms of madness we know as schizophrenia and the psychoses are explored. Attention is paid to traumatic antecedents of breakdown, to the existential experience of persons who suffer psychotic breaks, and to psychodynamic therapeutic interventions. Extensive video survivor testimony will be used. **Tue 12-2:30pm (offered in alternating years)**

COURSE TITLE: *Group Dynamics* (Mendelsohn)

COURSE DESCRIPTION: This class explores the processes and dynamics basic to group functioning and multi-person psychotherapy. Theoretical and technical differences between group psychotherapy, process/training groups and supervision groups will also be studied, with the goal of helping the student to develop the technical and theoretical understanding of differences in group-intervention strategies. *For students who did not take this course in their second year.* **Tue 12-2:30pm**

COURSE TITLE: *Death and Dying* (Szymanski)

COURSE DESCRIPTION: This seminar will explore historical, contemporary and cross-cultural understanding of death and dying as it applies to clinical context. We'll probe how personal attitudes toward death and dying influence a therapeutic process. Case material (e.g. trauma, aging) will be discussed as death and dying are inextricably connected with life and living. **Tue 12-2:30pm**

COURSE TITLE: *Community-Based Intervention: Working with the Underserved* (Vaughans)

COURSE DESCRIPTION: This course is designed to explore the challenges of treating disenfranchised groups in our society and how they are impacted by and impact the systems that significantly chart the course of their lives. Particular focus will be on formerly incarcerated, immigrants, the poor, broken families, and educationally challenged within the inner city. **Tue 2:30-5pm**

COURSE TITLE: *Foundations of Dialectical Behavior Therapy* (Gonzales)

COURSE DESCRIPTION: This course will provide an introduction to theory, research, and practice of dialectical behavior therapy. It will review guiding theory, the biosocial model for case conceptualization, critical evaluation of related research, key elements and practice of DBT, and adaptation for use with diverse samples and settings. **Tue 2:30-5pm**

COURSE TITLE: *Short-Term Dynamic Psychotherapy* (Hilsenroth)

COURSE DESCRIPTION: This seminar will provide a basic proficiency in the case conceptualization and practice of Short-Term Dynamic Psychotherapy (STDP). The primary focus will be on the evidence based STDP models. The course will review actual videotape case material, from which discussion of theory, case conceptualization, technique, and research will be developed. **Wed 8:30-11am**

COURSE TITLE: *Child Psychotherapy* (Lombardi)

COURSE DESCRIPTION: This course will focus on the work of therapeutic play with children from age two through adolescence. We will consider the subjectivity of the child through the processes and products of play, therapeutic engagements that include interpretations

and enactments, and on the symbolization and metaphor that develop through such engagements.

Wed 8:30-11am

Spring Semester

COURSE TITLE: *Formulating the Therapeutic Treatment Plan* (Mendelsohn)

COURSE DESCRIPTION: In this course we will trace the theory and development of the therapeutic treatment plan, from the initial patient contacts to the working phase of the therapy. Classical and modern theories of technique will be surveyed. **Tue 12-2:30pm**

COURSE TITLE: *The Psyche, Politics, & Culture: Gender, Race, Class & the Other* (Lombardi)

COURSE DESCRIPTION: This seminar will investigate the relationship between psychodynamic theory/treatment and culture, focusing on the problem of the Other in such forms as gender, race, class, language, culture, war and peace. Our readings will suggest differing goals and methods of psychodynamic treatment that reflect the culture in which it is practiced. **Tue 12-2:30pm**

COURSE TITLE: *Advanced Family Therapy: From Family System to Parental Unit* (Brumariu)

COURSE DESCRIPTION: This course focuses on critical clinical skills and therapy techniques associated with leading models of family/couple and parenting-based interventions. A particular emphasis will be placed on evidence-based practice. Intervention strategies will be discussed based on videos of sessions led by experts and case examples from clinic and externships. *For students who did not take this course in their second year.* **Tue 12-2:30pm**

COURSE TITLE: *Negotiating Emotion, Difference & Rupture in the Therapeutic Relationship* (Muran)

COURSE DESCRIPTION: The course promotes psychotherapy integration by focusing on developing abilities to negotiate dissociative disconnects, interpersonal pulls, enactments, vicious circles, identity politics, power plays in interactions with patients. It introduces models demonstrated in a NIMH-funded program, integrating principles on intersubjectivity, emotion regulation and communication. It includes experiential exercises as deliberate practice. **Tue 2:30-5pm**

COURSE TITLE: *Diagnostic Testing III: Neuropsychology* (Farella-Busch)

COURSE DESCRIPTION: This is an advanced course that instructs students in conducting neuropsychological evaluations, including testing instruments, interpretation, and diagnoses. This course will enable students to understand what comprises a neuropsychological evaluation and its use in comprehensively viewing individual cases and recognizing patterns of various disorders. **Tue 2:30-5pm**

COURSE TITLE: *Addictions & Compulsions* (Gonzales)

COURSE DESCRIPTION: This course will cover the full spectrum of substance use disorders including evaluation, empirically supported interventions, and practice considerations. Students will become knowledgeable about epidemiology, risk factors, sociodemographic and cultural factors, and mental health consequences of substance abuse and behavioral addictions as relevant for practice across clinical populations and settings. **Tue 2:30-5pm**

COURSE TITLE: *An Interpersonal Approach to Psychodynamic Treatment (Szymanski)*

COURSE DESCRIPTION: This seminar will build skills of conducting interpersonal therapy by concentrating on a therapist-client dyad. The discussed case material will focus on self-disclosure, impasse, enactment and frame as applied to a wide range of pathology including trauma. Dynamic case formulation will be addressed in the context of mutuality, asymmetry, vulnerability. **Wed 8:30-11am**

COURSE TITLE: *Advanced Personality Assessment (Hilsenroth)*

COURSE DESCRIPTION: This seminar will develop interpretation and integration skills across different psychological assessment measures, plus provide training in the Therapeutic Model of Assessment (TMA). Specific assessment measures/issues covered will be selected by the students taking the course and actual clinical case material will be reviewed with regard to diagnostic and treatment formulations. **Wed 8:30-11am**

COURSE TITLE: *Infant Mental Health and Trauma Treatment (Kohchi)*

COURSE DESCRIPTION: Students will learn how trauma may manifest in infants and young children, and the core concepts of trauma treatment for infants, young children, and their caregivers. Historical and intergenerational trauma's impact on infancy and early childhood will be considered. The clinical profiles of PTSD and stress disorders will be examined. **Wed 8:30-11am**

COURSE TITLE: *Single-Case and Longitudinal Studies (Gorman)*

COURSE DESCRIPTION: This seminar will provide the theoretical bases and quantitative methods for evaluating single case and aggregate multilevel models for psychotherapy and other interactional data. Students should have completed PSY645 before taking this course. **Wed 8:30-11am**

3.2 Degree Requirements

M.A. en passant

Academic and Clinical

All academic and clinical requirements in the first and second years of training. Two years of psychotherapy with patients in the Program's training clinic under faculty supervision.

University procedures

Resolution of outstanding financial obligations to Adelphi University.

Ph.D.

In order to receive the doctorate in clinical psychology, all of the following requirements must be completed:

Academic

Completion of all required courses with a grade of B or better.

Clinical

Completion of 8 assessment batteries.

A 9-month externship, 8 hours per week, and a nine month externship minimum 16 hours per week.

Six semesters individual psychotherapy supervision, caseload of two to four patient hours per week.

One-year internship.

Research

Completion of pre-dissertation research project (presented at a conference).

Completion of dissertation.

University procedures

Submission of formal application for graduation.

Resolution of outstanding financial obligations to Adelphi.

Students must complete all requirements within eight years of their first registration at The Derner School. (Refer to section re Time Limitation).

3.3 Graduation Guidelines

To graduate in May, a student needs to complete their dissertation, including final revisions, by Jun 14. (May graduates also need to complete their internship by Jun 30.)

To graduate in Aug, a student needs to complete their dissertation, including final revisions, by Sep 14.

To graduate in Dec, a student needs to complete their dissertation, including final revisions, by Jan 14.

To graduate in Jan, a student needs to complete their dissertation, including final revisions, by Feb 14.

The DCT needs to see & sign off on the final dissertation revisions before clearing the student with the registrar for graduation.

Remember in order to walk for a May graduation, the date for the oral defense needs to be posted by Apr 1 (& scheduled by the doctoral hooding date). Internship can still be completed after Jun 30 but by Aug 31 (n.b., the degree will have Aug grad date).

3.4 Aims & Objectives (Competencies); Processes (Curriculum); Outcomes (Portfolio Criteria & Minimum Thresholds)

Training Aim 1	
<p>Aim 1: <i>Research Skills</i> <i>Students will achieve foundational and practical knowledge and skills in various research methodologies and statistical analyses, enabling them to become both critical consumers and producers of basic and applied research in diverse settings.</i></p>	
<p>Objectives: <i>Students will attain competency in Research & Evaluation skills including critically evaluating and synthesizing research findings from different sources and applying these to clinical work; carrying out original research studies including critical evaluation and use of past research findings from different sources, formulating research questions, executing all phases of research on both the Pre-dissertation and Dissertation Research Projects including data gathering, application of quantitative and qualitative analysis, evaluation of limitations and significance of findings for future research, and demonstration of authorship through presentation or publication of research findings in a professional venue.</i></p>	
<p>Competencies Expected for these Objectives: <i>Research & Evaluation Skills</i></p>	
Processes	<p><i>Our curriculum includes a Research Sequence that consists of the following academic courses and practicum training:</i></p> <p><u>Academic Courses:</u></p> <p>Research Methods in Clinical Psychology (including psychometric theory, 647)</p> <p>Graduate Psychological Statistics (including lab, 644)</p> <p>Applied Research in Clinical Psychology (including intervention evaluation, 746)</p> <p>Advanced Quantitative Analyses (multivariate statistics, 645)*</p> <p>Qualitative Methods in Clinical Psychology (TBD)*</p> <p><u>Practicum Training:</u></p> <p>Psychological Research I-IV (including research ethics, 642-3, 742-3))</p> <p>Doctoral Dissertation Supervision I-III (817-9)</p> <p>Ongoing Dissertation Supervision (848-9)</p>
Outcomes	<p>Student competency (and readiness to apply for internship) in Research Skills is demonstrated by the following criteria, as part of a Portfolio Review:</p> <ul style="list-style-type: none"> ● Course grades in <i>Research Sequence</i> (grades must be \geq B) ● Student course evaluations (average ratings must be \geq 3)** ● Research DALs from workgroups (average ratings must be \geq 3)** ● Pre-dissertation study requirement (evidence of conference presentation/journal submission required)

	• Dissertation proposal requirement (before applying to internship)
Training Aim 2	
Aim 2: Clinical Skills <i>Students will be trained at the entry level to diagnosis, assess and utilize therapeutic interventions for diverse populations.</i>	
Objectives for Aim 2: <p>a) <i>Students will attain competency in Relationship skills including therapeutic communication, establishment and maintenance of therapeutic alliance, understanding of therapeutic processes such as transference and countertransference, and understanding the roles of ethnicity and culture.</i></p> <p>b) <i>Students will attain competency in Assessment skills including test construction; standard assessment battery administration, interpretation and report writing; identification and use of additional diagnostic assessment tools (e.g., for assessment of learning disabilities and attention deficit disorders) as indicated; assignment of appropriate DSM-IV-R diagnoses; understanding of the impact of ethnicity, race, gender and other factors on assessment outcomes.</i></p> <p>c) <i>Students will attain competency in Intervention skills including the ability to create case formulations utilizing theories of etiology (e.g., psychodynamic) with knowledge of alternative theoretical explanations, the ability to integrate understanding of psychopathology with clinical/symptom presentation, the ability to apply accurate diagnoses across all DSM Axes, the ability to plan a course of treatment informed by current clinical research and accepted standards of practice, the ability to present and critically discuss clinical case material incorporating knowledge of psychotherapy process and outcome literature, the ability to understand the contributions of race, class, culture and other factors on the course of treatment.</i></p> <p>d) <i>Students will attain competency in Consultation & Supervision skills including an understanding of the role of psychologists in complex systems, and an understanding of the principles and practice of consultation and supervision.</i></p>	
Competencies Expected for these Objectives: <p>Relationship Skills</p> <p>Assessment Skills</p> <p>Intervention Skills</p> <p>Consultation & Supervision Skills</p>	
Processes	Our curriculum includes a Clinical Sequence that consists of the following academic courses and practicum training: <u>Academic Courses:</u> Diagnostic Testing I: Cognitive (625) Diagnostic Testing II: Personality (626)

	<p>Diagnostic Testing III: Neuropsychology (825, elective) Adult Psychopathology I: Clinical Conditions (621) Adult Psychopathology II: Personality Disorders (820)* Child Psychopathology (623) Theory & Practice I (620) Theory & Practice II (722)* Comparative Analysis of Intervention (724)* Cognitive Behavioral Therapies (739)* Group Dynamics (731)* Clinical Elective I-VI (820s) <u>Practicum Training:</u> Intake & Interviewing I: Initial Evaluation (632) Intake & Interviewing II: Professional Conduct & Ethics (633) Clinical Practice I-II: Diagnostics (712/3; cover consultation) Clinical Practice III-IV: Psychotherapy (714/5) Case Conference I-IV (700/1, 800/1) Concentration Seminar I-II (803/4; cover supervision) 2nd Year Externship: Inpatient 3rd Year Externship: Outpatient or Inpatient</p>
Outcomes	<p><i>Student competency (and readiness to apply for internship) in Clinical Skills is demonstrated by the following criteria, as part of a Portfolio Review:</i></p> <ul style="list-style-type: none"> ● Course grades in <i>Clinical Sequence</i> (grades \geq B) ● Student course evaluations (average ratings \geq 3) ● Clinical DALs from practica (average ratings \geq 3) ● Log of clinical hours (minimum requirement: Intervention 700 hrs, Assessment 100 hrs, Supervision 200 hrs) ● One full-battery test report (rating \geq 3) ● One written case presentation (grade \geq B)
Training Aim 3	
<p>Aim 3: Critical Inquiry <i>Students will learn critical inquiry, based upon the current body of knowledge in psychology and the integration of research and practice; maintain lifelong interests in the value of empirically informed or evidence-based practice, and conduct and/or critically consume research that evolves from practice in diverse settings.</i></p>	
<p>Objectives for Aim 3: <i>Students will become scholar-practitioners through attainment of competency in Foundational, Research and Practice Dimensions of Clinical Psychology. Content areas of practice competencies are listed above. Content areas of foundational competencies include: History and Systems, Cognition and Affect, Developmental, Social and Biological Bases of Behavior.</i></p>	
<p>Competencies Expected for these Objectives: <i>Integrating Foundational, Research & Practice Dimensions of Clinical Psychology</i></p>	
Objectives	<p>Students will become scholar-practitioners through attainment of competency in <i>Foundational, Research and Practice Dimensions of Clinical Psychology</i>.</p>
Processes	<p><i>Our curriculum includes Foundational Courses, in addition to Research & Clinical Sequences, that consist of the following academic courses and practicum training:</i> <u>Academic Courses:</u> Human Development (619) Social Bases of Behavior (637)</p>

	Biological Bases of Behavior (723) Cognitive & Affect (733)* History & Systems (835) Individual & Cultural Differences & Identity (738)* (Plus academic courses in <i>Research Sequence</i> and <i>Clinical Sequence</i>) <u>Practicum training:</u> All practica in <i>Research Sequence</i> and <i>Clinical Sequence</i>
Outcomes	<i>Student competency (and readiness to apply for internship) in Critical Inquiry is demonstrated by the following criteria, as part of a Portfolio Review:</i> <ul style="list-style-type: none"> ● Course grades in <i>Foundational Courses, Research & Clinical Sequences</i> (grades \geq B) ● Student course evaluations (average ratings \geq 3) ● Research DALs from workgroup (average ratings \geq 3) ● Clinical DALs from practica (average ratings \geq 3)** ● Two papers (at least one from a foundational course) that document broad knowledge in psychology (grades \geq B)
Training Aim 4	
Aim 4: Professional Conduct <i>Students will attain the ethically based professional skills in research and clinical practice needed for professional competency, including the ability to address human diversity in a multicultural society.</i>	
Objectives for Aim 4: <p style="margin-left: 40px;">a) <i>Students will attain competency in Cultural Diversity & Individual Differences including the ability to function professionally in a multi-cultural society through self-awareness of one's own attitudes about diversity including but not limited to age, sex, gender, race, class, ethnicity, culture, sexual orientation, and disability; the ability to understand clinical phenomena with reference to cultural and social context; the ability to formulate and execute treatment with reference to diversity issues.</i></p> <p style="margin-left: 40px;">b) <i>Students will attain competency in Professional Conduct & Ethics including knowledge and use of ethical principles in professional practice in accordance with the APA Ethical Code of Conduct; ability to critically evaluate and monitor one's own work and appropriately use other professionals for consultation and supervision; knowledge and use of legal and state (Board of Registration) regulations governing psychological practice; the ability to reflect and be aware of oneself as a significant factor in the therapeutic relationship.</i></p>	
Competencies Expected for these Objectives: <p style="margin-left: 40px;">Cultural Diversity & Individual Differences</p> <p style="margin-left: 40px;">Professional Conduct & Ethics</p>	
Objectives	Students will attain competency in <i>Diversity, Professional Conduct & Ethics</i> skills

Processes	<p><i>Our curriculum develops these skills across all academic courses (see syllabi) and practicum training.</i></p> <p><u>Academic courses:</u></p> <p>All courses in <i>Research & Clinical Sequences</i>, including many <i>Foundational Courses*</i></p> <p><u>Practicum training:</u></p> <p>All courses in <i>Research & Clinical Sequences*</i></p>
Outcomes	<p><i>Student competency (and readiness to apply for internship) in Professional Conduct is demonstrated by the following criteria, as part of a Portfolio Review:</i></p> <ul style="list-style-type: none"> ● Course grades in practice sequence (grades \geq B) ● Course grade in Individual & Cultural Differences & Identity (838; grade \geq B) ● Student course evaluations (average ratings \geq 3) ● Practicum evaluations, including Intake & Interviewing Seminar II: Professional Conduct (633; average ratings \geq 3) ● Two written case presentations that consider diversity and ethical concerns (grades \geq B)

*new or revised courses since 2010-11; **course evaluations & DALs must average \geq 3

3.5 Derner Program Aims, Objectives, Processes & Outcomes (2015 Update)

Goals & Objectives		
<ul style="list-style-type: none"> ● Critical Inquiry: <i>Scholar-Practitioner</i> ● Research Skills ● Professional Conduct 	<ul style="list-style-type: none"> ● Research Skills: <i>Research & Evaluation Skills</i> ● Critical Inquiry ● Professional Conduct 	<ul style="list-style-type: none"> ● Clinical Skills: <i>Relationship, Assessment, Intervention, Consultation & Supervision Skills</i> ● Critical Inquiry ● Professional Conduct
Foundational Courses	Research Sequence	Clinical Sequence
Human Development (619) Social Bases of Behavior (637) Biological Bases of Behavior (723) Cognition & Affect (733) History & Systems (835)	<p><i>Academic Courses</i></p> <p>Research Methods in Clinical Psychology (647) Graduate Psychological Statistics (including lab, 644) Applied Research in Clinical Psychology (746) Advanced Quantitative Analyses (including lab, 645) Qualitative Methods in Clinical Psychology (649)</p>	<p><i>Academic Courses</i></p> <p>Diagnostic Testing I: Cognitive (625) Diagnostic Testing II: Personality (626) Adult Psychopathology I: Clinical Conditions (621) Adult Psychopathology II: Personality Disorders (634) Child Psychopathology (623) Theory & Practice I (620) Theory & Practice II (722) Comparative Analysis of Intervention (724) Group Dynamics (731) or Family Therapy (730) Individual & Cultural Differences & Identity (738) Cognitive Behavioral Therapies (809)</p>
	<p><i>Elective Courses</i></p> <p>Independent Study</p>	<p><i>Elective Courses</i></p> <p>Clinical Elective I-VI (820s) <i>Unconscious processes</i> <i>Psychotic processes</i></p>

		<p><i>Advanced treatment planning</i> <i>Trauma studies</i> <i>Addiction & compulsions</i> <i>Family studies</i> <i>Interpersonal intervention</i> <i>Group intervention</i> <i>Couples intervention</i> <i>Advanced personality assessment</i> <i>Self disorders</i> <i>Advanced cultural studies</i> <i>Short-term dynamic psychotherapies</i> <i>Psychotherapy integration</i> <i>International seminar</i> Diagnostic Testing III: Neuropsychology (825) Independent Study</p>
	<i>Practicum Training</i>	<i>Practicum Training</i>
	<p>Psychological Research I-IV (642-3, 742-3) <i>Online Protecting Human Research Subjects Training</i> Doctoral Dissertation Supervision I-III (817-9) Ongoing Dissertation Supervision (848-9)</p>	<p>Intake & Interviewing I (including SCID intro, 632) Intake & Interviewing II (633) <i>APA Online Seminar on Professional Conduct/Ethics</i> <i>One-Day Workshop on Professional Conduct/Ethics</i> Clinical Practice I-II: Diagnostics (712/3; consultation) Clinical Practice III-IV: Psychotherapy (812/3) Case Conference I-IV (700/1, 800/1) Concentration Seminar I-II (803/4; supervision) 2nd Year Externship: Inpatient 3rd Year Externship: Outpatient</p>
<i>Proximal Outcome</i>		
Faculty-Rated	Faculty-Rated	Faculty-Rated
<ul style="list-style-type: none"> • Academic course grades in <i>Foundational Courses</i>, as well as <i>Research & Clinical Sequences</i> (grades \geq B) • Faculty academic course evaluations (average ratings \geq 3) • Research DALs from practicum training (average ratings \geq 3) • Clinical DALs from practicum training (average ratings \geq 3) • Two papers (at least one from a foundational course) 	<ul style="list-style-type: none"> • Academic course grades in <i>Research Sequence</i> (grades \geq B) • Faculty academic course evaluations (average ratings \geq 3) • Research Developmental Achievement Levels (DALs) from practicum training (average ratings \geq 3) • Pre-dissertation study requirement • Dissertation proposal requirement 	<ul style="list-style-type: none"> • Academic course grades in <i>Clinical Sequence</i> (grades \geq B) • Faculty academic course evaluations (average ratings \geq 3) • Clinical DALs from practicum training (average ratings \geq 3) • Log of clinical hours • One full-battery test report (rating \geq 3) • One written case presentation (grade \geq B)

demonstrating broad knowledge in psychology (grade \geq B)		
Student-Rated	Student-Rated	Student-Rated
<ul style="list-style-type: none"> • Course evaluation (including learning objectives) 	<ul style="list-style-type: none"> • Supervisor evaluation • Course evaluation (including learning objectives) 	<ul style="list-style-type: none"> • Log of clinical hours: <ul style="list-style-type: none"> ○ Intervention: minimum requirement 700 hrs ○ Assessment: min req 100 hrs ○ Supervision: min req 200 hrs • Supervisor evaluation • Course evaluation (including learning objectives)
<i>Distal Outcome</i>		
Graduate survey Presentations, publications, & grants Academic position Licensure & diplomate Private practice	Graduate survey Presentations, publications & grants Academic position	Graduate survey Licensure & diplomate Private practice

3.6 Respecialization in Clinical Psychology

Program Completion Requirements:

Two years in clinical courses and externships, plus one-year internship required.

Three years is the average time-to-completion of the program. *At least 42 credits*

4 Clinical Training

4.1 Clinical Training Philosophy

Since its inception, in preparing students for careers in clinical psychology, the program has held that the best psychological practice is grounded in the science of psychology. In keeping with this training philosophy, students complete a rigorous and graded sequence of clinical practice and research training activities, emphasizing the integration of research, particularly psychodynamically informed scientific research, with the practice of clinical psychology—a scholar-practitioner model of professional training.

Clinic Handbook

The Center for Psychological Services publishes a Policy and Procedure Manual that serves as an administrative guide for providing clinical services. Topics include recordkeeping, client confidentiality, and fees.

The handbook is updated yearly and is available from the Center’s administrative coordinator. (See Appendix K for most recent version).

4.2 First Year Clinical Training

First year courses on standard Psychoanalytic Theory, Psychopathology, and Human Development provide theoretical bases for the practice experiences described below.

Intake and disposition

As part of the course on the initial interview, first year students are assigned to the Center for Psychological Services where they are trained to conduct intakes with prospective patients (child and adult). Training includes developing interviewing skills, integrating objective and subjective data, formulating psychodynamic and psychiatric diagnoses, and determining a suitable disposition for the patient’s care. Findings are summarized in an extensive Intake Narrative which is included in the patient’s clinic file. In the spring semester, the course includes instruction in ethics and professional practice.

Assessment

A two-semester course accompanied by a weekly, small group lab session is dedicated to training in the fundamentals of diagnostic psychological testing. The first year diagnostic training sequence culminates in the spring semester with assessment of an actual clinic patient under supervision.

4.3 Second Year Clinical Training

Assessment

Each student is assigned to a small supervision group led by an adjunct faculty supervisor, of their choosing, who closely supervises diagnostic testing and report writing for clinic patients. They include both children and adults, and referral questions include learning disabilities, attention disorders, developmental delays, cognitive impairments, and requests from clinicians for assistance with diagnosis and treatment planning. Over the course of the year, the student

must complete three integrated testing batteries in the clinic.

Individual Psychotherapy

Second year students may elect to see psychotherapy patients. They are assigned to faculty for individual psychotherapy supervision. Patients are seen in the program's training site (Manhattan or Garden City - optional), the Center for Psychological Services. Supervision is weekly. Students are encouraged to see at least two patients each week.

The treatment model at the Center for Psychological Services is integrative with an emphasis on psychodynamic principles, which provides the student with a comprehensive understanding of the complexities of the treatment process. Supervision, a supportive relationship with a senior clinician, focuses on the development of a working therapeutic relationship, the identification of transference and countertransference, and the use and timing of various interventions.

Externship Training

Beginning in the fall semester of the second year, students are assigned to one-day or two-day per week externship training sites in, for example, local hospitals and residential treatment centers. For many, this is the first experience working with seriously disturbed patients, and for all it prepares them for the second externship which takes place in the third year. Student progress and professional performance at clinical externships are evaluated and recorded by on-site supervisors. These evaluations are reviewed at the end of the fall and spring semesters when the doctoral faculty meets to review all student evaluations. As described in section 6.2 (Evaluation), the program adheres to a clinical competency-based evaluation method. The Externship Evaluation form records attainment of clinical competencies appropriate to the externship training experience.

At the beginning of the spring semester, under the guidance of the Director of Placements and the Director of Clinical Training, students apply for advanced externships in their third year of training. Mentoring throughout the process of site selection, application preparation, and interviewing is provided.

Case Conference

Students meet weekly in clinical case conference, a small group supervision conference composed of three second year students and three third year students, where treatment cases in progress are discussed. Cases may be patients seen at externship sites and in the program's training clinic. Particular attention is given to the experience students have on externship, integrating what they are experiencing at clinical facilities with course work. In this way, case conference serves the function of a professional seminar.

4.4 Third Year Clinical Training

Individual Psychotherapy

Third year students are required to see psychotherapy patients in our training clinic. New faculty are assigned for individual psychotherapy supervision in the third year. Case loads are maintained at two or three patients.

Externship

On two to three days per week externships, students are supervised in psychotherapy casework and diagnostic testing. Experience with more diverse populations than are typically seen in the Center for Psychological Services and exposure to adjunctive approaches to assessment and psychotherapy are encouraged. Externships are at full service mental health centers (e.g., hospitals, clinics, schools). The purpose of the externship is to provide an intensive clinical experience that may prepare students for the more intensive internship in the fifth year. Performances on clinical externships are recorded on the Externship Evaluation form. As described in section 6.2 (Evaluation), the Program adheres to a clinical competency based evaluation method. The Externship Evaluation form records attainment of clinical competencies appropriate to the externship training experience.

Case Conference

As described in the section above: In the third year of clinical training, students participate in weekly case conferences with students from the second year, led by a senior clinician from the faculty.

4.5 Fourth Year Clinical Training

Individual Psychotherapy

Fourth year students may elect to continue training in psychotherapy in the Center for Psychological Services. They are assigned a supervisor for these cases.

Clinical Concentration: Expanded Treatment Modalities

In the fourth clinical year, students elect a clinical concentration area which extends the development of clinical skills into new treatment modalities and intervention strategies beyond the core of individual psychodynamic psychotherapy. Students have clinical experience and supervision in a concentration area, the core of which is a small group case conference. Concentrations may include Accelerated Short-Term Dynamic Psychotherapy, Child Psychotherapy, Interpersonal, Group Therapy, Intensive Psychodynamic Psychotherapy, and Psychotherapy Integration.

In their fourth year, students may elect to complete a third externship, often in an area where they have not previously training, Preparation for this takes place in the winter of the third year.

4.6 Fifth Year Clinical Training

The fifth clinical year is the full-time psychology internship. Assistance with selecting sites and completing applications to internships is provided by the Director of Field/Practicum Training. *The program expects students to attend APA accredited sites.*

For unaccredited internships, it is the responsibility of the doctoral program to provide evidence demonstrating quality and adequacy of the internship experience. This must include information on the following: 1) the nature and appropriateness of the training activities; 2) frequency and quality of supervision; 3) credentials of the supervisors; 4) how the internship evaluates student performance; 5) how interns demonstrate competency at the appropriate level; 6) documentation of the evaluation of its students in its student files.

Though it is the doctoral program's policy for all students to attend accredited internships, in the unusual event a student attends an unaccredited internship, the Program will assure the quality and adequacy of the internship training experience. To do so, prior to beginning of the training year, the Director of Practicum Training will communicate with the site by phone, email, remote video and, whenever feasible, an in-person site visit. The purpose of this communication will be to establish a professional collegial relationship with a licensed clinical psychologist on site who agrees to serve as the primary supervisor or liaison/coordinator with the Doctoral Program for the purposes of internship training. In collaboration with the primary supervisor, the Director of Practicum Training will document that each of the areas listed is addressed through:

- 1) The nature and appropriateness of the training activities: The program provides didactic training pertinent to the population and clinical services at the site for a minimum of 10 hours/week of direct patient contact. In an initial discussion prior to the beginning of the training year, the internship will provide a schedule of didactic training and clinical training activities for review and approval by Derner's Director of Practicum Training. In a collaborative approach, areas requiring additional didactics and modifications in clinical contact will be requested and supplied by the internship site. The intern will record patient contact hours in their individual Time2Track account, and this will be viewed by the Director of Practicum Training monthly to assure adequate opportunity for experience providing direct service.
- 2) Frequency and quality of supervision: Supervision will consist of a minimum of two hours of individual and two hours of group supervision weekly, to aid the intern in developing professional skills. To enable the doctoral program to verify that these hours of supervision are reached, the supervisor(s) will submit to the Director of Practicum Training, a proposed schedule of supervisory hours at the beginning of each month and, at the conclusion of each month, a log of completed hours. Any shortfalls will be noted and discussed for timely correction.
- 3) Credentials of the supervisors: Supervision must be conducted by a doctoral level psychologist licensed or credentialed in the jurisdiction where training and service delivery occur. The doctoral program will obtain information about the licensure status of supervisors prior to the beginning of the internship, and at later points if licensure renewal occurs during the internship training year.
- 4) How the internship evaluates student performance: Performance will be evaluated by means of the *Clinical Practicum Performance* (CPP) Form supplied by the Derner Program. It allows for documentation of intern competency in each PWC on a scale of 1-5, with 5 being the highest. See the following section for how the internship CPP Form is used.
- 5) How interns demonstrate competency at the appropriate level: The attainment of professional skills known as profession-wide competencies, detailed on the internship CPP Form, will be documented by the primary supervisor through regular review of the intern's clinical work in the course of weekly supervision. Minimal levels of competency are ratings of four (4) by the end of the first half of the training year, and four (4) or five (5) by the close of the training year. Ratings of three (3) at mid-year will warrant close attention to training, and a "watch" will be placed on that competency. A "watch" will require weekly supervisory review of any competency rated three (3) at mid-year. The supervisor will have the option of providing increased service hours, increased individual and/or group supervision hours, and increased didactic training where knowledge gaps are observed, to assure that the intern progresses to a rating of four (4) by conclusion of the internship. We view this as a somewhat formalized approach to what ordinarily occurs in the course of attentive training through supervision.
- 6) Documentation of the evaluation of its students in its student files. The doctoral program keeps internship evaluations in the student files.

5 Research Training

5.1 Summary of Schedule for Research

Pre-dissertation Research Project

It is required that the pre-dissertation research project be completed by the end of the fall term of the third year.

Dissertation

It is recommended that work begin on the dissertation proposal during the third year. The proposal must be written with a full draft submitted to your chair by June 30 of that same year, and approved by the Dissertation Committee meeting by October 30 of the fourth year - prior to application for internship. It is important to note that the IRB form be submitted for approval immediately upon approval by your committee,¹ prior to the beginning of internship. It is recommended that the dissertation be completed and oral examination successfully passed by the end of the fifth year.

5.2 Pre-dissertation Research Project

Student-Faculty Research Mentor Match Policies and Procedures

Overview:

Research is an important and integral part of doctoral training at Derner. As such, involvement in research begins with your acceptance into the program at which time you must begin the process of selecting a research mentor. You will work with your mentor throughout your first year (and most often beyond), initially, in developing and conducting the required pre-dissertation research project. Your choices are many and varied. Currently, there are more faculty conducting research on more diverse topics than any time in the history of the Derner School.²

Researching a mentor:

Students are encouraged to explore as many options as possible to learn as much as they can about faculty as research mentors. You might begin by reviewing the Derner faculty profiles on the Adelphi website (<http://derner.adelphi.edu/faculty/index.php>).

As you start to focus your interests, you might want to schedule an individual meeting with a faculty member to ask specific questions. As well, most faculty conduct research workgroups on Wednesdays from 11-1. You might want to ask about attending one or more work group meetings. There you can not only get to see how the workgroup functions, you can also meet upper level candidates who have been working with that professor. You are welcome to and, indeed, encouraged to speak privately with current students of a given research mentor to learn more about their experiences as well as the process and completion of pre-dissertation/dissertation research.

¹ The IRB Committee does not meet each month over the summer. They require submissions two weeks, sometimes by hard copy only, before their meetings and often require revisions that are reviewed the next month.

² In an effort to promote methodological pluralism, the Derner faculty adopted Chapter 14 in John McCleod's *Qualitative Research in Counselling & Psychotherapy* (2010) as a guideline for conducting qualitative research.

In exploring the choices of research mentor, you should explore somewhat widely. Due to the fact that this is a faculty – student matching procedure, as well as the fact that faculty are constrained by number limits, students do not always get their first choice. Indeed, you will be asked to submit four choices and are only guaranteed that you will be matched with one of the four.

The matching process:

- 1) You will have until mid-May to investigate your choices. After that, you will be asked to rank the top four research mentors with whom you would like to work in descending order with rank #1 being the highest and rank #4 being the lowest. These ranked choices must be submitted to the Chair of the Research Committee by a date to be determined at the end of the spring semester (i.e. May 15th).
- 2) The Chair of the Research Committee will compile the list of student rankings by and provide this summary information to the Research Committee, as well as allow for review of original rankings.
- 3) The Chair of the Research Committee will then contact individual faculty via email regarding the individual students who have selected them as their first choice (rank #1) research mentor and ask faculty to approve those students they wish to accept.
- 4) All faculty will be available for consultation at the end of year Clinical Faculty meeting; as 2nd, 3rd, and 4th student choice matches may need to be reviewed and discussed. The Research Committee will convene to address any matching problems or issues that remain on that day.
- 5) The Final Student-Faculty Research Mentor Match list will be emailed by a date to be determined (i.e. June 1st) and students should then contact their research mentor.

A few caveats on the process:

- 6) During both the investigatory and ranking phases, it is inappropriate for a student to ask a faculty member if they plan to select them as a research advisee. Likewise, it is inappropriate for a faculty member to ask a student about their rankings or inclinations of their rankings. Nor is it appropriate for faculty to suggest you only attend their research group meetings.
- 7) Incoming first year students will spend one semester (incoming Fall) with the faculty member they were originally matched with. After that time there is no limitation on switching work groups. This one semester requirement can be waived by individual faculty after a meeting with the student should s/he desire. The DCT must be notified of all student-research mentor switches. When a student switches research mentors, the new faculty mentor immediately assumes the role of advisor for that student.
- 8) Individual faculty may only accept a total of four students into their research group over a two year period. If a student subsequently drops out of the program prior to beginning the Fall semester, anytime during the Fall semester or prior to beginning the Spring semester, then this student does not count toward this limit. If a student switches advisors anytime during the Fall semester or prior to beginning the Spring semester during the first year, then that student does not count toward this limit of the original advisor, but does count toward this limit for the second advisor.

9) Although students may conduct research activities for their graduate assistant responsibilities, students and faculty must be aware that this level of participation cannot be substituted for the required pre-dissertation project. Research activities conducted for graduate assistantship duties should follow the APA guidelines of authorship. Authorship should be determined at the beginning of the research project.

We wish you the best in this process. If you have any questions or concerns, please contact the Director of Clinical Training (Dr. Christopher Muran: jcmuran@adelphi.edu)

Research Training Goals of Pre-dissertation Research Project

The pre-dissertation research project is an empirical study, developed and carried out in conjunction with the advisor and the workgroup. The project is the primary training vehicle for gaining hands-on experience in designing an empirical study, collecting and analyzing data and reporting the findings. The aim of the project is to acquaint students with the workings of research in a manner that is integrated with their clinical training, and that will increase their understanding of the potential contribution of research to their clinical work, throughout their careers.

For most students who will do empirical dissertation projects, the pre-dissertation research project is designed to provide directed training as a basis for carrying out the independent research of the dissertation. For students electing to carry out a theoretical dissertation, the pre-dissertation research project requirement is designed to insure that all students have direct hands-on experience designing, collecting and analyzing data of an empirical study as a component of their doctoral training.

Criteria for Completion of Pre-dissertation Research Project

The requirement for the project conducted in conjunction with Derner School faculty may be met in either of two ways:

- 1) Publication in a peer review journal or presentation at a peer review conference. If paper is presented, as paper or poster, a written report of the presentation should be submitted to the advisor, as a paper in APA format, printout of poster, copy of PowerPoint presentation or other appropriate format.
- 2) Under special circumstances, the student and advisor may petition the research committee for an alternative method of approval of the completion of the empirical pre-dissertation research project. Alternatively, the requirement may be met by review and approval of a completed report of the project by the advisor and another faculty member who is a member of the Research Committee.

The first choice is advised where possible for training purposes and as a valuable research experience.

Students must have their pre-dissertation research project fully completed by the end of fall semester 3rd year (See Appendix J-1).

Requirement for beginning dissertation

Completion of the pre-dissertation research project (as specified above) is required prior to the student being approved to submit a proposal for the dissertation (See Appendix J-1). Special cases of large sample and longitudinal studies may require an exception to this procedure (as discussed below).

Requirement for internship application

Students must have their dissertation proposal fully completed by October 30 in the fall semester 4th year (See Appendix J-1) and before internship application is approved. By June 30th of the internship application year, students must submit a complete draft of their dissertation proposal to their dissertation committee chair for review. Prior to September 15 of their internship application year, all fourth year students are required to submit a Research Training Requirements Form to the Research Committee, signed by their faculty research supervisors and indicating their level of research progress in the program (See Appendix J-1). The committee then reviews these forms; if approved they are forwarded to the Director of Clinical Training for approval and then to the Dean, who will then complete the review and approval process, prior to November 1.

Requests for exceptions concerning approval for internship application must be submitted to the Research Committee along with a completed Research Requirement Form prior to Sept. 15. The Research Committee will vote on the written request with a majority of votes required for approval and will then forward approved forms to the Director of Clinical Training for approval and then to the Dean for final approval. Research Advisors and students may appeal the vote of the Research Committee to the Dean.

Criteria and Procedures for Pre-dissertation Research Project Exceptions

Any exceptions to the requirements for any reason must be submitted in writing to the Research Committee by the student and the Research Advisor. The request must provide a detailed explanation of the reasons for the exception and a plan/time-table regarding the completion of this project.

In cases where students collect large data sets or carry out longitudinal studies, to be used for both their pre-dissertation research projects and dissertations, an approved dissertation proposal may be substituted for completion of the pre-dissertation research project. In such cases, the student must apply for waiver of the requirement that the pre-dissertation research project be completed before the dissertation proposal is submitted.

The Research Committee will evaluate this application prior to the proposal meeting to establish the status of the project as an empirical project requiring an exception.

If approval is granted, the proposal meeting must be held and the project approved by the committee prior to November 1st of the internship application year, to meet the deadline for internship application. The completion of the proposal should be noted on the Research Training Requirements Form.

In such cases, the student is required to carry out a distinct component of the overall project as a pre-dissertation research project that meets the criteria for completion outlined above, as soon as feasible following data collection. The completion of this requirement will be monitored by the

Research Committee prior to approval for scheduling an oral defense.

Students intending to carry out a theoretical dissertation cannot petition for exception based on an approved proposal. They must complete data collection of an empirical pre-dissertation research project prior to approval by the Research Committee and certification by the Director of Clinical Training for internship application.

5.3 Doctoral Dissertation

Approval to Organize Dissertation Committee and Schedule Proposal Meeting

Prior to establishing a Dissertation Committee and scheduling a proposal meeting, the student must submit evidence of completion of the pre-dissertation research project to the Research Committee, using the Research Training Requirements Form. This may either be a notice of the acceptance of the publication or presentation, or a form signed by the Chair and reader of the report, as outlined above. The approval by the Research Committee will be submitted and included in the student's file along with the proposal evaluation by the dissertation committee.

As outlined above, in special cases the Dissertation Committee may be formed and the proposal meeting scheduled prior to completion of the pre-dissertation research project. The specific requirement of the pre-dissertation research project as outlined above must then be met before scheduling the oral defense.

The Dissertation Committee

Permanent Members

The committee shall consist of a Chair and two Members. The Chair and at least one committee member must be on the full-time Derner School faculty. The other member must be on the full-time Derner School faculty or the half-time clinic faculty. Any exceptions, such as outside permanent members, must be approved by the Research Committee, following procedures described below.

Criteria and procedures for approval of outside Permanent Committee Members for Dissertation Defense

An outside committee member is required to have specific and unique research expertise in the area of the dissertation. The Committee convened to examine the student for the oral defense of the dissertation will include an Outside Reader 1) teach at Adelphi University and have a doctoral degree in a discipline outside of psychology or have a doctoral degree in psychology and teach in a discipline outside of psychology; **OR** 2) have a doctoral degree in psychology or in a related discipline and be a **full-time** faculty member at another college or university (including a faculty appointment at a teaching hospital or medical school). The Outside Reader may be chosen by the student whose proposal is being evaluated, subject to the approval of the Dissertation Committee Chair. **Outside members meeting the criteria indicated above do not require the approval of the Research Standards Committee.** Requests for special members not meeting these criteria must be submitted to the Research Committee at least a month prior to the orals date, outlining the specific research expertise of the proposed outside member, in relation to the dissertation topic, as indicated by relevant publications, and including his or her CV. The request should also include a rationale of why the proposed outside member was chosen by the student. The request will be considered by the Research Committee and a response will be provided in writing.

Once the permanent committee has been formed, an announcement of the composition of the committee should be sent to the Research Committee and the Dean for approval. (Dissertation Committee Form attached in Appendix J-2)

Special Members: Proposal

In addition to the three Derner faculty members, two Derner doctoral students will serve as special members for the proposal committee only. They may be chosen by the student whose proposal is being evaluated, subject to the approval of the Dissertation Committee Chair. The student members do not have voting privileges.

Special Members: Orals. In addition to the three permanent Derner faculty members, the Oral Examination Committee will have an Outside Reader, as described below. The Committee convened to examine the student for the oral defense of the dissertation will include an Outside Reader who must: 1) teach at Adelphi University and have a doctoral degree in a discipline outside of psychology or have a doctoral degree in psychology and teach in a discipline outside of psychology; OR 2) have a doctoral degree in psychology or in a related discipline and be a faculty member at another college or university (including a faculty appointment at a teaching hospital or medical school). The Outside Reader may be chosen by the student whose proposal is being evaluated, subject to the approval of the Dissertation Committee Chair. Requests for special members not meeting these criteria must be submitted to the Research Committee at least a month prior to the orals date, outlining the qualifications of the proposed special member and explaining the rationale for the exception.

Changes in Committee Composition

The Research Committee and the Dean must be notified as to any changes in the dissertation committee. Changes involving inclusion of outside members must be submitted for review by the Research Committee and the Dean as outlined above. The Dissertation Committee Chair is responsible for implementing this requirement.

Responsibilities of Committee Members

All members of the committee are expected to follow the evaluation procedures outlined below, and to be present for the proposal meeting and for the oral defense. Proposals should be scheduled for one hour; the oral defense should be scheduled for two hours. The proposal and oral defense evaluation forms (see Appendices J-3 and J-4) must be signed by each committee member at the close of the meeting.

Proposal and dissertation meetings are generally scheduled from September through June. Exceptions may be requested for meetings in July and August at the discretion of the Committee.

Doctoral students will be required to successfully complete their dissertation proposal defense (i.e., they must hold their proposal meeting and file the signed proposal approval form) by October 30 of fall semester of the 4th year in order to apply for internship. A complete full draft of the proposal must be given to the dissertation chair by June 30 of the year the student wishes to apply for their internship. The proposal should consist of the first two chapters: literature review and method section, along with references, and any other material required by the student's dissertation chair. In the case of the two manuscript dissertation format, the proposal should consist of a background overview and rationale for the two papers, along with a description of each paper, its format, and a literature review and method section (when appropriate) relevant to each separate manuscript. See details for formatting of the traditional and two manuscript model of dissertations below.

Procedures for Evaluation of Dissertation

Proposal Evaluation

After the Chair has approved the proposal for distribution, copies will be given to the other faculty members.

(The degree of involvement of the committee prior to this point is at the discretion of the members.) The members can either approve the proposal as ready to be discussed at the proposal meeting or require revisions prior to scheduling a meeting. When all committee members view the proposal as acceptable for discussion, the proposal meeting may be scheduled. All committee members must receive a copy of the proposal with revisions at least two weeks prior to the scheduled meeting date.

An announcement of the proposal meeting, including a list of permanent and special committee members, will be posted publicly and copies sent to the Dean of the Derner School and the Chair of the Derner School Research Committee. Following the proposal meeting, the proposal evaluation form will be filled out and signed by all Dissertation Committee members and sent to the Dean for approval.

Once the proposal has been approved by the Committee, the candidate is then responsible for carrying out the project addressing the research questions outlined in the study and following the specified method. Minor changes in the research questions or methods may be approved by the Chair. Changes deemed major by the Chair must be submitted and approved in writing by the committee. Assuming approved procedures are followed, approval of the dissertation does not depend on the success of the project in achieving significant results.

Dissertation Evaluation prior to defense

After the Chair has approved the dissertation for distribution, copies will be given to the other faculty members. When at least one committee member, in addition to the Chair, has approved the dissertation, it is strongly suggested that the outside reader also be given a copy. The committee members and outside reader may then either approve the proposal as ready to be discussed at the oral defense or require revisions prior to scheduling the defense. When all committee members, including the outside reader approve the dissertation as in an acceptable form for defense, the oral examination may be scheduled. All committee members must receive a copy of the proposal with revisions at least two weeks prior to the scheduled date for the oral examination.

An announcement of the oral defense, including a list of committee members, will be posted publicly after approval by the Dean and the Chair of the School Research Committee. (See Appendix J-5)

Evaluation procedures at oral defense

The student and regular members of the dissertation committee must be physically present for both the proposal and defense. In the defense meeting, under special circumstances, the special member/outside reader may participate via distance technology (i.e. Skype, internet webcam, conference call, etc.) when they have a) demonstrated specific expertise relevant to the focus of the dissertation topic, and approved by both the b) Dissertation Committee and c) Research Committee.

The candidate's presentation and responses in the oral examination and the written dissertation are evaluated separately. The dissertation may be evaluated as: a) approved without revision; b) approved with minor revisions; c) approval pending, major revisions required. Minor revisions will be examined and approved by the Committee Chair. Major revisions should be unlikely if procedures are followed prior to the orals as outlined above. If unexpected major issues do arise requiring such revisions, the changes must be examined and approved by the entire committee, including the outside reader.

Following the oral defense, the evaluation form will be filled out and signed by the Dissertation Committee members and sent the Dean for approval. (A copy of the form is attached in Appendix J-4.)

The evaluation form will indicate the action required of the candidate, which may be minor or major revisions or no revisions, to obtain final approval for the dissertation. When the candidate has completed the requested revisions, and they have been approved as specified above, the final approval will be indicated in the attached Dissertation Approval form.

Dissertation Preparation

Follow current APA manual for formatting and writing style. Tables, charts and figures should appear on separate pages in the body of the text. References and appendices are placed at the end. **Margins should be 1 inch on all sides.** Number pages in Arabic numbers in upper right corner. Use small Roman numerals for preliminary material. The title page is not numbered but is understood to be small Roman numeral one. Numbering begins consecutively with first page of text and includes Tables, Figures, References and Appendices.

Abstract

Abstracts are limited to a maximum of 350 words to facilitate indexing by ProQuest I UMI. These print indexes require limits of 350 words for doctoral dissertations. Additionally, our print indexes allow only text to be included in the abstract. Please conform to current American Psychological Association (APA) style in writing your abstract. For example, your abstract should contain at least your research topic, research questions, participants (including number of participants), methods, results, data analysis, and conclusions. You may also include possible implications of your research and future work you see connected with your findings. Your abstract should be a single paragraph, double-spaced. If you are following the "two manuscript model", please complete an overall abstract (covering the dissertation, as a whole) in addition to two separate individual abstracts for the two papers (three abstracts, in total).

See Appendix J-6 for Dissertation Title Page Format and Appendix J-7 for Dissertation Committee Page Format

For the Oral Dissertation Review, each member of the committee must receive a complete copy including a 2-3 page abstract at least two weeks in advance of the examination. After the Oral Review, a final copy with any revisions must be prepared. After the chair approves revisions they must sign the final approval form and submit completed document to the OCT (Dr. Muran) for his review. Once Dr. Muran has signed off the dissertation it can then be submitted to ProQuest for publication.

Traditional Dissertation Model Format

Usual Order and Content of Traditional Dissertations

1. Title page
2. Committee page, listing names of advisory chairperson, and committee member only
3. Preface, including acknowledgements
4. Table of contents, with page references
5. List of tables, with titles and page references
6. List of figures or illustrations, with titles and page references
7. Abstract page

Chapter Headings Generally are Given as Follow:

1. Introduction
2. Review of the Literature
3. Statement of problem, Hypotheses or Research Questions
4. Methods
5. Results
6. Discussion and Conclusions

Two-Manuscript Model Dissertation Format

The Ph.D. dissertation can consist of two separate, but conceptually related documents in manuscript form, both of which are judged by your committee to be at the level of publishable work. Examples of the two paper formats include (but are not limited to):

- **A Literature Review:** This paper can consist of a standalone literature review article, submitted in a form that is potentially acceptable to a peer review journal. This manuscript should be a minimum of 10,000 words or 25-30 (double-spaced) pages in length (including references), and will review theoretical and empirical research relevant to the topic that the dissertation research focuses on. The article must be written in APA format, and should be similar in nature and structure to a Psychological Bulletin article. It should be critical and synthetic in nature and written at a level of sophistication needed for submission to a good, peer review journal. This review article could be a scoping review, a systematic review, a practice review, or a meta-analysis (no fewer than 10 studies).
- **An Empirical Manuscript:** This paper can consist of a standalone empirical article that is written in a form that will be potentially acceptable to a peer review journal. This article should be a minimum of 10,000 words or 25-30 pages (double spaced) in length (including references), and must conform to APA format. Students should familiarize themselves with the types of articles that appear in top-quality journals relevant to their area of research, and use these as models when writing their dissertations

In lieu of submitting one literature review and one empirical manuscript, the student may choose to write two empirical manuscripts

The Dissertation Proposal for the Two-Manuscript Model:

- The student should prepare an abstract, introduction and method section in APA manuscript format for each paper (minimum 10-15 pages each). You must include an opening sentence that organizes the two studies with an overall rationale & objective. Then include the overall abstract as intro into the dissertation document.
- In addition, an introduction and background literature section that provides the theoretical and conceptual overview for the two manuscripts detailing why they are relevant and how they are related to one another in a programmatic manner (another 5-10 pages) must also be included.
- The standard proposal meeting format will be used to defend the proposal. Acceptability of the two-manuscript model for dissertation will be determined by your chair and two faculty committee members.

Frequently Asked Questions about the two-manuscript model:

Can my “second year project” be turned into a manuscript and used as one of the two manuscripts in the new dissertation model?

- No, it cannot. The Pre-dissertation (“second year”) project--whether or not a manuscript arises from that work--and the Two- Manuscript Dissertation model are two separate entities, as is noted in the handbook.

If I have a dissertation proposal approved by the traditional model, can I change to the new model?

- As is stated in the handbook, the Two Manuscript dissertation model proposal (two APA formatted manuscript drafts 15-25 pages each, along with a 5-10 page overview) must be presented to and approved by all members of the students' committee in a proposal meeting. Therefore, anyone who has already had a proposal meeting that has been approved under the old version needs to move forward according to the proposal that was approved, OR they need to defend a new complete proposal meeting where the new model is presented, reviewed and approved by the committee. For example, if someone has already had a proposal meeting and approval of a project, and now wants to change what they are doing, they will need to have a new proposal meeting with their committee, providing committee members with the new proposal format and defending this proposal. This is the case even when part of the original proposal has been submitted and accepted for publication.

Can I defend my dissertation, with my proposal approved prior to 10/5/2016, using the new model without submitting a new dissertation proposal?

- No. No one can schedule a dissertation defense of a dissertation using the Two Manuscript dissertation model whose proposal was approved prior to October 5, 2016 using the new model, unless they have redone their dissertation proposal according to the Two Manuscript dissertation model proposal (two APA formatted manuscript drafts 15-25 pages each with a 5-10 page overview) prior to their dissertation defense.

Can I use a literature review as one of the two manuscripts for my dissertation?

- Yes, but it must be at the quality and level of a publishable work as determined by your committee members as well as meeting the criteria laid out under the Literature Review criteria of the Two Manuscript dissertation model, and must be conceptually linked to the second empirical paper.

5.4 Resources on Research Ethics & Conduct

APA Code of Ethics re Research Conduct:

<http://www.apa.org/research/responsible/index.aspx>

NAP On Being a Scientist:

<https://www.nap.edu/catalog/12192/on-being-a-scientist-a-guide-to-responsible-conduct-in>

6 Policies and Procedures

6.1 Academic Policies

Class attendance

Attendance at all regularly scheduled meetings of a course is expected. Students should contact the course instructor in advance if they know that they will be absent from a particular class. Students are permitted to make-up required course work and examinations missed as a result of instructor-approved absences. The policy of the Derner School is that if a student has more than three absences in a course, he or she can lose credit for the course: *This policy is implemented at the course instructor's discretion.*

Course waivers

A student may request a course waiver for *only* foundational courses (non-clinical and non-research:) by presenting a syllabus and transcript to the course instructor. These courses include graduate-level courses in Human Development, Social Bases, Biological Bases, Cognition & Affect, History & Systems. They must have been completed within five years of matriculation to Derner. The course instructor must be satisfied that the student possesses sufficient knowledge, skill, and experience relative to the particular course's content. The basis for course transfer is thus: 1) course coverage (elements outlined by APA for the Discipline-Specific Knowledge must be evident in the syllabus provided for review); 2) course grade must be \geq B (grading criteria must be clearly defined with regard to activities and elements). If the instructor approves the waiver, she or he must sign the course waiver form (see Appendix G), which is then submitted to the DCT for further review and approval. Please note: Course waivers do not shorten the length of the program.

Curricular adjustments or accommodations

Although the PhD program is full-time and follows a curriculum with a defined sequence, curricular adjustments/accommodations can be made for documented medical conditions/needs. Students should discuss their situation 1) first with their advisor and 2) then with the DCT. Academic accommodations follow a protocol as defined by the university Student Access Office. Medical leaves follow a protocol as defined by the university Office of Academic Services.

Colloquium Series

The academic program at the Derner School of Psychology is augmented by a regular colloquium series to promote professional exchange. Students and faculty are to attend these regular meetings, which provide an opportunity to learn about recent developments in psychology, professional issues, research and clinical issues. Leading scholars are invited to make presentations on their work. This gives students a chance to learn of the most recent advances in theory, research, and clinical practice. Colloquia are usually held on Wednesdays from 1:00 pm - 2:15 pm, although they may be scheduled at other times as well.

University Meeting Time

Every Monday and Wednesday from 1pm – 2pm is designated University meeting time. Students and faculty may not schedule classes, workgroup, supervision or other ongoing weekly academic meetings during this time. Examples of meetings which may take place during this time include faculty meetings, graduate student organization meetings, Derner School of Psychology committee meetings, and student body meetings.

6.2 Procedures for Student Evaluation & Action

All Derner students are representatives of the Derner School of Psychology and the larger professional community and are expected to follow the American Psychological Association (APA) Ethics Code. In addition, students are responsible for adhering to University policies and expectations including those of research and clinical settings in which they are placed (e.g., commitment to duties, recordkeeping, hours, dress code). These expectations include academic performance as well as professional skills in clinical practice and research.

Doctoral Program

In addition to protocol outlined below, the Derner doctoral program in clinical psychology follows the policies of Adelphi University regarding student code of conduct and procedures for disciplinary action as outlined in the university Code of Conduct handbook.

(<http://academics.adelphi.edu/policies/pdfs/code.pdf>).

Student Evaluation

In order for the doctoral program to carefully monitor student progress and achievement of core competencies, as well as to develop remediation plans when problems emerge, there must be evaluation of students at specific points in the program, in addition to course grades.

The program has a procedure for review of student progress that includes academic concerns, professional behavior, and student misconduct. It also includes non-academic concerns that have implications for a student's potential performance as a professional in the field: Graduate training programs have an ethical responsibility not to graduate students who are likely to be impaired or to function unprofessionally.

All student behavior and performance is also governed by the APA Ethics Code of conduct and by the New York State (NYS) definition of unprofessional conduct for psychologists under Article 131, Section 6530.

Actionable Behavior

Students found to violate the university's Code of Conduct, to demonstrate poor academic performance or to exercise unprofessional behavior may be subject to a remedial or disciplinary action.

These concerns include but are not limited to:

- Poor grades or academic performance
- Poor clinical performance including supervision, externship and internship
- Unprofessional and/or unethical behavior
- Failure to achieve one or more of the competencies required by the program
- Failure to fulfill graduate assistant responsibilities
- Academic dishonesty including plagiarism
- Substance abuse
- Violence or other destructive behavior
- Carrying weapons
- Behavior that interferes with ability to satisfactorily complete program requirements
- Behavior that interferes with another student's training and education

Concerns resulting in remedial or disciplinary action may be initiated by:

- Recommendation resulting from a Student Evaluation Meeting (SEM)
- Complaint filed by a student, faculty, or interested party (outside of a SEM)

Poor academic performance is defined as follows: Grades in the range of B- to B+ can be considered cause for concern and result in an academic action; two or more Bs in a semester will result in academic warning or probation; two or more Bs in courses corresponding to a training goal may also result in an academic action. With grades in the C range or lower in a required course, a student must retake the course, or complete a remediation plan which has been agreed to by the course instructor and approved by the Program Director. Two or more courses with a grade of C or lower will result in faculty review for possible dismissal from the program. Incompletes may also be considered an indication of poor academic performance and grounds for academic action. Students who have two or more outstanding incompletes may not take more than 16 credits until the Incomplete is satisfactorily completed. Students have two semesters, from the date of the Incomplete, to satisfactorily complete all course work. If the course work is not completed by the deadline, regardless of whether the student is enrolled, the Incomplete automatically becomes an F and the student must re-take the course.

Academic honesty

Adelphi University's code of academic honesty prohibits behavior which can broadly be described as lying, cheating, or stealing. Violations of the code of academic honesty include, but are not limited to, the following:

- Fabricating data or citations
- Collaborating in areas prohibited by the professor
- Unauthorized multiple submission of work
- Sabotage of others' work, including library vandalism or manipulation
- Plagiarism: presenting any work as one's own that is not one's own
- The creation of unfair advantage
- The facilitation of dishonesty
- Tampering with or falsifying records
- Cheating on examinations through the use of written materials or giving or receiving help in any form during the exam, including talking, signals, electronic devices, etc.

Violations of the code of academic honesty will be handled according to University policies and procedures, as well as the policies and procedures of the Derner School of Psychology as outlined below.

The complete Adelphi University academic honesty policies and procedures can be found at: <http://academics.adelphi.edu/policies/honesty.php>.

Unprofessional behavior is defined broadly as any inappropriate conduct with regard to clinical practice and research. To define such misconduct, the program adopts the APA Ethics Code (<http://www.apa.org/ethics/code/index.aspx>), as well as the NYS definition of unprofessional conduct for psychologists under Article 131, Section 6530.

Student Evaluation

Each semester students and advisors will be advised by individual faculty or supervisors through an Early Warning System (Appendix H-1) of any behavior that may result in an action (by Nov 1 in the fall & Mar 15 in the spring). There are two end-of-semester Student Evaluation Meetings, typically in January and June, which are attended by all faculty teaching in the doctoral program. Students are deemed to be meeting expectations for progress, being below or above. The intent of the meeting is to evaluate students in the program in order to inform students of their progress. Course Evaluations (see Appendix H-1) and Developmental Achievement Level ratings for clinical and research practica (see Appendix H-2/H-3) are collected at this meeting and then incorporated in the Advisor's feedback to each student. These also become part of the student's Portfolio Review (see 6.3), which is used to establish each student's competencies and readiness to apply to internship after the 3rd year of training. Each advisor will meet with his/her students shortly after these meetings to present them with their evaluations and review their progress.

When progress is below expectations and there are concerns, the faculty may decide by majority vote to recommend the student for an action, such as Concern, Warning, Probation or Dismissal (see below for definitions). When a recommendation is made to place a student on Warning or a more serious action, then an Evaluation Conference is initiated to make a final decision. (When an action of Concern is recommended, this requires more attention by the student's advisor towards remediation.)

Evaluation Conference

Students recommended by faculty for actions are subject to an Evaluation Conference, which is convened by the Program Director and designed to gather and consider relevant information regarding alleged difficulties or violations and to determine an action, if applicable.

The Evaluation Conference includes individuals as deemed relevant for all students demonstrating behavior subject to remedial or disciplinary action, including the student's advisor. Students will be required to personally appear regarding recommended actions. Delivery of such requests to appear will be made to the current address as provided by the student to the University. A reasonable attempt to deliver to said address will constitute acceptable notice to the student. (Evaluation Conference proceedings are not tape-or video-recorded.)

In the event a student admits responsibility for the behavior in question, or when poor academic performance is established, the action will be determined through an Evaluation Conference, and the full range of actions may be imposed, including suspension and expulsion.

A student subject to an Evaluation Conference shall receive written notification of the outcome of the conference, including findings of responsibility and actions (if found responsible). This notification shall be sent within two weeks following the completion of the conference.

Process for Actions

- Students recommended for an action from the Student Evaluation Meeting will be referred to an Evaluation Conference.
- The student will be informed by his/her advisor within 48 hours that he/she has been recommended for such action and that an Evaluation Conference will be scheduled.
- The Program Director will notify the student that he/she has been recommended for an action and will schedule an Evaluation Conference to include the student and a committee to discuss the details of the specific action that was recommended.

- The committee convened by the Program Director will include but not be limited to the Program Director, Director of Psychological Services, student's adviser, and relevant faculty.
- The student may invite another student or faculty of his/her choosing as an advocate, but they will not take part in the committee deliberations.
- At the Evaluation Conference, the concerns and recommendations will be discussed with the rationale for the action and the remedies that the student will take to address the issues. The purpose of the meeting is an opportunity for the student to respond to the concerns, to provide additional evidence, and to discuss the action that has been recommended. The committee will render a final decision regarding the concerns.
- Following the Evaluation Conference, the Program Director will prepare a formal written statement to the student summarizing both the specific action taken and the rationale behind it. The student will write a letter within two weeks to the Program Director summarizing his/her understanding of the action, and a specific plan for how the student will address the issues. Copies are given to members of the committee and placed in the student's file.
- Should the student disagree with the decision, he/she has a right to appeal, and would defer writing the letter. This would then proceed to the Appeals Process as described later in this document.
- Should the committee decide that additional evidence is needed to render a decision, or should the student not admit responsibility for the behavior, the matter can be referred to the Dean and follow the Appeals Process.
- Each student placed on action is re-evaluated at the next Student Evaluation meeting, and can be recommended for continued action or removal from action. Students recommended for continued action will again be referred to an Evaluation Conference.

Actions

1. Concern: The mildest of all the formal actions, it is typically chosen when a student is making only marginal progress in some particular area or some minor problem in performance, and the faculty is drawing the student's attention to this area by recommending that the advisor work more intensively with the student to address the concerns. This action does not require a disciplinary conference.

2. Warning: The student is lacking in appropriate progress/performance in several areas, or has failed to address concerns raised earlier. The student must make improvement across the board to avoid more severe action.

3. Probation: This action is taken when the student's overall progress/performance is sufficiently unsatisfactory that unless improvement in specified areas takes place during the coming semester, the student's candidacy will be reviewed for termination. Probation may be recommended for misconduct, unprofessional behavior, or poor academic or clinical performance that is deemed to be of significant concern. Students on probation may not apply to internships.

3a. Leave of absence: This action may be recommended or mandated for a student who is placed on probation. This action may be taken when the faculty believes that the concern or misconduct is severe enough that the student needs to spend time away from the program to address the concern before returning to complete the program. The faculty may also recommend a leave of absence when a student faces concrete, objective obstacles

to training, such as illness or family issues. Voluntary leaves of absences are not considered sanctions of disciplinary action.

4. **Dismissal:** A student can be dismissed after having been placed on probation, and subsequently failing to resolve the issues that led to probation. The decision reflects the faculty judgment that not only has the student failed to address important professional issues, but also is unable to do so. Dismissal can take place without a student's having previously been placed on probation if an extraordinary breach of conduct has taken place. These include but are not limited to behaviors such as academic dishonesty or highly inappropriate professional interactions with clinical patients or research subjects.

Consequences of being placed on an action may result in (but is not limited to) one or more of the following:

1. Revision of the student's graduate assistantship duties
2. Revision of the student's graduate assistant stipend
3. Denial of permission to teach in Derner programs
4. Denial of permission to apply for internship
5. Requirement to report on internship and licensure applications.

Appeals Process

All students have the right to appeal actions of probation or dismissal. All appeals by graduate students are referred to the Dean. The purpose of an appeal is not to rehear the case, but to address the decision that was made.

Grounds for appeal include:

- Fairness of the process
- Introduction of new evidence
- Harshness of the action

Procedures for Appeals:

1. The student must submit a written request to the Dean, providing the rationale for the requested appeal.
2. The Dean assembles an Appeal Committee that will include the Dean, the Program Director and a faculty member who was not part of the Evaluation Conference to hear the appeal.
3. The student may submit a written report to the Appeal Committee prior to the hearing.
4. The student makes an oral presentation in person to the Appeal Committee.
5. A question and answer period by the committee with the student follows.
6. The Dean is the presiding officer for the Appeal Committee.
7. The Appeal Committee deliberates following the hearing and makes its decision.
8. There is no provision for attorneys to be present during the proceedings of an appeals hearing (except if there are criminal charges pending regarding the concern).

6.3 STUDENT RIGHTS & RECOURSE

The Ph.D. program is guided by the university's nondiscrimination policies (<https://operations.adelphi.edu/catalog/affirmative-action-equal-employment-opportunity-statement>) and APA Multicultural Guidelines and Code of Conduct (<https://www.apa.org/about/policy/multicultural-guidelines>;

<https://www.apa.org/ethics/code/>), recognizing the rights of students and faculty to be treated with courtesy and respect, that all interactions among students, faculty, and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession. The Student Action Committee (SAC), a form of student government, was established with the aim to advocate for student rights, to enhance the student learning environment, and to facilitate relations between faculty and students.

GRIEVANCE PROCEDURE

It is possible that a conflict may arise between a student and a fellow student, between student and faculty member or staff member. When a conflict arises, it is most desirable that an attempt be made to resolve the conflict through an informal interaction with that person. If this is not successful or it is perceived that there is some obstacle to a successful resolution of this conflict, the procedure becomes more formal and follows the protocol detailed below. The first part of the procedure continues with an informal approach.

1. A meeting is scheduled with the Program Director/Chair to discuss the conflict. It may be decided at that meeting to have another meeting with the other party or parties involved. If this is successful in resolving the conflict, the situation ends.
2. If the preceding step is not successful, a formal process begins. The student submits a written grievance to the Dean. This written grievance should include all of the relevant details including a proposed resolution. The Dean may call a second meeting with all parties involved or whoever s/he believes is appropriate. In all cases a copy of the written grievance and all written materials will be given to the persons involved. If this is successful, a written resolution is prepared by the Dean and given to all persons.
3. If the procedure in the last step fails to resolve the conflict, the Dean informs the students about her or his rights to appeal to the higher University administration and gives the student a written report of the results of the procedures used to resolve the conflict. The Dean will advise the student about the University grievance procedure and is available to the student for help and direction in following this procedure (<http://academics.adelphi.edu/policies/complaints.php>).

GRADE DISPUTES

Students who believe their grades are incorrect or unfair should:

- Discuss their course work with the instructor
- Review with the course instructor the grading policies for the course
- If still dissatisfied, disputes concerning grades should be brought to the Program Director
- The Program Director may choose to discuss the matter with the instructor to try to resolve the issues
- If still dissatisfied, students should bring their concerns to the Dean
- The Dean may choose to discuss the matter with the Program Director and/or the instructor to try to resolve the issues
- If the issues remain unresolved, the student may request that the Office of Academic Services discuss the matter with the instructor
- The Associate Provost may choose to discuss the matter with the Dean.

If the Program Director, Dean, or Provost concludes that a grade was a result of arbitrary or capricious conduct on the part of the instructor, the student may be allowed to withdraw from

the course. In the case of arbitrary or capricious conduct, the department or school may allow the substitution of another course to replace the course in question.

All disputes concerning the accuracy of a grade must be raised within one calendar year. Grade changes must first be signed by the instructor and then by the Program Director and the Dean before being submitted to the Registrar.

***Title IX
Complaints***

The university has a protocol for any discrimination or harassment on the basis of sex with an advisement and documentation policy to which the program is not privy by law; records are maintained by the Office of Human Resources (see [https://hr.adelphi .edu/t it!e-ixiuniversitv-poI icy /section-iv](https://hr.adelphi.edu/t it!e-ixiuniversitv-poI icy /section-iv)).

6.4 FACULTY RIGHTS

Faculty are also afforded specific rights, including nondiscrimination, academic freedom, grievance procedures, etc.), which are covered by the Collective Bargaining Agreement established between the University Board of Trustees and the Adelphi University Chapter, American Association of University Professors (<http://www.adelphi.edu/ncate/pdfs/eer/5/53d-Collective-Bargaining-Agreement.pdf>).

6.5 Portfolio Review

The aim of the portfolio review is to establish a doctoral candidate's core competencies and readiness for internship training.

Student Qualifications

The student's advisor will determine student readiness for the portfolio review based on the following criteria: The student has completed all required coursework; the student has completed all portfolio requirements.

Portfolio Review Committee

The student's advisor, the director of field training, and the director of clinical training will constitute the portfolio review committee for each student.

Portfolio Review Process

Normally, the student will submit the portfolio to his or her advisor. The advisor will then request that the committee review the portfolio. This review process will normally be completed in 14 days. The student must complete and pass the review by Nov 1 of his/her fourth year and before applying to internship. It is strongly recommended that students determine a timeline for their portfolio review process with their advisors and aim to complete this process by June 1st in advance of their 4th year.

This evaluation of the portfolio will be conducted as follows:

The portfolio will be evaluated by the committee and reported as satisfactory, satisfactory with reservations, or unsatisfactory within 14 days of receipt. Two “unsatisfactory” votes will make the committee report unsatisfactory.

In the event of a report with two or more votes of “satisfactory with reservations,” the exact stipulations of the committee will be provided to the student writing. If the stipulations involve additional work on the portfolio, the statement will be specific in defining the tasks and time involved in satisfying the reservations.

In the event of a report of unsatisfactory, the committee may grant the candidate permission to present him or herself for another defense not sooner than four months after the first. The defense may be repeated only once, at the option of the department.

Portfolio Criteria

The program defines four broad goals with specific objectives. Core competencies corresponding to these goals and objectives are multi-determined by a number of portfolio criteria (including performance in academic and practica training), which are listed below. The minimally acceptable standard for grades is $\geq B$ and for ratings is ≥ 3 .

Maintenance of Records

The program will retain the student’s complete portfolio. The student should also retain a copy of the portfolio.

Training Aims & Objectives/Portfolio Criteria for Competencies

Training Aim 1: Research Skills

Objectives:

Students will attain competency in *Research and Evaluation* skills.

Portfolio:

Course grades in research sequence

Student course evaluations

Research DALs from workgroups

Pre-dissertation study requirement (evidence of paper conference presentation/journal submission required)

Dissertation proposal requirement

Training Aim 2: Clinical Skills

Objectives:

Students will attain competency in *Relationship* skills, *Assessment* skill, *Intervention* skills, *Consultation and Supervision* skills.

Portfolio:

Course grades in practice sequence

Student course evaluations

Clinical DALs from practica

Log of clinical hours

One full-battery test report

One written case presentation

Training Aim 3: Critical Inquiry

Objectives:

Students will become scholar-practitioners through attainment of competency in foundational, research and practice dimensions of clinical psychology.

Portfolio:

Course grades in foundational (as well as research & practice) sequences

Student course evaluations

Two papers (at least one from a foundational course) that document broad knowledge in psychology

Training Aim 4: Professional Conduct

Objectives:

Students will attain competency in *Diversity* and in *Professional Standards and Ethics*.

Portfolio:

Course grades in practice sequence, including those re Diversity & Prof Ethics

Student course evaluations

Practica evaluations

Two written case presentations that consider diversity and ethical concerns

6.6 Part-time Study

While part-time study is ordinarily not permitted, under certain circumstances it may be necessary for a student to reduce her or his course load. Requests for part-time study must be submitted in writing to the Dean.

6.7 Leave of Absence Guidelines

The continuity of training and education is an important aspect of the program; the faculty will not generally permit extension of leaves of absence beyond a single year. Under special circumstances, a student may petition for an extension of a leave for an additional year; such a petition must be presented no later than the preceding spring. The petition must present a compelling reason for such an extension, and should also include provision for approved professional activities during the leave period. The decision will be based on the specifics of the case, including the student's previous performance in the program, and the professional use which will be made of the leave period. If leave is not granted, the student will be expected to return to full-time status; or will have to reapply and be considered as a new student.

6.8 Time Limitation

Time-to-Completion

Students must complete all requirements of the program within **seven years** of their first registration at the Derner School of Psychology. If a student does not complete the program within the stipulated limits, he or she will be terminated unless they are granted a written extension with a specific date for completing the program. An approved leave of absence does

not extend the time limitations. The Dean or Associate Dean (DCT) may grant an extension of time for completion of the degree under the following conditions:

- The student shall have completed all requirements except the dissertation.
- The student must request an extension in writing, including written evidence of progress on the dissertation, setting forth a realistic timetable for its completion.
- The student may have to appear at an Evaluation Conference (EC), whose members are designated by the DCT, appointed to consider whether to grant approval of the extension.
- The EC may choose to place additional requirements on the student as a condition for granting the extension.

Given these four conditions, an extension shall be granted only under extraordinary conditions and at the recommendation of the student's advisor/dissertation chair. In order to show evidence of meeting the timetable, the student must submit dissertation material in writing every three months. Failure to do so may result in immediate termination. Faculty advisors will develop well-defined timetables for students beyond their fifth year of training who have not completed their dissertation. These timetables will include regular contacts and consultations. The advisors will also provide updates on these students to the DCT and faculty at the end-of-semester Student Evaluation Meeting.

6.9 Travel Approval / Travel Expense Procedure

Travel approval forms are required in order to be reimbursed for any trip.

- Fill out the form completely at least 30 days **BEFORE** any travel arrangements are made/conference date.
- Attach **DRAFT** itineraries of your hotel and flight.
- Attach a complete registration form.
- **Attach documents showing information for the conference such as:** a brochure (*online printout from the conference website*) and what the conference is about, date and location, and if you're invited, attach the letter/email.
- Return the form to Charlene Gachette located at Blodgett Rm 212 for processing.

Travel approval forms must be signed by the Dean in order to be reimbursed for any trip. Students will be reimbursed up to the total of **\$500** for the year.

Once you return from your trip, you will need to complete a **Travel Expense Form**.

- Fill out the form completely.
- Attach all **ORIGINAL RECEIPTS** to the form for reimbursement (without original receipts you will not get reimbursed for that item).
- Expenses **MUST** be submitted with **60 days** after expense was paid or incurred.

BOTH FORMS ARE LOCATED IN THE DEANS ADMINISTRATIVE OFFICE RM 302 AND BLODGETT RM 212. If you have any questions, contact Charlene 516-877-4804 or email gachette@adelpi.edu.

7 Child and Family Concentration (CAF)

7.1 Child and Family Concentration (CAF)

Child and family concentration (CAF):

Aim: to prepare doctoral students in clinical psychology in child/adolescent/family psychology at the internship level of training.

Objective: to provide doctoral-level training in clinical child and family psychology. The training focuses primarily on children, adolescents, parenting, and families. The training in CAF prepares graduates to be competent to deliver psychological services under supervision, to children and their families in a variety of settings such as medical centers, hospitals, and community clinics, where they may pursue internship training in their fifth year. Upon completion of the CAF concentration, students will also have basic knowledge and skills in working with adults in individual treatments.

Students will declare their intention to enroll in the CAF concentration between the end of the 1st year and the end of the second year. However, it is recommended that this decision be made early in training to facilitate planning of the objectives.

Specific Objectives/ Required Training Activities:

- a) one externship at a CAF treatment/evaluation facility
- b) half of the integrated psychodiagnostic assessments will be with a child or adolescent, and at least one will be in the Derner's Center for Psychological Services
- c) one research project (either pre-dissertation or dissertation) on a topic centrally related to CAF psychology
- d) half of the supervised clinical experience (including externship, see point a) above and any other clinical experience) will be with CAF; a minimum of two of the supervised clinical cases will be with CAF in the Psychological Services Clinic.
- e) Family Therapy course (core course) taken in the second year of studies.
- f) at least two elective courses in CAF. It is required that at least one elective should focus on intervention with CAF.
- g) At least one Intake interview in any year with CAF in the Psychological Clinic

Guidelines for research proposals:

- a) Research participants should be children and adolescents (max age 18)
- b) Studies on longitudinal samples collected across childhood/adolescence and predicting adult outcomes are within the scope, IF the focus is on childhood/adolescence data and the project demonstrates mastery of developmental/child clinical concepts ;
- c) Retrospective studies of childhood events (before age 18) are accepted only if the project demonstrates mastery of developmental and clinical child concepts.
- d) Studies beyond the age of 18 years but which include participants under 18 years are acceptable IF the focus is on childhood/adolescence data and the project demonstrates mastery of developmental/child clinical concepts.

Research proposal are approved by the research mentor. If the student and the research mentor have difficulty deciding, they will consult with the CAF committee.

7.2 Enrollment Form for the Child and Family Concentration

Student Name: _____

Advisor: _____

Year in the program: _____

I _____ would like to enroll and complete the requirements for the Child and Family concentration.

Signature of student: _____ **Date:**

__/__/____

Signature of advisor: _____ **Date:**

__/__/____

Please submit this form to the Doctoral studies administrative assistant, Psychology main office, HWC by the end of the first year of study.

7.3 Training Requirements for Completing the Child and Family Concentration

Student Name: _____

Advisor: _____

Status: _____

1) **One externship** at a CAF treatment/evaluation facility.

a. Circle: Yes No

i. If Yes, Name of the externship and dates of attendance:

2) **Half** of the integrated psychodiagnostic assessments are with a child or adolescent; **At least 1** is in Derner's Center for Psychological Services.

a. Circle: Yes No

3) **Half** of the supervised clinical experience (including externship, and any other clinical experience) is with CAF; **a minimum of 2** of the **supervised clinical cases** will be with CAF in the Psychological Services Clinic.

a. Circle: Yes No

4) At least **one Intake Interview** in any year with CAF in the Psychological Clinic.

a. Circle: Yes No

5) Family therapy course taken in the second year of study.

a. Circle: Yes No

6) At least **2 Elective Courses** are in CAF.

It is recommended that **at least 1 elective** should focus on intervention with CAF.

a. Circle: Yes No

i. **Elective 1 in CAF:** _____

ii. **Elective 2 in CAF** _____

7) One research project (either pre-dissertation OR dissertation) on a topic centrally related to CAF psychology

a. Pre-dissertation topic:

b. Dissertation topic:

Signature of student: _____ **Date:**
//____

Signature of advisor: _____ **Date:**
//____

8 Teaching Fellowship

8.1 Teaching Fellows Program

Gordon F. Derner School of Psychology

Undergraduate Psychology Department

Description: The Teaching Fellows Program is designed to provide graduate students who are interested in teaching with the opportunity to receive both didactic and instructional information pertaining to teaching in an undergraduate setting. The program allows students to participate in teaching demonstrations, observe master lecturers and instructors, and receive feedback from faculty regarding their teaching styles and approaches. The program has four components: 1) Teaching Observations, 2) Teaching Fellows Seminar (8.5 hours), 3) Teaching Demonstration, and 4) Completion of a Teaching Portfolio. Participants are provided with a letter of completion awarded when the program is completed.

The Teaching Fellows Seminar: This course is designed to prepare psychology graduate students as teachers of psychology at the undergraduate level, and as teaching assistants. The course involves syllabus preparation, selection of instructional material, testing, evaluation, and demonstration lectures. Also included in the course is a discussion of classroom management strategies and techniques, as well as other practical and pedagogical issues related to the teaching of psychology. Grading is on a satisfactory/unsatisfactory basis. Any student enrolled in the PhD Clinical program (1st year and beyond) may apply to attend the seminar.

Content of the Teaching Fellows Seminar:

- 1. Session 1: Teaching Philosophy, Teaching Strategies and Classroom Management Strategies** (3.5 hours)
- 2. Session 2: Syllabus Preparation, Grading Process, University Support Services** (1.5 hours)
- 3. Session 3: Demonstration & Critique – Teaching demonstration by students** (3 hours, 5-10 minute teaching demonstrations using principles covered in the seminar. Students will be provided with lecture materials in the form of a book chapter/articles etc. prior to the seminar)

Teaching Observations

Fellows will complete an observation of at least one full-time faculty undergraduate class session.

Teaching Portfolio

At the completion of the program, students will have the beginnings of a teaching portfolio which will include the following:

- Samples of their teaching demonstration lectures
- Classroom Observation Feedback Report
- Syllabus
- Statement of Teaching Philosophy

Criteria for Assignment as a Course Instructor in the Undergraduate Psychology Department

1. Fulfillment of all Ph.D. program requirements for the first year of study, and being a student in good standing.
2. M.A. in Psychology.
3. Applicants must have previously completed the course to be taught during their tenure as an

undergraduate, masters, or doctoral student.

4. If experienced as a teacher, applicants must have received positive student evaluations and classroom observations.

5. Completion of the Teaching Fellows Program:

a. Completion of the Psychology Department zero-credit 8.5 hour Teaching Fellows Seminar (Applicants must complete each of the 3 sessions in order to meet this requirement). Students in their 1st, 2nd, 3rd, and 4th year are eligible to attend; please note that current enrollment limit is 10

b. Observation of at least one full-time faculty undergraduate class session

c. Teaching Demonstration (30 minute in-class teaching demonstration with full time faculty)

6. Fulfillment of the above criteria does not guarantee a Teaching Assignment.

Criteria for Eligibility as a Teaching Fellowship Guest Lecturer in the Undergraduate Psychology Department

1. Fulfillment of all Ph.D. program requirements for the first year of study, and being a student in good standing.

2. Completion of the Teaching Fellows Program:

a. Completion of the Psychology Department zero-credit 8.5 hour Teaching Fellows Seminar (Applicants must complete each of the 3 sessions in order to meet this requirement). Students in their 1st, 2nd, 3rd, and 4th year are eligible to attend; please note that current enrollment limit is 10

b. Observation of at least one full-time faculty undergraduate class session

c. Teaching Demonstration (30 minute in-class teaching demonstration with full time faculty)

3. Fulfillment of the above criteria does not guarantee an opportunity to Guest Lecture.

Requirements for Teaching Fellows Guest Lecturing in the Undergraduate Psychology Department

1. Review the course syllabi, reading assignments, and any pertinent supplemental materials prior to teaching a given class session.

2. Review lecture notes, content, and teaching outline for the specific class session with the Course Instructor prior to teaching a given class section.

3. Meet with the Course Instructor after the class session to review the materials covered and the experience in the classroom

4. Provide a 1-page evaluation for the teaching portfolio of the experience, detailing lessons learned, observations, strengths, areas for improvement, surprises, and a global evaluation for that specific class session experience.

5. Complete #1-4 for each individual class session within the same course, or different courses that are guest lectured.

Requirements for Course Instructors Having a Guest Lecturer from the Teaching Fellowship Program

1. Discuss the potential option for guest lecture in class syllabus and review with students at the beginning of the semester.

2. Meet to review lecture notes, content and teaching outline prior to each specific class session with the Guest Lecturer.

3. Meet with the Guest Lecturer after each specific class session to review the materials covered and their experiences.

4. Observe at least part of one Guest Lecturer class session, for each separate Guest Lecturer teaching in the course. Provide a brief written summary of that observation, to be reviewed with the Teaching Fellow, for inclusion in that student's Teaching Portfolio.
5. While multiple Guest Lecturers can appear in any semester course, the number of total class sessions eligible for Guest Lectures is capped at 1-2 weeks of class sessions for the semester. That is, 2 class sessions for a 1x week course, 4 class sessions for 2x week course, and 6 class sessions for a 3x week course.
6. Presence of faculty in the classroom:
We are faculty who are active in research and professional obligations. Having a mechanism for class coverage will be important. Therefore, having students teach independent of faculty's presence in the classroom is necessary. This is one option for faculty who choose to pursue coverage for their classroom. It is at the discretion of the faculty to be present in the classroom after #4 has been addressed. We already have students being observed two times before teaching independently.

8.2 Teaching Fellows Program Syllabus

**Gordon F. Derner School of Psychology
Undergraduate Psychology Department**

INSTRUCTORS:

Dr. Dana Boccio
Email: Dboccio@adelphi.edu

Dr. Robert Bornstein
Email: Bornstein@adelphi.edu

Dr. Katherine Fiori
Email: Fiori@adelphi.edu

Office Number: Blodgett Hall, Suite 212
Office Phone: (516) 877-4739

SEMINAR TIME/PLACE: (DATE TO BE ANNOUNCED)

Blodgett Hall Rm. 204

COURSE DESCRIPTION

The Teaching Fellows Program is designed to provide graduate students who are interested in teaching with the opportunity to receive both didactic and instructional information pertaining to teaching in an undergraduate setting. The program will allow students to participate in teaching demonstrations, observe master lecturers and instructors and receive valuable feedback from faculty regarding their teaching styles and approaches. The program has four components:

- 1) Teaching Observations
- 2) Teaching Fellows Seminar (8 ½ hours)
- 3) Teaching Demonstration
- 4) Completion of a Teaching Portfolio

Participants are provided with a letter of completion awarded when the program is completed. Additionally, selected Fellows will be required to prepare and provide a syllabus for their respective courses by August 1st.

COURSE OBJECTIVES

This course is designed to prepare psychology graduate students as teachers of psychology at the undergraduate level and as teaching assistants. The course involves syllabus preparation, selection of instructional material, testing, evaluation, and demonstration lectures. Also included in the course is a discussion of classroom management strategies and techniques, as well as other practical and theoretical issues related to the teaching of psychology. Grading is on a satisfactory/unsatisfactory basis. The primary learning objectives of the course are:

- Understanding of teaching philosophy at the undergraduate level
- Practical knowledge and application of teaching techniques
- Ability to select appropriate course materials and prepare syllabi, quizzes and exams
- Development of a teaching portfolio

TEACHING AND LEARNING METHODSE

Teaching Observations

Fellows will complete an observation of one full-time faculty undergraduate class Session. A list of participating faculty and the courses available for observation will be provided upon acceptance to the program. Students are expected to contact the faculty members whom they would like to observe and make suitable arrangements for the observation.

Teaching Demonstration

Fellows will be expected to complete one 30 minute in-class teaching demonstration under the observation of a full-time faculty member. A list of participating faculty members, courses and times will be made available.

Students will be provided with the lecture materials in the form of a book chapter/articles etc. prior to the seminar. The lecture content will include topics such as Personality Theory, Psychopathology or Developmental Psychology. Fellows will prepare a 15-20 minute teaching demonstration prior to attending the seminar and will incorporate the principles covered in the seminar in their final demonstrations.

Teaching Portfolio

At the completion of the program, students will have the beginnings of a teaching portfolio, which will include the following:

- Samples of their teaching demonstration lectures
- Classroom Observation Feedback Report
- Syllabus
- Statement of Teaching Philosophy

RECOMMENDED MATERIALS

Handouts will be provided on topics including teaching philosophy, good teaching practice, classroom management strategies, and grading practices. An excellent resource (not required) is:

Ornstein, A.C. & Lasley II, T.J. (2000). Strategies for Effective Teaching. 3rd ed. Boston: McGraw Hill.

ASSIGNMENTS AND GRADING

Structure of Evaluation

- Participation in 8-hour Seminar
- Teaching Demonstration
- Observation of Faculty undergraduate class session
- Rating of Teaching Demonstration
- Average score or greater on student rating form
- Evaluation of Fellows – Classroom observation & feedback

COURSE SCHEDULE

Teaching & Classroom Management Strategies

First 3 ½ hour session of the Seminar

Syllabus Preparation, Grading Process & University Support Services

Second 2 hour session

Demonstration & Critique – Teaching Demonstration by Students

Third 2 ½ hour session subdivided into 20 minute teaching demonstrations using principles covered in the seminar. At the first seminar session, students will be randomly selected to present a 20 minute lecture. There will be two topic areas (e.g. Intro and Developmental), the content of which will be provided in the form of a book chapter. Selected students will be responsible for developing the lecture using the materials provided. A random draw will decide how to distribute the chapters and at the first session of the seminar students will be randomly selected to present.

8.3 Fellowship Application

Application

The Derner School Undergraduate Psychology Department

Chair: Robert Bornstein, Ph.D.

bornstein@adelphi.edu

(submit via email)

Name _____ Date _____

Home Address _____

Home phone _____ Cell phone _____

E-Mail _____

Eligibility: To apply, you must currently be matriculated in the doctoral program for Clinical Psychology and remain in good academic standing. Please indicate your current year in the doctoral program (*Note : Applicants completing their first year by May are eligible to complete the application process*).

1st Year ____ 2nd Year ____ 3rd Year ____ 4th Year ____

Curriculum Vitae: Include an updated Curriculum Vita with your application.

References: Provide the names and contact information for three references on your CV. At least one reference must be from a Derner faculty member.

Statement of Interest: Please provide a brief personal statement describing both your interest in teaching undergraduate psychology as well as any relevant skills related to pedagogy and/or specific areas of psychological interest. (*Attach as a separate document*).

Toward the end of your statement, please include responses to the following questions:

- Which undergraduate courses are you interested in teaching?
- Have you taken these courses before?
- If so when?
- Undergraduate Level
- Masters Level
- Doctor Level

Checklist of Requirements: Once your application to participate in the Teaching Fellows Program has been approved, you will be expected to participate in the following activities. Please submit this form with your teaching portfolio upon completing the Teaching Fellows Program:

Teaching Seminar: Applicants must attend the Teaching Fellows Seminar Practicum (Date is TBD, but will be scheduled after finals week in May).
Date Completed _____

Faculty Observation: Applicants will observe a Psychology Department faculty member teaching an Undergraduate Course.
Date Completed _____ Faculty Observed _____

Teaching Demonstration: Applicants are required to prepare and present a 30 minute teaching demonstration in an undergraduate class under the observation of a full-time faculty member (adjuncts excluded).

Date Completed _____
Course name _____
Course # 0501- ____ - ____
Faculty: _____

**A list of faculty members available for supervision of these requirements will be provided once you have been accepted into the program. You will be notified on March 15th.*

Fulfillment of the above criteria does not guarantee a teaching assignment, but is a pre-requisite to teach in the Undergraduate Psychology Department.

Please contact Dr. Bornstein at Bornstein@adelphi.edu if you have any questions.

9 Student Life

9.1 Graduate Student Organization

Doctoral students at the Derner School have a right and responsibility to shape their own educational experience. Toward that end, all students may participate in the Graduate Student Organization.

The Graduate Student Organization facilitates student representation on Derner School committees, departmental faculty meetings, and University committees.

Beginning in 2010-11, the **Student Action Committee (SAC)** was established with the aim to advocate for student rights, to enhance the student learning environment, and to facilitate relations between faculty and students. The Committee meets monthly and includes two student representatives from each cohort, as well as several faculty representatives (e.g., Dean Barber, Associate Dean Muran, and Dr. Jackson). The SAC focuses on improving the School environment, facilitating student feedback, developing educational programs (e.g., the Poster Holiday Educational Event), encouraging community building (e.g., the Siblings Program), and fundraising, among other tasks. By assisting with APA site visits, open house coverage and admitted student outreach, it has become an important administrative support for the School administration. Student representatives are elected early each fall, and each class takes responsibility for electing two representatives. There is also a leadership board composed of a president, president-elect, secretary and treasurer.

There are opportunities for other students to sit on the **Social Justice Committee** and its related, student-run **Minority Caucus**. Class reps are responsible for coordinating student representation on these committees, which meet several times a semester and help shape curricular and extra-curricular activities. The Social Justice Committee, for example, sponsors a full-day or half-day event that provides the School community with an opportunity to explore, in depth, aspects of diversity. In past years the Program has planned a conference day consisting of invited keynote speakers and discussion groups. The Social Justice Committee and Minority Caucus also play pivotal roles in faculty and student recruitment and retention.

Student feedback and input are vital to the Derner experience. In addition to student participation on various committees mentioned above, every semester each class meets with the Director of Clinical Training and the Director of Psychological Services & Field Placement in a *Town Hall* format to discuss all aspects of the training. There are also a number of evaluation tools that have been developed to assess student perspective on academic courses, clinical supervisors, and training sites (externships and internships). Evaluations of academic courses have recently been implemented online and include ratings of the learning objectives identified by faculty on syllabi. These are used to provide further evidence of the training impact for the academic courses. Students are also asked to evaluate their clinical supervisors and practicum settings to continuously monitor and ensure the quality of these training experiences. Appendix I contains these evaluation tools.

9.2 Professional Development

Students at the Derner School of Psychology are encouraged to participate in professional organizations, seminars, and colloquia.

Many students maintain student-affiliate memberships in professional organizations such as the American Psychological Association, New York State Psychological Association, and Division 39 of the APA. The newsletters and journals published by these organizations offer students the opportunity to remain abreast of current professional issues and research in the field of psychology.

All students are encouraged to attend and present research at the national and regional conferences of these organizations.

9.3 Financial Aid

Graduate Assistantships

The administration at Adelphi recognizes the financial needs and significant investment of students in the Derner School Ph.D. program. Over the past two years the University has significantly increased the financial aid budget in order to provide graduate assistantships for all members of incoming first-year class. All decision regarding graduate assistantships are reviewed by the Admissions Committee, which also functions as a Financial Aid Committee.

All graduate assistantships require one hour of work per week during the 30 weeks of the academic year for every \$1,000 of financial aid. The minimum assistantships are for \$15,000 a year, requiring fifteen hours work per week. The aid is always provided in the form of tuition remission, with half of the total amount given for the fall semester, the other half for the spring semester.

Each graduate assistant is assigned to a particular professor, who decides what work the student will do, and a time schedule for its completion. It is not necessary that the student works exactly five hours in each week; the professor may decide that several hours will be worked in a particular week, fewer hours in other weeks. Since there are 30 weeks in the academic year, a student receiving a \$15,000 assistantship must work a total of 450 hours, and the professor decides when the work should be done. Time sheets must be kept by all graduate assistants, signed by the professor, and then submitted to the Associate Dean during the semester. A sample time sheet is included in Appendix K. Faculty are permitted to require that students do GA work over winter break and spring break, so long that it does not accede the students total GA hours.

Each year, all students receive \$15,000 assistantships (a few students are eligible for more). The decision as to which students receive the larger assistantships is based on a variety of factors, including previous academic accomplishments or potential, special skills, and financial need. Also, Derner School of Psychology has a commitment to recruit and train minority students, and this is also a factor considered when financial aid decisions are made.

The expectation is that an incoming student receiving financial aid will continue to receive aid

for all four years. However, this is contingent on satisfactory academic progress in general as well as on satisfactory performance as a graduate assistant. Faculty can decide to reduce or remove a graduate assistantship based on poor academic or professional performance. At the end of the academic year, faculty members prepare evaluations for their graduate assistants, and express their preferences with respect to having the same assistant the following year. The students are also asked for their preferences, and every attempt is made to accommodate both professors' and students' preferences.

The level of financial support for graduate assistantships in the PhD program has risen markedly over the past accreditation cycle. In 2011-12, it was \$850,000, and the budget for 2018-19 is \$1,450,000. All incoming students receive at least \$15,000 in assistantship aid: Typically, 20% received \$17,500 and 30% students receive \$20,000. Students receive a larger amount based on (1) academic merit, (2) financial need, or (3) diversity status. All graduate assistantships are aid-for-service. Each student is assigned to work with a particular faculty member, and the nature of the work varies from one member to another: Many work as research assistants, others as teaching assistants, while a few provide support to the Psychological Services Center or our various programs. (All assignments are established by the DCT in consultation with faculty, reviewed by a committee of faculty, and re-evaluated each year by faculty and students.)

Finally, there are graduate assistantships offered to Derner students by other departments at Adelphi. These departments at Adelphi, such as the Admissions Department and the Learning Center, have their own budgets and make their own decisions, but they always do so after consulting with the Dean and Associate Dean.

Howard Davis Memorial Fund

A limited amount of money is available for emergency, short-term loans. All applications are directed to the Associate Dean; typically, these loans do not exceed \$1500 and are for three months; loans can be renewable.

Student Loans and Other Financial Aid

For more information about other sources of financial aid, including federal and private loans, contact Student Financial Services in Levermore Hall, (516) 877-3080, or see their website: <http://ecampus.adelphi.edu/sfs/>

Other Awards

There are also a number of other financial awards that have been recently established:

- *George Stricker Fellowship* was established to award a third-year doctoral student in good academic standing who has demonstrated outstanding research productivity and ability. The award is up to \$18,000 of financial support in the 4th year. Runner-up awards of approximately \$2-3000 can also be awarded. The selection process is overseen by the Research Standards Committee.
- *Patrick L. Ross Fellowship* was established (with support from our alumni advisory council, organized in 2011) to provide financial aid students from minority or underserved populations with 1st year \$5000 scholarships. Approximately six are awarded each year. The selection process is overseen the Admissions Committee.
- *Gordon F. Derner Merit Scholarship*. The university approved making several scholarships of \$2-5000 available each year (up to \$60,000 in total), starting in 2019-20 to students (I) who have demonstrated financial need based on FAFSA criteria and (2)

who have maintained a good academic standing (all grades 2: A-). These are determined by the Dean's Office in conjunction with Student Financial Services.

9.4 Employment Guidelines for Doctoral Students

The clinical psychology Ph.D. program at the Derner School is full-time and intensive. Students are permitted to accept employment of a psychological nature (either in research or clinical capacity) **only after receiving permission from the Director of Clinical Training**. This is to ensure that outside employment conditions are (1) in compliance with the American Psychological Association's Ethical Guidelines and New York State professional licensing laws and (2) do not interfere with the student's progress in the program. Each student's case will be considered on an individual basis. Students should email the DCT (Dr. Jackson) before their first semester.

Titles and supervision

Doctoral psychology students may only designate themselves by a title which clearly indicates their trainee status (see the APA ethical standards on avoidance of false or deceptive statements). For instance, students should not take employment in the mental health field under a title using the words "psychologist," "psychology," or "psychological" unless she/he has attained a license to practice psychology. Furthermore, job placement in which psychological tasks are undertaken must be under the direction and supervision of a licensed psychologist adhering to the Ethical Guidelines of the American Psychological Association.

Private employment by ABDs (All But Dissertation)

In New York State, ABDs (students who have completed required course work and the Internship but have not defended their doctoral thesis), are permitted to work only in "exempt" settings as defined by the State's Licensing Law. Exempt settings include Universities (as academic faculty or as clinicians in counseling centers), public schools and private schools, and government entities, as salaried employees. Specific questions about the suitability of employment for ABDs should be directed to the Program's Director of Clinical Training or the NY State Office of Professional Licensing.

Related professional employment

Students may take jobs utilizing other credentials they may have (e.g., MSW or M.Ed.). Students must use the job title designated by the employer (e.g., "Social Worker" or "Mental Health Counselor"), and may not represent themselves as graduate students engaged in activities related to the doctoral program at the Derner School of Psychology.

Students engaged in professional activities that are not components of the doctoral training program are not covered by malpractice insurance provided by Adelphi University.

Each state and country has its own regulations concerning the courses and supervised experience required for licensing or certification as a psychologist for completing requirements of an APA approved program. It is the student's responsibility to research licensing requirements for the state or country in which they are planning to practice.

More information on licensing may be found on the following websites:

1. <http://education.uky.edu/EDP/content/state-licensure-information-counseling>
2. <http://www.kspope.com/licensing/index.php>

10 Facilities

10.1 Libraries

Library hours, policies, and services are available on the Adelphi University Library website: <http://libraries.adelphi.edu>.

Garden City Campus

The Swirbul Library holds 650,000 books, 27,000 audio-visual materials, 805,000 items in microformat, 27 special collections, and subscribes to 33,000 electronic journals and 135 electronic databases. Swirbul Library participates in the New York State and National Interlibrary Loan Program. Scholarly books, documents and copies of journal articles not owned by Adelphi (as well as dissertations from many universities) may be obtained on loan from other institutions through the interlibrary loan department.

The student facilities include several small lounges for student use, and extensive computer facilities with Internet access.

The library is fully accessible to handicapped students and equipment for use by the blind is available.

Manhattan Center

Located on the second floor of 75 Varick Street in New York City, the Manhattan Center library is one of Adelphi's two off-campus libraries. The collection supports the needs of the Center's liberal arts students and its Education and Social Work programs.

The Library provides users with Internet access as well as access to a variety of academic databases. There are several workstations available for word processing. Inter- and intra-library loan services are provided.

Online Access

Instructions for accessing online resources, including databases such as PsycInfo, are available at <http://libraries.adelphi.edu/>

Other Libraries Available for Use by Adelphi Students

Reciprocal Borrowing Privileges at Queens College

Adelphi University and Queens College, CUNY, participate in a reciprocal borrowing arrangement. Adelphi students may borrow circulating materials for three weeks with one renewal. If you would like to use the Rosenthal Library, simply stop at the Rosenthal Circulation Desk to obtain a borrower's card. Both your Queens College borrower's card and your currently validated Adelphi ID will be necessary to borrow materials from Queens College. Cards will be issued only to borrowers in good standing at their home library. For further information, call Library Operations at (516-877-3518).

Hofstra

Adelphi students may generally use, but not borrow from Hofstra's Axinn Library. During limited access periods (posted at all service desks in Swirbul Library), Hofstra limits its building and periodicals access to members of the Hofstra community. Government documents collections, however, may be used during these periods through the use of dated day passes

(which are held by the door guard at Hofstra). An appointment must be made in advance by telephoning Hofstra at (516-560-5972).

C.W. Post

Adelphi students may generally use, but not borrow from, the Schwartz Library at C.W. Post. However, all access to the Schwartz Library is restricted during limited access periods (posted at all service desks in Swirbul Library). During these periods, however, day passes are available at the Schwartz Library for use of Post's Federal and State Depository Libraries and other libraries by special permission. Permission to use materials other than Government Documents should be requested through a Reference Librarian at the Swirbul Library Reference Desk.

Research Loan Program (LILRC)

The Adelphi community may use LILRC (Long Island Libraries Resources Council) member libraries in person (except during limited access periods as described above). In special cases, you may be permitted to borrow materials from these libraries through the Research Loan Program (RLP). RLP provides for the reciprocal lending of materials to students, faculty, administrators, and other constituencies of participating libraries. The program involves circulation only since, in general, most LILRC libraries allow use of materials on site in the library without special arrangement. Participating libraries include most of the public and academic libraries on Long Island. Arrangements must be made in advance through the home institution. In order to avail yourself of borrowing privileges, please see a Reference Librarian at the Swirbul Library Reference Desk.

10.2 The Student Access Office (formerly the Office of Disability Support Services)

The Student Access Office (SAO), located in the Ruth S. Harley University Center Room 310, is a vital campus resource. The Mission of Student Access Office (SAO) is to ensure equal access to all of the University's programs, services, and facilities for students with documented disabilities.

For more information, contact:

Email: sao@adelphi.edu

Phone: (516) 877-3145

Fax: (516) 877-3139

TTY: (516) 877-3138

10.3 Student ID

University identification cards (ID cards) are required for identification and issued to all faculty, staff, and students. ID cards are necessary for after-hours access to all residence halls, academic and administrative buildings, use of the library, and entry to sports events and all University facilities. ID cards, in general, expire at the end of each semester and must be validated by the office of the Registrar, Levermore Hall, Lower Level, for the next semester. ID cards can also be accessed through the Adelphi app which is free from your hand-held device app store.

Where / How to Obtain an ID Card:

Location: Department of Public Safety & Transportation, ID Office, Levermore Hall

Telephone Number: 877-3500, 3438 (ext. 3500, 3438)

Hours: Monday - Friday 8:30 AM to 4:30 PM

Evenings: Monday - Thursday 4:30 PM to 7:00 PM

Summer: Monday - Thursday 8:30 AM to 7:00 PM, Friday 8:30 AM to 4:00 PM.

Students must bring proof of payment or confirmation of classes (available from the Registrar).

Replacement fee for lost or damaged ID cards: \$10.00

10.4 Athletic Facilities

Located in Woodruff Hall, the Campus Recreation department of Adelphi University provides comprehensive athletic facilities and recreation programs. Visit the web site for facility hours and course schedules: <http://students.adelphi.edu/campusrec/recreation-facilities.php>

Center for Recreation and Sports**Atrium & Mezzanine**

The spacious atrium provides views to the outdoors as well as the newly renovated fitness center, pool and studio in Woodruff Hall. A friendly staff member will greet you at the information control desk and direct you to your desired destination. Relax or meet up with friends, in the mezzanine lounge, or grab a healthy snack or smoothie at the Legends Café after your workout.

Indoor Track

Enjoy views of the outdoors from the 3 lane walking and jogging track which is approx. 1/10th of a mile. (9 1/2 times around make a mile)

Gymnasium

A three-court gymnasium for basketball, volleyball, badminton, and many other activities are located on the lower level. Sneakers are required for participating in any activities in the gym. No food, drinks, or gum.

Recreation Locker Rooms

Located on the lower level, equipped with grooming stations and swim suit dryers, there are both day-use and long term (annual) lockers. Locker registration takes place at the Recreation Department located in Woodruff Hall Room 240. Access to the swimming pool is at the rear of the recreation locker rooms.

Recreation Equipment Issue Desk

Just bring your ID to check out any number of items such as basketballs, volleyballs, badminton or tennis rackets and much more. Visit the equipment issue desk to register a locker. We're located in CRS room 028 at the lower level.

Woodruff Hall

Recreation Fitness Center

Our new state of the art, 5,000 square foot fitness center has everything needed for a complete workout.

- Cybex selectorized weight training circuit
- 14 free weight stations
- Cable machines
- Stretching area
- 28 cardio machines featuring (mostly) Life Fitness with entertainment such as iPod connections and 17" personal TV screens, enhanced training with landscaped views, virtual trainers and USB data connections for tracking personal workouts.

Swimming Pool

The Arvilla E. Nolan Swimming pool is 4-lanes, 25 yards in length. Lap swimming is the general rule during open swim times. Access to the pool is through the recreation locker rooms in the lower level of the CRS.

Racquetball & Squash Courts

Located on the second floor, one conversion court transforms from racquet ball to squash in minutes and there is one dedicated squash court. Racquets and balls will be available at the control desk next to the Fitness Center.

Outdoors

Tennis Courts

Four tennis courts are located at the north end of the outdoor soccer/ lacrosse complex. The courts are open daily (March through October) from 8 a.m. to dusk (except for during varsity practices or P.E. classes) on a first come first serve basis. No reservation required.

11 Appendices

Appendix A: Academic Calendar

<http://ecampus.adelphi.edu/registrar/calendar.php>

Appendix B: Campus Map

Additional parking is available at the Garden City Community Park and Pool, located at 52 Cherry Valley Avenue. Shuttle service is provided.

Garden City Pool Parking Lot

Legend: ● Parking, ■ Gates, ● ADA Accessible



ADELPHI UNIVERSITY

GARDEN CITY • NEW YORK • 11530

CAMPUS DIRECTORY

AHE	ANGELO ALUMNI HOUSE
ALH	ALUMNAE HALL
BLH	BLODGETT HALL
CHH	CHAPMAN HALL
CRS	CENTER FOR RECREATION AND SPORTS
EDH	EDDY HALL
EHA	EARLE HALL A
EHB	EARLE HALL B
ELC	ALICE BROWN EARLY LEARNING CENTER
GMB	GROUND MAINTENANCE BUILDING
HHE	HAGEDORN HALL OF ENTERPRISE
HRH	HARVEY HALL
HWC	HY WEINBERG CENTER
KFA	ADELE AND HERBERT J. KLAPPER CENTER FOR FINE ARTS
LNH	LINEN HALL
LVH	LEVERMORE HALL
NEX	NEXUS BUILDING
PAC	PERFORMING ARTS CENTER
PSB	PUBLIC SAFETY BOOTH
PSH	POST HALL
RHA	RESIDENCE HALL A (NEW HALL)
RHB	RESIDENCE HALL B
SCB	SCIENCE BUILDING
SWB	SOCIAL WORK BUILDING
SWL	SWIRBUL LIBRARY
UNC	RUTH S. HARLEY UNIVERSITY CENTER
WDH	WOODRUFF HALL
WLH	WALDO HALL
PG	PARKING GARAGE
ALX I	ALUMNAE HALL ANNEX I
ALX II	ALUMNAE HALL ANNEX II
PSX	POST HALL ANNEX

Appendix C: Campus Transportation

Directions to the Garden City Campus

Note: most Derner School classes are held in the Hy Weinberg building,

By Train

From Manhattan, Brooklyn, and Jamaica Station

Take the Hempstead line from Penn Station in Manhattan or the Flatbush Avenue Station in Brooklyn or the Jamaica Station in Queens to the Nassau Boulevard Station. The campus is a short walk east on South Avenue. Travel time from New York City is approximately forty-five minutes.

For LIRR train schedules, please visit <http://www.mta.nyc.ny.us/lirr>.

By Car

Please note:

Parking is by permit only. All motor vehicles utilizing University parking facilities must display a current state registration and be registered with the University Department of Public Safety & Transportation. Students are required to register annually. With the exception of vendors servicing the University and vehicles owned by the University, no commercial vehicles are permitted to park on campus. The University assumes no responsibility for loss or damage to any vehicle parked on its property.

From Upstate New York

Take the New York State Thruway to the Tappan Zee Bridge (toward New England). After crossing the bridge, continue to I-287 east and follow signs for I-95 south. Take 295 to the Throgs Neck Bridge. Go over the Throgs Neck Bridge, bearing right, and exit onto the Cross Island Parkway - Eastern Long Island. Take the Cross Island Parkway to the Long Island Expressway (Route 495) - Eastern Long Island. From there, [follow the L.I.E. \(East\) directions below](#).

From New England

Take either I-91 south to I-95 in New Haven, or I-684 south to I-287 east (toward New England) to I-95 south. Depending on where you get on I-95, you may travel through Massachusetts, Rhode Island, Connecticut, and New York's Westchester and Bronx counties. Remain on I-95 and follow signs for I-295 (Throgs Neck Bridge, Eastern Long Island). Go over the Throgs Neck Bridge, bearing right, and exit onto the Cross Island Parkway- Eastern Long Island. Take the Cross Island Parkway to the Long Island Expressway (Route 495) - Eastern Long Island. From there, [follow the L.I.E. \(East\) directions below](#).

From Pennsylvania

Go east on the Pennsylvania Turnpike to the New Jersey Turnpike north. Take I-95 north (New Jersey Turnpike) to Exit 13 (Goethals Bridge). After crossing the bridge, continue on the Staten Island Expressway to the Verrazano Bridge. Go over the bridge and get on the Belt Parkway (toward Kennedy Airport). Take the Belt Parkway to the Southern State Parkway. See the [Southern State directions below](#).

From Northern New Jersey

Take I-80 east to the George Washington Bridge. Continue on I-80 east to the Cross Bronx Expressway, following the signs to the Throgs Neck Bridge. Go over the bridge, bearing right, and exit onto the Cross Island Parkway - Eastern Long Island. Take the Cross Island Parkway to the Long Island Expressway (Route 495) - Eastern Long Island. From there, [follow the L.I.E. \(East\) directions below](#).

From Southern New Jersey and Points South

Take I-95 north (New Jersey Turnpike) to Exit 13 (Goethals Bridge). After crossing the bridge, continue on the Staten Island Expressway to the Verrazano Bridge. Go over the bridge and get on the Belt Parkway (toward Kennedy Airport). Take the Belt Parkway to the Southern State Parkway. From there, follow the Southern State (East) directions below.

Via the Long Island Expressway (Route 495)

Traveling east

Take the L.I.E. to Exit 34 south (New Hyde Park Road). At the first traffic light, turn right onto New Hyde Park Road. Continue south on New Hyde Park Road for 3.2 miles. Turn left onto Stewart Avenue. At the fourth light, turn right onto Nassau Boulevard. Turn left onto South Avenue (immediately after crossing the railroad tracks). The Adelphi campus is on the right.

Traveling west

Take the L.I.E. to Exit 39 south (Glen Cove Road). Travel south for four miles (the road will change from Guinea Woods Road to Glen Cove Road to Clinton Road). Turn right onto Stewart Avenue go one mile and turn left onto Hilton Avenue. Turn right onto Sixth Street (immediately after crossing the railroad tracks). Continue onto South Avenue. The Adelphi campus is on the left.

Via the Northern State Parkway

Traveling east

Take the Northern Parkway to Exit 26 south (New Hyde Park Road). Turn right onto New Hyde Park Road. Continue south on New Hyde Park Road for three miles. Turn left onto Stewart Avenue. At the fourth light, turn right onto Nassau Boulevard. Turn left onto South Avenue (immediately after crossing the railroad tracks). The Adelphi campus is on the right.

Traveling west

Take the Northern Parkway to Exit 31 south (Glen Cove Road). Continue south on Glen Cove Road (which turns into Clinton Road) for 2.3 miles. Turn right onto Stewart Avenue. Go one mile and turn left onto Hilton Avenue. Turn right onto Sixth Street (immediately after crossing the railroad tracks). Continue onto South Avenue. The Adelphi campus is on the left.

Via the Southern State Parkway

Take the Southern Parkway to Exit 17 north (Hempstead Avenue). Continue on Hempstead Avenue traveling north. Make a left at the second traffic light (Nassau Boulevard). Continue north for 2.5 miles to the ninth traffic light. Make a right turn onto South Avenue (immediately before crossing the railroad tracks). The Adelphi campus is on the right.

Via Jericho Turnpike

Turn onto Nassau Boulevard traveling south (left turn if coming from the east; right turn if coming from the west). Pass under railroad trestle.

Via Hempstead Turnpike

Turn onto Nassau Boulevard traveling north (right turn if coming from the east; left turn if coming from the west). Make a right onto South Avenue (immediately before crossing the railroad tracks). The Adelphi campus is on the right.

Via Old Country Road

Turn onto Franklin Avenue traveling south (left turn if coming from the east; right turn if coming from the west). Make a right turn onto Sixth Street. Continue on this road; it will turn into South Avenue. The Adelphi campus is on the left.

Directions to the Manhattan Campus

The Manhattan Center is located at 75 Varick Street, Second Floor, New York, NY, at the intersection of Varick and Canal Streets. The main entrance is one block north of Canal Street. The main intersection is one block north of Canal Street on the west side of Varick Street at the intersection with Grand Street.

By Subway

Take the 1 or 9 (Seventh Avenue Local) to the Canal Street stop which leaves you at the corner of Canal and Varick Streets. If you take the 2 or 3 (Seventh Avenue Express), transfer to the 1 or 9 at 14th Street (heading downtown) or Chambers Street (heading uptown). You can also take the A, C or E (Eighth Avenue Subway) to the Canal Street stop; this leaves you at the corner of 6th Avenue and Canal Street. Walk one block west to Varick and one block north to the main entrance. The L train also runs in Manhattan on 14th Street; take it to the Sixth Avenue stop.

By LIRR / NJ Transit

Take the train into Penn Station and proceed by subway directions above.

By Bus

Take the M20 bus, which stops at the front door of the Manhattan Center.

By Car

If you are traveling by car, the Manhattan Center is located on the west side of Manhattan on Varick Street (one-way heading (south) at Canal). If you are heading west on Delancey or Houston Streets, make a left turn at Varick Street and head downtown. If you are crossing Canal Street, take a right at Sixth Avenue and head two blocks uptown (north) until you reach Watts Street (one way heading west) and make a left turn and go one block and make another left onto Varick (one way heading south).

Parking Garages in the Canal Street Area

Please note: These listings have been selected because of their proximity to the Manhattan Center. No endorsement by the University of any of their services is intended or implied.

Varick Street Garage
111-115 Varick Street
New York, NY 10013
212.675.3719

Clara Parking
243 Hudson Street
New York, NY 10013
212.989.7374

Central Parking Systems
9 North Moore at Varick
New York, NY 10001
212.625.0325

MAC Garage LLC – Students/Faculty Employees Discount Parking
76-80 Avenue of the Americas (off Canal and
Grand) New York, NY 10013
212.274.8891

Shuttle Schedule

Schedule is subject to change without notice. Current schedule may be found online at:
http://administration.adelphi.edu/publicsafety/traffic/campus_transportation.php

Appendix D: Important Phone Numbers

Weather Hotline

In the event of inclement weather, please call to obtain information regarding delays or closings:

Garden City Campus: (516) 877-6870

Manhattan Center: (516) 877-6872

Public Safety – (516) 877- 3511

Registrar – (516) 877-3300

Student Financial Services – (516) 877- 3080

Student Health Services – (516) 877- 6000

The Student Access Office - (516) 877- 3145
(formerly the Office of Disability Support Services)

Student Counseling Center- (516) 877-3646

Writing Center – (516) 877- 3296

Appendix E: Adelphi University Code of Conduct

1. As members of society, students are expected to abide by the laws that govern our society. Any law, therefore, which a student would be expected to obey off campus, is automatically a component of Adelphi's Code of Conduct.
2. Resident students are expected to abide by those regulations in each residence hall as determined by staff and students under the program of self-governance. Further, the residence halls are not to be used by non-resident students unless invited by a resident and according to the aforementioned regulation.
3. Dishonesty such as cheating, plagiarism, and knowingly furnishing false information is prohibited. Plagiarism is defined here as submission of materials written or developed by others without giving proper credit or identifying the source of information (specifically including but not limited to ghost written term papers, assignments, theses, etc.) Students are advised to refer to the policy statement of their individual department and school for further rules and regulations regarding academic dishonesty.
4. Any obstruction or destruction of teaching, research, administrative, or University activities and procedures, including its public service function, is prohibited.

This code does not address itself to the violation of civil law off campus. In such a case the University becomes involved only upon the invitation of the student or a law enforcement official. In such an involvement, the University will not place staff in a position of protecting its students from the law. Its role is solely to provide counsel when and where requested.

In Case of Violation of Code of Conduct

1. With regard to the violation of civil/criminal law on campus (except in the case of emergency), it shall be reported to the Office of the Student Judicial Officer (S.J.O.) who, after consultation with all appropriate parties including the offender, shall
 - a. decide whether to institute disciplinary action on campus, or
 - b. refer the case to civil authorities for their disposition, or
 - c. both
2. With regard to the violation of a Residence Hall regulation, it shall be reported to either the Residence Hall staff or the Student Judicial Officer, who shall decide whether to institute disciplinary proceedings.
3. With regard to the violation of the regulation of dishonesty, it shall be processed before the appropriate Dean of the school in which the offense has occurred.
4. With regard to the violation of the obstruction or destruction of University procedures and/or functions, it shall be reported as indicated in the University's document on compliance with State Education Law 129-a.

Appeals Procedure

The appellate body of the University for all decisions rendered on the matters of student violations of the Code of Conduct shall be the University Appellate Board. This body shall be composed of three members, including the Presiding Officer.

A student may request an appeal of a decision made by a Hearing Board. Concerned individuals are directed to the Student Judicial Officer for further guidance.

Appendix F: Adelphi University Policy on Discrimination and Harassment

Adelphi University is committed to extending equal opportunity in employment, admission, educational policy and programs, student financial assistance, all University administered activities and programs to all qualified individuals without regard to race, color, religion, sex, sexual orientation, age, national/ethnic origin, physical disability, or status as a disabled or Vietnam-era veteran.

In addition to meeting fully its obligations of non-discrimination under federal and state laws, Adelphi University is committed to maintaining a community in which a diverse population can live and work in an atmosphere of tolerance, acceptance, civility and mutual respect for the rights and sensibilities of each individual, regardless of differences in economic status, ethnic background, political views or other personal characteristics and beliefs. In support of this commitment, it is the moral responsibility and the pledge of the University to protect all those under its care from any form of discrimination or harassment.

Acts of harassment, threats, vandalism and violence are in themselves serious and morally objectionable, but when combined with overtones of discrimination and prejudice, they become even more offensive and reprehensible. Such acts as telephone or written harassment, physical violence, as well as the use of graffiti and other damage to property are considered crimes by the New York State Penal Code and thereby punishable by prison and/or fines.

Students encountering any form of discrimination or harassment should report these matters immediately to the Dean of Student Affairs. This office is prepared to address all inquiries as well as allegations of discrimination and harassment and will assist students to take appropriate follow-up action. For more information on the University's policy on sexual assault, go to <http://students.adelphi.edu/sa/dean/assault.php>

Appendix G: Transfer Credit

A student may request a course waiver for *only* foundational (non-clinical and non-research) courses by presenting a transcript and syllabus to the course instructor. These must have been completed within five years of matriculation to Derner.

The course instructor must be satisfied that the student possesses sufficient knowledge, skill, and experience relative to the particular course's content (see p. 64 for more detail).

If the instructor approves the waiver, she or he must sign the course waiver form which is then submitted to the Associate Dean or Dean for approval.

Please note: A student can be waived from up to four foundational courses. Course waivers do not shorten the length of the program.

Pick up original transfer credit form in the Dean's Administrative Offices.



**ADELPHI UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR**

EVALUATION FOR GRADUATE TRANSFER CREDIT

Student Name _____

Student ID # _____

Credits Transferred From _____
(College/University Name)

Semester Course was Taken	Course #	Title of Course	Equivalent Course # at Adelphi	Grade	Credits

Total Credits Accepted _____

Dean's Signature

School of: _____

Date

Appendix G1: University & School Policy on Independent Study:

University & School Policy on Independent Study:

The Graduate Bulletin states in "Undergraduate Regulations" that "The purpose of independent study is to pursue an academic interest not adequately covered by the regular course offerings. Students must register for independent study during the regular registration periods and never later than the last day to drop courses. Each College and School has separate requirements concerning independent study. Information concerning these requirements is listed by School. Independent study may not be taken Pass/Fail." There is no information about independent study in the general information for graduate students.

See Derner webpage on independent study: <http://catalog.adelphi.edu/content.php?catoid=1&navoid=34>.

The CBA addresses independent study at XIV.3.i, p. 37. It states that independent study is compensated at \$100 per student-credit, except for full-time faculty who need it for load, in which case it will be 0.5 credits per student registered for 3 credits. Limits on independent study are 3 credits per academic year, 6 students per semester, 10 students per year. Tutorialized classes can be compensated the same as independent studies.

Students who demonstrate the ability to undertake independent study may engage in intensive research or in a project on a topic of merit and originality under the sponsorship of a faculty member. The independent study should not be used to write a student's dissertation. This course could be used to expand on the knowledge of the student's dissertation interests but the final project of the independent study should not be a significant portion of the dissertation.

Students interested in undertaking independent study should seek consultation from a faculty member or the department chair. Requests submitted by the adviser or faculty member are approved by the department chair, and then go to the dean for approval. The faculty member must submit the following information on behalf of the student:

- Requirements to be completed demonstrating successful completion, e.g., case studies, paper;
- Readings where appropriate or review of the literature;
- Whether the faculty member is seeking workload credit;
- Number of course credits and hours of work per week or semester; and
- Evaluation method.

Requests for independent study must demonstrate that the amount of work to be done is equivalent to what would be done in a regular course, i.e., a three-credit Independent Study request should demonstrate that 45 hours of work will be done in addition to assignments, research, and/or

readings as would be expected in a regular course. Required courses may not be taken as independent study. Independent Study must be graded and may not be taken for pass/fail. Students can take Independent Study for 1-3 credits. Requests for independent study beyond 3 credits will need approval from the provost.

Independent study is open to junior and senior undergraduate students and graduate students. No student may take more than 12 credits of independent study toward their undergraduate degree or 6 credits toward their graduate degree. Students should consult with their academic adviser about the regulations governing independent study. Permission forms for Independent Study are available from the Psychology Department Office (Blodgett) or Dean's Office (HWC).

Pick up original Independent Study form in the Dean's Administrative Offices HWC #302

Appendix H: Evaluation Tools of Students

Appendix H-1: Academic Courses

Appendix H-2: Clinical Practicum Performance (CPPs) Forms

Appendix H-3: Research Practicum Performance (RPPs) Forms

Appendix H-4: Research Proposals

Appendix H-1: Academic Courses

Early Warning System

Adelphi has established an early warning system to help identify students who may show signs of academic distress. From the beginning of each term, all instructors, especially those teaching first-year courses, look for indications, which may include:

- Frequent absences/lateness to class
- Poor class participation
- Poor quality of writing
- Poor examination performance
- Failure to complete assignments

Faculty can discuss their concerns with the student individually, speak with the student's assigned academic adviser, or call the Office of Academic services and Retention.

Professors submit Early Warning Rosters for each of their classes, approximately 6-8 weeks into the semester. They are required to indicate those students exhibiting signs of academic concern and note their specific academic problems. Students, along with their adviser and professor, will be informed through their Adelphi e-mail account by the Office of Academic Services and Retention, so that they can get the assistance they need.

Faculty Course Evaluation

Title: 0503-____ - ____

Instructor: _____

Student: _____

RATING KEY:

(1) **Deficient:** Ability/performance is poor. Needs additional instruction/supervision beyond that typically scheduled, as well as course-work, reading and/or other input.

(2) **Below expectations:** Requires additional instruction/supervision and/or other input. Performance may not be satisfactory for completion of course work.

(3) **Meets expectations:** Ability/performance is appropriate and adequate for a student at this training level. *This is the minimally acceptable standard.*

(4) **Above expectations:** Requires minimal additional instruction/supervision.

(5) **Superior:** Ability/performance is outstanding. Student performs at an exceptional level and can serve as a mentor to other students.

Learning Objectives:

1... _____

2... _____

3... _____

4... _____

5... _____

Course Conduct:

1. Class attendance: Student attended classes in a regular & timely fashion. _____

2. Class participation: Student participated actively & cooperatively. _____

3. Class assignments: Student completed assignments in a thorough & timely fashion. _____

Comments (Include student strengths, weaknesses, areas for development or remediation):

Final Grade: _____

Professor signature: _____

Date: _____

Appendix H-2: Clinical Practicum Performance forms (CPPs)

Evaluation: Externship/Internship

Dear Supervisor:

We would appreciate your observations and evaluations of the progress to date of the following student:

Practicum/Internship Student: _____

Site: _____

Supervisor(s): _____

Date of Feedback: _____

Performance Levels:

(1) **Deficient:** Performance is not acceptable. Needs additional supervision beyond that typically scheduled, as well as course-work, reading and/or other input. Not satisfactory for completion of externship.

(2) **Below Average:** Will benefit from additional supervision and/or other input. Performance may not be satisfactory for completion of externship.

(3) **Average:** Performance is appropriate and adequate for an extern student practicing under supervision. This is the minimally acceptable standard for all students.

(4) **Above Average:** Exceeds requirements. Minimal supervision is required.

(5) **Superior:** Performance is outstanding. Could function at the level of an advanced pre-doctoral intern and capable of serving as a mentor to other externs.

COMPETENCY	STANDARD				HOW ASSESSED
1. Relationship with Clients (Rapport)	Unable to establish a therapeutic relationship.	Ability to establish rapport but therapeutic alliance is highly variable, dependent on client type.	Consistently able to establish rapport and therapeutic alliance with the patient.	Establishes strong rapport and alliance with patients, managing counter transference, with minimal drop out.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 5 Exceeds Standard	

1. Assessment (Obtaining Patient Data)	History and MSE are incomplete and student does not understand the purpose.	History and MSE are occasionally inadequate or inaccurate. Lack key elements. Limited use of collateral data.	Usually obtains pertinent historical and symptom data. History and MSE are generally accurate and concisely written.	History and MSE are consistently thorough and complete. Writing is clear and concise.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 Exceeds Standard	5

3. Assessment (Risk Assessment)	Limited understanding of the need for risk assessment.	Usually makes risk assessment, but has limited knowledge of appropriate techniques for assessing potential risk.	Makes appropriate risk assessment for suicide, homicide, and violence.	Demonstrates considerable experience and sophistication in risk assessment.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 Exceeds Standard	5

COMPETENCY	STANDARD				HOW ASSESSED
4. Assessment (Diagnosis and Clinical Judgment)	Diagnoses, recommendations are incorrect and there is very limited understanding of DSM guidelines	Diagnoses, clinical impression and recommendations are sometimes inaccurate. DSM knowledge is weak or spotty. Recommendation	Diagnoses are usually consistent with history, symptoms and MSE, DSM knowledge is appropriate for current professional development. Recommendation	Diagnoses, recommendations and treatment planning naturally result from history. Excellent knowledge of DSM guidelines. Recommendation	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)

	Recommendations not supported by clear rationales.	ions sometimes supported by clear rationales.	ions supported by clear rationales most of the time.	ions supported by clear rationales consistently.	
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 Exceeds Standard	5

5. Intervention Skills (Knowledge)	No understanding of therapy principles. Unable to conceptualize a therapy case.	Some understanding of therapeutic principles. Does not have a good grasp of any particular therapeutic orientation or modality.	Workable understanding of therapeutic principles. Able to consistently conceptualize using a particular orientation or modality.	Confident understanding of therapy principles. Comfortable with various therapy modalities and techniques.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 Exceeds Standard	5

6. Intervention Skills (Application)	Unable to apply any therapeutic principles.	Usually unable to apply therapeutic principles, inconsistent in modality or lacks insight into process. Some difficulty setting TX goals.	Able to set TX goals and develop interventions based on specific empirically validated TX modality or orientation.	Confidently applies therapeutic principles. Very competent in using one modality or competent in multiple modalities.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 Exceeds Standard	5

7. Professional Judgment and Ethical Awareness	Poor understanding of professional behavior and personal ethical standards OR Engages in unethical behavior or demonstrated questionable ethical judgment.	Marginal awareness of APA ethical standards OR Behavior is generally ethical, but on occasion demonstrates questionable ethical judgment and/or seeks inadequate supervision.	Demonstrates awareness of important ethical issues such as confidentiality and informed consent. Demonstrates generally ethical behavior. Is at times naïve or appears lacking in understanding . Appropriately seeks supervision.	Demonstrates a desire to continue to be educated concerning ethical issues. Behavior reflects a relatively high level of awareness of ethical issues and a desire to adhere to the spirit and letter of the guidelines.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 5 Exceeds Standard	

COMPETENCY	STANDARD				HOW ASSESSED
8. Cultural Sensitivity	Insensitive or unaware of diversity issues, such as gender/culture/spirituality/sexual orientation or age.	Aware of diversity issues but occasionally lacks sensitivity	Appropriately considers diversity issues in diagnosis and treatment planning	Seeks to improve sensitivity to diversity issues through education and supervision.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)

N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 Exceeds Standard	5
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9. Case Management	Has difficulty taking a leadership role with a case. Cannot work independently	Accepts responsibility if directed. Difficulty planning ahead. Needs constant direction	Accepts responsibility and willing to take what is required. Usually plans ahead.	Self-Starter. Organized. Takes on more than what is asked. Takes initiative.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)
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N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 Exceeds Standard	5
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10. Report Writing	Imprecise or vague language and report consistently lacks clarity of thought and organization.	Language occasionally imprecise or vague and report occasionally lacks clarity of thought and organization. Some data is	Language is clear and precise most of the time and report is clear and organized. Most data is accurately presented and/or	Language is consistently clear and precise and report is very organized and clear. All data is accurately presented and interpreted.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)
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	Inaccurate presentation and/or interpretation of data. Diagnostic formulations not clearly linked to testing data or insufficient data to support diagnoses. Insufficient integration of data.	inaccurately presented and/or interpreted. Occasionally diagnostic formulations not linked to testing data or not all data used to support diagnoses. Integration of data not comprehensive.	interpreted. Diagnostic formulations linked to testing data and data presented supports diagnoses. Adequate integration of data.	Diagnostic formulations are clearly linked to testing data and data from multiple sources used to support diagnoses. Data is well integrated.	
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 5 Exceeds Standard	

11. Attitude toward participation in supervision	Argumentative and resistant. Does not benefit from feedback	Mildly defensive, marginally benefits from supervision.	Generally benefits from supervision. May tend to be either too dependent or mildly defensive.	Consistently benefits from supervision. Proactive in obtaining appropriate feedback as required.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 5 Exceeds Standard	

COMPETENCY	STANDARD				HOW ASSESSED
12. Staff Relations/ Consultation	Unable to provide useful information to other professionals. OR personality issues are problematic, uncooperative, receives criticism poorly	Marginally effective in providing feedback to other professionals. OR Occasionally cooperative when required. Does not like criticism.	Communicates information effectively to other professionals and staff. OR Behavior usually acceptable. Generally cooperative.	Demonstrates the ability to provide useful information in an understandable and concise way. Behavior is consistently acceptable, cooperative and volunteers when needed.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 5 Exceeds Standard	

13. Capacity for self-reflection and self-evaluation	No concept of relative weaknesses or limitations. Requires constant supervision.	Occasionally recognizes inadequacies.	Usually aware of limitations.	Aware of limitations and usually seeks supervision when beyond level of competence.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports F. Feedback from others G. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 5 Exceeds Standard	

14. Education	Does not educate or provide feedback to patients.	Uncomfortable providing feedback to patients but attempts to do so.	Effectively educates patients and provides useful feedback to patients.	Provides additional resources to patients.	A. Direct Observation B. Video C. Audio D. Supervisory Discussion E. Review of written reports
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					F. Feedback from others G. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 Exceeds Standard	5

15. Supervision of Others	Descriptive observations are not linked to interpretations. Unable to identify content and/or process issues. Limited conceptualization skills. Unaware of impact on others. Limited ability to provide balanced and/or developmentally appropriate feedback to supervisee.	Descriptive observations are occasionally not linked to interpretations. Occasionally unable to identify content and/or process issues. Conceptualization skills need improvement. Inconsistently aware of impact on others. Sometimes able to provide balanced and/or developmentally appropriate feedback to supervisee.	Descriptive observations are linked to interpretations most of the time. Able to identify content and process issues most of the time. Adequate conceptualization skills. Aware of impact on others most of the time. Able to provide balanced and or developmentally appropriate feedback to supervisee most of the time.	Descriptive observations are linked to interpretations consistently. Consistently able to identify content and process issues. Strong conceptualization skills. Consistently aware of impact on others. Consistently able to provide balanced and developmentally appropriate feedback to supervisee.	H. Direct Observation I. Video J. Audio K. Supervisory Discussion L. Review of written reports M. Feedback from others N. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 Exceeds Standard	5

COMPETENCY	STANDARD				HOW ASSESSED
16. Consultation Unable to clearly identify roles of consultant, consultee, and client system. Unable to identify content and/or process issues. Limited ability to form collaborative relationship with consultee. Limited ability to make entry, identify problem, provide services/a appropriate referrals, and/or disengage when appropriate.	Occasionally unable to identify roles of consultant, consultee, and client system. Occasionally unable to identify content and/or process issues. Occasionally unable to form collaborative relationship with consultee. Sometimes able to make entry, identify problem, provide services/referrals and/or disengage when appropriate.	Occasionally unable to identify roles of consultant, consultee, and client system. Occasionally unable to identify content and/or process issues. Occasionally unable to form collaborative relationship with consultee. Sometimes able to make entry, identify problem, provide services/referrals and/or disengage when appropriate.	Able to identify roles of consultant, consultee, and client system most of the time. Able to identify content and/or process issues most of the time. Able to form collaborative relationship with consultee most of the time. Able to make entry, identify problem, provide services/referrals and disengage when appropriate most of the time.	Consistently able to identify roles of consultant, consultee, and client system. Consistently able to identify content and process issues. Able to form collaborative relationship with consultee consistently. Consistently able to make entry, identify problem, provide services/referrals and disengage when appropriate.	O. Direct Observation P. Video Q. Audio R. Supervisory Discussion S. Review of written reports T. Feedback from others U. Other (Specify)
N/A	1 Fails Standard	2 Needs Improvement	3 Meets Standard	4 5 Exceeds Standard	

Areas of Strength:

Appendix H-3: Research Practicum Performance forms (RPPs)

Competency-Based Course Evaluation

Title: Research Group 1st Year

Fall Semester, Psychological Research I (0503- 642-__ __)

Date: _____

Instructor: _____

Student: _____

Competency: RESEARCH AND EVALUATION

Content Area: Critical Evaluation of Research

Level: 1st Semester

RATING KEY:

(1) **Deficient:** Ability/performance is poor. Needs additional instruction/supervision beyond that typically scheduled, as well as course-work, reading and/or other input.

(2) **Below expectations:** Requires additional instruction/supervision and/or other input. Performance may not be satisfactory for completion of course work.

(3) **Satisfactory:** Ability/performance is appropriate and adequate for a student at this training level. *This is the minimally acceptable standard.*

(4) **Exceeds expectations:** Requires minimal additional instruction/supervision.

(5) **Superior:** Ability/performance is outstanding. Student performs at an exceptional level and can serve as a mentor to other students.

Knowledge

- Student has foundational knowledge of measurement considerations (e.g. reliability and validity). ____
- Student demonstrates an understanding of the important link between critical thinking in research and decision-making in clinical practice. ____

Skills

- Student has an ability to read research articles and critically evaluate truth claims at an introductory level. ____
- Student demonstrates a grasp of basic library search techniques and is able to locate appropriate sources of information. ____

Attitudes

- Student is able to distinguish scientific evidence from personal opinion. ____

Content Area: Conducting and Using Research in Applied Settings

Knowledge

- Student has knowledge of basic statistical concepts. ____
- Student demonstrates a beginning understanding of how personal biases can limit inquiry and research. ____

Skills

- Student demonstrates a beginning ability to identify personal biases that impact the design and implementation of research. ____
- Student has an ability to explain how a psychologist would collect data to address a clinical or other issue of interest. ____

Attitudes

- Student appreciates and values the role of research in applied (clinical and non-clinical) settings. ____

Content Area: Ethics and Professional Competence

Knowledge

- Student demonstrates a basic working knowledge of ethical principles with regard to research. ____
- Student has a basic knowledge of the impact of individual and cultural diversity on research. ____

Skills

- Student is able to evaluate research with respect to conformity to ethical standards. ____
- Student is able to describe epistemological model of the integration of science and practice in own program. ____

Attitudes

- Student is open to IRB feedback and research ethics. ____
-

Outcome Assessment

- Student attends workgroup meetings regularly. ____
- Student orally presents empirical study(s) in the general area of research interests. ____
- Student formulates research questions for a pre-dissertation project. ____

Competency-Based Course Evaluation

Title: Research Group 1st Year

Date:

Spring Semester, Psychological Research II (0503-643-__ __)

Instructor: _____

Student: _____

Competency: RESEARCH AND EVALUATION

Content Area: Critical Evaluation of Research

Level: 2nd Semester

RATING KEY:

(1) **Deficient:** Ability/performance is poor. Needs additional instruction/supervision beyond that typically scheduled, as well as course-work, reading and/or other input.

(2) **Below expectations:** Requires additional instruction/supervision and/or other input. Performance may not be satisfactory for completion of course work.

(3) **Satisfactory:** Ability/performance is appropriate and adequate for a student at this training level. *This is the minimally acceptable standard.*

(4) **Exceeds expectations:** Requires minimal additional instruction/supervision.

(5) **Superior:** Ability/performance is outstanding. Student performs at an exceptional level and can serve as a mentor to other students.

Knowledge

- Student has foundational knowledge of measurement considerations (e.g. reliability and validity). ____
- Student demonstrates an understanding of the important link between critical thinking in research and decision-making in clinical practice. ____

Skills

- Student has an ability to read research articles and critically evaluate truth claims at an introductory level. ____
- Student demonstrates a grasp of basic library search techniques and is able to locate appropriate sources of information. ____

Attitudes

- Student is able to distinguish scientific evidence from personal opinion. ____

Content Area: Conducting and Using Research in Applied Settings

Knowledge

- Student has knowledge of basic statistical concepts. ____
- Student demonstrates a beginning understanding of how personal biases can limit inquiry and research. ____

Skills

- Student demonstrates a beginning ability to identify personal biases that impact the design and implementation of research. ____
- Student has an ability to explain how a psychologist would collect data to address a clinical or other issue of interest. ____

Attitudes

- Student appreciates and values the role of research in applied (clinical and non-clinical) settings. ____

Content Area: Ethics and Professional Competence

Knowledge

- Student demonstrates a basic working knowledge of ethical principles with regard to research. ____
- Student has a basic knowledge of the impact of individual and cultural diversity on research. ____

Skills

- Student is able to evaluate research with respect to conformity to ethical standards. ____
- Student is able to describe epistemological model of the integration of science and practice in own program. ____

Attitudes

- Student is open to IRB feedback and research ethics. ____

Outcome Assessment

- Student attends workgroup meetings regularly. ____
- Student orally presents empirical study(s) in the general area of research interests. ____
- Student formulates research questions for a Pre-dissertation project. ____
- Student orally presents a draft of a pre-dissertation project to a workgroup. ____
- Student completes an online Human Subjects training required by IRB. ____

Competency-Based Course Evaluation

Title: Research Group 2nd Year

Date:

Fall Semester, Psychological Research III (0503-742- _ _ _)

Instructor: _____

Student: _____

Competency: RESEARCH AND EVALUATION

Content Area: Critical Evaluation of Research

Level: 3rd Semester

Knowledge

- Understanding of advanced statistical procedures as they are found in the psychological literature. ____
- Understanding of the process of psychometric research. ____

Skills

- Ability to critically evaluate literature and apply to clinical work. ____
- Grasp of advanced library search techniques. ____
- Ability to independently conduct a comprehensive literature review on a topic of interest. ____

Attitudes

- Recognition of the value of staying current in the literature. ____
- Maintenance of an attitude of healthy skepticism. ____
- Openness to multiple ways of knowing. ____

Content Area: Conducting and Using Research in Applied Settings

Knowledge

- Recognition of own limitations in research. ____
- Understanding of the importance and value of consultation. ____

Skills

- Able to design appropriate data collection methods in local clinical settings. ____
- Engagement in data analysis and synthesis. ____
- Ability to collect and analyze both qualitative and quantitative data. ____
- Ability to detect and correct errors in conducting research. ____
- Ability to develop and manage a major scholarly project. ____
- Identification of personal biases that impact the design and implementation of research and the application of research findings in clinical settings. ____

Attitudes

- Reflection on personal biases brought to the research process by oneself and by important stakeholders
- Ability to offer feedback to peers on research design through supervision or consultation. ____

Content Area: Ethics and Professional Competence

RATING KEY:

(1) **Deficient:** Ability/performance is poor. Needs additional instruction/supervision beyond that typically scheduled, as well as course-work, reading and/or other input.

(2) **Below expectations:** Requires additional instruction/supervision and/or other input. Performance may not be satisfactory for completion of course work.

(3) **Satisfactory:** Ability/performance is appropriate and adequate for a student at this training level. *This is the minimally acceptable standard.*

(4) **Exceeds expectations:** Requires minimal additional instruction/supervision.

(5) **Superior:** Ability/performance is outstanding. Student performs at an exceptional level and can serve as a mentor to other students.

Knowledge

- Knowledge of ethical principles in research. ____
- Understanding the role of diversity issues in the evaluation, design and analysis of research. ____

Skills

- Ability to design research in conformity with ethical standards. ____
- Ability to make mid-course corrections in clinical and research. ____
- Application of ethical principles in research. ____

Attitudes

- Investment in presenting scientific work for the scrutiny of others. ____
- Investment in offering constructive feedback to peers. ____
- Commitment to mid-course corrections in clinical and research practice based on data. ____

Outcome Assessment:

- Regular attendance of workgroup meetings and completion of lab readings. ____
- Completion of oral lab presentation of a research study specific to pre-dissertation project. ____

Competency-Based Course Evaluation

Title: Research Group 2nd Year

Date: _____

Spring Semester, Psychological Research IV (0503-743-__ __)

Instructor: _____

Student: _____

RATING KEY:

(1) **Deficient:** Ability/performance is poor. Needs additional instruction/supervision beyond that typically scheduled, as well as course-work, reading and/or other input.

(2) **Below expectations:** Requires additional instruction/supervision and/or other input. Performance may not be satisfactory for completion of course work.

(3) **Satisfactory:** Ability/performance is appropriate and adequate for a student at this training level. *This is the minimally acceptable standard.*

(4) **Exceeds expectations:** Requires minimal additional instruction/supervision.

(5) **Superior:** Ability/performance is outstanding. Student performs at an exceptional level and serves as a mentor to other students.

Competency: RESEARCH AND EVALUATION

Content Area: Critical Evaluation of Research

Level: 4th Semester

Knowledge

- Deepened understanding of advanced statistical procedures as they are found in the literature. ____
- Deepened understanding of the process of psychometric research. ____

Skills

- Increased ability to critically evaluate literature and apply to clinical work. ____
- Increased grasp of advanced library search techniques. ____
- Increased ability to independently conduct a comprehensive literature review on a topic of interest. ____

Attitudes

- Better recognition of the value of staying current in the literature. ____
- Continued maintenance of an attitude of healthy skepticism. ____
- Greater openness to multiple ways of knowing. ____

Content Area: Conducting and Using Research in Applied Settings

Knowledge

- Better recognition of own limitations in research. ____
- Deepened understanding of the importance and value of consultation. ____

Skills

- Better able to design appropriate data collection methods in local clinical settings. ____
- Increased engagement in data analysis and synthesis. ____
- Increased ability to collect and analyze both qualitative and quantitative data. ____
- Increased ability to detect and correct errors in conducting research. ____
- Increased ability to develop and manage a major scholarly project. ____
- Greater identification of personal biases that impact the design and implementation of research and the application of research findings in clinical settings. ____

Attitudes

- Better reflection on personal biases brought to the research process by oneself and by important stakeholders. ____
- Increased ability to offer feedback to peers on research design through supervision and consultation. ____

Content Area: Ethics and Professional Competence

Knowledge

- Increased knowledge of ethical principles in research. ____

- Deepened understanding the role of diversity issues in the evaluation, design and analysis of research. ____

Skills

- Increased ability to design research in conformity with ethical standards. ____
- Increased ability to make mid-course corrections in clinical and research. ____
- Continued application of ethical principles in research. ____

Attitudes

- Continued investment in presenting scientific work for the scrutiny of others. ____
- Continued investment in offering constructive feedback to peers. ____
- Heightened commitment to mid-course corrections in clinical and research practice based on data. ____

Outcome Assessment:

- Continued regular attendance of workgroup meetings and completion of lab readings. ____
- Completion of literature review on empirical topic for lab presentation. ____
- Obtain IRB Approval for pre-dissertation project. ____
- Completion of written of Introduction and Method for an original research study. ____
- Completion of data collection and analysis. ____

Competency-Based Course Evaluation

Title: Research Group 3rd Year

Date:

Fall Semester, Dissertation Research I (0503-817-__ __)

Instructor: _____

Student: _____

RATING KEY:

(1) **Deficient:** Ability/performance is poor. Needs additional instruction/supervision beyond that typically scheduled, as well as course-work, reading and/or other input.

(2) **Below expectations:** Requires additional instruction/supervision and/or other input. Performance may not be satisfactory for completion of course work.

(3) **Satisfactory:** Ability/performance is appropriate and adequate for a student at this training level. *This is the minimally acceptable standard.*

(4) **Exceeds expectations:** Requires minimal additional instruction/supervision.

(5) **Superior:** Ability/performance is outstanding. Student performs at an exceptional level and can serve as a mentor to other students.

Competency: RESEARCH AND EVALUATION

Content Area: Critical Evaluation of Research

Level: 5th Semester

Knowledge

- Basic understanding of different epistemologies, including an understanding of western science in its cultural context. ____

Skills

- Ability to critically evaluate research literature in terms of applicability to specific clinical questions. ____
- Ability to explain relevant professional research literature to a client in jargon-free language. ____

Attitudes

- Incorporation of scientific attitudes and values in work as a psychologist. ____

Content Area: Conducting and Using Research in Applied Settings

Knowledge

- Basic understanding of how to build new practice methods and adjust interventions based on evidence. ____

Skills

- Ability to design and conduct outcome research (individual client and/or larger participant group) in an applied setting. ____
- Ability to function as a peer consultant in research design and evaluation. ____
- Ability to identify and attempt to control for personal biases that impact the design and implementation of research and the application of research findings in clinical settings. ____

- Application of research in local clinical settings. ____

Attitudes

- Investment in the application of research findings in local clinical settings. ____

Content Area: Ethics and Professional Competency

Knowledge

- Inclusion of diversity issues in the development, implementation, and interpretation of research. ____

Skills

- Ability to conduct research according to accepted ethical principles and standards. ____

Attitudes

- Commitment to the importance of research and evaluation in ongoing inquiry and lifelong learning. ____
-

Outcome Assessment:

- Completion of (including defense/presentation) of pre-dissertation project. ____

Competency-Based Course Evaluation

Title: Research Group 3rd Year

Date:

Spring Semester, Dissertation Research II (0503-818-__ __)

Instructor: _____

Student: _____

RATING KEY:

(1) **Deficient:** Ability/performance is poor. Needs additional instruction/supervision beyond that typically scheduled, as well as course-work, reading and/or other input.

(2) **Below expectations:** Requires additional instruction/supervision and/or other input. Performance may not be satisfactory for completion of course work.

(3) **Satisfactory:** Ability/performance is appropriate and adequate for a student at this training level. *This is the minimally acceptable standard.*

(4) **Exceeds expectations:** Requires minimal additional instruction/supervision.

(5) **Superior:** Ability/performance is outstanding. Student performs at an exceptional level and can serve as a mentor to other students.

Competency: RESEARCH AND EVALUATION

Content Area: Critical Evaluation of Research

Level: 6th Semester

Knowledge

- Maintenance and expansion of breadth and depth of knowledge of statistics and research design. ____

Skills

- Ability to critically evaluate different epistemologies. ____

Attitudes

None

Content Area: Conducting and Using Research in Applied Settings

Knowledge

Skills

- Completion of a major scholarly research project. ____
- Dissemination of scholarly findings to the professional community. ____

Attitudes

- Assumption of a leadership role as an evaluator and/or researcher in applied settings. ____

None

Content Area: Ethics and Professional Competence

Knowledge

Skills

Attitudes

None

Outcome Assessment:

- Completion of literature review for dissertation proposal. ____
- Completion of method/study design for dissertation proposal. ____

Competency-Based Course Evaluation

Title: Research Group 4th Year

Date:

Fall Semester, Dissertation Research III (0503-819-__ __)

Instructor: _____

Student: _____

Competency: RESEARCH AND EVALUATION

Content Area: Critical Evaluation of Research

Level: 7th Semester

Knowledge

- Advanced understanding of different epistemologies, including an understanding of western science in its cultural context. ____
- Maintenance and expansion of breadth and depth of knowledge of statistics and research design. ____

Skills

- Advanced ability to critically evaluate research literature in terms of applicability to specific clinical questions. ____
- Advanced ability to smoothly explain relevant professional research literature to a client. ____

Attitudes

- Incorporation of scientific attitudes and values in work as a psychologist. ____

Content Area: Conducting and Using Research in Applied Settings

Knowledge

- Advanced understanding of how to build new practice methods and adjust interventions based on evidence. ____

Skills

- Ability to design and conduct outcome research (individual client and/or larger participant group) in an applied setting. ____
- Completion of a major scholarly research project. ____
- Dissemination of scholarly findings to the professional community. ____
- Ability to identify and attempt to control for personal biases that impact the design and implementation of research and the application of research findings in clinical settings. ____

- Application of research in local clinical settings. ____

Attitudes

- Assumption of a leadership role as an evaluator and/or researcher in applied settings. ____
- Investment in the application of research findings in local clinical settings. ____

RATING KEY:

(1) **Deficient:** Ability/performance is poor. Needs additional instruction/supervision beyond that typically scheduled, as well as course-work, reading and/or other input.

(2) **Below expectations:** Requires additional instruction/supervision and/or other input. Performance may not be satisfactory for completion of course work.

(3) **Satisfactory:** Ability/performance is appropriate and adequate for a student at this training level. *This is the minimally acceptable standard.*

(4) **Exceeds expectations:** Requires minimal additional instruction/supervision.

(5) **Superior:** Ability/performance is outstanding. Student performs at an exceptional level and can serve as a mentor to other students.

Content Area: Ethics and Professional Competence

Knowledge

- Inclusion of diversity issues in the development, implementation, and interpretation of research. ____

Skills

- Ability to conduct research according to accepted ethical principles and standards. ____

Attitudes

- Commitment to the importance of research and evaluation in ongoing inquiry and lifelong learning. ____
-

Outcome Assessment:

- Completion of dissertation proposal. ____
- Submission of IRB approval for dissertation. ____

Competency-Based Course Evaluation

Title: Research Group 4th Year

Date:

Spring Semester, Dissertation Research IV (0503-858-__ __)

Instructor: _____

Student: _____

RATING KEY:

(1) **Deficient:** Ability/performance is poor. Needs additional instruction/supervision beyond that typically scheduled, as well as course-work, reading and/or other input.

(2) **Below expectations:** Requires additional instruction/supervision and/or other input. Performance may not be satisfactory for completion of course work.

(3) **Satisfactory:** Ability/performance is appropriate and adequate for a student at this training level. *This is the minimally acceptable standard.*

(4) **Exceeds expectations:** Requires minimal additional instruction/supervision.

(5) **Superior:** Ability/performance is outstanding. Student performs at an exceptional level and can serve as a mentor to other students.

Competency: RESEARCH AND EVALUATION

Content Area: Critical Evaluation of Research

Level: 8th Semester

Knowledge

- Continued advanced understanding of different epistemologies, including an understanding of western science in its cultural context. ____
- Continued maintenance and expansion of breadth and depth of knowledge of statistics and research design. ____

Skills

- Advanced ability to critically evaluate different epistemologies. ____

Attitudes

- Continued incorporation of scientific attitudes and values in work as a psychologist. ____

Content Area: Conducting and Using Research in Applied Settings

Knowledge

- Continued advanced understanding of how to build new practice methods and adjust interventions based on evidence. ____

Skills

- Increased ability to design and conduct outcome research (individual client and/or larger participant group) in an applied setting. ____
- Advanced ability to function as a peer consultant in research design and evaluation. ____
- Continued dissemination of scholarly findings to the professional community. ____
- Deepened ability to identify and attempt to control for personal biases that impact the design and implementation of research and the application of research findings in clinical settings. ____
- Continued application of research in local clinical settings. ____

Attitudes

- Continued assumption of a leadership role as an evaluator and/or researcher in applied settings. ____

- Continued investment in the application of research findings in local clinical settings. ____
-

Content Area: Ethics and Professional Competence

Knowledge

- Continued inclusion of diversity issues in the development, implementation, and interpretation of research. ____

Skills

- Continued ability to conduct research according to accepted ethical principles and standards. ____

Attitudes

- Continued commitment to the importance of research and evaluation in ongoing inquiry and lifelong learning. ____
-

Outcome Assessment:

- Continued work on the dissertation including completion of data collection and completion of data analysis to allow for completion of dissertation by the end of the fifth year. ____

Appendix H-4: Research Proposals

Rubric: Dissertation Proposal (Written and Oral) Evaluation Form

Student: _____

Dissertation Proposal Chair: _____

Dissertation proposal committee members: (1) _____

(2) _____ Date of Dissertation Proposal:

Title of dissertation:

—

—

—

Type of dissertation:

Theoretical (literature review and theoretical argument but no original data collected)

Qualitative (includes ethnographic, naturalistic, anthropological, field or participant observer research)

Quantitative (emphasis on objective measurement and the statistical analysis of data)

Mixed Method (dissertations combining both quantitative and qualitative methods)

Instructions to the dissertation sponsor: Please rate the student's performance on both written and oral parts of the dissertation proposal in the following domains, which assess the student's competencies in research and scholarship. The Dissertation Proposal Chair records the scores, which represent an average of the scores from each of the faculty members on the Dissertation Proposal Committee. The scores correspond to the following scale:

Please use the following rating scale:

1 = Significantly Below Expectations for this level of training

2 = Somewhat Below Expectations for this level of training

3 = Meets Expectations for this level of training

4 = Somewhat Above Expectations for this level of training

5 = Significantly Above Expectations for this level of training

N/A not relevant to the particular dissertation.

Overall grade scale:

Scores in each domain of both Part A: Written and Part B: Oral are aggregated to determine students' grade for the Dissertation Proposal in the following manner:

Pass

Fail

A student will be considered to have failed the Dissertation Proposal if they achieve "1s" in more than 80% of scores across both written and oral parts of the exam.

PART A. WRITTEN

LITERATURE REVIEW

A. Phenomenon of interest, review of literature

1. (i) Fails to adequately summarize literature, (ii) Does not critique the literature that was reviewed
3. (i) Describes general trends and themes in the literature that pertain to the study, however lacks clear support for how the literature reviewed supports the rationale for the study, (ii) Shows some critique of the literature reviewed
5. (i) Reviews the literature well and succinctly demonstrating a range and depth required for a dissertation, (ii) Provides a very thorough summary and critique of theory and research of interest, (iii) Reviews and compares multiple theories and differential predictions, (iv) Provides a clear rationale for the study based on gaps in the literature

TOTAL SCORE FOR DOMAIN A (1, 2, 3, 4, 5 OR N/A):

B. Statement of problem

1. (i) Fails to identify areas in the literature reviewed that are missing or inconsistent that the dissertation will address, (ii) Fails to address the debates existing in the literature, (iii) Fails to make a compelling rationale for the study based on the research questions and gaps in the literature
3. (i) Identifies some of the gaps and inconsistencies in the literature, (ii) Identifies the debate in the literature, (iii) Able to provide some support from the literature for the conceptualized statement of the problem, (iv) Able to provide some support from the literature for the conceptualized statement of the problem
5. (i) Summarizes clearly the gaps and inconsistencies in the literature, (ii) Is able to describe the debate existing in the literature in a nuanced manner, (iii) Provides clear rationale and statement of the problem that the dissertation addresses, (iv) Clearly demonstrates how the current study will make an original contribution to the literature based on the problems already described in the literature review

TOTAL SCORE FOR DOMAIN B (1, 2, 3, 4, 5 OR N/A):

C. Definition of constructs; measures and instruments

1. (i) Fails to define the constructs of focus, (ii) Fails to include a list of constructs and/or measures
3. (i) Defines theory but does not discuss operationalization, (ii) Operationalizes variables, however would benefit from greater detail and accuracy, (iii) Lists some of the measures described in the literature review and the statement of the problem, (iv) Labels variables but could use more clarity in descriptors

5. (i) Lists all of the variables described in the literature review and statement of the problem, (ii) Labels all of the variables clearly and with good descriptors, (iii) Describes measures and scoring with detail and accuracy

TOTAL SCORE FOR DOMAIN C (1, 2, 3, 4, 5 OR N/A):

D. Hypotheses and research question

1. (i) Fails to present hypotheses/research questions or if hypotheses/research questions are presented, these are incomplete, not directly tied to the method or do not follow from the literature, (ii) Fails to disclose own values and interests and roles these play in defining the problem
3. (i) Articulates hypotheses/research questions, but does not link these clearly to the statement of the problem, (ii) Describe hypotheses, but does not suggest the relationship or hypothesized direction of the relationship between the variables or the design or the population studied, (iii) Is aware of own values and assumptions, but does not describe how these impact interpretation of theory and literature
5. (i) Lists dependent and independent variables described in the literature reviewed and statement of the problem, (ii) Defines and operationalizes variables/research questions clearly and very well, (iii) Describes hypotheses/research questions succinctly in accord with the primary constructs in the literature reviews, (iv) Links hypotheses/research questions clearly to the statement of the problem, (v) Adheres to APA style for description of hypotheses by describing the direction of the relationships between variables, design to be used and population to be studies, (vi) Discloses values and assumptions and describes how these impact the interpretation of theory and literature, and statement of the problem

TOTAL SCORE FOR DOMAIN D (1, 2, 3, 4, 5 OR N/A):

METHOD

E. Participants

1. (i) Fails to describe sample, (ii) Fails to provide inclusion/exclusion criteria, (iii) Fails to discuss the relevance of the sample for the specific questions and measures
3. (i) Describes the sample, but does not include information on relevant characteristics, (ii) Includes inclusion/exclusion criteria, but is missing some key information, (iii) Includes information on relevance of sample for specific questions and measures but lacks clarity
5. (i) Includes all relevant information on sample, (ii) Includes information on inclusions/exclusion criteria with a rationale, (iii) Provides very clear information on relevance of sample and specific questions and measures

TOTAL SCORE FOR DOMAIN E (1, 2, 3, 4, 5 OR N/A):

F. Methodology

1. (i) Fails to present a recruitment procedure or if presented, it is vague and confusing, (ii) Fails to present the actual methodology for the study
3. (i) Describes measures however these are still unclear and lack specificity, (ii) Describes the methodology but it is vague and unclear
5. (i) Describes measures very specifically and clearly, (ii) Describes the methodology clearly and specifically

TOTAL SCORE FOR DOMAIN F (1, 2, 3, 4, 5 OR N/A):

G. Measures

1. (i) Fails to describe measures or if does, the measures were not included in the variables list and/or in the hypotheses
3. (i) Describes measures, however these are still unclear and lack specificity, (ii) Provides psychometric information on some, but not all measures
5. (i) Describes measures very specifically and clearly, (ii) Describes well psychometric properties of all measures

TOTAL SCORE FOR DOMAIN G (1, 2, 3, 4, 5 OR N/A):

H. Proposed study design and statistical analyses

1. (i) Fails to present the study design and statistical analyses clearly and accurately, (ii) Fails to present the study design and statistical analyses that corresponds to variables and hypotheses has missing variables, (iii) Fails to propose relevant preliminary analyses
3. (i) Proposes design and corresponding statistical analyses, but has some lack of specificity and clear articulation, (ii) Proposes design analyses that corresponds to variable list and hypotheses but is missing some variables, (iii) Proposes some relevant preliminary analyses but is missing some information
5. (i) Proposes design and corresponding statistical analyses accurately, clearly articulated and specifically, (ii) Presents design and analyses that corresponds directly to the variable list and hypotheses with no missing variables, (iii) Proposes all relevant analyses

TOTAL SCORE FOR DOMAIN H (1, 2, 3, 4, 5 OR N/A):

WRITING AND STUDY QUALITY

I. Organization, language, and grammar

1. (i) There are many sentences with grammatical and typographical errors and awkward phrasing, (ii) The chapters and writing are poorly organized, and difficult to read, (iii) Subheadings, segues, introductory statements and summary statements are either missing or confusing
3. (i) There are only some sentences with grammatical and typographical errors and awkward phrasing, (ii) The chapters and writing are coherent and well organized, making the document easier to read, (iii) For the most

- part there are subheadings, segues, introductory statements and summary statements
5. (i) The document is essentially free of sentences that have grammatical and typographical errors or awkward phrasing, (ii) The chapters and writing are extremely coherent and very well organized, making the document easier to read, (iii) Subheadings, segues, introductory statements and summary statements are extremely clear

TOTAL SCORE FOR DOMAIN I (1, 2, 3, 4, 5 OR N/A):

J. References and APA style

1. (i) There are APA style formatting errors, (ii) There are citations that are either not referenced or not in APA format
3. (i) There are only some APA style formatting errors, (ii) Most of the citations are referenced in APA format
5. (i) The formatting is consistent with APA style and there is no evidence of any kinds of errors, (ii) All citations and references follow APA style

TOTAL SCORE FOR DOMAIN J (1, 2, 3, 4, 5 OR N/A):

K. Innovation

1. (i) Innovation is very low, (ii) The proposed study is unlikely to make a unique contribution to the literature and instead is in essence a replication study
3. (i) Innovation is moderate, (ii) It remains unclear if the proposed study has the capacity to make a unique contribution to the literature
5. (i) Innovation is very high, (ii) It is very clear that the proposed study has the capacity to make a unique contribution to the literature (particularly important for theoretical dissertations)

TOTAL SCORE FOR DOMAIN K (1, 2, 3, 4, 5 OR N/A):

L. Feasibility

1. (i) The feasibility of completing the proposed study is very low due to lack of access to participants, lack of availability of measures, lack of expertise regarding any aspect of the methods, lack of access to archival data, and/or unrealistic time frame for completion
3. (i) The feasibility of completing the proposed study is moderate with respect to access to participants, availability of measures, expertise regarding any aspect of the methods, access to archival data if needed and/or realistic time frame for completion
5. (i) The feasibility of completing the proposed study is extremely high with respect to access to participants, availability of measures, expertise regarding any aspect of the methods, access to archival data if needed and/or realistic time frame for completion

TOTAL SCORE FOR DOMAIN L (1, 2, 3, 4, 5 OR N/A):

Overall Comments about Written

PART B. ORAL

LITERATURE REVIEW

A. Phenomenon of interest, review of literature

1. (i) Fails to discuss previous literature, (ii) Unable to provide a rationale for the study, (iii) Does not critique the literature that was reviewed
3. (i) Describes general trends and themes in the literature that pertain to the study, however lacks clear support for how the literature reviewed supports the rationale for the study, (ii) Discusses only some critique of the literature reviewed
5. (i) Discusses a review of the literature well and succinctly demonstrating a range and depth required for a dissertation, (ii) Gives an excellent summary of the current state of knowledge of the phenomenon of interest, (iii) Gives a clear rationale for the study, (iv) Gives a thorough critique of the literature reviewed

TOTAL SCORE FOR DOMAIN A (1, 2, 3, 4, 5 OR N/A):

B. Statement of problem

1. (i) Fails to discuss areas in the reviewed literature that are missing or inconsistent
3. (i) States some of the gaps and inconsistencies in the literature, (ii) Discusses some support from the literature for the conceptualized statement of the problem
5. (i) States clearly the gaps and inconsistencies in the literature

TOTAL SCORE FOR DOMAIN B (1, 2, 3, 4, 5 OR N/A):

C. Variable List

1. (i) Fails to provide a list of variables
3. (i) States some of the variables described in the literature review and the statement of the problem, (ii) Discusses variables but could use more clarity in descriptors, (iii) States how variables are operationalized, but could use greater detail and accuracy
5. (i) Articulates an understanding of all of the variables described in the literature review and statement of the problem, (ii) Discusses the variables clearly and with descriptors, (iii) Discusses the operationalization of variables clearly and very well, (iv) Discusses measures and scoring with detail and accuracy

TOTAL SCORE FOR DOMAIN C (1, 2, 3, 4, 5 OR N/A):

D. Hypotheses

1. (i) Fails to discuss hypotheses or if hypotheses are discussed, these are incomplete/unclear or do not follow the statement of the problem
3. (i) Discusses hypotheses but does not link these clearly to the statement of the problem, (ii) Discusses hypotheses but does not suggest the nature or direction of the relationship between variables, design and/or population studied
5. (i) Discusses hypotheses completely, specifically and accurately, (ii) States how hypotheses are clearly linked to the statement of the problem, (iii) Discusses the direction of the relationships between variables, design to be used, and population to be studied

TOTAL SCORE FOR DOMAIN D (1, 2, 3, 4, 5 OR N/A):

METHOD

E. Participants

1. (i) Fails to discuss the sample, (ii) Fails to discuss the inclusion/exclusion criteria, (iii) Fails to discuss the relevance of the sample for the specific questions and measures
3. (i) Discusses the sample but does not include information on relevant characteristics, (ii) Discusses inclusion/exclusion criteria but missing some key information, (iii) Discusses information on relevance of sample for specific questions and measures but lacks clarity
5. (i) Discusses all relevant information on the sample, (ii) Discusses information on inclusion/exclusion criteria with rationale, (iii) Provides very clear information on relevance of the sample and specific questions and measures

TOTAL SCORE FOR DOMAIN E (1, 2, 3, 4, 5 OR N/A):

F. Methodology

1. (i) Fails to discuss the recruitment procedure or if presented, it is vague and confusing, (ii) Fails to discuss the actual methodology for the study
3. (i) Discusses the recruitment procedure, but it is vague and unclear, (ii) Discusses the methodology, but it is vague and unclear
5. (i) Discusses the recruitment procedure clearly and specifically, (ii) Discusses the methodology clearly and specifically

TOTAL SCORE FOR DOMAIN F (1, 2, 3, 4, 5 OR N/A):

G. Measures

1. (i) Fails to discuss the measures or if they are discussed, the measures were not included in the variable list and/or hypotheses

3. (i) Discusses measures, however these are still unclear and lack specificity, (ii) Discusses psychometric information on some but not all measures
5. (i) Discusses measures very specifically and clearly, (ii) Discusses well psychometric properties of all measures

TOTAL SCORE FOR DOMAIN G (1, 2, 3, 4, 5 OR N/A):

H. Proposed study design and statistical analyses

1. (i) Fails to discuss the study design and statistical analyses clearly and accurately, (ii) Fails to discuss the study design and statistical analyses which corresponds to variables and hypotheses and variables are missing, (iii) Fails to discuss the proposed relevant preliminary analyses
3. (i) Discusses a proposal for the design and corresponding statistical analyses, but has some lack of specificity and clear articulation, (ii) Discusses design analyses that corresponds to variable list and hypotheses, but missing some variables, (iii) Discusses some relevant preliminary analyses but missing some information
5. (i) Discusses design and corresponding statistical analyses accurately, clearly articulated and specifically, (ii) Discusses design and analyses that corresponds directly to the variable list and hypotheses with no missing variables, (iii) Discusses all relevant analyses

TOTAL SCORE FOR DOMAIN H (1, 2, 3, 4, 5 OR N/A):

PRESENTATION QUALITY

I. Quality of student's oral presentation

1. (i) During the oral presentation, the student only reads directly from notes and does not look or engage the audience, (ii) Student appears confused and does not seem to understand their own study well or can expand beyond the information in their notes, (iii) The student is unable to show mastery of scholarship in the area of research that they studied
3. (i) During the oral presentation, the student tends to rely on notes with inconsistent looking at or engagement of the audience, (ii) Student appears able to respond to questions, but has some difficulty expanding on the information beyond their notes, (iii) During the oral presentation, the student was able to discuss the study however there was still some difficulty or confusion about their study
5. (i) During the oral presentation, the student is clear, poised, connected and able to make eye contact and engage the audience, (ii) The student shows mastery of the material and does not rely on notes or slides, (iii) The student is able to expand beyond the notes when asked questions about the study with depth and complexity, (iii) During the oral presentation, the student was able to demonstrate mastery of their study and the larger literature, (iv) During the oral presentation the student's answers to questions demonstrate mastery of the material and ability to consider the problem from different angles

TOTAL SCORE FOR DOMAIN I (1, 2, 3, 4, 5 OR N/A):

J. Quality of student's professional demeanor

1. (i) There are major concerns about the student's professionalism as evidenced in the oral presentation (e.g. is late to defense, is defensive when answering questions)
3. (i) Student acts in a professional manner during the presentation (e.g. is on time to the defense, is courteous to examiners)
5. N/A

TOTAL SCORE FOR DOMAIN J (1, 2, 3, 4, 5 OR N/A):

Overall Comments about Oral

Appendix I: Evaluation Tools by Students

Appendix I-1: Evaluation of Academic Courses

Appendix I-2: Evaluation of Clinical Supervisors

Appendix I-3: Evaluation of Practicum Sites

Appendix I-1: Evaluation of Academic Courses

Adelphi University Course Evaluation

INSTRUCTIONS:

Please take the time to answer each question carefully. The information you provide will be part of our ongoing efforts to improve the curriculum and the teaching in this department. The results will only be available to the instructor in a summary form and not until after the course grades have been submitted. All responses are anonymous; students' identifying information is not stored anywhere and your answers cannot be traced back to you.

Instructor Evaluation

Please select the answer which most closely reflects your opinion about your instructor. When items are not relevant to the course, please select "not applicable"

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. The instructor presents the subject matter in a clear and understandable way	<input type="radio"/>					
2. The instructor uses class time effectively and efficiently	<input type="radio"/>					
3. The instructor stimulated my interest in the subject	<input type="radio"/>					
4. The instructor creates an atmosphere that encourages questions and discussion	<input type="radio"/>					
5. The instructor returns examinations and assignments in a timely manner	<input type="radio"/>					
6. The instructor provides useful feedback on coursework	<input type="radio"/>					
7. The instructor clearly explains what is expected of the students	<input type="radio"/>					
8. The instructor treats students with respect	<input type="radio"/>					
9. The instructor is available for help/consultation outside of class	<input type="radio"/>					
10. Given the choice, or opportunity, I would take another course with this instructor	<input type="radio"/>					

Comments about the instructor

Do you have any comments or suggestions, either positive or negative, about the instructor?

Course Evaluation

Please select the answer which most closely reflects your opinion about this course. When items are not relevant to the course, please select "not applicable"

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
11. Exams and/or assignments are well connected to course objectives	3	4	3	2	1	0
12. I find this course intellectually challenging	3	4	3	2	1	0
13. Textbook and other assigned material are relevant to class	3	4	3	2	1	0
14. The technology used (Moodle, websites, or other resources) enhances the class experience	3	4	3	2	1	0
15. I would recommend this course to other students	3	4	3	2	1	0

Comments about the course

Do you have any comments or suggestions, either positive or negative, about the course?

Student Learning

Please rate the progress you have made in this course in each of the items below. When items are not relevant to the course, please select "not applicable"

	Excellent Progress	Good Progress	Adequate Progress	Little Progress	No Progress	Not Applicable
16. In gaining knowledge of this subject	3	4	3	2	1	0
17. In improving my writing	3	4	3	2	1	0
18. In improving my critical thinking skills	3	4	3	2	1	0
19. In using information resources to research topics	3	4	3	2	1	0
20. In preparing for a career	3	4	3	2	1	0
21. In increasing my awareness of community and global issues	3	4	3	2	1	0
22. In improving my quantitative reasoning skills	3	4	3	2	1	0
23. In improving my artistic expression and understanding	3	4	3	2	1	0

24. On average how many hours per week do you study/prepare for this class?

Less than one 1-3 4-6 7-9 10 or more
1 2 3 4 5

Please provide any additional comments you might have:

Doctoral Program Learning Objectives

Please refer to your course syllabus & rate the following:

	Completely	Mostly	Somewhat	Very Little	Not at all	Not Applicable
25. To what extent was Learning Objective 1 achieved?	5	4	3	2	1	0
26. To what extent was Learning Objective 2 achieved?	5	4	3	2	1	0
27. To what extent was Learning Objective 3 achieved?	5	4	3	2	1	0
28. To what extent was Learning Objective 4 achieved?	5	4	3	2	1	0
29. To what extent was Learning Objective 5 achieved?	5	4	3	2	1	0

Appendix I-2: Evaluation of Clinical Supervisors

DERNER: CENTER FOR PSYCHOLOGICAL SERVICES

CONFIDENTIAL EVALUATION OF SUPERVISOR

Supervisor _____

—

General Information

Model of supervision:	_____	Individual	_____	Group
Observation:	_____	Process Notes	_____	Audiotape
	_____	Videotape		
Types of cases:	_____	Diagnostic Assessment	_____	Psychotherapy

Please be candid on these evaluations. The evaluations are anonymous and supervisors will be informed of their ratings only after three or more students rate the supervisor.

Please rate the following aspects by placing an "x" next to the appropriate numbers

	Poor	Below Average	Average	Above Average	Superior	N/A
<u>Theoretical & Clinical Expertise</u>						
Theoretical knowledge	1	2	3	4	5	0
Integrates theoretical perspective in clinical material	1	2	3	4	5	0
Understands/conceptualizes the patients' issues as displayed in both process and content	1	2	3	4	5	0
Gives useful pointers about technique - helps me with what to say/do in sessions	1	2	3	4	5	0
Provides assistance in report writing	1	2	3	4	5	0
Suggests relevant readings in theory and technique	1	2	3	4	5	0

Discusses relevant research, including EBTs.	1	2	3	4	5	0
Encourages development of my conceptual skills	1	2	3	4	5	0
Enthusiasm for clinical teaching	1	2	3	4	5	0
Provides good professional role model	1	2	3	4	5	0

	Poor	Below Average	Average	Above Average	Superior	N/A
--	-------------	----------------------	----------------	----------------------	-----------------	------------

Supervisory Relationship

Encourages my inquiries and presentation of case material	1	2	3	4	5	0
Establishes rapport and relates effectively with me	1	2	3	4	5	0
Allows for differences in my style and orientation	1	2	3	4	5	0
Supports my voicing of doubts and differences	1	2	3	4	5	0
Open and non-judging - I can bring mistakes as well as good points	1	2	3	4	5	0
Offers criticisms and suggestions in a constructive and supportive way	1	2	3	4	5	0

Dependability & Accessibility

Dependability - comes as scheduled	1	2	3	4	5	0
Accessibility - can be reached	1	2	3	4	5	0
OVERALL EVALUATION OF SUPERVISOR	1	2	3	4	5	0

Please indicate the three characteristics of the supervisor/supervisee experience which have been the most valuable most valuable for your clinical development:

- A)
- B)
- C)

Areas for improvement:

- A)
- B)
- C)

Appendix I-3: Evaluation of Practicum Sites

EXTERNSHIP/INTERNSHIP SITE EVALUATION

Site _____

Evaluation Dates _____

Extern/Intern _____

Rate the level of satisfaction in the following areas comparing your experience with your goals and expectations. In each case, indicate your rating in the appropriate column. Write N/A if any of the areas do not apply to this rotation.

1 2 3 4 5
 very dissatisfied dissatisfied somewhat satisfied satisfied very satisfied

INPATIENT ROTATION	Rating
Number of cases	
Variety of cases	
Number of groups	
Type of group modality (process oriented, psychoeducation)	
Supervision of group work	
Support from multidisciplinary team	
Your contribution to treatment team decisions	
Level of collaboration among team members	
Development of therapy skills	
Development of interview skills	
Development of diagnostic skills	
Ability to conceptualize cases to guide treatment	
Exposure to documentation (progress notes, treatment plans, etc.)	
Contact with managed care companies	
Family therapy	

Please amplify your responses with comments, especially if rating is 3 or below:

OUTPATIENT ROTATION	Rating
Number of cases	
Variety of cases	
Number of groups	
Type of group modality (process oriented, psychoeducation)	
Supervision of group work	
Support from multidisciplinary team	
Your contribution to treatment team decisions	
Level of collaboration among team members	
Development of therapy skills	
Development of interview skills	
Development of diagnostic skills	
Ability to conceptualize cases to guide treatment	
Exposure to documentation (progress notes, treatment plans, etc.)	
Contact with managed care companies	
Family therapy	

Please amplify your responses with comments, especially if rating is 3 or below:

ELECTIVE ROTATION	Rating
Number of cases	
Variety of cases	
Number of groups	
Type of group modality (process oriented, psychoeducation)	
Supervision of group work	
Support from multidisciplinary team	
Your contribution to treatment team decisions	
Level of collaboration among team members	
Development of therapy skills	
Development of interview skills	
Development of diagnostic skills	
Ability to conceptualize cases to guide treatment	
Exposure to documentation (progress notes, treatment plans, etc.)	
Contact with managed care companies	
Family therapy	

Please amplify your responses with comments, especially if rating is 3 or below:

TESTING	Rating
Number of testing cases	
Range of testing cases (demographics, focal batteries)	
Variety of tests used	
Range of tests available	
Availability of testing materials	
Resources for scoring and report writing	

Please amplify your responses with comments, especially if rating is 3 or below:

CLINICAL SEMINAR/CASE CONFERENCE PRESENTATIONS	Rating
Format of presentations	
Topics discussed/presented	
Overall satisfaction with case conference	

Please amplify your responses with comments, especially if rating is 3 or below:

DIDACTIC TRAINING	Rating
Format of presentations	
Topics discussed/presented	
Introduction of current research	
Preparation of presenters	
Overall satisfaction with didactics	

Please amplify your responses with comments, especially if rating is 3 or below:

GENERAL	Rating
Process Group	
Fulfillment of professional development	
Overall satisfaction with supervision	
Overall satisfaction of internship	

Please amplify your responses with comments, especially if rating is 3 or below:

Are there any other aspects of internship that you would like to comment on? If so, please be specific and amplify your response with any suggestions you have to improve the training experience.

Appendix J: Research Forms

Appendix J-1: Research Training Requirements for Internship

Appendix J-2: Dissertation Committee Form

Appendix J-3: Proposal Defense Evaluation Form

Appendix J-4: Oral Defense Evaluation Form

Appendix J-5: Oral Defense Announcement Form

Appendix J-6: Dissertation Title Page Format

Appendix J-7: Dissertation Committee Page Format

Appendix J-1: Research Training Requirements for Internship

Student Name: _____

Pre-dissertation Advisor: _____

Dissertation Advisor: _____

Progress of Pre-dissertation Research Project

STATUS:

Pre-dissertation completed (circle): Yes No

Signature of advisor: _____ Date: _____

Project presented (citation/date): _____

Project published (citation): _____

Paper approved:

Reviewer(s): _____

Signature of reviewer(s): _____ Date: _____

Progress of Dissertation Proposal

STATUS:

Proposal defended (circle): Yes No Date: _____

Signature of student: _____ Date: _____

Signature of advisor: _____ Date: _____

Appendix J-2: Dissertation Committee Form

**Derner School of Psychology
Adelphi University**

Announcement of the Dissertation Committee

Date _____

Candidate _____

Title of Proposal: _____

Permanent Members of Committee

Chair: _____

Permanent Members: _____

Director of Clinical Training: _____ Date _____

Dean _____ Date: _____

Appendix J-3: Proposal Defense Evaluation Form

Evaluation of Dissertation Proposal

Date:

Candidate:

Title of Proposal:

Dissertation Committee:

Chair:

Permanent Members:

Special Members:

Proposal Examination:

_____ Satisfactory

_____ Reexamine

Signatures:

Chair: _____

Permanent Members: _____

Special Members:

Director of Clinical Training: _____ Date: _____

Dean: _____ Date: _____

Appendix J-4: Oral Defense Evaluation Form

**Derner School of Psychology
Adelphi University**

ORAL REVIEW OF DISSERTATION FOR THE PH.D. DEGREE

Date _____

Candidate _____

Title of Dissertation: _____

Dissertation Committee:

Chair: _____

Permanent Members: _____

Special Members: _____

Oral Examination:

Evaluation of Dissertation

_____ Satisfactory

_____ Accepted as submitted

_____ Reexamine

_____ Minor revisions

_____ Major revisions as noted

Signatures:

Chair: _____

Permanent Members: _____

Special Member: _____

Dean _____ Date: _____

Appendix J-5: Oral Defense Announcement Form

DERNER SCHOOL OF PSYCHOLOGY

TO: Derner School of Psychology
FROM: Dean _____
RE: Oral Dissertation Review for (Student's Name)

The final oral dissertation review for the Ph.D. degree in psychology for (insert student's name) will be held on (insert day, date) at (insert time am/pm), (insert location, building/room number).

(Student's name) dissertation is entitled:

DISSERTATION COMMITTEE:

CHAIR:

Committee members _____

OUTSIDE READER:

Appendix J-6: Dissertation Title Page Format

TITLE OF DISSERATATION

A Dissertation

Presented to the Faculty

of

The Gordon F. Derner
School of Psychology

Adelphi University

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

by

Name of Student

Month, Year

Appendix J-7: Dissertation Committee Page Format

COMMITTEE PAGE

Committee Chairman:

(Faculty Chairman Name)

Committee Members:

(Committee Member 2)

(Committee Member 3)

(Outside Reader)

Appendix K: Center for Psychological Services Handbook

ADELPHI UNIVERSITY
THE GORDON F. DERNER SCHOOL OF PSYCHOLOGY

CENTER FOR PSYCHOLOGICAL SERVICES

MANUAL OF POLICIES AND PROCEDURES

SEPTEMBER 2020

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DIRECTORY

		University Extension
Derner School of Psychology		
		4800
Dean	Jacques P. Barber, Ph.D.	4807
Associate Dean	J. Christopher Muran, Ph.D	4803
Executive Assistant	Janet Baronian	4801
Administrative Assistant	Kathy Bishop	4840
Center for Psychological Services		
		4820
Director	Jonathan Jackson, Ph.D.	4823
Clinical Training Specialist	Maria Etwaroo	4820
Supervising Full-Time Faculty		
	Jairo Fuertes, PhD.	4852
	Mark Hilsenroth, PhD.	4842
	Karen Lombardi, Phd.	4813
	Robert Mendelsohn, PhD.	4808
	Michael Moore, PhD.	4744
	Kate Szymanski, PhD.	4825
	Joel Weinberger, PhD.	4816
Supervising Clinic Faculty		
	Bernard Gorman, Ph.D.	4828
	Nicole Daisy-Etienne, PhD.	4828
	Kirkland Vaughans, Ph.D.	4828
Postdoctoral Program in Psychotherapy		
Director	Amira Simha-Alpern	4826
Postdoctoral Psychotherapy Center		
Director	Robert Farrell, Ph.D.	4841
Administrative Assistant	Kathy Bishop	4840
Infirmery/Health Services (24 Hour Phone)		
University Health Services	Nicole Gaudino	6000
Speech & Hearing Center		
		4850
Director	Anne Marie Skvarla, M.A., CCC-SLP	4845

Student Counseling Center		3646
Director	Carol Lucas, DSW	3646
SECURITY	24 Hour Telephone	5 or 3500

OVERVIEW

This manual is intended as a guide for conducting clinical activities and should not be used as a substitute for assessing each unique clinical situation you may encounter. Deviations from outlined procedure may be necessitated by an individual patient's particular needs. Consulting with your clinical supervisor and/or the Center Director is recommended whenever you have questions about the suitability of outlined procedures and about changes you may deem necessary.

The *CENTER FOR PSYCHOLOGICAL SERVICES* is an integral part of the *DERNER SCHOOL OF PSYCHOLOGY* and serves as a primarily practicum training facility for doctoral candidates in clinical psychology. The Center's staff and School faculty provide professional oversight at supervisory and clinical levels for the benefit of Adelphi University students, faculty, and their families, and for individuals from the surrounding communities.

The Center also maintains a liaison with community agencies including schools, hospitals, mental health clinics, drug rehabilitation centers, and para-professionally-staffed crisis intervention units. The Center functions in collaboration with the Student Counseling Center, the Office of Student Life, and the Health Service.

Consulting services are provided by the Center to other departments within the University.

Psychotherapy is aimed at providing confidential assistance with personal, educational, familial, and social problems. This is accomplished through individual, couple, and group therapy. Treatment ranges from short-term therapy, (5 – 10 sessions), to an upper limit which is determined by the therapist in collaboration with his/her supervisor.

Diagnostic psychological testing for learning disabilities, attention problems, and emotional difficulties is also available.

OVERVIEW – continued

Confidential records are maintained for each patient served by the Center in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Please review The Privacy Policies and Procedures Office Document for a complete description of the Center's compliance procedures.

The professional staff of the Center consists of a director, clinical supervisors, and doctoral candidates in clinical psychology. The doctoral candidates provide direct clinical services including intakes, diagnostic testing, and therapy. The candidates have a dual function at the Center: not only are they functioning as students, receiving clinical training and meeting program requirements, but also they are serving as Center staff and, hence, act to further the ideals and goals of the Center and of The School.

CRISIS INTERVENTION PROCEDURES

In circumstances involving extreme emotional disturbance of an **ADELPHI STUDENT**, the Center director should be contacted to consult on the case. If the director is unavailable, a Center faculty member, a member of the Derner clinical faculty, or a Center Graduate Assistant should see the student, preferably in that order.

1. **When the patient poses an immediate risk or needs prompt intervention.** If a patient needs immediate care for a suicidal, homicidal, or other acute psychotic state Campus Safety should be called for assistance. A visit to a hospital emergency room will be arranged through Campus Safety.

The procedures for assisting a **COMMUNITY** patient in crisis who poses and immediate risk are:

1. **When the patient poses an immediate risk and is in need of immediate intervention,** we attempt to arrange for the patient to be accompanied by a responsible family member or friend to a hospital emergency room for an evaluation. If a patient cannot or will not cooperate with this procedure, Campus Safety may need to be called. **Close consultation with the director is essential in this instance.**
2. **When the patient does not pose an immediate risk, but needs prompt intervention.** If a patient poses treatment needs beyond the scope of what the Center provides (for example, a psychiatric consultation and/or medication monitoring), the patient should be provided with appropriate referral information, including the Nassau County Crisis Hotline (516-679-1111) and directions to Nassau County Medical Center. It is preferable for a friend or family member to be present to assist the patient.

INTAKE PROCEDURES

Doctoral students receive comprehensive instruction on conducting intake interviews in The First Year Seminar, The Initial Interview. Some key issues are summarized here.

The intake interview is a semi-structured interview designed to screen applicants to Psychological Services. The screening can result in a recommendation to accept or reject a patient from Psychological Services, and, if an applicant is accepted, a recommendation for specific services we provide. In addition, for those patients whom we accept at the Center, we educate them as to how the Center works and what they can expect in testing and therapy.

In deciding whether to accept an applicant, the doctoral student will consider the nature of the Center. The Center is staffed by graduate students, and there is no psychiatrist on the premises. Consequently, we usually do not accept as patients those with a long history of psychiatric hospitalization, those who are at risk to attempt suicide or homicide, or those who are actively psychotic. Also, we may reject for diagnosis and treatment anyone who is involved in litigation and who might want to subpoena either clinicians or records as part of an adversarial court procedure. All these applicants will usually be referred elsewhere and therefore should be carefully screened during intake.

Before doing an intake, the intake worker must familiarize him/herself with emergency procedures, must know of the other resources available, and must know the length of the waiting period between intake and assignment of testing and/or therapy.

Though an intake can be completed in one meeting, there are times when an extended intake (i.e., two or more meetings) is recommended. Sometimes all the relevant information is not gathered in the one session and often the intake worker is not sure what to recommend to the patient after one meeting. Under these circumstances, the worker should schedule another meeting with the patient. It should be noted that everyone applying to the Center for Psychological Services is required to have an intake interview.

Prior to your Intake, pick up an Intake Packet which contains the following: “Dear New Patient”, HIPAA Notice of Privacy Practices, Patient Request for Confidential Communications, Adult Demographic Survey, OQ-30 Questionnaire, MINI, Research Study and Permission for audio/video Recordings, Intake Summary Sheet for Adults, BSI. Intakes should be supervised within a week of the actual intake interview. The intake worker has several specific responsibilities:

1. Orient the prospective patient to Center policies and procedures. These include providing information on HIPAA and other applicable mental health laws, and other issues described in a cover letter distributed to all patients at intake.

INTAKE PROCEDURES.....continued

2. Request information from other sources. If the intake worker deems it desirable or necessary to request information from another therapist, agency, or institution, it is the responsibility of the intake worker to ask the patient or patient's parent to sign an Authorization* to enable us to send for that information.
3. Follow the patient through disposition. If further intervention or referral is recommended, the intake worker remains in contact with the patient is tested and feedback is provided. If therapy is recommended, the intake worker should see that the patient has received an assignment to therapy. If the patient has procedural questions or problems along the way, the intake worker is the person to respond to them. If a patient will be referred, the intake worker will consult with the Director concerning suitable providers and procedures.

ADULT INTAKE

There are as many different styles of interviewing as there are interviewers. You may decide to conduct a relatively open-ended or relatively structured interview. You may begin with the less or the more loosely structured questions depending on your style and the patient's responsiveness to your questions. Your inquiry is not limited to the questions on the Intake Summary Sheet, and writing an Intake Narrative will entail gathering a wide array of personal information during the course of the intake.

Procedures for completing all information in the intake packet are presented in detail in the course, The Initial Interview.

Before concluding the intake interview, the intake worker may schedule another interview if necessary, or convey a preliminary recommendation (i.e., therapy, testing, etc.) to the patient. If in doubt about future recommendations, inform the patient that you will contact him/her at a later date, and that the patient may call you in the interim if important issues arise. It may be better to give no conclusive information at first, than to mistakenly offer a recommendation that you or someone else must then correct or modify.

After the completion of the interview, the intake worker completes the Intake Summary Sheet and gives it to the Center administrative assistant. Both supervision and completion of the Intake Narrative should occur within **one week** of the intake interview.

The Intake Narrative should always include DSM 5 diagnoses), elaboration and explanation of medical and psychiatric symptoms, past and present, descriptions of family members and family relationships and personal history. It should also include biological, social and psychodynamic formulations, and therapeutic considerations including recommendations, treatment goals, and prognosis. The narrative guide is extensive, and you will probably gather information in many but not all categories, depending on their relevance to your patient's life history and presenting problems.

CHILD INTAKE

For intake purposes, a child is defined as anyone 16 and under or under 18 and accompanied by an adult. When a child is the designated patient, his/her parents or guardians are the primary sources of information about the child. The intake meeting should be scheduled for one to two hours. A follow-up meeting can be scheduled if necessary. It is often helpful to interview parents first to obtain background information, and then to see the child alone. One exception to this procedure involves adolescents who may react negatively to being excluded from discussions during the intake. While meeting with the child, the intake worker gives the Developmental History to the parents to complete. The child may be seen in the playroom or a treatment room, and an attempt is made to gather as much information as possible about the presenting problem and family situation. The parents should be shown a copy of the School Information form, and asked whether and to whom this may be sent at the child's school. A signed Report Request form should be sent along with the School Information Form to the designated school authority. The intake interviewer should be familiar with the Intake Narrative Outline in order to conduct as comprehensive an interview as possible with the child and parents.

After the completion of the interview, the intake worker will complete the Intake Summary and give it to the Center administrative assistant. The Intake Narrative should be turned in to the Center one week after supervision. The intake worker assumes the same responsibilities for the child as for the adult, following the client through to disposition.

COUPLE INTAKE

When a couple calls the Center requesting for couples therapy, they usually will be scheduled together for an intake. The intake worker may wish to schedule a two-hour meeting when seeing the couple for the first time. The intake worker does an Adult Intake on one member (identified patient) of the couple asking the questions from the Adults Demographic Survey. The intake worker summarizes the intake and makes his/her recommendations to the couple after consulting with a supervisor. Information on each is kept in one file, under the name of the individual identified as the patient.

DIAGNOSTIC PROCEDURES

1. When you are ready to begin testing, you should inform the Director. You should notify the **Director each time you are ready to accept a new testing case.**
2. When you are assigned a testing case that is already in psychotherapy, there will be available at the Center a completed Intake. If no intake has been done, then a new folder is opened when you accept the testing case. Notify Maria Etwaroo that you are seeing a new testing patient (metwaroo@adelphi.edu). Then, you are responsible for conducting both the intake and testing. You may elect either to write an Intake Narrative or to incorporate family and other background information into the testing report itself.
3. Once you have been assigned a testing case, and have accepted responsibility for working with that person, you have the following duties:
 - a. Contact the individual **directly**, by telephone or letter, in order to arrange a testing appointment. In the case of children, contact the parents or legal guardian.
 - b. Consider contacting the referrer and find out **what diagnostic questions** are to be answered by the testing. It is usually easier to answer a specific diagnostic question, (e.g., Is this person learning disabled?, Is there a danger of suicide?, etc.), than to do an unfocused evaluation.
 - c. If the report is to be sent to an outside individual or agency, have the patient fill out an Authorization, which will enable us to send the report when it is completed.
 - d. Arrange for Feedback. It is the responsibility of the tester to see that some form of feedback is arranged. If the patient is in therapy, it is the option of the therapist to give feedback instead of the tester. The tester should consult with the therapist to decide who will give the feedback. An exception to this procedure concerns first year students doing testing in their labs. First year students do not give feedback, and should consult with the therapist to supply relevant information. If the patient is here for testing only, the lab Graduate Assistant may give feedback.
4. Adult patients or parents of minors who are patients are permitted access to their diagnostic testing reports. There are unusual circumstances where we may deny access to records but you should be alert to the possibility that patients usually request copies of their reports in addition to the verbal feedback sessions we provide routinely. Reports may also be sent to qualified professionals who may review such records as part of a professional relationship with the patient.

You are urged to discuss the sensitive issue of releasing testing reports to patients with your diagnostic supervisor, since professional ethical issues may become acutely focused in these

cases. In general, there are many contingencies that are not anticipated in this manual, and you should bring to the Center director or School supervisors any questions which may arise regarding diagnostic assessment. **ALL DIAGNOSTIC REPORTS MUST BE REVIEWED BY THE DIRECTOR BEFORE BEING RELEASED TO PATIENTS OR TO THIRD PARTIES.**

THERAPY PROCEDURES

The essence of therapy is trust and confidentiality. Use and disclosure of Protected Health Information is governed by HIPAA. Please consult the HIPAA Office Document and the Director for guidelines.

1. Initiating Treatment

- a. If testing has been completed prior to the onset of therapy, the therapist should make sure that diagnostic feedback has been given to the patient by the tester. If this has not been done, or if the therapist wishes to give feedback, this should be arranged with the tester.
- b. All therapists should initiate direct telephone contact for the purposes of arranging appointments.

2. The Course of Treatment

- a. The therapist must maintain adequate file notes. The Center is in compliance with APA guidelines for record keeping. See www.apa.practicecentral.org.
- b. The therapist should maintain Weekly Progress Notes for each patient. The Weekly Progress Notes form has three purposes:
 - 1) It serves as a running log of contacts with each patient during the month;
 - 2) It will be entered into the patient's folder as part of the record of services;
 - 3) It will be used to gather Center statistics.
- c. **In the case of child treatment, the therapist should make sure that the parents (or primary caretakers) are seen adjunctively at least once a month. We recommend that this be established with the therapist and parents during their first appointment.** This will allow for more open communication between the therapist and parents regarding the treatment process, as well as providing a forum through which crises and parent-child relationships can be addressed. When seeing teenagers, the decision whether or not to see the parents will be made on a case-by-case basis. So long as the child is the designated patient, only one file is kept for the family. If a parent wants or is urged to begin therapy him/herself, then he/she must have a separate intake and file.
- d. In collaboration with his/her supervisor, and the Center Director, the therapist may adjust the patient's fee upward or downward as financial changes warrant.

3. Terminating Treatment

- a. At the end of treatment, a Termination Summary is due within **two weeks** of the final supervision session. This report should contain identifying information, presenting complaint, case formulation, and the course of treatment (including number of sessions, significant events in treatment, response to interventions, areas of improvement, areas to be addressed in future treatments), and a final disposition (i.e., where the patient will be referred to continuing treatment now or in the future). This report must be co-signed by the therapist's supervisor or the Center Director.
- b. During the termination phase with a patient who has a history of traumatic loss or separation, or for any patient we may encourage to continue treatment in long-term therapy, options for referral to an outside agency which can provide lengthy uninterrupted treatment should be explored. Alternately if it is recommended that such a patient continue at Psychological Services, the therapist should facilitate continuity of service by introducing the patient to a third or fourth year therapist who will be able to work with him/her. This is coordinated by the Center Director.
- c. Often a patient may show readiness for referral to the Adelphi Postgraduate Center for continuing long-term treatment. Consult the Center Director for guidelines in making this referral.

CENTER FEE POLICY

There are two different fee policies at the Center, one for Adelphi students, faculty and staff and another for individuals applying from the surrounding community.

1. Adelphi students, faculty and staff are seen free of charge. Their respective family members will pay a fee for services.
2. For patients from the surrounding communities and for relatives of University faculty and staff, the fees are **\$50.00** for intake and therapy sessions, and **\$950.00** for psychological testing. Therapy patients who are being tested at the therapist's request are not billed for testing. We are able to offer fee reductions to individuals who cannot afford our standard fees. A Fee Reduction Schedule is available to guide you. The "Dear New Patient" letter in the Intake Packet contains information concerning a patient's need to submit documentation of income when requesting a fee reduction. You should bring income and unusual expense documentation to the Director's attention in order to have reduced fees approved.
3. **FEES ARE PAYABLE IN CASH, or in CHECKS OR MONEY ORDERS, MADE OUT TO ADELPHI UNIVERSITY.**
3. Many patients will present insurance forms for you to fill out when they receive their first bill. For purposes of insurance forms, note that the provider is the Center for Psychological

Services, and not any individual therapist. Very few insurance companies will recognize the Center as the provider and agree to process patients' claims. When a patient asks if the Center accepts insurance, you should advise him/her that the individual patient is responsible for payment and the Center does not accept payments from insurance companies. Patients should be advised to ask their insurance companies if they would reimburse them for fees for our services. You may inform the patient that most will deny claims, arguing that doctoral candidates (i.e., non-licensed professionals) are not credentialed providers of psychological services.

4. When more than one family member is in treatment at the Center, the fee for the second patient may be lowered by as much as 50% if financial considerations warrant it. This should also be approved by the Director.
5. The intake interviewer may bill and collect the intake fee. In the event the intake interviewer does not collect the fee, the therapist should do so. Once collected, it is to be submitted to the Center Administrative Assistant.

CENTER FEE POLICY.....continued

6. Frequency of payment of fees for therapy (e.g., per session, per month, etc.) is flexible, and arrangements should be discussed first in supervision, and then with the patient. Billheads are available in the Clinic office. We recommend monthly billing, unless circumstances warrant other arrangements. The therapist is responsible for the billing and collection of the therapy fee from the patient. Cash and checks should be left in an envelope in the clinic lock box. **The student must include a ticket with the patients name and the therapists name with each payment.** Fees are submitted to the Center Administrative Assistant as collected.
7. The policy concerning payment of fees for canceled appointments should be established at the outset of treatment, within the supervisory process.
8. The student who is assigned to do the testing is responsible for the billing and collection of the fee. Once collected, the fee is to be submitted to the Center Administrative Assistant.
9. The Center will provide the original and mail one additional copy of a diagnostic report free of charge. Thereafter, a \$10.00 fee is charged for each report sent at the patient's request.

ADMINISTRATIVE PROCEDURES AND PROFESSIONAL RESPONSIBILITIES

Psychotherapy Caseload

Students carry caseloads of between two and four patients. Patients may be seen more than once per week when indicated.

Record Keeping

Maintaining accurate and timely records is a legal and a professional responsibility. The Center will have a file monitor who shall audit patient files every two months during the academic year, and inform the Center Administrative Assistant and the Director of any lapses in record keeping.

Progress Notes record attended sessions, missed sessions, communications in between scheduled sessions, and all other significant events in treatment. Progress notes are dated and signed by the therapist on the day in which events transpired. They are recorded chronologically and continuously, leaving no spaces between entries. A typical progress note for a patient presenting no risk of harm to self or others will read:

Date of session.

Patient attended scheduled 45' session. S/he discussed tensions with family members and spouse. We addressed efforts to manage tensions and explored possible sources of anxiety including real life responsibilities (financial pressures, child care) and underlying fears (loss of primacy in relationship with spouse).

Jane Doe, Therapist, MA

When a risk of harm to self or others is present, students will record extensively detailed notes using the following outline (SOAP):

Subjective complaints: e.g., feelings of hopelessness and helplessness, despair

Objective findings: e.g., appearing unkempt, lateness for sessions, presence or absence of suicidal ideation with or without intent and plan

Assessment: e.g., patient appears moderately to severely depressed without elevated suicidal risk presently. He is in need of additional intervention to address depressed mood.

Plan: e.g., Patient will consult with Dr. Smith (psychopharmacologist) today and return to clinic tomorrow for continued evaluation of depression and risk of suicide.

Process Notes which are verbatim accounts of sessions, typically written immediately after the end of a session, primarily for education and training. Students may wish to bring Process notes to supervision each week, unless another training method (e.g., audio or video recording) is used. Process notes do not reside in patient files and are typically destroyed after supervision.

Personal notes are informal notes that therapists may keep for a variety of reasons including remembering countertransference reactions, hypotheses about clinical phenomena, etc. They are not part of the record of treatment and are not kept in patient files.

Supervision and transporting confidential information

Transporting confidential information from the Clinic should be avoided whenever possible. However, at times the demands of supervision and/or clinical practice do require information to be removed temporarily from the clinic. When this is the case, students need to be mindful of the potential risks of accidental disclosure of confidential information and take necessary steps to prevent this from happening.

When confidential information needs to be transported, all attempts should be made to follow the guidelines below:

- (a) take only copies and not original information from patient files (e.g., photocopies of test results),
- (b) minimize identifying information on documents taken from the Clinic (e.g., names covered before making photocopies - using false names or ID numbers instead, temporarily removing identifying idiosyncratic history, etc.).

To minimize the risk of accidental breaches of confidentiality:

- (a) Put the papers in a closable, labeled envelope with your name and the clinic phone number on it,
- (b) Do not collect the papers until you are ready to leave (decreasing the number of places you are taking the papers),
- (c) Go directly to where you are taking the papers (e.g., supervisors office or own home) avoiding other places (e.g., grocery store, coffee shop, etc.) when at all possible,
- (d) Do not leave papers unattended while in transport (e.g., If you cannot avoid stopping some place take the papers with you),
- (e) If at all possible return the papers the same day.

Protecting confidentiality when you are keeping information off site over night or are working on confidential information off site requires being aware of how others may accidentally or purposefully access that information (in either electronic or paper form). To protect confidentiality in these circumstances:

- (a) Store confidential papers in locked filing cabinets or locked desk drawer,
- (b) Keep confidential papers off site for the minimal amount of time possible,
- (c) Do not work on patient-related tasks in public or shared spaces where confidential papers or computer screens can be easily viewed by others (e.g., university computer labs, bus, etc.),
- (d) Never save confidential patient-related electronic information on public computers,
- (e) When saving confidential patient-related electronic information on your own computer (laptop or home PC) or electronic devices (e.g., flash drives, MP3 players, etc.) make sure that all files are encrypted and password protected; make sure they do not include any identifying information about clients (e.g., actual names of individuals or any other information that could be used to identify the client, their family members, or associates).

Faculty Supervisor Responsibilities

Supervision is conducted weekly. Supervisory responsibilities continue during holidays and other periods when the University is not in session. If your supervisor will be unavailable to you, please contact the Director to arrange coverage.

Supervisors keep notes documenting the supervisory sessions and information about the trainee. Supervisory notes may contain de-identified information about patients, but they are primarily a record of training activities. Student progress is summarized at the end of each semester with the use of an evaluation form to be included in student portfolios, which comprise a cumulative record of their training experiences.

Psychotherapy supervisors model ethical/professional behavior at all times. Supervisors countersign Intake Narratives, Intake Summary Sheets, Diagnostic Testing Reports and Termination Summaries.

RESEARCH AT THE CENTER FOR PSYCHOLOGICAL SERVICES

An essential part of learning the art of psychotherapy is understanding the factors responsible for its complexity. To this end, the Center for Psychological Services, as a training arm of The Derner School encourages both student and faculty participation in applied research. The Center is responsive to a wide range of clinically based research interests. Supports for doing research are provided in the form of the active Database maintained by the Center, laboratory space, archival data, research participants, and the active involvement of students and staff. Those interested in initiating pre-dissertation research, dissertations, or other research endeavors should contact the Director of Research Training for further information.

Appendix L: APA Code of Ethics Ethical Principles of Psychologists and Code of Conduct 2010 Amendments

<http://www.apa.org/ethics/code/index.aspx#>

Introduction and Applicability

The American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a [Preamble](#), five [General Principles](#), 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 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 Non-maleficence

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.

Standard 1: Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

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

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

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

1.03 Conflicts Between Ethics and Organizational Demands

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

1.04 Informal Resolution of Ethical Violations

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

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard [1.04, Informal Resolution of Ethical Violations](#), or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral

to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard [1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.](#))

1.06 Cooperating with Ethics Committees

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

1.07 Improper Complaints

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

1.08 Unfair Discrimination Against Complainants and Respondents

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

Standard 2: Competence

1.01 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](#).)

Standard 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.](#))

Standard 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.

Standard 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.

Standard 6: Recordkeeping 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](#).)

Standard 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.](#))

Standard 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 non-deceptive 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.

Standard 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 uses 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, pre-employment 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.

Standard 10: Therapy

10.01 Informed Consent to Therapy

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

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

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

10.02 Therapy Involving Couples or Families

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

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

10.03 Group Therapy

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

10.04 Providing Therapy to Those Served by Others

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

10.05 Sexual Intimacies with Current Therapy Clients/Patients

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

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

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

10.07 Therapy with Former Sexual Partners

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

10.08 Sexual Intimacies with Former Therapy Clients/Patients

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

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

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration

given to the welfare of the client/patient. (See also Standard [3.12. Interruption of Psychological Services](#).)

10.10 Terminating Therapy

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

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

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

History and Effective Date

The American Psychological Association's [Council of Representatives](#) adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010. The amendments became effective on June 1, 2010. 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 St. NE, Washington, DC 20002-4242. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.

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

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

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

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

American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.

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

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

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

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.

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

Introduction and Applicability

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

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

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

1.03 Conflicts between Ethics and Organizational Demands

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