

**Handbook of the Clinical Psychology
Program at the University of Massachusetts Amherst
2011 - 2012**

Course requirements and other regulations affecting students in the Clinical Psychology program are subject to change. The information in this Handbook is believed accurate. However, this Handbook does not represent official University policy and should not be treated as such. This Handbook is intended to be used in conjunction with the Psychology Department's Policies and Procedures Handbook and the [Graduate School Bulletin](#)

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Last Revised 9/11

Welcome from the Director of Clinical Training

Welcome to the University of Massachusetts Amherst and to our [Clinical Psychology Program](#). As a member of the UMass Clinical Psychology program you are joining a vibrant and accomplished community of psychologists and psychologists in training; alumni, faculty, and graduate students who are actively engaged in research and clinical activities addressing a variety of important psychological and mental health issues. Our program has been continuously accredited by the [Commission on Accreditation of the American Psychological Association](#) (APA; contacted via phone at 202-336-5979 or via <http://www.apa.org/ed/accreditation>) since 1957. Our graduates work in a wide variety of settings including universities and colleges, hospitals and medical centers, agencies, and community mental health centers around the world.

Our clinical psychology doctoral program is designated as a Clinical Scientist training program and is described in more detail in our mission in the next few pages. As an APA accredited program in Clinical Psychology, we abide completely by the policies and principles of the APA Commission on Accreditation and we are guided by the [APA Ethical Principles and Code of Conduct](#).

We are delighted to have you with us and are proud to help you shape your career as a clinical psychologist.



David G. Scherer, Ph.D.
Director of Clinical Training

Section I
Basic Information

Program Philosophy and Objectives

The **Mission Statement** of the UMass clinical psychology program is as follows:

The program is committed to training doctoral students in clinical science, which demands rigorous research training and the integration of research expertise with clinical skills. The program trains graduate students for professional work as academic clinical psychologists. Graduates most often contribute to the field through their work in university departments of psychology, medical schools, or other settings in which they help train the next generation of psychologists. Faculty and graduate students work together closely, conducting cutting-edge research in wide-ranging areas using multiple theoretical perspectives. These research projects investigate clinical issues across the lifespan and focus on multiple levels of analyses (e.g., biological systems, individuals, families, schools, and cultures). Our program also offers excellent clinical training, though the program is not designed for those seeking to work exclusively as clinical practitioners. Students have the opportunity to work with clients of all ages, from diverse backgrounds, in a wide variety of settings. In both research and practice, we appreciate and consider issues of diversity in terms of culture, socioeconomic status, ethnicity, gender, age, sexual orientation, and other individual differences. The program has been accredited by the American Psychological Association since 1957.

**Statement of Support for Cultural Diversity
And for a Community Process that Affirms Diversity**

The Clinical Program is committed to promoting awareness of, and respect for, cultural and individual diversity. It is our goal to train students to address issues of diversity in theory, research, and practice in clinical psychology. To achieve this goal, we integrate training on diversity issues throughout students' learning experiences. In coursework, students complete an intensive core course devoted to diversity issues, and cover topic-specific material in all core clinical courses. In clinical training, students practice awareness of and response to diversity issues through clinical practica and individual supervision. As a program and a community, we maintain an ongoing clinical colloquium series and an annual retreat that encourage active discussion and reflection on diversity issues in our division. Finally, as members of the academic community, we seek opportunities to advocate for attention to issues of diversity outside of our own division at the department, college, and university levels.

Further information on Cultural Diversity initiatives can be found under the diversity tab at www.psych.umass.edu/clinical.

Program Goals

The Goals of the UMass Amherst Clinical Psychology Program are as follows:

Goal 1: Students will achieve competency in conducting and evaluating empirical research in clinical psychology.

Goal 2: Students will achieve competency and demonstrate mastery of knowledge in psychological theory and research in the field of Clinical Psychology.

Goal 3: Students will achieve competency in clinical psychological practice.

Goal 4: Students will achieve competency in ethics and professional behavior.

Goal 5: Students will develop multicultural competence in psychological assessment, clinical interventions, and research.

Goal 6: Students will learn to integrate science and practice in their professional work and they will demonstrate critical thinking about issues in psychology.

Clinical Psychology [Faculty](#)

Who we are and what our research interests are

David H. Arnold, Professor (Ph.D., 1993, State University of New York at Stony Brook): Practical early intervention for disruptive behavior and academic problems in young high-risk children. Parenting; preschool teaching; discipline; ethnicity/culture. Family influences on developmental psychopathology and early academic development.

Michael J. Constantino, Associate Professor (Ph.D., 2002, Pennsylvania State University): Research on psychotherapy process, outcome, and integration; the patient-therapist relationship and other common treatment factors; psychotherapy training; effectiveness research in training clinics; depression and anxiety.

Harold D. Grotevant, Professor and Rudd Family Foundation Chair (Ph.D., 1977, University of Minnesota): Interpersonal relationships and family dynamics in adoptive kinship networks; mental health and adoption; openness in adoption; identity development in adolescence and emerging adulthood; family assessment and methodology.

Richard P. Halgin, Professor (Ph.D., 1976, Fordham University): Issues in clinical training and supervision; psychotherapy integration; ethical issues in professional psychology; teaching of psychology; intervention strategies for high-risk undergraduate students to promote academic success and college adjustment; psychology and sports.

Lisa Harvey, Associate Professor (Ph.D., 1995, State University of New York at Stony Brook): Early development of ADHD and disruptive behavior disorders in children; family relationships; parent-child interactions; understanding behavior problems in a variety of social contexts including gender, culture and work-family variables.

Marian L. MacDonald, Professor (Ph.D., 1974, University of Illinois at Champaign-Urbana): Family child care; prevention; University-community partnerships; community psychology; social justice concerns of groups discriminated against in society.

Christopher E. Overtree, Assistant Professor (Lecturer), Director of Psychological Services Center, and Associate Director of Clinical Training (Ph.D., 2003, University of Massachusetts Amherst): Psychotherapy research, clinical supervision, clinical administration, psychotherapy training, anxiety disorders, child/adolescent disruptive behavior, parenting issues, outdoor education.

Maureen Perry-Jenkins, Professor (Ph.D., 1988, Pennsylvania State University): Family Relationships; work and family issues; gender roles and power relations in marriage and intimate relationships; the division of paid and unpaid work in families, the transition to parenthood; understanding the influences of socio-cultural factors (e.g. race/ethnicity, social class, sexual orientation) on family relationships.

Sally Powers, Professor (Ed.D., 1982, Harvard University): Family, community, and endocrinological factors in adolescent psychological development and psychopathology; direct observation of behavior; gender differences, depression and anxiety.

Rebecca Ready, Assistant Professor (Ph.D., 2001, University of Iowa): Age-related changes in cognition and emotion and subsequent effects on life quality; her research involves normal aging, mild cognitive impairment, dementia, and caregiver populations; neuropsychology and psychological assessment.

Aline Sayer, Associate Professor (Ed.D. Harvard University): Statistical Models for the analysis of change; multilevel and structural equation models; hierarchical linear models for dyads.

David G. Scherer, Professor, Division Head, and Director of Clinical Training (Ph.D., University of Virginia, 1989): Adolescent development, adolescent decision-making capacities and autonomy; adolescent-family relationships, and family interventions for troubled, delinquent, and substance using youth.

Rebecca Stowe, Assistant Professor (Lecturer; Ph.D., 1999, University of Massachusetts Amherst) Clinical interests: ADHD; disruptive behavior disorders in young children; parent training; parenting issues; parent-child relationships.

The following individuals are Adjunct Faculty with the Clinical Program and provide therapy supervision for advanced practicum students:

Margaret Babbott, Adjunct Visiting Lecturer (Ph.D., 1993, Columbia University)

Steven Brown, Adjunct Visiting Lecturer (Psy.D., 1997, Rutgers University)

Brad Crenshaw, Lecturer (Ph.D., 1993, University of Massachusetts Amherst)

Theodore Ellenhorn, Adjunct Visiting Lecturer (Ph.D., 1989, Adelphi University)

Denise Gelinis, Adjunct Visiting Lecturer (Ph.D., 1978, University of Massachusetts Amherst)

William Halikias, Adjunct Visiting Lecturer (Psy.D., 1988, Antioch New England Graduate School)

Joe Mangine, Adjunct Faculty Supervisor (Ph.D., Pennsylvania State University)

William Mathews, Professor, UMass School of Education, (Ph.D., 1979, UConn)

Eliza McArdle, Adjunct Visiting Lecturer (Ph.D., 2003, University of Massachusetts Amherst)

Claudia Rutherford, Adjunct Visiting Lecturer (Ph.D., 1993, Adelphi University)

Julianne Yanko, Adjunct Visiting Lecturer (Ph.D., 2000, University of Massachusetts Amherst)

Emeritus faculty:

Morton G. Hartz, Professor Emeritus (Ph.D., 1963, University of Washington): Eating disorders (anorexia, bulimia), disturbances of body image; obesity control, satisfaction with weight and body image; health psychology.

Bonnie R. Strickland, Professor Emeritus (Ph.D., 1962, Ohio State University): Gender roles and interpersonal relationships; oppression and empowerment.

David M. Todd, Professor Emeritus (Ph.D., 1971, University of Michigan): Psychotherapy research; therapist development; research in psychology training clinics; computer databases and text analysis; qualitative research methods; personality and treatment planning.

Patricia Wisocki, Professor Emeritus (Ph.D., 1971, Boston College): Psychotherapy with older adults; behavioral components of the aging process, anxiety, parameters of worry, and coping methods, imagery as a therapeutic modality.

Curriculum Plan for the Clinical Psychology Training Program

The following courses constitute the clinical curriculum and are required for all clinical graduate students.

- 1) **Research Methodology and Data Analysis (9 credits)**
 - a) Psych 640 *Statistical Inference in Psychology I* (req)
 - b) Psych 641 *Statistical Inference in Psychology II* (req)
 - c) Psych 645 *Nature and Methods of Inquiry/Psychometrics* (req)
 - d) Psych 642 *Correlation and Regression* (recommended)
 - e) Psych 891J *Hierarchical Linear Modeling* (elective)
 - f) Psych 891W *Structural Equation Modeling* (elective)

- 2) **Foundations of Psychology**
 - a) **Social Bases of Behavior (select one)**
 - i) Psych 660 *Advanced Social Psychology*
 - ii) Psych 762 *Social Cognition*
 - b) **Cognitive Bases of Behavior (select one)**
 - i) Psych 751 *Cognitive Processes in Children*
 - ii) Psych 765 *Affect & Cognition*
 - iii) Psych 750 *Learning & Memory Processes in Children*
 - iv) Psych 617 *Applied & Basic Cognition & its Development I*
 - v) Psych 618 *Applied & Basic Cognition & its Development II*
 - c) **Biological Bases of Behavior (select one)**
 - i) Psych 630 *Physiological Psychology*
 - ii) Psych 530 *Human Neuropsychology*
 - iii) Psych 733 *Psychopharmacology* (Psych 630 is a pre-requisite)
 - d) **Individual Differences (see below)**
 - i) Psych 670 *Personality* (Elective)
 - ii) Psych 791 *Human Development* (req)
 - iii) Psych 680 *Psychopathology* (req)
 - e) **History, Ethics and Professional Behavior (see below)**
 - i) Psych 704 *History and Systems* (req)
 - ii) Psych 891 *Ethics and Professional Development* (req)
 - f) **Multicultural Issues (select one)**
 - i) Psych 891 MP *Multicultural Psychology*
 - ii) Psych 891A *Prejudice, Stereotyping and Social Identity*
 - iii) Educ 688 *Multicultural Counseling in Schools*

- 3) **Assessment and Diagnosis**
 - a) Psych 681 *Psychological Assessment I* (req)
 - b) Psych 683 *Psychological Assessment II* (req)
 - c) Psych 891KK *Diagnostic Assessment* (req)

4) Intervention

- a) Psych 891G *Theories and Techniques of Psychotherapy I* (req)
- b) Psych 891Z *Theories and Techniques of Psychotherapy II* (req)

5) Electives (2 courses)

- a) Choose any graduate level psychology courses. Courses outside the psychology department or from another university must be pre-approved by faculty.

6) Colloquium (3 credits/years)

- a) Psych 892 *Clinical Research and Practice*: This is the course for our colloquium series. Students are required to attend 80% of the colloquium offered in their first three years, which serves as a forum for the entire community of clinical students and faculty to address current clinical issues, diversity and multiculturalism, research, and ethics and professional issues. With the permission of the faculty, students may substitute other substantive educational experiences (e.g. CE credits).

7) Clinical Practica (14-20 credits)

- a) First year: Clinical teams' observation (optional).
- b) Second year: Psych 789 *Clinical Practicum* (PSC team assignment) (3 credits per semester)
- c) Third year: Psych 789 *Clinical Practicum* (PSC team assignment) (3 credits per semester), plus additional practicum credits obtained by taking an outside assignment at community agencies (these credits are also listed as Psych 789 at 3 hours per credit).
- d) Fourth year: Variable credits possible both through the PSC and outside sites.

8) Comprehensive Exam (1-3 credits)

- a) Psych 796 *Comprehensive Exam*
- b) The comprehensive exam is taken after the master's thesis is completed and before going on internship

9) Research Requirement (19-44 credits)

- a) Psych 696 *Independent Study* (Research Team) (1 credit each semester)
- b) Psych 699 *Masters Thesis* (1-9 credits)
- c) Psych 899 *Dissertation* (10-27 credits taken over at least two semesters; the dissertation proposal must be approved by November 1 of the year the student applies for internship)

10) Internship (18 credits)

- a) Psych 898 *Clinical Internship*: An APA-approved internship is required of each clinical student

There is no “typical” year-by-year course of study, because there is significant variability among students in electives, course waivers, and practica. However, there are many courses that are typically offered in a specified sequence, which is outlined below. Students should carefully review the course requirements with their Advisor to be certain they are planning well about the timing of electives and other requirements in tandem with research and clinical training.

First Year Fall: Statistics I, Adult Assessment, Psychopathology, and Colloquium. First year students have the option of being an observing member on a [Psychological Services Center](#) clinic team and also receive credit for their research work through a research team meeting.

First Year Spring: Statistics II, Adult Theories and Techniques of Psychotherapy, Nature and Methods of Inquiry, Diagnostic Assessment, Colloquium, and Research Team. Observing a PSC clinic team is optional.

Second Year Fall: Child Assessment, PSC Clinical Practicum, Research Team, and Colloquium. Generally students take additional required or elective courses as available beginning in the second year (e.g., social psychology, hierarchical linear regression, biopsychology, etc.).

Second Year Spring: Child Theories and Techniques of Psychotherapy, Ethics and Professional Behavior, PSC Clinical Practicum, Research Team and Colloquium. Additional required or elective courses as available.

Third Year: Research Team, Colloquium, PSC Clinical Practicum, Community-based practicum. Additional required or elective courses as available as well as Comprehensive Examination.

Fourth Year: Research Team, Colloquium (optional), PSC Clinical Practicum, Community-based practicum. Additional required or elective courses as available. Apply for internship if desired and dissertation proposal is complete by November 1.

Fifth Year: Courses, PSC Clinical Practicum, Community Practicum as necessary. Apply for internship if dissertation proposal is complete by November 1.

To Substitute or Waive One Course for Another

The Clinical Psychology Program curriculum is designed to assist students in satisfactorily completing comprehensive exams, qualifying for licensure, and for compliance with the American Psychological Association Council on Accreditation standards. We require courses in the “foundations and methodology” of clinical science and “clinical” courses designed to assist students in developing clinical competencies. Waiving a course is a serious matter and not one the faculty automatically approve. However, a student may request to waive a course required by the Clinical Program on the grounds that a course previously taken at another institution satisfactorily substitutes for the required course. To assure that a course waiver of a “foundations/methods” course (e.g., statistics, research methods, social, cognitive, or biological bases of behavior, history of psychology, ethics, development, or multicultural issues) is justified the student must follow these steps:

- (1) The student discusses a course substitution and waiver possibility with his or her Advisor. This discussion will typically include how waiving the course may affect the student’s ability to succeed on the Comprehensive Exams and how the course waiver might impact future licensure.
- (2) Given the Advisor's agreement that the substitution would be in the student's best interests, the student provides the instructor of the relevant UMass course with a copy of the course syllabus of the course taken at another institution and asks that instructor to assess whether the course proposed as a substitution is substantively equivalent to the UMass course.
- (3) Given the UMass course instructor's assessment of substantive comparability; the student will file a petition with the Director of Clinical Training (DCT) along with four attachments:
 - (a) A copy of the course syllabus
 - (b) A letter of endorsement from the Advisor
 - (c) A statement of substantive equivalence from the instructor, and
 - (d) Evidence of successfully completing the proposed substitute course with a grade of B or better (typically a transcript).
 - (e) A Core Course Waiver Form (required for all Waiver requests)
- (4) The DCT will then present this petition to the Clinical Faculty. They will consider the petition and vote on whether to approve it. A simple majority will carry the vote.

Since the Clinical Program will be required to verify a student’s clinical competence and readiness for a pre-doctoral clinical internship, waiver of a clinical course (e.g., theories and techniques of psychotherapy, diagnostic interviewing, assessment courses) require an additional demonstration of clinical competence. The steps for waiving a clinical course are:

(1) The student discusses a course substitution and waiver possibility with his or her Advisor. This discussion will typically include how waiving the course may affect the student's ability to succeed on the Comprehensive Exams and how the course waiver might impact future licensure.

(2) Given the Advisor's agreement that the substitution would be in the student's best interests, the student provides the instructor of the relevant UMass course with a copy of the course syllabus of the course taken at another institution and asks that instructor to assess whether the course proposed as a substitution is substantively equivalent to the UMass course. The student must also demonstrate clinical competence with the subject matter of the course. This can be accomplished by several means, including the following (but also other options the course instructor may require):

a) the student can provide a work product from the course he or she wishes to use as a substitute that demonstrates clinical competence (e.g., an assessment report, a comprehensive term paper on theories and techniques of psychotherapy)

b) the student can take an exam designed by the course instructor that demonstrates clinical competence (e.g., the UMass course final exam, a demonstration of interviewing/assessment skills).

(3) Given the UMass course instructor's assessment of substantive comparability and clinical competence; the student will file a petition with the Director of Clinical Training (DCT) along with four attachments:

(a) A copy of the course syllabus

(b) A letter of endorsement from the Advisor

(c) A statement of substantive equivalence from the instructor as well as a statement from the instructor that the student appears to have clinical competence in the course content, and

(d) Evidence of successfully completing the proposed substitute course with a grade of B or better (typically a transcript).

(e) A Core Course Waiver Form (required for all Waiver requests)

(4) The DCT will then present this petition to the Clinical Faculty. They will consider the petition and vote on whether to approve it. A simple majority will carry the vote.

No more than two Clinical Core courses can be waived.

Child, Adolescent and Family Concentration

The Clinical Psychology Program at the University of Massachusetts, Amherst offers a concentration in child, adolescent, and family clinical psychology (CAF). The CAF concentration trains graduate students for professional work as academic clinical psychologists. Academic clinical psychologists most often contribute to the field through their work as university faculty in departments of psychology, as medical school faculty in departments of psychiatry, or within government or private social policy agencies. To this end, the CAF concentration provides training in clinical research, assessment and program evaluation, and intervention with children, adolescents and families. All students in the clinical psychology program are required to take coursework that focuses on both adults and children. The program addresses development across the life course, from infancy through adolescence to adulthood, with attention to the ways in which social contexts, such as family, race, ethnicity, and social class, affect individual well-being and development. Students in the CAF concentration also conduct research and take part in clinical practica that focus on children, adolescents, and families. Nine clinical faculty conduct research, teach, and/or provide clinical supervision in the CAF program: [David Arnold](#), [Harold Grotevant](#), [Lisa Harvey](#), [Maureen Perry-Jenkins](#), [Christopher Overtree](#), [Sally Powers](#), [David Scherer](#), [Aline Sayer](#), and [Rebecca Stowe](#). Additional faculty from the clinical, developmental, and neuropsychology areas of the psychology department contribute substantively to the CAF program through offering related courses and supervising and collaborating in research activities. Core classroom courses in the CAF concentration include human development, developmental psychopathology, advanced assessment, child and adolescent treatment, and family theory and research. Clinical practica in child, adolescent, and family therapy are conducted within the psychology department's Psychological Services Center and at community hospitals, mental health centers, and schools. The CAF faculty maintain a strong relationship with the [Center For Research On Families](#) and the [UMass Psychology - Rudd Chair Home](#) for adoption studies.

Psychology Department Requirements

In addition to the requirements of the clinical program, the Psychology Department requires two semesters of Statistics (Psych 640 & Psych 641) as well as coursework in the other Divisions of Psychology (see the Graduate Program Requirements page of on the Psychology Department website (http://www.psych.umass.edu/graduate/program_requirements/)). Students who follow the program of study required by the Clinical Division will automatically meet departmental requirements as well as Massachusetts State Licensing requirements. For students requesting waivers of courses previously taken at other universities, decisions about whether these courses will count towards departmental requirements will be decided on a case-by-case basis. A full listing of departmental courses is available on the psychology website (<http://www.psych.umass.edu>).

The department also requires graduate students to acquire teaching experience under the supervision of one or more faculty members. Most students acquire this experience by means of a funded Teaching Assistantship. Students may also develop their own courses and teach them through [Continuing Education](#) during the winter or summer sessions. Students funded through Fellowships and Traineeships may also be asked to teach to obtain the relevant experience.

Course Scheduling

Psych 892 Clinical Colloquium - Students register each year for 892 in the *Spring Semester*. Do not register for this course in the fall semester. You will be earning 1/2 credit for each semester, but grading is not turned in until the end of the spring semester. You will be using the Spire registration system.

For courses that cannot be added using the Spire system because of departmental restrictions, see the Graduate Secretary in Room 509. Those courses are:

Psych 696 Independent Study - This is the course number used for Research Teams each semester. One credit is given each semester for the first 3 years. You must register for this course even if you are signed up for thesis credits during your first three years.

Psych 698 Practicum - Research Practicum (RA). This number is used if you are working as an RA off campus (e.g. at BayState).

Psych 699 Masters Thesis - The minimum number of credits required for the thesis is 1; the maximum is 9 credits. The number of credits you take is determined by the total number of credits on your schedule in a given semester. You only need one thesis credit, but if you are not taking many courses and you need to fill up your schedule with credits to qualify for full time student status, you would add more. Usually a student takes 3 thesis credits each semester during the second or third year of the program. This number of credits suggests that you are setting aside 10 hours a week to work on your thesis.

Psych 789 Clinical Practicum - Students register at the beginning of the semester for Clinical Practicum (PSC) team. First year students sign up for 1 credit each semester. Students in years two and three sign up for 3 credits each semester. Students must accrue 14 credits of Psych 789 to graduate. However, you will participate in significantly more hours than this indicates, and thus you have some options about how to use Psych 789 credits following the guidelines below:

- 1) You must be enrolled in Psych 789 for at least 1 credit, anytime you are engaged in clinical activities (PSC or off-campus practicum). This is necessary for you to maintain your malpractice liability coverage.
- 2) You are able to enroll in 1 credit of Psych 789 for every 3 hours of practicum. Thus, a PSC clinic team is generally a 3-credit course.
- 3) You can use Psych 789 credits to maintain your status as a full time student when necessary; but *you cannot enroll in more credits than you are conducting clinical work* (e.g. 3 hours per credit).
- 4) You can enroll in only one (1) Psych 789 credit in semesters in which you already have full-time status, but wish to avoid higher fees associated with credit overloads.

Psych 789 Clinical Practicum - Outside Practicum

Once a student is in a paid practicum receiving a minimum amount of financial support set by the UMass Graduate School, he/she gets tuition waived for that year. A letter from the practicum site to the Director of Clinical Training, stating the date the practicum will begin and end, and the stipend paid, is necessary in order to qualify for tuition remission. Linda Perry processes this paperwork. Outside practica are usually taken in years three and four.

Psych 796 Independent Study-Comps - Students do not have to sign up for comps credits unless they need to add a credit or two to their schedules. You should do this during the semester you will be taking comps (If you take comps in June and want a credit, register for it in the spring semester).

Psych 898Y Clinical Internship - Students register each semester for 9 credits when on internship. Paper work is requested from your Internship site each semester in order for you to qualify for tuition remission.

Psych 899 Ph.D. Dissertation - You may not sign up for these credits until you pass comps. Students register usually in the fourth year for a certain number of dissertation credits. The minimum number of credits you can take is 10; the maximum is 27. You are not permitted to take more than 9 dissertation credits per semester. Again, the number of credits you take is determined by your total course schedule.

If you have finished your course work and only have dissertation credits to take and you do not want to pay tuition for them, you should sign up for dissertation credits during your internship year when tuition is still remitted.

Tobin Hall Resources

In the [Psychology Department](#) which is housed mainly in Tobin Hall, there are many resources available for your use. On the first floor is the [Psychological Services Center \(PSC\)](#), our training clinic. The PSC is staffed by Judith (Judie) Figueroa-Santana, office manager, and Wendy Helmer secretary. These staff members are available to answer any questions you may have about clinic procedures, scheduling of clients, etc. Two faculty offices are housed in the PSC as well, along with a conference room and therapy rooms.

Also on the first floor of Tobin Hall is the Shop. The Shop is the place to go for help with building materials for experiments and for expert advice on computers. The second floor houses classrooms and cognitive psychology laboratories. The graduate computer lab is also on this floor (207). On the third floor you will find the developmental laboratories, classrooms, and a computer lab for undergraduate use and methods laboratories (306).

The fourth floor is the main administrative floor. Here you will find the chair of the department (Room 439). You will find the office manager (Room 438), the receptionist (Room 441 where you find your paycheck), the building coordinator (Room 401), and the departmental mailroom (Room 402). The associate chair of the department who is responsible for space and department finances and approves requests for research and travel funds for students is located on the fourth floor in Room 423.

The fifth floor contains one conference room (Room 521B), classrooms, the undergraduate secretary (Room 503), the bookkeeping offices (Rooms 506, and 508), the undergraduate advising office (Room 501), the graduate secretary (Room 509), the neuroscience laboratories, and the neuroscience faculty and graduate students

The graduate secretary, Linda Perry (Room 509), is a valuable source for information pertaining to the psychology graduate program. Linda is secretary to the Graduate Program Director, Dr. Linda Isbell (Room 630). Linda Perry deals with course registrations, practicum and internship funding arrangements, teaching assistantship contracts and assignments, and fellowship/scholarship materials. She acts as a liaison between the Psychology department and the Graduate School. The final approval of your thesis and dissertation is handled in this office.

Floor six is home to the Clinical Division's faculty, students and the Social Psychology division. Several labs are located on this floor. The clinical data manager, Mike McDermott is in Room 606. Mike assists the Director of Clinical Training, Dr. David G. Scherer (Room 610), with organizing the day-to-day functions of the clinical program, record and data maintenance and serves as an information center about the clinical program. Feel free to stop by his office if any questions arise throughout your academic training.

QUICK REFERENCE: WHOM TO SEE ABOUT WHAT

2010-2011

Accident report forms	Laura Wildman-Hanlon	Room 438	5-2387
Adjunct faculty info	Laura Wildman-Hanlon	Room 438	5-2387
Appointments <i>Classified</i>	Linda Perry	Room 509	5-2503
Appointments <i>Professional, Postdoctoral, Faculty, Research Faculty</i>	Laura Wildman-Hanlon	Room 438	5-2387
Audio-visual equipment	Chris Hrasna	Room 106	5-3624
Benefits	Laura Wildman-Hanlon	Room 438	5-2387
Book orders	Julie Pahl	Room 538	5-4668
Bookkeeping	Karen Genereux Rosa Torres	Room 506 Room 506	5-0161 5-0708
Building maintenance <i>routine/emergency</i>	Jonathan Tominar-Lipari	Room 402	5-2385
Catalogs	Julie Pahl	Room 538	5-4668
Compensation <i>additional for summer</i>	Karen Genereux	Room 506	5-0161
Computers	Joe Bergman, Gary Cormier, Chris Hrasna	Room 106	5-3624
Continuing Education Teaching Positions	Laurie Dove	Room 503	5-2384
Copy machines	Laura Wildman-Hanlon	Room 438	5-2387
Copy PINS	Karen Genereux	Room 506	5-0161
Course descriptions	Julie Pahl	Room 538	5-4668
Course proposals	Julie Pahl	Room 538	5-4668
Course Fees / Gen.Op.Funds	Karen Genereux	Room 506	5-0161
Course schedules	Julie Pahl	Room 538	5-4668
Directories - department	Laura Wildman-Hanlon	Room 438	5-2387
Electronics	Joe Bergman	Room 106	5-3624
Email Distribution List	Aggie Mitchkoski	Room 441	5-2383
Email – University – new account	Laura Wildman-Hanlon	Room 438	5-2387
Equipment purchases	David Arnold	Room 617	5-2157
Equipment, on/off campus	Jonathan Tominar-Lipari	Room 402	5-2385
Exams	Eileen Rodak	Room 401	5-4879
General information	Laura Wildman-Hanlon	Room 438	5-2387
Graduate Program <i>Admissions, appointments, degree requirements</i>	Linda Perry Linda Isbell, <i>Graduate Director</i>	Room 509 Room 630	5-2503 5-5960
Graduate Clinical Program <i>information on clinical program</i>	Mike McDermott	Room 606	5-0662

Grants – creation of	Sue Randall	Room 508	5-5954
Grant balances (NSF/NIH) PI RTF	Sue Randall	Room 508	5-5954
	Rosa Torres	Room 506	5-0708
	Karen Genereux	Room 506	5-0161
Human subjects information	Aggie Mitchkoski	Room 441	5-2383
Information relative to <i>Office of Chairperson</i>	Laura Wildman-Hanlon	Room 438	5-2387
Inventory	Joe Bergman	Room 106	5-3624
Keys – pick-up	Jonathan Tominar-Lipari	Room 402	5-2385
Lost and found	Aggie Mitchkoski	Room 441	5-2383
Mail forwarding	Aggie Mitchkoski	Room 441	5-2383
Office Space	David Arnold	Room 617	5-2157
Payment of invoices	Rosa Torres	Room 506	5-0708
	Karen Genereux	Room 506	5-0161
Personnel matters	Laura Wildman-Hanlon	Room 438	5-2387
Postdoctoral hires	Laura Wildman-Hanlon	Room 438	5-2387
Property	Joe Bergman	Room 402	5-2385
Purchasing	Karen Genereux	Room 506	5-0161
Psych News materials	Laura Wildman-Hanlon	Room 438	5-2387
Psychological Services	Judie Figueroa-Santana	Room 123	5-0042
Research funds	David Arnold	Room 617	5-2157
Research space	David Arnold	Room 617	5-2157
Room – meeting room, requests	Jonathan Tominar-Lipari	Room 402	5-2385
Room – class room, requests	Julie Pahl	Room 538	5-4668
RTF accounts	Karen Genereux	Room 506	5-0161
Secretarial assistance	Laura Wildman-Hanlon	Room 438	5-2387
State funds	Karen Genereux	Room 506	5-0161
Supplies, office	Laura Wildman-Hanlon	Room 438	5-2387
Technical apparatus	Joe Bergman	Room 106	5-3624
Telephone: <i>installations and changes, billing, books</i>	Aggie Mitchkoski	Room 441	5-2383
Travel requests	David Arnold	Room 617	5-2157
Travel, purchase orders	Karen Genereux	Room 506	5-0161
	Rosa Torres	Room 506	5-0708
Time sheets <i>Student and non-student Hourly</i>	Laurie Dove	Room 403	5-2384
Time reporting: <i>Classified, Professional, Faculty</i>	Laura Wildman-Hanlon	Room 438	5-2387
Typing Needs	Eileen Rodak	Room 401	5-4879
Undergraduate Program - Advising <i>Program Major information, pre-registration, add/drop, Continuing Education teaching positions, internships, research & teaching assistantships Psychology Club information</i>	Tammy Rahhall, <i>Chief Undergrad Advisor</i> Carolyn Cave, <i>Assoc Undergrad Advisor</i> Julie Pahl	Room 539	5-0488
		Room 502	5-4774
		Room 538	5-4668

Undergraduate <i>change of grades</i>	Laurie Dove	Room 403	5-2384
Vending machines	Jonathan Tominar-Lipari	Room 402	5-2385
WebSite-Psych, questions/problems	Aggie Mitchkoski	Room 441	5-2383
Work requests other than maintenance	Jonathan Tominar-Lipari	Room 402	5-2385
Work study hiring	Laurie Dove	Room 503	5-2384

Significant Places on Campus

The [Graduate School](#) is located in Goodell Building, a five story brick building next to Bartlett and Tobin Hall. Also located within Goodell are the records and registration office (Room 534), degree requirements (Room 534A), the admissions office (Room 530), the UMass Academic Instructional Media Services (AIMS) (Room 302) and the main University mail room (Room 306).

The [W.E.B. Du Bois Library](#) towers above the campus and is a red-brick 26 story structure. Your U Card functions as your library card.

The [Dean of the College of Natural Science](#) (our college) is located in Stockbridge Hall, Room 101 Tel: 413/545-2766

The [Murray D. Lincoln Campus Center and Hotel](#) is located in the heart of the campus across from the parking garage. Within the campus center on the concourse is the [University Store](#), the Blue Wall, a barber shop, an arcade, and the Fed EX Office. The University Ombudsperson's office is located in Room 823. The campus center is adjoined to the Student Union and here you will find the Earth Foods, the Hatch Eateries, the 5-College Credit Union, and the student-run People's Market. In the University Store you will find supplies, books, and clothing. In the [Textbook Annex](#), you will find most of the textbooks you need for your courses. The Textbook website is <http://www.umass.bkstr.com/>

The Whitmore Administration building faces the Haigis Mall where there is the campus bus stop. The Chancellor and Provost offices are in Whitmore. Within Whitmore are the Human Resources offices, Financial Aid office (Room 255), the Bursar's office (Room 215) and the Cafeteria, where many members of the psychology department gather regularly for lunch.

The Lederle Graduate Research Center low rise (called LGRC) is located on the corner of Governor Drive and North Pleasant Street. In the Office of Information Technology (Room A113), you can set up a University computer and email account.

[University Health Services](#) is located near the Central Residential Area and provides an almost limitless array of services to students. Telephone: 413/577-5000 for information (24-hour emergency phone: 911). The out-patient facilities operate Walk-in care from 8:00 am to midnight all year-long. For Clinic-by-appointment (including same day appointments) call 413/577-5011 which is open Monday - Friday 8:00 am - 5:00 pm. Appointments can be made to see any of the physicians, nurse practitioners, or nurses. Some of the services provided by the Infirmary include allergy treatments, X-rays, contraception clinics, immunization, mental health facilities, physical therapy and lab facilities, pharmaceutical services, and nutrition counseling. For urgent problems call 413/577-5229 and speak to a nurse who will direct you to the best course of treatment. Students who are taking 5 or more credits are automatically billed on their tuition bill, a basic health fee for their Student Health Insurance Plan. This insurance plan covers the use of the University Health Center facilities. Students who have TAs or RAs should obtain more information about what is and is not covered once you arrive on campus.

Miscellaneous Information

Meningitis Vaccine Requirement

The Meningitis vaccine is a requirement. Please download the New Student Immunization Program at www.umass.edu/uhs and click on services, then Immunizations for the Frequently Asked Questions and Answers about this requirement. UHS requests that students submit the form before they come to campus in the fall.

ID Picture

To obtain an official UMass Amherst student identification card (UCard) you will need to go to the UCard Office, located in Room 168, Whitmore Administration Building. Normal office hours are Monday - Friday, 8:30 - 5:00. The UCard Office is also open extended hours at the start of the fall semester. (Visit the UCard website at <http://www.umass.edu/ucard/> for more details). Due to the large number of undergraduate students who will be getting the UCards during that time, we strongly encourage you to get your UCard prior to the Labor Day weekend.

In order for the UCard Office to issue you a UCard, you will need to provide them some form of picture identification (e.g. a driver's license or passport). If you don't have any form of picture ID, you will need to provide the UCard Office with official copies of both your birth certificate and social security card.

Keys

Keys for the student offices can be obtained in Tobin 401. Please try to pick up your office key before the beginning of classes, if possible. You will also be issued keys to the Psychological Services Center.

Parking

Parking by permit is strictly enforced on campus. The [Parking Office](#) is located behind lot #25, in a Trailer Complex (phone: 545-0065) and all automobiles are required to be registered through the Parking Office. The fee for obtaining a parking sticker varies (depending on where you wish to park), but for the more accessible lots, they usually range between \$45 and \$115+ per year. You can order a parking permit on line at <http://parking.umass.edu>. Follow instructions to order your permit on line and you can pick it up at parking services in lot #25. This will save you from long lines at the parking office. Be sure to attach your sticker to your car immediately.

Section II
Program Milestones

Important Information about Committees

As part of the appointment process to Ph.D. and M.S. committees, faculty members on the committee are required to attend **all** meetings arranged by the graduate student and the student's chair where discussion of the thesis or dissertation takes place. This includes the proposal meeting, oral defenses, and any other meetings that may be conducted that have a bearing on the design or conduct of the research and where committee approval and agreement among its members is expected. The Graduate School, which established this policy, has the option of not recognizing a meeting as valid when a member of the committee is absent from it. Although it may seem an inconvenience, the reason for the requirement is to ensure that the faculty who must ultimately approve of the thesis or dissertation are in agreement as to its scope and content. This requirement is designed to avoid potential problems for the graduate student concerning completion of the dissertation or thesis. Consequently, please be sure that all members of a thesis or dissertation committee are able to attend scheduled meetings. This may require considerable advance planning since it is not unusual for faculty (including outside members of the committee) to be away for extended periods of time, during the summer or in the case of a leave or sabbatical, during the academic year. The bottom line, however, is to not conduct any Ph.D. or M.S. committee meeting without all members in attendance.

Master's (M.S.) Degree Requirements

Review the Requirements for Degree in the Department of Psychology Policies and Procedures Handbook and at www.umass.edu/grad_catalog/masters.html

1. Thesis Committee. As soon as you have formed a committee, the chair of that committee or your Advisor must write a memo to the Graduate Program Director (GPD) recommending that those members of the Graduate Faculty be appointed as your committee. In turn, the GPD reviews and approves the memo and forwards it to the Graduate School making the same request. You and your committee members will receive official notification of appointment of the committee from the Graduate School.
2. Thesis Proposal. When your proposal is approved by your committee, please refer to the Thesis/Dissertation Information in the Department of Psychology Policies and Procedures Handbook
 - a. You'll need to turn in two copies to the Graduate Secretary's Office: One copy stays in your file and the other goes to the Graduate School. Both copies need to have a signature page (using the same format that you'll use for the Thesis signature page) and both need to be signed by the Chair of the Department. *The approved Master's proposal must be submitted to the Graduate School four months prior to the oral exam.*

Note: If for some reason, it is not possible to submit the master's proposal within this time frame, a waiver memo is necessary from the GPD to the graduate school.

Note: Ways to obtain funds for the Thesis are described in the Department of Psychology Policies & Procedures Handbook. These funds are distributed by the Associate Chair.
3. Announcement of Orals. For your Master's Orals (thesis defense), all you need to do is inform the Graduate Secretary of the date, time, place, chair, and title of your thesis *two weeks* before they are to be held. This is so that an announcement may be made and distributed to faculty, staff, and graduate students via email.
4. Oral Examination Results. The Chair of your committee *must* write a memo to the GPD informing the department of the results of your oral exam. In turn, the GPD approves the memo and forwards it to the Graduate School informing them of the same. A copy of that memo must be sent to the DCT.
5. Departmental Degree Requirements Form. When all requirements for the Master's Degree have been fulfilled, see the Graduate Secretary to get a departmental form. You'll need to complete this form and get appropriate signatures. Give the completed form to the Graduate Secretary with your completed "yellow form" from the Graduate School,

and then the Graduate Program Director and Department Chair will sign them. These forms can be time-consuming to complete and you may need to look at your transcript. It is best to make a half-hour appointment with the Graduate Secretary (for looking at your record) at least a week before you need to turn all materials in to the Graduate School. Turn in 30 credits only for the Master's. Twenty nine of these must be for course work and one credit for the thesis. You may, however, take up to nine credits for your thesis, and you will have more than 30 credits.

6. Completed Thesis. Refer to Thesis/Dissertation Information at the Department of Psychology Policies & Procedures Handbook. The department requires that you turn in one copy on a CD to the Graduate Secretary in Room 509 to be kept in Tobin Hall.
7. Fees and Graduation List Information. The Graduate School will contact you directly regarding fees required and other details for graduation. If they don't, please contact them. You can learn more from the Department of Psychology Policies & Procedures Handbook.

Comprehensive Examination Policy

The comprehensive examination in the Clinical Program serves two functions. The first is, of course, evaluative: successful completion of this examination indicates that a student has mastered and integrated a sufficient amount of the field's current knowledge base to warrant being admitted to candidacy for the doctoral degree. The second, and equally important, function is educational: both preparation for the examination and the examination process itself give students the opportunity to consolidate the extensive of knowledge he or she has acquired and provides practice for future evaluative and credentialing processes such as licensure or ABPP exams.

The comprehensive exam has a **depth** portion and a **breadth** portion. The **depth** portion is designed to measure a student's expertise in a particular area of clinical psychology. It takes the form of a 20 page specialized paper, written so as to be ready for publication submission. This paper must address a question previously approved by the faculty as appropriate for the depth portion of the comprehensive exam. This question should have clear relevance to the field of Clinical Psychology, and it should address an issue more focused than would be appropriate for any of the breadth portions of the examination. The **breadth** portion is designed to measure a wide range of clinical knowledge and a student's ability to integrate information from a variety of sources in a creative and scholarly way. Questions for this portion of the exam will be written by the faculty of the clinical core courses, and will address nature and methods, psychopathology, theories and techniques, assessment, and ethics/professional issues. The faculty, functioning as the comps committee, will work together to design a quality exam at least one month prior to the comps administration. In conformity with departmental policy, the depth portion of the comps can be taken upon completion of the master's thesis. The breadth component can be taken after completion of the master's thesis and after all clinical core courses have been completed. Students who expect to complete their master's thesis orals by early September may elect to take comps at the previous June administration, if the chair of their thesis committee attests in writing that the thesis orals will be satisfactorily completed before September 15. In such cases, the comps will not be graded unless the thesis is finished by that time.

Depth Comps. The depth portion of the comps must be taken first. The question must be submitted on the Depth Question Form with the Advisor's approval and signature. The depth question must be proposed during an interval specified and announced by the faculty during the beginning of the fall and spring semesters. This interval will allow the faculty time to review the depth comp application, propose revisions if needed, review the revisions, and provide the student with four weeks to complete the exam prior to the end of the semester. The question as revised and approved will be returned to the student with a start date. The student must turn in the completed exam four weeks later. There is a 20 page maximum limit to the depth question unless the student requests and justifies the need for additional pages at the time the question is submitted for review.

A student may choose any one of the following options for their depth question:

- a. Empirical research paper: Revising the data analysis in the thesis and performing a different analysis which reveals different results; focusing on a particular set of the thesis results and elaborating on them; reformulating elements of a thesis or prior work and preparing it for publication.
- b. Literature review: Focusing on a particular area of the thesis literature review and upgrading it and/or writing a critical review of it (if it does not already exist in the thesis).
- c. Grant Proposal

It is entirely appropriate for the student to work with his or her Advisor, or any member of the Faculty, when formulating his or her depth question. Once the question has been submitted, however, the student is expected to work on and answer it independently. The question submitted should be relevant to one of the student's specialty areas of interest; it may be a derivative of the master's thesis or of a paper submitted to fulfill a course requirement, a question provoking a new paper to be submitted for publication, a question leading to a summary review of the literature bearing on empirical questions (one or more of which might be addressed for the dissertation), a proposal for a grant award, or a detailed case study presented in the context of relevant, germane, empirical and theoretical literature. Where the question is a derivative of prior scholarly work (either the thesis or a course paper), the original work must be appended to the proposed question, and it must be clear that answering the proposed question will produce a paper substantially different from the original work and one clearly making an additional contribution. Such papers cannot simply be a condensed or stylistically-revised revision of the prior work. The Faculty expects any derivative piece to be a clear conceptual step forward, since the process of reformulating one's thesis research or a course paper into a form appropriate to submit for publication requires reworking concepts and conclusions with a new level of professional maturity, and with an eye toward addressing a specific professional audience.

Breadth Comps. The breadth portion of the clinical comprehensive examination will be administered two times a year: typically in January and in June. Students who wish to take comps in January must inform the Director of Clinical Training by a date established and announced by the faculty (students will be notified by memo/email of the exact dates established for a particular administration, generally by the end of October for the January comps and by the end of March for the June comps).

Students who are double-majors are expected to take both portions of the comps designed by the Clinical Division, in addition to the comps required in their second Division. Post-doctoral students in the Respecialization program are required to take a comprehensive clinical exam. The format for that exam is described in another document.

Deadlines and Grading

Both depth and breadth exams will be graded during intercession for fall exams and during the summer for spring exams. Both Breadth & Depth comprehensive examinations should be typed and written in APA style, unless a student requests otherwise when he or she applies to take comps. The completed **depth** question must be submitted to the faculty four weeks after the start date. Students will have two weeks from the date of distribution to complete the **breadth** portion of the exam. Page lengths will be specified for each question and should be strictly observed. To insure fairness and some measure of comparability, a "page" is defined as being approximately 25 double spaced lines, using 12 pt fonts with 1 inch margins on all sides. Any answers exceeding these specifications will be returned to the student for revision that must be completed within 24 hours and the student's grade may be reduced. Students must submit both an electronic version of their comps answers in addition to 1 hard copy for both portions of the exam by noontime on the due date.

Two faculty will read each response and provide a grade. The exams will be graded blind by graduate faculty. A program faculty meeting will be used for discussion of the results of the comps grading prior to notification of the exam results. Copies of the graders' responses to the questions will be distributed at the faculty meeting and reviewed by all faculty. The grading system used will be High Pass, Pass, Marginal Pass, and Revise/Resubmit for both the breadth and depth exams. The manner in which discrepancies between the two readers' judgments on whether the answer is a passing response or a response requiring a revision and resubmission, varies depending on the nature of the discrepancy. When the two raters for a question disagree on whether the student's answer is a Passing or Failing response, all available clinical faculty will be asked to read and score the response. In the event that a student receives scores of Margin Pass from one rater and Revise & Resubmit from the second rater, the answer will be deemed inadequate and the student will be asked to revise and resubmit an answer to this question and no additional readers will be assigned to score the question.

Written feedback from each reader for each question will be given to the student, using the form appended. Graders are encouraged to provide as much detailed feedback as possible. The names of the reviewers for both the breadth and the depth questions will be identified and students are encouraged to discuss the reviewer's comments about their papers with them.

Students who are required to revise and resubmit one or two questions on the exam must do so within one month from the time the exam was returned. Students who do not revise their responses satisfactorily, or who are required to revise and resubmit more than 2 questions will be considered to have failed the exam. They will be required to take the entire exam again at the next comps administration. A second failure will be cause to review his or her suitability for doctoral study in clinical psychology, and be regarded as probable cause for dismissal from the program.

Proposed Comprehensive Examination
Depth Question

Please provide us with answers to the following questions about your comps depth question:

1. What is the question that you want to address? (If this proposal includes analyses for an empirical paper, indicate what parts of the paper have been worked on with your Advisor and what part of the project represents independent work).

2. What rationale are you using to explain the importance of the question?

3. In what specific ways will addressing this question represent a step forward in your career?

Is this question a derivative of prior work? ___ no ___ yes (if yes, explain how it is derivative and append the original work).

Journal to which the article is to be submitted: _____

(Note: A copy of the instructions to author's page from this journal must be attached).

Please submit a one (1) page outline of your proposed paper with this form. Include a selection of the references you will be using.

I request this beginning date for my Depth question _____ Date

I request a page extension of more than 15 pages for these reasons _____

This question has my endorsement.

Advisor

Student

Date Submitted

COMPREHENSIVE EXAMINATION FEEDBACK FORMOverall evaluation:

	High Pass	Pass	Marginal Pass	Revise/ Resubmit
Clarity of writing style	_____	_____	_____	_____
Level of scholarly content (i.e., inclusion of appropriate citations)	_____	_____	_____	_____
Extent to which the question asked was addressed	_____	_____	_____	_____
Strength of argument presented	_____	_____	_____	_____

Final Grade: _____

Grader: _____

Comprehensive Examinations Timetable

January Comps	
September	-Students are notified about dates of January comps -faculty are asked to write breadth questions.
Between September and November	-students submit and obtain approval for depth question from faculty -questions are reviewed at the faculty meeting that follows submission.
Mid-Late October	-students notify DCT of intentions to take January comps.
November	-comps breadth questions due from faculty -faculty meeting to devise comps.
Mid January	-comps breadth portion administered to students
January	-completed comps breadth questions due from students
Mid February	-graded comps due from faculty. Additional readers assigned, if necessary.
Late February	-Faculty meeting to review results. Students notified of results after the meeting.

June Comps	
Early in February	-Students are notified about dates of June comps -faculty are asked to write breadth questions.
Between February and April	-students submit and obtain approval for depth question from faculty -questions are reviewed at the faculty meeting that follows submission.
Mid-Late February	-students notify DCT of intentions to take June comps.
Early April	-comps breadth questions due from faculty -faculty meeting to devise comps.
Early June	-comps breadth portion administered to students
June	-completed comps breadth questions due from students
Early September	-graded comps due from faculty. Third reader assigned, if necessary.
Mid-September	-Faculty meeting to review results. Students notified of results after the meeting.

The Predoctoral Clinical Internship Application Process

Applying for internship can be an intense and arduous process, so it requires considerable forethought and planning. Ordinarily, students apply for their internship during the beginning of their fourth year in the program (although students who have successfully passed and completed course requirements and comprehensive exams qualify to apply for internship). Before you can apply, you must have successfully passed your dissertation proposal by November 1 of the application year.

Clinical internships and the Internship application process are regulated and managed by the [Association of Psychology Postdoctoral and Internship Centers \(APPIC\)](http://www.appic.org/); <http://www.appic.org/>). There are several hundred internship sites and several thousand internship applicants each year. APPIC administers a selection process in which applicants rate the internship sites they would like to consider attending, the internship sites rate the applicants they would like to admit, and a computer algorithm is used to match students who rated a site highly with internship sites that rated the student highly. There are more students applying for predoctoral internships than there are positions. Consequently, securing an internship is a competitive process. UMass Amherst clinical psychology students have been very successful in obtaining the internships they want and generally 80-90% of our students match with internships the first time they apply and all of our students have matched eventually. However, the internship application process requires considerable planning ahead, careful preparation of your application, and consideration of a range of placements.

Some General Guidelines for Planning for Internship

Successfully securing an internship placement requires planning years in advance. It is useful to keep track of information about your clinical work in practica and the administration of psychological assessments as you go through the program. Currently, the PSC offers a Time-to-Track program that helps to organize a log of your clinical activities. This will make it easier to report your clinical achievements on the APPIC application and enable you to avoid having to re-construct your entire professional life at the last minute.

We advise our students to begin thinking about the internship application at least a year in advance of applying. The APPIC website provides useful information on the application process. Students can explore this site to identify potential internship sites, to become familiar with the APPIC Application for Psychology Internships, and begin to consider how you might respond to the essays on the application. During the summer prior to your application, you should decide on the sites to which you are going to apply. There are a wide variety of personal and professional considerations that students take into account when deciding which and how many internship sites to apply to. We will consult with you and help you with these decisions although generally folks apply to 12-15 sites.

Most sites will ask you to include a current vita. So, you should review your vita routinely and be sure to add professional achievements such as presentations, publications, and

other educational experiences.

It is important to request letters of recommendation from faculty and adjunct supervisors early in the process. Be sure to give your recommenders the deadlines by which you need the letters.

Completing the AAPI – On Line

Completing the internship application process requires considerable organization. You will be asked to collate the variety of clinical experiences you have had, you'll need to provide transcripts of your coursework, you'll be asked to provide a vita, you will need to provide references, and you'll need to have the Program's approval for you to go on internship. Most internship sites also require a personal statement in which you will be asked to describe your professional identity and competencies, your professional aspirations, and how your attributes coincide with what the internship site has to offer. General statements (e.g., "I want to work at your setting because it provides the best training for me") are obviously less effective than those that can detail what is unique about each internship and how it fits into your overall plan for professional development. Moreover, all of this needs to be completed on a tight time schedule and there is no flexibility for submitting materials late.

The DCT and clinical faculty will support you and consult with you as you go through this process. We typically hold meetings with prospective intern applicants at the beginning of the Fall semester to discuss the process and generally once or twice after that to review application progress and prepare intern applicants for interviews.

Interviewing for an Internship and the Match Day

Internship interviewing often begins in December and generally continues throughout January. Traveling to various internship sites can be logistically complicated and can result in considerable expense. Most sites seek individual interviews. A few places interview applicants in groups. Some sites have informational sessions that are more or less required and involve minimal evaluative interviews. Hopefully you will have several interviews and we will assist you in preparing for them. Remember you are interviewing the people at the site as well as being interviewed by them so you will want to ask them questions too. It is to your advantage, as well as the site's, to learn whether or not the internship site is a good match for you. Check the [APPIC Match Policies](#) on the web site for information about interviews, offers, and the Match.

Preparing to Attend an Internship

Your planning ahead of time does not stop once you've been selected for an internship. There are a variety of matters to be dealt with before you leave. You will also be asked by APPIC to complete a survey about the application process. This information will be shared with other clinical training programs as a way to monitor the process. You will need a letter from the

internship site affirming their acceptance of you and informing us of the details of the placement. The clinical secretary will inform you about the additional paperwork required while on Internship. You will also need to sign up for internship credits (9 credits each semester)

Non-APA Approved Internships

Internships that are APA-approved do not require special acceptance by Faculty. However, internships that are not approved by APA must be approved by the Clinical Faculty.

Materials must be submitted to the Faculty to show that the internship is comparable in quality to APA-approved internships (e.g., credentials of supervisors, extent of supervision, adequacy of facilities, and coherence of program). If the internship is not as broad based as APA-approved internships, the student must show how it is sufficiently broad in light of his/her prior training and career objectives. In addition, these materials must be submitted to the DCT by the Second Monday in October. The material will be presented to the Clinical Faculty and the decision of the faculty will be communicated to the student.

Ph.D. Degree Requirements

Review the Requirements for Degree in the Department of Psychology Policies and Procedures Handbook and at the UMass Amherst Graduate School Bulletin: Doctoral Degree Requirements

1. *Dissertation Committee.* Once you have chosen your committee and they have agreed to serve, you need to have the chair of the committee or your Advisor recommend the members to the Graduate Program Director. A short memo is all that's needed-- in turn, the GPD will recommend your committee to the Graduate School. The Graduate School will notify you and the members of their approval.

Sometimes it is especially difficult to find an outside member for your committee. To help you locate possible people, a list of outside members who have served on past dissertation committees is on file in the clinical office.

2. *Dissertation Proposal.* After your proposal has been approved and signed by your committee, two copies each with official signature pages (identical to those you will need for the formal dissertation) must be given to the Graduate Secretary: one for submission to the Graduate School and one for retention in your file in the Psychology Department. The Graduate School must receive your proposal seven months prior to your final oral exam.

Note: Ways to obtain funds for dissertations are described in the Department of Psychology Policies & Procedures Handbook. The associate chair approves these requests.

3. *Announcement of Orals.* The Graduate School needs to know when your orals will be *three weeks in advance* so it can be announced in appropriate University announcement. Schedule your room and time with Julie Pahl, our building and room scheduler. You must notify the Graduate Secretary of the date, time, place, chair, and title one month before your orals so the appropriate memo can reach the Graduate School for their deadline.
4. *Oral Examination Results.* The chair of your committee must notify the Graduate Program Director in writing of the results of your oral exam. The GPD will forward the results to the Graduate School. A copy of that memo must be sent to the Clinical Secretary.
Note: It is imperative that all members of your committee attend your dissertation defense and approve the dissertation (sign off on it) at the same time. In fact, if all members are not in attendance, the Graduate School may not approve the dissertation. For this reason it is important to plan the meeting well ahead of time.
5. *Completed Dissertation.* Refer to Thesis/Dissertation Information at the Department of Psychology Policies & Procedures Handbook. The department requires that you turn in

one copy on a CD to the Graduate Secretary in Room 509 to be kept in Tobin Hall.

6. *Department Degree Requirements Form.* After completing all requirements previously mentioned, see the Graduate Secretary for a Departmental Form. On this form you will need to list information pertaining to the dates when different requirements were fulfilled. This form can be time-consuming to complete and you may need to look at a copy of your transcript. It is best to make a half-hour appointment with the Graduate Secretary at least a week before you need to turn all materials in to the Graduate School.
7. *Fees and Graduation List Information.* The Graduate School will contact you directly regarding fees required and other details for graduation. If they don't, please contact them.

Note: Minimum dissertation credits is 10. The most anyone can take in a semester is 9. April 30 is the deadline for getting information to the Graduate Records office for May graduation. For September graduation the deadline is July 31.

Section III
Policies and Procedures
For the Clinical Program

Admissions Policy for the Clinical Psychology Program University of Massachusetts Amherst

The Clinical Psychology Program follows a mentorship model of graduate training. The intention of this policy is to stimulate the development of research skills among our students by encouraging them to identify, at the outset of their training, with a particular faculty member working within a given research area. Most students will continue to work in this area throughout their graduate training, but students have the option of changing Advisors after completing their first year of training if their original interest shifts to another research area. In unusual situations, a shift may be made earlier in a student's career.

Application Process

Information describing our program and faculty research areas is available on our web page at <http://www.psych.umass.edu/clinical>. Applicants indicate which research area they wish to pursue in their graduate training by indicating in rank order (1-2) two faculty with whom they are interested in working and the reasons for making this selection. The designated faculty will review the students' application materials and select those who will be invited for interviews. Faculty who will accept a student each year will be listed on the web page. The procedure for determining which faculty members will accept students in any given year is detailed in a supplementary admissions policy.

Acceptance Criteria. The following general criteria are used in selecting students to the clinical program. These criteria are not absolute; exceptions may be considered. We give additional consideration to affirmative action candidates.

1. Applicants should have a combined score of 1200 on the Verbal and Quantitative sections of the GRE (approximately 600 on each section).
2. Applicants should have a minimum undergraduate GPA of 3.5.
3. Applicants should have majored in Psychology, or at least have completed a minor in Psychology. Exceptions will be considered for applicants with other majors who have taken a minimum set of psychology courses, including introductory psychology, statistics, research methods, and at least three additional advanced courses in psychology. A background in statistics is required.
4. Applicants should have some research experience. This can include assistantships, honors theses, or collaborative efforts resulting in professional presentations or publication.
5. Applicants should have some clinical experience. Appropriate types of experience include volunteer or paid work on an inpatient unit of a psychiatric hospital, community mental health center, day treatment center, clinic in which psychological services are

provided, crisis intervention center, peer counseling, or other similar "help"-oriented activity.

6. Applicants should be able to describe clearly their research interests, and these interests should match those of the faculty with whom the applicant has indicated an interest in working.

Offer and Acceptance Policy. The Clinical Psychology Training Program at the University of Massachusetts Amherst participates fully in the [Council of University Directors of Clinical Psychology \(CUDCP\)](#) and, in cooperation with that group, adheres to the following guidelines for graduate school offers and acceptances.

1. We will inform an applicant as soon as possible after a decision has been made to exclude them from further consideration for admission.
2. We will issue offers of admission within two weeks after an interview has taken place. Offers are usually extended initially via a telephone call. These verbal offers are official and will be followed by written confirmation.
3. Regardless of when the offer of admission is extended, and whether or not the offer carries funding, applicants are not required to respond to the offer until April 15 (or the first Monday after April 15, if April 15 falls on a weekend), except as specified in point 7 below.
4. Once we have made an offer of acceptance, we will not withdraw it until the first weekday after April 15 and then only if the applicant has not responded to it.
5. If we make an offer of acceptance after April 15, we will allow at least one week from the date of the offer for the applicant to accept or reject it.
6. Applicants who will be offered admission to the Program when an offer extended to another applicant is declined will be informed no earlier than March 15 and no later than April 15 that they are on an alternate list. Applicants will be kept apprized of their relative position (high, middle, or low) and the alternate list.
7. The Council of University Directors of Clinical Psychology Programs has stated that applicants should not hold more offers than they are seriously considering. Holding multiple offers ties up slots, preventing programs from making offers to other applicants. This is a complex principle, operationalized in the points below:
 - a) It is legitimate for students to want to visit a program, if they have not done so already, before making decisions among top offers. Such visits should be scheduled as soon as is practical after the offer of admission is received. If after visiting a program the student decides that program is less desirable for him or her

than another program to which the student has already been offered admission, the student should inform the lower rank program that he or she will be declining their offer.

- b) Whenever possible, the student applicant should inform training programs by phone of a decision, following up within 24 hours with a written confirmation of that decision.
 - c) Once a student has accepted an offer of admission to a Graduate Training Program, the student should inform all programs in which he or she is currently under consideration that he or she is either declining outstanding offers of admission or no longer wishes to be considered for admission. Students should contact by phone those programs that have offered admission or have the student high on the alternate list. These phone calls should be followed up within 24 hours by a written confirmation. For programs for which the student is on the alternate list but not high on the alternate list, a letter withdrawing their application mailed within 48 hours is sufficient notification.
8. Except in very unusual situations (e.g., serious illness or major personal problems), a student who accepts an offer of admission is expected to start the graduate program the following fall unless other arrangements have been made with the Director of Clinical Training. Training lines are severely limited and failing to use a line once it has been offered prevents other qualified students from obtaining training.

Supplementary Admissions Policy

The procedure for deciding which faculty may admit incoming students is as follows:

1. During the Fall semester of each year, the faculty must decide by vote:
 - a. The exact number and level of funding slots that we are willing to commit ourselves to providing for incoming students matriculating in the fall of the following year.
 - b. How many years that number of funding slots will be guaranteed for the incoming students.
 - c. Whether unfunded students can be admitted.
2. During the Fall semester of each year, the faculty must decide which faculty members will be allowed to admit a student. A priority system for deciding which faculty have permission to admit a student will be based on the following steps:
 - a. The Director of Clinical Training will submit a list to faculty of the names of each student for whom each faculty member will be supervising (chairing) a thesis or dissertation committee in the following academic year.
 - b. Faculty will be ranked in order of the number of these current (upcoming year) students, from least number of current students to highest number of current students. Faculty with fewer student committees to chair in the upcoming year will have the highest ranking and the highest priority for admitting new students. One incoming student "slot" (permission to admit a student for the following fall) will be allotted to each faculty member according to the priority list until all student slots are assigned.
 - c. If several faculty are chairing the same number of student committees, rankings of these faculty will be equal and all possible attempts will be made to give these faculty an equal number of incoming student slots. If student slots run out before these faculty are given their equal allotment, first priority will go to any of the "tied" faculty who were not able to obtain a student slot in the previous year.
 - d. Faculty who will be off campus for either 1 or 2 semesters of the following academic year (the year that the incoming students matriculate) will be removed from the priority list and may not admit students except through the "grant provision" (see D).

3. Based on the director's list, discussion by faculty, and special requests, a final priority list should be compiled and accepted by a faculty vote. This priority assignment will remain in place throughout the admissions process.
4. Also by November 15th, but after faculty acceptance of the priority list, faculty who will have grants or other outside (non-TA) sources of funding for students in the following year must submit to the faculty the number of students they would like to admit (independent of the priority list admissions). These incoming students must be funded by the faculty member's outside resources and the level of funding for each student must at least match the level of funding the Division has committed to the incoming students admitted through the "priority list" (equal amounts for the same number of years). The faculty members who would like to admit "grant" students must present information about funding for those students and others currently funded off their grants. If the grant expires, faculty will not take a "non-grant" student the following year in order to continue supporting the "grant" student. If the funding requirements are met, faculty are allowed to admit "grant" students in addition to students admitted through the priority list, as long as acceptance criteria are met.
5. Faculty who are not admitting any new students because of a low priority rating or because they will be off campus should, if possible, have this fact listed beside their names in the brochure that is sent to all student applicants and the Division IV web page.
6. Faculty who are not admitting any students should participate in reading some folders and interviewing some students as general raters.
7. After interviews, each faculty member admitting a student will rank order his/her top candidates. The folders of these candidates will be left on file in the clinical office; each member of the clinical faculty will rank each candidate's folder on a scale of 1 marginal to 5 excellent. The average of these rankings will be computed and reported to all faculty at a final review meeting.
8. At the review meeting when student applicants are discussed, only applicants for whom all faculty are in agreement about the suitability for admissions will be issued invitations to join the clinical program.
9. Offers of acceptance will not be finalized until the student's acceptance is approved by the Graduate Studies Committee in the Psychology Department.

Advisor Policy

For the most part we expect that a student will stay with the Advisor he or she began working with at the start of the program. In some cases, however, students will elect to change Advisors for various reasons, including a shift in research interests, dissatisfaction with an Advisor, or personal considerations. It is also possible that an Advisor may decide a change is in the student's best interests and may initiate the process. When a student or faculty member elects to change Advisors or advisees, he or she should follow the procedure outlined below.

1. Speak with the faculty member or advisee. If there are personal issues, an earnest attempt should be made to resolve them.
2. Notify the Director of Clinical Training, who will remind the people involved of the process and will try to mediate if the problem is personal. If the DCT is one of the principals, the mediator will be the clinical member of the Personnel Committee.
3. At the next scheduled faculty meeting, the faculty will review the request. Faculty who are willing and interested in working with the student will discuss the best possible choice of Advisor, given the student's research interests and methodological style. An Advisor will be appointed by the end of the meeting.
4. In the course of the review, if there seems to be a pattern in changing Advisors either by a particular faculty member or by a particular student, broader issues will be discussed in a constructive spirit of collegiality as well.

Class Representative Selection Policy

The clinical program has a history of inviting student representatives, by class, to the program faculty meetings that typically occur every other Tuesday from 12:45 - 2:15 p.m. These student reps, and any other students who are interested, are welcome to attend faculty meetings. Student attendees will be asked to leave for the last portion of the meeting, which may be reserved for discussions that are confidential within the faculty (e.g., admissions, comps grading, student performance reviews). The following guidelines have generally been followed:

- 1) *Defining the Position:* Each class should have an official, appointed representative to the faculty meeting each semester.
 - a) It is expected that the representative will be democratic about including the input of all their class members on important issues, e.g., polling appropriately when input is requested by the faculty or an important issue that affects students arises. Likewise, it is expected that the faculty will treat each representative as representing the interests and opinions of his/her entire class.

- Duties include attending all faculty meetings during the semester and being available to communicate with members of the class being represented. On a rotating basis, one rep. should take notes during each faculty meeting, with emphasis on details of issues that may concern students, and distribute them to all students by e-mail. The appropriate departmental distribution list on the psychology department website.
- b) This responsibility of representation can be shared by two people from a given class during any given semester, but should not rotate among more than two (This is for the sake of consistency and ease of following the events that occur in the meeting over a semester).
 - c) No one can be a rep two semesters in a row (This is in order to spread out the responsibility and also to avoid a long-standing representative being singled out in the event of any conflict or disagreement).
 - d) There should be 4 reps each semester: First year, Second year, Third year, Fourth year and up (for the Fourth year class and also anyone from higher classes who is not yet on internship).
 - e) The respecialization student(s) should attach their representation to the class who are Second years the year the respec student(s) enter the program, and then continue along with that class (This is because it is felt that a respec, having already been a grad student, has more interests in common with the Second years than the First years). Therefore, some semesters respec students may represent regular students (Second years and up) and vice versa. Since respec and regular students may have different areas of concern, it is expected that each party will bear the other's interests in mind when serving as a rep in these cases.

- 2) *Responsibility for New Reps:* It is the responsibility of each current class rep at the end of any given semester to see that a rep is chosen for that class for the following semester.
 - a. This process should begin before the penultimate meeting of the semester, so that ideally each rep announces his or her replacement at the last faculty meeting of the semester attended by students (note that the very last meeting is likely to be for faculty only due to student performance reviews).
 - b. The Fourth year and up rep for Spring semester will not have this responsibility (as no new rep will be selected for that class). The Fourth year and up rep, however, is responsible in any given semester for helping to fill any gaps in representation (e.g., if there was no Second year rep at the end of a Fall semester, then the Fourth year and up would facilitate reinstating someone for the Spring, as there would be no one else in the responsible role).
 - c. The Third year rep for Spring will have responsibility for not only getting a Fourth year and up rep for the Fall (from the group comprised of his or her class and also anyone in higher classes who will not be on internship the following year), but also the First year rep from amongst the first year students who arrive in the Fall. It is suggested that the person responsible for getting the First year rep make an announcement at the welcoming luncheon for the first years and follow this up by e-mail. This is a particularly important responsibility, as it will hopefully insure that new classes continue the tradition of representation at the faculty meetings.
- 3) *How to Select New Reps:* The suggested method for doing this is for the current rep to contact his or her class (e.g., by e-mail) once or twice, asking for a volunteer.
 - a) If no volunteer is forthcoming, then the rep would contact the class again, asking for volunteers to each take half the responsibility (e.g., two people to alternate or otherwise share).
 - b) If still no volunteers are forthcoming, then that class should do the equivalent of drawing straws, until someone who has no unalterable scheduling conflict has been assigned to the position. The current rep should not feel responsible for pressuring people into taking the position.
 - c) It is expected that each member of a class will take at least one semester as rep before going on internship. If more than one person volunteers for the full position, or more than two for the half-position, then the class can decide whether to hold a vote or negotiate this in some other democratic way.

Colloquium Policy

The Clinical Colloquium (Psych 892) was developed to meet several goals:

- 1) to provide intellectual stimulation to faculty and students and an opportunity to interact around various topics.
- 2) to give us a specific time and place to share ideas about the program with each other.
- 3) to encourage faculty and students to explore new directions in their research and clinical work.

Requirements:

All clinical students in years one through three are required to attend the Colloquium each semester. Students are required to attend 80% of the colloquia in order to receive a satisfactory grade for the course. Students will receive 1/2 credit each semester, obtained by signing up for one credit during the spring semester, and will receive a grade in May. Students who miss too many colloquia due to course conflicts or practicum schedules must present evidence for continuing education activities in the amount of the hours they will be missing in a given year. These continuing education activities must be relevant to the general topic addressed in the colloquium and must be taken during the semester the colloquium is missed.

Student Evaluation Policy

Students are expected to make timely progress through the Program and while so doing, to demonstrate an acceptable level of competence in each of three areas: academic course work, clinical skills and development, and research skills and knowledge. It remains the student's responsibility to attain and demonstrate competence in each of these areas, in a timely fashion. The faculty assumes responsibility for facilitating students' efforts in this direction, as well as for monitoring the rate of each student's progress through the Program, and for evaluating the acceptability of each student's attained level of competence in the areas of academic, clinical and research work.

Student evaluations serve two major goals. The first and most fundamental aim is an educational one. Evaluation occasions are meant to promote periodic self-appraisals, enabling each student to match gains attained against gains intended, and to plan future activities accordingly. In addition, evaluation occasions are meant to provide an opportunity for faculty to inform themselves about each student's development and progress, so that accomplishments may be noted, and so that problems may be identified early enough to allow corrective measures whenever possible.

The second goal of student evaluations is to fulfill the faculty's ethical responsibility to the profession. As a discipline, clinical psychology has assumed internal responsibility for ensuring that its members can manage the professional as well as personal demands inherent in the role of clinical psychologist. Statements clarifying this responsibility may be found throughout the [American Psychological Association's "Ethical Principles of Psychologists"](#) (1981 Revision):

Psychologists...are committed to increasing knowledge of human behavior and of people's understanding of themselves and others and to the utilization of such knowledge for the promotion of human welfare...While demanding for themselves freedom of inquiry and communication, psychologists accept the responsibility this freedom requires: competence, objectivity in the application of skills, and concern for the best interests of clients, colleagues, students, research participants, and society...

The maintenance of high standards of competence is a responsibility shared by all psychologists in the interest of the public and the profession as a whole.

Psychologists...maintain knowledge of current scientific and professional information related to the services they render...Psychologists recognize the need for continuing education and are open to new procedures and changes in expectations and values over time.

Psychologists recognize that personal problems and conflicts may interfere with professional effectiveness. Accordingly, they refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to a client, colleague, student, or research participant. If engaged in such activity when they become aware of personal problems, they seek competent professional assistance to

determine whether they should suspend, terminate, or limit the scope of their professional and/or scientific activities.

The faculty's primary vehicle for fulfilling their responsibility to the profession is a formal student evaluation meeting. These meetings are held twice a year, typically during the months of December and May. Meetings are open to all clinical faculty; those in attendance serve as a Committee of the Whole. Prior to each meeting, to facilitate the evaluation process, students should examine their files in the Clinical Office to assure their accuracy as well as meet with their Advisor (s) to apprise them of current activities, recent accomplishments, any areas of difficulty, and especially in the case of the latter, any unusual circumstances seen as bearing on the student's progress or performance during the past term.

At each student evaluation meeting, progress and performance will be evaluated in three areas: academic course work, clinical skills and potential, and research skills and knowledge.

Academic course work will be evaluated primarily on the basis of official transcripts, but also on the basis of reports from instructors and academic Advisors. To remain in good standing, students must satisfactorily complete the indicated requirements, by the indicated deadline, and with no more than one letter grade below a B over the entire course of their graduate study.

Clinical skills and potential will be evaluated primarily on the basis of practicum work with clients, but also on the basis of interactions with clinical supervisors, participation during practicum team meetings, and interaction during relevant classes. To remain in good standing, students must complete the indicated requirements, satisfactorily, by the deadlines indicated.

All students entering the program will be required to be affiliated with research teams during their course of study (this does not necessarily mean the same team for the entire period of time).

Research skills and knowledge will be evaluated primarily on the basis of thesis and dissertation activities, but also on the basis of interactions with research supervisors, participation during research team meetings, and interactions during relevant classes. To remain in good standing, students must complete the indicated requirements satisfactorily, by the deadlines indicated.

Students will be accorded special privileges and responsibilities (e.g., membership on Divisional or Departmental Committees, paid positions on research grants or in outside practicum sites, positions within the PSC as Teaching Assistants or Associates) only if they are in good standing, and only for as long as they remain so.

To remain in good standing, students must successfully complete the requirements listed, by the indicated deadlines. Each student's standing will be determined by the Clinical Faculty on the occasion of each formal student evaluation meeting. If it is determined that a student has not met one or more of the requirements by the specified deadline, that student will be notified that

s/he is no longer in good standing, asked to provide a plan outlining how delinquent requirements will be met, and asked to reduce all non-required activities (e.g., participation on Divisional or Departmental Committees, participation in non-required courses, clinical activities, or research activities) until such time as the requirements are completed. If thought to be beneficial by the faculty, specific remedial suggestions (e.g., repetition of courses, supplementary research tutelage, additional clinical practica, personal psychotherapy) will be made as well at this time.

Once designated as not in good standing, students are expected to complete delinquent requirements, satisfactorily, by the end of the regular academic semester immediately following. Failure to do so will be regarded as quite serious and as the first step leading toward termination from the program.

When students who are not in good standing find themselves unable to successfully complete delinquent requirements within one semester following their designation as such, it is generally advisable for the student to request a leave of absence, so that he or she may complete delinquent requirements without accumulating new requirement expectations concurrently. If the student in this circumstance does not wish to request a leave of absence, he/she should ask the Director of Clinical Training to establish, prior to the next student evaluation meeting, a Clinical Advisory Committee, consisting of three faculty. This Committee, in collaboration with the student, should develop an alternative remedial plan, which will be considered and adopted or modified by the clinical faculty at the next formal student evaluation meeting.

The clinical faculty will decide, on the basis of academic, clinical, or research competency considerations, that a student should not remain in the program under two circumstances: (1) when a student not in good standing fails to successfully complete delinquent requirements within one regular academic semester of their designation as delinquent AND fails to either request a leave of absence or develop an alternative remedial plan, in consultation with a Clinical Advisory Committee; or (2) when a student not in good standing remains both enrolled in the program and in "not in good standing" status one year from the date when originally designated as such.

During regular formal student evaluation meetings, decisions to terminate a student from the program under one of these two sets of circumstances will be regarded as preliminary. Within one week of such a vote, the student involved will be notified in writing of the faculty's preliminary decision, invited to submit a statement and any other written materials regarded as relevant, and invited to meet with individual faculty, if the student so desires. Within one month of the preliminary vote, the faculty will make a final determination on the basis of all information at hand.

If a final decision is made to terminate the student from the program, the Director of Clinical Training will write a letter detailing the reasons for the decision. This letter will be sent to the student, within one week of the date of the decision, with copies sent to the student's Advisor, the Graduate Program Director in Psychology, and the student's clinical and

departmental files. According to Departmental Policy, such a decision may be appealed to the Departmental Evaluation Committee, which is comprised of the four Division Heads, the Graduate Program Director, and the Chair of the Psychology Department.

Exceptions to these policies may be granted only by vote of the Clinical Faculty, serving as a Committee of the Whole.
(Approved: February, 1981)

Grievance Procedures

The clinical program intends to show respect for and understanding of personal and demographic characteristics of students, including, as stated in [APA's Guidelines and Principles for Accreditation of Programs in Professional Psychology](#), age, color, disabilities, ethnicity, gender, language, national origin, race, religion, sexual orientation, and social economic status (1996, p.5). Accordingly, the program does not discriminate in admissions, in education activities, or in hiring and retaining faculty on the basis of any of these characters.

Academic Grievance Procedure

For the purposes of this procedure: A grievance (Sen. Doc. No. 00-015) is defined as a complaint by a currently enrolled graduate student(s) alleging that some member(s) of the University community has caused the student(s) to suffer some specific harm related to a matter within the authority of the Dean of the Graduate School. However, complaints that concern (1) matters of academic judgment, or (2) the substance (as opposed to the administration) of University, campus or Graduate School policies and regulations shall NOT be considered grievances under this procedure, and grievances which have been brought to a hearing under another campus grievance procedure shall not be brought to a hearing under this procedure. A copy of the Graduate School Grievance Procedure is available from the University Ombuds Office and the Office of the Dean of the Graduate School.

See the full text at: <http://www.umass.edu/ombuds/pdf/academicgrievanceproc.pdf>

Department Procedures. (Taken from the Department of Psychology Policies and Procedures Handbook

In an effort to provide uniformity of standards regarding decisions for dismissal of graduate students who receive low grades, an Evaluation Committee made up of the Graduate Director, the Division Heads, and chaired by the Department Chair meets once a semester to evaluate any student who receives either 2 Cs, 1F, or a pattern of incompletes on his/her record. This Committee has the power of final decision regarding the Department's recommendation to the Dean of the Graduate School. This Committee also acts as an appeals board for any cases of dismissal recommended by area faculty for reasons other than low grades.

A student who is to be evaluated because of low grades should present to the Committee any information or recommendations regarding the student's individual set of circumstances. This information will assist the Committee in making a fully informative and careful decision. In addition, the following guidelines are followed in order to provide further uniformity of standards:

1. To allow the student ample time to prepare his/her case, a two-week notice of an evaluation meeting is given to any student who will be under

consideration.

2. The student has a right to be represented at the evaluation meeting.
3. One Incomplete F (IF) does not automatically bring the student up for evaluation. However, a pattern of Incompletes and F's is evaluated.

A termination recommendation must have been preceded by at least one written warning in a preceding semester that a student is having academic difficulty and is in danger of being recommended for termination. The student in question should be informed in writing of a termination recommendation, by means of a letter from his/her Division Head that includes a statement of the justification for the termination recommendation and informs the student that s/he may request a review of the decision from the Evaluation Committee. Failure to meet any of the Department or Graduate School statutes of limitations (described below) may also result in termination from the program.

Clinical Program Procedures.

The clinical program created a formal mechanism on May 20, 1996 (revised on October 12, 1999), for addressing difficulties, conflicts, or disputes between individual members of the clinical program which are not resolved by such other means as direct discussion between the involved parties or mediation by the Director of Clinical Training. It is as follows:

The Director of Clinical Training may form a Conflict Advisory Committee at the request of either party to a dispute, or at the Director of Clinical Training's own initiative. Each committee will consist of three faculty members, one selected by each of the parties to the conflict, and the third person selected by the Director of Clinical Training. The committee will be convened by the Director of Clinical Training's appointee, and will meet with the parties in any format that seems appropriate and will attempt to come to a resolution that is acceptable to all. In general, the information from this meeting will not be brought to the attention of the entire clinical faculty unless there is a compelling reason to do so (e.g. if there are legal or policy implications). If the Director of Clinical Training is a party to the dispute, the clinical representative to the Personnel Committee will form the committee and receive the report.

APA Procedures. If the student feels that the program is not in compliance with APA's accreditation guidelines and principles, the student may file a complaint with the [Commission on Accreditation of APA](#) (Office of Program Consultation and Accreditation, Education Directorate, APA, 750 First Street, NE, Washington, DC 20002-4242; 202-336-5979). It should be noted that the procedures for handling complaints against accredited programs are intended to deal only with complaints based on purported lack of program consistency with the G & P [guidelines and principles]. It is not a mechanism for adjudication of disputes between individuals and programs. The CoA [Commission on Accreditation] cannot, for instance, direct a program to change a grade, readmit a student, or reinstate a faculty member (Book 1: Guidelines and Principles for Accreditation of Programs in Professional Psychology, and Book 2: Accreditation

Operating Procedures of the Commission Accreditation, APA, 1996, p. 35). A copy of the Guidelines and Principles and Accreditation Operating Procedures, which includes the complaint procedures, may be obtained from the Director of Clinical Training, or from the Office of Program Consultation and Accreditation, whose contact information is given above. Students who have a complaint about the program's adherence to APA's guidelines and principles for accredited programs are encouraged to discuss the complaint with departmental and university administrators prior to making a formal complaint to APA.

Practicum Policies and Procedures

Preamble. The Clinical Psychology Doctoral Training Program at the University of Massachusetts at Amherst retains a strong commitment to the Boulder model of Clinical Training. As is well known, this model stands on a foundation of solid academic training in the core areas of general psychology as well as the sub-discipline of generic clinical psychology, and it includes equal emphasis on professional preparation to conduct clinical research and clinical practice.

The faculty holds itself primarily and ultimately responsible for providing preparation in academic, scientific, and professional matters. The faculty also appreciates the abundance of rich academic, scientific, and professional learning opportunities available throughout Western Massachusetts outside of the University setting and would like to make it possible for our students to take advantage of these opportunities whenever appropriate and possible.

Two overarching principles guide this faculty's policy on students' involvement in outside clinical practica. The first is that the practicum arrangement should be mutually beneficial. That is, the negotiated relationship should provide the student with opportunities to learn, as well as practice, new clinical skills, but it should also provide the outside practicum site with staff resources or other valued advantages not otherwise available. The second principle is that a student's participation in an outside practicum should be compatible with his or her overall training goals. In particular, outside practicum involvement should only be arranged when the student is making satisfactory, timely progress toward degree requirements, and when the student can be reasonably expected, with the added responsibilities of the practicum position, to continue doing so. It is the responsibility of each student's clinical faculty advisor, in consultation with the clinical faculty at the semi-annual student evaluation meetings, to assure compliance with this second principle throughout the student's academic career.

In the spirit of this preamble, the clinical faculty have adopted the following specific policies within which any individual practicum arrangement is expected to fall. If a particular practicum site or student would like to propose exceptions to any of these policies, either may do so with assurance that the faculty will be as accommodating as possible, given the two overarching principles noted above.

Policy 1. Payment. Many, but not all, practicum positions are paid. In order for students to receive a tuition waiver from the University of Massachusetts they must earn the equivalent of a University Teaching Assistantship for each semester that a waiver is being requested. This amount increases periodically based on rates negotiated between the University and the Graduate Student Organization (GEO). Students must be paid a stipend rather than a fee for services provided, and as full-time students, benefits and social security deductions are not required. Practica placement hours per week range from a minimum of 10 hours to a maximum of between 16-20 hours a week for 38 weeks. To the extent possible, we urge practicum sites to try to fund students at comparable rates for the time required of students. Some students may also be interested in summer, part-time, or *per diem* positions.

Policy 2. Participation in Core Academic Activities. The Clinical Training Program hosts monthly Clinical Colloquia throughout the academic year on Tuesdays from 12:45 to 2:15, and the Psychology Department hosts occasional Departmental Colloquia, usually on Mondays from 4:00 to 5:30. These events serve to supplement a student's training and help maintain a sense of community within the Program and the Department. It is understood that no practicum arrangement will impinge on a student's ability to attend the Clinical or Departmental colloquia without prior permission. Likewise, a practicum may not be scheduled during a time when a student has committed himself/herself to an academic course.

Policy 3. Academic Progress. The student's overall academic progress must remain the faculty's primary concern. Therefore, students will not be allowed to apply for or accept any outside practica unless they have successfully completed the academic, clinical, and research requirements designated as expected at the time of application or acceptance and for their year in the Program. In particular, students should have no incompletes listed in any course when applying for outside practica. In addition, students will not be permitted to begin academic year or full year outside practica unless they have successfully completed the academic, clinical, and research requirements designated as expected for their year in the Program at the time the practicum is scheduled to begin.

In special circumstances, a student may petition the clinical faculty to make an exception to this policy. Any such petition should have the written endorsement of the student's faculty advisor and should be accompanied by a clear, specific plan outlining how and when missing requirements will be completed.

Policy 4. Timing. In general, practicum placements are scheduled for the regular academic year, running from the Tuesday after Labor Day in September to the last Friday in May. Thirty-eight weeks during the academic year months of September, October, November, December, January, February, March, and April will carry a sixteen hour per week work commitment, for a total academic year commitment of 608 hours. Whenever possible, work week hours will be assigned to two days, leaving three full days free for academic and research work. Total on site practicum time involvement for an academic year practicum will not exceed 608 hours; with at least two full weeks allowed for vacation. Some students will be taking their comprehensive exams during a two week period during the month of January. To the extent possible, we urge practicum sites to accommodate that academic requirement by allowing students to be excused from their work requirements without penalty.

Policy 5. Supervision. Students will receive at least one hour of individual or group supervision for every five hours of direct clinical service. The student's primary supervisor will be a licensed mental health professional.

Policy 6. Training Opportunities. Training opportunities routinely made available to regular staff at the practicum site will also be made available to practicum students as part of their practicum experience. In addition, it is understood that every effort will be made to accommodate a practicum student's participation in up to three professional development

activities (seminars, conventions, workshops) per year.

Policy 7. Relationship between the Faculty and Practicum Site Supervisors. The faculty consider themselves fortunate to have the opportunity to collaborate with community mental health professionals around the clinical training of our students. We are pleased to acknowledge this collaboration and cement the ties between us in several ways. First, we endorse the appointment of the primary supervisor of a practicum student to the position of Adjunct Faculty Member in the Psychology Department. Second, we encourage affiliation with our Program by including the names of all Adjunct faculty in materials describing our Program we send to current and prospective students, as well as to various accreditation bodies (e.g., the American Psychological Association). Third, we provide a waiver enabling either you or someone you designate to take a course at the University of Massachusetts - Amherst, tuition free. Additionally, any clinical trainings sponsored by our program will be open to you without charge. And of course, we are happy to list your agency or private practice on the referral list used by the Psychological Services Center, our University Training Clinic.

Policy 8. Evaluation. The practicum supervisor's evaluation of a student's clinical competence plays a major role in the student's semi-annual evaluations in January and May. To facilitate this evaluation process, the faculty have developed a standard evaluation form which they ask the supervisor to complete and return by mid December (for the September through November period), and Mid May (for the January through April period). Additional comments about a student's performance are encouraged as well as a summary of their hours.

Policy 9. Resolution of Difficulties. If either the practicum supervisor or the student recognizes that a difficulty has developed in their work, they should try to resolve the difficulty between themselves. If such an attempt fails, they should seek consultation and/or mediation from their immediate supervisors (i.e., the supervisor's supervisor, as specified in the practicum site's organizational chart, and the student's clinical faculty advisor, the practicum coordinator, or the Director of Clinical Training).

Policy 10. Liability and Clinical Responsibility. Students engaged in outside practica are required to register for course credit for the practicum, and to purchase an individual, student professional liability policy for the semesters that they are not working in the PSC (and thus are not covered under our PSC policy). It is understood, however, that the clinical responsibility for the cases assigned to practicum students in outside practica is held by all to belong to the supervisor working with that student in that outside practicum sites.

Criteria and Procedures for Outside Practica

Clinical Graduate students are encouraged to consider practica outside of the Psychological Services Center. Normally, such practica will be ongoing during your second, third, or fourth year in the program, although there are some practica available for first and second year students.

Students should begin planning and applying for outside practica in January preceding the academic year of the proposed practicum. This planning process begins with a discussion with the Practicum Coordinator, who will discuss your academic program and assist you in finding a practicum best suited to your needs.

You may begin the process by making yourself aware of practicum opportunities and yearly schedule located on the PSC or program website. This website will also post the yearly schedule for submitting your practicum rankings, which are submitted to the faculty for approval ((mainly to ascertain that you meet the criteria established by the site, the placement is appropriate for you, and to avoid too many people applying to the same site at one time). Generally, there are no changes in your preference list. Applications are sent out by the PSC office, to which you will provide the appropriate materials prior to mailing.

If you want to do a practicum at a site that does not have an approval form, you must consult with the Practicum Coordinator to seek approval.

Please refer to the practicum policies and procedures document for the minimal criteria for an acceptable outside practicum.

Crediting of Prior Experience

Waiver of practicum credits for prior experience is exceptional and subject to the following guidelines:

- 1) The experience must be comparable to our graduate practicum (i.e., the work and supervision would qualify as practicum if proposed);
- 2) The experience took place in a context comparable to graduate professional training (e.g., was post-masters degree, was part of a formal training program, etc.)
- 3) The student must have taken at least 6 credits of practicum in the Psychological Services Center and have letters of support from supervisors (including at least one UMass clinical faculty member) which indicate that the student will be adequately prepared for internship if the waiver is granted;
- 4) The Practicum Coordinator will review such requests and inform the Director of Clinical Training of those which are approved.

Approved: 11/4/82

Please note: An outside practicum is, of course, a serious clinical responsibility. Once you have committed to a practicum, you cannot change your mind. The settings (and our Program) rightfully assume that this is a professional commitment for the contracted period.

Professional Behavior Policy

1. Students must not engage in any *professional* activities on or off campus without the prior approval of the clinical faculty. Under no conditions are students permitted to treat clients privately without supervision. Students may provide professional services under the supervision of a qualified mental health professional, given the approval of the faculty. Students must obtain approval before agreeing to provide services of any kind. Failure to do so may jeopardize the student's standing in the program.
2. Students may take clinically-related courses at other institutions only with the approval of their Advisor.
3. The professional use of University facilities are limited to those functions that are a part of the student's training.
4. Students are expected to use their own funds for personal expenses or to reimburse the University should it become necessary to obligate the institution financially. Students are responsible for any mailing, copying, telephone and other costs unless such expense has been authorized.
5. Students may not submit a paper in fulfillment of a class or research requirement if that paper, or one similar to it, was submitted in fulfillment of any other program unless the teachers/supervisors involved give approval.
6. Students are required to act in accordance with the American Psychological Association's ethical principles and standards for providers of psychological services. Violations of these principles and standards may constitute grounds for dismissal from the program.

Professional Jobs Policy

Because Clinical Psychology is both a profession and an academic endeavor, the Clinical Faculty are responsible to the public and the profession of psychology to ensure that students demonstrate responsible professional behavior in all aspects of their functioning. Consequently, no student should engage in work of a psychological nature (e.g. psychotherapy, counseling, testing, teaching, or research) without adequate faculty consultation and prior approval of the Clinical Faculty. This includes any part time or full time position of a psychological nature prior to the attainment of the doctoral degree.

Any student interested in volunteer or paid work should discuss their intention of pursuing this work with the Director of Training at the *beginning stage* (i.e. before contracting to do the activity) and formally request approval from the Clinical Faculty.

Students must not portray themselves to the public as psychologists or as someone offering psychological services. Students must work under proper supervision with persons who qualify under Massachusetts law as *licensed* psychologists or health care providers, with adequate amounts of supervision time, depending on the number of hours given to any activity.

Psychotherapy Activities Policy

This policy pertains to all trainees in clinical psychology, including clinical students and respecialization students. Clinical students are considered trainees up to the point at which the Ph.D. is granted. Respecialization students are considered trainees up to the point at which all program requirements, including clinical internship, have been successfully completed. Psychotherapy activities refer to the professional activities of a psychologist, including psychotherapy, psychological assessment, crisis intervention, consultation, and any other activities associated with the professional realm of clinical psychology.

Simply stated, clinical trainees may not undertake any professional clinical activity without appropriate supervision. Supervision refers to regularly scheduled supervisory consultations with a licensed professional (e.g., psychologist, psychiatrist, social worker) with whom there would be at least one hour of supervision for every five hours of service provided. Furthermore, each trainee is required to obtain approval from the Practicum Coordinator for any clinical practicum or clinical employment that he or she undertakes prior to completion of the Ph.D. or the respecialization program. The Practicum Coordinator must ensure that adequate and appropriate supervision is being provided to the trainee. Private practice is prohibited for trainees.

Individuals who are licensed in related areas, e.g., school psychology, may work within their specialty areas, but should apprise the Practicum Coordinator of such activities.

(Approved: 11/3/86)

Records Policy

Clinicians are required by law to maintain adequate records of the evaluation and treatment of their clients. Incomplete files put the client in jeopardy in case additional treatment is needed or in case he or she has to document treatment. Incomplete files also put the student therapist and the supervisor of the student therapist at risk, along with the PSC itself.

Client treatment information must be inserted in files when it is due. Student therapists have the responsibility of insuring that records are complete at the end of each semester. Numerous reminders are provided about deadline dates throughout each semester. If client files are incomplete by the end of the semester (within 10 days of the date grades are due) the student therapist will receive an Incomplete for the practicum for that semester. Furthermore, evaluations and letters of recommendation for practicum in the community and for internship will reflect concern for this important aspect of clinical responsibility. Patterns of irresponsibility will be brought to the attention of the clinical faculty at the annual student evaluation meeting.

(Approved: 10/12/04)

Research in the PSC Policy

We encourage the conduct of research in the Psychological Services Center (PSC) as an integral part of the PSC's mission. At the same time, we want to address some potential complications of this work, as well as practical considerations that have to do with daily PSC operations.

Although all researchers may be faced with ethical issues surrounding research participants, these issues can be more complicated when the research is taking place in a clinical facility, even if the research does not involve PSC clients.

1. Requests to do research in the PSC, whether or not this research involves PSC clients or staff, must be reviewed by the PSC Screening Committee, in addition to the usual review by the University Human Subjects Committee. This review begins formally by describing the project to the PSC Director and/or the Chair of the Steering Committee. From there, a formal application is required and can be obtained from the Chair.

2. Research in the PSC can consist of (a) projects that utilize only space and/or PSC resources (e.g., staff), (b) projects that utilize PSC resources and PSC clients, or (c) projects that utilize PSC resources, but bring in unique clinical or non-clinical subjects (e.g., not clients of the PSC) or (d) projects that use de-identified clinical PSC data collected in normal day-to-day operations. Research that falls outside the normal clinical activities of the PSC should be clearly differentiated to participants as research that is being conducted in the PSC facility, but is not part of the PSC clinical operation. Your consent form and procedures for making this differentiation will be carefully reviewed by the Steering Committee. Please note that our standard data collection procedures are considered routine clinical activities and are required of all clients as part of their clinical care. Additional research activities that are not part of clinical services or training in the PSC should make clear that participation is not required and that services or training will in no way depend upon such participation.

3. Proposals for conducting research in the PSC should address the same personal safety concerns that we address in the scheduling of clinical appointments. Ordinarily, this means scheduling appointments during times that the clinic office is open or making other arrangements for someone else to be in the clinic during the appointment. Also, to help ensure the security and confidentiality of PSC materials, a member of the PSC staff must be present at any time that research is being conducted in the PSC.

4. Research proposals should clearly, accurately, and honestly outline anticipated demands on PSC resources (such as the PSC staff) for scheduling, telephone calls, or reception. The Steering Committee will determine the extent to which the anticipated demands are reasonable and consistent with the PSC's mission. The Steering Committee may recommend changes to the protocol to minimize demands, and/or conflicts with normal PSC activities.

5. An explicit plan for responding to needs for clinical service that might arise in the course of any research project should be included in the research proposal.

6. The Steering Committee will prioritize research conducted for Masters and Dissertations,

projects likely to lead to peer-reviewed publications, and the grant funded projects of both students and faculty. Researchers within the Clinical Division will be given first priority.

7. All projects conducted in the PSC must acknowledge the Psychological Services Center in any publications stemming from the research. In cases where materials from the PSC psychotherapy research program (e.g., outcome measures, alliance/expectancy measures and other clinical data) are used, researchers should discuss authorship issues with Michael Constantino and Christopher Overtree, Co-PI's for the ongoing psychotherapy research program in the PSC.

7/08

PSC Summer Supervision Policy

The PSC will remain open 12 months per year. Student vacations from the PSC will be managed according to the PSC Student Vacation Policy (see attached). Summer supervision will be arranged as described below.

Summer Supervision:

- 1) Summer supervision will be a paid position.
- 2) Stipend amount will be based on the number of students supervised
- 3) The summer session runs from the last day of final exams in May until the first day of classes in September.

Faculty Vacation in the Summer:

- 1) Faculty supervisors are expected to take 4 weeks of vacation in the summer, trading coverage with each other during the time away.
- 2) Additional vacation time can be taken as long as coverage is arranged.
- 3) In cases where one summer supervisor has to be away considerably longer than others, payments may be adjusted to accommodate the covering supervisor(s). This can be arranged informally or formally on a pro-rated basis.

Supervision Assignments:

- 1) Supervision will be assigned as follows: The PSC Director submits a student preferences survey and makes the initial assignments. These assignments are then reviewed by the DCT and a second (non-supervising) faculty member. Clinical faculty and adjunct faculty can both be considered for summer supervision. Supervision assignments are made with the following priorities in mind.
 - a. Continuity of supervision- we strive to provide continuity of supervision from the Spring-to-Summer OR Summer-to-Fall supervisor assignments.
 - b. Student preferences- we strive to accommodate student preferences for supervision.
 - c. Areas of competence- we assign supervisors according to their areas of primary competence (e.g. child, adult, CBT, etc).
 - d. Clinical faculty will be given priority over adjunct faculty EXCEPT in cases where student preferences, continuity of supervision, and/or areas of competence significantly conflict with this priority.
 - e. Attempts to provide interested faculty with a core group of supervisees (e.g. 4-5) will be made. In cases where no other priorities conflict, positions with a core group of supervisees will be allocated on a rotating basis.
 - f. There must always be a supervisor with child/adolescent supervision as a primary area of competence.

Nature of Supervision:

- 1) During the summer supervision can occur in any of the following ways.
 - a. Group supervision- A weekly 2-hour group supervision meeting; no more than 3 advanced students (3rd, 4th, 5th year only)
 - b. Individual supervision- Weekly 1-hour supervision (per 3 clients) for each student with or without group meetings.

Summer Research Supervision and Orals

With increasing pressure on statutes of limitations and thesis deadlines, there are a substantial number of students who seek intensive research supervision and the scheduling of orals during the summer. This conflicts with the fact that faculty are on 9-month teaching contracts, and varied vacation schedules make arranging orals times especially difficult. When these arrangements are made "under the gun" of an impending August deadline, there is unreasonable pressure on the faculty to volunteer their time and accommodate their personal schedules. While some faculty may be willing to make these accommodations to some extent, it is not reasonable to expect this as a matter of course. Accordingly, the following policy is proposed:

In planning their research schedules, students should not expect faculty to provide intensive research supervision during the summer months. It is expected that thesis and dissertation meetings will be held during the academic year and that students will plan accordingly. Exceptions to this pattern are at the discretion of the particular faculty involved, and must be negotiated well in advance. Since Graduate School deadlines are at the end of August, the department will consider the deadline for dissertation orals to be the end of the Spring semester preceding the statute of limitations. The departmental deadline for completing the master's thesis will also be the end of the Spring semester of the student's third year. Orals will be scheduled beyond these times only with the permission of the Director of Graduate Affairs, upon the request of the thesis or dissertation chair and committee members.

(Approved: Fall, 1985)

Section IV
Professional Opportunities

Research Assistant Positions

At the discretion of the Clinical Faculty and dependent on available funds, half-time research positions can be funded to support the development of clinical faculty grant proposals. The primary responsibility of the RA is to assist a member of the clinical faculty, who will serve as the principal investigator, in submitting at least one full length grant application before the beginning of the next academic year. The RA may also work on additional research projects. RA positions are normally given for two semesters, though may be reallocated if no progress is made by the end of the first semester.

When funds are available for these positions, a students and faculty pair must write a 2-5 page summary of the project and indicate the agency or agencies to which they plan to submit the grant application, and the associated deadlines. The summary should include the rationale and importance of the study, an overview of the methodology, and the proposed budget for the project.

The PSC Ethics Committee composed of the PSC Director and 2 or 3 other clinical faculty members will review the proposals and make the final selection. Their decision will be based on the feasibility of obtaining funding and carrying out the proposed project, the quality of the research design, the past research record of the faculty member, and the relevance of the work to the clinical division.

When funding is available, it is usually in the form of a 10 hour RA position at the current University rate for graduate students. Announcements about the availability of funds will be made by the faculty.

If the grant is funded, the Division expects that the discretionary indirect cost funding that comes to the faculty member (the amount of actual cost for the RA) will be used to repay this support, so to enable the funding of future students.

Teaching Assistant Positions in the PSC

Fourth and fifth year students may be able to serve as student supervisors, working with beginning clinicians while carrying a caseload of PSC clients. PSC supervision positions generally occur on regular PSC teams and receive supervision from the faculty team leader. Students apply for the position in response to an announcement from the PSC Director. Students can apply for these positions whether or not funding is available as this can be a valuable experience in clinical supervision and advanced psychotherapy.

Membership in Professional Organizations

Graduate students are offered "student affiliate" or membership status in various professional organizations. One national organization for psychologists, with over 100,000 members, is the organization that provides our accreditation, the [American Psychological Association \(APA\)](#). Student membership in APA enables the student to receive the [APA Monitor](#) and the [American Psychologist](#) each month at no additional charge. The [Monitor](#) addresses political, financial, and social issues facing psychologists and publishes a national listing of jobs for psychologists. The [American Psychologist](#) contains APA archival documents such as yearly lists of accredited programs and internships, and also publishes articles on broad aspects of psychology. Student affiliates of APA are also entitled to discounts on journals and books. To join APA as a student affiliate go to the [American Psychological Association \(APA\)](#). In addition to becoming a student affiliate of APA, students may choose to join a more specialized group within the organization. There are over 40 divisions, divided according to specialty area (e.g., Division 12: Clinical Psychology). Several divisions are further subdivided into "sections" (e.g. Section I, Division 12: Clinical Child Psychology). Students can join as many divisions and sections as they wish, at a small charge over and above APA dues.

Many of the folks in our clinical community belong to the Association for Psychological Science (APS; <http://www.psychologicalscience.org/>). APS has a structure quite similar to APA's but its membership is more focused on research and the empirical nature of psychology as a discipline. APS also has student memberships (see <http://www.psychologicalscience.org/join/>).

There are also local psychology organizations within most states that have student memberships (e.g. [Massachusetts Psychological Association](#)) and regions (e.g. [Eastern Psychological Association](#)), all of which are affiliated with APA. In addition to these general associations, there are various special interest organizations (e.g. [Association for Behavioral and Cognitive Therapies](#)) which are not affiliated with APA or APS and have a more focused membership and purpose. Each of these organizations has its own dues, generally lower for students than for full members (see below).

All of these organizations have annual or biannual conferences at which student attendance is welcome, and where members pay lower registration fees. Most offer journal subscriptions at reduced rates to members. Generally, student membership in these associations facilitates the development of professionalism, as well as affording students greater opportunity to make professional contacts within their future areas of specialization and employment. Further, early affiliation with other professional or academic psychologists exposes students to a much wider range of professional influences and interests than can be available within a single university training program.

Below is a list of the professional organizations most likely to be of interest to you while you are at UMass. Any questions or requests for membership applications should be directed to the following organizations:

American Psychological Association (APA)
750 First Street, NE Washington, DC 20002-4242
800/374-2721 (202) 336-5500
<http://www.apa.org>

Association for Psychological Science (APS)
1133 15th Street, NW
Suite 1000
Washington, DC 20005
(202) 293-9300
<http://www.psychologicalscience.org/>

Association for Behavioral and Cognitive Therapies (ABCT)
305 7th Avenue, 16th Floor
New York, NY 10001
(212) 647-1890
<http://www.abct.org/>

Student dues are \$54.00

American Association for Marriage and Family Therapy (AAMFT)
112 South Alfred Street
Alexandria, VA 22314-3061
(703) 838-9808
<http://www.aamft.org>

Application processing fee of \$25.00 and the National dues are \$50.00 as well as \$8.00 MA division fee due

International Association for Relationship Research (IARR)
correspondence to:
Michael R. Cunningham, Ph.D.
Secretary-Treasurer, IARR
iarr@louisville.edu
<http://www.iarr.org>

Student yearly fee \$60.00

National Council on Family Relations (NCFR)
3989 Central Avenue, NE
Minneapolis, MN 55421
1-888-781-9331
<http://www.ncfr.com>

Society for Psychotherapy Research (SPR)
President-Elect
Louis Castonguay, Ph.D.
Department of Psychology
Penn State University
308 Moore Building
University Park, PA 16802
USA
lge3@psu.edu

Society for the Exploration of Psychotherapy Integration (SEPI)
C/o George Stricker, Ph.D.
3100 N. Leisure World Blvd. Apt. 1021
Silver Springs, MD 20906
<http://www.sepiweb.org>

Society for Research in Child Development (SRCD)
Executive Office
2950 S. State Street, Suite 401
Ann Arbor, MI 48104
Phone: (734) 926-0600
<http://www.srkd.org>

Graduate Student Membership \$75.00